

卫生部规划教材

高等医药院校教材

供医学、中医、儿科、口腔、卫生类专业用

英 语

第 三 册

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邵循道
周璐玲

主编

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三 版 前 言

本教材自 1982 年发行第二版至今已历时十余载。现根据广大医药卫生人员使用及教学工作的需要,对此教材进行修订。

这次修订的原则是保持原教材自成体系的特点和风格,一、二册的基本框架不变,第一册仍侧重于一般性及医学科普性文章,第二册为医学基本知识,少量课文作了修改和变更,使之成为内容更新颖、难易度与目前学生水平相当的医学英语教科书。这两册供一般医药院校学生及在职人员使用。第三册在内容和文字方面有较大的变动。原来二、三册文字水平坡度不够,现有意提高文字难度,内容更接近临床医学及一些新的边缘学科。第三册可作为通过四级考试后的专业英语教材。一、二、三册配有《英语练习答案及参考译文》一书。

本教材修订小组的成员有:西安医科大学邵循道教授(主编),北京医科大学周璐玲教授(主编),同济医科大学刘炎南教授、刘应宏教授,上海第二医科大学华仲乐副教授,上海医科大学梁正溜副教授,华西医科大学柯吉贵教授,中山医科大学董丽明副教授。参加本教材第一册修订工作的有:刘炎南(负责全书初稿定稿)、刘应宏、董丽明及周璐玲等同志。参加第二册修订工作的有:华仲乐(负责全书初稿定稿)、梁正溜及柯吉贵等同志。参加第三册修订工作的有:刘炎南、刘应宏、董丽明、华仲乐、梁正溜、柯吉贵、周璐玲。

本教材修订时间仓促,又限于编者水平,书中缺点和错误在所难免,欢迎批评指正。

使用说明

本册的主要目的是在三版《英语》第二册的基础上培养医学生独立阅读医学英语书刊的能力。为此全书课文均选自近年来出版的专业英语书刊,内容涉及内科各种疾病以及外科、妇产科、儿科和基础医学等方面,还有反映当前热点的社会医学文章。选材虽然兼顾医学各个领域,但主要考虑语言文字。每课后除词汇表和难点注释外,还附有课文理解和汉译英练习。此外,还附有医学术语构词法,以便不断扩大医学生专业词汇的掌握率和理解率。

本册共 30 课,题材多样化,按课文深浅顺序排列,由易到难。前 15 课课文较第二册稍难,后 15 课课文难度较大,篇幅也较长。鉴于在校医学生课时有限,教师可根据各校的学习安排,对课文进行筛选,如内科疾病的题材多些,可适当删略。本书也适合于各类医务人员以自学的方式进一步提高专业英语的水平。

本册同前两册一样,配有练习及参考译文(另行出版),但不论是在校学生还是医务人员都应独立完成各项练习,切忌依赖答案,以免影响本书的使用效果。

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LESSON ONE

TEXT

Breakthroughs In Sight

If we take a bird's eye view of medicine over the past century, the progress we have achieved has been nothing short of astounding^①. One hundred years ago, doctors were literally helpless against almost all serious illnesses, from infections to cancer. Today, physicians have a vast armamentarium of powerful antibiotics and effective vaccines to combat infectious disease, and sophisticated surgery, radiation and chemotherapy to treat cancer.

Admittedly, progress against cancer hasn't been as impressive as against infections, but what we can do today is worlds apart from what the doctors of the late nineteenth century had at their disposal^②.

Needless to say, many challenges remain, some of which probably owe their existence, at least in part, to the industrialized and technologically advanced society that has helped us to bring other diseases under control. Coronary artery disease, almost unheard of at the start of the twentieth century, is by far the biggest killer in the industrialized world. And, since people are living longer, conditions like Alzheimer's disease, cataracts are much more common than they used to be. And now we are confronted with AIDS!

The good news is that we shall be more than ready to face these challenges^③. Compared with where medicine has already taken us, we shall be journeying into the scientific stratosphere. A world of medical miracles is being created every day in laboratories and hospitals, and how fast things will happen will surprise us as much as the breakthroughs of this century.

Many of the breakthroughs will be fuelled by advances in molecular biology, genetics and immunology. Over the past four decades, scientists around the world have been figuring out just exactly how our genes orchestrate the complex symphony of biochemical reactions that make our cells work. While there is still much more to be learned, enough has now been learned to move from the laboratory to patients' bedsides and doctors' offices.

Before the end of the decade, we will have routine genetic tests for colon and breast cancer which will be applied not only to inherited cases, but to all cases. This will lead to therapy—molecular and immunologic—at a far earlier stage, when the disease is still localized to cells, and we can therefore expect tremendous increases in cure rates. Coronary artery disease will first be treated with lasers and other sophisticated devices

but that too, within twenty years, will succumb to molecular treatment. Soon we will have compounds—called lazaroïds—to treat stroke at the cell level. The first drugs are now available to treat the symptoms of Alzheimer's disease, but within 15 years there will be drugs to treat the cause. Cheap antioxidants (like vitamin E) will be used worldwide to prevent cataracts. Even AIDS will not be able to withstand the onslaught of knowledge. The first vaccines are undergoing trials and a breakthrough in this field must follow.

Eventually, everyone will have a genetic profile performed on them at birth, which will highlight what diseases we are predisposed to develop, from hypertension to rheumatoid arthritis to cancer. Prevention will begin at the earliest possible stage.

Can we afford to do all this? Political and social infrastructures notwithstanding, we cannot afford not to. The cost for preventive and early treatments at the cell level may be fairly high, but the cost savings, both in currency and in human suffering, along this road are almost immeasurable. And these techniques will be available virtually everywhere in the world.

WORDS AND EXPRESSIONS

nothing short of 简直可以说

astound [æs'taund] *vt.* 使惊讶, 使震惊

literally ['lɪtərəli] *ad.* 不夸张地, 确实地

armamentarium ['ɑ:məmən'teəriəm] *n.* 设备, 装备

admittedly [əd'mɪtɪdli] *ad.* 无可否认地, 公认地

impressive [ɪm'presɪv] *a.* 给人深刻印象的

worlds apart from 与...相距很远, 与...全然不同

at one's disposal 供...使用, 由...支配

owe [ou] *vt. & vi.* 应把...归功于

industrialized [ɪn'dʌstriəlaɪzd] *a.* 已工业化的

technologically [ˌteknə'lɒdʒɪkəli] *ad.* 在工艺上

Alzheimer's disease 老年性痴呆

cataract ['kætərækt] *n.* 白内障

confront [kən'frʌnt] *vt.* 使面对, 使面临

stratosphere ['strætəʊsfɪə] *n.* 艰深的学科领域

biology [baɪ'ɒlədʒi] *n.* 生物学

genetics [dʒi'netɪks] *n.* 遗传学

orchestrate ['ɔ:kɪstreɪt] *vt.* 把...作成管弦乐, 使和谐地结合起来

symphony ['sɪmfəni] *n.* 交响乐

succumb [sə'kʌm] *vi.* 屈从, 屈服

lazaroid ['leɪzərɔɪd] *n.* 拉札瑞 (药名)

antioxidant [ˌænti'ɒksɪdənt] *n.* 抗氧化物

withstand [wið'stænd] *vt.* 抵抗, 经受住
 onslaught [ɒn'sləʊt] *n.* 猛烈攻击
 profile ['prəʊfaɪl] *n.* 侧面, 轮廓
 highlight ['haɪlaɪt] *vt.* 使显著
 predispose ['pri:dis'pəʊz] *vt.* 使...倾向于, 使易罹染
 rheumatoid ['ru:mətɔɪd] *a.* 风湿样的, 风湿状的, 类风湿病的
 infrastructure [ˌɪnfə'strʌktʃə] *n.* 基础, 基础结构
 notwithstanding [ˌnɒtwɪð'stændɪŋ] *prep.* 尽管
 saving ['seɪvɪŋ] *n.* 节约, 节省
 currency ['kʌrənsi] *n.* 货币, 通货
 immeasurable [ˌɪmeʒərəbl] *a.* 无法计量的
 virtually [ˌvɜ:tʃuəli] *ad.* 实际上, 事实上

NOTES TO THE TEXT

1. If we take a bird's eye view of medicine over the past century, the progress we have achieved has been nothing short of astounding.

综观过去一个世纪来的医学, 我们所取得的成就简直令人震惊。

句中短语 take a bird's eye view of 原意为“俯瞰”, “鸟瞰”, 此处则作“概观”, “综观”解。短语 nothing short of astounding 为双重否定, 用以强调所肯定的事物。本文中类似的表达法还有 we cannot afford not to。

2. ...but what we can do today is worlds apart from what the doctors of the late nineteenth century had at their disposal.

但是, 今天我们所能做的事情与十九世纪后期供医生使用的东西之间有天壤之别。

以 what 引起的两个从句均为名词从句, 在句中分别充当主语及介词宾语。短语 worlds apart from 意为“与...有天壤之别”, “与...大不相同”。短语 at one's disposal 意为“由某人做主”, “由某人支配”, “供某人使用”。

3. The good news is that we shall be more than ready to face these challenges.

好的消息是我们将充分作好准备去迎接这些挑战。

形容词 ready 原意为“准备好的”, “有准备的”, 此处 more than ready 则表示“更好的”。

COMPREHENSION

Choose the best answer to each of the following questions.

1. With the advances in medicine, doctors _____.
 a. have become more helpful against serious diseases
 b. have been capable of curing all serious diseases
 c. have developed effective vaccines against every disease
 d. All of the above.
2. It can be inferred that the most astounding progress achieved in medicine is _____.

- a. the combat against coronary artery disease
 - b. the combat against cancer
 - c. the combat against infections
 - d. the combat against AIDS
3. The author is trying to tell us that industrial and technological advances _____.
a. started at the twentieth century
b. have made us helpless against AIDS
c. have brought us new medical problems
d. have caused people to suffer from Alzheimer's disease and cataracts that were unheard of before
4. It is a good thing that we, facing new challenges, _____.
a. are creating medical miracles instead of medical breakthroughs
b. are building more and more laboratories and hospitals
c. are more than ready to bring all diseases on earth under control in no time
d. are still making, and will continue to make breakthroughs in medicine
5. With advances in molecular biology, genetics and immunology, scientists _____.
a. will get a deeper insight into our cells
b. will figure out how much remains to be learned
c. will orchestrate the complex symphony of biochemical reactions in our cells
d. will devote themselves to treating patients at their bedsides
6. The author is confident that doctors will apply routine genetic tests to all cases _____.
a. for the localization of cells
b. for the prevention of colon and breast cancer
c. for earlier detection
d. for all of the above
7. From coronary heart disease to AIDS, the author is trying to tell us that _____.
a. AIDS will be the last case to succumb to immunologic treatment
b. medical treatment will be getting cheaper and cheaper
c. molecular treatment will take the place of sophisticated medical devices
d. more and more medical problems will be treated at the molecular and immunologic level
8. As regards prevention at the earliest possible stage, medical advances will eventually _____.
a. highlight what diseases we are likely to develop at birth
b. perform a genetic profile on everyone
c. make everyone free from any medical problem
d. make everyone aware of his/her genetic susceptibility to a particular disease
9. The author argues that the cost for preventive and early treatment _____.

- a. is immeasurable b. is worth it
c. is too expensive for everyone d. is available everywhere
10. The tone of this article is _____.
a. humorous b. astounding c. optimistic d. serious

WORD BUILDING

Medical terminology is characterized by the wide use of word elements from Greek and Latin. These word elements can be divided into three classes; prefixes, suffixes, and roots. A “root” is the basic component of a word and has an ultimate unchangeable meaning. A “prefix”, usually corresponding to a Greek or Latin preposition, is placed in front of a root, while a “suffix” is attached to a root at the end. You are already familiar with quite a number of prefixes such as *trans-*, *anti-*, *pre-*, and *inter-*, and suffixes like *-itis* (See Word Building sections of Book II) and it is easy to see how active they are in the formation of words, especially medical terms. A good knowledge of prefixes, suffixes and roots will go a long way toward mastering the seemingly complicated, even bewildering medical terminology.

The following are some prefixes and sample words in which they occur. Look up the sample words in a dictionary if necessary, and see how the meaning of a word is synthesized of meanings of its elements.

anti- (against) antibiotics, antioxidants, antiseptic
hyper- (above) hypertension, hyperoxia, hyperthermia
sym-, syn- (together) symphony, symptom, syndrome
pre- (before, in front of) predispose, prevention, premature
infra- (beneath) infrastructure, infrared, infrasonic

TRANSLATION

Put the following passage into English.

过去数十年目睹了医学发展迈出的巨大步伐。医学科研人员已制造出种种机械，它们能完成有缺陷的人体器官的工作，例如，心肺机在手术期间可担任心和肺的工作。正是使用了这种机械，心脏直视手术才得以成功地进行。最惊人的是实行器官移植，通过它，人们患病的器官（心、肺、肝或肾）可由他人的健康器官来替代。许多情况下，断肢也可成功地再接上。

由于有了医学方面的巨大进展，无数威胁生命的疾病的发病率已大大降低，乃至完全灭迹。同样，过去曾认为是不治之症的许多疾病，现在即使不能治愈，也能加以预防或控制。的确已经取得了很大的成就，但，众所周知，还有许多工作要做。高质量的保健还不是人人都能平均地享受，关于心血管病和精神病的病因、预防和治疗，还有许多东西有待了解。

LESSON TWO

TEXT

School Health Programs

In the United States, health professionals became involved in public schools at the end of the nineteenth century mainly to prevent and control communicable diseases; the spread of these diseases was enhanced when groups of children were brought together under compulsory education laws. Early school health programs consisted primarily of physician inspection to identify infectious pupils and insanitary environments; exclusion from school and correction of environmental deficiencies were the major remedial actions. In the course of these communicable disease control activities, physicians in schools also identified health problems in pupils. In many instances, these problems remained uncared for even after notification of parents. When nurses were introduced into schools, the number of children receiving care increased by following up referrals and making use of community health care resources. In some instances, schools provided health services on site; and, with passage of time, periodic health appraisal and health education became established parts of school health programs. For many children from low income families, school health programs were the only source of health supervision.

School health programs, once established, frequently have not been modified when conditions change. For example, serious communicable disease, insanitary environment, and lack of health supervision no longer are common; and portions of school health programs designed to meet these problems are unnecessary. Routine periodic physical examinations have proved to have low effectiveness in identifying serious, uncared for medical problems, and they frequently have identified as problems conditions which are normal^①, such as innocent murmurs and visible pharyngeal tonsils.

School health programs in the United States today take many forms. Many provide medical and dental screening, immunizations, and first aid as major functions. In a few instances, school health programs provide complete primary care for pupils as well as for younger children in the community. In other school health programs, the major functions concern health education, counseling, and psychiatric services. The form of specific school health programs should be determined by local needs. In no instance should health programs include practices such as mass physical examinations in school gymnasiums or cursory, perfunctory inspection of athletic program participants^②.

A distinction must be made between "health programs in the school" and "school health programs." For example, most physician activity in schools has been in the con-

text of “health programs in the school,” in which physicians provide traditional medical services and the school serves as an incidental setting for them. Except for the convenience of access to large numbers of children, most functions of this nature could better be performed in the office or other settings in which physicians usually practice. “School health programs” have a different emphasis. They are the health component of the total school program. The health care portion of the school program constitutes a specialized area of practice concerned with the prevention, identification, observation, and management of health problems in the school setting. School health practice requires knowledge and skills beyond those health professionals have acquired in their basic education and practice[®]. For example, there is particular need for developmental and behavioral pediatrics. The future of school health programs lies in the area of “school health service.”

Ideally, all children in the United States should have a “medical home”—a continuing source of health care and supervision. In communities in which school-aged children do not receive adequate health care, school health programs may need to include screening, preventive, and even treatment services until better sources of care are developed in the community. However, for the majority of children in the United States, school medical services are not necessary because the children already have a regular source of health care. Children who have regular, personal health care nonetheless need and can benefit from other portions of a school health program which emphasize health education, health promotion, disease prevention, and identification of health problems with psychosocial etiologies.

School health programs cannot remedy the inadequacies of a community's health resources and health care delivery system. Influences and health care outside the school are more likely to affect children's health than those inside it. Families are primarily responsible for their children's health as well as their health care. And the physical environment in which children grow, the food they eat, and the adults and peer groups with whom they interact are major determinants of their health. Recognition of the limits of medicine and the importance of social, emotional, and economic factors in determining health is especially appropriate for health professionals working in schools with professionals of other disciplines. Children's health must be viewed broadly (i. e., not just as physical medical problems) for school health programs to be effective.

WORDS AND EXPRESSIONS

communicable [kə'mju:nikəbl] *a.* 可传播的, 可传染的

enhance [in'hɑ:ns] *vt.* 增加, 增强

compulsory [kəm'pʌlsəri] *a.* 强迫的, 规定的, 义务的

insanitary [in'sænitəri] *a.* 不卫生的

exclusion [iks'klu:ʒən] *n.* 拒绝, 排除

remedial [ri'mi:djəl] *a.* 治疗的, 矫正的

uncared-for ['ʌn'keədʃə:] *a.* 没人照顾的, 被忽视的
 notification [ˌnəʊtifi'keɪʃən] *n.* 通知
 referral [rɪ'fə:ərə] *n.* (对病人, 病症等的) 治疗安排
 community [kə'mju:nɪti] *n.* 社区, 社会
 periodic [ˌpiəri'ɒdɪk] *a.* 定期的, 周期的
 appraisal [ə'preɪzəl] *n.* 评估, 估价, 评价
 innocent [ɪ'nəsnt] *a.* 无罪的, 无害的
 murmur ['mɜ:mə] *n.* (心脏) 杂音, 低语, 低声抱怨
 pharyngeal [ˌfærɪn'dʒi:əl] *a.* 咽的
 screen [skri:n] *vt.* 审查, 检查
 counsel ['kaʊnsəl] *vt.* 劝告, 向...建议
 psychiatric [ˌsaɪki'ætrɪk] *a.* 精神病治疗的
 gymnasium [dʒɪm'neɪzjəm] *n.* 体育馆, 健身房
 cursory ['kɜ:səri] *a.* 匆促的, 粗略的, 不精细的
 perfunctory [pə'fʌŋktəri] *a.* 敷衍的, 马虎的
 athletic [æθ'letɪk] *a.* 运动的, 体育的
 participant [pɑ:'tɪsɪpənt] *n.* 参与者, 参加者
 distinction [dɪ'stɪŋkʃən] *n.* 分别, 区别
 make a ~ between 区别..., 与...区别
 incidental [ɪnɪsɪ'dentl] *a.* 附属的, 附带的, 非主要的
 setting ['setɪŋ] *n.* 环境, 背景
 constitute ['kɒnstɪtju:t] *vt.* 构成, 组成
 behavioral [bi'heɪvjərəl] *a.* 关于行为的
 nonetheless [ˌnʌnðə'les] *ad.* 仍然, 然而, 虽然如此
 psychosocial [ˌsaɪkəu'səʊʃəl] *a.* 社会和心理的
 etiology [ˌɪti'ɒlədʒi] *n.* 病原学, 病因学
 inadequacy [ɪn'ædɪkwəsi] *n.* 不充足, 不适当
 peer [piə] *n.* 同等的人, 同辈
 interact [ˌɪntə'rækt] *vt.* 互相作用, 互相影响
 determinant [dɪ'tə:mɪnənt] *n.* 决定因素
 recognition [ˌrekəg'nɪʃən] *n.* 认识, 认出
 emotional [ɪ'məʊʃənl] *a.* 感情上的, 情绪上的

NOTES TO THE TEXT

1. ...and they frequently have identified as problems conditions which are normal, ...
 它们(指常规定期体检)常把正常现象当作有问题, ...
 句中 conditions which are normal, 为动词 identified 的宾语。由于宾语过长, 故把
 宾语补足语 as problems 置于宾语之前, 以使句子结构更为紧凑。
2. In no instance should health programs include practices such as mass physical exami-

nations in school gymnasiums or cursory, perfunctory inspection of athletic program participants.

在任何情况下，学校保健计划都不应包括诸如在学校体育馆进行的普检，或对体育项目参加者所做的草率马虎的检查等。

由于含否定意思的介词短语 in no instance 置于句首，故本句用倒装语序。

3. School health practice requires knowledge and skills beyond those health professionals have acquired in their basic education and practice.

卫生专业人员除了在其基础教育和医疗实践中获得的知识和技术外，学校保健业务要求他们掌握更多的医学知识和医疗技术。

句中 those 指 knowledge and skills. beyond those 表示“超过（或“除了…之外”）专业人员已掌握的知识和技术”。

COMPREHENSION

Complete the word with the first letter given in each of the following statements to justify your understanding of the text you read.

1. At the end of the nineteenth century, the a _____ of American school health programs was to prevent and control communicable diseases in the groups of pupils.
2. The establishment of school health programs made it possible for pupils to e _____ health care.
3. Without school health programs, those who came from low income families would have had their medical problems n _____.
4. The contents of school health programs have remained almost the s _____ even though things have become better in the school setting.
5. No law says that school health programs should take an i _____ form.
6. The major functions of school health programs are r _____ to the local needs.
7. Health programs in the school perform functions u _____ school health programs.
8. Unlike school health programs, health programs in the school are concerned with s _____ medical services.
9. The benefits of school health programs are so w _____ that both children who do not receive adequate health care and those who already have a regular source of health care can enjoy their own from them.
10. School health programs can be e _____ carried out if such factors as children's families, their physical environment and their social environment are taken into account.

WORD BUILDING

Roots in medical terms generally come from Greek and Latin, Greek roots being especially active.

The following are some roots and sample words in which they occur.

physi- (nature)	physiology, physiopathologic, physiotherapy
psych- (mind)	psychosocial, psychiatric, psychoactive
pedia- (child)	pediatrics, pediatrician, pediatricist
dent- (tooth)	dental, dentistry, denture

“-iatric(s)” as in *psychiatric*, *pediatrics*, is a common suffix meaning “treatment” or “healing.” Thus, “psychiatric” refers to “the science concerned with the study, diagnosis, and prevention of mental illness,” and “pediatrics” is “the medical science relating to the care of children and the treatment of their diseases.”

TRANSLATION

Put the following passage into English.

学校保健工作的最终和最高目标是促进师生员工的绝对健康。如果达到此目标,其结果将会产生一个完全健康的,在身体、精神和社交方面均处于颠峰状态的群体。尽管这令人向往,但要完全达到这种状态或者完满地鉴定和测量这种状态则是我们力所难及的。资料和普通常识使我们相信:经常锻炼,最适宜的营养,安全而令人愉快的自然和社会环境能促进良好的健康。儿童获得预期的生长和发育,成人达到工作目标和职责满足都标志着趋于良好的健康。学校保健的部分职责就是尽可能地促进和测量良好的健康。

学校保健工作的另一个不那么宏伟的目标是初步防止疾病的发生。目前的知识使这一目标较之良好的健康更易于达到和测量,但也未完全成功。