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Unit One



Text **A**

Warming-up

Do you consider yourself a good patient who explains things clearly to the doctor and never wastes his or her time? Or do you think you should offer the doctor as much information about yourself as possible? Here, a doctor tells of his opinion as to what he expects of his patient when there is an interview.

Read the following passage and answer the questions.

What to Tell the Doctor

Do you get tongue-tied at the doctor's? Do you dry up when you enter the consulting room? What do you say when you sit down by the doctor's desk?

Over the years, I've opted for a greeting such as, "Good morning, Mr. Smith. What can I do for you?" Even this goes wrong sometimes, but at least it leads to fewer hiccups getting the consultative ball going backwards and forwards, from patient to doctor.

Many times, just as I think I've successfully sorted out their problems, my patient produces another one, like a magician bringing rabbits out of a hat, but these are different animals each time! At the rate medical matters can be solved,



only a couple of them can be discussed before the consultation runs out of time; and I'm conscious that there are others waiting their turn. Dilemma. What to do now?

If I curtail the consultation abruptly, my patient will feel that they have had a raw deal, and that the doctor doesn't care, or isn't interested.

So, be honest with your doctor. Tell him you've got more than one worry, and ask if he can deal with them at that time. If not, offer to come back again when he has more time, and could give you a double appointment. That's how I often get over this consultation hurdle — by sizing up the problems presented, tackling the most important, and then suggesting that the others can be dealt with in depth later.

Time also needs to be set aside to find out whether the advice has been understood. It has been calculated that a patient only remembers a third of what has been said in the surgery. If you don't understand something, say so rather than get the wrong end of the stick, and start worrying over nothing.

Lastly, there is the door-knob situation. The patient talks about a seemingly minor problem. The doctor deals with it, and the consultation ends. The patient reaches the door and turns, saying "Oh, by the way, doctor — I've got a discharge." This starts the consultation all over again.

Don't be shy. Get talking about what is worrying you most as soon as you've sat down. Try not to get embarrassed; doctors are trained to talk about delicate matters. Don't be afraid to voice your fears. After you've let them out, they won't seem half so bad, and you'll have got the best out of your chat in the surgery.

NEW WORDS AND EXPRESSIONS

tongue-tied /tʌŋ'taɪd/ *adj.* 结结巴巴的

gambit /gæmbɪt/ *n.* 开场白

opt /ɒpt/ *vi.* 选择

hiccup /'hɪkʌp/ *n.* 打嗝

consultative /kən'sʌltətɪv/ *adj.* 咨询的

magician /mə'dʒɪʃən/ *n.* 魔术师

dilemma /dɪ'lemə/ *n.* 窘境

curtail /kɜ:'teɪl/ *v.* 剪短, 减少

abruptly /ə'brʌptli/ *adv.* 突然

hurdle /'hɜ:dl/ *n.* 阻碍, 妨碍

door-knob /dɔ:nɒb/ *n.* 门把手

seemingly /'si:mɪŋli/ *adv.* 表面上的

discharge /dɪs'tʃɑ:dʒ/ *n.* 分泌物

voice /vɔɪs/ *v.* 表达, 吐露

dry up 枯竭; 语塞

bring forth 提出, 展示

sort out 分类, 解决

raw deal 不公平待遇

size up 估计……的大小 (或多少)

get the wrong end of the stick [口] 完全搞错了, 完全误解了

Warming-up Activities

I. Choose the best answer according to the passage.

- 1 After reading the passage, we can infer that the author must be _____.
A. a patient B. a nurse C. a doctor D. a teacher
- 2 How can we best summarize the main idea of the second paragraph of the passage?
A. "What is the matter with you?" is the most suitable starting question a doctor can ask.
B. "How are you?" seems to be a good way to start the consultation.
C. Doctors also face the problem of how to start the consultation properly.
D. Doctors can handle patients well enough to make them comfortable.
- 3 What's the author's dilemma mentioned in the fourth paragraph?
A. Patients' various questions cannot be answered fully because of the waiting patients.
B. The questions produced by the patient are too difficult to be answered by the doctor.
C. Patients always bring up various questions like magicians bringing rabbits out of their hats.
D. The doctor would rather do other things than answer meaningless questions.
- 4 To get rid of the dilemma, what does the doctor usually do?
A. He cuts short the consultation.
B. He tells the patients that he hasn't enough time to treat so many of them.
C. He asks other doctors for help.
D. He sorts out the major problems and tackles them, leaving behind the minor ones.
- 5 What should you do at the doctor's office if you are a patient according to the passage?
A. Don't be shy to tell your doctor anything about your worries.
B. Talk about all your problems in as much detail as you can.
C. Speak calmly, and don't show your fears in your voice.
D. Do not embarrass the doctor by your private matters.

II. Learn the use of idiomatic expressions with the help of a dictionary.

Tongue

1. The doctor told him to **put out his tongue**.
2. Did I say that? It must have been **a slip of the tongue**.
3. I wanted to argue but I had to **bite my tongue**.
4. Couldn't you **keep a civil tongue in your head**?

Text B

Taking History

A detailed patient history and physical exam form the foundation of patient evaluation and vital patient data. No part of the patient evaluation is more essential to diagnosis than the patient history. It is widely accepted that the medical history contributes 60% to 80% of the information needed for accurate diagnoses. Thus to neglect the patient history denies the physician of a “vital” diagnostic tool.

The basic outline structure for the patient history usually includes the following:

- 1) Identification: patient name, age, gender, race, and occupation
- 2) Chief Complaint: (in the patient's words)
- 3) HPI: (history of present illness)
- 4) PMHx: (past medical history)
- 5) Medications: should include current meds as well as medication allergies
- 6) ROS: review of systems
- 7) Social Hx.: includes family situation (married, divorced, single), habits; cigarettes, alcohol or illicit drug use, sexual behavior

Here are a few specific points about each section of the history outline:

- 1) Identification. This should include the patient's name, age, sex, race and occupation, for example: “Mr. Jones is a 55 yr. old Caucasian male who works as a farmer.” The age, race, sex and occupation are important as many diseases are not only gender and age



dependent, but may also occur more commonly in specific ethnic and occupation groups.

- 2) Chief Complaint. This should be written in the patient's words. For example "chest pain" rather than "angina." Also the duration of the chief complaint should be noted "chest pain for 1 hour." Before moving on to the HPI, it would be appropriate to perform a "survey of problems" asking the patient if there are any other current problems bothering them.
- 3) HPI (History of Present Illness) — The history of the present illness is a more elaborate description of the patient's chief complaint and is the most important structural element of the medical history. This section should give the following details about the chief complaint (s):
 - ① Detailed description of the "chief complaint"; "a dull crushing chest pain" including body location of the complaint.
 - ② A chronological history and sequence of the chief complaint.
 - ③ What circumstances brought it on: climbing stairs, emotional upset such as anger, or sexual intercourse.
 - ④ What circumstances relieve it: resting for a few minutes.
- 4) ROS (Review of Systems) — This section is too often omitted. Although it is somewhat cumbersome to go through a "complete" review of systems and it may not be necessary to do so for "each" admission, at least one "complete" review of systems should be documented in the patient's medical record.
- 5) Social History — This section is often the most neglected section of the patient history. Vital information such as smoking history, use of alcohol or illicit drugs and sexual behavior can give invaluable clues to the diagnosis. Cigarette smoking, for example, is a risk factor for many kinds of diseases including cancer, coronary heart disease, COPD and GI diseases.

Although we've described a nice, neat "outline" for the patient history, when the medical student first begins to interview to take a history, he quickly discovers that fitting patient's responses into a "neat" history outline is indeed a challenge and requires much patience and practice! Patients have not been told their responses are to "fit" into a structured format! When asked a specific question by the interviewer, they may assume they should give as much information as possible, thus the interviewer is forced to "sift" through their response and retain only the pertinent data for the medical record.

In summary, the patient history is the most important aspect of patient evaluation as it guides the physician team's decisions concerning diagnostic work and formulation of a treatment plan. Further it can help to establish rapport where the patient not only learns to trust their physician but also is more likely to heed their advice.

NEW WORDS AND EXPRESSIONS

evaluation /ɪ.væl.ju'eɪʃən/ *n.* 估价; [医]诊断

vital /'vaɪtl/ *adj.* 至关重要的

neglect /nɪ'glekt/ *vt.* 忽视

illicit /ɪ'lɪsɪt/ *adj.* 非法的; 不正当的

Caucasian /kɔ:'keɪziən/ *n.* 高加索人
adj. 高加索人的

angina /æ'n'dʒaɪnə/ *n.* 心绞痛

duration /dʒuə'reɪʃən/ *n.* 持续时间

elaborate /ɪ'læbəreɪt/ *adj.* 复杂的; 精巧的

crush /krʌʃ/ *vt.* 压破, 压碎

chronological /kronə'lɒdʒɪkəl/ *adj.* 按时间顺序排列的

cumbersome /'kʌmbəsəm/ *adj.* 累赘的, 冗长的

coronary /'kɒrənəri/ *adj.* 冠状动脉的

format /'fɔ:mæt/ *n.* 格式, 版式

sift /sɪft/ *vi.* 筛选

retain /rɪ'teɪn/ *vt.* 保持; 雇; 记住

pertinent /'pɜ:tmənt/ *adj.* 有关的

rapport /ræ'pɔ:t/ *n.* 友好关系; 融洽

heed /hi:d/ *vt.* 注意, 留心

COPD [医] [=chronic obstructive pulmonary disease]慢性阻塞性肺病

GI diseases 胃肠道疾病, 消化系统疾病

NOTES TO THE TEXT

- ① No part of the patient evaluation is more essential to diagnosis than the patient history.
就诊断而言, 了解病史是患者评估中最为重要的环节。
本句为包含比较结构的完全否定句。直译为: 对于诊断而言, 患者评估中没有哪一部分比病史更为重要。
完全否定句通常含有no, none, nobody, nothing, nowhere, neither, never 等否定词表达绝对否定的含义。例如:
Nobody knows. 谁也不知道。(没有任何一个人知道.)
No trickery can fool us. 任何骗人的东西都不能欺骗我们。
- ② Vital information such as smoking history, use of alcohol or illicit drugs and sexual behavior can give invaluable clues to the diagnosis.
吸烟史、饮用酒精饮料或者吸食毒品以及不良性行为等重要信息可以给诊断提供重要线索。
本句中use of alcohol or illicit drugs为名词词组, 逻辑上表达了某种动宾关系, 即: 饮用酒精饮料或者吸食毒品。
- ③ When asked a specific question by the interviewer, they may assume they should give as much information as possible, thus the interviewer is forced to “sift” through their response and retain only the pertinent data for the medical record.
每当病人被问到某一具体问题, 他们会以为应该尽可能多地提供信息, 因此, 询问者(这里指医生)不得不对他们的应对进行筛选, 在病史记录中只保留相关信息。
本句中When asked a specific question by the interviewer为省略形式, 其完整形式为: when they are asked a specific question by the interviewer, 注意其被动含义。

Exercises

Read for Information

I. Choose the best answers to the following questions.

- Which part of the patient history may be written informally in oral language?
A. Social Hx B. Chief Complaint C. HPI D. PMHx
- Which part of the medical history may contain a detailed description of the frequency and level of pain?
A. Chief Complaint B. HPI C. PMHx D. ROS
- To medical workers, which part of the patient history may be paid little attention to?
A. ROS and Social History B. HPI and ROS
C. Chief Complaint and Social History D. Social History and HPI
- Which one of the following statements about the “outline” of the patient history is CORRECT according to the author?
A. Patients usually cooperate by fitting their information into the “outline”.
B. Guided by the “outline,” medical workers seldom have difficulty in writing a patient history.
C. In addition to the “outline”, better understanding and selecting of information are also helpful in writing a medical history.
D. The “outline” is useful but NOT essential to reaching a proper diagnosis.
- Which of the following statements is NOT mentioned in the passage?
A. A patient history should be based on a certain structure.
B. A patient history is important in the process of diagnosis.
C. Patience and practice are necessary in writing a patient history.
D. Patients should be told to organize their words according to the outline of the patient history.

Vocabulary

I. Fill in the blanks with the proper form of the words given.

accurate
elaborate

contribute
neglect

retain
sift

pertinent
relieve

- The _____ diagnosis of bacterial endocarditis (心内膜炎) has long been based on a series of history, physical examination findings, and laboratory data.
- He spent hours _____ through all the documents relating to the case.

3. Can you describe the circumstances which _____ the symptoms?
4. The symptoms and signs recorded in the patient's chart are highly _____ to the diagnosis.
5. In this hospital, we are trying to recruit and _____ skilled medical and nursing staff.
6. Before the operation, the surgical team made very _____ plans to ensure its success.
7. Caring for the elderly is one of the major service areas and we definitely cannot _____ it.
8. Basic research _____ enormously to our understanding of the disease.

II. Complete the following sentences by putting in the proper word in the right form.

evaluate

evaluation

1. We need to carry out a careful _____ of the results from lab tests.
2. The performance of each employee _____ once a year.

depend

dependent

3. It is easy to become _____ on sleeping pills.
4. The level of care a patient needs _____ on the several factors.

admit

admission

5. After collapsing, she was rushed to the hospital, where she _____.
6. Half of all _____ are emergencies, and these are treated straight away.

Grammar and Structure

I. Rewrite the sentences below, following the models given.

Model:

When *patients are asked* a specific question by the interviewer, they may assume they should give as much information as possible.

When *asked* a specific question by the interviewer, they may assume they should give as much information as possible.

1. When he was questioned repeatedly whether he had told the truth, he admitted that he

had lied.

2. When he was told the real reason for her change of heart, he had to accept the fact.

Model:

This section is often the section of the patient history *that is most neglected*.

This section is often the *most neglected* section of the patient history.

3. No food contains all the nutrients that are needed.
4. If the veins that are affected fail to respond to simple treatment, they may sometimes require surgical removal.

II. Make the correct choice in the following passage about Taking Histories.

The medical history of a patient is essential for the physician who is attempting (analyze/analyzing/to analyze) the manifestations of a disease. The first items (record/recorded/to be recorded) are the patient's name, race, age, birthplace, sex, marital status, occupation, and residence. The patient's age is an important factor because certain diseases, including some contagious diseases, congenital heart disease, and acute leukemia, (find/found/are found) mainly in young people, while other diseases, including arteriosclerotic heart disease and degenerative diseases, (is/are/to be) much more common in middle-aged and elderly people. The patient's occupation is also an important factor, especially if the patient's job (exposes/exposed/exposing) him to certain substances.

The real medical history starts with a description of the reason for the patient's coming to the hospital for consultation. The physician (need/needs/is needed) to know the exact circumstances of the appearance, extent, and duration of the symptoms. Further (question/questioning/being questioned) develops details of the health of the patient's family, his habits and lifestyle, and his previous medical experiences. Finally, the physician (asks/asking/to ask) a series of questions about each of the body systems such as the heart, lungs, and stomach. At the completion of a thorough medical history, the physician often has a good lead to the nature of the patient's disorder, or at least he can begin to categorize illness.

Translation

Translate the following sentences into English.

1. 许多疾病不仅与性别和年龄相关, 而且更常见于特定的社会群体。

2. 当前病史是病史中最重要的构成成分。
3. 学会正确地采集病史需要有很大的耐心和大量的实践。
4. 病史为医生提供了很大一部分做出诊断所需要的信息。

Text

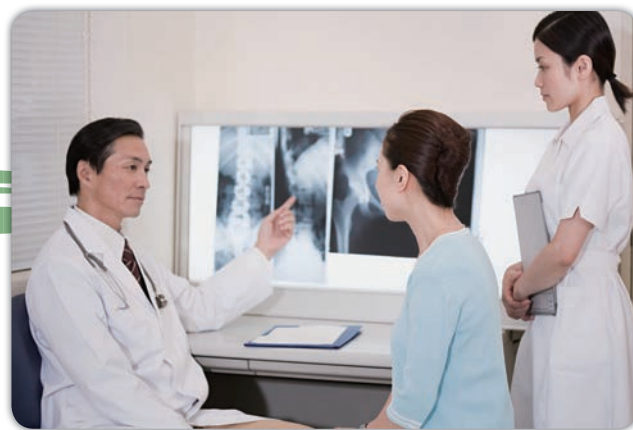


Different Kinds of Diagnosis

Diagnosis is the art by which doctors determine which diseases are affecting their patients. The X-ray may be used to give a diagnosis of tuberculosis or fracture. A chemical analysis of the patient's urine is often taken to see if the patient has diabetes. Diagnosis is one of the most important branches of medicine.

There are many different types of diagnosis. A biological diagnosis is made by performing tests on animals with a sample of one of the patient's body fluids. A clinical diagnosis is made completely from symptoms. A differential diagnosis is one that compares symptoms of several diseases to see which one is most likely to be causing the trouble. One way of deciding what is wrong with a sick person is to decide what disease he does not have. The doctor compares the sick person's symptoms with the known symptoms of various diseases. All the diseases are eliminated until it is fairly certain that the patient could have only one disease. This is called diagnosis by exclusion. A laboratory diagnosis is made by studying the blood, urine, or other liquids of the body in a laboratory, as in the case of anemia and diabetes.

A physical diagnosis is made by looking at the patient for signs of disease apparent to the eye, such as rashes or broken bones, and examining the patient with the hands. Sometimes doctors will actually try to induce symptoms or make them worse, when they think a disease is present but cannot be sure because the symptoms are not definite enough. Another type of bacteriologic diagnosis involves the injection of sera and observing the change of appearance in the skin at the site of injection. For example, an injection of tuberculin is often given as a test for tuberculosis. The patient is susceptible to the disease if the injection makes him develop a local rash. A tentative diagnosis is sometimes made when the symptoms are not definite. The diagnosis is made, and the doctors give treatment for what they decide the disease to be, but they watch the patient closely for new symptoms.



NEW WORDS AND EXPRESSIONS

tuberculosis /tjʊ.bɜ:kjʊ'ləʊsɪs/ *n.* 肺结核

fracture /'fræktʃə/ *n.* 骨折

urine /'jʊərɪn/ *n.* 尿

diabetes /'daɪə'bi:tɪz/ *n.* 糖尿病

fluid /'fluːɪd/ *n.* 液体

eliminate /ɪ'lɪmɪneɪt/ *vt.* 排除

exclusion /ɪks'kluːʒən/ *n.* 排除

anemia /ə'niːmiə/ *n.* 贫血症

apparent /ə'pærənt/ *adj.* 可看见的

rash /ræʃ/ *n.* (皮) 疹

bacteriologic /bæk'tɪərɪə'lɒdʒɪk/ *adj.* 细菌的

sera /'sɪərə/ *n.* 浆液; 血清

tuberculin /tjuː'bɜ:kjʊlɪn/ *n.* 结核菌素

susceptible /sə'septəbl/ *adj.* 易受感染的

tentative /'tentətɪv/ *adj.* 试探性的; 不确定的

Review and Practice

I. Choose the best answer to the following questions according to the passage.

- After comparing symptoms of several diseases, the doctor may reach a _____.
A. clinical diagnosis B. differential diagnosis
C. tentative diagnosis D. final diagnosis
- According to the passage, the doctors may determine which diseases are affecting their patients based on _____.
A. chemical analysis of some samples from the patient
B. signs and symptoms that appear in a patient
C. the elimination of other possible diseases
D. all of the above
- In the third paragraph, the word “induce” is most likely to have the same meaning as _____.
A. discover B. cure C. ignore D. bring about
- According to the passage, which of the following statements is TRUE?
A. A laboratory diagnosis has nothing to do with body fluids.
B. Animal's body fluid sample is essential for biological diagnosis.
C. A bacteriologic diagnosis is made based on the result of skin injection test.
D. No diagnosis can be made if the doctor is not absolutely sure of what the problem is.
- When a tentative diagnosis is made _____.
A. the doctor is fairly certain of the diagnosis
B. the doctor cannot really start treating the patient
C. the doctor needs to order many tests to confirm the diagnosis
D. the doctor is ready to change the diagnosis based on new evidence

II. Decide whether the following statements are true (T) or false (F) according to the passage.

- ☐ 1. A patient may be easily diagnosed with broken bones by X-ray.
- ☐ 2. A clinical diagnosis is mainly based on the patient's description of his disease.
- ☐ 3. Diagnosis by exclusion can be used to form a differential diagnosis.
- ☐ 4. Laboratory blood examination is an important aid in the diagnosis of anemia.
- ☐ 5. A physical diagnosis can be made by listening to the patient's complaints.

III. Translate the following from the text into Chinese.

1. A differential diagnosis is one that compares symptoms of several diseases to see which one is most likely to be causing the trouble.

2. A physical diagnosis is made by looking at the patient for signs of disease apparent to the eye, such as rashes or broken bones, and examining the patient with the hands.

3. Sometimes doctors will actually try to induce symptoms or make them worse, when they think a disease is present but cannot be sure because the symptoms are not definite enough.

4. The diagnosis is made, and the doctors give treatment for what they decide the disease to be, but they watch the patient closely for new symptoms.

Word Building (1)

A large number of medical terms are made from a combination of word elements: roots, prefixes and suffixes. In the medical expression "GI diseases," GI refers to *gastrointestinal*, and *gastro-* is a root which means *stomach*. When *gastro-* is combined with other roots, all of which have definite meanings, we can easily see the meaning of a medical word related to stomach.

gastro- stomach

gastritis (-itis inflammation)

gastrolith (-lith stone)

Here are some useful roots referring the parts of the body and sample words in which these roots are used.



somato- body	somatometry (-metry measuring)	psychosomatic
cephalo- head	cephalofacial	cephaloscope (-scope instrument for seeing)
trachelo- neck	trachelodynia (-dynia pain)	trachelism (-ism abnormal condition)
thoraco- chest	thoracocentesis (-centesis pucture)	
	thoracolumbar (lumbo- lower part of the back)	
celio- abdomen	celialgia (-algia pain)	celiotomy (-tomy cutting)

