

Medical English — Respiratory Medicine

习家骏 主编

医学英语 —— 呼吸内科

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Medical English

Respiratory Medicine

(医学英语——呼吸内科)

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内容提要

本书的内容分为3部分(同时用英文和中文书写)

第一部分:呼吸内科临床工作的规范要求及新进展,包括临床病史和有关记录;呼吸系统的主要化验检查及其正常值;呼吸系统的主要器械检查;呼吸内科有关临床操作步骤及常规;呼吸内科的主要急诊;呼吸道疾病的某些治疗原则及措施以及呼吸内科常用药物。

第二部分:医学科技论文的书写格式和统一要求。

第三部分:实用医学英语手册

1. 基本医学英语词汇

2. 呼吸内科常用的医学英语缩略语

3. 医学主题词汇表(呼吸内科为主)

本书适合医学院校学生及从事临床医学工作的人员阅读。

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Foreword

I really feel both great honor and pressure to be invited to make this foreword for 《Medical English——Respiratory Medicine》, written by my respectful teacher, Professor Xi Jiajun, one of the oldest and respectful establishers for Xinjiang Medical University Hospital. Being a specialist for surgery of hepato-biliary and hydatid diseases as well as a student of Prof. Xi Jiajun, it sounds that I am not qualified to write this foreword to the responsibility with reverence and awe. During my reading of this masterpiece, I can't help recalling the deeply reverend personality and admiring spirit of Prof. Xi Jiajun that implanted at the bottom of my heart. To delivery his wisdom to the juniors I write the foreword immediately as his requirement.

Prof. Xi Jiajun and myself are the colleagues in Xinjiang Medical University Hospital for years. He is well known as one of the active advocates and leaders for the establishment of the English environment in our hospital. When I was in charge of the academic and post-graduation education as deputy director in the hospital a few years ago, he was the first person to give me some suggestions and discuss with me about how to build a proper atmosphere for learning and practising clinical English. And then, he has been the first person to originate clinical English practice such as English ward round and lectures continuously among the internal medicine system in the hospital. Owing to his persistent work, more and more doctors and postgraduates have been involved in this program. His excellent work has also initiated a series of clinical English studies, such as Clinical English Salon, Ten-minute English short-practice in clinical Departments, Morning English Academic Exchange for the Surgeons practice, English Speech of the Membership of PhD and Overseas Research Academy, Medical French Club and Medical Japanese Club, etc.

Today, when I heard medical workers and postgraduates communicated fluently in English, when they talk to domestic or overseas academicians with foreign language, and when I saw the enthusiasm for learning clinical English in the whole hospital, I feel admiring and grateful to Prof. Xi Jiajun for his great contribution.

《Medical English——Respiratory Medicine》, which belongs to Chinese-English edition, joined with illustrated pictures and legend, practicality and creativity, becomes one of the members of the 《Medicine English》 series, and would obviously become the indispensable reference for medical workers, post graduates as well as medical students. I honestly believe that any readers, including myself, would be nourished by this book.

Professor of General Surgery, Chief Surgeon

President of the First Teaching Hospital, Xinjiang Medical University

Director of Xinjiang Hydatid Clinical Research Institute

Director of Xinjiang Organ Transplantation Research Institute

Wen Hao

序 言

受我尊敬的老师、享有我院“具有突出贡献建院元老”荣誉的习家骏教授再三邀请为《医学英语——呼吸内科》作序,我既感到荣幸,同时也承受到一种压力。作为以肝胆包虫外科为专长的我,既不熟悉内科呼吸专业,又是习老的晚辈学生,确有诚惶诚恐、难当此任之感。待得拜读了习老主编的大作,前辈学人修身传道授业解惑之种种嘉言懿行在脑中历历回放,敬慕和钦佩之情油然而生,遂欣然写下如下文字。

习家骏教授与本人同在新疆医科大学第一附属医院。说到营造医院临床英语的学习氛围,习老可谓全院公认的积极倡导者和热情指导者。早在几年前本人负责医院科研和研究生教育之初,习老是第一位同本人细致商讨启动医院临床英语教育、营造英语交流氛围的老教授。几番交谈,我俩对此深有同感,颇多共鸣。之后,习老率先在医院内科系统呼吸专业推行临床英语讲座和教学查房,并持之以恒,风雨无阻,经年不辍。在他深厚的英文造诣、精辟的医学评注和谨严的治学态度感召下,越来越多的临床医生和研究生主动热情地加入到临床英语学习的行列中,几年来,医院的临床英语学习以各种形式渐次展开,诸如研究生英语沙龙、临床医技科室每日清晨十分钟英语、外科研究生英语学术讲座、留学生/博士生研究会新进展英语讲演、医学法语俱乐部及医学日语俱乐部等。

如今,每每听到受习老所倡临床英语学习之惠的医生、研究生自信而流畅地用外语与国内外学者交流沟通,看到外语学习已在医院蔚然成风,作为晚生和受益者之一,本人便深深被习老扶持青年、提携后学的博大胸怀和前辈风范所折服;作为医院管理者,又为以习老为代表的“建院元老”们不计施受,为医院发展贡献力量的殷殷之情、拳拳之意而感动。

《医学英语——呼吸内科》以中英文对照、图文并茂、实用与创新相结合为显著特点。作为《医学英语》系列丛书之一,它必会成为临床医师、研究生和医学生以及高年资医务工作者不可或缺的便捷、实用的参考书、工具书。我深信,包括本人在内的所有读者,一定能从这本穷习老毕生心血,集中体现习老博学与睿智的著作中获得教益。

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温 浩

Preface

Nowadays, the international exchanges on medical science, technology and culture are increasingly prosperous, therefore, what are the favorable ways in enhancing and promoting the knowledge of medical English are universally regarded and interested.

For this reason and purpose, Prof. Jiang Zheng-hui of the Third Military Medical University is invited to make an attempt to plan and organize the publication of a series of reference books concerning this subject comprehensively, which includes the publication of "Medical English" of the vast majority of clinical specialities separately. I do appreciate the suggestion and advocacy, and agree to accept the invitation to be the editor in chief of this book (i.e. Medical English — Respiratory Medicine).

The main contents of this book consist of three parts (both written in English and Chinese).

Part one: According to the principle that "genuine knowledge comes from practice", one of the important (major) contents standardized requirements and current advancements in clinical works (i.e. closely in connection with clinical practice).

Part two: Conventional and uniform requirements in writing medico-technological articles.

Part three: Manuals for medical English, namely: ① Essential medical English vocabulary; ② Medical English abbreviations commonly used in respiratory medicine; ③ Medical Subject Headings-Annotated Alphabetic List (MeSHAAL), preferably for respiratory medicine.

This publication can serve as a useful handbook for clinical practice, a high supplementary textbook for postgraduate continuing medical education as well as a reference material for clinical physicians. The authors sincerely hope that this publication would be helpful to the readers both in enhancing the knowledge of medical English and medical science as well.

In view of our limited knowledge and clinical experience, mistakes and shortcomings would be inevitable in this book. The authors welcome heartily the readers and colleagues to give criticism and suggestion.

I have to express my hearty thanks to the President of Clinical Medical College of Xinjiang Medical University and Prof. Jiang Zheng-hui of the Third Military Medical University as well as the colleagues concerned for their kind support to the publication of this book.

XI JIA-JUN

前 言

目前,医学科技和文化方面的国际交流日益频繁,因此,如何更好地加强和提高医学英语的知识水平,已普遍受到关注和感兴趣。

为此目的,第三军医大学江正辉教授受有关方面的委托,拟组织和计划撰写一部《医学英语》的系列出版物,包括临床主要专业(如内、外、妇、儿等亚临床专业),撰写各自的分册。我很赞赏上述倡议,并同意接受委托,作为主编,撰写《医学英语——呼吸内科》一书。

本书的内容分为3部分(同时用英文和中文书写):

第一部分:秉着“实践出真知”的原则,第一部分作为重点内容,旨在介绍呼吸内科临床工作的规范化要求及新近进展。

第二部分:撰写医学科技论文的统一规范化要求。

第三部分:医学英语手册:①基本医学英语词汇;②医学英语缩略语(呼吸内科常用词);③医学主题词注释字顺表(MeSHAAL)(呼吸内科为主)。

本书用以提供:临床实践中有益的工具书;较高层次的专业补充教材;有利于医学生毕业后继续教育及研究生教育以及临床医师的参考书。

作者等衷心地希望本书能既有助于加强读者医学英语的知识,同时也有益于增进读者的专业知识。

鉴于作者等的水平和经验有限,本书的缺点和错误在所难免,希望读者暨同道多加指正。

承蒙新疆医科大学临床医学院院长及第三军医大学江正辉教授以及有关同道的热情关注和支持,使本书得以如期顺利出版,谨致谢忱。

刁家骏

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PART ONE

(第一部分)

CLINICAL WORKS AND CURRENT ADVANCEMENTS

临床工作及进展

1. CLINICAL HISTORY AND RECORDS

临床病史和记录

2. ESSENTIAL LABORATORY TESTS AND NORMAL VALUES OF RESPIRATORY DISEASES

呼吸系统疾病的主要化验检查及其正常值

3. ESSENTIAL INSTRUMENTAL EXAMINATIONS FOR RESPIRATORY DISEASES

呼吸系统疾病的主要器械检查

4. TECHNOLOGICAL PROCEDURES AND ROUTINES OF SOME CLINICAL EXAMINATIONS FOR RESPIRATORY DISEASES

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5. MAJOR RESPIRATORY EMERGENCIES

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6. SOME THERAPEUTIC PRINCIPLES AND MEASURES CONCERNING RESPIRATORY DISEASES

呼吸疾病的某些治疗原则及措施

7. DRUGS COMMONLY USED IN RESPIRATORY MEDICINE

呼吸内科常用药物

CHAPTER ONE

第一章

CLINICAL HISTORY AND RECORDS

临床病史和记录

THE CONVENTIONAL FORM OF A "COMPLETE HISTORY"

("完整病史"的常规格式)

Name(姓名)	Occupation(职业)
Sex(性别)	Marital status(婚否)
Age(年龄)	Informant(陈诉人)
Nationality(民族)	Reliability(可信性)
Native place(籍贯)	Date of admission(入院日期)

Chief complaints(主诉)

Present illness(现病史)

Past history(既往史)including "review of systems"(包括系统回顾)

Personal history(个人史)

Marital history(婚姻史)

Menstrual and child bearing history(月经及生育史)

Family history(家族史)

PHYSICAL EXAMINATION

(体格检查)

General condition(一般情况)

T.P.R. BP(体温、脉搏、呼吸、血压)

Body constitution(体质)

Mentality(意识状态)

Facies and facial expression(面容与表情)

Position(体位)

Posture and gait(姿式与步态)

Development and nutrition(发育与营养)

Examination of different organs(身体各部的检查)

Skin and mucous membrane(皮肤、粘膜)

1. Elasticity(弹性)

2. Temperature and perspiration(体温与出汗)

3. Color(颜色)

4. Edema(水肿)

5. Skin eruption(皮疹)

6. Petechia(淤点)

Lymph nodes(淋巴结) Size, number, consistency, tenderness, mobility(大小,数目,质地,触痛,移动度).

Head organs(头部器官)

1. Skull(头颅) Size, shape, abnormal motion(大小、形状、异常活动).

2. Face(颜面)

3. Eye(眼) Eyelid, eyeball, conjunctiva, sclera, cornea, pupils, ocular motion etc(眼睑,眼球,结膜,巩膜,角膜,瞳孔,眼球运动等).

4. Nose(鼻) Size, shape, nostrils, nasal mucosa, septum, nose bleeding and discharges, tenderness of paranasal sinuses etc(大小,形状,鼻孔,鼻粘膜,中隔,鼻出血,分泌物,鼻窦压痛等).

5. Oral cavity(口腔) Smell, lips, buccal mucosa, teeth, gums, tongue, throat, tonsils(气味,唇,颊粘膜,牙齿,牙龈,舌,咽,扁桃体).

6. Ear(耳) Shape, external auditory canals and discharge, ear drum, mastoid tenderness(外形,外耳道及分泌物,鼓膜,乳突压痛).

Neck(颈部)

1. Rigidity(强直)

2. Lymph nodes(淋巴结)

3. Thyroid gland(甲状腺)

4. Carotid arterial pulsation(颈动脉搏动)

5. Carotid venous engorgement(颈静脉怒张)

6. Position of the trachea(气管位置)

Chest(胸部)

1. Inspection(望诊) Shape, respiratory movement, breath frequency and rhythm(形状,呼吸运动,频率,节律).

2. Palpation(触诊) Respiratory movement, tactile fremitus(TF), pleural friction rub(呼吸运动,触颤,胸膜摩擦感).

3. Percussion(叩诊) Lung apex and base, abnormal dullness(肺上下界,异常浊音).

4. Auscultation(听诊) Breath sound(BS), abnormal BS, rales, audible pleural friction rub(呼吸音变化,异常呼吸音,啰音,胸膜摩擦音).

Heart(心脏)

1. Inspection Precordial prominence, apical impulse(心前区隆起, 心尖搏动).
2. Palpation Apical impulse, thrill, pericardial friction rub(心尖搏动, 震颤, 心包摩擦感).
3. Percussion Dullness of the heart(put in figure)(心浊音界, “画图表示”).
4. Auscultation Frequency, rhythm, cardiac sound, cardiac murmur(心率, 心律, 心音变化, 杂音).

Abdomen(腹部)

1. Inspection Shape, respiratory movement, veins of abdominal wall, peristalsis(形状, 呼吸运动, 腹壁静脉曲张, 肠蠕动波).
2. Palpation Muscular tonicity, tenderness and rebounding pain, mass, fluid thrill, liver, spleen, gall bladder, kidney(肌张力, 压痛, 反跳痛, 包块, 震水音, 肝、脾、膀胱、肾脏).
3. Percussion Abnormal dullness, shifting dullness, liver, spleen, kidney, urinary bladder(异常浊音, 移动性浊音, 肝、脾、肾、膀胱).
4. Auscultation Bowel sound, succussion splash, vascular murmur(肠鸣音, 溅水声, 血管杂音).

External genitalia and anus(外生殖器及肛门)

Spinal column and extremities(脊柱与四肢) Deformity, mobility, tenderness, muscular atrophy, fracture and dislocation(畸形, 活动度, 触痛, 肌萎缩, 骨折及脱位).

LABORATORY FINDINGS(实验室检查所见)

FUNCTIONAL AND INSTRUMENTAL EXAMINATIONS(功能及器械检查)

Tentative diagnosis(拟诊):

Signature(签名):

Date(日期):

AN ILLUSTRATION OF CONVENTIONAL FORM OF "COMPLETE HISTORY"

Name	Wu × ×	Native place	Xinjiang
Sex	male	Date of admission	Nov. 20, 1997
Age	24	Informant	the patient himself
Nationality	Hui	Reliability	reliable
Occupation	a worker	Marital status	unmarried

Chief complaints: Rt. middle finger infection followed by rigor, high fever and cough with blood tinged sputum for 10 days.

Present illness: One month ago, a small vesicle (painful) developed at his Rt. middle finger and it was pinned with a needle and pain was relieved. Several days later, it was badly infected with local redness and swelling, and resulted in a small abscess formation which gradually "subsided" after incision and drainage. However, about 10 days later, he experienced sudden onset of rigor and high fever associated with cough, blood tinged sputum and bilateral chest pain which was aggravated by deep breathing during the following days. He went to a local hospital and was diagnosed as "URI". No specific treatment was ever given. There was still high fever with more remarkable cough and bloody pussy sputum. He went to Airforce Hospital and was admitted there with a diagnosis of "pneumonia". After admission there, antimicrobial therapy and corticosteroids were administered for several days. There was no symptomatic relief and the patient's general condition was progressively worsening. In order to seek further investigation and treatment, he came to our OPD and was admitted to Department of Pulmonology as "cavitary pulmonary tuberculosis" after a chest fluoroscopic examination.

During the period of hospitalization in Department of Pulmonology, antituberculous therapy was given for one week, however, the patient was further debilitated with high fever, profound weakness, dyspnea, and obvious abdominal distension. At the same time, the patient was subjected to pain, tenderness, swelling and slight redness over the Rt. thigh as well as the lumbo-sacral region, indicating deep abscess formation. Then, incision and drainage were performed on the suspected deep abscess of Rt. thigh and lumbo-sacral region. 40 ml and 20 ml of pus were drained out respectively. Then, the patient was transferred to our Department of Respiratory Medicine for further treatment with diagnosis of "pyemia".

Past history: He had history of "hepatitis" at age of 3 (recovered) and "mumps" at age of 7. No history of chronic cough, hemoptysis nor contact history with open case of tuberculosis. No history of vaccination, operation nor drug allergy.

"Systems review" reveals nothing particular.

Personal history: No habit of drinking or smoking.

Family history: His father died of "esophageal carcinoma" 2 years ago. His mother, brothers and sisters all are living and well.

PHYSICAL EXAMINATION

(At the time of admission to Department of Pulmonology)

T 38.6°C. P 130/min. R 36/min. BP 12/8 kPa.

General condition: The patient is well developed, seriously ill with acute sickly look; slightly dyspneic; mentally clear; active posture.

Skin and mucous membrane: Mild cyanosis over the lips and nails; some minute vesicles over the back of trunk; no jaundice, edema nor petechia. Elasticity of the skin fair.

Lymph nodes: No enlargement of the peripheral lymph nodes.

Head organs:

Skull and face: Nothing important.

Eye: No positive finding over eyelid, eyeball, conjunctiva and cornea; pupils round, equal on both sides and reactive to light; ocular motion normal.

Nose: Nasal mucosa slightly congested; no nose bleeding nor discharges; no tenderness over paranasal sinuses.

Oral cavity: No offensive smell; slight cyanosis of the lips; tongue coated with whitish yellow fur; throat clear; tonsils not enlarged.

Ear: No discharges seen in the external auditory canals; no tenderness over the mastoid region.

Neck: Soft, thyroid gland not palpable; no visible distention of carotid arteries; trachea at the median line.

Chest:

Inspection: Normal shape; respiration 36/min, rhythmic.

Palpation: Moderate and slight diminished TF over right and left lung bases respectively without friction rub felt.

Percussion: Dullness over both lower parts of chest posteriorly, more severe on the Rt. side.

Auscultation: Diminished breath sound over both lung bases, more remarkable on the Rt. side and a few moist rales heard over the Lf. middle part of the chest. No audible pleural friction rub.

Heart:

Inspection: No precordial prominence Apical impulse at the 4th intercostal space within the MCL with tachycardia.

Palpation: Apical impulse is same as inspection; no thrill nor pericardial friction rub palpable.

Percussion: The cardiac dullness is within normal limit (so, "figure" is omitted).

Auscultation: Tachycardia (130/min.), rhythmic, no murmur heard.