医学英语时文阅读

Medical English Readings

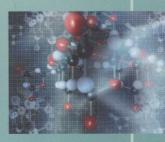
(第2册)

主编 顾萍











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医学院校的学生课程多,在校园总是步履匆匆,成为一道独特的风景线。对于 医学英语,学生们"爱恨交加"。"爱"医学英语,是学生们认为医学英语是他们日后 职业发展的基石,切合医学生展开国际学术交流的迫切需求。"恨"医学英语,是学 生们认为医学英语无边无际,无穷无尽,不知从何学起。我们十分了解医学院校学 生们的困惑和渴望,特地编撰此书,以期给学生们在学习医学英语的过程中增加一 个选择,增添一些乐趣。

本书由 16 篇文章组成,题材宽泛,涉及医患关系、卫生保健、医疗技术、转基因食品、器官移植、药物成瘾等话题。学生们在阅读这些文章时,与作者一起,或困惑,或同感,或振奋,最终一定会有所收获。

本书每一篇文章后配有正误练习、词汇练习、"英译汉"和"汉译英"练习等,可帮助学生们更好地理解原文,掌握更多的医学词汇,熟悉医学英语的句型特点。最后一部分的讨论题,鼓励读者进一步思考、探索,甚至与同伴争辩、争论,以引起共鸣。

建议教师灵活使用本书。本书可为您现用的公共英语教材添些医学英语的色彩,也可作为医学生学习医学英语的延伸材料。本书配有答案,供使用者参考。

简而言之,本书愿为医学院校的医学英语教学尽绵薄之力,期冀给您的课堂教 学和英语学习增添别样的精彩。

> 编 者 2014年1月

Passage One

Desk Jobs Can Be Killers, Literally

ElistiauA ni bnelaneeuO to viianevinU ent is meet s Richard A. Lovett

Michael Jensen, a researcher at the Mayo Clinic, is talking on the phone, but his voice is drowned out by what sounds like a vacuum cleaner. "I'm sorry," he says. "I'm on a treadmill."

David Dunstan, an Australian researcher, uses a speakerphone so he can walk around his office at the Baker IDI Heart and Diabetes Institute in Melbourne.

It's not that Jensen and Dunstan are hyperactive. Rather, both are exercise researchers looking into the link between sitting down and premature death. And what they have found is disturbing enough that they both make sure they spend most of the day on their feet.

Jensen explains that he and his colleagues at Mayo, in Rochester, Minn., were studying weight control when they discovered that some people "spontaneously start moving round and don't gain weight" when they have overeaten. These people don't dash to the gym; they just walk more, hop up from the couch to run errands or find other excuses to get onto their feet. "This really got us thinking about this urge to move," Jensen says, "and how important that might be for maintaining good health."

That led them to a field known as "inactivity research", which suggests that inactivity, particularly sitting, can be very bad for your health. It might sound like a statement of the obvious, but the killer point is this: Inactivity is bad for you even if you exercise. Heading to the gym is not a license to spend the rest of the day on your backside.

In 2010, a team led by Alpa Patel of the American Cancer Society in Atlanta



- I. Read the following statements and decide whether they are true(T) or false(F).
- 1. Inactivity is bad for you even if you exercise.
- 2. According to the study carried out by Alpa Patel, men may have higher mortality rate than women if they have much sitting all day.
- 3. Sitting still for hours at a time might do harm to health regardless of what you do with the rest of your day.
- 4. Patel's study has found that appropriate exercise like walking and running can reduce the mortality rate for those who spend hours sitting.
- 5. Much sitting can lead to heart disease.
- 6. We cannot ignore the benefit from proper workout.
- 7. According to Jensen, short bouts of activity can burn off some of the glucose that has accumulated in bloodstream.
- 8. Occasional moving and walking can make your mind fresh.
- If your work makes you sit all the time, frequent breaks may not do good to you.
- 10. Due to the harm done by sedentary work, people have to quit their desk jobs to retain health.
- II. Fill in the blanks with the words given below. Words are given more than needed. Change the forms when necessary.

hyperactive	spontaneously	mortality	sedentary
metabolic	obese	atrophy	carbohydrate
insulin	glucose	vigorous	sequester

1.	The old man is really	; it can't be healthy.

2.	It's also po	ssible	that th	e chronic	stress	associated	with	working	long	hours
	adversely a	ffects	(4)	_ process	ses, sh	e said.				

-							You do not be a	40		F 33.	
3.	If	VOII	don	t	exercise	vour	muscles,	thev	weaken	and	

4.	The	reason	for	this	is	that	consumption	stimulates	insulin
T.	1110	1 Cason	IUI	LIIIO	13	tilat	Consumption	Stilliulates	mounn

与同学关系更融洽,同时减少忧虑、抑郁等状况的出现。

V. Questions for discussion.

- 1. List the ways to lead a healthy life.
- 2. What do you think are the elements that are attributed to artery diseases?

ople believe," notes Thomas T. Perls, M.D., author of the land of Your Maximum Patential at Any Age. "The

and toast. That's it." emphase must produce a blove of enderteles

Beyond genetics, lifestyle, and mental acuity, there is another profound, yet intangible, factor that influences anyone's ability to live to 100. Dr. Perls refers to it as the 'centenarian personality'—stress-reducing mindset that combines positive thinking with a fighting spirit.

"Inevitably, most centenarians are upbeat, funny, and gregarious," he observes: "It's very rare I meet a curmudgeon centenarian! They're not complainers. In our personality testing, they score very low in 'neuroticism', the expression of negative emotions like fear, anxiety, guilt, anger, or depression. They're positive and optimistic in their attitude and bounce back easily from life's crises because they don't internalize thoughts or emotions that cause stress. Many have experienced great losses and hardships in their lives, yet they'd been able to recover quickly and move on."

A realistic view of death

"The chances of living to 122," says Dr. Perls, "is 1 in 6 billion. Although I think the human life span could be eventually expanded into the 130's, for most of us, reaching ages 100-105 is a reasonable number to hope for."

As for Fred Hale, every time his physical therapist says 'see you tomorrow,' the 113-year-old answers: "Perhaps! I'm not making long-term plans!"

This attitude is typical, says Dr. Perls: "I haven't met any centenarian who feared death. If anything, they're very thankful for every day they have and they just hope for more."

As for Helen, "sometimes," she smiles, "I get so sleepy. I have no fear of death. It's just another phase when we're finished with our work. I'm content to stop anytime now."

Side-bar RX

Here are a few health secrets for anyone on the road to 100, a prescription from Dr. Perls, Assistant Professor of Medicine, Boston School of Medicine, and geriatrician at Boston Medical Center.

8. In personality testing, centenarians score very some universe at the personality testing.

- 3. We've also found that music is a powerful vaccine against dementia and the onset of brain disease.
- 4. Beyond genetics, lifestyle, and mental acuity, there is another profound, yet intangible, factor that influences anyone's ability to live to 100.
- 5. They're positive and optimistic in their attitude and bounce back easily from life's crises because they don't internalize thoughts or emotions that cause stress.

IV. Put the following Chinese into English.

纵观当今世界,文化不同、饮食不同、生活方式以及死亡原因不同,然而有一点是相同的——女性比男性长寿。部分原因是男性自己造成的。男性吸烟、饮酒多于女性,并且遭受威胁生命事件的几率大于女性。男性被谋杀的几率是女性的三倍,他们更可能涉及与酒精相关的死亡事故。精神健康方面,配偶死后,男性似乎生活得不如女性。他们情绪更低落,更容易生病,死亡的几率更大。失去丈夫的女性则大不相同,她们通常有自己的好友圈可以倾诉并依靠。

V. Questions for discussion. Only expuestors deligned guivollof edt in 9. III

- 1. What are your suggestions on extending the life-span of Chinese people?
- 2. Do you agree that psychological health outweighs physical health? Why, or why not?

III. Put the following English sentences into Chinese.

- 1. So he's astounded when he learns that friends are popping as much as 5,000 IU of the vitamin each day—far higher than the 4,000 IU established as the safe upper limit.
- 2. While blood levels of vitamin D are widely reported to be abysmally low, the latest research shows that most people have enough for healthy bones (above 20 mg/ml), making supplements less needed.
- 3. Since intake from food sources, such as fortified milk, fatty fish, eggs, and mushrooms, is subpar, most of us get surprisingly meaningful amounts from the sun, which triggers D production in the skin.
- 4. Some research suggests that taking vitamin A supplements in amounts slightly higher than the RDA of 900 mcg for men and 700 mcg for women may reduce bone-mineral density and increase the risk of fractures.
- 5. Researchers studying whether vitamin E helps prevent prostate cancer found that taking 400 IU a day—more than the recommended 22.4 IU but the amount typically found in pills—increased the risks by 17 percent.

IV. Put the following Chinese passage into English.

如果你认为服用维生素将减少患肺癌的危险性,那么要三思了。研究者在调查了77,721人之后指出,摄入维生素E太多的人,尤其是吸烟者,有一小部分的人有更高的患肺癌的风险。他们跟踪了使用多元维生素、维生素C和维生素E的情况,研究使用维生素是否能使人免于患上肺癌。然而他们发现没有一种维生素与减少患病的危险性有关。这项研究的被试者被跟踪了四年,521位患上了肺癌,而绝大多数患者是吸烟者或曾经是吸烟者。在那些患者中,研究者发现,除了有吸

mammogram	[mæməgræm] n .	乳房X线照片
ominous	['pminəs] alama a.a.	预兆的,恶兆的,不吉利的
bleak	[bli:k] a som evew ea. It i	阴冷的,冷酷的,黯淡的
erode	[red] word bewed vt.	腐蚀,侵蚀
autonomy	[pritonami] w believe n. bi	自治权,自主权
ail (abnow 814	[erl]erleged sidt ni wovt. Tex	使苦恼,使烦恼
taxing	['tæksɪŋ] a. a.	费力的;繁重的
morass	[məˈræs] Wanda yan.od	沼泽;困境;乱糟糟的一堆



- I. Read the following statements and decide whether they are true(T) or false(F).
- 1. Erica Cohen was humiliated at her annual check-up because her doctor gave her advice in a less condescending way.
- 2. If the doctor-patient relationship is good, the patients will trust the physician's ability and diagnosis and actually follow the medical advice.
- 3. A physician's bedside manner is an essential aspect to a patient's treatment and that's why most patients take a doctor's personality into consideration when choosing a doctor.
- 4. The effect of withholding the information is harmful to both doctors and patients.
- 5. Being respected and their work highly valued, most doctors feel positively about their profession.
- 6. Patients have more complex medical conditions, practices are much busier, insurance companies require more paperwork, administrative regulations multiply. All these make the physicians appear rushed when seeing their patients.
- 7. Compassion can be learned and is a course taught in medical school.
- 8. In the modern society, doctors don't have enough hours in the day to see their current patients and the many new patients waiting for an appointment. That's why many doctors appear cold and uncaring.
- 9. According to a survey, 165,000 American doctors idle away their days

the EU or the USA, where they're processed and packaged into a legal high", Michael Evans-Brown, a scientific analyst on the Action on New Drugs Team for the European Monitoring Center for Drugs and Drug Addiction, tells The Lancet.

These synthetic drugs fall into three broad categories: synthetic cathinones (known commercially as bath salts), synthetic cannabinoids (known as spice or incense), and synthetic amphetamine-like drugs. The cathinones and amphetamines are both stimulants and have similar effects. The most common signs of use are dilated pupils, hypertension, hyperventilation, paranoia, agitation, and hyperthermia. Synthetic cannabinoids have many of the same signs, as well as tremors and seizures.

This list of signs and symptoms, however, is at best a guess, says toxicologist and accident and emergency physician Jane Prosser of Weill Cornell Medical College in New York City, USA. "Something like synthetic cathinones is actually a broad range of compounds, so it's difficult to identify specific effects."

Nor does the drugs' packaging give much information as to what people are actually taking. The sachets look harmless, even fun. With names like Spice, K2, and Benzo Fury, they appeal to a youthful crowd, especially those that frequent nightclubs. Their status as a legal high probably adds to their appeal, says Les Iversen, a retired pharmacologist and current chair of the UK's Advisory Council on the Misuse of Drugs. "People think that because they're legal, they must be safe", explains Iversen.

To officials in the UK, synthetic drugs did not trickle onto the scene. "The drugs started to appear at music festivals in the UK in the summer of 2009, and we started to see them becoming more and more popular. We recommended that the government make these illegal in April, 2010", Iversen says. "But by then, the drugs had become very firmly embedded in the drug culture."

Concern quickly followed the growing use of these drugs. One of the most attractive features to users was that these drugs were generally legal. Sold at petrol stations and convenience stores, sellers referred to the drugs as plant food or bath salts to avoid legal ire. The sachets also said that their contents were "not for human consumption".

"We need to stop pretending that these drugs are not for human use when

phytochemist [ɪfaɪtəʊˈkemɪst] n. 植物化学家

proliferation [prəˌlɪfə'reʃən] n. 增殖,扩散;分芽繁殖

rehabilitation 「'ri;həˌbɪlɪ'teɪʃən n. 复原;康复;功能锻炼



- I. Read the following statements and decide whether they are true(T) or false(F).
- 1. Henry Kwan jumped off a balcony because he thought he could fly after taking a parent drug.
- 2. Because of legal loopholes, governments around the world failed to keep up with the growing threat of synthetic drugs.
- 3. Drug enforcement officials have become aware of the acute and chronic health problems caused by the legal highs.
- 4. The cathinones and cannabinoids have similar effects with common signs of use including hypertension, hyperthermia, tremors and seizures, etc.
- 5. The drugs' packaging has given adequate information to appeal to youthful club-goers.
- 6. According to officials in the UK, synthetic drugs had become permanent in the drug culture by April, 2010.
- 7. The plant food or bath salts are being produced for human use despite the fact that the sachets state "not for human consumption".
- 8. If the patient is being honest, the clinician will be able to treat those overdoses and toxic side-effects of synthetic drugs effectively.
- 9. The bill passed by the US Congress in 2012 is quite clever in that it targets the cannabinoid receptor that those synthetic substances bind to.
- 10. Simon Gibbons advocates the development of novel types of legislation that have fallen behind new drugs arriving on the market.

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品供应不足时,人们时常抵挡不住网购的诱惑。"赖利说。但这并不是个好主意,除非该网站有一个 VIPP(互联网药房执业认证)的标志以证明其信誉。

V. Questions for discussion, monthly of the state of the sound land

- 1. Do you think highly of the Synthetic Drug Abuse Prevention Act of 2012?
- 2. Do you have any recommendations for combating the threat of synthetic drugs?

> 70 ◀

emotion, motivation, and feelings of pleasure. The overstimulation of this reward system, which normally responds to natural behaviors linked to survival (eating, spending time with loved ones, etc.), produces euphoric effects in response to psychoactive drugs. This reaction sets in motion a reinforcing pattern that "teaches" people to repeat the rewarding behavior of abusing drugs.

As a person continues to abuse drugs, the brain adapts to the overwhelming surges in dopamine by producing less dopamine or by reducing the number of dopamine receptors in the reward circuit. The result is a lessening of dopamine's impact on the reward circuit, which reduces the abuser's ability to enjoy not only the drugs but also other events in life that previously brought pleasure. This decrease compels the addicted person to keep abusing drugs in an attempt to bring the dopamine function back to normal, but now larger amounts of the drug are required to achieve the same dopamine high—an effect known as tolerance.

Long-term abuse causes changes in other brain chemical systems and circuits as well. Glutamate is a neurotransmitter that influences the reward circuit and the ability to learn. When the optimal concentration of glutamate is altered by drug abuse, the brain attempts to compensate, which can impair cognitive function. Brain imaging studies of drug-addicted individuals show changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control. Together, these changes can drive an abuser to seek out and take drugs compulsively despite adverse, even devastating consequences—that is the nature of addiction.

Why do some people become addicted while others do not?

No single factor can predict whether a person will become addicted to drugs. Risk for addiction is influenced by a combination of factors that include individual biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction. For example:

Biology. The genes that people are born with—in combination with environmental influences—account for about half of their addiction vulnerability.

Additionally, gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction.

Environment. A person's environment includes many different influences, from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and quality of parenting can greatly influence the occurrence of drug abuse and the escalation to addiction in a person's life.

Development. Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction vulnerability. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to more serious abuse, which poses a special challenge to adolescents. Because areas in their brains that govern decision making, judgment, and self-control are still developing, adolescents may be especially prone to risk-taking behaviors, including trying drugs of abuse.

Prevention is the key

Drug addiction is a preventable disease. Results from NIDA-funded research have shown that prevention programs involving families, schools, communities, and the media are effective in reducing drug abuse. Although many events and cultural factors affect drug abuse trends, when youths perceive drug abuse as harmful, they reduce their drug taking. Thus, education and outreach are key in helping youth and the general public understand the risks of drug abuse. Teachers, parents, medical and public health professionals must keep sending the message that drug addiction can be prevented if one never abuses drugs. (1,169 words)

(Retrieved from http://www. drugabuse. gov/publications/drugfacts/understanding-drug-abuse-addiction)

New Words and Expressions

illicit and algorith [ɪˈlɪsɪt] debut a. a. 不正当的 不正当的 disintegration [dɪsˌɪntɪˈgreɪʃ(ə)n] n. 瓦解,崩溃 ballwannan

relapse	[rɪˈlæps]	vi.	故态复萌;旧病复发
hamper	['hæmpə]	vt.	妨碍;束缚;使困累
disruptive	[dis'raptiv]	a. 9	破坏的;分裂性的;制造混
			乱的 shown bus wheel mon
medication	[medi kei](ə)n]	n.	药物;药物治疗
psychiatric	[¡saɪkɪˈætrɪk]	a.	精神病学的
asthma	[ˈæsmə]	n.	[内科][中医]哮喘,气喘
reinstate	[riin'steit]	vt.	使恢复;使复原
heroin	[herəun]	n.	[药][毒物]海洛因,吗啡
neurotransmitter	[njuərəutrænz'mɪtə]	n.	[生理]神经递质
cocaine	[kə(v) ken]	n.	[药]可卡因
methamphetamine	[me0æm'fetəmi:n; -ın]	n.	甲基苯丙胺;脱氧麻黄碱
dopamine	['dəupəmi:n]	n.	[生化]多巴胺(一种治脑神
			经病的药物)
neuron	['njuərpn]	n.	[解剖]神经元,神经单位
awash	[law'e]	a .	充斥的
euphoric	[juːˈfɒrɪk]	a.	欣快的;精神愉快的
psychoactive	[saɪkəuˈæktɪv]	a.	影响心理状态的;作用于精
			神的 and bas astilaummoo
glutamate	['gluxtəmeit]	n.	[生化]谷氨酸盐;[生化]谷
			氨酸酯 网络西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西
vulnerability	[IVAlnərə biliti]	n.	易损性;弱点
ethnicity	$[e\theta'nisəti]$	n.	种族划分
NIDA	['nıdə] məhəbə punb (sələri)	abbr.	国家药物滥用研究所(National
			Institute On Drug Abuse)
outreach	['autrixf]	n.	延伸,拓广;扩大服务范围
Mrs.			



- I. Read the following statements and decide whether they are true(T) or false(F).
- 1. People usually don't think drug abusers abide by moral principles or they are strong-willed.

which is needed to shut off the signaling between neurons.

- 4. The overstimulation of this reward system, which normally responds to natural behaviors linked to survival (eating, spending time with loved ones, etc.), produces euphoric effects in response to psychoactive drugs. This reaction sets in motion a reinforcing pattern that "teaches" people to repeat the rewarding behavior of abusing drugs.
- 5. This decrease (a lessening of dopamine's impact) compels the addicted person to keep abusing drugs in an attempt to bring the dopamine function back to normal, but now larger amounts of the drug are required to achieve the same dopamine high—an effect known as tolerance.

IV. Put the following Chinese passage into English.

很有可能你青春期的孩子易受毒品侵蚀。13岁大的小孩很有可能已经接触了如可卡因之类的强效毒品。他们可能跟自己说仅仅吸这一次,但是这些青春期的小孩往往迫于同伴的压力,为了"更好地融入团队"不得不继续这种尝试。

大多数的孩子开始使用毒品,不认为形成毒品滥用问题。尽管绝大多数的孩子可能视他们的药物使用为取乐的一种随意手段,这些负面影响是药物使用和滥用的结果。随意使用药物的最大后果是可能发展成真正上瘾。少之又少的成瘾者认识到何时做得太过分了,从随意用药变成了上瘾。

绝大多数的孩子认为,他们不会上瘾,只是随意用药取乐。当他们上瘾时,他们失去朋友,产生健康问题,学业失败,记忆力减退,失去动力。由于他们的消极行为以及经常无法预测的情绪波动,他们将疏远家庭和朋友。