

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

第三册

謝大任 主編

商务印书馆

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谢大任主编 梁梦非编写

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## 1. A LETTER TO <sup>(1)</sup>YOUTH FROM PAVLOV

What would I wish for the young people of my motherland who <sup>(2)</sup>dedicate themselves to science?

First of all—consistency. Of this very important condition for <sup>(3)</sup>fruitful scientific work I cannot speak without emotion. Consistency, consistency and again consistency. Right from the very beginning inculcate in yourself the habit of strict consistency in acquiring knowledge.

Learn <sup>(4)</sup>the ABC of science before you attempt to <sup>(5)</sup>scale its peaks. Never <sup>(6)</sup>embark on what comes after without having mastered what goes before. <sup>(7)</sup>Never try to cover up the gaps in your knowledge even by the boldest guesses and hypotheses. <sup>(8)</sup>No matter how this bubble may delight the eye by its profusion of colours, it is bound to burst, and you will be left with <sup>(9)</sup>nothing but confusion.

Develop in yourself restraint and patience. Never funk the hard jobs in science. Study, compare, accumulate facts.

No matter how perfect a bird's wing may be it could never make the bird air-borne without the support of the air. Facts are the air of the scientist. Without them you will never be able to <sup>(10)</sup>take off, without them your "theories" will be barren.

But when studying, experimenting and observing, do your best to <sup>(11)</sup>get beneath the skin of the facts. Do not become hoarders of facts. Try to <sup>(12)</sup>penetrate into the secrets of their origin. Search persistently for the laws governing them.

The second thing is modesty. Never think that you know everything. <sup>(13)</sup>No matter in what high esteem you are held,

always have the courage to say to yourself. "I am ignorant".

(14) Do not let pride take possession of you. It will result in (15) your being obstinate when you should be conciliatory. It will lead you to reject useful (16) advice and friendly help. It will deprive you of the ability to be objective.

In the team of which I am leader, everything depends on (17) the atmosphere. (18) All of us are harnessed to a common cause and each (19) pulls his weight. With us it is often impossible to discern what is "mine" and what is "yours", but our common cause only gains thereby.

The third thing is passion. Remember, science requires your whole life. And even if you had two lives to give they would not be enough. Science demands of man the utmost effort and supreme passion. Be passionate in your work and in your quests.

Our country is opening wide vistas before scientists, and --it must be owned-- science in our country is being fostered with a generous hand.

What is there to say about the status of our young scientist? Here, it would seem, everything is quite clear. Much is given to him, much is expected from him. For him, as for us, it is a matter of honour to justify the great trust that our country puts in science.

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## 詞 汇

youth [ju:θ] *n.* 青年

dedicate ['dedikeit] *v.* 献身

consistency [ken'sistənsi] *n.* 循序漸

进, 始終如一

fruitful ['fru:tʃʊl] *a.* 效果好的, 多产的

emotion [i'mouʃən] *n.* 感动, 感情

inculcate ['inkʌlkeit] *v.* 谆谆教诲, 教育

scale [skeil] *v.* 登上

peak [pi:k] *n.* 顶峰

embark [im'bɔ:k] *v.* 着手, 从事, 参与

master ['mɑ:stə] *v.* 掌握  
 gap [gæp] *v.* 缺陷, 裂口  
 guess [ges] *n.* 推测  
 hypothesis (G.) [hai'pəθisis] *n.*  
 (*pl.* hypothesis [-sɪz]) 假設  
 profusion [prə'fju:ʒən] *n.* 多, 丰富  
 bound [baʊnd] *a.* 必定  
 burst [bə:st] *v.* 破裂  
 confusion [kən'fju:ʒən] *n.* 狼狽, 慌  
 亂  
 restraint [ris'treɪnt] *n.* 謹严  
 patience ['peɪjəns] *n.* 忍耐  
 funk [fʌŋk] *v.* 害怕  
 accumulate [ə'kju:mjuleɪt] *v.* 积累  
 wing [wɪŋ] *n.* 翼  
 air-borne ['eəbɔ:n] *a.* 飞翔的  
 barren ['bærən] *a.* 无效的, 貧弱的  
 experiment [ɪks'perɪmənt] *v.* 实验  
 hoarder ['hɔ:deɪ] *n.* 貯藏者  
 penetrate ['penɪtreɪt] *v.* 洞悉, 貫穿  
 secret ['si:krit] *n.* 底蘊, 秘密  
 search [sə:tʃ] *v.* 寻求

persistently [pə'sɪstən.tli] *ad.* 坚持  
 不懈地  
 modesty ['mɒdɪstɪ] *n.* 謙虛  
 esteem [is'ti:m] *n.* 尊重  
 courage ['kærɪdʒ] *n.* 勇气  
 ignorant ['ɪgnərənt] *a.* 无学的, 无智  
 的  
 pride [praɪd] *n.* 驕傲  
 obstinate ['ɒbstɪnɪt] *a.* 固执的  
 conciliatory [kən'sɪliətəri] *a.* 調和的  
 reject [rɪ'dʒekt] *v.* 拒絕  
 harness ['hɑ:nɪs] *v.* 委身于工作  
 discern [dɪ'sə:n, dɪ'zə:n] *v.* 分別,  
 辨別  
 thereby ['ðeə'baɪ] *ad.* 因此  
 passion ['pæʃən] *n.* 熱情  
 supreme [sju:'pri:m] *a.* 最高的  
 quest [kwɛst] *n.* 探討  
 vista (L.) ['vɪsteɪ] *n.* 前途, 远景  
 own [aʊn] *v.* 承認  
 foster ['fɒstə] *v.* 培植  
 status (L.) ['steɪtəs] *n.* 地位  
 -justify ['dʒastɪfaɪ] *v.* 不辜負

## 注 釋

- (1) Youth 青年男女, 年輕的人們。注意: a youth 一个青年男子(不指女子), 例如: He is a youth of twenty 他是一个二十岁的青年。Youths 多个青年男子, 例如: They are two youths 他們兩人是青年。A thousand youth, a group of Chinese youth 等語里的 youth 都兼指男女。
- (2) Dedicate oneself to = devote oneself to = devote one's life to 献身于, 致力于, 专心从事于, 例如: He dedicated himself to the study of hypertensive diseases 他献身于高血压病的研究。
- (3) Fruitful scientific work 卓著成效的科学工作。
- (4) The ABC of science 科学的初步知識, 这里的 ABC 不是縮写語, 所以不該写 A.B.C.
- (5) Scale its peaks 攀登到它的頂峰。
- (6) Embark on 着手做。
- (7) Never try to cover up the gaps in your knowledge 永远不要企图掩飾自己知識上的缺陷。
- (8) No matter how..... 不管怎样.....

- (9) Nothing but = only
- (10) Take off 飞騰起来。
- (11) Get beneath the skin of the facts 寻根究底。
- (12) Penetrate into the secrets of their origin 要洞悉事实发生的底蘊。
- (13) No matter in what high esteem you are held 不管人們把你們評價得多么高。Hold in esteem 尊重，尊敬。
- (14) Do not let pride take possession of you 切勿讓驕傲支配了你們。  
Take (get) possession of 占有。
- (15) Your being obstinate when you should be conciliatory 你們會在應該同意的場合固執起來。
- (16) Advice 作“劝告”时前面不加 an, 也沒有复数式, 一項劝告应說 a piece of advice 或 a bit of advice; 多項劝告应說 pieces of advice. Take advice 是“征求他人的意見” Take the advice 是“听从这劝告”。“請教医生”应譯为 take medical advice.
- (17) The atmosphere 在本課內指“互助气氛”。
- (18) All of us are harnessed to a common cause 我們大家都被联系到一件共同的事业上。
- (19) Pull his weight 尽他自己的力量。

## 2. ETIOLOGY OF DISEASE

The understanding of disease is based upon knowledge of etiology. Before <sup>(1)</sup>the medical world had any understanding of causation of disease, medicine consisted largely in symptomatic care. As the result of the use of the thousands of concoctions and procedures, tried <sup>(2)</sup>upon the basis of superstition, magic and other grounds, certain medicines and procedures were found to be helpful. These were used to suppress symptoms until <sup>(3)</sup>the natural course of events effected cure. Some curative agents were empirically <sup>(4)</sup>stumbled upon by such methods. Putting iron into solution by the rusting process and its use in certain anemias are examples in many of the systems of primitive medicine <sup>(5)</sup>throughout the world, and there are <sup>(6)</sup>dozens of such examples.



## Primary Factors

The real <sup>(7)</sup>era of modern medicine started with the upsurge in interest in cause of disease <sup>(8)</sup>brought about by the demonstration of microorganisms as etiologic agents. It then became possible, in the laboratory, to take the inciting agent of disease and manipulate it <sup>(9)</sup>at will, <sup>(10)</sup>expose a susceptible animal to it and study the developing changes from the beginning. Varying mechanisms responsible for action of these agents were uncovered. Some produced poisons (toxins) which selected peripheral nerves or the spinal cord; some acted directly on involved structures. Others invaded the blood stream and overwhelmed the body by general growth, or chose certain sites to locate and destroy tissue, such as the meninges. Against some of these the body reacted by producing protective agents. <sup>(11)</sup>In short, a vast and complex group of reactions, mechanisms of disease and means of recovery were found.

Understanding <sup>(12)</sup>went beyond the inciting agent alone, beyond the concept merely of an organism as the cause of the disease, into the very <sup>(13)</sup>ways and means of its action in producing the disease and its manifestations. Thus we could understand how the diphtheria bacillus could remain and grow in the throat and still kill by absorbed toxins affecting the heart. <sup>(14)</sup>Important as is the causative agent of diphtheria, the elucidation of the mechanisms of its action and the ways in which it affects and disturbs normal physiology gives us the basis for the development of means of prevention and cure. In short, the unraveling of the pathologic physiology and the

understanding of the process profoundly affected and directed the approach to control and treatment. Much of the discussions which follow, therefore, concerns etiologic factors and agents. But it is the way in which they act that is our field of interest, not the inciting agents themselves.

### Secondary Factors

As progress led to the discovery of additional factors important in the cause of disease, certain events or states <sup>(15)</sup>at times were found necessary to precipitate disease, and <sup>(16)</sup>in the absence of these events, the inciting factor, or primary etiologic agent, was not effective. For example, experimental pneumococcal infection in dogs has been shown to occur only sporadically if the pneumococcus is sprayed into the upper respiratory passages. If a starch paste is instilled first, the spraying of the pneumococcus into the upper respiratory passages regularly produces pneumonia. The stasis produced by the paste is important in permitting the pneumococcus to become established, just as is stasis postoperatively, or as is the Saturday night alcoholic bout in breaking down the protective respiratory barriers. In such patients these precipitating events are just as important in the production of that bout of pneumonia, just as important as etiologic factors, as is the pneumococcus. Thus, in addition to the inciting agent, certain other etiologic factors may be necessary to produce the disease, and the action and interaction of these constitute a part of the mechanisms of the disease. They may represent disturbances produced by processes unrelated to the inciting agent, yet

important in the final disease picture. The etiology of disease is always multiple, and our interest <sup>(17)</sup> rests in the mechanisms of all these multiple agents. Causation is a composite of many pathogenic factors.

In many diseases the primary causative agents or factors are unknown. We may know <sup>(18)</sup> a host of precipitating and perpetuating factors. This is true in peptic ulcer. The study of the precipitating and perpetuating factors, the mechanism of their action and the pathologic physiologic responses they bring about give us an understanding of the development of symptoms and signs, and lead to procedures in therapy effective in blocking these mechanisms and bringing about control of the disease despite the fact that basic causation is not understood. Similar situations occur in peripheral vascular disease, certain arthritic states, hypertensive disease and many other processes in which the primary etiologic factors are not established. A study of the multiple etiologic factors known to be active leads to the demonstration of mechanisms which <sup>(19)</sup> help clarify our understanding of the afflicted patients.

## 詞 匯

etiology [i'ti'olədʒi] *n.* 病因, 病因学

symptomatic [sɪmptə'mætɪk] *a.* 症状的

concoction [kən'kɒkʃən] *n.* 調制品

magic ['mædʒɪk] *n.* 魔术

ground [graʊnd] *n.* 基础

suppress [sə'pres] *v.* 遏止

curative ['kjʊərətɪv] *a.* 治疗的

empirically [em'pɪrɪkəli] *ad.* 专靠經驗的

rust [rʌst] *v.* 生鏽

primitive ['prɪmɪtɪv] *a.* 原始的

era ['ɪərə] *n.* 紀元, 时代

upsurge [ʌp'sɜːdʒ] *n.* 高涨  
 etiologic [i'tiː'ɒdʒɪk] *a.* 病原学的  
 incite [in'saɪt] *v.* 激起  
 manipulate [mə'nɪpjuleɪt] *v.* 操纵  
 peripheral [pə'rɪfərəl] *a.* 周围的  
 overwhelm [əuvə'hwelm] *v.* 压倒,  
 挫败  
 meninx (G.) [mi'nɪŋks] *n.* (*pl.*  
 meninges) 脑膜  
 elucidation [ilu'si'deɪʃən] *n.* 阐明  
 unravel [ʌn'rævəl] *v.* 解释, 阐明  
 pathologic [pæθə'ɒdʒɪk] *a.* 病理学的  
 profoundly [pre'faʊndli] *ad.* 深深地  
 precipitate [pri'sɪpɪteɪt] *v.* 促进  
 pneumococcal [njuː'mo'kɒkəl] *a.* 肺  
 炎球菌性的  
 sporadically [spo'rædɪkəli] *ad.* 散  
 发地  
 spray [spreɪ] *v.* 喷散

paste [peɪst] *n.* 糊剂  
 instill [in'stɪl] *v.* 滴注, 滴入  
 stasis (G.) ['steɪsɪs] *n.* 停滞, 郁积  
 bout [baʊt] *n.* 一次, 一席  
 barrier ['bæriə] *n.* 障碍  
 interaction [ɪntər'ækʃən] *n.* 相互  
 作用  
 composite ['kɒmpəzɪt] *n.* 合成物  
 perpetuate [pə'petʃueɪt] *v.* 使永久  
 存在  
 peptic ['peptɪk] *a.* 消化性的  
 therapy ['θerəpi] *n.* 疗法  
 block [blɒk] *v.* 阻滞  
 despite [dɪs'paɪt] *prep.* 不管  
 arthritic [ɑː'trɪtɪk] *a.* 关节炎的  
 hypertensive [haɪpe'tensɪv] *n.* 高  
 血压的  
 clarify ['klærɪfaɪ] *v.* 澄清  
 afflict [ə'flɪkt] *v.* 使苦恼, 患

## 注 释

- (1) The medical world 医务界。这里的 world 作“…界, …社会”解释, 例如:  
 the literary world 文学界, the commercial world 商业界, the  
 sporting world 体育界, the fashionable world 时髦社会。
- (2) Upon (on) the basis of 以……为基础。
- (3) The natural course of events 自然的趋势; 自然的因果的过程。
- (4) Stumbled upon 偶然碰见。
- (5) Throughout the world = all over the world = all the world over  
 在全世界, 世界到处。
- (6) Dozens of = many 许多。
- (7) Era of modern medicine 现代医药的时代。
- (8) Bring about 引起, 完成。例如:  
 What brought about the recent wonderful changes in  
 China? 什么引起了中国最近的惊人变化?  
 “Brought about” 在课文里作“被引起”解释, 形容 upsurge。
- (9) At will 任意。  
 You may go or stay at will. 你可以任意离去或留下。

- (10) Expose a susceptible animal to it. 使易感受的动物遭受到病菌。  
Expose...to 使...遭受。
- (11) In short = in a word 总之。
- (12) Go beyond...into 超过 界限而进入到...去。
- (13) Ways and means 方式, 方法。
- (14) Important as is the causative agent of diphtheria = though the causative agent of diphtheria is important = however important the causative agent of diphtheria is.
- (15) At times = from time to time = sometimes 有时。
- (16) In the absence of 当...不在时, ...缺乏时。
- (17) Rests in 于, 在于。
- (18) A host of 许多, 一大羣。例如:  
A host of friends 一大羣朋友。  
Hosts of troubles 许多麻烦。
- (19) Help clarify = help to clarify. "Help" 后面的 "to" 有时可以省掉, 例如:  
I *helped* (to) win the game. 我帮助这比赛获胜。  
I *helped* the peasant (to) carry the burden. 我帮助这农民带这担子。

### 3. DRUG ALLERGY

Definition. Drug allergy is a general, often loosely used term for a multiplicity of sensitivity reactions, including skin eruptions, edema, arthritis, lymphadenopathy, hematologic abnormalities, fever and periarteritis, which occur during or following the administration of <sup>(1)</sup>a variety of therapeutic agents. The symptoms <sup>(2)</sup>bear no relation to the primary pharmacologic properties of <sup>(3)</sup>the drug concerned, and resemble in important respects the manifestations of serum sickness. <sup>(4)</sup>It is generally assumed that the reactions are due to the presence of antibody against the drug itself, or against an antigenic conjugate between the drug and a protein in the blood or tissues.

This assumption is based <sup>(5)</sup>in part on experimental studies, by Landsteiner and his associates, of the antigenicity of simple chemicals, and there is some evidence to support it in several types of reaction in human beings. However, in actual practice, the majority of reactions cannot be proven to involve an antigen-antibody mechanism. Some of the manifestations attributed to allergy, such as agranulocytosis, hemolytic anemia and hepatitis, cannot be reproduced in experimental animals, nor can the presence of antibody be demonstrated in patients. The designation of such reactions as drug allergy should therefore be regarded as tentative.

**Incidence.** Although allergic reactions have been reported to occur with almost every medication in common use, there are large differences in the capacity of different drugs to produce reactions. Important differences also exist in the susceptibility of different persons; patients with a history of other allergic diseases are more apt to develop drug reactions. As an example, aspirin rarely causes sensitization in normal individuals, while patients with bronchial asthma are remarkably <sup>(6)</sup>prone to exhibit asthma or urticaria after taking the drug. The incidence of penicillin reactions has been stated to be as high as 10 or 15 per cent, but there is a great variation in different reports, depending on the degree of purity of the penicillin, the presence of other substances in the vehicle employed, the route of injection, the duration of treatment and the amount administered. At the University of Minnesota Hospitals, 2.5 per cent of a recent series of 562 patients developed reactions to penicillin, consisting of skin eruptions

and mild fever, no severe reactions occurred.

Certain drugs, such as phenylethylhydantoin (nirvanol), arsphenamine and thiouracil, are known to produce sensitivity reactions in a high proportion of patients. "Nirvanol sickness," a syndrome closely resembling serum sickness, has been reported to occur in all patients given large doses of the drug.

The incidence of drug allergy depends <sup>(7)</sup>to some extent on prior exposure to the drug, although this seems to be much less important than in serum sickness. Reactions to the sulfonamides and penicillin are more likely to occur in previously treated patients, but many occur at the first contact with the agents.

Pathogenesis. Landsteiner and his associates made a series of important experimental observations which have led to an interesting concept of the mechanism of drug allergy. It was shown that animals could be specifically sensitized to simple chemical compounds, such as picric acid or dinitrochlorobenzene, by repeated exposure to the substances or by the injection of conjugates of the chemicals with protein. Sensitization with chemical alone was found to involve a union <sup>(8)</sup>in vivo with body protein, yielding antigenic complexes whose immunologic specificity was determined by the chemical haptene. Antibody formed against such complexes was capable of reacting either with the chemical alone, or with the chemical protein conjugate, but not with the protein.

It has been postulated that a similar mechanism may <sup>(9)</sup>account for drug allergy in man. The administration of a drug would, under this theory, be followed by the formation of

a union between tissue or blood proteins, and the drug or a breakdown product of the drug. Antibody produced against the conjugate would subsequently react with the drug itself (or with the breakdown product), and also with protein-drug conjugate formed after readministration of the drug. Moreover, since specificity of the antibody is determined by the structure of the chemical haptene, it is possible that sensitization would also occur to closely related substances.

If this concept is correct, the mechanism of drug allergy would involve several variable factors which might affect the incidence of reactions and also the tissue sites involved. The capacity of a drug to unite with body protein, and differences in the degree of union in different individuals, would be of much importance. If the complex of drug and body protein were soluble and rapidly absorbed, the sensitivity would probably be of the immediate, anaphylactic type. If the protein constituent of the complex were confined to a particular tissue or cell, and not removed or absorbed, reactions of the local, delayed type would occur. Furthermore, <sup>(10)</sup>if the haptene were not the drug itself but a metabolic breakdown product, individual variations in the metabolism of the substance would play a role in the incidence of drug allergy.

Further investigation of the problem in man has been delayed because of the absence of satisfactory methods for detecting the presence of antibody in almost all types of drug allergy. Ackroyd has described a complement fixation reaction with the serums of patients with thrombocytopenia due to sedormid sensitivity, in which the "Antigen" consists of a



mixture of sedormid and platelets; no fixation of complement occurred with sedormid alone, or with platelets alone. Leftwich reported that sulfonamide sensitivity could be detected by an intradermal injection of serum containing the sulfonamide, but not with solutions of sulfonamide alone, implying that a protein-sulfonamide complex was necessary for the production of a skin-reaction. However, a large number of investigators have been unable to demonstrate antibody in various types of drug allergy by any of the available methods.

Pathology. Death is a rare event in drug allergy, and there is little information <sup>(11)</sup> concerning the pathology of the disease. Rich and his associates found typical vascular lesions of periarteritis nodosa similar to the changes in experimental serum sickness in several patients with severe reactions to sulfonamides. Similar lesions have been described in patients <sup>(11)</sup> dying with hypersensitivity reactions to penicillin, iodine, thiourea and dilantin.

## 詞 汇

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| <p>multiplicity [mʌlti'plisiti] <i>n.</i> 多样</p> <p>lymphadenopathy [limfædi'nɒpəθi]<br/><i>n.</i> 淋巴腺疾病</p> <p>hematologic [hi:mə'tɒlədʒik] <i>a.</i> 血<br/>学的</p> <p>periarteritis (G.) ['pəri:tə'taitis]<br/><i>n.</i> 动脉周围炎</p> <p>pharmacologic [fɑ:mə'kɒlədʒik] <i>a.</i><br/>药理学的</p> <p>serum sickness ['siərəm 'siknis]<br/>血清病</p> <p>antigenic [ænti'dʒenik] <i>a.</i> 抗原性</p> | <p>conjugate ['kɒndʒugit] <i>n.</i> 合成</p> <p>assumption [ə'sʌmpʃən] <i>n.</i> 假定</p> <p>antigenicity [æntidʒe'nisiti] <i>n.</i> 抗<br/>原性</p> <p>agranulocytosis (G.) [əgrænjulosaɪ-<br/>'təʊsɪs] <i>n.</i> 粒性白血球缺乏症</p> <p>hepatitis (G.) [hepə'taitis] <i>n.</i> 肝炎</p> <p>designation [dɪzɪg'neɪʃən] <i>n.</i> 命名</p> <p>tentative ['tentətɪv] <i>a.</i> 假定的</p> <p>medication [medi'keɪʃən] <i>n.</i> 医疗法</p> <p>allergic [ə'lɜ:dʒik] <i>a.</i> 过敏性的, 变<br/>应性</p> |
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