

# 大学公共医学英语

第2版 上册

主编 赵贵旺



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(第 2 版)

# 大学公共医学英语

(上 册)

Medical English Textbook

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## 内 容 提 要

《大学公共医学英语》一书由长期从事医学英语教学的一线教师共同编写而成。全书分上、下两册,每册 8 个单元。每单元分为 Text A, Text B, Supplementary Reading 三大部分。Text A 的内容侧重医学英语的科普性、社会性、人文性,同时注重所选内容能更好地体现语言自身的交际功能。Text B 的内容侧重医学英语的专业性,而 Supplementary Reading 的内容则与 Text A 一致,是 Text A 的补充。

本教材适用于医学院校大学本科、研究生阶段学生的教学使用,同时也适合医学英语爱好者和临床医生的自学使用。

# 前言

《大学公共医学英语》一书是应人民军医出版社的邀请,由全国十余所重点医科大学长期从事医学英语教学的一线教师编写而成。该书的编写与出版主要是针对我国本科院校医学专业大学二年级后的英语教学进行的。目前,我国大学医学英语的教学还没有统一的教学大纲,教学时数也不尽相同,教材的编写各有千秋,互有长短。在总结前人经验的基础上,经过编委会的认真讨论,最终决定该教材的编写力求做到以下三点的突破与创新。

## 一、教材的定位

教材的定位是关键,没有准确的定位,就不可能编写出符合实际情况的理想教材。一本教材的定位首先要考虑学生的实际需求,其次是教学课时的安排,再次是大的整体的教学现状。目前,医学院校的学生英语水平普遍较高,大多数学生在大学一年级就完全有能力通过四级考试,到大学二年级他们应尽早接触医学英语。但这个阶段的学习必须与他们的专业学习相一致,大学三年级的学生也应接触医学英语。不管是大学二年级还是大学三年级开设医学英语教材的编写者必须清醒地认识到医学英语学习的根本宗旨就是服务于学生的专业学习。医学英语的教学作为医学教育的一部分决不能停留在简单的、狭隘的语言教学上,而是应该将这阶段的教学转向以英语为载体,充分了解医学的人文信息、科普信息及其他相关的医学社会信息,同时最大限度地掌握专业英语的相关术语及表达方式。因此,我们最终将该教材定位于《大学公共医学英语》,其内涵包括三个方面:一是大学英语,二是医学英语,三是公共医学英语。其宗旨是帮助学生完成从大学英语向医学专业英语的过渡。

## 二、教材的选材

该教材共分上下两册,每册 8 个单元,每单元又包括 Text A, Text B, Supplementary Reading 三大部分。Text A 的选材侧重于医学英语的科普性、社会性、人文性,同时注意所选内容能更好地体现语言自身的交际功能。另外,文章的题材及体裁力求做到丰富多样,避免过分单一。在教材 16 个单元所选的文章中,有医学科普论文、医学报道、医学故事、人物传记、人生感悟等。内容涉及到有关健康保健、医学史、医学管理、医学人才的流失、医患冲突与隐私、医学伦理、中医药、幽默小说等十多类。Text B 的选材则侧重医学英语的专业性,而 Supplementary Reading 的选材则是基本与 Text A 保持一致。教师在使用本教材时,可根据各自学校的情况或本人的实际情况,有所选择地使用。另外,每个单元除了两篇主课文外,还选入了一些医学保健,医学名言,医学欣赏类的内容,并且这部分内容在版式设计上也力求轻松活泼,以弥补传统医学英语教材无论在编写还是排版方面略显沉闷的不足,以引起学生课外学习的兴趣,增加学生课外学习的机会。

### 三、习题的设计

对于课后习题的设计,分三步来进行。一是课前热身练习,设计在课文中,由学生在预习课文时完成;二是针对课文内容的练习,主要包括口语、词汇、阅读;三是根据课文的进度及学生的课外需求增加的课外练习,包括完形填空、阅读理解、英译汉、汉译英和写作等。这部分主要是针对大学英语四、六级考试及研究生入学英语考试所涉及的一些题型及难度而设计的。这样,教师在教学之余会更为主动,以满足部分同学对应试的需求。

总之,该教材无论是在定位、选材,还是习题编写上,都力求避免过分专业化,导致教学的畏难情绪;避免选材过分单一化,导致教学的枯燥无味;避免练习的过分机械化,导致练习的名存实亡。

一套教材的编写,从孕育到组稿,从编写到成书,从试用到正式出版都需要经过大量、细致的工作。她既要求编写人员齐心协力,更要求大家无私奉献;她既是主编创意的体现,更是大家智慧与劳动的结晶;她既要求一线教师的努力,更需要学生的积极参与。在教材的整个编写过程中,我们得到了人民军医出版社领导及同志们的大力支持。在教材的试用过程中,得到了河北医科大学本硕班的同学及天津医科大学部分同学的热情参与,以及他们对教材修改时提出了宝贵的建议和意见。另外,在排版及校对过程中,河北医科大学外语部的多位老师积极参与,做了大量的相关工作。在此,一并表示衷心的感谢。

先后经过长达两年的艰苦努力,本书就要与大家见面了。我们衷心希望大家以此为缘,从心开始,互通有无,相互提高,共同努力,为我国大学医学英语的教学奉献一份真诚!

愿:

师生同源,万源共饮四时明;

智慧如灯,一灯能破千年暗!

编 者

2009年7月

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# Unit One

## Text A

Health, as is well-known, is definitely important to one's life and work. Without good health, the immense wealth will turn out to be nothing. In fact, ninety-nine percent of us are born healthy, but few of us die that way. How to lead a healthy life concerns everyone and Jane E. Brody will tell us in detail.

### You Can Be Healthy and Happy

—by Jane E. Brody

#### Focal Words and Expressions

concern *	decline *	eliminate *	discount *	likelihood
deliver *	genetic	environment *	feature *	express *
inherit *	tendency *	despite *	prone *	approach *
maintain *	permit *	counter *	temptation	contribute *
immune *	excessive	pursue *	reinforce *	enhance *
turn out	contrary to	die of	live out	
make a difference (in)	take responsibility for	be likely to do	be armed with	
call ... into play	bear in mind			

#### Warming-up Exercise

1. Read the whole text as quickly as possible and mark out the words you are not clear about.
2. Read the whole text again and try to: 1) finish the error-correction exercises, which have been underlined in the text; 2) fill in the blanks with proper words.

<1> No one needs to be told that good health is important. Without it, the ability to succeed in and enjoy life is greatly diminished. Ninety-nine percent of us are born healthy, but few of us die that way. Contrary to widespread belief, we  
<5> all don't have to die of "something". Most of us can live out our lives unmarred by chronic disease or disability, and many more of us than now do can succumb not \_\_\_\_\_ illness, but merely to old age when our time is finally up.

As Dr. Ernst Wynder, president of the American Health Foundation, so aptly put it, our goal should be to "die young so late in life as possible."

<10> The likelihood of this occurring depends largely \_\_\_\_\_ you, on how you live your life and care for your body and mind. Less than 10 percent of the difference in health between any two Americans are determined by the care delivered by physicians. More than 90 percent results \_\_\_\_\_ factors beyond medicine's control: your genetic background; the healthfulness of your environ-  
<15> ment; and, most important, how you live—what and how much you eat, your drinking and smoking habits, how much you exercise, \_\_\_\_\_ (that / whether / how) you relax.

Your genetic heritage may determine your body type and facial features, but it rarely is a direct cause of illness. More often, genes can create a predis-  
<20> position to illness; this predisposition may never be expressed if you don't give the genes the encouragement they need to do their dirty work. The way you live can great influence the chances that an inherited tendency will become expressed as actual illness or premature death.

Thus, someone with a hereditary predisposition to heart disease may live  
<25> out a full and healthy life despite of it, if that life is unmarred by cigarettes, overweight, lack of exercise, a diet high \_\_\_\_\_ fat and salt, and a "driven" approach to life's tasks.

Similarly, someone prone \_\_\_\_\_ lung cancer will reduce his or her chances of developing this lethal disease by 75 percent if tobacco products are avoided.  
<30> A person genetically susceptible to high blood pressure is not \_\_\_\_\_ (surely /in-  
evitably /definitely /likely) to develop it if he or she maintains a low-sodium diet and a normal body weight. Periodic checkups of a woman predisposed to breast cancer may permit detection of the disease while it is still nearly 100 per-  
<35> cent curable. Even a genetic tendency toward depression might be countered by ego-enhancing activities.

### We die as we live

The "good life" as most Americans now live has become our way of death. The trappings and temptations of affluence are causing or contributing to three-

fourths of the nation's deaths each year. As mainstream America lives it, the good life is causing fat-crippled hearts, fragile bones, alcohol-saturated brains and livers, tobacco-clogged lungs, accident-mangled bodies, and flabby muscles that fatigue on one \_\_\_\_\_ (piece / loaf / flight) of stairs. <40>

Most of the increase \_\_\_\_\_ (on /in) life expectancy Americans have enjoyed in the twentieth century has been due to fewer deaths in infancy, in childhood, and after childbirth —the result of improved sanitation, immunizations, and antibiotics. Among middle-aged Americans, however, men live only four years longer and women only seven years longer than do their middle-aged counterparts at the turn of the century. Too many of us today succumb to an excessive reliance \_\_\_\_\_ physicians and the "miracles" of modern medicine and an insufficient reliance upon ourselves to keep us health. <45> <50>

We live in an era of heroic therapies: coronary care units, kidney and heart transplants, antibiotics and other potent drugs. The mass media bring these miracles into the homes of nearly every American. But they obscure the fact which most of medicine is only patch-up, not curative. Doctors may fix the broken plaster on ceiling, but not the chronic leak that caused it. The much-heralded coronary care units save only an extra 5 percent of coronary victims (more than half die even before they reach the hospital), and even if all cancer deaths were eliminated, it would add only two years \_\_\_\_\_ the average American life span. <55> <60>

### What you can do

What can make a difference in the length and quality of your life is you, if you take personal responsibility \_\_\_\_\_ the good health you were born with. This means that you: <65>

- **Avoid hazardous behaviours**, such as cigarettes, excess alcohol and calories, mind-altering drugs, unsafe driving and recreational practices, misuse of dangerous tools.

- **Pursue health-enhancing activities**, such as regular exercises, a proper diet, and protective health measures such as immunizations and routine checkups. <70>

- **Get proper diagnosis and treatment**, when preventive measures fail or when un-avoidable illness strikes. This requires being well-informed, alert, questioning, and unintimidated by people with white coats and large black and silver necklaces in their pockets.

\_\_\_\_\_ (There /It) is every patient's right and obligation to participate \_\_\_\_\_ (in /on) his or her own care. The "activated" patient is \_\_\_\_\_ (more / less) likely to be treated in a patronizing manner or suffer an adverse drug reac- <75>

<80> tion or be operated on unnecessarily. Sickness turns most of us into little children who want mommy (i. e. doctor) to make us well. If we are not armed \_\_\_\_\_ (advanced /ahead) of time with the tools for assuring quality care, we are not likely to be able to call them into play when they are really needed.

<85> Right now American medicine provides primarily “sickness care”, not health care. Few doctors are paid to keep people health, and most are bored by the healthy patient. Even the routine checkup is designed to find something wrong and treat it, not to instill and reinforce preventive health-enhanced practices. But changes are now taking \_\_\_\_\_ (form / shape / place). A “wellness” movement is sweeping the land. The future of health care will be marked by a diminishing role of medical care providers (physicians and the institutions where they work) and an increasing role of the health care consumer—you.

<90> This book is designed to help make you an informed consumer and active participant in your health care.

### Reflection:

Health is so important that we almost talk of it everyday. But, in fact, not so many people really know what health means, how to keep healthy, especially for people in today's economic society. After reading this text, we must bear in mind, health is everything: no health, no wealth, and no life.

## New Words, Phrases & Expressions

- |                                     |                                                                                                                                                                                                          |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>unmarred</b> [ˈʌnˈmɑːd] adj.  | not damaged or impaired 未损伤的                                                                                                                                                                             |
| 2. <b>succumb (to)</b> [səˈkʌm] vi. | fail to resist (pressure, temptation, or some other negative force); die from the effect of a disease or injury 屈服于;死于                                                                                   |
| 3. <b>aptly</b> [ˈæptli] adv.       | to be apt means to be appropriate or suitable in the circumstances 适当地                                                                                                                                   |
| 4. <b>heritage</b> [ˈherɪtɪdʒ] n.   | property that is or may be inherited; valued objects and qualities such as historic buildings, unspoilt countryside, and cultural traditions that have been passed down from previous generations 遗产;继承物 |
| 5. <b>facial</b> [ˈfeɪʃəl] adj.     | of or for the face 面部的                                                                                                                                                                                   |

6. **inherit** [ɪn'herɪt] vt.  
derive (a quality, characteristic, or pre-disposition genetically from one's parents or ancestors); receive (money, property, or a title) as an heir at the death of the previous holder 遗传; 继承 occurring or done before the usual or proper time; too early; or born before the end of the full term of gestation, especially three or more weeks before 早熟的; 早产 from one generation to following generations; passed on from parent to child 遗传的; 世袭的
7. **premature** [ˈpremətʃuə] adj.  
a liability or tendency to suffer from a particular condition; or hold a particular attitude or act in a particular way. 易患某病之身心素质(身心的)倾向; 爱好; 癖性
8. **hereditary** [hɪ'redɪtəri] adj.  
liable to sth., inclined to do sth. 易于……的; 有……之倾向的.
9. **predisposition** [ˌpri:dispə'ziʃən] n.  
in a way that is connected with genetics 从遗传学来说, 遗传性地
10. **prone (to)** [prəʊn] adj.  
causing death; harmful or destructive 致命的; 有害的
11. **genetically** [dʒɪnetɪkəli] adv.  
likely or liable to be influenced or harmed by a particular thing; easily influenced by feelings or emotions; sensitive 易感染的; 易受影响的;
12. **lethal** ['li:θəl] adj.  
钠
13. **susceptible** [sə'septəbl] adj.  
occurring or appearing at regular intervals 周期的, 定期的
14. **sodium** ['səʊdiəm] n.  
cause sb to be inclined or liable before the event 使先倾向于; 使先偏向于
15. **periodic** [ˌpiəri'ɒdɪk] adj.  
detecting or discovering 觉察; 发觉; 侦查; 探测
16. **predispose** [ˌpri:dispəʊz] vt.  
being depressed or low spirits; time when business is depressed 抑郁症; 沮丧; 不景气, 萧条
17. **detection** [dɪ'tekʃən] n.  
wealth or abundance 富裕, 丰富
18. **depression** [dɪ'preʃən] n.  
damage or weaken seriously 严重损坏
19. **affluence** [ˈæfluəns] n.  
cause to be or become blocked with waste
20. **cripple** ['kripl] vt.
21. **clog** [klɒɡ] v.

22. **saturate** ['sætʃəreɪt] vt.  
matter, dirt 阻碍; 阻塞; 妨碍  
make sth. thoroughly wet; soak with moisture; be unable to take any more 使浸泡; 饱和
23. **flabby** ['flæbi] adj.  
(of the muscles, flesh) soft; not firm  
(指肌肉) 松弛的; 松软的
24. **sanitation** [ˌsæni'teɪʃən] n.  
arrangements to protect public health, esp. for the efficient disposal of sewage  
卫生, 卫生设备
25. **immunization** [ˌɪmjʊnaɪ'zeɪʃən] n.  
免疫, 免疫力
26. **antibiotics** [ˌæntɪbaɪ'ɒtɪks] n.  
抗生素
27. **counterpart** ['kauntəpɑ:t] n.  
a person or thing exactly alike, or closely corresponds to that of another 互相对应的人或物, 对手
28. **coronary** ['kɒrənəri] adj.  
relating to or denoting the arteries which surround or supply the heart 冠状动脉的, 冠脉的
29. **kidney** ['kɪdni] n.  
肾(脏)
30. **patch** [pætʃ] n.  
补丁; 补片  
vt.  
repair, make roughly ready for use 修理; 草率做成
31. **curative** ['kjʊərətɪv] adj.  
able to cure something or typical disease  
能治病的; 有疗效的
32. **hazardous** ['hæzədəs] adj.  
risky or dangerous 危险的
33. **plaster** ['plɑ:stə] n.  
soft mixture of lime, sand, water, etc. used for coating walls and ceilings 灰泥, 石膏
34. **unintimidate** [ˌʌnɪntɪmaɪdeɪt] v.  
not to frighten sb 未恫吓, 未威胁
35. **obligation** [ˌɒblɪ'geɪʃən] n.  
promise, duty or condition that indicates what action ought to be taken (eg. the power of the law, duty, a sense of what is right) 义务; 职责; 责任
36. **patronize** ['pætrənaɪz] vt.  
treat sb. as an inferior  
以高人一等的态度对待某人
37. **adverse** [ˌædvɜ:s] adj.  
unfavourable; contrary; or hostile  
不良的, 不利的; 相反的; 敌对的
38. **instill** [ɪn'stɪl] vt.  
introduce (ideas, etc.) gradually 逐渐灌输
39. **reinforce** [ˌri:ɪnfɔ:s] vt.  
strengthen (an existing feeling, idea, or

habit); strengthen or support, especially with additional personnel or material 强调, 加强; 增援

## Notes

1. This text is taken from *Guide to Personal Health* by Jane E. Brody.
2. Jane Brody, after years as a science and medical writer, decided to adopt reasonable measures to prevent illness and preserve her life. Today, she's slim, more energetic, less high-strung, healthier, and more productive than in her younger years.
3. ...but merely to old age when our time is finally up...  
Old age is the final factor that causes our death. Or: our life ends just because we are too old.
4. So aptly put it, our goal should be to die young as late life as possible.  
So we may hold it that we should try our best to keep healthy just as we are still young even until the last moment when we have to end our life because of the old age.
5. ...ego-enhancing activities...  
activities used for improving oneself in both physical and mental or spiritual aspects
6. As mainstream America lives it, the good life is causing fat-cripple hearts, fragile bones, alcohol-saturated brains and livers, accident-mangled bodies, and flabby muscles that fatigue on one flight of stairs.  
Just as most Americans are experiencing, the so-called good life has brought about so many disadvantages or harms, such as causing them to suffer from fat-cripple hearts, fragile bones, alcohol-saturated brains and livers, accident-mangled bodies, and flabby muscles that will easily lose strength even after climbing up several steps of stairs.
7. Doctors may fix the broken plaster on the ceiling, but not the chronic leak that caused it.  
Doctors can only help us alleviate our symptoms or our pains, but they have no way to help us eliminate what we suffer completely for good.
8. The "activated" patient is less likely to be treated in patronizing manner or suffer an adverse drug reaction or be operated on unnecessarily.  
The activated patient here refers to the patient who is well-informed about related illness and treatment. The whole sentence means that those who are concerned about themselves and have some related knowledge about their illness and treatment, will probably get less care from their doctors, or they may avoid harmful drug reaction, and even some unnecessary operations.