

医学英语探秘

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内 容 提 要

本书系统地介绍了医学英语独特的构词(包括词根、词缀及组合形式)、读音规律,详细地探讨了医学英语口语会话及病历书写的方法和技巧,并针对以上内容提供了大量实际应用范例,既对医学英语学习中的常见问题进行了剖析,又揭示了医学英语某些不为人关注的特点。

本书编排较科学,贴近实践,针对性强,对广大医药院校师生及其他医务工作者全面、系统地掌握医学英语口语特点,正确地写作英文病历及其它医学英语应用文,有较强的指导作用。

责任编辑 张建平 杨化兵

前 言

随着科学技术的飞速发展,英语已成为学习和引进最新科技信息的有力工具,而且也是衡量专业技术人员素质的一个重要标志。虽然我国医学院校的学生有比较扎实的公共英语基础,但是不少人却不能利用这一工具熟练地阅读国外医学文献,更写不出地道的医学英语应用文,从而影响了他们参与国际间的学术交流,并阻碍其在医学专业的发展。究其原因,主要是医学英语的词汇和文体与基础英语有许多不同,学生由于对医学英语的特点缺乏了解,因而难以在短时间内攻克医学英语阅读和写作的难关。就我们所知,目前我国适合于医务人员和医学生选用的实用医学英语专著甚少,而能全面剖析医学英语特点,指导他们进行医学英语写作的专著则更少,影响了广大医务工作者专业英语水平的提高。

本书正是为了适应我国目前这一状况,为提高广大医务工作者和医学生的医学英语水平而编写的。本书对医学英语的词素、词源、拼写、发音、语法、同义词、词汇发展史进行了认真的探索,对医学英语文体特点、病历书写及其汉译英的主要技巧、医学英语论文摘要和正文的写作技巧、医学英语口语和书面表达上的差异等方面也进行了大量的探讨,找出一些规律,对迅速突破词汇关、发音关、写作关、翻译关无疑是大有裨益的。为了达到上述目的,本书在编排上注意了以下几点:

(1)在选材上注重选用医学词汇出现率高和不同文体及风格的医学文献,以便读者对医学英语的各种体裁能够有所了解。

(2)在词汇巩固、充实和提高方面,每单元设有词素学习专栏,练习中每个词素又有两个包含它的词的英译汉和一个词的汉译英,并带出新的词素,用这种滚雪球的方法把医学英语中常用的约

一千个词素特别是词根绝大部分都引了出来,使读者能够通过掌握词素这个要点攻克医学英语阅读中的词汇难关。

(3)每个单元开设语言要点专栏,介绍并分析了医学英语的词汇、读音、病历翻译以及医学论文英语写作等方面的特点,从理论上揭示了医学英语各方面的奥秘,为医学生从事医学英语的实践提供了基础。

(4)突出实用性。本书密切联系临床实际应用的情景,对医疗实际英语会话、病程记录、病历的书写、翻译以及医学文体特点,尤其是医学论文摘要和正文的英语写作等方面进行了全面而独到的分析,并通过大量的练习加以巩固和应用,为广大医学生及医务工作者快速熟悉和掌握医学英语,尽快提高医学英语的应用能力打下基础。

本书内容在几所医学院校的数届学生中使用,受到学生的普遍欢迎。本书编排内容科学、实用,易教宜学,是一本医学工作者学习专业英语方面较为全面的、不可多得的实用教材。亦可供医学本科生、研究生和有一定基础英语能力的其他医学生使用。

本书在编写过程中得到了湖南医科大学、长治医学院等一批专家的指点,对他们的支持在此谨表衷心的感谢。

由于编者水平有限,疏漏之处在所难免,敬请广大同行仁人和读者不吝指正。

编 者

1998 年 3 月

目 录

Unit One	(1)
Text A Coronary Heart Disease	(1)
Text B Anatomy of the Skeleton	(7)
词素	(10)
语言要点 医学英语的构词特点	(14)
练习	(17)
练习答案	(28)
课文参考译文	(39)
Unit Two	(44)
Text A Understanding Laboratory Test Used in Evaluatoin of Rheumatic Diseases	(44)
Text B Development of Bones	(50)
词素	(53)
语言要点 医学英语词汇的读音及拼写特点	(56)
练习	(58)
练习答案	(70)
课文参考译文	(81)
Unit Three	(86)
Text A Peptic Ulcer Disease of the Stomach and Duodenum	(86)
Text B The Cranial and vertebral Column	(93)
词素	(96)
语言要点 医学词汇发展及其复数形式	(100)
练习	(103)
练习答案	(115)
课文参考译文	(128)
Unit Four	(132)

Text A	The Therapy for Diabetic Patients	(132)
Text B	Bones, JOINTS AND MUSCLES	(137)
词素	.....	(144)
词言要点	英文医疗对话和病历书写时词汇和语法结构差异	(148)
练习	.....	(159)
练习答案	.....	(168)
课文参考译文	.....	(179)
Unit Five	.....	(185)
Text A	Pathogenesis of Pneumonia	(185)
Text B	Clinical and Pathological Conditions	(191)
词素	.....	(195)
语言要点	病历汉译英的主要技巧	(198)
练习	.....	(203)
练习答案	.....	(213)
课文参考译文	.....	(224)
Unit Six	.....	(229)
Text A	Treatment and Outcome	(229)
Text B	The Anatomy and Function of the Heart	(235)
词素	.....	(239)
语言要点	医学英语文体的特点(1)	(242)
练习	.....	(247)
练习答案	.....	(258)
课文参考译文	.....	(270)
Unit Seven	.....	(275)
Text A	Anatomy of the Appendix	(275)
Text B	Blood Elements and Their Functions	(281)
词素	.....	(286)
语言要点	医学英语文体上特点(2)	(290)
练习	.....	(296)
练习答案	.....	(312)
课文参考译文	.....	(329)
Unit Eight	.....	(336)

Text A	(336)
Text B ₁	(336)
Text B ₂	(337)
Text C	(339)
语言要点 医学英语论文摘要的特点	(342)
练习	(347)
练习答案	(349)
课文参考译文	(350)
Unit Nine	(354)
Text	(354)
语言要点 医学英语论文正文的结构特点	(366)
练习	(369)
练习答案	(374)
课文参考译文	(376)
[附录 I] 常用医学词素	(383)
[附录 II] 医院名称用语	(415)

Unit One

Text A CORONARY HEART DISEASE

¹Coronary artery disease is the leading cause of death in the United States and most of the industrialized Western world. In contrast, it is much less common in Asia, the Near East, Africa, and South and Central America. Inexplicably, death from coronary heart disease has declined in the United States since the late 1960's.

Atherosclerosis

²Atherosclerosis ³is a thickening and hardening of medium-sized and larger arteries with narrowing of the arterial lumen by atherosclerotic plaques. Its cause is multifactorial. Preventable risk factors, ⁴genetic susceptibility, local arterial and ⁵hemodynamic factors, and sex influence the development of atherosclerosis. ⁶

The fatty streak, consisting of lipids and lipid proteins, ⁷located in the intima of the vessel with the overlying endothelium intact, is the earliest form of atherosclerosis. This yellow fatty streak seen in childhood is not necessarily a precursor of adult atherosclerosis and occurs in populations in which atherosclerosis is uncommon; it is presumably reversible at this stage. Around age 25, in populations in which atherosclerosis is common, the

⁹fibrous plaque begins to develop. It is white, elevated, and may compromise the arterial lumen. Reversibility is questionable when fibrous tissue and intimal proliferation are present. In more advanced stages, deposition of fibrin and platelets and¹⁰ necrosis of tissue with growth of new vessels may occur.¹¹ Cholesterol,¹² calcification,¹³ and hemorrhage within the atherosclerotic plaque form complicated plaques. The intimal surface may¹⁴ ulcerate,¹⁵ thrombose, and occlude the vessel. Mechanical, chemical, or immunological injury that begins with the fatty streak may cause progression of the atherosclerotic lesion. Different arteries appear to have different degrees of susceptibility to atherosclerotic lesion; the coronary arteries are particularly susceptible, mostly within the first 6 cm of origin. Plaques tend to occur at arterial bifurcations,¹⁷ possibly due to the turbulent flow in these areas.

Atherosclerotic lesions in the coronary arteries may be detected during life by coronary arteriography. When a radiopaque contrast agent is injected into a coronary artery, atherosclerotic plaques appear as narrowings in the column of contrast as it travels down the artery. Narrowing of vessels is described as a per cent diameter narrowing. Lesions > 50 per cent are probably hemodynamically significant, causing approximately 75 per cent narrowing of cross-sectional area, while lesions > 75 per cent are definitely significant, producing 95 per cent cross-sectional narrowing. The gradation of obstruction at coronary angiography is approximate and often underestimates the actual degree of ob-

struction. Complete obstruction of a vessel at angiography is usually represented by a stump, the distal portion of the vessel often¹⁹ opacified via collateral circulation.

Risk Factors

Several risk factors for the development of coronary artery disease have been identified by epidemiological studies. The more risk factors present in any individual patient, the greater the likelihood that he will develop coronary artery disease. However, there is no absolute correlation between risk factors and incidence of coronary disease.²⁰ Mortality from coronary artery disease is much higher in males than in females, and females lag behind males in coronary artery disease deaths by approximately 10 years. Coronary disease mortality tends to equalize in men and women at age 50, possibly related to higher risk in women after²¹ menopause or the elimination of higher-risk males at an earlier age.

Treatment of even mild hypertension²² (diastolic pressure²³ 90 to 104 mmHg) reduces mortality from both stroke and myocardial infarction, implying not only an association but a causative role for hypertension. Elevations in both systolic and diastolic blood pressure are associated with an increased risk.²⁴ There is no distinct blood pressure value below which risk suddenly becomes low, that is, over a wide range of blood pressures, the higher the blood pressure, the higher the risk.

The higher the serum cholesterol,²⁵ the higher the risk of coronary disease, even within the usually accepted 'normal' cholesterol values of Americans. The low density lipoprotein (LDL)

fraction of total cholesterol is directly associated with the risk of atherosclerosis, and the high density lipoprotein (HDL) fraction appears to be inversely related to the incidence of atherosclerosis. HDL levels are higher in women than in men at all age levels. They are increased by regular exercise and are reduced in diabetes mellitus. The serum triglyceride level is a weaker risk factor and may not be independent when adjusted for obesity or glucose intolerance. Recent evidence implies that modifications in serum cholesterol may lead to an improvement in risk. Dietary modification to lower serum cholesterol seems prudent both in asymptomatic patients with an elevated or high normal cholesterol (greater than 200 mg/dl) and in patients with known coronary artery disease. Drug treatment to effect reduction in serum cholesterol should probably be reserved for patients with well-defined hypercholesterolemia.

Nonatherosclerotic Causes of Coronary Artery Obstruction

Although uncommon, there are several nonatherosclerotic causes of coronary artery obstruction. Emboli to coronary arteries can occur in infective endocarditis, from mural thrombi in the left atrium or ventricle, from ²⁶prosthetic valves, from cardiac ²⁷myxomas, or associated with cardiopulmonary bypass or coronary arteriography. Trauma to coronary arteries can be associated with both penetrating and nonpenetrating injuries. Various forms of arteritis (syphilis, polyarteritis nodosa, Takayasu's disease, disseminated lupus erythematosus, and rheumatoid arthritis) can affect the coronary arteries. The mucocutaneous lymph node syndrome (Kawasaki disease) can affect the coronary arteries. Kawasaki's disease presents as a febrile illness in a child usu-

ally below the age of 10. Multiple organ systems can develop vasculitis, but the most significant feature is a vasculitis involving intima, media, and adventitia of the coronary arteries that results in aneurysm and sometimes thrombus formation. Mortality is 1 to 2 per cent secondary to complications from coronary arterial involvement.

Dissection of the aorta involving the coronary arteries or dissection of the coronary arteries themselves may occur in patients with connective tissue abnormalities of the aorta (for example, Marfan's syndrome). In situ thrombosis may occur in certain rare disorders (for example, polycythemia vera, thrombocytosis, or disseminated intravascular coagulation). Spasm of the coronary artery (Prinzmetal's angina) is another nonatherosclerotic cause of coronary obstruction.

〔生词及词组〕

atherosclerosis [ˌθərəʊskliəˈrəʊsɪs] n. 动脉粥样硬化

lumen ['luːmɪn] n. 〔解〕(管)腔 pl. lumina ['luːmɪnə] 或 lumens

susceptibility [səˌseptəˈbɪlɪti] n. 易感性,感受性,敏感度

hemodynamics [hiːməʊdaɪˈnæmɪks] n. 血流动力学

intima ['ɪntɪmə] n. 血管内膜

endothelium [ˌendəʊˈθiːliəm] n. 〔解〕内皮 pl. endothelia [ˌendəʊˈθiːliə]

precursor [ˌpriː(ː)ˈkɜːsə] n. 预兆,先兆

reversibility [rɪˌvɜːsəˈbɪlɪti] n. (可逆性)

intimal ['ɪntɪməl] a. 血管内膜的

proliferation [prəʊˌlɪfə'reɪʃən] n. [生] 增殖, 增生
 cholesterol [kə'lestərəl] n. [生化] 胆固醇
 hemorrhage ['hemərɪdʒ] v. 出血
 ulcerate ['ʌlsəreɪt] v. (使) 形成溃疡
 thrombosis [θrəm'bəʊsɪs] n. 血栓形成
 bifurcation [ˌbaɪfə:'keɪʃən] n. 分枝, 分叉(点)
 radiopaque ['reɪdiəʊpeɪk] a. 射线透不过的
 angiography [ˌŋdʒɪ'ɒɡrəːfi] n. 血管造影术
 stump [stʌmp] n. 残余部分 v. 截去(树的)干
 collateral [kə'l ʌtərəl] a. 并行的, 侧的 n. [解] 侧突
 circulation [ˌsəːkjʊ:'leɪʃən] n. 循环, 运行
 epidemiological [epɪdɪˈmiə'lɒdʒɪkəl] a. 流行病学的
 menopause ['menəpəʊz] n. 经绝(期)
 diastolic [ˌdaɪəs'tɒlɪk] a. 心舒张(期)的
 myocardial [maɪəu'ka:diəl] a. [解] 心肌的
 infarction [ɪn'fɑ:kʃən] n. (血管) 梗塞
 systolic [sɪs'tɒlɪk] a. (心脏) 收缩的
 lipoprotein [ˌlɪpəu'prəʊtən] n. 脂蛋白
 diabetes [ˌdaɪə'bitɪz] n. 糖尿病
 triglyceride [traɪ'glɪsəraɪd] n. 甘油三酯
 obesity [əu'bi:sɪti] n. 肥胖病
 glucose ['glu:kəʊs] n. 葡萄糖
 modification [ˌmɒdɪfɪ'keɪʃən] n. 减轻, 更改
 hypercholesterolemia [haɪpə:kəlestərə'li:miə] n. 血胆固醇过多
 emboli ['embəlaɪ] n. pl. 栓 sing. embolus ['embələs]
 infective [ɪn'fektɪv] a. 传染的, 感染的
 mural ['mju:rəl] a. 壁的
 atrium ['eɪtrɪəm] n. 房, 心房 pl. atria ['eɪtrɪə]
 ventricle ['ventrɪkl] n. 室

cardiopulmonary [ˌkɑːdiəu'pʌlmənəri] a. 心肺的
 bypass ['baipa:s] n. 分流; 旁路
 syphilis ['sifilis] n. 梅毒
 polyarteritis [ˌpɒliːɑ:tə'reitis] n. 多动脉炎
 disseminated [di'semineitid] a. 播散的, 散布的
 lupus ['lu:pəs] n. 狼疮
 lupus erythematosus 红斑狼疮
 mucocutaneous [ˌmju:kəukju:'teinjəs] a. 粘膜(与)皮肤的
 syndrome ['sindrəum] n. 综合征
 vasculitis [ˌv ʔ skju'laitis] n. 血管炎, 脉管炎
 adventitia [ˌ ʔ dven'tifiə] n. (动脉)外膜
 complication [ˌkɒmpli'keɪʃən] n. 并发症, 伴发症
 aorta [ei'ɔ:tə] n. 主动脉 pl. aortas or aortae
 situs ['saitəs] n. 位置, 原位
 polycythemia [ˌpɒlisaɪ'θi:miə] n. 红细胞增多症
 thrombocytosis [ˌθrəmbəsai'təusis] n. 血小板增多
 intravascular [ˌintrə'v ʔ skju:lə] a. 血管内的
 coagulation [kə ʔ gju'leɪʃən] n. 凝固, 血液凝固
 angina [ʔ n'dʒainə] a. 咽颊炎的 n. 咽颊炎, 咽痛

31

Text B ANATOMY OF THE SKELETON

The skeletal system performs several important functions.

1. It gives support and shape to the body.
2. With the muscles it allows the body to move.
3. It houses and protects many of the body organs.
4. It stores minerals, such as calcium and phosphorus.
5. It helps to filter poisonous substances from the blood.

32

33

Characteristics of a Bone

A typical long bone has two wide ends called epiphyses (³⁴PHYSIS, growth) and a shaft termed the diaphysis. The epiphyses are composed primarily of porous, or cancellous (CAN-³⁵CELL/O, lattice, reticular) bone and an outside layer of compact bone. The shaft, however, contains a thick layer of compact bone. The medullary (³⁶MEDULL/O, marrow, inner portion) canal runs the length of the shaft. The canal is lined with a ³⁷membrane, the endosteum and contains the substance that forms bone marrow. The periosteal membrane covers the outer surface of the bone; it contains the bone-forming cells called osteoblasts ³⁸that enable bones to grow and repair themselves. Tendons and ligaments bind the muscles to bones or bones to bones by embedding themselves in the periosteum. The bone marrow, which is composed of netlike cells, called reticular (RETICUL/O, net) cells, produces red blood cells in the red marrow. This process is ³⁹known as hemopoiesis. In addition to red blood cells, the hemopoietic tissue of the bone marrow produces platelets (thrombocytes) and white blood cells (leukocytes).

Besides the typical long bone, several other bone shapes exist.

Like long bone, they are composed of cancellous bone covered with a layer of compact bone; they do not, however, have a shaft. The three other bone shapes are (a) short, such as the wrist and ankle bones, (b) flat, such as the rib bones, and (c) sesamoid (sesame seed shaped), such as the kneecap. Bones that cannot be classified as long, short, flat, or sesamoid are called