

医学英语特点剖析

A Probe into Medical English

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内 容 提 要

本书对医学英语的词素、词源、拼写、发音、语法、同义词及词汇发展史的特点进行了详尽的分析,并对医学英语文体的特点、病历书写及其汉译英的主要技巧、医学英语口语和书面表达上的差异等也进行了大胆探讨,并指出了其中内在的规律,这对读者迅速突破词汇关、发音关、写作关、翻译关无疑大有益处。

本书可供广大医学院校本科生、专科生、研究生学习,对医学英语研究工作者及医药院校的英语教师也有较大参考价值。

责任编辑 张建平

一部揭示医学英语特点、帮助快速 掌握医学英语的新颖之作(代序)

我是从事英语教学的,时常从本校毕业后分配到医疗卫生部门的学生中听到“医学英语单词长、发音难,医学英文阅读不容易,写起来更难。可见医学英语有其固有的特点。作者要我为《医学英语特点剖析》作序,我好奇地读完了该书,深感作者治学严谨,认真探索医学英语的特点,揭示了许多有价值的东西,使该书颇具特色,对攻破阅读理解、单词读音和医学文献的书写及汉译英等有普遍的指导意义。

首先,该书从医学英语词汇的词根、词缀、组合形式等方面,特别是从医学英语词汇与拉丁语和希腊语的历史联系方面揭示了医学英语单词构成的独特之处,可帮助读者分解长单词,以便记住词义和拼写正确。例如在 otorhinolaryngology(耳鼻喉科学)一词中,人们熟知的 ear, nose 和 throat 都消失得无影无踪,分别被词根 ot, rhin 和 laryng 所代替。词根记的越多,单词就越容易记忆,如 rhinitis 为“鼻炎”,laryngitis 为“喉炎”,rhinorrhea 为“流鼻涕”,diarrhea 则为“腹泻”。记住了词根,利用最常用的组合元音 o,就不难拼出“耳鼻喉科医师”(otorhinolaryngologist)、“耳镜检查”(otoscopy)这样的单词。懂得了构词的奥秘,便掌握了攻破词汇的金钥匙,为阅读理解创造了重要的前提。

其次,该书指出了单词的重读规律。医学英语单词往往较长,有几个次重音节,有的还不止一个重读音节,而且拼写稍一变动,重音也随之改变。例如 electrocardiograph(“心电图记录器”)读作 [iːlektʁəˈkiːdiəgrəːf],而 electrocardiography(“心电图记录术”),增添了词尾-y,读音变更为 [iːlektʁəˈkiːdiəgrəːfi]。医学英语词汇中有大量的词根,它们的结合能力强,能产生数以万计长而难念的医学术语,不但学生感到难念,教师有时也感到棘手。本书在揭示读音规律的基础上,还以大量的注音加以巩固。

第三,该书探讨了医学英语在文体上的特点及病历汉译英的技巧。我时常遇到一些医务工作者请我帮助他们把医学论文译成英语,也有人和我探讨如何把病历译成英文,可见这是一个许多医务工作者关心的问题。社会上缺少这方面的资料,理论上的探索也十分罕见。本书的作者胸怀大志,锐意创新,对医学英语文体特点的研究及病历书写、翻译的研究,颇具新意,不仅对医学生和医务人员有普遍的指导意义,对外语和翻译工作者特别是科技翻译工作者也有较大的借鉴和参考价值。

第四,该书编排科学,实用性强,全书紧扣医学英语的主题,重点突出,练习集中。词素专栏和词素练习的英汉、汉英互译的词汇均经认真筛选,所有练习紧扣每单元课文和语言要点。病历汉译英的病历与课文的病例相同,病历汉译英中较难的医学词汇给以提示。这样编排可加深印象,促进消化,减少困难,逐步达到熟能生巧的目的。例如体检部分反复示例,便于通过大量的模仿,写出较地道的任何病例的体检。

说到实用性,我想略谈几句本书在医学英语文体研究方面所取得的成果。对科技英语文

体的探讨起步较晚,对医学英语文体的特点进行的研究则更少。而文体知识又异常重要,否则便谈不上译文的得体。本书讨论医学英语文体的特点,有的还谈得十分详细、精辟。本书不但包括了大批常用医学术语,而且提供了包括完全病历在内的大量医学英语应用文的范例,是医学生和医务人员学习写英文病历等医学英语应用文的良师益友。

总之,本书不落俗套,的确揭示了医学英语的一些鲜为人知的方面,是我所看到的在这方面少见的力作,必能有助于缩短我国医学生全面、系统掌握医学英语的时间。

蒋坚松

前 言

我国医药高等院校的学生大部分可通过国家教委英语四级统考,不少的还可通过六级,令人可喜。但他们基本上不能读懂医学英语,对医学词汇发音也不够正确,更写不出象样的医学应用文,叫人担心。究其原因医学英语词汇在许多方面与基础英语不同,医学英语中有许多他们不了解的特点。然而医学生、医学研究生要以英语为工具,获取医药学的信息,攀登医学高峰,非攻下医学英语这个堡垒不可。困难还在于医学生在通过四、六级统考后,在大学几乎没有时间让他们攻读医学英语了。困难之三是医学英语各方面的特点还缺乏研究,就我们所知,全国还没有一本针对我国医务工作者和医学生的实际而剖析医学英语特点的专著,以帮助他们在短期内学好医学英语,写出较地道的医学应用文,例如各种病历和病案,并且省力、高效地解决医学英语词汇发音难这一课题。因而揭示医学英语各方面的特点,为医学英语教育修建一条适合我国国情的高速公路,不能不说是耕耘在高等医药院校的英语教师的一项光荣的历史使命。《医学英语特点剖析》就是在这种想法的激励下编写而成的。本书对医学英语的词素、词源、拼写、发音、语法、同义词、词汇发展史的特点进行了认真的探索,对医学英语文体特点、病历书写及其汉译英的主要技巧、医学英语口语和书面表达上的差异等方面也进行了大胆的探讨,均找出了一些规律,对迅速突破词汇关、发音关、写作关、翻译关无疑是有益的,对解决我国医药院校学生在医学英语学习时间不足的矛盾上是有帮助的,可做到辨义正确,发音准确,阅读能力强,写作得体、一般医疗问题对话正确,英译汉较顺利。

为了达到上述目的,编排上特别注意下列各点:①注重选用医学词汇出现率高和不同文体及写作风格的医学文献。②在词汇巩固、充实和提高方面,每单元有一词素学习专栏,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,用这种滚雪球的办法把医学英语中常用的约两千个词素特别是词根的绝大部分都引了出来。不脱离课文,从浩如烟海的医学词汇中挑出最大限度包含两千个词素的词是一项具有高度艺术的、费时的、绞尽脑汁的精选工程。但工夫不负有心人,在教学中学生对这一部分十分感兴趣,把它比喻为捅开阅读关的尖刀。这是因为抓住词素,便找到了对长单词解剖和易于记忆的法宝,阅读关也就不攻自破,书末列有附录上“常用医学词素”,并用中、英文解释,读者阅读医学文献时,它可起到小词典的作用。③从省时、高效出发,每个单元有一个语言要点专栏,从理论上揭示医学英语各方面的特点,为实践提供牢固的理论基础。使学生在短时间内具有较强的读、写、译的能力。这一部分是笔者长期从事基础英语与医学英语异同对比研究的智慧结晶,从各个角度较系统地揭示了医学英语的特点。学生对这一部分的反映是:见所未见,闻所未闻,耳目一新,是医学英语实践的理论指南,不可不知。④练习围绕巩固、扩充课文词素和消化、吸收语言要点

及医学英语其他方面的特点进行编写。这里值得特别一提的是病历的书写和汉译英。每个单元的练习中都有一个病历汉译英,还收纳了一个完全病历和一个病程记录的汉译英,这些都是广大医学实习生和医生,特别是涉外医务人员渴求的稀贵之物,特受欢迎。不少学生和研究生对我说:“在医院实习写英文病历时,我们模仿您的病历书写,受到指导医师和导师的一再表扬,说我们医学英语好,出尽了风头。”我们相信这是真话,因为有理论又有实际,病历模仿成功便不在话下。⑤注重解决医学词汇读音难的问题。与非科技英语词汇明显不同的是医学英语有大量的长单词,含数个词根,朗读时把握住重音和次重音难。为解决这个问题,我们在语言要点中既提供了理论依据,在词汇部分又给了注音,理论与实践紧密结合,融为一体,通过大量练习,定能作到不注音标亦会读,可谓“熟读唐诗三百首,不会吟诗也会吟”。我们培养的是面向 21 世纪的人才,他们在日益频繁的国际医学交流中发音准确,定能一鸣惊人,为国争光。

本书的部分内容在湖南医科大学数届七年制学生和本科生中使用,受到学生的普遍欢迎和领导、专家的好评。国家教委在我校七年制教学评估中,学生的病历书写受到评估组专家们的高度赞扬。各方面的事实证明,《医学英语特点剖析》达到了预想的编写目的。

本书可供医学本科生、研究生、医务工作者和有一定基础英语能力的其他医学生使用。本书对英语语言研究者,特别是对医学英语研究工作者和医药院校的英语教师也有参考价值。

湖南师范大学外国语学院院长、著名英语教授蒋坚松先生在百忙之中为本书作序。本书在编写过程中得到了湖南医科大学一批著名专家的指点,对他们的支持在此表示衷心的感谢!

湖南医科大学外文教研室陈晓耘、彭司澄、熊佳荣老师参加了本书的部分编写工作,在此深表谢意。

由于编者水平有限,疏漏之处在所难免,敬请广大同行和读者批评指正。

编 者

2000 年 5 月于湖南医科大学

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Unit One

Text A CORONARY HEART DISEASE

Coronary 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 1960s.

Atherosclerosis

Atherosclerosis is 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, genetic susceptibility, local arterial and hemodynamic factors, and sex influence the development of atherosclerosis.

The fatty streak, consisting of lipids and lipid proteins, located 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 fibrous 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 and necrosis of tissue with growth of new vessels may occur. Cholesterol, calcification, and hemorrhage within the atherosclerotic plaque form complicated plaques. The intimal surface may ulcerate, 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, 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 obstruction. Complete obstruction of a vessel at angiography is usually represented by a stump, the distal portion of the vessel often 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. Mortality from coronary artery disease is much higher in males than in females, and females lag behind males in coronary artery disease death by approximately 10 years. Coronary disease mortality tends to equalize in men and women at age 50, possibly related to higher risk in women after menopause or the elimination of higher-risk males at an earlier age.

Treatment of even mild hypertension (diastolic pressure 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. There is no distinct blood pressure value below which risk suddenly becomes low, that is, over a wide range of blood pressure, the higher the blood pressure, the higher the risk.

The higher the serum cholesterol, 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 prosthetic valves, from cardiac myxomas, 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 syn-

drome(Kawasaki's disease)can affect the coronary arteries. The mucocutaneous lymph node syndrome(Kawasaki's disease)presents as a febrile illness in a child usually 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】

1. atherosclerosis[ˌæθərəuskliə'rəʊsɪs]*n.* 动脉粥样硬化
2. lumen['lu:mi:n]*n.* [解](管)腔 *pl.* lumina['lu:mi:nə]或 lumens
3. susceptibility[sə'septə'biləti]*n.* 易感性,感受性,敏感度
4. hemodynamics[ˌhi:məʊdaɪ'næmiks]*n.* 血流动力学
5. intima['intimə]*n.* 血管内膜
6. endothelium[ˌendəu'θi:liəm]*n.* [解]内皮 *pl.* endothelia[ˌendəu'θi:liə]
7. precursor[pri(:)'kə:sə]*n.* 预兆,先兆
8. reversibility[ri:vəsə'biləti]*n.* 可逆性
9. intimal['intiməl]*a.* 血管内膜的
10. proliferation[prəʊlifə'reɪʃən]*n.* [生]增殖,增生
11. cholesterol[kə'lestərəl]*n.* [生化]胆固醇
12. hemorrhage['hemərɪdʒ]*v.* 出血
13. ulcerate[ˈʌlsəreɪt]*v.* (使)形成溃疡
14. thrombosis[θrəm'bəʊsɪs]*n.* 血栓形成
15. bifurcation[ˌbaɪfə:'keɪʃən]*n.* 分支,分叉(点)
16. radiopaque['reɪdiəupeɪk]*a.* 射线透不过的
17. angiography[ˌændʒ'ɒgrə:fi]*n.* 血管造影术,血管学
18. stump[stʌmp]*n.* 残余部分 *v.* 截去(树的)干
19. collateral[kə'lætərəl]*a.* 并行的,侧的 *n.* [解]侧突
20. circulation[ˌsə:kju:'leɪʃən]*n.* 循环,运行
21. epidemiological[epɪdɪ'miə'lɒdʒɪkəl]*a.* 流行病学的
22. menopause['menəpə:z]*n.* 经绝(期)
23. diastolic[ˌdaɪəs'tɒlɪk]*a.* 心舒张(期)的
24. myocardial[maɪəu'ka:diəl]*a.* [解]心机的
25. infarction[ɪn'fɑ:kʃən]*n.* (血管)梗死

26. systolic[ˈsɪsˈtɒlɪk]*a.* (心脏)收缩的
27. lipoprotein[ˌlɪpəʊˈprəʊtən]*n.* 脂蛋白
28. diabetes[ˌdaɪəˈbi:tɪz]*n.* 糖尿病
29. triglyceride[ˈtraɪˌglɪsəraɪd]*n.* 三甘油化物
30. obesity[əʊˈbi:sɪti]*n.* 肥胖病
31. glucose[ˈglu:kəʊs]*n.* 葡萄糖
32. modification[ˌmɒdɪfɪˈkeɪʃən]*n.* 减轻,更改
33. hypercholesterolemia[ˌhaɪpəːkəlestərəˈli:mɪə]*n.* 血胆固醇过多
34. emboli[ˈembəlaɪ]*n.* *pl.* 栓 *sing.* embolus[ˈembələs]
35. infective[ɪnˈfektɪv]*a.* 传染的,感染的
36. mural[ˈmju:ərəl]*a.* 壁的
37. atrium[ˈeɪtriəm]*n.* 房,心房 *pl.* atria[ˈeɪtriə]
38. ventricle[ˈventrɪkl]*n.* 室
39. cardiopulmonary[ˌkɑ:diəʊˈpʌlmənəri]*a.* 心肺的
40. bypass[ˈbaɪpɑ:s]*n.* 分流;旁路
41. syphilis[ˈsɪfɪlɪs]*n.* 梅毒
42. polyarteritis[ˌpɒliːɑ:təˈraɪtɪs]*n.* 多动脉炎
43. disseminated[diˈsemɪneɪtɪd]*a.* 播散的,散布的
44. lupus[ˈlu:pəs]*n.* 狼疮 *lupus erythematosus* 红斑狼疮
45. mucocutaneous[ˌmju:kəʊkjʊˈteɪnjəs]*a.* 粘膜与皮肤的
46. syndrome[ˈsɪndrəʊm]*n.* 综合征
47. vasculitis[ˌvæskjuˈlaɪtɪs]*n.* 血管炎,脉管炎
48. adventitia[ˌædvenˈtɪʃiə]*n.* (动脉)外膜
49. complication[ˌkɒmplɪˈkeɪʃən]*n.* 并发症,伴发病
50. aorta[eiˈɔ:tə]*n.* 主动脉 *pl.* aortas or aortae
51. situs[ˈsaɪtəs]*n.* 位置,原位
52. polycythemia[ˌpɒlɪsaɪˈθi:mɪə]*n.* 红细胞增多症
53. thrombocytosis[ˌθrɒmbəsaɪˈtəʊsɪs]*n.* 血小板增多
54. intravascular[ˌɪntrəˈvæskju:lə]*a.* 血管内的
55. coagulation[kəˌlæɡjuˈleɪʃən]*n.* 凝固,血液凝固
56. angina[ænˈdʒaɪnə]*a.* 咽颊炎的 *n.* 咽颊炎,咽痛

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.

Characteristics of a Bone

A typical long bone has two wide ends called epiphyses(—PHYSIS,growth)and a shaft termed the diaphysis. The epiphyses are composed primarily of porous, or cancellous(CANCEL/O,lattice,reticular)bone and an outside layer of compact bone. The shaft, however, contains a thick layer of compact bone. The medullary(MEDULL/O,marrow,inner portion) canal runs the length of the shaft. The canal is lined with a membrane,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 that 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 known 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 irregular(the vertebrae).

Bones possess several types of markings,holes,and projections where they join with one another or with muscles or where blood vessels and nerves pass. You should be familiar with the following terms.

A process is the projecting portion of a bone.

A fossa is a shallow depression in a bone.

A foramen is a hole in a bone through which blood vessels and nerves pass.

A condyle(CONDYL/O,Knuckle)is a large process located where two bones articulate (join with one another).

An epicondyle is a process on a condyle.

A crest is a ridge of a bone,such as the iliac crest.

A spine is the pointed projection of a bone.

A trochlea is the smooth surface of a bone upon which another bone can smoothly move.

A tubercle is a small,round bone process.

A trochanter is either one of the two bony processes of the femur.

A sinus is a hollow or cavity within a bone,such as the sinuses of the skull.

A sulcus is a groove in the bone surface.

【生词及词组】

1. epiphysis[ˈeːpɪfɪsɪs]*n.* 骺 *pl.* epiphyses

2. cancellous[ˈkænsələs]a. 网状骨质的
3. lattice[ˈlætɪs]n. 格子
4. reticular[reˈtɪkjulə]a. 网状的
5. endosteum[enˈdəstiəm]n. 骨内膜
6. periosteal[ˌperiˈɒstiəl]a. 骨膜的
7. osteoblast[ˈɒstiəˌblæst]n. 成骨细胞
8. ligament[ˈlɪgəmənt]. n. 韧带
9. periosteum[ˌperiˈɒstiəm]n. 韧带
10. hemopoiesis[ˌhi:məpɔɪˈiːsɪs]n. 造血, 血细胞生成
11. sesamoid[ˈsesəməɪd]n. 籽骨
12. vertebra[ˈvɜːtibrə]n. 脊椎骨
13. fossa[ˈfɒsə]n. 窝, 凹 pl. fossae[ˈfɒsəiː]
14. foramen[fəˈreɪmən]n. 孔 pl. foramina[fəˈræmɪnə]
15. condyle[ˈkɒndail]n. 髁
16. knuckle[ˈnʌkl]n. 膨出部, 指节
17. epicondyle[ˌepiˈkɒndail]n. 上髁
18. crest[krest]n. 嶂
19. iliac[ˈiliæk]a. 髂的, 髂骨的
20. trochlea[ˈtrɒkliə]n. 滑车
21. tubercle[ˈtjʊːbɜːkl]n. 结节, 结核节
22. trochanter[trəˈkæntə]n. 转子(解剖), 转节(昆虫)
23. femur[ˈfi:məː]n. 股骨, 股 pl. femora[ˈfemərə], femurs[ˈfi:məz]
24. sulcus[ˈsʌlkəs]n. 沟 pl. sulci[ˈsʌlsai]
25. groove[ɡruːv]n. 沟

词 素

1. coron/o: 冠, 心(crown, heart)corona[kəˈrəʊnə]冠
2. ather/o: 粥样, 粉样(fatty buildup)atheroma[ˌæθiˈrəʊmə]粉瘤(—oma: tumor 瘤), 动脉粥样化
3. scler/o: 硬化, 巩膜(hardening, sclera-the white portion of the eye)scleritis[ˈskliəˈraɪtɪs]巩膜炎(—itis: inflammation 炎症)
4. genet/o: 生殖, 遗传(produce, genetic)genetopathy[ˌdʒeneˈtɒpəθi]生殖功能病
5. hem/o, hemat/o: 血(blood)hemochrome[ˈhi:məʊkrəʊm]血色素(chrom/o: color 颜色)
6. -osis: 病(condition, usually abnormal or pathological)acidosis[ˌæsiˈdəʊsɪs]酸中毒

7. lip/o: **脂肪**(fat) lipase[ˈlipeis, ˈlaɪpeɪs]**脂酶**(-ase; enzyme **酶**)
8. end/o, ent/o: **内**(inside, inner) endaortic [endeɪˈɔːtɪk] **主动脉内的**, entamebiasis [ɪentəmiˈbaɪəsis] **内阿米巴病, 内变形虫病**(-iasis; condition **病, 病态**)
9. fibr/o: **纤维**(fibre) fibroadenoma [ˌfaɪbrəʊədiːˈnəʊmə] **纤维腺瘤**(aden/o; gland **腺**)
10. -in, -ine: **化学物质**(a chemical substance) penicillin **青霉素**
11. necr/o: **坏死**(dead) necrotomy [neˈkrəʊtəmi] **尸体解剖**(-tomy; incision, process of cutting into **切开术, 切断术**)
12. chol/o, chol/e: **胆汁**(bile) cholerythrin [kəʊˈleriθrɪn] **胆红素**(erythr/o; red **红**)
13. ster/o, stere/o: **固**(solid) steroid [ˈstiəriɔɪd] **类固醇**
14. -rrhage, -rrhagia: **流出……**(bursting forth of) hemorrhagic [heməˈrɪdʒɪk] **引起出血的**
15. thromb/o: **血栓**(clot) thrombosis [θrəmˈbəʊsɪs] **血栓形成**
16. occlus/o: **堵塞, 咬合**(a closing, alignment of the teeth when the jaws are closed) occlusocervical **咬合颈的**(cervic/o; neck, cervix **颈**)
17. furc/o: **分杈**(forking, branching) furcocercous [ˌfɜːkəˈsɜːkəs] **有叉尾的** (GK: kerkos; tail **尾**)
18. angei/o, angi/o: **血管**(vessel) angiocholitis [ˌændʒiəʊkəʊˈlaɪtɪs] **胆管炎**
19. opac/o, opaq/o: **不透光**(dark, impervious to rays) opacity [əʊˈpæsɪti] **混浊, 不透光**
20. mort/o: **死**(death) mortuary [ˈmɔːtʃuəri] **停尸室, 殡仪馆**
21. men/o: **月经**(menses, menstruation) menorrhagia [ˌmenəˈreɪdʒɪə] **月经过多**
22. hyper-: **过多, 高, 重**(above, excessive) hyper-toxic [ˌhaɪpəˈtɒksɪk] **剧毒的**(tox/o; poison **毒**)
23. dia-: **贯通**(through) diagonal [daɪˈæɡənəl] **对角线**
24. my/o: **肌, 近**(muscle, closed) myalgia [maɪˈældʒɪə] **肌痛**(-algia; pain **痛**)
25. ser/o: **浆液, 血清**(serum) serolysin [siəˈɒlɪsɪn] **血清溶素**(lys/o; GK to loosen, dissolve, wash **松弛, 溶解, 冲洗**)
26. prosth/o: **修复, 人造**(artificial, the replacement of real body parts with artificial ones) prosthesis [prəʊˈθɪːsɪs] **修复术, 假体**(-sis; process or condition **过程, 状态**)
27. myx/o: **粘液**(mucus) myxosarcoma [ˌmɪksəʊsəːˈkəʊmə] **粘液肉瘤**
28. rheumat/o: **风湿**(discharge) rheumatism [ˈruːmətɪzəm] **风湿病**(-ism; process, a condition, usually the result of a prior condition **过程, 状态**)
29. aneurysm/o: **动脉瘤** (aneurysm——abnormal widening) aneurysmodesis [ænjʊərɪzməˈdiːsɪs] **动脉瘤结扎术**(-desis; binding together **固定**)
30. sect/o: **切割**(cut) vivisection [ˌvɪvɪˈseksjən] **活体解剖**
31. skelet/o: **骨骼**(skeleton) skeletopia [ˌskeliˈtəʊpiə] **骨骼关联**(top/o; place **部位**)
32. calc/i, calcic/o: **钙**(calcium) calcitonin **降钙素**(ton/o; tension, stretching, osmotic pressure **紧张, 张力, 渗透压**)
33. phosph/o, phosphor/o: **磷, 磷酸**(phosphorus, phosphoric acid) phosphate [ˈfɒsfeɪt] **磷酸盐**(-ate; a salt deriving from an acid…**酸盐**)
34. -physis: **生长**(growth) hypophysis [haɪˈpɒfɪsɪs] **垂体**