

高等医药院校讲义

供医疗、卫生、儿科、口腔、药学及中医专业用

医学英语选

第四册

謝大任 主編

商务印书馆

高等医药院校讲义

供医疗、卫生、儿科、口腔、药学及中医专业用

医学英语选

第四册

谢大任主编 梁梦非编写

商务印书馆

1962年·北京

高等医药院校讲义
供医疗、卫生、儿科、口腔、药學及中医专业用
医学英语选
第四册
謝大任主編 梁夢非編写

商务印书馆出版

北京復興門外翠明莊

(北京市書刊出版業登記證出字第 107 号)

新华书店北京发行所发行 各地新华书店經售

崇文印刷厂印装

統一書号：K9017·345

1962年1月初版

1962年11月北京第3次印刷

印张 8 10/16

開本 787×1032 1/32

字數 228千字

印数 15,701—42,700册

定價(10)1.10元

目 次

1. HEALTH WORK AIDS AGRICULTURE	1
2. INTESTINAL OBSTRUCTION	10
3. THE HISTORICAL DEVELOPMENT OF ACUPUNCTURE AND MOXIBUSTION	16
4. BRONCHOPNEUMONIA	21
5. TREATMENT OF WOUNDS	27
6. TONSILLECTOMY	33
7. ETIOLOGY OF HUMAN HYPERTENSION	41
8. CYSTIC DISEASE OF THE BREAST	48
9. RUSSIAN SURGERY (N. I. PIROGOV).....	55
10. FIRST AID TREATMENT OF FRACTURES	64
11. SURGICAL TECHNIC FOR CLOSED AMPUTATIONS	76
12. ASCARIASIS	84
13. ACHIEVEMENTS OF HEALTH PROTECTION IN THE U. S. S. R.	93
14. MITRAL STENOSIS	102
15. ARTERIOSCLEROSIS.....	110
16. WILLIAM HARVEY	118
17. OSTEOMYELITIS.....	126
18. ACUTE OTITIS MEDIA	132
19. INFLUENZA	143
20. MENINGOCOCCAL INFECTIONS	151
21. APPENDICITIS.....	162
22. TYPHOID FEVER (Part 1)	174
23. TYPHOID FEVER (Part 2)	185
24. NEW VICTORIES ON THE ANTISCHISTOSOMIASIS FRONT (Part 1)	193
25. NEW VICTORIES ON THE ANTISCHISTOSOMIASIS FRONT (Part 2)	200
26. TEN YEARS OF PUBLIC HEALTH WORK IN NEW CHINA (Part 1)	208
27. TEN YEARS OF PUBLIC HEALTH WORK IN NEW CHINA (Part 2)	218
詞 汇 总 表	228

1. HEALTH WORK AIDS AGRICULTURE

China's health departments and medical personnel ⁽¹⁾at all levels, guided by the idea that agriculture is the foundation of the national economy, are now making rural health care ⁽²⁾their central task. In ⁽³⁾attending to the needs of the country's 500 million farm residents, the policy is ⁽⁴⁾"prevention first", and it is carried out through mass movements.

To end the deplorable lack of health and medical facilities in the countryside, the result of neglect by the Kuomintang government, the arduous task was undertaken after the liberation to restore the few existing county hospitals which had been destroyed by the retreating Kuomintang troops and build up new ones, and to establish basic-level health units in places lacking them. The Party's General Line for Socialist Construction—⁽⁵⁾Go all out, aim high, for greater, faster, better and more economic results—⁽⁶⁾the big leap forward and the formation of the rural people's communes in 1958 opened the way for tremendous progress in health work in the countryside. By the end of 1959 the number of beds in county hospitals had been increased by more than 80 per cent over the figure for pre-commune days. There were also over 200,000 commune hospitals, maternity clinics and health centres, or more than twice the number of basic health units and five times as many beds as before the communes.

Thus the first step has been taken towards forming a complete rural health and medical network. It consists of

county hospitals and their branches in the communes, commune-run hospitals, clinics and health stations in each production brigade, and a health room or medical attendant in each small work-team. The network is closely integrated with production and offers both western and traditional Chinese medical treatments at all levels. It is staffed by over a million full-time health and medical workers and several million members of the brigades who ⁽⁷⁾take part in farm production and give part-time assistance as midwives or as health attendants.

Mass Movement Against Disease

The basic measures to strengthen rural health work are mass movements centred around elimination of the "four pests" (rats, flies, mosquitoes and bedbugs), improvement of sanitation and wiping out the most prevalent diseases. In the past years the situation in the countryside has been greatly changed. In many places the incidence and spread of seasonal infectious diseases are ⁽⁸⁾under control. ⁽⁹⁾Precautions are taken to stop the spread of other contagious diseases, and there is a greater consciousness of health and sanitation among the people. Great progress has also been made in wiping out the parasitic diseases and endemic diseases most harmful to the people's health.

For schistosomiasis, for instance, which used to be one of the worst scourges in Kiangsu and other provinces in Central and Southeast China, more than five million sufferers have received treatment. The majority have been completely freed of the disease and are back on the production front.

More than 3,000 patients successfully cured in Chiangling county, Hupeh province, augmented its labour force so that over 10,000 ⁽¹⁰⁾mu of fields left untilled by the sufferers could again be cultivated. Schistosomiasis had so severely depleted the energies of the people of Yuchiang county, Kiangsi province, that each farm worker used to be able to care for only about two mu of land. But now, ⁽¹¹⁾rid of the affliction, they can cultivate an average of ten mu.

Many such former epidemic-ridden areas, often thinly-populated and with much ⁽¹²⁾deserted land, are again scenes of energetic production, ⁽¹³⁾giving rise to a popular saying there: "The land increases its yield; man increases his life span and the livestock prospers."

Aid from the City

The organization of the communes in the countryside has made it possible to give all-round treatment in a planned way to the rural population. Those with acute conditions are treated promptly; those with chronic complaints who can still work, ⁽¹⁴⁾at their leisure. With almost all the farm-families eating in communal dining halls, special attention is being given to sanitation and preventive measures against the spread of contagious and gastro-intestinal diseases.

Since the call in the latter half of 1960 for everybody to support agriculture, health and medical units ⁽¹⁵⁾all over the country have been sending increasingly large numbers of health and medical personnel to the communes. There ⁽¹⁶⁾in the fields, at the construction sites, in the community dining halls, nurseries, kindergartens and other units of col-

lective production and living, they work directly with the commune members on tasks of sanitation and disease prevention.

Some have been sent to give special aid in calamity-stricken areas or those hit by epidemics, some have gone to commune hospitals to ⁽¹⁷⁾assume responsibility for improving the work there. A very successful method is that of "hook-ups" between city medical and health units and those in the rural areas. In these, the former aid the latter by sending medical personnel in rotation, by aid in procuring medicine and equipment, in training of personnel, and often by contracting to supply specific items of treatment.

Liaoning province's more than 200 city hospitals have established such a relationship with 41 hospitals in counties and 460 run by communes. The city of Sining in Chinghai province has transferred two complete out-patient clinics to hospitals in rural areas.

Going to the front lines of production and living and working with the commune members, the health and medical workers are warmly received in the villages. They go to fields and farm homes to publicize the benefits of hygiene, to investigate diseases and give treatment. While taking part in the commune's regular labour, they carry along their medicines and first-aid kits. They also help local Communist Party and government leaders institute measures for labour protection, proper rest for the farmers and special consideration for women labourers. They assist in setting up systems to guarantee good and hygienic food in the dining halls. They also help establish environmental sanitation procedures such

as for collecting night-soil, garbage and ⁽¹⁸⁾refuse, by which they increase the amount of fertilizer, promote agricultural production and wipe out pests and disease.

Last year the health departments did especially good work in safeguarding the health of the people in areas hit by serious natural calamities. Conscientious work by health personnel during a big flood in the Lunghsi Special Region of Fukien province prevented any serious epidemics there which invariably used to accompany floods. Even the incidence of seasonal infectious diseases was lowered by 85.7 per cent (over 1959.) The number of cases of gastroenteritis fell by 76.18 per cent, dysentery by 50.3 per cent and influenza by 90.8 per cent.

The successful battle against the flood inspired people to plunge into production with new energy. As one resident of the area put it: "The flood has shown us that the Communist Party is more precious to us than our own family and that the new society is thousands of times better than the old."

County Hospital's Role

Among the effective measures adopted by the Party and the government to build up rural health organizations, the establishment of county hospitals since 1958 has been the key of the health departments' capital construction programme. Each year about 200 county hospitals with 100 to 200 beds are built or expanded. About 40 per cent of all the graduates of higher medical institutions and the majority of the graduates of secondary medical schools are sent, along with groups of experienced health workers from the cities, to staff

these and commune hospitals. Facilities in the rural health units are also added in a planned way; all counties which have electric power now have X-ray and other modern equipment.

Serving as the centre for technical direction and training of personnel for the entire county, these hospitals have raised the professional level of medical work in the countryside. Sixty per cent of them have set up elementary and secondary health schools and short-term classes and spare-time schools to help train new medical workers and raise the standard of those already practising. The staffs of many county hospitals are now able to handle cases requiring abdominal surgery, and those at commune hospitals, surgery of the lower abdomen. By integrating concepts from traditional and western medicine, combining home-style with modern methods and through technical innovations, new kinds of treatment have been devised. An example is the use of acupuncture, the Chinese needle treatment, to anaesthetize before certain kinds of surgery. Many rural health units are also planting herbs for use in traditional treatments, and setting up small factories to prepare pharmaceuticals and repair medical instruments.

Towards Free Medical Care

After the liberation, in areas inhabited by the minority peoples and mountain regions where health conditions were particularly poor, as well as in the old revolutionary bases and disaster areas, medical care by the state has been free, or given with a small charge according to the ability to pay. Treatment and preventive inoculations ⁽¹⁹⁾for the main parasitic and contagious diseases have also been given on

this basis throughout the country. Since the communes were set up, collective medical and health care has been practised in many places, with the expenses borne in the main by the commune public welfare fund, and the members contributing a small annual sum. This system has been worked out by the people themselves according to the level of production, and participation is on a voluntary basis. It not only facilitates the work of prevention and treatment and promotes the development of commune health organizations, but also reinforces the spirit of mutual help among members of the commune. As production improves and the people's ⁽²⁰⁾living standard rises, this system will be transformed into one of free medical care.

The successes so far in building up health and medical work in the countryside are only a beginning, but they foretell the greater achievements that will come for the majority of the people under the guidance of the policy of taking agriculture as the foundation. —by Ho Piao

詞 汇

- agriculture [ægri'kaltʃə] *n.* 农业
 guide [gaɪd] *v.* 指导
 national economy ['næʃnl i:'kɒnəni] 国民經济
 farm [fɑ:] *n.* 农家, 农场
 resident ['rezɪdənt] *n.* 居民
 countryside ['kʌntrisaɪd] *n.* 乡村地方
 arduous ['ɑ:dʒuəs] *a.* 艰难的
 retreat [ri'tri:t] *n.* 退却
 troop [tru:p] *n.* 军队
 basic-level ['beɪsɪk 'levl] *a.* 基层的

pre-commune ['pri:kə'mju:n] *a.* 公社(成立)前的
 commune-run [kə'mju:nɾən] *a.* 公社管理的
 brigade [bri'geɪd] *n.* 队, 组
 work-team ['wɜ:k'ti:m] *n.* 工作队
 integrate ['ɪntɪgreɪt] *v.* 结合
 staff [stɑ:f] *v.* 配备人员
 part-time ['pɑ:t'taɪm] *a.* 零星的, 兼职的
 pest [pest] *n.* 灾害
 bedbug ['bedbʌg] *n.* 臭虫
 sanitation [sæni'teɪʃən] *n.* 卫生
 seasonal ['si:znl] *a.* 季节的
 precaution [pri'ko:ʃən] *n.* 预防办法, 小心
 parasitic [pærə'sɪtɪk] *a.* 寄生虫的
 endemic [en'demɪk] *a.* 地方性的
 augment [ɔ:g'ment] *v.* 增加, 增大
 untilled ['ʌn'tɪld] *a.* 不耕的
 sufferer ['sʌfərə] *n.* 受害者
 deplete [di'pli:t] *v.* 使空虚, 竭尽
 rid [rɪd] *v.* 摆脱
 epidemic-ridden [epɪ'demɪk'rɪdn] *a.* 流行病流行的
 thinly-populated ['θɪnli'pɒpjuleɪtɪd] *a.* 人口稀少的
 deserted [di'zɜ:tɪd] *a.* 荒废了的, 被抛棄了的
 saying ['seɪɪŋ] *n.* 话, 諺語
 yield [jɪ:ld] *n.* 产品
 span [spæn] *n.* 短促的时间, 一指距
 livestock ['laɪvstɒk] *n.* 家畜
 prosper ['prɒspə] *v.* 繁荣
 all-round ['ɔ:l'raʊnd] *a.* 全面的
 leisure ['leɪə] *n.* 空闲
 communal ['kɒmjʊnl] *a.* 公社的
 call [kɔ:l] *n.* 号召
 calamity-stricken areas [kə'læmɪti'strɪkən 'særiəz] *a.* 灾区
 hit [hɪt] *v.* 打击
 hook-up ['hʊkʌp] *n.* 挂钩
 rotation [rou'teɪʃən] *n.* 轮流
 procure ['pre'kjʊə] *v.* 获得
 contract [kən'trækt] *v.* 约定
 run [rʌn] *v.* 管理
 publicize ['pʌblɪsaɪz] *v.* 宣传, 公布
 hygiene ['haɪdʒi:n] *n.* 卫生学

local ['ləʊkəl] *a.* 当地的, 局部的
 guarantee [gə'renti:] *v.* 保証
 night-soil ['naɪtsɔɪl] *n.* 糞便
 garbage ['gɑːbɪdʒ] *n.* 垃圾
 refuse ['refjuːs] *n.* 廢物, 垃圾
 fertilizer ['fɜːtɪlaɪzə] *n.* 肥料
 natural calamity ['nætʃrəl ke'læmɪti] *n.* 自然災害
 dysentery ['dɪsntri] *n.* 痢疾
 put [put] *v.* 說, 說明
 capital construction ['kæpɪtəl kən'strʌkʃən] 基本建設
 graduate ['grædʒʊət] *n.* 毕业生
 direction [dɪ'rekʃən] *n.* 指導
 short-term ['ʃɔːt'tɜːm] *a.* 短期的
 spare-time ['speətaɪm] *a.* 業余的
 home-style ['həʊm'staɪl] *a.* 土法的
 acupuncture ['ækjupʌŋktʃə] *n.* 針術
 anaesthetize [æ'niːsθaɪz] *n.* 使…麻醉
 plant [plɑːnt] *v.* 種
 herb [hɜːb] *n.* 草, 藥草
 minority people [maɪ'nɔːrɪti 'piːpl] 少數民族
 revolutionary [revə'ljuːʃnəri] *a.* 革命的
 fund [fʌnd] *n.* 基金
 foretell [fɔː'tel] *v.* 預言

註 釋

- (1) At all levels 各級的。
- (2) "Their central task" 做 "rural health care" 的補足語。
- (3) Attend to 注意于, 从事于, 說 "出席于" 用 "attend" 或 "attend at", 說 "侍候" 用 "attend" 或 "attend upon (on)" 都可以, 例如:
 I shall attend (at) the meeting tomorrow.
 明天我将出席这會議
 This nurse attended (upon, on) the patient.
 这护士护理过这病人。
- (4) Prevention first 預防第一, 預防為主。
- (5) Go all out, aim high 鼓足干劲, 力爭上游。
- (6) Big leap forward 大跃进。
- (7) Take part in 参加。
- (8) Under control 受到控制。

- (9) Precautions are taken = take precautions 預防。
- (10) mu 前 (譯音)
- (11) Rid of (from) 使免脫, 使解脫。
- (12) "Desert" 作動詞時讀 [di'zə:t] 解釋“拋棄”, 作名詞時讀 ['dezət] 解釋“沙漠”, 这里 “deserted land” 作“被放棄的田地”解。
- (13) Give rise to 引起, 使發生。
- (14) At their leisure 在他們有空時,
注意: “leisure” 在英語里讀 ['leɪʒə] 在美語里讀 ['li:ʒə]。
- (15) All over the country = in all parts of the country.
- (16) In the fields 在田野里,
注意: “field” 用作“戰場”或“運動場”解時, 前面習慣用 “on” 不用 “in”。
- (17) Assume responsibility 負責任。
- (18) “Refuse” 作“垃圾”解時讀 ['refju:s] 作“拒絕”解時讀 [ri'fju:z]。
- (19) In (for) the main = on the whole 大体上。
- (20) Living standard 生活程度。

2. INTESTINAL OBSTRUCTION

Definition. Obstruction to the passage of faeces through the intestine.

Etiology. The obstruction may be due to: 1. Causes in the lumen or wall of the bowel. These include: A volvulus. An intussusception. A growth. Impacted faeces. A stricture due to syphilis or following dysentery. A foreign body, such as a gall-stone which has ulcerated through into the duodenum (the obstruction then usually occurs in the terminal part of the ileum). Other foreign substances such as masses of thread-worms or a hair-ball. Paralytic ileus, in which there is no mechanical obstruction; this may follow an abdominal operation or complicate acute appendicitis, peritonitis or torsion of the pedicle of the spleen. Regional ileitis (Crohn's disease), in which there is cicatricial stenosis usually of the last 12 to 14 inches of the ileum, following a

chronic inflammatory condition of unknown origin. Multiple fistulae may be present, communicating either with the large intestine, or tracking through the anterior abdominal wall. Any part of the ileum may be involved, and in some cases the adjacent lymph glands have been shown to contain giant cells, although tubercle bacilli have rarely, if ever, been demonstrated, and caseation does not occur. ⁽¹⁾By some, Crohn's disease is regarded as a manifestation of Boeck's sarcoidosis.

2. Causes outside the bowel. Strangulation or obstruction may result from:— (1) A band. This may be due to plastic peritonitis or follow a laparotomy. The band may form between two portions of the mesentery, or between the mesentery and an abdominal viscus or inflamed gland. (2) A cord. This may pass from the omentum to an abdominal viscus or to the abdominal wall. (3) Meckel's diverticulum may be attached to the umbilicus or to some viscus in the abdomen or to the mesentery. (4) The bowel may be strangulated or obstructed in an internal hernial orifice, in the foramen of Winslow, or in a diaphragmatic hernia.

In strangulation the flow of blood through the vessels of the bowel is interfered with, but the passage of faeces is not prevented.

Pathology. The portion of bowel above the obstruction is dilated, the wall is hyperaemic and the contents are fluid, consisting of an exudate from the wall and vessels and many bacteria. Histamine may form in the contents, and on absorption give rise to the symptoms of shock. At the site of the block the intestine is also distended, its coat becomes

purplish in colour, and it may be gangrenous and sloughing, with the vessels thrombosed. It usually contains blood-stained fluid and gas. Below the obstruction the bowel is empty, contracted and pale, peritonitis may occur around the site of the obstruction. The obstruction may occur acutely, as with a band, volvulus, intussusception or incarceration in a hernial orifice, or more gradually, as with a growth in the large intestine, where hardened faeces may prove the last factor producing a total block. The "faecal" vomiting is probably not due to antiperistalsis and regurgitation of faeces, but to an increased exudate into the bowel, the fluid contents well ⁽²⁾up to the stomach, and are vomited without effort.

Clinical findings. With acute obstruction the patient is suddenly taken ill with severe tearing and colicky pains in the abdomen, which ⁽³⁾double him up: he becomes prostrated and collapsed. Vomiting sets in and there is great thirst. The vomit at first consists of the gastric contents, later of bile, and finally it is of the faecal "regurgitant" type. A motion may be passed early in the attack, but after this no faeces or flatus escape from the rectum.

On examination: The patient is seen to be very ill; he is pale, the skin is moist, the tongue furred and later dry, the temperature is subnormal, and the pulse frequent. The abdomen is generally distended but it is not always tender. A tumour may be felt, as with a volvulus, or visible peristalsis may occur from time to time. The higher up in the intestine that the obstruction occurs the more acute are the

symptoms. The blood urea and non-protein nitrogen figures are raised. In chronic obstruction the onset is more gradual, and diarrhoea may at first ⁽⁴⁾alternate with constipation, then absolute constipation with symptoms of obstruction ⁽⁵⁾sets in. The patient should be given a turpentine enema (turpentine fl. oz. $\frac{1}{2}$ and soap and water fl. oz. 10). This is returned clear, without any force and without the passage of flatus in the presence of obstruction. A direct X-ray of the abdomen will show excess of gas in the large intestine if this is obstructed. The presence of gas in the small intestine is also a sign of obstruction there, and in some cases fluid levels are seen.

Differential diagnosis. Intestine obstruction must be diagnosed from other acute abdominal lesions, such as a perforated gastric or duodenal ulcer, acute appendicitis, mesenteric thrombosis, and acute pancreatitis, and from such conditions as biliary or renal colic, lead colic and abdominal crises in tabes or encephalitis lethargica. All the hernial orifices should be examined. The history of the case, the results of the clinical examination and the inability of the patient to pass faeces or flatus usually ⁽⁶⁾enable the diagnosis to be established, before the stage of faecal vomiting is reached.

Course and complications. Unless relieved surgically, intestinal obstruction is usually permanent. Complications such as perforation and peritonitis may occur.

Prognosis. Death occurs in a few days, unless the obstruction is relieved.

Treatment. An operation should be performed without