

医学英语实践

PRACTICE IN
MEDICAL ENGLISH

(上册)

曾淑慎 主编

南京铁道医学院

医学英语实践

(上)

主编 曾淑慎 南京铁道医学院外语教研室副教授
编译 马克定 南京铁道医学院外语教研室副教授
施坤祥 南京铁道医学院外语教研室讲师
审校 张季平 南京铁道医学院医学科学研究所
副所长、主任医师

编译者的话

《医学英语实践》是英国出版的一册医学英语教科书，全书分五章，共二十六课；课文选自多种医学文献、报道、记录，能反映出医学教科书、医学杂志、医学文献以及书写病历所使用的医学英语的特点。

我们以原书为基础，结合我国学生的实际情况，根据先易后难的原则进行了改编，补充了课文注释、练习参考答案、课文译文、及补充阅读材料，供读者参考。

本书目的在于提高医学生运用医学英语的能力。每课后配有阅读理解、段落摘要、造句、写作、问答、讨论等方面的练习，以培养学生用英文书写文献摘要、记笔记、问答、讨论及书写病历的能力。

本书经过编译可作为医学院校各专业研究生的基础医学英语教材、医学院校高年级学生的英语选修教材或课外读物，也可作为医务工作者自学读本。参考译文及练习答案、补充阅读材料另册印刷。

在编写过程中，我们曾请有关专业教师、医生对译文作了认真审阅，由周鲁萍同志完成初稿打字，这里一并表示衷心感谢。

由于编译者水平有限，书中难免存在不少缺点甚至错误，希望读者提出批评意见，以便改进。

曾 淑 慎

于南京铁道医学院

一九八四年五月

CONTENTS

I Descriptive Medicine

Chapter 1	Anatomy of the Skull.....	1
Chapter 2	The Common Cold.....	10
Chapter 3	Measles.....	20
Chapter 4	Snakebite.....	29
Chapter 5	Heat Exhaustion.....	38
Chapter 6	Paralysis Agitans (Parkinson's Disease)	50

II Case Histories

Chapter 1	Clinical Evaluation of Oral Long-acting Isoprenaline in Treatment of Heart-Block.....	63
Chapter 2	Cough Seizures in Patients with Cerebral Lesions.....	68
Chapter 3	Canicola Fever.....	76
Chapter 4	Stab wounds of the Heart.....	84
Chapter 5	Unusual Case of Subacute Combined Degeneration of Spinal Cord.....	92
Chapter 6	Spinal Cysticercosis with Paraplegia.....	100

III Preventive Medicine

Chapter 1	The Prevention of Injury in Road Accidents	107
Chapter 2	Man Against Mosquito.....	117
Chapter 3	Prevention and Eradication of Tuberculosis	127
Chapter 4	Trichinosis	137
Chapter 5	The Problem of Hospital-Acquired Infections	146
Chapter 6	The Prevention of Rocky Mountain Spotted Fever	157

IV The Profession of Medicine

Chapter 1	The Doctor and his Patient.....	164
Chapter 2	Conduct of a Controlled Clinical Trial	181
Chapter 3	Medical Idlers	193
Chapter 4	Doctor-Patient Relationships	206

V Medical History

Chapter 1	The Hippocratic Physician	219
Chapter 2	Plague	234
Chapter 3	The Fight Against Wound Infections.....	248
Chapter 4	Historical Development of Modern Psychiatry.....	262

Descriptive Medicine

Chapter 1 Anatomy of the Skull

The skull is the skeleton of the head. It is made up of a large number of bones which, with the exception of the mandible or lower jaw, are so intimately connected to one another that no movement is possible between them. The lines along which the individual bones meet one another are, for the most part, very irregular and are frequently serrated like the edge of a saw. These immovable joints between the bones of the skull are termed sutures. They are easily seen in the skulls of young adults, but, as old age approaches, contiguous bones tend to fuse with each other and the suture lines become more or less obliterated.

When the mandible is left out of account the remainder of the skull, strictly speaking, constitutes the cranium but the term skull is widely used with the same significance. The upper part of the cranium forms a box to enclose and protect the brain, and is often termed the calvaria. The remainder of the skull forms the facial skeleton, of which the upper part is immovably fixed to the calvaria and the lower part is the freely

movable mandible.

The skull, considered as a whole, is of much greater importance to the student of medicine than the individual bones of which it is made up. Nevertheless, the position of the individual constituents must be determined before the student can be in a position to follow the more detailed description.

The skull as a whole may be viewed from above (norma verticalis), from below (norma basalis), from behind (norma occipitalis), from in front (norma frontalis) and from the side (norma lateralis). The roof of the calvaria, or skull cap, may be removed and the interior of the skull may be examined. In the erect attitude the lower margins of the orbital openings and the upper margins of the external acoustic meatuses lie on the same horizontal plane, and it is important that the student should bear this in mind when he is examining the various aspects of the skull.

Notes on the passage

Vocabulary

account [ə'kaunt] n.: consideration, thought ; leave out of account, ignore, discount; opp. take into account = consider

acoustic [ə'ku:stik] a.: (here) concerning the ear

attitude ['ætɪtʃu:d] n.: (here) position of body
 bear in mind; keep in one's memory
 calvaria [kæl'veəriə] n.: the domelike superior portion
 of the cranium, called also skullcap
 constitute ['kɒnstɪtju:t] v.: make up ; be the parts
 of... n : constituent = component part
 contiguous [kən'tɪgjuəs] a.: touching, adjoining
 cranium ['kreɪniəm] n.: part of the skull that covers
 the brain
 facial ['feɪʃəl] a.: concerning the face
 fuse [fju:z] v.: become one (with)
 in a position to do something; able to do something;
 position = condition, circumstances, I regret I am
 not in a position to decide what we should do next.
 opp. in no position to do something; I am in no
 position to argue with you about the matter. He
 was placed in an awkward position when his friends
 made fun of him in the presence of his child.
 intimately ['ɪntɪmɪtli] ad.: very closely; intimate a.:
 being on familiar, esp. affectionate, personal terms.
 He is my intimate friend. an intimate affair (very
 private and personal)
 margin ['mɑ:dʒən] n.: border, limit; the space between
 written or printed matter and an edge of the paper
 esp. at the left or right of the text; You must
 leave a margin on either side of the paper you are

writing.

meatus [mi'ætəs] n.: a general term for an opening or passage way in the body.

obliterate [ə'blitəreit] v.: leave no clear trace of, make impossible to see

orbital ['ɔ:bitl] a.: (here) concerning the eye.; the bony cavity in which the eye is situated, (orbita = mark of a wheel in Latin)

serrated [si'reitid] a. shaped like the teeth of a saw, (serra = saw in Latin)

significance [sig'nifikəns] n.: meaning importance;
This is is a matter of no significance. significant a.: influential and important; a significant contribution to medicine; suggesting some specific cause not merely to chance; a significant increase in population, a significant hemorrhage; signify v.: make known, communicate by some sign; His nod signified his agreement to our plan.

skeleton [s'kelətən] n.: the framework of all the bones in a human or animal body

strictly speaking; be completely accurate; actually, in fact

suture ['sju:tʃə] n.: a type of fibrous joint in which the opposed surfaces are closely united, as in the skull; thread used for stitching a wound together; the stitches made with the thread in a wound

with the exception of; except, apart from

PRELIMINARY COMPREHENSION EXERCISE

Are the following statements true or false?

- 1 The skull is made up of two parts; the cranium and the mandible.
- 2 We can more easily see the individual bones of the skull in young people.
- 3 The mandible is the only movable bone in the skull.
- 4 The acoustic meatuses are in the calvaria.
- 5 The term 'facial skeleton' is another phrase for cranium.

VOCABULARY

The following expressions are used in the passage:

to be made up of with the exception of

to leave out of account to bear in mind

Note similar expressions;

The skull	is made up of is formed from consists of	a large number of bones.
The bones of the skull,	with the exception of excluding apart from not counting	the mandible, are intimately connected.

When the mandible	is left out of account is not considered is not taken into consideration is excluded	the remainder of the skull constitutes the cranium.
The student should	bear in mind remember take into account not overlook	certain features of the skull when examining it.

Write sentences demonstrating the use of these patterns taken from the passage. Make any necessary changes required for the agreement of subject and verb. Here are the 'key' phrases for your sentences;

- 1 The cranium a large number of bones
- 2 The skull the mandible and cranium
- 3 Students studying the skull what lies on the horizontal plane
- 4 If the specialised vocabulary medical English is similar to ordinary English
- 5 No joins can be seen between the bones of the skull
 those of young people
- 6 If the mandible none of the bones of the skull is movable
- 7 The skull the cranium and the mandible

8 Students of anatomy the position from which the skull is being examined

Now write sentences of your own, one for each of the patterns demonstrated in the examples above.

FURTHER COMPREHENSION

Answer the following questions as briefly as possible;

- 1 In what way are the bones of the cranium joined together?
- 2 What happens to the bones of the skull as a person gets older?
- 3 Which part of the facial skeleton is movable? (Think carefully!)
- 4 Which is more important to the medical student; the skull as a whole or its parts?
- 5 From how many positions may the skull be viewed?
- 6 What lie on the same plane?

COMPOSITION

The passage for study is a model of its kind. It is clear and concise and difficult words are not used unnecessarily. The exercises which follow, therefore, do not suggest that the writing needs improvement. They are intended to show only that there is more than one way of expressing the same idea. For example;

The skull, considered as a whole, is of much greater

importance to the student of medicine than the individual bones of which it is made up.

Could be written as follows:

To the student of medicine the skull, taken as a whole, is of more importance than the individual bones from which it is formed.

Rewrite the following sentences expressing the same ideas but in a different way. Make any changes to sentence structure or vocabulary that you require. In each case begin with the words provided.

a) The upper part of the cranium forms a box to enclose and protect the brain, and is often termed the calvaria.

Begin: The calvaria as ...

b) (Nevertheless) the position of the individual constituents must be determined before the student can in a position to follow the more detailed description.

Begin: The student must...

(Ignore 'nevertheless' and try to avoid using 'position' twice.)

c) In the erect attitude the lower margins of the orbital openings and the upper margins of the external acoustic meatuses lie on the same horizontal plane and it

is important that the student should bear this in mind when he is examining the various aspects of the skull.

Begin: When he is examining...

(This long sentence could, perhaps, be split up into two or three shorter sentences.)

DISCUSSION

The passage contains, among others, the following medical terms: mandible sutures cranium orbital acoustic meatuses

Do you think an adequate description could be given of the skull without using these terms? What is the value of a highly specialised vocabulary?

Clinical Manifestations

The onset of a cold is usually fairly abrupt, and the first symptom is likely to be a sensation of soreness and dryness localized to a small area of the pharynx. Within a few hours a sense of congestion develops in the nasal passages, usually accompanied by sneezing and, shortly thereafter, by nasal discharge, which in the early stages is thin and watery. At the end of forty-eight hours the full-blown clinical picture has ordinarily developed; the eyes are suffused, the voice is husky, there is fairly intense congestion of the upper respiratory mucosa with obstructed breathing, nasal discharge is abundant, the senses of taste and smell are diminished, and there is some cough. Unless the patient has a tendency to chronic bronchitis, the cough is usually nonproductive in the early stages; later on there may be some mucoid sputum. Along with these local symptoms there is a variable amount of general malaise. The patient feels lethargic and may complain of some vague aching pains in the back and limbs. Severe malaise and prostration are not features of the common cold in adults, however, and the ordinary case is afebrile throughout.

In children the disease is likely to be more severe, and temperatures of 102°F or even higher are frequently noted. Malaise is more pronounced, and anorexia is common. Other digestive symptoms are rare.

Once the full symptoms have developed, the common cold runs a variable course. The whole illness may subside rapidly. More commonly, however, there is a period of several days of excessive nasal secretion and cough, with thick, mucopurulent discharge, which then gradually begins to abate. Ordinarily, the uncomplicated cold lasts from seven to fourteen days.

Notes on the passage

Vocabulary

abate [ə'beɪt] v.: become less

abrupt [əb'rʌpt] a.: sudden; coming without warning

afebrile [ə'fi:brɪl] a.: without fever (a = without, febrile from Latin febris = fever)

anorexia [æno'reksɪə] n.: a condition in which there is loss of the desire to eat. (an = without, orexia = appetite, Greek)

bronchitis [brɒŋ'kæɪtɪs] n.: inflammation of the bronchial tubes

congestion [kən'dʒestʃən] n.: being too full (i.e. here, the nasal passages become blocked and breathing is

more difficult)

full-blown a.: fully developed

husky ['hʌski] a.: rough, not clear (used of voice)

local ['ləukəl] a.: concerning a particular part, esp.
of the body; localize ['ləukəlaiz] v.: restrict to a
specific area

lethargic [lə'θɜ:dʒik] a.: sleepy, tired; lacking interest;
lethargy ['leθa:dʒi] n. the state of lacking interest
and energy

malaise [mə'leiz] n. a feeling of general discomfort,
of being below one's normal standard of health

mucoid ['mju:kɔɪd] a.: any of a group of glycoproteins
resembling mucus (-oid, from eidos = form, Greek);
rheumatoid = resembling rheumatism, lymphoid =
resembling lymph

mucopurulent [mjukou'pju:rulənt] a.: containing both
mucus and pus

mucosa [mju'kousə] n.: mucous membrane

nonproductive [nɒnprə'dʌktiv] a.: (i.e. here) not pro-
ducing phlegm (mucus esp. when it occurs in
excessive quantity in the respiratory passages)

obstruct [əb'strʌk] v.: block, get in the way (of)

onset ['ɒnsɛt] n.: beginning, start

pharynx ['færiŋks] n.: the tube at the back of the
mouth that leads from the back of the nose to the
point where the air passage and the food passage