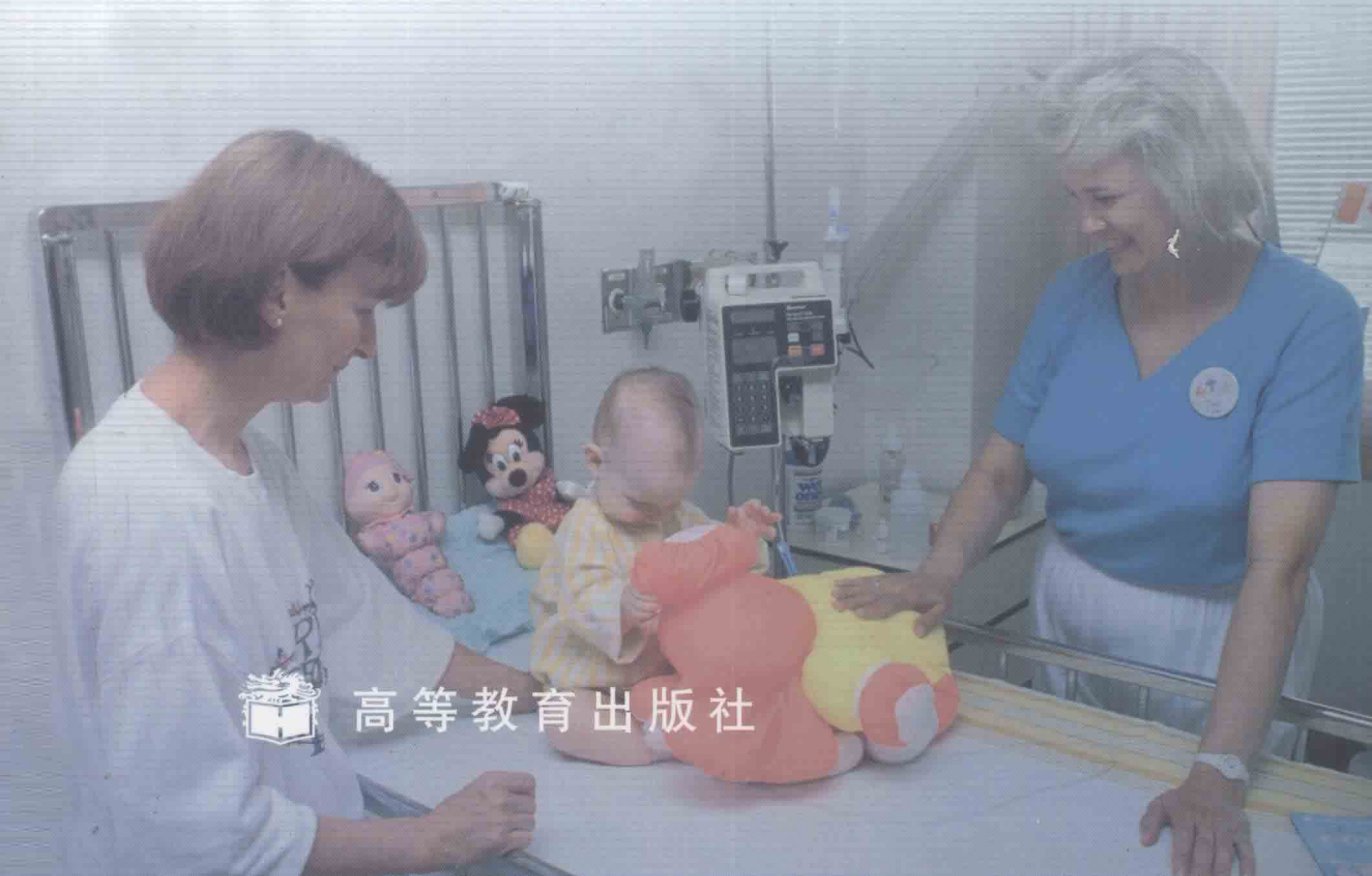
教育部职业教育与成人教育司推荐教材
卫生职业学校技能型紧缺人才培养培训教学用书

专业英语

（供涉外护理专业及其他医学相关专业用）

主编　李　敏



高等教育出版社

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内容提要

本书根据《教育部办公厅、卫生部办公厅关于确定职业院校开展护理专业领域技能型紧缺人才培养培训工作的通知》(教职成厅[2003]3号)精神编写而成。

本书适用于五年高职涉外英语护理专业、中职英语护理专业、高职高专英语护理专业的学生及有一定英语基础的在职护士和护师。本书涵盖面广,针对性强,形式多样化,共13个单元,内容包括内科、外科、妇科、儿科、精神科、老年护理等专业文章及案例、医学英语情景对话、CGFNS(Commission on Graduates of Foreign Nursing Schools)考试专练组成。全面培养学生的综合语言能力。全书生词4 200左右,有些生词没有在词汇表中列出,需由学生自己查阅,以培养学生使用工具书的能力。书后附有医疗卫生机构名称、医护人员职务和学衔等。

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出版说明

根据教育部、劳动和社会保障部、国防科工委、信息产业部、交通部、卫生部2003年12月下发的《关于实施“职业院校制造业和现代服务业技能型紧缺人才培养培训工程”的通知》精神，教育部办公厅、卫生部办公厅组织制定了《中等职业学校和五年制高职护理专业领域技能型紧缺人才培养培训指导方案》、《三年制高等职业教育护理专业领域技能型紧缺人才培养培训指导方案》。为此，我社推出“高教版”卫生职业学校技能型紧缺人才培养培训系列教学用书。

本系列教学用书依照教育部办公厅、卫生部办公厅制定的“指导方案”编写而成。作者是从全国范围内认真遴选的长期从事护理临床和护理教学工作的同志。他们通过认真学习、领会“指导方案”，根据“订单”式职业教育与培训新模式，把培养学生的职业道德、职业能力以及护理技能作为教材编写的主要目标，编写内容力争与用人单位实际需要接轨、与国家执业护士资格认证接轨，顺应国际护理行业发展趋势。

全系列教学用书以核心课程为中心，基础学科以理论知识够用为度，临床学科重点介绍常见病、多发病的护理知识和方法，并且吸收学术界公认的新理念、新技术。全系列教学用书增加了大量人文课程，帮助学生正确理解护理与人、护理与健康、护理与社会经济发展的关系，全面提高护理人才素质。

为了方便学校教学，本系列教学用书还配有教师用多媒体光盘，免费赠送给广大卫生职业学校。

本系列教学用书是全体作者与编辑人员共同合作的成果，希望它的出版，能为造就我国护理专业领域一线迫切需要的高素质技能型人才作出贡献。

高等教育出版社

2004年11月

全国涉外护理专业教材建设委员会

前　言

本教材是在全国涉外护理专业教材建设委员会的指导下，根据教育部办公厅、卫生部办公厅组织制定的《中等职业学校和五年制高职护理专业领域技能型紧缺人才培养培训指导方案》中涉外护理(英语)教育培养方案，组织全国开办涉外护理专业学校的骨干教师、实习医院教学负责人共同编写的。

英语护理专业是一个方兴未艾的热门专业，随着我国加入WTO，进一步对外开放和劳务输出，特别是英语护理专业的劳务输出越来越多，在全国各类卫生学校开办英语护理专业已经成为学校的支柱生源。

英语护理专业学生除要掌握英语基本技能以外，还要大量阅读有关涉外护理岗位要求懂得基本的英语内科、外科、妇科、儿科、精神科、老年护理等方面的知识。为培养学生能成为较好地掌握英语听、说、读、写等技能的专门人才，广泛的阅读、大量的阅读和快速的阅读是必不可少的。通过阅读文章才能使学生对所学的各科护理知识有进一步的巩固、培养学生既懂得护理知识、又有较强的英语阅读能力，以便适应当今国际社会对护士的要求。

本套教材由专业英语编写组编写。其中：罗晓冰编写了1个单元精神护理，2个单元内科护理(承德卫生学校)、江晓东编写了1个单元精神护理(万州卫生学校)、甄里编写了1个单元内科护理(江汉大学卫生技术学院)、吴敬慈编写了2个单元外科护理(漳州卫生学校)、宋波兰编写了3个单元妇科护理，1个单元内科护理(华中科技大学同济医学院附属同济医院)、刘军编写了2个单元儿科护理(信阳职业技术学院)。

学生通过学习，能掌握3 000个专业英语单词、1 500个常用护理专业术语；能用英语解释临床上常见疾病名称、医学护理术语及操作；能初步运用英文制定护理计划、填写护理文件；在国内外护理实践中运用英文进行专业语言交流；借助词典读懂英文护理书籍及相关读物。建议教学与训练课时数78。

全书由武汉江汉大学卫生技术学院李敏副教授担任主编并负责全书的定稿，澳大利亚籍英语教师Leah Cobble女士担任主审，中华护理协会副理事长、日本东邦大学护理系客座教授、北京中日友好医院护理部李秀华主任担任医学专业顾问。武汉江汉大学外国语学院副院长夏锡华副教授从本书的策划到稿件的审核都给予了具体指导。在此一并表示感谢。

由于编写水平有限，疏漏与不足之处在所难免，恳请广大读者和各位同仁批评指正。

学时分配表(供参考)

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李 敏

2004 年 12 月

高等教育出版社卫生职业学校技能型紧缺人才培养培训教学用书
建设单位名单(以单位名称拼音为序)

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Contents

Unit One

Part A

Passage 1

Causes of Carcinoma of the Lung

At the present time, cancer of the lung is perhaps the most interesting and challenging of all malignant tumors. It is interesting because of the problems it presents with respect to[1]: increased incidence and possible relation to external carcinogens. It is challenging because, of all the malignant tumors of internal organs, it is often readily seen by the bronchoscope, and yet the prognosis is among the worst.

During the past 90 years, bronchogenic carcinoma has become the most common of the killing cancers, especially in males. One in three men with cancer has carcinoma of the lung. There can be little doubt that there has been a real increase, but it is equally true that what we know, we see. It was not until the beginning of the twentieth century that coronary thrombosis and myocardial infarction were recognized.

If there were differences of opinion as to the question of an increased incidence of cancer of the lung, these differences are multiplied many times when we come to the matter of causation. The trouble is that there are so many possible carcinogens. The exhaust gases and soot from automobiles, especially when idling at stop lights in the city, are rich in carcinogenic agents. The same is true of radiation fallout[2], although that modern hazard can hardly be blamed for the development of cancer 40 or more years ago. Many forms of radiation are associated with lung cancer. For example, atomic bomb radiation is responsible for an increased risk of lung cancer among the exposed Japanese population. In addition, radiation therapy has increased the risk of lung cancer among British patients who received such treatment for ankylosing spondylitis (rheumatoid arthritis of the spine) and among smokers who have received radiation treatment for breast cancer and other disorders.

Cigarette smoking is the etiologic agent that has aroused the greatest interest and the most heated debates[3]. Statistical evidence certainly supports the idea that excessive smoking is a factor of importance. If you do not smoke, the incidence of carcinoma of the lung is 3.4 per 100 000 population; if you smoke less than one pack per day, it is 59 per 100 000, and if you smoke more than one pack per day, it is 217 per 100 000. Statistics show that cigarette smokers have a greater risk of dying of lung cancer than nonsmokers, and that the risk increases with the number of cigarettes smoked.

Over the last several years, there has been a major push to educate individuals about the dangers of exposure to environmental tobacco smoke, otherwise known as "secondhand smoke," "passive smoking," "sidestream smoking" or "involuntary smoking" (breathing in the smoke from nearby smokers). About 100 chemicals have been identified in sidestream smoke, although nearly 40 times that number have been detected in mainstream cigarette smoke. This difference occurs because of the extreme dilution of sidestream smoke. It is estimated that approximately one - third of lung cancers in nonsmokers result from passive exposure to cigarette smoke.

Radon is considered to be the second leading cause of lung cancer in the U.S. today. Radon gas can come up through the soil under a home or building and enter through gaps and cracks in the foundation or insulation, as well as through pipes, drains, walls or other openings. Radon causes between 15 000 and 22 000 lung cancer deaths each year in the United States—12 percent of all lung cancer deaths are linked to radon.

Another leading cause of lung cancer is on-the-job exposure to cancer-causing substances or carcinogens. Asbestos is a well-known, work-related substance that can cause lung cancer, but there are many others, including uranium, arsenic, and certain petroleum products. When exposure to job-related carcinogens is combined with smoking, the risk of getting lung cancer is sharply increased.

It is not known what percentage of all lung cancers is due to occupational exposure. This uncertainty is because of the fact that information about worker's exposure is often incomplete or inaccurate. In addition, there is no histologic basis for distinguishing if lung cancers that calculate about 15% of lung cancers in men and 5% of lung cancers in women can be attributed to occupational exposure. Others estimate that occupation contributes to 1% -5% of lung cancers in men and women of industrialized nations.

New Words and Expressions

carcinoma [ˌkɑːsiˈnəumə] n. [医]癌
malignant [məˈlignənt] adj. 恶性的
carcinogen [kɑːˈsinədʒən] n. 致癌物质
bronchoscope [ˈbrɔŋkəskəup] n. [医]支气管镜
thrombosis [θrɔmˈbəusis] n. 血栓形成
spondylitis [ˌspɔndiˈlaitis] n. [医]脊椎炎
rheumatoid [ˈruːmətɔid] adj. 风湿症的,患风湿症的
dilution [daiˈljuːʃənˌdiˈl-] n. 稀释,稀释法,冲淡物
ankylose [ˈæŋkiləus] vt. & vi. (关节)变强硬
radon [ˈreidɔn] n. [化]氡
insulation [ˌinsjuˈleiʃən] n. 绝缘
uranium [juəˈreiniəm] n. 铀
arsenic [ˈɑːsənik] n. [化]砷,砒霜

Notes

1. with respect to: about, concerning, with regard to — 关于，至于，提及
2. radiation fallout: the descent through the atmosphere of often radioactive particles following a nuclear explosion — 放射性微粒回降
3. heated debates: hot discussion — 激烈辩论

Exercises

I. Vocabulary

From the list of words at the top, select an appropriate word or phrase to fill in each blank. Be sure to use appropriate verb forms:

discuss increase testify to be able to cause determine to prompt
hold responsible to teach add to developed wait happening

1. These differences are _____ many times when we _____ the matter of causation.
2. Exhaust gases from automobiles _____ at stop lights are rich in carcinogens.
3. Cigarette smoking has _____ greatest interest and heated debates.
4. Although that modern hazard can hardly be _____ for the development of cancer 40 years ago.
5. Statistical evidence _____ the idea that excessive smoking is a factor of importance.
6. Many forms of radiation _____ lung cancer.
7. There has been a major push _____ individuals about the dangers of exposure to environmental tobacco smoke.
8. This difference _____ because of the extreme dilution of sidestream smoke.
9. When exposure to job-related carcinogens is _____ smoking, the risk of _____ lung cancer is sharply increased.
10. Some experts _____ that about 15% of lung cancers can be attributed to occupational exposure.

II. Choose the best answer

1. _____ cancer is perhaps the most interesting and challenging of all malignant tumors.
   a. Stomach b. Liver c. Lung d. Rectum
2. It is challenging because, of all the malignant tumors of internal organs, it is often readily seen by means of the _____ and yet the prognosis is among the worst.
   a. microscope b. bronchoscope c. gastroscope d. laryngoscope
3. During the past 70 years, bronchogenic carcinoma has become the most common of killing cancers, especially in _____.
   a. children b. adults c. females d. males
4. There are differences of opinion as to the _____ of lung cancer as well as its incidence.
   a. cause b. mortality c. prognosis d. therapy

5. The exhaust gases and soot from automobiles, especially when _____ at stop lights in the city, are rich in carcinogenic agents.
   a. parking b. idling c. operating d. slowing down
6. The more cigarettes a person smokes, the higher the death rate of _____ cancer is.
   a. pulmonary b. hepatic c. gastric d. rectal
7. About _____ chemicals have been found in mainstream smoke.
   a. 40 b. 400 c. 4 000 d. 40 000
8. Radon is the number _____ cause of lung cancer.
   a. one b. two c. three d. four
9. When exposure to job-related carcinogens is combined with smoking, the risk of getting lung cancer _____ increases.
   a. mildly b. not c. dramatically d. eventually
10. What percentage of lung cancers in men is related to occupation?
    a. 20% b. 15% c. 1% – 15% d. 1% – 50%

Passage 2

Pathology of Carcinoma of the Lung

It is important to recognize that there are several distinct tumors of the lung that can collectively be called carcinoma, but at least three different subjects are distinguished by microscopic examination, by their behavior, and by their prognosis and response to therapy. They are probably also different in that their cause may differ. Thus, we recognize one group of lung carcinoma as having a small cell pattern, arising in or around central bronchi and metastasizing early in the typical 50-year-old male patient. This type is called an "oat cell carcinoma" by popular designation or, more correctly, small cell carcinoma. These cells have been shown to arise from cells other than those normally lining the respiratory tract. Instead, they are interstitial cells that stain with silver stains and contain secretory granules. These tumors sometimes are associated with syndromes of excess ACTH[1] or ADH[2] production, and are responsible for the paraneoplastic syndrome, because of the ectopic hormones that these cells can secrete. It is important to recognize that this type of tumor (oat cell) accounts for only about 15% of all lung cancers.

The most common type is squamous carcinoma (40%), which arises in the metaplastic epithelium of the major bronchi. The tumor grows into and surrounds one of the major bronchi, gradually narrowing the lumen until it becomes partially blocked. Two results follow from this blockage, in the first place, the part of the lung supplied by the bronchus is cut off from a fresh supply of air, the air in this part of the lung is gradually absorbed into the blood, and finally the affected area of the lung undergoes collapse (atelectasis). This collapse can readily be recognized in the roentgenogram even though the tumor itself may be invisible, and by this means the correct diagnosis can be inferred[3]. The second possible outcome is recurrent[4] infection beyond the obstruction, that is, an abscess, and pneumonia that does not resolve[5]. This is because the secretions in the blocked part of the bronchus cannot escape and

therefore stagnate[6] and contribute a suitable medium for infection. Cancer cells from the surface of the tumor that projects into the lumen of the bronchus are shed off and coughed up in the sputum. Examination of the sputum for these cells, either by making smears or by coagulating the sputum into a block of tissue and cutting microscopic sections, is an extremely valuable means of making an early diagnosis, especially in cases in which the tumor cannot be seen by the bronchoscope.

Other types of lung carcinomas are often thought of as subsets of this "bronchogenic" carcinoma. They may appear as large anaplastic cells (30%) or more poorly differentiated carcinomas[7]. Another group that seems different comprises those carcinomas that show a glandular pattern (adenocarcinoma) (10%) and those that arise in the periphery of the lung rather than in the larger central bronchi. Finally, there is another rare type (alveolar cell) (3%), which appears in many sites at once[8] and resembles a disease in sheep attributed to[9] a viral infection. Despite these morphologic differences, most lung cancers appear in persons who can give a history of heavy smoking for many decades; yet there are smokers who do not develop cancer, too.

One of the chief features of all carcinomas of the lung is the formation of metastases. Most frequently, carcinoma of the lung metastasizes[10] to regional lymph nodes (80% at the hilum of the lung); then it is seen in the liver (40%), brain (15%), bone marrow (15%), and adrenals (15%). Even when the tumor in the bronchus is comparatively small, the cancer cells may spread by lymphatics to the lymph nodes in the chest, where they from a large tumor mass, or by the blood stream to distant organs such as the liver, brain, and bones. The first indication that the patient has cancer of the lung may be an increase in girth due to metastases in the liver, a severe headache due to a brain tumor, or a fracture caused by weakening of a bone from the presence of a secondary tumor. The adrenal and kidney are often involved. In addition to distant metastases, the tumor may spread widely throughout the lung and involve the pleura.

Clinical Pattern. The symptoms are due to metastases and obstruction. The persistent cough is due to irritation of the bronchus by a growth. When a patient in the cancer-prone age[11], particularly a man, has suffered from a cough and expectoration without an obvious cause for more than a few weeks, it is always wise to suspect carcinoma and to examine the sputum for cancer cells or to pass a bronchoscope and inspect the lining of the bronchi. Bloody sputum is caused by the opening of a tumor in the bronchus into a blood vessel. Dyspnea may be due to the cutting off of air from the lung, to the pressure by the enlarged glands, or to the interference with the heart's action. Pain in the chest and back is caused by pressure on the nerves. Pleural effusion is common, and is due to irritation of the pleura by spread of the tumor. Other symptoms may be due to metastases in the brain and elsewhere.

Certain round, circumscribed benign tumors cannot be distinguished radiologically from inflammatory lesions. These tumors are called hamartomas because they are attributed to developmental defect, and the problem of the cause of this "coin lesion[12]" is best solved by surgical removal and histologic examination.

It is important, however, to realize that not all tumors that can be identified in the lung have arisen there. The lung is a favorite site for metastasis of tumor from other organs, particularly tumors of the

breast, kidney, or colon. Often these tumors appear as solitary[13] lesions, but sometimes they are multiple. By the time such tumors are identified in the lung, it is usually too late to do much about them.

New Words and Expressions

distinct [dis'tiŋkt] adj. 清楚的,明显的,截然不同的,独特的
oat [əut] n. 燕麦,麦片粥
interstitial [ˌintə(ː)'stiʃəl] adj. 空隙的,裂缝的,形成空隙的
granule ['grænjuːl] n. 小粒,颗粒,细粒
squamous ['skweiməs] adj. 鳞状的
epithelium [ˌepi'θiːljəm] n. 上皮,上皮细胞
lumen ['ljuːmin] n. [解]内腔
atelectasis [ˌæti'lektəsis] n. [医]肺不张
roentgenogram ['rɔntgənəgræm, -tjə-, 'rent-] n. X 线相片
anaplastic [ˌænəp'læstik] adj. [医]未分化的,退行发育的,间变的
adenocarcinoma ['ædinəuˌkɑːsi'nəumə] n. [医]腺癌
periphery [pə'rifəri] n. 外周(部),周围(部)
alveolar [æl'viələ, ælvi'əulə] adj. [语音]齿槽的,小泡的 n.齿槽音
morphologic [ˌmɔːfə'lɔdʒik] adj. 形态学(上)的,词法的
metastases [mə'tæstəsiːz] metastasis 的复数 n. 转移
hilum ['hailəm] n. [拉]门
girth [gəːθ] n. 腰围,腹围
benign [bi'nain] adj. (病)良性的,(气候)良好的,仁慈的,和蔼的

Notes

1. ACTH: adrenocorticotropic hormone
2. ADH: antidiuretic hormone
3. infer: reach, arrive at 推论,推断出
   e. g. What can we infer from these facts?
4. recurrent: repeated, persistent 再发的,复发的
5. resolve: dissipate, abate 消退,消散
6. stagnate: remain stagnant or motionless 停滞,不流动
7. poorly differentiated carcinomas: highly malignant carcinomas 低度分化的(高度恶性)癌
8. at once: simultaneously, at the same time 同时
9. attribute...to: regard...as resulting from, consider...as caused by, believe...to be the result of 归因于,认为是……的结果,由……所致
   e. g. John attributes his success to hard work.
10. metastasize: spread by metastasis, or (癌症)转移