

N. I. Krolik

English for Medical Students

Английский язык
для студентов-медиков

Учебное пособие
для вузов



УДК 811.111 (075.8)
ББК 81.2 Англ. 923
Рис. 198 240х320

Компьютерный дизайн обложки студии «Дикобраз»

Подписано в печать с готовых диапозитивов 08.08.2001.
Формат 84×108¹/₃₂. Бумага офсетная. Печать офсетная.
Усл. печ. л. 6,7. Тираж 3000 экз. Заказ 2365.

Общероссийский классификатор продукции
ОК-005-93, том 2; 953000 — книги, брошюры
Техническое заключение
№ 77.99.14.953.П.12850.7.00 от 14.07.00

- Кролик Н.И.**
К83 Английский язык для студентов-медиков: Учебное пособие/Н.И. Кролик. — М.: ООО «Издательство Астрель»: ООО «Издательство АСТ», 2002. — 128 с.
ISBN 5-17-011717-5 (ООО «Издательство АСТ»)
ISBN 5-271-03294-9 (ООО «Издательство Астрель»)

Пособие состоит из восьми разделов, охватывающих основные области медицины. Каждый раздел содержит тексты из художественной англо-американской литературы, насыщенные медицинской лексикой, активный словарь и упражнения.

Цель пособия — подготовить студентов к самостоятельному чтению и пониманию оригинальной медицинской литературы и к устному общению на английском языке.

Предназначено для студентов 2-3 курсов медицинских вузов, продолжающих изучение английского языка

УДК 811. 111 (075.8)
ББК 81.2 Англ-923

ISBN 5-17-011717-5
(ООО «Издательство АСТ»)
ISBN 5-271-03294-9
(ООО «Издательство Астрель»)

© Н.И. Кролик, 2001
© ООО «Издательство Астрель», 2001

ПРЕДИСЛОВИЕ

Пособие предназначается студентам 2–3 курсов медицинских высших учебных заведений. Оно может быть также использовано в группах ординаторов и аспирантов, а также медицинскими работниками, самостоятельно изучающими английский язык. Цель пособия — подготовить студентов к самостоятельному чтению и пониманию оригинальной медицинской литературы и к устному общению на английском языке в пределах изучаемой тематики.

Пособие построено на текстах из художественной англо-американской литературы, насыщенных медицинской лексикой. Такие тексты повышают интерес учащихся к изучению языка и способствуют лучшему усвоению материала. Кроме того, они дают больше возможностей для разговорной речи.

Пособие построено по тематическому принципу и включает восемь разделов, охватывающих основные области медицины. Каждый раздел содержит два текста (раздел «Терапия» — четыре текста, «Акушерство и гинекология» — три текста) и рассчитан примерно на 8–10 академических часов. К текстам даны пояснения труднопереводимых слов и словосочетаний (Notes). Каждый раздел имеет активный словарь, включающий медицинскую лексику текстов, а также дополнительные слова, рекомендуемые для активного усвоения.

Упражнения делятся на лексические, грамматические и речевые. Ряд упражнений может быть использован для самостоятельной работы учащихся дома. В каждом разделе содержится текст для аудирования по тематике раздела. Текст зачитывается преподавателем или прослушивается с магнитофонной записи. Контроль прослушанного текста проводится путем выполнения различных упражнений.

В приложении даны тексты из журнальной и научной литературы по тематике пособия. При работе над текстами этой части можно рекомендовать следующие упражнения:

1. Передайте на русском (английском) языке содержание каждого абзаца (всего текста).
2. Найдите основную мысль отрывка, всего текста.

3. Озаглавьте данный отрывок текста.
4. Читая текст, найдите ответы на вопросы (вопросы составляет преподаватель или учащиеся).
5. Составьте план к пересказу и перескажите текст.
6. Напишите краткую аннотацию текста (summary) на русском (английском) языке.
7. Дайте дополнительную информацию по данному вопросу.

Теория грамматики вводится преподавателем или самостоятельно изучается студентами по имеющимся грамматическим справочникам и учебникам. Граматику следует вводить и первично закреплять до чтения текстов.

Тексты из художественной литературы сокращены и незначительно адаптированы с целью устранения малоупотребительных слов и выражений, не представляющих интереса для студентов неязыковых вузов, или замены их синонимичными языковыми единицами. Для перевода общеязыковой лексики студенты должны пользоваться имеющимися словарями. При переводе текстов в аудитории желательно развивать языковую догадку учащихся. Ряд текстов, содержащих более 75% знакомой лексики, можно давать для чтения на общий охват содержания без использования словаря.

Автор будет благодарен за замечания и советы по содержанию пособия.

Автор

CONTENTS

Section 1. THERAPY	6
<i>Word-building:</i> Negative prefixes	
<i>Grammar:</i> Participles: forms and functions. Emphatic construction: "It is ... that". Conversion	
Section 2. INFECTIOUS DISEASES	29
<i>Word-building:</i> Prefixes	
<i>Grammar:</i> Absolute Nominative Participle Construction. Functions of one, ones, that, those	
Section 3. TRAUMATOLOGY	40
<i>Word-building:</i> Suffixes of nouns meaning a profession or a doer	
<i>Grammar:</i> Passive Voice. Gerund	
Section 4. SURGERY	52
<i>Word-building:</i> Suffixes of nouns (continuation)	
<i>Grammar:</i> Infinitive: forms and functions	
Section 5. MORBID ANATOMY AND FORENSIC MEDICINE	65
<i>Word-building:</i> Suffixes of nouns (revision).	
<i>Grammar:</i> Infinitive Constructions (Accusative with the Infinitive, Nominative with the Infinitive). Polysemy	
Section 6. NERVOUS DISEASES	77
<i>Word-building:</i> Suffixes of adjectives	
<i>Grammar:</i> Modal Verbs with the Present and Perfect Infinitive	
Misleading Words ("ложные друзья переводчика")	
Section 7. OBSTETRICS AND GYNAECOLOGY	89
<i>Word-building:</i> Prefixes and suffixes of verbs.	
<i>Grammar:</i> Subjunctive Mood. Conditional Sentences	
Section 8. OPHTHALMOLOGY	103
<i>Word-building:</i> Prefixes and suffixes (revision)	
<i>Grammar:</i> Revision	
Appendix. Texts for Additional Reading	114

Section 1. THERAPY

TEXT A

(The text is told on behalf of a medical student)

Inspection, palpation, percussion, auscultation — the unalterable, ever-applicable tetrad. Whatever part of the patient you examine, whatever disease you suspect, the four motions must be gone through in that order. You look first, then feel; when you have felt you may tap, but not before; and last of all comes the stethoscope.

They taught us to feel lumps, livers and spleens; how to percuss correctly and understand the evasive murmurs transmitted through a stethoscope. Diagnosis is simple observation and application of logic in practice.

I began to see how the ward was managed by Sister¹ whom I avoided like a pile of radium. Every bodily function that could be measured — the pulse, the amount of urine, the quantity of vomit, the number of baths — was carefully written down against the patient's name in the treatment book, which reduced the twenty or so humans in the ward to a daily row of figures in her aggressive handwriting.

There were two functions of the physiology in which Sister took special interest. One was temperature. The temperature charts shone neatly from the foot of the beds, and each showed a precise horizontal zigzag of different amplitude. The temperatures were taken by the junior nurses, who used four or five thermometers. However, the figures were looked upon as unimportant, because Sister always substituted figures of her own if the ones of the patient did

not fit with her idea of what the temperature of the case ought to be.

The other particular concern of the Sister was the patient's bowels. A nurse was sent round the ward every evening with a special book to ask how many times each inmate had performed² during the past 24 hours. The number of occasions was written in a separate square at the foot of the temperature chart. A nought was regarded by Sister as unpleasant, and more than two blank days she took as a personal insult. Treatment was simple. One nought was allowed to pass without punishment, but two automatically meant purgative, three — castor oil and four — the supreme penalty of an enema.

We rapidly became accustomed to our position of inferiority to everyone of the ward staff. We did all the medical chars³ — urine testing, gruel meals⁴ in patients with duodenal ulcers, blood samples and a few simple investigations. For the first few weeks everything seemed easy. It was only at the end of the third month that I realized how ignorant I was.

From Doctor in the House by R. Gordon

NOTES

1. *Sister* — старшая медицинская сестра
2. *to perform* — зд. иметь стул
3. *chars* — «черная» работа
4. *gruel meals* — жидкая овсяная каша

TEXT B

The room, as Christine entered, was awfully hot, though an air-condition showed hopefully to “cool”. But that was all she had time to see before observing the struggling figure, half upright, half recumbent in the bed. His face was ashen gray, eyes bulging and with trembling lips he was attempting desperately to breathe hardy succeeding.

She went to the bedside and told the bellboy decisively, “Open the window. We need fresh air here.”

She had already picked up the telephone beside the bed.

When the operator answered Christine said, "This is Miss Francis. It's emergency. Will you check our guest list to see if we have any doctors registered?"

"There's Dr. Koenig in room 222 and Dr. Uxbridge in room 1203."

There were several clicks as the ringing continued. Then a sleepy voice answered, "Yes, who is it?"

Christine identified herself. "I am sorry to disturb you, Dr. Koenig, but one of our guests is extremely ill." Her eyes went to the bed. For a moment she watched. She noticed that the blueness on the face had gone but there was still an ashen gray pallor with breathing as difficult as before. She added, "I wonder if you could come."

There was a pause, then the same voice, soft and applicable. "My dearest young lady, it would be a matter of utmost happiness if I could help. Alas, I fear I cannot. You see, I am a doctor of music. I came to your beautiful city to conduct the symphony orchestra."

Despite the urgency Christine had an impulse to laugh. She apologized, "I am sorry for disturbing you."

"Please, do not apologize. Of course, if my unfortunate fellow-guest¹ becomes — how shall I put it?² — beyond the help of the other kind of doctors, I could bring my violin and play for him." There was a deep sigh down the telephone. "What finer way to die than to an adagio by Vivaldi or Tartini..."³

"Thank you. I hope it won't be necessary." She was impatient to make the next call.

Dr. Uxbridge in room 1203 answered at once. In reply to Christine's question he said, "Yes, I'm a doctor of medicine — an internist. I'll be there in a few minutes."

The bellboy was still at the bedside. The man's eyes were closed. No longer struggling he appeared not to be breathing at all.⁴

There was a light knock at the opened door and a tall man stepped in from the corridor. "Uxbridge," he announced in a quiet, firm voice.

"Doctor," Christine said, "just this moment..."

The newcomer nodded and from a leather bag quickly got out a stethoscope. Without wasting time he lifted up the patient's nightshirt and listened briefly to the chest and back. Then he took out a syringe and broke off the neck of a small glass vial. Having drawn the fluid from the vial into the syringe he leaned over the bed and pushed a sleeve of the nightshirt upward, twisting it into a tourniquet. He instructed Christine, "Hold it tightly." Dr. Uxbridge cleaned the forearm above the vein with an alcohol and inserted the syringe. He nodded at the tourniquet. "You can release it now." Then glancing at his watch he began to inject the liquid slowly.

Without looking up he said, "Aminophylline. It should stimulate the heart." A minute passed. Two. The syringe was half empty. So far there was no response.

"What is wrong?" whispered Christine.

"Severe bronchitis with asthma as a complication. I think he had such attacks before."

Suddenly the man's chest heaved.⁵ Then he was breathing more slowly than before but with fuller, deeper breaths. His eyes opened.

"Mr. Wells," Christine said. "Mr. Wells, can you hear me?" — She was answered by a series of nods. — "You were very ill when we found you, Mr. Wells. This is Dr. Uxbridge who is staying at the hotel and came to help."

The eyes shifted to the doctor. Then with an effort, "Thank you."

The words were almost a moan but they were the first words the sick man said.

From Hotel by A. Halley

NOTES

1. a fellow-guest — сосед
2. how shall I put it? — как бы получше выразиться?
3. Vivaldi, Tartini — Вивальди, Тартини (итальянские композиторы)
4. he appeared not to be breathing at all — казалось, что он вообще не дышал
5. to heave — вздыматься (*о груди*)

ACTIVE VOCABULARY

TEXT A

- admit** [əd'mɪt] *smb. to a hospital* госпитализировать
- auscultation** [ɔːskl'teɪʃn] *n* выслушивание, аускультация
- blood** {bləd} *n* кровь; **b. pressure** кровяное давление; **b. sample** анализ крови; *syn.* **b. test**
- body** ['bɒdi] *n* тело, организм; **bodily** *a* телесный, физический
- bowels** ['bəʊəlz] *n* кишечник; *syn.* **intestine**
- case** [keɪs] *n* 1. случай; 2. больной; *syn.* **patient**; **c. history, c. report** история болезни; **to fill in a c. h.** заполнять историю болезни; *syn.* **to record a c. h.**
- department** [dɪ'pɑːtmənt] *n* отделение; **emergency d.** приемное отделение; *syn.* **reception ward, admitting office; medical (therapeutics) d.** терапевтическое отделение
- diagnose** ['daɪəgnəʊz] *v* диагностировать
- diagnosis** [daɪəg'nəʊsɪs] *n* диагноз; **to make a d.** ставить диагноз; **accurate d.** точный диагноз; **final d.** окончательный диагноз
- disease** [dɪ'ziːz] *n* болезнь, заболевание; *syn.* **illness, ailment, malady**
- enema** ['enəmə] *n* клизма; **to give e.** поставить клизму
- examination** [ɪg,zæmɪ'neɪʃn] *n* осмотр, обследование; *syn.* **check-up; external e.** наружный осмотр; **general e.** общее обследование
- examine** [ɪg'zæmɪn] *v* обследовать, осматривать
- feel** (felt, felt) {fi:l} (felt) *v* чувствовать; **to f. bad** плохо себя чувствовать; *syn.* **to f. lousy; ant. to f. well** чувствовать себя хорошо
- inmate** ['ɪnmeɪt] *n* стационарный больной; *syn.* **in-patient; ant. out-patient** — амбулаторный больной; **o.p. department** — амбулатория, поликлиника
- inspection** [ɪn'spekʃn] *n* наружный осмотр; *syn.* **external examination**
- liver** ['lɪvə] *n* печень
- lump** [lʌmp] *n* опухоль
- murmur** ['mɜːmə] *n* шум
- nurse** [nɜːs] *n* медицинская сестра
- palpation** [pæl'peɪʃn] *n* пальпация, прощупывание
- percuss** [pə'kʌs] *v med.* простукивать
- percussion** [pə'kʌʃn] *n* перкуссия, простукивание
- pulse** [pʌls] *n* пульс; **p. rate** частота пульса; **to feel the p.** прощупать пульс
- purgative** ['pɜːgətɪv] *n* слабительное; *syn.* **laxative**
- spleen** [splɪn] *n* селезенка
- temperature** ['temprətʃə] *n* температура; **to take t.** мерить температуру; **high t.** высокая температура; *syn.* **fever; elevated t.** повышенная температура; **t. chart** температурный листок; **to have (to run) a t.** — иметь повышенную температуру
- treat** [tri:t] *v* лечить
- treatment** ['tri:tmənt] *n* лечение; *syn.* **management**
- ulcer** ['ʌlsə] *n* язва; **gastric u.** язва желудка; **duodenal u.** [djuːə'vɪnəl] язва двенадцатиперстной кишки
- urinalysis** [jʊəri'næləɪsɪs] *n* анализ мочи; *syn.* **urine test**
- vomit** {'vɒmɪt} *v* рвать
- vomit(ing)** {'vɒmɪtɪŋ} *n* рвота
- ward** [wɔːd] *n* палата; **reception w.** приемное отделение

TEXT B

asthma [æsmə] *n* астма
 attack [ə'tæk] *n* приступ, атака
 back [bæk] *n* спина
 breath [breθ] *n* вдох
 breathe [brɪð] *v* дышать
 breathing ['brɪdɪŋ] *n* дыхание
 breathlessness ['breθləsnɪs] *n* одышка; *syn.* **dyspnea**
 bronchitis [brɒŋ'kaɪtɪs] *n* бронхит;
chronic b. хронический бронхит
 chest [tʃest] *n* грудь, грудная клетка
 complication [ˌkɒmp'lɪ'keɪʃn] *n* осложнение
 emergency [ɪ'mɜ:dʒənsɪ] *n* срочный, экстренный случай; **e. station** пункт неотложной помощи, травматологический пункт; **e. aid** — срочная, неотложная помощь
 heart [hɑ:t] *n* сердце; **h. failure** сердечная недостаточность
 ill [ɪl] *a* больной; **to be i.** быть больным, болеть; *syn.* **to be sick**; *ant.* **to be well**; **to fall i.** заболеть; *syn.* **to be taken ill**
 inject [ɪndʒ'ekt] *v* впрыскивать

injection [ɪn'dʒekʃn] *n* укол, инъекция; *syn.* **shot**; **to give injections** — делать инъекции
 moan [məʊn] *n* стон; *v* стонать
 severe [sɪ'vɪə] *a* сильная (боль), тяжёлая (форма болезни)
 sick [sɪk] *a* 1. больной; **the s.** больные; 2. чувствующий тошноту; **to feel s.** чувствовать тошноту; **sick-leave** — бюллетень; *syn.* **medical certificate**; **to put on a sick-leave** — выдать больничный лист
 sickness ['sɪknɪs] *n* 1. болезнь; *syn.* **ailment, illness, disease** 2. тошнота; *syn.* **nausea**
 syringe [sɪ'rɪndʒ] *n* шприц
 urgency ['ɜ:dʒənsɪ] *n* срочность, неотложность; *syn.* **emergency**
 urgent ['ɜ:dʒənt] *a* срочный, неотложный
 vein [veɪn] *n* вена
 wrong [rɒŋ] *a* нездоровый, неисправный; **to be w. with smth.** быть не в порядке с чем-либо; **What is w.?** — Что случилось?

ADDITIONAL VOCABULARY

ache [eɪk] *n* боль (тупая); **headache** головная боль; **a splitting h.** сильная головная боль
 infarction [ɪn'fɑ:kʃn] *n* инфаркт;
myocardial i. инфаркт миокарда
 hypertension [ˌhaɪpə'tenʃn] *n* гипертония

pain [peɪn] *n* боль; **acute p.** острая боль; **severe (intense, violent) p.** сильная боль
 physician [fɪ'zɪʃn] *n* врач, терапевт
syn. **general practitioner (G.P.), therapist, internist** [ɪn'tɜ:nɪst]

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

syringe, bronchitis, breathe, auscultation, blood, ulcer, quantity, murmur, lump, pulse, ward

2. Find the stem in the following words. Point out prefixes and suffixes. Translate the words into Russian:

hopefully, extremity, blueness, beautiful, unfortunate, impatient, unalterable, punishment, inferiority, investigation, nameless

3. Form words with the help of negative prefixes. Translate them into Russian:

dis-: like, function, connect, agree

un-: fortunate, necessary, forgettable, reliable

in-: different, human, visible, dissoluble

im-: possible, practical, mobile, moral

il-: legal, logical, literate, legible

ir-: regular, responsible, relevant, resistible

mis-: understand, translate, pronounce, diagnose

mal-: nutrition, formation, position, treatment

4. Find in Text A English equivalents to the following words and word combinations:

наружный осмотр, применяемый во всех случаях, какую бы часть..., неуловимые шумы, функция организма, младшие медицинские сестры, соответствовать представлению о чем-нибудь, предмет особого беспокойства, персонал палаты, анализ мочи, анализ крови

5. Give Russian equivalents to the following words and word combinations from Text B:

to check a list, to be extremely ill, an ashen gray pallor, difficult breathing, despite the urgency, to cleanse the forearm with an alcohol, to have no response, to insert the syringe

6. Find in Text A synonyms to the following words and word combinations:

external examination, to percuss, amount, to be especially concerned with smth., intestines, a zero, urinalysis, a blood test, to understand smth.

7. Find in Text B antonyms to the following words and word combinations:

to leave the room, hopelessly, to fail, to be well, within smth., to be born, to be patient, to shake one's head, to put into a bag, downward, quickly, to depress the heart, half full, healthy

8. Fill in the blanks with suitable words from the active vocabulary:

1. You should keep to bed if you with the flu in order

not to have ... 2. I hope that ... will be effective and you'll be well again in no time. 3. A patient with a perforated ulcer of the stomach needs ... operation. 4. The doctor directed me to a laboratory for ... and ... count. 5. Examining a patient with a heart trouble the physician heard ... in his heart. 6. In case of constipation a person should be given ... or ... 7. Some organs of the abdominal cavity are: ... 8. I can't come to the Institute today, I ... bad. Something ... with my stomach. 9. A nurse sterilized ... before giving ... to a patient. 10. As a woman had ... pains in her abdomen, nausea and ... the doctor ... acute appendicitis.

9. Say whether the following statements are right or wrong. Correct them if they are wrong:

1. Heavy smokers often suffer from chronic bronchitis.
2. In case of acute appendicitis a patient must be given a purgative.
3. At a hospital the inmates' temperatures are taken once a day.
4. The duties of nurses at an out-patient department are to take temperatures, give injections and prescribe medicines.
5. At drug-stores all medicines are sold only on a doctor's prescription.
6. People suffering from asthma usually complain of difficulty in breathing and high blood pressure.

10. Give a written translation of the extract of Text B beginning with the words: "Christine identified herself" up to the words: "She was impatient now to make the next call." Arrange a competition for the best translation.

11. Study the material in the box and translate the sentences paying attention to the function of the underlined words:

ЗАПОМНИТЕ! Явление перехода слова из одной части речи в другую называется **конверсией**. Например, *attack* может быть существительным и глаголом, *round* — существительным, прилагательным, глаголом, наречием, предлогом. При переводе таких слов нужно определить их функцию в предложении, а затем найти в словаре под обозначением соответствующей части речи: *n* — существительное, *v* — глагол, *a (adj)* — прилагательное, *adv* — наречие, *prep* — предлог, *conj* — союз

1. The flu may cause different complications. 2. While treating a patient a doctor faces a lot of different problems. 3. A physician must record his patients' complaints in their case histories. 4. The average hospital stay after a myocardial infarction is about two weeks. 5. This building houses a department of physics. Professor Nikitin heads it now. 6. The man had eyed her from head to foot before he handed her the keys. 7. This patient is very patient. 8. Don't trouble trouble until trouble troubles you. 9. My brother does not want to call a doctor. He doctors himself. 10. Mother her; she is very weak.

Grammar Exercises

1. Translate the following sentences paying attention to the construction *it is ... that, it is ... who*:

1. It is complications that make the flu a dangerous disease.
2. It was an ambulance that brought the patient to the hospital.
3. It was a woman's high blood pressure that caused a doctor's alarm.
4. It is our district doctor who prescribed me these pills.
5. It is at our chemist's that I bought this medicine.

2. Use the construction *it is ... that, it is ... who* in the following sentences:

1. This new medicine is prescribed for ulcer.
2. The patient's urinalysis indicated some kidney trouble.
3. Our district doctor made the diagnosis of pneumonia and sent my mother to a hospital.
4. After the flu I had a heart complication.
5. A dirty syringe may cause an infection.

Speech Exercises

1. Answer the questions to Text A:

1. What are the methods of examining a patient?
2. What were the students taught at the hospital?
3. What were the two physiological functions Sister took special interest in?
4. What did the students do at the hospital?
5. Why do you think Gordon realized how ignorant he was only at the end of the third month?

2. Dramatize Text B. Play the parts of the author, Christine, Dr. Koenig, Dr. Uxbridge, Mr. Wells.

3. Listen to the story:

The Power of Imagination (Сила воображения)

Mr. Brown got to a hotel late in the evening and asked a manager for a room. At that moment another man came to the hotel and asked for a room, too. The only vacant room was a double room, that is a room with two beds in it. The travellers were not happy to sleep in the same room but it was raining and they had to agree. Their luggage was brought to the room and they went to bed to the accompaniment of rain.

In the middle of the night Mr. Brown was woken by a loud moaning. It was quite dark.

"What's the matter?" he asked. In a weak voice his fellow-guest answered, "I'm sorry to disturb you but I feel very bad. I have asthma. If you don't want me to die, please, open the window quickly."

Mr. Brown jumped out of bed and began looking for a switch (выключатель) but could not find it in the darkness. And the sick man went on moaning, "Air, air... I want fresh air. I am dying."

Mr. Brown still could not find the switch so he tried to find the window. It took him some time but at last he thought he found it. But he could not open it. The sick man's voice was getting weaker and weaker and in horror Mr. Brown caught a chair and broke the window. His neighbour immediately stopped moaning and said he could breathe much better now. Then the two of them slept peacefully until morning.

When they woke up they were surprised to see that the only window in the room was still closed, but a big mirror was broken to pieces.

4. Answer the questions to the story:

1. What was the matter with the second guest?
2. Did Mr. Brown open the window?
3. Why do you think the sick man felt better?
4. Can you tell your fellow-students about another case of self-suggestion (самовнушение)?

5. Present a patient according to the following data:

1. full name 2. age 3. family status 4. occupation 5. place of employment 6. principal complaints 7. the onset (начало) of the disease 8. past ailments 9. the operations undergone 10. the state of health of the next of kin (ближайшие родственники)

6. Fill in a case history of a patient questioning him:

1. What is your full name?
2. How old are you?(When were you born)?
3. Are you married?
4. What is your occupation?
5. Where do you work?
6. What are you complaining of?
7. When did you fall ill?
8. Was the onset sudden or gradual?
9. What were the first symptoms of the disease?
10. What diseases did you have in childhood? in adult life?
11. Did you have any operations?
12. Do you have bad habits?
13. Are your parents alive? What did they die of?
14. Does any of your next of kin suffer from tuberculosis? psychic diseases? alcoholism?
15. Are there any hereditary diseases in your family?

TEXT C

"Mr. Cabot?"

"Yes, I'm Jason Cabot," he said to Nick who gestured to a chair. "How is my daughter?"

"She is very ill, Mister Cabot. She's in a diabetic state approaching coma. Dr. Cord tells me there's no history of diabetes in your family, is that correct?"

"Yes, of course, it is correct. What are you doing for her?"

"I'll explain in a moment, Mr. Cabot, but I have some questions first," Nick said.

"Yes, go ahead," Jason said.

"Her health has been good? I mean no heart disturbances, respiratory infections, recent surgery?"

"Well, Tessa gets the flu once a year, but that's all she gets. She is in splendid health," Jason said with annoyance.

"Is she on any medication?"

"Certainly not."

"How about drinking and smoking?"

"She has scotch or wine with dinner sometimes. She does smoke but not that stuff children use to poison their systems."

"So I understand she does not use drugs?"

"She does not. Tessa is not like miserable addicts who come to this hospital."

"Just a few more questions, Mr. Cabot. Is she normally very pale?"

"Yes, but what has that to do with her state?"²

"We have to know if she's always very pale or if illness is causing it ... She is also very thin. Has she lost weight recently?"

"No. My daughter has always been slim. All the Cabot women are slim. Doc, I've had enough questions; tell me what is going on."

"She's been given insulin which we'll continue and we are transfusing blood to protect her against the possibility of shock. We'll be watching her very closely,³ of course. Diabetes is tricky. If we have caught it in time and if her organism can sustain the acute shock it has received, she'll be fine. Her age, weight, general health are all positive factors. Did you bring her here?"

"I did. She was ill all week and did not want to hear of having a doctor. I phoned her this morning and the child sounded like she was strangling,⁴ so I went to her apartment ... Dreadful, that's how Tessa was. She could not walk, could not stand properly. She seemed half unconscious. So I telephoned the police. They gave her oxygen and their ambulance brought her here."

"There certainly wasn't time to waste," Nick said continuing to make notes on Tessa's chart. "Of course, we'll do our best⁵ but..."

"My daughter must have the very best. I'll give you a check."

"Mr. Cabot!" Nick interrupted. "Money doesn't mean anything here. She will get the very best that we can offer. The only thing that matters here is saving lives. I am going to do everything to save hers, so you can take your check away."

He stood up. "Excuse me, I'm wanted on an emergency case."

From City Hospital by B. Harrison

NOTES

1. **go ahead** — продолжайте
2. **what has that to do with her state?** — какое это имеет отношение к ее состоянию?
3. **We'll be watching her very closely** — Мы будем очень внимательно наблюдать за ней
4. **the child sounded like she was strangling** — казалось, что девочку душили
5. **we'll do our best** — мы сделаем все, что в наших силах

TEXT D

(The story is told on behalf of Ellie's husband)

Greta seemed to worry a great deal about Ellie's health, saying she oughtn't to do this or that.

"She isn't really very strong, you know," she said to me.

"There's nothing wrong with Ellie," I said. "She's always perfectly well."

"No, she isn't, Mike. She is delicate."

When Dr. Shaw next came to have a look at Ellie's ankle and to tell her, by the way, that it was quite all right, I asked him, I suppose in rather a foolish way,

"Is she delicate, Dr. Shaw?"

"Who says she is delicate?" Dr. Shaw was the kind of practitioner that is fairly rare nowadays and was, indeed, known locally as "Leave-it-to Nature-Shaw."¹

"Nothing wrong with her as far as I can see,"² he said. "Anyone can sprain their ankle."

"I didn't mean her ankle. I wondered if she had a weak heart or anything like that."

He looked at me through the top of his spectacles. "Don't start imagining things, young man. What put it into your head? You're not the type that usually worries about women's ailments."

"It was only what Miss Andersen said."

"Oh, Miss Andersen. What does she know about it? Not medically qualified, is she?"

"Oh, no," I said.

"Your wife is a woman of great wealth," he said, "according to local gossip, anyway. Well, you must remember this. Rich women get the worst of it in many ways.³ Some doctor or other is always giving them powders and pills, stimulants or tranquilizers, things that they would be better without. The village women are much healthier because nobody worries about their health in such a way."

"She does take some capsules or something," I said.

"I'll give her a check-up if you like. I can as well find out what stuff she has been given. But I can tell you what I've always said to people: 'Throw everything in the waste-paper basket.'"

Dr. Shaw spoke to Greta before he left. He said, "Mr. Rogers asked me to give Mrs. Rogers a general check-up. I can't find anything wrong with her. I think more exercises⁴ in the open air may do her good. What medicine does she take?"

"She has some tablets that she takes when she is tired, and some sleeping pills that she takes when she wants them."

Shaw looked at the capsules, read the prescription and said there was no harm in that and passed to a prescription for sleeping pills. He patted Ellie on the shoulder. "There's nothing wrong with you, my dear. These capsules are mild enough. Lots of people take them nowadays and they don't do them any harm. Go on taking them, but leave the sleeping pills alone."⁵

"Oh," said Ellie and laughed. "Greta fusses about me. She never takes any remedies herself. I'll throw most of these things away."

From *Endless Night* by A. Christie

NOTES

1. **Leave-it-to Nature-Shaw** — Шо — натуралист, т.е. врач, не любящий прибегать к медикаментозным средствам
2. **as far as I can see** — насколько я могу судить
3. **Rich women get the worst of it in many ways.** — Богатым женщинам во многом приходится хуже всех.
4. **exercises** — зд. прогулки
5. **leave the sleeping pills alone** — бросьте принимать снотворное

ACTIVE VOCABULARY

TEXT C

acute [ə'kjut] *a* острый
ambulance [æmbjələns] *n* карета
 Скорой помощи
ankle [æŋkl] *n* лодыжка
cause [kɔ:s] *n* причина, *v* вызывать
chart [tʃɑ:t] *n* медицинская карта
diabetes [daɪə'biti:z] *n* диабет
diabetic [daɪə'betɪk] *n* диабетик,
a диабетический
disturbance [dɪ'stɜ:bəns] *n* нарушение,
 расстройство
drug [drʌg] *n* наркотик, **d. addict**
 наркоман
flu [flu:] *n* грипп; *syn.* **grippe**,
influenza
health [helθ] *n* здоровье; **public h.**,
h. service здравоохранение; **h.**
resort курорт
healthy ['helθi] *a* здоровый; *ant.*
sick
medication [medɪ'keɪʃn] *n* лекарст-
 во; *syn.* **medicine**; **to take m.** при-

нимать лекарство; *syn.* **drug**; **d.**
store аптека; *syn.* **chemist's**
 ['kemɪsts]
poison ['pɔɪzn] *n* яд; *v* отравить
poisoning ['pɔɪznɪŋ] *n* отравление;
blood p. заражение крови; **food**
p. пищевое отравление
respiration [respə'reɪʃn] *n* дыхание,
syn. **breathing**; **artificial r.** искус-
 ственное дыхание
respiratory ['respɪrətɪ] *a* дыхатель-
 ный
state [steɪt] *n* состояние; **general s.**
 общее состояние; *syn.* **condition**
surgery ['sɜ:dʒəri] *n* 1. хирургия;
 2. операции; 3. кабинет врача
transfuse [træns'fju:z] *v* переливать
unconscious [ʌn'kɒnʃəs] *a* находя-
 щийся без сознания
weight [weɪt] *n* вес, **to gain w.** наби-
 рать вес, поправляться; **to lose**
w. терять в весе, худеть

TEXT D

ailment ['aɪlmənt] *n* болезнь, забо-
 левание; *syn.* **disease**, **illness**,
malady
check-up [tʃek 'ʌp] *n* осмотр; *syn.*
examination, **follow-up**
delicate [dɪlɪkət] *a* слабый (о здо-
 ровье)
harm [hɑ:m] *n* вред; **to do h.** причи-

нять вред; *ant.* **to do good** при-
 носить пользу; *v* вредить
mild [maɪld] *a* слабый (о форме бо-
 лезни, о лекарстве); *ant.* **severe**,
strong-effective
powder ['paʊdə] *n* порошок
prescribe [prɪ'skraɪb] *v* прописы-
 вать

prescription [prɪ'skrɪpʃn] *n* предписание, рецепт
remedy ['remɪdi] *n* лекарственное (целебное) средство
sprain [sprɛɪn] *v* вывихнуть

tranquillizer ['træŋkwəlaɪzə] *n* транквилизатор
be well быть здоровым; **to be well again** выздороветь; *syn.* **to recover**

ADDITIONAL VOCABULARY

call [kɔ:l] *n* вызов; *v* вызывать;
to c. in a doctor вызвать врача
cups [kʌps] *n* банки; **to put c.** ставить банки
mustard plaster ['mʌstəd 'plɑ:stə] *n* горчичник; **to apply m. p.-s** ста-

вить горчичники
round [raʊnd] *n* обход; **to make a r.** делать обход
strip to the waist ['stri:p tə ðə'weɪst] раздеться до пояса

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

diabetic, respiratory, cause, dreadful, unconscious, oxygen, emergency, rare, wrong, ailment, mild

2. Find the stem in the following words. Point out prefixes and suffixes. Translate the words into Russian:

unknown, disturbance, annoyance, useless, immunity, transfusion, tranquillizer, prescription, healthy, feverish, apologize

3. Form words with the help of negative prefixes:

comfort, advantage, appear, fortunately, eatable, dependence, ability, patience, proper, logical, regularity, reversible (обратимый), print

4. Give Russian equivalents to the words and word combinations from Text C:

go ahead, recent surgery, a drug addict, that has nothing to do with it, to sustain a shock, general state, half unconscious, to do one's best, I am wanted on an emergency case

5. Find in Text D English equivalents of the following words and word combinations:

беспокоиться о здоровье, она совершенно здорова, между прочим, насколько я могу судить, вывихнуть лодыжку, я осматриваю ее, принесут ей пользу, принимать лекарство, не причиняют вреда

6. Find in Text C synonyms to the following words and word combinations:

to be sick, condition, continue, operations, medicine, to be thin, to watch carefully, awful

7. Find in Text D antonyms to the following words and word combinations:

to be physically strong, frequent, to get the best of smth., a tranquilizer, to be worse, to do harm, a strong-effective drug

8. Fill in the blanks with the suitable words from the active vocabulary:

1. Many diseases may occur in ... and chronic forms. 2. I went to a registry to take my 3. Nina is much worried about her son. She is afraid he is a ... addict. 4. Doctor N. is in his He can see you now. 5. Mushrooms may ... food 6. Tea with raspberry jam is a good ... for a cold. 7. While skating I ... my ankle. 8. If taken every night may do harm.

9. Complete the following sentences:

1. The duties of nurses in a ward are 2. The methods of examining a patient are 3. In order to make a correct diagnosis a doctor must 4. At a drug-store one can buy 5. In order to be healthy and strong one must

Grammar Exercises

1. Translate into Russian paying attention to the Participles:

1. The flu is an infectious, wide-spreading disease affecting all ages. 2. The records of all patients admitted and discharged between February 1989 and March 1994 were analyzed. 3. The urinalysis made confirmed the diagnosis of nephritis and the doctor directed the patient to an in-patient department. 4. The case being discussed here proves an importance of early diagnostics of cancer. 5. Having been discharged from a hospital the patient continued to attend an out-patient department. 6. When called to a doctor's surgery a patient came in and having greeted the doctor started to tell her about his complaints. 7. The powders prescribed relieved the pain caused by allergic asthma. 8. If made in time a tracheotomy can save a patient's life.

2. Change the following sentences using Participles:

1. When a doctor was filling in a patient's case history he paid attention to the symptoms that accompanied the onset of the disease. 2. The woman that is being examined now suffers from asthma that is caused by an unknown allergen. 3. When the doctor had finished a check-up of the patient he recorded

everything in his chart. 4. As soon as a patient with a perforated ulcer was admitted to the hospital he was taken for an urgent operation. 5. An ambulance that was called to a child came in no time. 6. After my mother was operated for her thyroid gland she felt much better. 7. The students had collected the data of all investigations before they made a diagnosis. 8. If these pills are taken regularly they are effective.

3. Translate the following sentences into English using Participles:

1. Выслушивая больного, терапевт услышал шум в сердце. 2. Лекарства, прописываемые в случае гриппа, разнообразны. 3. Врач подтвердил (to confirm) диагноз, поставленный студентами. 4. Сестра, вызванная к больному острым бронхитом, поставила ему банки. 5. Приняв снотворное, я лег спать и быстро уснул. 6. Поставив диагноз язвы желудка, врач прописал больному диету. 7. Будучи осмотренными школьным врачом, дети вернулись в класс. 8. Больной, которого сейчас оперируют, страдает диабетом.

Speech Exercises

1. Answer the questions to Text C:

1. What was the matter with Tessa on her admission to the hospital?
2. Did Tessa have any bad habits?
3. What treatment did she receive at the hospital?
4. Did Nick take the check for money? Why?

2. Explain why Dr. Shaw was called "Leave-it-to Nature-Shaw?" (Text D).

3. Listen to the story:

"Medicine won't help you," said a doctor to an old man who came to his surgery complaining of sleeplessness and weakness. "There's nothing wrong with you. All you need is a good rest. Go to the country, drink a lot of milk, breathe fresh air, eat plain (простая) food and smoke just one-two cigarettes a day."

A month passed and the man came to see the doctor again. This time he was much better. "Well, how are you?" asked the physician. "I'm fine, doctor," said the patient. "Thank you very much for your advice. I feel quite a new man now. But I

must say these two cigarettes a day almost killed me at first. It's no joke to start smoking at my age."

4. Say whether these statements are right or wrong. Correct them if they are wrong:

1. The doctor prescribed some medicine for the old man.
2. The doctor was sure that the patient smoked and didn't ask him about it.
3. The doctor's advice helped the patient.
4. The man was a heavy smoker and smoked all his life.

5. Discuss the following topics:

1. Your idea of a good doctor.
2. A doctor you know or read about that is a model for you.
3. Your classes in therapy.

6. Learn the typical questions a physician asks his patient:

Что вас беспокоит?	What troubles you?
На что вы жалуетесь?	What are you complaining of?
Разденьтесь до пояса.	Strip to the waist, please.
Ложитесь на кушетку (на спину, живот)	Lie down on the couch (on your back, on your stomach).
Где у вас болит?	Where do you feel pains?
Здесь больно?	Does it hurt here?
Когда начались боли?	When did the pains start?
Боли сильные или слабые?	Are the pains severe or slight?
Каков характер болей? (тупые, острые, схваткообразные)	What is the character of the pains? (dull, acute, spasmodic)
Сколько времени длится боль?	How long does the pain last?

In case of the heart trouble:

Боли появляются при физическом напряжении?	Do the pains appear on physical exertion?
в покое?	at rest?
Вы страдаете одышкой?	Do you suffer from dyspnea?
У вас есть отеки?	Do you have oedema?

In case of the gastro-intestinal trouble:

Боли появляются после еды? на пустой желудок?	Do the pains appear after meal? on an empty stomach?
У вас есть тошнота (рвота, изжога)?	Do you have nausea (vomiting, burning)?
Вы страдаете поносами (запорами)?	Do you suffer from diarrhea (constipation)?
Вы соблюдаете диету?	Do you keep to a diet?
Вы прибавляете в весе (худеете)?	Are you gaining (losing weight)?
Какие лекарства вы принимаете?	What medicine do you take?
Как вы переносите антибиотики?	What is your tolerance to antibiotics?
Не волнуйтесь, ничего серьезного.	Don't worry. Nothing serious.
Я выпишу вам больничный лист.	I'll write out a certificate for you.
Я направлю вас к врачу-специалисту.	I'll direct you to a specialist.
Я вас направлю в лабораторию (в рентгенкабинет, на физиотерапию, на лечебную) физкультуру).	I'll direct you to the laboratory (to the X-ray room, for physiotherapy, for exercise therapy).

7. Make a dialogue between a doctor and a patient with

- a heart trouble;
- a gastro-intestinal disease.

8. Dramatize the following dialogue:

Nick Sokolov felt bad in the morning and his wife phoned to a local out-patient department and called in a doctor.

Soon the doctor came. Having washed up his hands he entered the room where Nick was lying and began questioning him.

Doctor: What's troubling you?

Nick: I have a splitting headache, it hurts me when I breathe and I have pains in my arms and legs.

D.: What is your temperature?

N.: 38.5° C

D.: Do you feel nausea?

N.: Yes.

D.: Please strip to the waist and sit up. I'll listen to your heart and lungs. Cough a little. That'll do (Достаточно). Your lungs are clear and there is no murmur in the heart. Does it hurt when I press your abdomen?

N.: No, it doesn't.

D.: I think you have influenza. I'll prescribe you some antibiotic to prevent complications.

N.: Perhaps I'll have penicillin injections, doctor?

D.: No, there's no need in it now. Just lie in bed, keep on a light diet and drink a lot of tea with lemon. It's a good remedy. I'll write out a certificate for you. What is your place of employment?

N.: School No. 145. I am a teacher.

D.: I'll come back in a few days. Don't get up without my permission. Influenza is a tricky (коварная) disease.

N.: Thank you, doctor. Good-bye.

9. Read and retell the following stories:

1. John Poisoner, a student, was taking an examination in therapy. He had answered all theoretical questions. Professor Syringe looked at him with a smile.

"Very good," he said. "Here is the last question for you. What's the dosage of the drug you've prescribed in this case? This is the best medicine you could prescribe but what is the dosage?"

"A tablespoonful," replied the student without hesitation (без колебания).

The examiner's face turned red. "Thank you very much," he said, "but you'll have to take the examination again."

The student stood up and went to the door. When he was at the door he suddenly realized his mistake.

"I'm sorry, sir, the dosage is only five drops."

"Too late," answered the professor, "the patient you treated is dead."

2. A doctor was called in to see a rich aristocrat.

"Well, sir, what's the matter with you?" he asked cheerfully.

"That's for you to find out," answered the man angrily.

"I see," said the doctor thoughtfully. Well, if you excuse me for an hour I'll go and find a friend of mine — a veterinarian. He is the only doctor I know who can make a diagnosis without asking questions."

3. George Brown didn't feel well, so he went to see a private doctor. The doctor examined him and then looked at him for a long time saying nothing.

"What's wrong with me?" asked George worried. But the doctor continued to look at him without saying a word. At last he said, "I don't know what's wrong with you. I am trying to understand what illness you can pay for."

10. Listen to a young doctor's story about his first experience in medical practice and discuss the text in class:

After a week I discovered that medicine in the country is quite different from the medicine practised in a big town. First of all most of the patients suffered from diseases totally unknown to medical science. I was puzzled (озадачен) by symptoms like "horseshoes (подковы) pressing on the head", "birds in the stomach" and the like.

Many of patients use their attack of gastritis or the flu to tell the doctor their life story and their opinion of their relatives.

When I mentioned these discoveries to the old doctor Farquarson after supper one evening he said, "Oh, people need to relieve themselves (облегчиться). They don't like boring their friends and their relatives don't want to listen to them any more. So the doctor is the only person to whom they can open their hearts. It seems a part of a doctor's job. Ask any general practitioner and he will tell you that half of his work is sympathizing (сочувствие) with people. That is ten times as difficult as treating them. Always listen to a patient's story however long it is and however much you want your dinner. And always give them a bottle of medicine even if you and the whole Pharmaceutical Society know it is quite useless. Never

tell them they are an interesting case. Patients are clever enough to know that the only interesting cases are those we don't know anything about."

From Doctor at Large by R. Gordon

11. Retell the following text:

Arterial hypertension is one of the most common diseases of our time. In many medical centres of Russia there is a special program of its prevention. It includes very simple measures — regular check-ups of the population and treating those who have a high blood pressure. It is not so simple to make everyone have the necessary check-ups and courses of treatment. And it is even harder to persuade (убедить) each patient of the need to avoid risk factors.

There are many such factors that play a role in the development of hypertension but the most important ones are: consumption of food rich in cholesterol, excessive weight, alcohol, smoking, and inadequate physical exercise.

As observations show, the limitation of only these factors may alter the dynamics of the disease and considerably reduce the risk of heart failure and insult.

Section 2 INFECTIOUS DISEASES

TEXT A

(The story is told by a woman doctor from Germany who came to Russia in the first years of the Soviet State to comb at an epidemic of plague in Astrakhan.)

My first visit to Moscow was short — three days, just enough time to undergo all kinds of inoculations: for smallpox, plague, cholera, typhoid fever. At the Red Cross clinic I joined my medical colleagues from all over Europe. Dr. Rosoff, the Russian chief doctor, reported the situation to us at the first meeting. Outbreaks of typhoid, plague and cholera having occurred before, there were always some individuals who remained carriers and transferred diseases from person to person. This epidemic was only the famine fever¹ although the symptoms were slightly atypical. The sanitary conditions were the real cause of epidemics.

We had already had a look at the daily procession of the sick into the city's only hospital. They came from settlements along the lower Volga from the Asiatic steppes across the river, from the Caucasian mountains. Young, old, singly and in whole families, often whole communities, they came there to die, even eager to die. They had no hope and little faith in doctors and medicine.

But we were a team of 28 physicians, who had left our own homes and came here to help, and we had the backing of the Commissariat of Health. We plunged at once into a work. Our first task was to set up an organization and order. Dr. Garron from Brussels was voted chief of bacteriology. We did not lose

a second but hurried to one of the barracks and brought back specimens. After one look into his microscope he returned to the meeting, his hands waving in excitement.

"Messieurs, Mesdames! It's plague!" He put his microscope on the conference table. "Look, Messieurs, Mesdames, there is no doubt — it's plague!"

A shudder ran through the assembled volunteers. Our minds raced back to student days when we had learnt about the *Pasteurella pestis*. There were the bubonic and pneumonic types, and often both were present in the same individual. The question broke out in a Babel of tongues:² *Quelle species? Que tipo?* What's type?

Dr. Garron answered triumphantly, his voice rising above the noise. "*La pasteurella pestis, une bacille specificue, gram-negative. Never had I seen⁴ specimen so clear, so perfect. Wonderful!*" he exclaimed pointing to the slide. The rest of us could not share his scientific enthusiasm. Some unconsciously touched the slightly raised scab on their thighs where the vaccination had been administered only a few days before, promising protection.

We organized our forces for ward work, a dietary department, isolation barracks, serology, pathology. Wires flew to Pasteur Institute in Paris. At the same time our big Dutchman, Dr. Straussen, who had already lost 6 pounds in two days of unremitting work, organized a production of our own serum in cooperation with Dr. Garron. A new spirit of hope entered the clinic. The first portion of serum administered, the death toll began to fall.

From *Woman Surgeon* by Elsie La Roe

NOTES

1. **famine fever** — голодная лихорадка
2. **in a Babel of tongues** — на разных языках
3. **Quelle species?** (*фр.*) — Какой тип? **Que tipo?** (*исп.*) — Какой тип?
4. **Never had I seen** — Никогда я не видел (*обратный порядок слов служит для усиления высказываемого*)

TEXT B

The hospital's conference room was overcrowded. News of the emergency meeting had gone quickly round the hospital, and physicians not attending the hospital that day had been informed of it at home.

O'Donnell opened the meeting. "Ladies and gentlemen, I think all of us are aware that epidemics in hospital are not unique and, in fact, are much more frequent than most members of the public realize. The picture so far is that we have two definite cases of typhoid and four suspected. Because of the number of cases I'm sure it's evident to you, as it is to me, that we have a typhoid carrier somewhere in the hospital. For the benefit¹ of those of you who are not familiar with typhoid — and I realize there will be some, because it doesn't often occur nowadays, — I'll run over the principal early-stage symptoms.

Generally speaking, there's a rising fever, chills and a slow pulse. There's also a pea-soup feces² and, naturally, the characteristic rose rash. In addition to all that a patient will probably complain of a splitting headache, loss of appetite and general aching. Some patients may say they feel sleepy in the daytime and suffer from insomnia at night. You may also encounter with bronchitis, that is quite common with typhoid, and nosebleeding, too. And, of course, a tender, swollen spleen. Any questions?"

He looked around: there was a shaking of heads. "Very well. Then, we'll hear from pathology." He announced, "Dr. Pearson."

"The immediate problem," Pearson said, "is to locate the source of infection. Since we could not check food handlers³ properly over the past six months it is logical that we should suspect food as a means of contamination and should begin our search there. For this reason there must be a medical inspection of all food-handlers before the next hospital meal is served. That means ninety-five people to be examined within the time we have. Of course, physical check-ups will not give us the whole story. We may be lucky and find the individual we are looking for that way, but we may not. Most likely the major work will be done in the laboratories. The stool

samples of all the people you'll examine must be in the hospital by tomorrow morning. Of course, it will take us a few days — two or three, at least — to cope with all the cultures.”

A voice — O'Donnell thought it was Gil Barlett's — said quietly, “Ninety-five people. That's a lot of shit.”

Laughter ran around the table. Pearson turned. “Yes,” he said, “it is a lot. But we shall do our best.”

From *Final Diagnosis* by A. Hailey

NOTES

1. for the benefit of smb. — ради кого-л.
2. “pea-soup” feces — кал в виде «горохового супа»
3. food handlers — повара и раздатчики пищи
4. That's a lot of shit. — вульг. Слишком много дерьма.

ACTIVE VOCABULARY

TEXT A

administer [əd'ministə] *v* назначать, давать (лекарство), делать (прививку)

bleed [bli:d] *v* кровоточить

bleeding ['bli:diŋ] *n* кровотечение

carrier ['kæriə] *n* переносчик, носитель (болезни, генов); *syn.* vector

cholera ['kɒlərə] *n* холера

condition [kən'diʃn] *n* 1. условие; 2. состояние

culture ['kʌltʃə] *n* посев, культура

dead [ded] *a* мертвый; **the d.** мертвые

death [deθ] *n* смерть; **d. rate** смертность; *syn.* **d. toll, mortality**

die [daɪ] *v* умирать

epidemic [epi'demik] *n* эпидемия

occur [ə'kɜ:] *v* происходить, случаться, наблюдаться

outbreak ['aʊtbreɪk] *n* вспышка (эпидемии)

pathology [pə'θɒlədʒi] *n* патология, эд. паталогическая анатомия

plague [pleɪg] *n* чума; **bubonic type**

(of p.) бубонный тип; **pneumonic type** (of p.) легочный тип

protect [prə'tekt] *v* защищать

recur [ri'kɜ:] *v* повторяться, рецидивировать

recurrence [ri'kɜ:rəns] *n* рецидив болезни; *syn.* **relapse**

serum ['sɪərəm] *n* (*pl.* sera) сыворотка; **anti-tetanus s.** противостолбнячная сыворотка

smallpox ['smɔ:lpɒks] *n* оспа

transfer [trænsfɜ:] *v* переносить, передавать (болезнь); *syn.* transmit

typhoid ['taɪfɔɪd] *n* брюшной тиф; *syn.* **typhoid fever, enteric fever**

typhus ['taɪfəs] *n* сыпной тиф, сыпняк

undergo [ʌndə'gəʊ] *v* подвергаться; **to u. treatment** проходить лечение; **to u. an operation** подвергаться операции

vaccination [væks'tneɪʃn] *n* вакцинация; *syn.* **inoculation**

vaccine ['væksɪn] *n* вакцина

TEXT B

chill [tʃɪl] <i>n</i> озноб	sample ['sæmpl] <i>n</i> образец, проба; <i>syn.</i> specimen
common ['kɒmən] <i>a</i> общий, частый, распространенный	source [sɔ:s] <i>n</i> источник
contaminate [kən'tæmɪneɪt] <i>v</i> заражать	swell [swel] <i>v</i> опухать
insomnia [ɪn'sɒmniə] <i>n</i> бессонница	swollen ['swɒlən] <i>a</i> опухший, увеличенный
rash [ræʃ] <i>n</i> сыпь; <i>syn.</i> eruption	tender ['tendə] <i>a</i> чувствительный, болезненный

ADDITIONAL VOCABULARY

chicken-pox ['tʃɪkɪnpɒks] <i>n</i> ветряная оспа	mumps [mʌmps] <i>n</i> свинка; <i>syn.</i> epidemic parotitis
communicable [kə'mju:nɪkəbl] <i>a</i> заразный; <i>syn.</i> contagious	outbreak ['aʊtbreɪk] <i>n</i> вспышка эпидемии
diphtheria [dɪf'tɪəriə] <i>n</i> дифтерия	prevent [prɪ'vent] <i>v</i> предупреждать, предотвращать
eradicate [ɪ'rædɪkeɪt] <i>v</i> ликвидировать, искоренять; <i>syn.</i> eliminate, stamp out	prevention [prɪ'venʃn] <i>n</i> предупреждение, профилактика
immunity [ɪ'mju:nəti] <i>n</i> иммунитет; artificial [ɑ:tɪ'fɪʃl] <i>i.</i> искусственный иммунитет; hereditary/congenital <i>i.</i> наследственный/врожденный иммунитет; to acquire [ə'kwəɪə] <i>i.</i> приобретать иммунитет	scarlet fever [skɑ:li 'fi:və] <i>n</i> скарлатина
measles ['mi:zlz] <i>n</i> корь	susceptibility [sə'septə'bɪləti] <i>n</i> восприимчивость
	susceptible [sə'septəbl] <i>a</i> восприимчивый; <i>syn.</i> liable
	whooping-cough ['hu:ɪŋkɒf] <i>n</i> коклюш

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

excitement, plague, scientific, unique, source, bronchitis, aching, typhoid, culture, major

2. Find the stem in the following words; point out prefixes and suffixes. Translate the words into Russian:

irregular, unconsciously, inoculation, announcement, bacteriologist, supervisor, protection, carrier, medical, sleepy

3. Form words with the help of the following prefixes. Translate them into Russian:

sub-: cutaneous, group, division, consciousness;

inter-: action, national, space, continental;

intra-: muscular, venous, tracheal;
over-: dosage, weight, estimate, crowded;
pre-: revolutionary, war, historic;
post-: operative, mortem, meridium;
re-: write, arm, tell, organize.

4. Find in Text A English equivalents to the following words and word combinations:

всевозможные прививки, оставались переносчиками, передавали болезнь, нетипичные симптомы, больные, установить порядок, бубонная и легочная формы чумы, пищеблок, создать сыворотку, смертность

5. Give Russian equivalents to the following words and word combinations from Text B:

emergency meeting, a good deal more, typhoid carrier, for the benefit of you, the source of infection, a means of communication, physical check-ups, stool samples, we'll do our best

6. Find in Text A synonyms to the following words and word combinations:

vaccination, to happen, willing to die, to have no belief in smth., the group of doctors, to have a support, was elected, head of bacteriology, mortality rate, to give a vaccination, telegrams

7. Find in Text B antonyms to the following words and word combinations:

a routine meeting, to be unaware, rare, to doubt (сомневаться), falling, a rapid pulse, nodding of heads, improperly, to be unlucky

8. Fill in the blanks with suitable words from the active vocabulary:

1. The ... of cholera was caused by unsanitary ... of living.
2. When a doctor came the patient was already 3. It is women who are ... of a detective gene in case of hemophilia.
4. ... on the skin is one of the most common symptoms of childhood infectious diseases. 5. Thanks to vaccination from many infectious diseases has greatly fallen. 6. In case of malaria, typhoid and some other infectious diseases the spleen gets 7. Scarlet fever can be ... through a third person and ... milk. 8. In order ... the spread of an infection the ... must be isolated. 8. My brother works at the research institute of vaccines and

9. Point out a wrong word or a group of words in the following sentences:
1. Measles, scarlet fever, plague, chicken-pox are diseases of children.
 2. Mumps, tuberculosis, hepatitis, smallpox are caused by a virus.
 3. Chill, fever, eruption, nosebleed are common symptoms of infectious diseases.
 4. Vaccination is made against plague, malaria, influenza, whooping-cough.
 5. A sick person, clothes, boiled water, contaminated milk may be a source of infection.
10. Complete the following sentences:
1. Thanks to the progress of medicine a number of infectious diseases have been eliminated. Among them
 2. In Russia children are vaccinated against
 3. The symptoms of typhoid fever are
 4. The most common symptoms of childhood infectious diseases are

Grammar Exercises

1. Find in Text A sentences with Absolute Nominative Participle Construction.
2. Translate the sentences paying attention to the ANPC:
 1. Scarlet fever is mostly a childhood disease, adults being affected rarely.
 2. She has a severe form of mumps, her temperature being nearly 40 °C.
 3. An epidemic of grippe having occurred in the hospital, visitors were not admitted to the patients.
 4. Mumps being an infectious diseases, the sick children must be isolated as soon as possible.
 5. Penicillin having been discovered, the death toll from many infectious diseases began to fall.
 6. There being no carriers of smallpox in the world now, children are no longer vaccinated against it.
 7. The flu being caused by different types of viruses, it is difficult to make a universal vaccine against it.
 8. The professor made a round of wards, the students following him.
 9. The patient felt bad, all analyses being normal.
 10. The patients' temperature taken, a nurse recorded it in their temperature charts.

3. Combine the sentences using the Absolute Nominative Participle Construction:

1. This is a teaching hospital. Students are trained here.
2. The child had a high temperature. A rash covered his body.
3. A patient had constipation. A nurse gave him a laxative.
4. A nurse gave an injection to a patient. He felt better.
5. The man complained of the pain in the heart. His ECG was normal.
6. The experiment was over. Its results were published.

4. Translate the sentences paying attention to the meaning of the underlined words:

1. The patient sitting at the window is the one I told you about.
2. The clinical picture of this patient is that of scarlet fever.
3. The professor thinks that the symptoms of this patient are those of chronic ulcer of the stomach.
4. One must know that one of the characteristic symptoms of children's disease is eruption.
5. The drug I am taking now is more effective than the one I was prescribed before.
6. The wards in the new hospital are better equipped than those in our old one.

Speech Exercises

1. Answer the questions to Text A:

1. Why did the author come to Astrakhan?
2. What kind of epidemic was it?
3. What was the situation like in Astrakhan when the team of doctors began to work?
4. Did the colleagues of Dr. Garron share his scientific enthusiasm? Why?
5. What measures did the doctors take to control the epidemic?

2. Present a patient with typhoid fever (Text B).

3. Make dialogues between:

- a) a doctor and a patient with some infectious disease;
- b) an examiner and a student at the examination in infectious diseases

4. Speak about:

- a) an infectious disease you were ill with;
- b) your classes in infectious diseases.

5. Read the following text. Be ready to answer the questions:

1. Why do some people remain healthy during epidemics?
2. What is constitutional immunity?
3. What the two groups of people in which scientists take special interest in?

Sergei Rumyantsev, M.D. working at the St. Petersburg Institute of Vaccines and Sera, believes that the danger of many infectious diseases is exaggerated (преувеличена). For many years he has been conducting research into the so-called constitutional immunity, that is the inborn insusceptibility of living organisms towards infectious diseases. For instance, there may be an infectious patient with many contacts; some of the people he contacts fall ill, others remain healthy.

At the time of such epidemics as smallpox and typhus, in exactly similar risk of contagion, some die of the disease, while others remain resistant.

These "others" are people with a special hereditary genetic immunity that gives them an inborn resistance to infectious diseases. The mechanism of constitutional resistance was built up by the evolution of living organisms to create a shield (барьер) against microbial aggression. Unfortunately, there are organisms that do not possess hereditary antimicrobial protection and cannot resist infection.

Research into constitutional immunity aims at the development of techniques to identify those who are insusceptible by nature and those who are particularly susceptible to one or another infection. For the latter, special preparations are synthesized that will create a shield for an organism against infectious diseases.

6. Render the following text in English:

В октябре 1977 года в Сомали был зарегистрирован случай заболевания оспой. Заболел 23-летний повар больницы в городе Маалин. Болезнь, к счастью, закончилась выздоровлением. Поскольку Сомали была последней страной со вспышками этой болезни, Всемирная организация здравоохранения (ВОЗ) (World Health

Organisation) сообщила в 1980 году о полной ликвидации оспы. Это было достигнуто массовыми прививками в странах с эндемичной оспой. В развитых странах широкое вакцинирование проводилось уже давно.

Еще изобретатель оспопрививания Эдвард Дженнер надеялся, что широкое распространение вакцинации положит конец этой болезни. Так и случилось. Теперь ВОЗ полагает, что, поскольку случаев заболевания оспой практически нет, риск осложнений после прививки стал выше риска заболевания и массовое прививание не является больше необходимым.

7. Listen to the text. Retell it in class (each student adds a sentence).

Poliomyelitis is a viral disease. It is mostly a childhood disease, but there are many cases in which adults under 40 years of age were infected. The most common symptoms are severe headache, fever, vomiting, weakness and gastrointestinal disturbances. Upper respiratory tract symptoms are common too. One of the characteristic features of poliomyelitis is rigidity of the neck and back of varying severity.

Three or four days from the onset there is paralysis of one or more extremities. If the respiratory centres are involved (поражены), death can be sudden. There are different forms of the disease, for example, there is a mild form with no paralytic symptoms.

Now most children in the world are vaccinated against poliomyelitis, so this disease, that was one of the most dreadful diseases of the 20th century, is no more common.

8. Read the following texts and discuss them with your colleagues (in a form of questions and answers). Give more information about these diseases if you can.

Tuberculosis (TB)

Doctors from all over the world had planned to enter the next century in a world free from tuberculosis, but the Koch bacillus is not beaten yet. Every second one more person on the planet becomes infected with this disease. Each year TB is contracted by 8 million people throughout the world and kills up to 3 million. Compared to 1990 a number of cases in Russia

has increased almost twice and twice as many people have died of it. Tuberculosis being a social disease, experts account for it (объясняют это) by declining living and sanitary conditions, poor nutrition, the appearance of new risk groups — refugees, tramps (беженцы, бомжи) and the growing number of people who have not been integrated into society.

AIDS

HIV (ВИЧ инфекция) was first discovered in 1981. It affects blood lymphocyte cells responsible for regulation of immune functions. When an infection gets into an organism, immune cells are activated. Healthy lymphocytes begin to multiply and produce antibodies to fight the infection, while lymphocytes affected by HIV begin to produce new immunodeficiency viruses. Over some time, the number of good lymphocytes in the blood declines and the organism loses its ability to fight against infectious diseases. There are several HIV stages. The incubation stage lasts for 6 months; the acute infection stage, when the temperature rises and lymph nodes swell, passes within 1 to 2 weeks. Then the disease may stay latent for decades (десятилетия), without obvious symptoms, gradually eroding the immune system. AIDS proper (собственно) is the last stage, when the organism is affected by several infections at once, causing a speedy end.

TEXT A

(The story is told by a young nurse working at a big hospital and living in a nurses' hostel attached to it.)

I thought I had better get to my room before I was seen, but as I turned into the corridor, someone grabbed my arm. It was Nurse Ross, half in and half out of her uniform dress.

"There you are!" she said breathlessly. "You must put on uniform and go to the ward. Hurry, now!"

"What's happened?" But she was gone already. The door of Robins's room was open and I looked in. "Rob, what on earth happened?"¹

"Don't you know?" she looked at me with big eyes. "There's been the most frightful explosion at one of the factories. There's twenty burn cases coming in, they say."

...The ward was in chaos. All lights were on, and every patient awake and goggling² The nurses were running about, putting extra beds at the far end of the ward, and patients who were well enough were being moved into them so as to leave ten empty beds at the top of the ward. Four of the casualties were in already, and a stretcher was waiting on the floor in the passage. Sister was on her knees beside it. "Quickly, Nurse," she said, without looking up as I passed by her, "bring me a hypodermic tray³ and the adrenalin." But when I got back, she was standing up going to return into the ward. "I'm afraid it's too late," she said with a grim little smile. There were already three screens round one of the beds in the ward. I knew what that meant.

Nurse Sowerby came out from one of the screens. Her mouth was quivering and she was on the verge⁴ of panic. "Oh, Sister, they shouldn't have brought in dead men. Whatever we shall do ... oh, look, there's another stretcher and no bed ready. Oh, Sister, what shall we do?"

"Pull yourself together, Nurse, for Heaven's sake,"⁵ said Sister sharply. "You will have to go back to bed if you can't control yourself."

Some of the burns were not serious, others were a nightmare. Nearly all the patients had to go up to the operating Theatre to be dressed and treated. Two more of the men had died before morning. It was a terrible accident.

Sister gave each of us a man to attend to. "Get this man into bed," she told me, "get him ready for Theatre."

The orderlies and I got my patient to the bed and put blankets on him. I was terrified. I had never seen a bad burn case before and I hardly dared to touch him. I looked around but everybody was busy. I was to look after him, and I suddenly felt proud and excited. This one mustn't die. He was unconscious, but breathing, his face was waxy and there was an ominous blue shadow round his nose and lips. I could hardly feel his pulse. His face was untouched and his eyes seemed all right, but it was his body ... I couldn't undress him; his clothes were burnt into his skin in places. I cut them away as well as I could. He was quite young with soft, boy's hair.

Sister came up to give him an injection. "More blankets, Nurse," she said, "and hot bottles if you can find any. He's terribly shocked."

From One Pair of Feet by Monica Dickens

NOTES

1. **What's on earth happened?** — Что там стряслось?
2. **to goggle** — испуганно таращить глаза
3. **hypodermic tray** — лоток для подкожных инъекций
4. **to be on the verge of smth** — быть на грани чего-л.
5. **Pull yourself together, for Heaven's sake** — Ради Бога, возьмите себя в руки

TEXT B

Nick reached the emergency department waiting for the first patients of an 'alarm 1' to be brought in. City² hadn't had a full hospital emergency for a long time and Nick was not sure that all the doctors would remember their instructions. An 'alarm 1' was called at the hospital only when very many people had been injured and required nearly a full staff to attend.

Nick saw Sam coming down the stairs and went to meet him.

"What's happened? Who gave the 'alarm 1'?"

"I did. I've just got a telephone call, a bomb exploded in a subway some minutes ago. At this hour, with all those people going to work ..."

"They are not all coming here?"

"We can expect about 60 at least. Here they come," Sam said as Nick walked over to the ambulance entrance. Doctors and orderlies worked frantically getting casualties onto stretchers and wheeling them out of the way to make room³ for more. It was a terrible sight. At first glance Nick could see the effects of the explosion. Screams of pain came from everywhere. There were faceless people, people with half-arms, people burned beyond recognition. Nick walked to the first bed.

"What is it?" he asked one of the doctors, seeing a woman whose right side had been burned.

"Besides the burns she's got a piece of metal penetrating the spleen. I'm sending her to the operating Theatre."

"What are you waiting for?"

"She has a rare blood type. We haven't got enough blood to transfuse, we're giving her what we have and waiting for supplies."

"Did you send out a call?"⁴

"We may need the help of Red Cross. Everyone's bleeding. We're doing our best but blood's going to be short ' all over the city."

Nick continued walking around the ward. In the corner he saw a doctor who drew a sheet over a patient and moved the

cot out to be replaced by another cot with a patient suffering smoke inhalation. Nick was hardly able to move among those cots and saw more casualties being carried in by the police.

For three hours they continued giving first aid to the patients, moving them to surgery where all scheduled operations had been canceled to handle the emergency. Sixty-two people were injured, some of them being in critical condition. Twenty-nine were dead.

When Nick appeared before the television camera his shirt was wet with perspiration and his head was dizzy, but his voice was sure and firm as he spoke of the injured and dead.

NOTES

1. 'alarm 1' — тревога номер один
2. City — название больницы
3. to make room — освободить место
4. to send out a call — зд. подать заявку (на кровь)
5. blood is going to be short — крови будет не хватать

ACTIVE VOCABULARY

TEXT A

accident ['æksɪdənt] *n* несчастный случай; **place of a.** место происшествия; **a. room** травматологический пункт
attend [ə'tend] *v* 1. посещать; 2. ухаживать (за больным), лечить
burn [bɜ:n] *n* ожог; **thermal b.** термический ожог; **major, extensive b.** обширный ожог; **to treat b.** обрабатывать ожог
casualty ['kæʒuəlɪ] *n* пострадавший (обычно от несчастного случая, теракта и т.п.)
consciousness ['kɒnʃəsnəs] *n* сознание; **to lose** [lu:z] *s.* терять соз-

нание; **to regain** [rɪ'geɪn] *s.* прийти в сознание; *sup.* **to recover** [rɪ'kʌvə] *s.*
cut [kʌt] *n* порез; царапина; *v* порезать
dress [dres] *v* перевязать; *sup.*
bandage
dressing ['dresɪŋ] *n* повязка; **d. room** перевязочная; **d. material** перевязочный материал
orderly ['ɔ:dəli] *n* санитар
stretcher ['stretʃə] *n* носилки;
wheeled [wi:ld] *s.* каталка; *sup.* **s. cart**
skin [skɪn] *n* кожа

TEXT B

injury ['ɪndʒəri] <i>n</i> травма, повреждение	dizzy ['dɪzi] <i>a</i> чувствующий головокружение
hurt [hɜ:t] <i>v</i> повредить, причинить боль	dizziness ['dɪzɪnəs] <i>n</i> головокружение; <i>syn.</i> giddiness, vertigo

ADDITIONAL VOCABULARY

concussion [kən'kʌʃn] <i>of the brain</i> сотрясение мозга	placement перелом со смещением
cast [kɑ:st] <i>n</i> гипс; <i>syn.</i> plaster c., plaster of Paris ; to put on c. наложить гипс; to remove c. (take out c.) снять гипс	frostbite {'frɒstbaɪt} <i>n</i> обморожение
contusion [kən'tju:ʒn] <i>n</i> ушиб	healing ['hi:lɪŋ] <i>n</i> заживление
dislocation [ˌdɪslə'keɪʃn] <i>n</i> вывих; congenital d. врожденный вывих	rupture ['rʌptʃə] <i>n</i> разрыв; r. of ligaments разрыв связок
fracture {'fræktʃə] <i>n</i> перелом; simple f. простой перелом; compound f. сложный перелом; f. with dis-	strain [streɪn] <i>n</i> растяжение; tendon s. растяжение сухожилия; muscular s. растяжение мышцы
	traction {'trækʃn] <i>n</i> вытяжение; to lie under t. лежать на вытяжении

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

traumatology, blood, unconscious, breathlessly, move, casualty, accident, untouched, waxy

2. Find the stem in the following words; point out prefixes and suffixes. Translate the words into Russian:

untouched, unconsciousness, breathlessly, assistance, recognition, explosion, frightful, careful, waxy, terrible, terrify

3. Form nouns meaning a profession or a doer with the help of the given suffixes. Translate them into Russian:

-er: examine, lecture, research, travel;

-or: act, operate, visit, investigate;

-ist: physics, biology, economy;

-ian: mathematics, music, politics, physic;

-ant, -ent: apply, preside, correspond.

4. Find in Text A English equivalents to the following words and word combinations:

мне лучше пробраться в свою комнату, наполовину в форменном платье, ожоговые пациенты, мертвецы,

возьмите себя в руки, кошмар, операционная, на перевязку и обработку ожогов, ухаживать за больным, одежда прилипла к коже

5. Give Russian equivalents to the following words and word combinations:

a full staff, at least, casualties, a terrible sight, beyond recognition, a rare blood type, blood is going to be short, to cancel scheduled operations

6. Find in Text A antonyms to the following words and word combinations:

to take off a uniform, the lights were out, to be asleep, alive, to survive, I was calm, to feel ashamed, to be conscious, the face was damaged, to dress

7. Find in Text B synonyms to the following words and word combinations:

a traumatological department, to take care of a patient, underground, the injured, an awful sight, we're doing what we can, to have not enough blood, a fellow, to be injured, planned operations

8. Fill in the blanks with suitable words and word combinations from the active vocabulary:

1. A nurse washed and ... the man's wound. 2. While playing with a knife a child ... his finger. 3. A doctor says that the ... of the wound is going on well. 4. After an explosion in a house there were dozens (десятки) of 5. He received an extensive ... during the fire. 6. The child was operated on for a congenital ... of the hip. 7. It is often necessary to give first aid at the place of 8. The man with a compound ... of the leg couldn't walk and he was taken to his ward on

9. Say whether these statements are right or wrong. Correct them if they are wrong:

1. First aid is always given by a doctor.
2. Patients with fractures apply to an emergency department.
3. In case of the concussion of the brain a person may lose consciousness.
4. Bleeding can be stopped by putting a tourniquet.
5. Major burns are treated at an out-patients' department.
6. An ambulance always arrives at the place of accident on time.

Grammar Exercises

1. Find in Text A and Text B verbs in the Passive Voice. Translate them into Russian.

2. Translate the sentences into Russian:

1. He was asked about the details of the accident. 2. The students were shown the patients of the emergency department. 3. The cast has already been removed. 4. The first aid had been given before the ambulance arrived. 5. The patient was taken to a dressing-room where he was attended by a nurse. 6. When we came into the ward the casualties were being examined by a surgeon. 7. This explosion is much spoken about. 8. The works of Pirogov are often referred to. 9. The lecture was followed by a demonstration of patients. 10. Her condition was influenced by a nervous strain.

3. Change the following sentences into Passive (give 2 variants, if possible).

1. A surgeon put the fractured arm in plaster of Paris. 2. A traumatologist will see you in an emergency room. 3. A doctor is examining a patient with extensive burns now. 4. A nurse gave a wounded soldier an injection of morphia. 5. Sister made blood transfusion to the patient before the operation. 6. We must give first aid to the casualty immediately.

4. Translate the sentences using Passive Voice.

1. Вас вызывают в травматологическое отделение. 2. Нам показали работу травматологов в приемном отделении. 3. Пострадавшего привезли в больницу на Скорой помощи. 4. Его завтра выпишут. 5. Когда приехала «скорая», раненому оказывали первую помощь. 6. За ним ухаживают родственники. 7. За осмотром больного последовал рентген. 8. О методе лечения переломов доктора Илизарова пишут во многих журналах.

5. Translate the sentences paying attention to the Gerund:

1. After washing a patient's wound a nurse bandaged it. 2. Lister found a way of preventing pathogenic microbes from penetrating into the open wound. 3. The surgeon insisted on removing the tumour as soon as possible. 4. The initial diagnosis must be made before a patient's sending to the hospital.

5. Her having been given first aid in time saved her life. 6. A doctor doesn't mind my taking these pills. 7. The people around him kept saying that it was no use trying to resuscitate the drowned man but he went on giving artificial respiration. 8. His proposal is worth discussing.

6. Combine these sentences using Gerund:

1. A surgeon examined a patient's wound. After that he told a nurse to give the patient an anti-tetanus injection. 2. I can be discharged this week. My attending doctor does not object to it. 3. We must stop the bleeding at once. The woman's life depends on it. 4. The patient with concussion of the brain must not be moved. The traumatologist insists on it. 5. I have given you a lot of trouble with my injury. I'm sorry for it. 6. We want to put this patient's arm in plaster of Paris ourselves. Do you mind, Professor?

7. Translate the sentences using Gerund:

1. Врач настаивает на том, чтобы я сделал все анализы. 2. То, что больного лечили новыми эффективными препаратами, спасло ему жизнь. 3. Травматолог не мог поставить окончательного диагноза, не получив результатов рентгена. 4. Вы не возражаете, если я сам осмотрю этого больного? 5. После того как пострадавшему был сделан укол, он перестал стонать и уснул. 6. Не имеет смысла оставлять ребенка в больнице. Хирург наложит ему гипс на сломанную руку, и вы отвезете его домой.

Speech Exercises

1. Answer the questions to Text A:

1. Why were all the nurses and patients awake that night?
2. How did the casualties look?
3. How did Nurse Dickens feel?

2. Ask each other questions to Text B.

3. Learn the typical questions a traumatologist asks his patients:

Как вы получили травму?	How were you injured?
Где была оказана первая помощь?	Where were you given first aid?

Вы обращались в травм-пункт?	Did you apply to a casualty department?
Сколько времени прошло с момента травмы?	How long is it since the injury occurred?
У вас была рвота (потеря сознания) после падения?	Did you vomit (lose consciousness) after your fall?
У вас были раньше серьезные травмы (переломы)?	Did you have serious injuries (fractures) before?
У вас открытый (закрытый) перелом, открытый вывих, ожог I (II) степени, ушиб мягких тканей, обморожение, растяжение мышцы (связок).	You have an open (closed) fracture, open dislocation, a first (second) degree burn, contusion (injury) of the soft tissues, frostbite, muscular (ligament) strain.
Я наложу вам гипс (вправлю вывих, обработаю ожоговую поверхность, разотру отмороженные участки тела).	I'll put a plaster of Paris (reduce a dislocation, cleanse the burnt surface, massage the frostbitten parts of the body).

4. Make up dialogues between:

- a) a doctor and a patient at an accident room of an out-patients' department;
- b) a professor and a student in classes (an examination) in traumatology.

5. Listen to the story. Be ready to answer the question:

Why didn't the old man feel any pain when the student examined him?

Two patients shared a hospital ward. One was old, another a young man of twenty. Both were suffering from the same injury: a dislocation of a shoulder. A student came in to examine them. First he examined the young man. He twisted (выкручивал) the injured arm, while the patient screamed and moaned and almost died with pain.

The old man received the same kind of examination. However, instead of screaming during the examination he sat quietly with a smile on his face. He seemed interested in watching the student. When the examination was over and the student was gone, the young patient turned to the old man.

"I'm amazed at you," he said. "I've never seen anyone who could stand (терпеть) such pain with a smile."

"It's not a question of standing pain," said the old man. "It's a question of common sense (здравый смысл). Do you think I was so foolish as to let the student examine my INJURED arm?"

6. Render the following text in English:

Против ожогов

Несколько десятков больных, доставленных в отделение термических ожогов Московского института скорой помощи имени Склифосовского, вскоре были выписаны в хорошем состоянии. Что же помогло врачам вылечить тяжелую травму? Оказывается, магнитное поле (magnetic field). Сама идея магнитной терапии не нова. Первые упоминания о том, что магнит помогает лечить болезни, появились в 1600 г. Но практически магнитотерапия стала использоваться только в конце XX века. Экспериментально доказано, что воздействие магнитным полем помогает улучшить кровообращение в тканях, заживление ран и переломов. При обширных ожогах боль очень сильна и продолжительна. Она нарушает работу всего организма, разрушая (to destroy) мышечную и костную ткани. С помощью магнитного поля врачи пытаются остановить этот процесс. Возможности магнитной терапии еще далеко не полностью изучены. Дальнейшие теоретические и практические исследования помогут использовать ее более эффективно.

7. Review this text and act as an interpreter and a guide:

The Priorov Central Institute of Traumatology and Orthopedics (ЦИТО) is the leading research and treating centre in this field in Russia. The institute was established in 1921. Its founder Professor Nikolai Priorov, one of the most prominent orthopedic traumatologists, headed the institute for forty years.

The institute consists of 12 clinical departments, among them a traumatological department for children, two trauma-

tological departments for adults, two orthopedic departments, two departments of bone pathology, a department of electric and thermal burns, a department of sport and ballet trauma, a department of vertebral surgery, a department of hand surgery and microsurgery and a department of wound infection.

The main spheres in which research is conducted are as follows:

a) Traumatology — treatment of fractures using metal devices; treatment of infected fractures; compression osteosynthesis using various compression devices; treatment of thermal and electric burns.

b) Orthopaedics — replacement of bones and joints using endoprotheses made of metal, polymers and other materials; treatment of congenital dislocations of the hip in children and aftereffects of poliomyelitis.

c) Bone pathology — diagnosis and treatment of bone tumors and other bone diseases using the latest methods, among them X-ray microscopy and scanning.

8. Read and retell the following texts:

1) In 1978 Gavriil Ilizarov, Director of the Kurgan Research Institute of Experimental and Clinical Orthopedics and Traumatology received Lenin Prize for developing a new technique of treating injuries and diseases of the locomotor system. There was a time when serious fractures aggravated by osteomyelitis were regarded incurable. A shortened bone left a patient with a permanent malfunction. Later on, however, doctors learned how to stretch (удлинять) the bones of the hands and feet, but it was hard going for both doctors and patients, who experienced severe pain and were confined to bed for five or six months. With that technique the bone could be stretched maximum from three to five centimeters, but it was nevertheless a great success.

Ilizarov's method enables one to stretch a bone as much as it is necessary and it can be done at an out-patient clinic. The method is not too painful and there is now an apparatus to control the bone growth, to accelerate the healing of fractures and to rectify bone deformities.

2) Thirteen people died and more than seventy people were injured in train collision in Northern England in March 2001. The trains collided near the village of Great Heck, about 320 kilometers north of London.

“It’s like a scene from a bomb explosion. The sight was horrible,” said a doctor from North Yorkshire Ambulance Service. Police were investigating the accident — the fourth fatal crash in three years.

At least 56 people were admitted to hospitals and three had critical injuries. Emergency teams were using cranes to help remove bodies from the wreckage (обломки крушения).

“It’s possible that more victims may be found,” said Gary Barnett, area commander for North Yorkshire police.

9. Speak about:

- a) an injury you or your relative (friend) had;
- b) a crash or an explosion you know about.

TEXT A

It was eleven o'clock in the morning and we had done a full day's work. Still it was only the beginning of the day. There were the post-operative patients to be seen in the hospital, and in the out-patients' clinic there were people waiting for examination and diagnosis. A hard life, but it is a surgeon's life and the life of my choice.

I looked in on my convalescents and went back to my office. There I found an unexpected patient, an eleven-months-old baby. Early in the morning a long-distance call had come in: could the doctor possibly see a baby patient today? It was urgent. My secretary, knowing what my answer would be, said yes, the doctor would see the baby.

He was a good-looking baby but there was a curious swelling on his infant nose. The local doctor had at first diagnosed it as a mosquito bite and treated it with penicillin injections and antibiotic ointments. When despite the miracle drugs the growth did not disappear but became larger, the doctor sent the frightened parents to the town's surgeon. He told them the baby had a dermoid cyst.

This type of cyst is not too unusual. It may appear almost everywhere in the body, but it develops most often at a junction of bones. It can contain many kinds of cells and it may turn malignant at an early stage. The cyst on Sonny's nose also interfered with his breathing.

The surgeon advised its immediate removal. He suggested that the operation be performed by a plastic surgeon to pre-

serve the structure of the little nose and leave the least possible scar.

The father put the sleepy little Sonny on my examination table. There was no doubt that the surgeon's diagnosis was correct. I telephoned to arrange for the operation the same afternoon and sent Sonny with his father to the hospital.

At two o'clock I was once more in the operating room, once more in cap and gown, mask and gloves. Sonny was restless, and we decided that instead of the local anesthesia that would be usual we would have to give general anesthesia. Since the mask which covers the nose cannot be used in a nasal operation, the anesthesia in such cases is administered intra-tracheally, that is by a tube inserted into the windpipe. This done, Sonny fell asleep.

I made the careful separation of tissues and freed all but the last strands¹ of the growth. The operation was almost over when the anesthetist announced that the baby had stopped breathing. I dropped the instruments on the table and picked up the baby by his feet, turning him upside down to help him to get rid of² any more blood and mucus that might cause an obstruction. The anesthetist was trying to make the baby breathe again with pure oxygen. Still no response. Systematically we went through the steps of heart and respiratory stimulation. All the while I steadily massaged the back of the baby's neck, trying to stimulate the center of the respiratory nerves in the lower part of the brain.

After fifteen long minutes the anesthetist stood up and shrugged his shoulders indicating that there was no further use. Still I could not acknowledge defeat. I pulled down my mask and blew my breath directly into his little mouth, over and over. Suddenly even through my rubber gloves I had a sensation of warmth.

A rosy foam appeared on the boy's lips. Sixteen minutes and forty-five seconds had passed when there came a feeble sound that I shall never forget: "Oah, oah ... oah ..."

I picked up the curved scissors and detached the last strands of the tumor. With a hurried dressing the baby was put into an

oxygen tent, and a special nurse sat down beside him to keep watch on his respiration, pulse and blood pressure.

I returned to my office, grateful for this much, but knowing that the battle for Sonny's survival was not yet won.

From *Woman Surgeon* by Else La Roe, M.D.

NOTES

1. a strand — кусочек
2. to get rid of smth, smb — избавиться от чего-л., кого-л.

TEXT B

The operating table was in the centre of the bare room, directly under the wide lamp that hung like a huge inverted saucer from the ceiling. It was completely invisible, as about twenty figures in white gowns were packed round it like tube passengers in the rush hours. They were mostly students. The operating team was made up of Sir Lancelot himself, who was a head taller than anyone else in the room, his Theatre Sister with a sterile white turban, standing on a little platform beside him; his senior surgeon, Mr. Stubbins, and his anaesthetist sitting on a small metal piano stool beside an apparatus at the head of the table, reading the *Daily Telegraph*. At the far end of the Theatre two nurses in sterile clothes were taking hot sterilized instruments out of small metal bowls like waiters serving spaghetti. The only indication that there was a patient present was a pair of feet that stuck pathetically from one end of the audience.

The operation was on the point of starting.¹ The patient was still invisible, as the body was covered with sterile towels except for a cleanly-shaved area of lower abdomen, on the right side of which the operating light was focused. I couldn't even see if it was a young man or a woman.

Sir Lancelot was putting rubber gloves on his bonny hands. Stubbins was waiting with gauze swabs, and the Theatre Sister was threading needles with catgut as indifferently as if she was going to darn her stockings.

"I've got a damn funny story to tell you, boys," said Sir Lancelot making a three-inch incision over the appendix. "Make you all laugh. Happened to me last week.² An old lady came to my office in Harley Street ... Sister!" he exclaimed in a tone of sudden annoyance. "Do you expect me to operate with a jam-spreader?"³ He threw it on the floor. Without looking at him she handed him another.

"That's better," Sir Lancelot growled. Then in his previous tone he went on: "Where was I?⁴ Oh, yes, the old lady. She said she was sure she had got gallstones. Now, look here,⁵ Stubbins, can't you use this gauze swab sensibly, not wave it around like a Salvation Army banner?⁶ How the devil do you think I can operate if everything is wallowing in blood? And I want a clip, Sister. Hurry up, I can't wait all night."

Sir Lancelot had cut through the abdominal wall while he was talking, like a child impatient to see inside a Christmas present.

"Well," he went on politely again, "I said to this old lady, 'Gallstones, eh? Now, my dear, what makes you think you've got gallstones?'"

He returned to the operation.

"What's this structure, gentlemen?"

A reply came from under a student's mask on the far end of the crowd.

"Quite correct, boy, whoever you are," said Sir Lancelot. "Glad to see you, students, remember a little fundamental anatomy from your two years in the classrooms ... Come on,⁷ Stubbins, wake up! You are as useless as an udder on a bull."⁸

He produced an appendix from the wound like a bird pulling a worm from the ground, and laid it and the attached intestine on a little square of gauze.

"Then the old lady said to me, 'As a matter of fact, Sir Lancelot, I've been passing them all month.' She showed me a little box ... Sister! What are you threading your needles with? This isn't catgut, it's a rope! Swab, Stubbins, swab. I'm tying off the appendicular artery, gentlemen. See? What did I say? Oh, the old lady. Cherry stones."

He dropped the appendix into a small bowl held to him by Stubbins.

"Looks a bit blue, George," he said in the direction of the anaesthetist. The anaesthetist was at that time in the corner of the Theatre talking to one of the nurses who had been serving the instruments. He jumped back to his apparatus and began to turn the knobs on it. Sister, who was already in a wild temper, injected the nurse with a glance like a syringe of strychnine.

"Forceps, Sister!" shouted Sir Lancelot. She handed him a pair which for some reason displeased him, so he threw them over the heads of the crowd at the opposite wall. This caused no surprise to anyone, and seemed to be one of his usual habits. She calmly handed him another pair.

"Check up the swabs, Sister, before I close the wound. Good. Terribly important that, gentlemen. Leave a swab inside a patient and you're finished for life. May cut their throats when they're under the anesthetic, all right, but leave anything inside — and you're in the "News of the World" in no time. Put in the skin stitches, Stubbins. What's the next case? Tea? Excellent. Operating always makes me thirsty."

From *Doctor in the House* by R. Gordon

NOTES

1. **The operation was on the point of starting.** — Операция должна была вот-вот начаться.
2. **Make you all laugh. = It'll make you all laugh.; Happened to me last week. = It happened to me last week.**
Сэр Ланселот употребляет сокращенные предложения.
3. **jam-spreader** — нож для размазывания повидла (т.е. очень тупой)
4. **Where was I?** — На чем я остановился?
5. **look here** — послушай
6. **Salvation Army banner** — флаг Армии спасения
7. **Come on** — Ну-ка
8. **as useless as an udder on a bull** — ненужный, как вымя быку

ACTIVE VOCABULARY

TEXT A

- anesthesia** (*Br. anaesthesia*) [ˌænəs'θi:ziə] *n* наркоз, анестезия; **general a.** общий наркоз; **local a.** местный наркоз
- an(a)esthetist** [ə'nɪstθəɪst] *n* анестезиолог
- benign** [bɪ'nɪn] *a* доброкачественный; *ant.* **malignant**
- cell** [sel] *n* клетка
- convalescence** [kɒnvə'lesns] *n* выздоровление; *syn.* **recovery** [rɪ'kʌvəri]; **rapid r.** быстрое выздоровление; **uneventful r.** гладкое выздоровление (без осложнений)
- convalescent** [kɒnvə'lesnt] *n* выздоравливающий
- cyst** [sɪst] *n* киста
- growth** [grəʊθ] *n* новообразование, опухоль; *syn.* **tumour** (*Am.* **tumor**)
- obstruction** [ɒb'strʌkʃn] *n* непроходимость, закупорка
- ointment** ['ɔɪntmənt] *n* мазь; *syn.* **salve**
- operate** (*on smb. for smth.*) ['ɒpəreɪt] *v* оперировать кого-л. по поводу чего-л.
- oxygen** ['ɒksɪdʒən] *n* кислород; **pure o.** чистый кислород
- remove** [rɪ'mu:v] *v* удалять, устранять
- scar** [skɑ:] *n* шрам, рубец
- scarring** ['skɑ:ɪŋ] *n* рубцевание
- sensation** [sen'seɪʃn] *n* ощущение, чувство
- surgeon** ['sɜ:dʒən] *n* хирург
- surgery** ['sɜ:dʒəri] *n* хирургия
- survive** [sə'vaɪv] *v* выжить, пережить (операцию)
- swelling** ['swelɪŋ] *n* опухоль, припухлость

TEXT B

- appendicitis** [əpendɪ'saɪtɪs] *n* аппендицит; **acute a.** острый аппендицит; **suppurative a.** гнойный аппендицит
- clip** [klɪp] *n* зажим
- forceps** ['fɔ:seps] *n* хирургические щипцы, пинцет
- gallstone** ['gɔ:lstəʊn] *n* желчный камень
- gauze** [gɔ:z] *n* марля; **g. drain** дренаж; *syn.* **gauze swab**
- incision** [ɪn'sɪʒn] *n* разрез; **midline i.** срединный разрез
- stitch** [stɪʃ] *n* шов; *syn.* **suture**; **to put in stitches** наложить швы; **to remove (take out) stitches** снять швы
- swab** [swɒb] *n* тампон; *v* промокать, высушивать
- wound** [wʊnd] *n* рана; **to close a w.** зашить рану; **to close a w. in layers** зашить рану послойно

ADDITIONAL VOCABULARY

- outcome** ['aʊtkʌm] *n* исход; **favourable o.** благоприятный исход; **lethal o.** смертельный исход
- scrub-up room** ['skrʌb'ʌp 'ru:m] *n* предоперационная
- resuscitation** [rɪ'sʌs'teɪʃn] *n* реанимация

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

convalescence, anesthesia, anesthetist, scissors, oxygen, knob, gauze, gallstone

2. Find the stem in the following words; point out prefixes and suffixes. Translate the words into Russian:

invisible, disappear, survival, removal, separation, anesthetist, respiratory, restless, doubtful, post-operative, surgical, bony

3. Form nouns with the help of the given suffixes. Translate the words into Russian:

-ness: weak, ill, polite, like;

-ment: develop, require, measure, fulfil;

-ion (-tion): examine, incise, prevent, demonstrate;

-al: remove, revive, survive, arrive;

-ty (-ity), -ety (-ity): cruel, stupid, artificial, gay;

-ship: member, comrade, relation;

-ing: begin, feel, understand, teach;

-er (-or): tranquilize, manage, lecture, detect;

-ance (-ence): differ, important, correspond, absent;

-hood: brother, mother, child, neighbour;

-th: wide, deep, long, true

4. Find in Text A English equivalents to the following words and word combinations:

послеоперационные больные, междугородный звонок, странная опухоль, антибиотиковая мазь, оказаться злокачественной, затрудняя дыхание, немедленное удаление, оставить шрам, общий наркоз, дыхательное горло, вызвать непроходимость, дышать чистым кислородом, пожать плечами, борьба за жизнь

5. Give Russian equivalents to the following words and word combinations:

rush-hours, an operating team, a Theatre Sister, a senior surgeon, invisible, to make an incision, look here, come on, to close the wound, in no time, to put in stitches

6. Find in Text A synonyms to the following words and word combinations:

recovering patients, it was emergency, a pretty baby, a

growth, in spite of, to become malignant, to do an operation, a right diagnosis, to give anaesthesia, breathing, a fight for life

7. Find in Text B antonyms to the following words and word combinations:

a junior surgeon, numerous indications, the upper abdomen, fat hands, sad, below the appendix, that's worse, to fall asleep, to be calm, to remove stitches

8. Fill in the blanks with suitable words from the active vocabulary:

1. I'm afraid the tumour is ... and an urgent operation is necessary. 2. ... were allowed to walk in the hospital garden. 3. The patient recovered but the burns left ... on his face. 4. Thanks to the achievements of medicine over 75% of patients with myocardial infarction ... 5. The surgeon ... congenital defects in the baby's heart. 6. There are special hyperbaric chambers where patients breathe with ... under pressure. 7. A ... made a midline abdominal ... and the operation began. 8. After an operation for ... appendicitis ... are usually taken out on the seventh day. 9. Simple surgical manipulations are usually performed under 10. In cases of cardiac arrest a patient must be given ... respiration and massage of the heart.

Grammar Exercises

1. Find in Text A and Text B sentences with the Infinitive. Define its forms and functions. Translate the Infinitive into Russian.

2. Translate the sentences into Russian paying attention to the Infinitive:

1. To treat advanced cases of malignant tumors is very difficult. 2. To prevent complications after the flu one must keep to bed from the onset of the disease. 3. Surgeon Maslov must be examining the convalescents now. 4. He wanted to be given general anaesthesia during the operation. 5. The patient to be given the local anaesthesia was sitting in a dentist's chair. 6. The tumour to be removed is benign. 7. I remember to have been prescribed this ointment for skin irritation. 8. The stitches are to be removed on the tenth post-operative day. 9. The patient had to be taken to an operation immediately to prevent the rupture of the appendix. 10. The old man was too weak to be operated on. 11. Pirogov was the first to use ether (эфир) anaesthesia during operations.

3. Open the brackets using the Infinitive in the correct form:

1. (*to operate*) on this patient we must give him a local anaesthesia first. 2. This is a patient (*to take*) to ward 7. 3. I remember (*to treat*) this boy before. 4. He wanted (*to send*) to the Oncological centre for practice. 5. He seems (*to recover*) by and by (мало-помалу). 6. The students were glad (*to show*) a plastic operation yesterday. 7. A nurse brought some blood (*to transfuse*) to a patient (*to operate*). 8. (*to make*) biopsy is necessary (*to find out*) whether the tumour is benign or malignant.

4. Translate into English paying attention to the use of the Infinitive.

1. Чтобы лечь в больницу, больной должен сделать все анализы. 2. Доктор Уланов, должно быть, сейчас делает обход. 3. Я помню, что посещала кого-то в этой больнице раньше. 4. Медсестра привела больного, которому надо было сделать рентген. 5. Я хочу оперироваться под общим наркозом. 6. Женщина решила подвергнуться пластической операции, чтобы избавиться от шрама на лице. 7. Я рада, что мне прописали физиотерапию. Она мне очень помогает. 8. Скорая помощь привезла больного, которого надо было срочно прооперировать по поводу гнойного аппендицита. 9. Злокачественную опухоль необходимо удалить как можно скорее. 10. У него слишком слабое сердце (его сердце слишком слабое), чтобы перенести такую тяжелую операцию.

Speech Exercises

1. Ask each other questions to Text A.

2. Describe:

- a) the operation room and the patient (Text B);
- b) the actions of Sir Lancelot during the operation;
- c) the actions of his assistants and nurses during the operation.

3. Tell your colleagues about the operation on behalf of the author.

4. Listen to the story:

Once upon a time, in a far off country, a king was ill. He was treated by the best doctors but instead of getting better he got

worse. At last Mr. Murderson, a world famous surgeon, was sent for. Dr. Murderson arrived, examined the dying man and said that only an urgent operation could save his life. He agreed to perform this operation. The news spread very quickly and when the operation was to begin, the operating Theatre was full. Famous professors, TV journalists and medical students came to watch the great surgeon.

Dr. Murderson was at his best (был на высоте). The operation lasted 50 minutes and was a great success. The audience broke into a storm of applause. The king's life was saved.

Some days later the surgeon came to see his patient. A nurse had wheeled the king into the garden and when he saw the surgeon he did not know how to express his gratitude. "Thank you, sir," he said, "thank you very much. You've saved my life. But there's one thing I can't understand. I wonder why you've cut off my left ear?"

"Ah, well..." said the doctor, "you should have heard (если бы вы только слышали) the storm of applause. The audience wanted me to give an encore (сделать что-л. на бис). Believe me, it was the smallest part of your body that I could cut off."

5. Say whether these statements are right or wrong. Correct them if they are wrong:

1. Mr. Murderson refused to perform the operation on the king.
2. The operation was attended by journalists and medical men.
3. The operation was unsuccessful and the king died.
4. The surgeon cut off the patient's ear because it was necessary.
5. This is a true story.

6. Render in English:

Волшебница со скальпелем

С человеком произошел несчастный случай. Когда пострадавшего привезли в больницу, его не узнала даже соседка по квартире — дежурная медсестра. Вместо лица у человека была бесформенная масса. Ни губ, ни носа — одни глаза.

«Кому я такой нужен? Никто мне не поможет. Чудес не бывает», — печально думал пострадавший. А чудеса были. Были рядом, в той же больнице. И творил их местный врач — Татьяна Косарева.

С успехом прошла первая операция. За ней вторая, третья, четвертая... Сорок операций перенес инженер. И каждая была битвой, где побеждало мастерство и терпение. Через год инженер выписался из больницы. Ушел в жизнь с новым лицом, которое подарила ему добрая волшебница — женщина в белом халате. И не только ему одному.

Совсем недавно счастливо улыбнулась врачам Таня С. В детстве она упала на горячую плиту (stove). С тех пор девочка стала прятать обожженное лицо с ужасными рубцами. И вот Таня в отделении пластической хирургии Ивановской клинической больницы. Ей сделали пластическую операцию. Когда сняли швы, девушке дали зеркало. Она смотрела в него так, будто видела себя впервые. А потом заплакала от счастья.

Свыше пяти тысяч операций, тысячи пациентов, исцеленных от врожденных дефектов, травм и болезней лица, — таков результат 30-летнего труда хирурга Косаревой, ее служения благородному делу (noble deed), которое она избрала.

7. Learn the questions a surgeon usually asks his patient:

Что вас беспокоит?	What's the trouble?
Есть ли у вас боли в животе?	Do you have pains in the abdomen?
Когда начались боли?	When did the pains start (begin)?
Были ли подобные боли раньше?	Have you ever had such pains before?
Что облегчает боли?	What relieves the pains?
Была ли рвота? Сколько раз?	Did you vomit? How many times?
Какая была рвота: кофейной гущей?	What kind of vomit was it? Coffee-ground?

С кровью?	With blood?
Какое у вас было лечение?	What treatment did you have?
Делали ли вы рентген желудка (гастроскопию)?	Did you have a stomach film (gastroscopy) made?
Какой диагноз был поставлен?	What was the diagnosis?
Здесь больно? Куда отдает боль?	Does it hurt here? Where does the pain irradiate?
Я думаю, что у вас язва (аппендицит, острый холецистит).	I believe that you have gastric ulcer (appendicitis, acute cholecystitis).
Необходима госпитализация (срочная операция, строгая диета).	You should get hospital treatment (an urgent operation, you should follow a strict diet).
Вы даёте согласие на операцию?	Do you give your consent for the operation?

8. Make up a dialogue between a surgeon and a patient.

9. Translate this text into English:

Сердце восьмимесячной девочки было реконструировано во время операции, проведенной в городе Лидс в Англии бригадой детских хирургов. Большая часть правой стороны сердца отсутствовала (was missing), и хирурги восстановили камеры на этой стороне сердца, соединительные сосуды между ними и главную аорту, снабжающую (to supply) сердце кровью. Эти части были взяты у донорского сердца. Реконструкция сильно деформированного сердца у младенцев считается некоторыми специалистами лучшей альтернативой, чем полная трансплантация, так как при этом нет риска отторжения (rejection).

Вначале хирурги не были уверены, что ребенок перенесет операцию, но теперь девочка быстро поправляется. Операция была очень трудной. Сердце ребенка было около 5 см в диаметре.

10. Read and discuss the following text:

Laser Beam Cures

The invention of lasers has opened up new possibilities for treating various diseases. And, of course, an attempt has been made to employ lasers to fight against benign and malignant tumours and their complications. A surgeon's scalpel has been replaced by a laser beam. Specialists are using endoscopes for irradiation of internal organs of patients with light produced by low-power lasers. The "operation" itself is painless for the patient. There is no need for anaesthesia. Powerful laser endoscopic units are used for treating duodenal ulcers and benign tumors of the gastrointestinal tract. Very good results have been obtained in treating initial forms of cancer in a complex with other methods of treatment. One more very important thing: after a cancer tumour is exposed to a powerful laser radiation, the possibility of the development of metastases noticeably drops.

The action of low-power lasers producing no heating (нагревание) tissues is extremely effective in treating wounds, trophic ulcers and other diseases. They are also helpful in treating post-operative complications, for instance when stitches come apart (расходятся) or inflammatory processes develop. We can say now that lasers are making a valuable contribution to a complex therapy of oncological cases and this contribution is growing every year.

11. Speak about:

- a) an operation you had or were present at;
- b) a surgeon you know or read about;
- c) your class in Surgery.

Section 5 MORBID ANATOMY AND FORENSIC MEDICINE

TEXT A

Under the skill and speed of long experience Pearson began the autopsy with a deep "Y" incision. With three strong knife strokes he connected the top branches of the "Y" from each shoulder of the body near the bottom of the chest. Then from this point he cut downward, opening the belly all the way from chest to genitals.

There was almost a tearing sound, as the knife moved and the flesh parted, revealing a layer of yellow fat beneath the surface.

Still watching the student nurses, Mc. Neil saw two of them, deathly white, gasp¹ and turn away. The other three were stotically watching. It was not unusual for a nurse to faint at her first autopsy. A nurse had to witness a lot of things that were hard to take: wounds, broken limbs, putrefaction, burns, surgery; the sooner she learned to accept the sights and smells of medicine, the better for everyone, including herself.

Now Mc. Neil put on his gloves and went to work with Pearson. By this time the older man had peeled back the skin from the chest and exposed the ribs. Then using the sharp rib cutter he cut his way into the thorax, exposing pericardium and lungs. The gloves, instruments and table were now beginning to be covered with blood. Seddons, gloved too, on his side of the table, was cutting back the lower strands of flesh and opening the abdomen. He crossed the room for a pail and began to remove stomach and intestines, which he put into the pail after studying them briefly. The odour was beginning to be noticeable.

Meanwhile Mc.Neil had applied himself to the head. First he made an incision across the vertex of the skull, starting slightly behind each ear and cutting above the hairline so that the mark would not be visible if the corpse were seen by the dead man's family. Then, using all the strength in his fingers he peeled the scalp forward in one piece so that all the flesh from the head was bunched over the front of the face, covering the eyes. He looked over at the student nurses: they were watching with a mixture of incredibility and horror. Take it easy,² girls, he thought; in a few minutes you'll see it all.

Mc.Neil took sharp scissors and opened the large vein. He inspected the membrane carefully, then cut and lifted it to expose the mass of brain beneath.

The brain... Seddons found himself acutely aware that just a few hours ago it was the thinking center of a man. It had been a coordinator of the senses — touch, smell, sight, taste. It had held thoughts, known love, fear, triumph. But what was the brain now? — just a mass of tissues, beginning to be pickled and destined only to be sliced, examined and thrown away.

Seddons looked at Pearson. He had removed the heart from the body and was investigating it carefully. Then he turned to the student nurses.

"The medical history of this man shows that three years ago he suffered a first coronary attack and then a second attack this week. So, first we'll examine the coronary arteries."

The nurses intently watched Pearson delicately opening the heart muscle arteries. "Somewhere here we should discover the area of thrombosis... Yes, there it is." He pointed with the tip of a metal probe. In the main branch of the left coronary artery he had exposed a pale, half-inch clot. He held it out to the girls to see.

"Now we'll examine the heart itself. Do you notice this area of scarring in the muscle?" Pearson indicated some white fibrous tissue in the heart, and the nurses bent over the red cavity to see more clearly. "There's the evidence of the coronary attack three years ago — an old infarction which has healed."

Pearson paused, then went on. "We have the signs of the latest attack here in the left ventricle. Notice the central area of pallor surrounded by a zone of hemorrhage."

Pearson turned to the surgical resident.³ "Do you agree with me, Dr. Seddons, that the diagnosis of death by coronary thrombosis seems to be clear?"

"Yes, I do," Seddons answered politely. No doubt about it, he thought. A tiny clot, not much thicker than a piece of spaghetti ... that proved to be enough to finish you off for good.⁴

He watched the older pathologist put the heart away.

From Final Diagnosis by A. Hailey

NOTES

1. to gasp — охнуть
2. take it easy — спокойнее
3. the surgical resident — штатный хирург при больнице (эд. главный хирург)
4. for good — навсегда

TEXT B

Twice a week during the three-month pathology course we had classes in forensic medicine. This was a subject that fascinated me because I was a regular reader of detective stories and took delight in the realization that I too now knew how to distinguish human blood from animal's, compare bullet wounds and differentiate murder from suicide. The lecturer was a fat, good-hearted man whose picture appeared fairly regularly in the Sunday papers inspecting the scene of all the most attractive crimes. We learned from him the favourable ways of committing suicide, abortion, homicide and rape. The lecture on the last subject which was illustrated with coloured slides, was the only one I can remember when I couldn't find a seat.

After the pathology course we began a round of the special departments, spending a few weeks in each. I was sent to learn a little about eyes and then to the throat doctors,

where I learned how to look into ears, up noses and down throats. The ENT clinic¹ was busy from early morning till long after the others had finished at night, for the London atmosphere polluted patients' sinuses and damaged their lungs. "That stuff is really irrespirable,"² said the surgeon, pointing in the direction of the window. "Thank God I live in the country." He was a big overworked man who was said to have extracted a fortune³ from the respiratory damage caused by London air. He was known to be the fastest remover of tonsils and adenoids in the country, which he did every Thursday afternoon in out-patients' department passing the anesthetized children through his hands with the skill of a pig-killer.

After the throat department I was glad to sink into the restful atmosphere of the skin clinic. It was run by two very old gentlemen each of whom arrived at the hospital in a Rolls-Royce with a chauffeur. I had not expected dermatologists to be so wealthy, but on reflection⁴ I decided that diseases of the skin were the most agreeable of all to specialize in. They are quite undramatic affairs which never wake you up in the middle of the night, nor interrupt your meals. The patients never die, but on the other hand⁵ they never seem to get better. A private patient, once diagnosed, proves to be a regular source of income to his doctor for the rest of his long life.

From *Doctor in the House* by R. Gordon

NOTES

1. The ENT (Ear, Nose, Throat) clinic — Клиника ЛОР-болезней
2. That stuff is really irrespirable — Этой грязью просто невозможно дышать
3. to extract a fortune — нажить состояние
4. on reflection — по размышлению
5. on the one hand — с одной стороны
on the other hand — с другой стороны

ACTIVE VOCABULARY

TEXT A

- autopsy** [ˈɔ:tɒpsi] *n* вскрытие; *syn.* **post-mortem examination**
brain [breɪn] *n* головной мозг
clot [klɒt] *n* сгусток, тромб; *v* свертываться
flesh [fleʃ] *n* плоть, кожа
evidence [ˈeɪdɪəns] *n* 1. признак; 2. улика, свидетельство, доказательство
pathology [pəˈθɒlədʒi] *n* патолого-анатомия; *syn.* **pathological anatomy, morbid anatomy**
putrefaction [ˌpjʊ:trɪˈfækʃn] *n* гниение
reveal [rɪˈvi:l] *v* обнаружить; *syn.* **discover, detect**
rib [rɪb] *n* ребро
- sense** [sens] *n* чувство, ощущение; **s. organs** органы чувств
sensibility [sensɪˈbɪləti] *n* чувствительность; *syn.* **sensitivity**
sight [saɪt] *n* 1. зрелище; 2. зрение; *syn.* **eyesight**
skull [skʌl] *n* череп
smell [smel] *n* 1. обоняние; 2. запах; *syn.* **odour**; *v* нюхать, ощущать запах
stomach [ˈstʌmək] *n* желудок
taste [teɪst] *n* вкус, орган вкуса; *v* пробовать на вкус
tissue [ˈtɪʃu:] *n* ткань
touch [tʌtʃ] *n* прикосновение; *v* пробовать на вкус
vein [veɪn] *n* вена

TEXT B

- abortion** [əˈbɔ:ʃn] *n* аборт
corpse [kɔ:ps] *n* труп; *syn.* **cadaver**
crime [kraɪm] *n* преступление; **to commit a c.** совершить преступление; **scene of c.** место преступления; *syn.* **site of c.**
damage [ˈdæmɪdʒ] *n* повреждение; *syn.* **injury**; **corporal i.** телесное повреждение; *v* вредить, наносить вред; *syn.* **to harm, to do harm**
distinguish [dɪˈstɪŋɡwɪʃ] *v* различать; *syn.* **to differentiate**
- forensic** [fəˈrensɪk] **medicine** судебная медицина; *syn.* **legal medicine**
murder [ˈmɜ:də] *n* убийство; *syn.* **homicide**; *v* убить; *syn.* **to kill**
rape [reɪp] *n* изнасилование; *v* насиловать
suicide [ˈsu:saɪd] *n* самоубийство; **to commit s.** покончить жизнь самоубийством
wound [waʊnd] *n* рана, ранение; **bullet w.** огнестрельная рана; *syn.* **gunshot w.**; **incised w.** резанная рана; **lacerated w.** рваная рана; **stab w.** колотая рана

ADDITIONAL VOCABULARY

- abrasion** [əˈbreɪʒn] *n* ссадина, царапина
bruise [bru:z] *n* синяк, кровоподтек
deceased [dɪˈsi:st] *n* покойник, умерший
medical expert [ˈmedɪkəl ˈekspɜ:t] *n* судебно-медицинский эксперт; *syn.* **medical examiner**
medicolegal examination судебно-медицинская экспертиза
medical report акт судебно-медицинской экспертизы; *syn.* **medical opinion**
strangulation [ˌstræŋɡjʊˈleɪʃn] *n* удушение
violent death [ˈvaɪələnt ˈdeθ] *n* насильственная смерть

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

autopsy, stomach, triumph, fear, eyes, skull, suicide, irrespirable, doubt, enough, touch

2. Find the stem in the following words; point out prefixes and suffixes. Translate the words into Russian:

disorder, irrespirable, undramatic, murderer, mixture, tranquility, strength, restless, noticeable, attractive, putrefy

3. Form nouns from the given words with the help of suffixes. Translate them into Russian:

pathology, criminal, permit, human, expect, mobile, long, ready, state, approve, propose, assist, poison, father

4. Give Russian equivalents to the following words and word combinations from Text A:

a deep incision, a layer of fat, the sights and smells of medicine, the sooner ... the better, the vertex of the skull, to expose the mass of the brain, coordinator of the senses, the medical history, the area of scarring, death by coronary thrombosis

5. Find in Text B English equivalents to the following words and word combinations:

пулевое ранение, отличить убийство от самоубийства, места наиболее громких преступлений, способы совершения самоубийства, клиника ЛОР болезней, быстрее всех удалял миндалины и аденоиды, клиника кожных болезней, с другой стороны

6. Find in Text A antonyms to the following words and word combinations:

to disconnect, the top, upward, above the surface, to come to oneself, the worse, a dull cutter, to study for a long time, a living man, backward, carelessly, rudely, to object to smth., huge

7. Find in Text B synonyms to the following words and word combinations:

a course of pathological anatomy, legal medicine, understanding, to differentiate, a kind-hearted man, to kill oneself, to do harm, the quiet atmosphere, to manage a clinic, rich, on second thought, a specialist in skin diseases, pleasant

8. Fill in the blanks with suitable words from the active vocabulary:

1. During our classes in ... and ... we make autopsies.
2. In cases of sudden and violent death ... is performed.
3. The gangster was taken to prison because he had committed ...
4. A medical examiner must be able ... between suicide and murder.
5. The X-ray examination ... a mass in a patient's abdomen.
6. Smoking may ... one's health.
7. A sexual maniac ... and ... young women.
8. There were evidences of ... on the neck of the ...
9. There was ... of formalin in the dissecting room.
10. The man ... because he had lost all hope of finding a job.
11. He didn't receive any severe injuries in the car-crash; just some ... and ...

9. Say which word or a group of words in the following statements are wrong:

1. Sight, hearing, smell, breathing are senses.
2. Murder, poisoning, suicide, strangulation are crimes.
3. A specialist in ear, nose and throat diseases usually makes adenoectomy, tonsiloectomy, autopsy, tracheoectomy.
4. A medical expert establishes the cause of death, distinguishes suicide from homicide, states the character and severity of bodily injuries, prescribes a treatment.
5. Wounds may be gunshot, stab, violent, incised.
6. A bruise, a burn, a rape, a wound are injuries.

ЗАПОМНИТЕ! В английском языке многие слова имеют не одно, а несколько значений. Это явление называется полисемией. Выбор правильного значения слова зависит от контекста.

10. Translate the sentences with a dictionary, paying attention to the translation of the underlined words:

1. term (*noun*)

a) I'm on good terms with all my fellow-students.
b) To translate special texts one must know the terms of a given branch of science.
c) In the 4th term we'll have five exams.
d) The businessmen discussed the terms of a long-term agreement.
e) To be effective in terms of relieving the symptoms of a disease this drug must be used for a long period of time.

2. case (noun)

- a) Every doctor should conduct a history of the case very carefully. b) The case is a 35-year-old man with profuse abdominal bleeding. c) This case happened many years ago. d) A doctor opened his case and took out a stethoscope.

3. subject (noun)

- a) Let's change the subject of our conversation. b) Surgery is my favourite subject. c) I see some subject in the distance. d) Three subjects lay on the dissecting-tables ready for a new class.

4. run (verb)

- a) He runs two hours running every morning. b) The play has been running for six months already. c) Dr. Grigg ran his private clinic together with his companion. d) The text of the document runs as follows...

Grammar Exercises

1. Find in Text A and Text B sentences with "Nominative with the Infinitive" and "Accusative with the Infinitive".

2. Translate the following sentences into Russian, paying attention to the Infinitive constructions:

1. The students watched a pathologist (make) making an autopsy.
2. We heard the people discuss (discussing) the suicide of a famous film star.
3. The newspapers reported the international congress of pathologists to be held in Moscow.
4. A pathologist found the death to have been caused by the aneurysm of the aorta.
5. We wanted him to tell us about his work of a medical expert.
6. You shouldn't make your daughter enter a medical college if she doesn't want to.
7. A medical expert is expected to arrive at the place of the crime within thirty minutes.
8. The murder was believed to have been committed by the members of Mafia.
9. The students were seen to make an autopsy under the instruction of their teacher.
10. The death was stated to have resulted from numerous stab wounds.
11. Your brother is sure to recover soon. The doctor says his injuries are not serious.
12. A laser beam proved to be effective for curing different injuries and wounds. It was found

to stimulate metabolic processes and help a body's own enzymes to destroy dead tissues.

3. Change subordinate clauses to "Accusative with the Infinitive":

1. Professor believes that an operation is necessary in this case. 2. Scientists consider that cancer will be conquered in the first decade of this century. 3. The newspapers reported that a new drug against AIDS was tested successfully. 4. Mother wishes that I should become a doctor. 5. Doctors found that interferon was effective against the flu. 6. I saw how the students were examining a patient under the instruction of their teacher. 7. The nurse on duty didn't hear how the patient had left his ward. 8. We know that he was a doctor before becoming a writer.

4. Change the following complex sentences into simple ones using "Nominative with the Infinitive":

1. It is known that infectious diseases are caused by viruses and microbes. 2. They say that a new epidemic of the flu will come soon. 3. It is likely that your son has measles. 4. It was seen how a student fainted at her first autopsy. 5. It is supposed that the operation will be performed next week. 6. It is certain that HIV is spread through contaminated blood. 7. It seems that the diagnosis is correct. 8. It is unlikely that the wound will heal in less than a fortnight (две недели).

5. Translate into English using "Accusative with the Infinitive" and "Nominative with the Infinitive":

1. Мой шеф хочет, чтобы я сделал доклад о результатах эксперимента, проведенного нашей лабораторией. 2. Студенты видели, как сестра переливала кровь больному, которого должны были оперировать. 3. Врач ожидает, что химиотерапия будет в этом случае эффективна. 4. Больной был под наркозом и не чувствовал, как хирург удалял пулю из раны на его ноге. 5. Ваш сын жалуется, что он плохо видит. Заставьте его пойти к главному врачу. 6. Говорят, что профессор Осипов — лучший отоларинголог в нашем городе. 7. Ожидают, что вскрытие обнаружит причину смерти. 8. Известно, что гниение вызывается бактериями. 9. Вероятно, что у нас будет цикл по судеб-

ной медицине в следующем месяце. 10. Преступник будет обязательно найден. 11. Видели, как судебно-медицинский эксперт осматривал место преступления. 12. Оказалось, что он был свидетелем убийства.

Speech Exercises

1. Describe the actions of the pathologist during the autopsy (Text A).

2. Retell Text A on behalf of:

- a) student nurse;
- b) Dr. Seddons.

3. Answer the questions to Text B:

- 1. What must a specialist in forensic medicine be able to do?
- 2. Why was ENT clinic always busy from morning till night?
- 3. Why did Gordon think that skin diseases were the most agreeable of all to specialize in?

4. Listen to the story:

It has always amused me to see how an Englishman treats himself for coughs, fever, smallpox, rheumatism and other terrible diseases. The moment an Englishman feels bad he opens all the windows. I should say all except the one in his bedroom: it is always open. As soon as the windows are open, the wind and fog rush into the room and murder all the microbes in cold blood.

The method described proves to be effective in an overwhelming majority (подавляющее большинство) of cases. When it does not help the Englishman takes other measures: he drinks tea and it does him a lot of good. If the tea doesn't help he (or she) drinks whisky and this is sure to help.

Some people drink whisky from the very beginning, but I don't think we should tell here about exceptions.

5. Answer the questions to the story:

- 1. What measures does an Englishman take when he (or she) catches cold?
- 2. Do you agree with the methods of treatment that Englishmen use?
- 3. What do you do when you catch cold?

6. Translate the following text into English:

Известно, что судебная медицина изучает признаки насильственной смерти, которая обычно является результатом преступления. Однако она может также наступить при самоубийствах и несчастных случаях. Судебно-медицинская экспертиза производится также, если смерть наступила скоропостижно (внезапно) или в случае подозрения (suspicion) на отравление. Судебно-медицинский эксперт производит вскрытие, которое должно обнаружить причину смерти.

Судебно-медицинская экспертиза оказалась важной при расследовании (investigation) различных преступлений, таких, как убийства, изнасилования и т.д. С другой стороны, объектом судебно-медицинской экспертизы являются также живые лица. Судебно-медицинский эксперт определяет характер и тяжесть телесных повреждений и их опасность для жизни. Считается, что самыми легкими повреждениями являются ссадины и кровоподтеки. Наиболее тяжелыми являются проникающие (penetrating) ранения: колотые, резаные и огнестрельные раны.

7. Review the following text and discuss it in class:

Why Do Russian People Die Early?

About half of all men and 65 to 70 percent of all women in Russia die of diseases related to the circulatory system. Most men who suffer from this develop ischemic heart disease between the ages of 40 to 70 and cerebral blood circulation disorders between the ages of 50 to 70.

The second most important cause of death in Russia has to do with unnatural causes — accidents, poisoning, suicide and murders. These figures are generally believed to be directly related to alcohol consumption. The third most important factor is related to cancer, a disease that takes the lives of one-fifth of all men and one eighth of all women in Russia which is about 50 percent less than in Europe. But this advantage is a purely statistical one. The chances of dying of cancer are directly connected with a life span (про-

должительность жизни). Most Russians simply do not live until the average age of the people who die of cancer in the West.

Seven percent of all men and three times less women die early as a result of respiratory diseases, such as pneumonia, flu and asthma. In the West elderly people are usually the ones who die of such diseases, but in Russia the victims are most commonly young children and infants.

Infectious diseases take the lives of about three percent of all men and 1.5 percent of all women under the age of 70. In recent years the number of people dying of TB has gone up considerably. The chances of dying of AIDS in Russia are still lower than in the West, but this is probably because in many cases this disease is simply not recorded.

8. Render the text in English:

Джек-Потрошитель (Jack, the Ripper), чье имя, национальность и личность неизвестны, был самым знаменитым убийцей Лондона. С августа по ноябрь 1888 года Джек-Потрошитель (так были подписаны письма, предположительно написанные им) действовал в районе трущоб Ист-Энда. Считается, что он убил от 10 до 14 проституток. Нападая ночью на женщин на оживленных улицах, Джек не насиловал их, а перерезал горло своим жертвам, а затем потрошил их (eviscerated). Никто никогда не слышал, чтобы они кричали.

Убийства вызвали панику во всем Лондоне. Были сформированы специальные полицейские бригады, но полиция не могла поймать невидимого убийцу. После ноября 1888 года Потрошитель внезапно исчез. Его описывали как темноволосого, хорошо одетого мужчину. Говорили, что он раньше был врачом, фельдшером, мясником (a butcher), сумасшедшим профессором или даже русским цирюльником (a barber-surgeon).

9. Tell the class about some crime you know or read about.

TEXT A

Drawn by an irresistible curiosity, Susan walked over to Nancy Greenly's bed. She had to struggle to control her emotions. Looking down at Nancy it was difficult to Susan to realize that she was looking at a brainless shell rather than a sleeping human being. She wanted to reach out¹ and gently shake Nancy's shoulder so that she would awaken and they could talk.

Instead, Susan reached out and picked up Nancy's wrist. She noted its pallor as it drooped lifelessly. Nancy was paralysed. Susan began to think about paralysis from destruction of the brain. She knew that the reflex pathways from the periphery system might still be intact, at least to some degree.

Susan grasped Nancy's hand as if she were shaking it and extended the wrist. There was no resistance. Then Susan flexed the wrist forcefully to its limit² and unmistakably felt resistance; only for instant, but definite. Susan tried it with the other wrist; it was the same. So Nancy was not totally paralysed. Susie felt a joy of the positive finding.

She found a percussion hammer for tendon reflexes. She had used one on herself and tried one on fellow-students in physical diagnosis classes, but never used one on a patient. Clumsily Susan tried to elicit a reflex by tapping Nancy's right wrist. Nothing. But Susan was not exactly sure where to tap. She pulled up the sheet on the right side and tapped under the knee. Still nothing. From neuro-anatomy class Susan remembered that the reflex she was searching for came from a sud-

den stretch of the tendon. So she stretched Nancy's knee as much as she could and tapped again. The thigh muscles contracted almost imperceptibly. Susan tried it on the left leg, with the same result. Nancy Greenly had weak but definite reflexes, and they were symmetrical.

Susie tried to think of other parts of the neurological examination. She remembered a "level of consciousness" test. In Nancy's case the only test would be reaction to pain stimulus. Yet when she pinched Nancy's Achilles tendon, there was no response, no matter how hard she squeezed. Susie pinched Nancy's thigh and then recoiled in horror. Susie thought that Nancy was getting up because her body stiffened, arms straightening from her sides and rotating inward in a painful contraction. There was a chewing motion with her jaw almost as if she were awakening. But it passed and Nancy Greenly returned to her limpness equally suddenly.

With widened eyes Susan stepped backed to the wall. She had no idea how she had managed to do it. But she knew she was toying in the area far beyond her abilities and knowledge. Nancy had a seizure of some kind, and Susie was thankful that it had passed so quickly. She decided that she would not continue further examination until she has done some serious reading.

From *Coma* by R. Cook

NOTES

1. to reach out — протянуть руку
2. she flexed the wrist forcefully to its limit — она с силой согнула кисть до предела

TEXT B

(The story is told by a young doctor about his classes in neurology at a medical school.)

Paralyzed people caused me as much psychic distress as those with tuberculosis. My mind went back to the most attractive building and the most depressing service in medical school, neurosurgery and neurology. I remembered examining one patient who answered my questions as I stuck him with a pin. He had seemed so normal that I almost wondered why he

was in the hospital until when I stuck him again, his eyes suddenly disappeared into his head and the right side of his body stiffened, pushing him onto his left side and nearly rolling him off the bed. All I could see were the whites of his eyes, and I was as paralysed as he was, not knowing what to do. The patient was only having a convulsion, but I didn't know that then. He could have died, and I would have stood there with my mouth hanging open. No one outside the medical world can know what a crisis like that means to a medical student. You get so frightened that you try not to be around when something goes wrong, and besides, you can't do anything, anyway.

Neurology students were expected to stand with hands in pockets enjoying the professor's elegant diagnosis: "Here, notice, how this patient is able to feel this temperature change but cannot have any proprioceptive sense,¹ because I can move his arm in any direction without his being conscious of it." And so on.

Everybody started discussing those tricky little temperature fibers running up the lateral spinothalamic tract to the post-lateral ventral nucleus of the thalamus. Great arguments arose over whether fibers were unmyelinated or myelinated.² Meanwhile, nobody thought much about the patient. Well, you hardly had time, trying to remember all those tracts and nuclei, and all the same, you couldn't do anything.

Perhaps it was this helplessness that made paralysis cases so hard for me to handle emotionally.³ I particularly remembered one neurology case in medical school, although it was not unusual; in fact, it was a fairly typical case. The patient had lain before us in a respirator, his facial muscles moving constantly. Nothing else about him moved; he could control nothing else because the rest of him was a pile of immobile, unfeeling tissue and bone, completely helpless and totally dependent on the respirator for life.

I had not been able to take my eyes off the patient, who was staring fixedly in the mirror just over his head. About my age and a hopeless case. To know that his body and mine were essentially the same, that the only difference was a tiny dis-

connection deep in his neck, had made me conscious of my body at that moment as never before and ashamed of it.

Just at that moment I felt hunger, felt my fingertips and a backache, sensations he would never have again. I was filled with helpless rage and a kind of heartsickness. Movement is so much a part of living, almost life itself, that from day to day normal people deny this kind of death. And here in front of me was death in life, and my mind was screaming at me that my own body hung on the same fragile string that lay broken there under the respirator. Many times since, in the dark moments, I thought that the morbidity made medicine the wrong road for me,⁴ but I had to keep at it.

From *The Year of the Intern* by R. Cook

NOTES

1. **proprioceptive sense** — ощущение того, что происходит с ним самим
2. **myelinated fiber** — нервное волокно с миелиновой оболочкой
3. **Perhaps it was this helplessness that made paralysis cases so hard for me to handle emotionally.** — Возможно, что именно из-за этой неспособности помочь больным мне было так трудно морально иметь дело с парализованными.
4. **the morbidity made medicine the wrong road for me** — из-за болезней медицина была для меня неверным выбором

ACTIVE VOCABULARY

TEXT A

contract [kən'trækt] *v* сокращаться
destruction [di'strʌkʃn] *n* разрушение

elicit [i'lɪtɪ] *v* извлекать, выявлять;
to **e. reflexes** выявлять рефлексы

intact [ɪn'tækt] *a* неповрежденный
jaw [dʒɔ:] *n* челюсть

limp [lɪmp] *a* вялый, безжизненный, с пониженным тонусом;
syn. **flaccid**

neurology [nju:'rɒlədʒɪ] *n* неврология

paralyse [pə'reləɪz] *v* парализовать

paralysis [pə'relɪsɪs] *n* паралич;

general p. общий паралич; **par-**

tial p. частичный паралич

perception [pə'sepʃn] *n* восприятие, ощущение

perceptible [pə'septəblɪ] *a* ощутимый, заметный, воспринимаемый

percussion hammer [pə'kʌʃn 'hæmɜ:]
перкуSSIONный молоточек

respond [rɪ'spɒnd] *v* реагировать

response [rɪ'spɒns] *n* реакция, ответ

seizure ['si:zə] *n* припадок, приступ, апоплексический удар

stiff [stɪf] *a* негнущийся, окостеневший; *syn.* **rigid**

thigh [θaɪ] *n* бедро; *syn.* **hip**

TEXT B

convulsion [kɒn'vʌlʃn] <i>n</i> конвульсия; <i>syn.</i> cramp	morbidity [mɔ:'bɪdətɪ] <i>n</i> заболеваемость
lesion ['li:ʒn] <i>n</i> поражение, повреждение (органа); <i>syn.</i> impairment	nucleus (<i>pl.</i> nuclei) ['nju:kliəs (-li:z)] <i>n</i> ядро (ядра)

ADDITIONAL VOCABULARY

electroencephalogram (EEG) [ɪ,lekt'rəʊɪn'sefələgræm] <i>n</i> электроэнцефалограмма (ЭЭГ)	neurasthenia [ˌnju:ərəs'θi:niə] <i>n</i> неврастения; <i>syn.</i> nervous exhaustion
mental ['mentəl] <i>a</i> психический; <i>syn.</i> psychic	neuritis [nju:'raɪtɪs] <i>n</i> неврит
neuralgia [nju:'rælɔ:dʒə] <i>n</i> невралгия	neurosis [nju:'rəʊsɪs] <i>n</i> невроз; vegetative n. вегетативный невроз

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

curiosity, paralysis, wrist, neurology, equally, psychic, convulsion, conscious, facial, fragile

2. Find the stem in the following words; point out prefixes and suffixes. Translate the words into Russian.

unmistakenly, irresistible, immobile, imperceptible, curiosity, destruction, helplessness, resistance, seizure, morbidity, brainless, lifeless, forcefully, stiffen, straighten

3. Form adjectives with the help of the given suffixes. Translate them into Russian.

-ful: care, peace, joy, power

-less: hope, use, fear, home

-al: music, nature, practice, culture

-y: bone, salt, ice, health

-able: change, move, eat, understand

-ous: fury, fame, mystery, adventure

-ive (-tive, -ative): express, connect, imagine, cause

-ic: history, economy, metal, psyche

4. Form adjectives from the given words with the help of suffixes:

success, joy, heart, impress, humour, nerve, love, help, clinic, digest, wind, neuralgia, emotion

5. Find in Text A English equivalents to the following words and word combinations:

непреодолимое любопытство, лишенная мозга оболочка, упала безжизненно, разрушение мозга, до некоторой степени, постучала под коленкой, сокращение мышц, почти незаметно, болевой раздражитель, как бы сильно она ни сжимала, далеко за пределами ее возможностей

6. Give Russian equivalents to the following words and word combinations:

the whites of the eyes, psychic distress, depressing service, his body stiffened, a lesion, to be around, to be conscious of smth., the spinal cord, facial muscles, the only difference, morbidity, had to keep to it

7. Find in Text A synonyms to the following words and word combinations:

to fight, to hold out a hand, to lift, undamaged, for a second, awkwardly (неловко), to cause reflexes, to percuss, to look for, a hip, unnoticeably, a reaction, became rigid, a spasm, flaccidity, to be able to do smth., a fit (приступ), to be grateful

8. Find in Text B antonyms to the following words and word combinations:

physical, joyful service, to appear, to relax, to be proud of smth., a rare case, mobile, different, huge, durable (прочный), the right road, to give up smth.

9. Fill in the blanks with suitable words from the active vocabulary:

1. Examining a patient a neurologist must note a ... condition of a patient. 2. The patient ... to the treatment well. 3. One of the clinical symptoms of meningitis is the ... of the muscles of the neck. 4. Before the vaccination against poliomyelitis was carried out, the ... among children was very high and a ... or a ... paralysis was a common complication. 5. A neurologist used a to ... reflexes under a knee. 6. Patients with epilepsy suffer from 7. All most important functions of a body are realized by movement, i.e. (т.е.) by ... of muscles. 8. Even in case of a severe injury of the spinal cord some passing ways remain 9. Due to permanent stress situations the morbidity with ... and ... is constantly rising. 10. The investigation of reflexes enables a doctor to judge of (судить о) the level of the ... of the brain and spinal cord.

ЗАПОМНИТЕ! Ряд слов английского и русского языков полностью совпадают по значению; например, *convulsion, paralysis*. Такие слова не представляют трудности для перевода, а облегчают его. Однако в английском языке есть немало слов, которые помимо значения, сходного со значением аналогичного слова в русском языке, имеют и другие значения, отсутствующие в русском языке. Например, слово *a record* может переводиться не только *рекорд*, но также *репутация, летопись, протокол, грампластинка, характеристика* и т.д. Некоторые английские слова при кажущемся сходстве с созвучными им русскими словами имеют значения, отличающиеся от того, которые они приобрели в русском языке. Например, *principal* — *главный, основной*, а не *принципальный*, *decade* — *десять лет*, а не *десять дней* и т.д. Такие слова называются **ложными друзьями переводчика**. Для правильного перевода таких слов нужно проверить их значение по словарю, а при наличии нескольких значений — выбрать соответствующее данному контексту.

10. Find in Text A and Text B "true" and "false" friends of a translator.

11. Translate the following words with the help of a dictionary:

delicate, sympathize, general symptoms, prospects, intelligent, industrious, compositor, pretend, accurate, actual

12. Translate the sentences paying attention to the meaning of the underlined words:

1. Look at the figure on page 5. 2. The patient did not show the signs of sensation. 3. Complex operations are performed at specially equipped operation theatres. 4. A scientist spent days and nights speculating on a strange phenomenon. 5. An old gipsy was telling a fortune by the lines of a palm. 6. His wife is a delicate woman with pale complexion. 7. In drug-stores all drugs are kept in cabinets. 8. In severe cases of the disturbance of cardiac rhythm a minute monitor is implanted in the patient's chest.

Grammar Exercises

1. Translate the following sentences into Russian paying attention to the modal verbs:

1. You needn't do an EEG: the diagnosis is clear.
2. Sometimes clinical death may result from an insult, in which case resuscitation measures have to be taken.
3. A doctor won't be able to make the final diagnosis without receiving

the findings of the analyses. 4. The students asked when the operation on the brain was to be performed, as they were eager to watch it. 5. You mustn't disturb Father. He must be sleeping now. He had to go out on call at night. 6. You shouldn't go to the Institute today if you feel bad. You 'll be allowed to write the test next week. 7. She didn't have to call in a nurse to give the injections to her daughter. She was able to do it herself. 8. Convulsions in this patient might be caused by brain tumour. 9. Ann may have fallen ill. She didn't come to the lectures yesterday. 10. Her neurosis must have resulted from mental overstrain. 11. I'm sure the doctor ought not to have told the woman that her disease is incurable. He should have encouraged her. 12. My son can't have said such a thing. You must have misunderstood him.

2. Fill in the blanks with the suitable modal verbs:

At about two o'clock on a cold winter morning a man telephoned a doctor and asked him if he ... come at once. "You ... hurry," he added. The doctor ... to drive seven miles in answer to this call. When he reached the place the man who had called him in, said, "Doc, I strained myself (переутомился). I haven't got any pain or anything, but I have a terrible feeling that I ... die soon."

The doctor examined the patient, felt his pulse and took his blood pressure. Everything was normal.

"Have you made your will (завещание)?" he asked at last. — "No, I haven't." The man looked frightened. — "You done it long ago," said the doctor. "Have you got a wife?" — "Yes," said the patient. — "You ... send for her immediately. And your parents ... be called, too." — "I say, Doc, do you really think I'm dying?" — "No, I don't," replied the doctor. "But I don't want to be the only man you have made fool of on a night like this."

3. Translate the sentences using modal verbs:

1. Медсестре пришлось вызвать врача, так как больному стало хуже. 2. Нам не пришлось долго сидеть в приемной, так как в поликлинике было мало народу. 3. Как вы думаете, сможет ли врач помочь моей маме? 4. Вам не

нужно приходить завтра в поликлинику. Вы можете вызвать врача на дом. 5. Доктор Смирнов должен дежурить в отделении во вторник. Вы сможете поговорить с ним тогда. 6. Ваша сестра жалуется на головные боли. Ей следует обратиться к невропатологу. 7. Вам следовало начать лечение раньше. Теперь вам сможет помочь только операция. 8. Где я могу найти профессора? — Подождите в приемной, он, должно быть, сейчас делает обход. 9. В кабинете невропатолога никого нет. Должно быть, он уже ушел. 10. Сейчас 12 часов. Возможно, Катя уже сдала экзамен. 11. Медсестре не следовало говорить больному, что у него плохие анализы. Он, наверняка, теперь волнуется.

Speech Exercises

1. Ask questions to Text A.

2. Answer the questions to Text B:

- a) How did the patient respond to the pain stimulus?
- b) Why did neurology classes depress the author?
- c) Did the patients interest the students mostly as human beings or as objects for scientific investigation?
- d) What did the author think about, looking at the patient in a respirator?

3. Listen to the story:

Dr. Black, a well-known neurologist, was sitting in his consulting room when he saw the door open and a sad-looking man come in. When the man came up to the doctor's desk he greeted him with his routine questions:

"Well, what's wrong with you?"

"I feel terribly depressed, doctor," answered the man. "I just can't laugh. I feel life is all sorrow and nothing else!"

The doctor examined the miserable man and said, "There is nothing radically wrong with you, though you seem completely worn out (измучен). All you need is a good rest. Go to the theatre and see a silly vaudeville. That is sure to make you laugh."

"It's no use, doctor, I go to see them regularly, but they don't have any effect."

“Read some humorous stories.”

“It’s no use, doctor. I’ve read many of them.”

“Well,” said the doctor, “in that case there’s only one thing that can cure you: you must go to see Mr. Joker, the famous comic. He can make a dead man laugh!”

“It’s no use, doctor.”

The doctor, who was about to lose his temper (выйти из себя), said, “Don’t keep repeating ‘it’s no use, it’s no use’. I tell you Mr. Joker is absolutely brilliant. The other day my wife nearly laughed her head off at his performance.”

“It’s no use ...”

“Why no use?”

“Because, you see, I am Mr. Joker,” answered the man with a sad smile.

4. Say whether these statements are right or wrong:

1. The patient complained of headaches.
2. The man never saw funny plays and never read humorous stories.
3. The patient was a comic actor.

5. Translate the text into English:

Сосудистые болезни головного мозга занимают третье место среди основных причин смерти. Хотя медицина сделала большой прогресс в восстановлении здоровья жертв сердечных инфарктов, врачи все еще имеют мало возможностей лечить последствия (aftereffects) церебрального инфаркта или инсульта.

Трудность заключается в том, что врач должен вовремя установить первые стадии нарушения мозгового кровообращения и задержать прогрессирование болезни. Больного отвозят в неврологическую клинику в специально оборудованной машине Скорой помощи. В случае внезапной остановки дыхания делается искусственное дыхание. В неврологическом отделении больному проводят (дают) различные виды лечения в зависимости от (depending on) инсульта и состояния больного. Иногда принимают реанимационные меры. Методы лечения церебрального инсульта включают хирургию, а также гипербарическую оксигенацию.

Эффективность предотвращения сосудистых болезней головного мозга зависит от прогресса в исследовании артериальной гипертонии и атеросклероза — главных причин церебрального инфаркта.

6. Read the text and discuss it. Tell your fellow-students about prophetic («вещие») dreams you had or know about.

People have tried since ancient times to understand what dreams are. What happens when we dream? How are dreams related to what has taken place and how do they anticipate what is going to happen?

Nowadays science has taken up the study of dreams. Psychiatrists and physiologists are looking for general relations between dream and the state of a person's health. They observed that some of patients experienced restless dreams some time before the first symptoms of an ailment appeared. The analysis of such cases led doctors to conclude that the signals of something wrong in the organism, of a latent disease, are sometimes unnoticeable among strong impressions. During the day the brain is occupied with other matters, while in sleep, when it is "free", even weak-energy signals are enough to arouse the visual zone of the brain.

In many cases the analysis of dreams enables doctors to foresee (предвидеть) and even prevent critical nervous disturbances long before they manifest themselves.

7. Read the text and discuss it.

Acupuncture and Its Uses

Acupuncture can be used to treat a strictly defined range of diseases, such as neurological and allergical pathologies, diseases of the ear, nose and throat and some other internal organs. There were some attempts to treat epilepsy or multiple sclerosis patients by acupuncture, but no favourable effects were achieved.

Now neurologists are able to select the appropriate (соответствующие) spots of acupuncture, of which there are more than 700 on the human body, and to determine the duration of needle therapy. Point massage can also be used to act upon the acupuncture spots, as well as laser, electric current, ultrasound and magnetic fields.

Acupuncture is used as a rule in combination with other types of treatment and rather rarely in the pure form.

TEXT A

Monday was Mr. O'Rory's day at the hospital. Graham caught the gynecologist at lunch in the medical office and invited him for a walk.

"It's Clare," he said without preliminaries. "I think she is pregnant."

"Well," said Mr. O'Rory. "And what gives rise to this little suspicion?"¹

"She is a fortnight overdue.² Of course, it might be a chill, or something like that, mightn't it?"

"You know what I think, Graham. Any woman outside a nunnery, who misses a period, between the ages of 15 to 50 must be considered pregnant until proved otherwise. And I am not sure about the nunnery these days, either."

"Can you do a test in the lab?"

"I will certainly invoke the assistance of a small frog,³ Graham, if you want. I'll need a specimen of the lady's urine. But don't get too alarmed," Mr. O'Rory added amiably. "The lady may have made a mistake in her dates. It's remarkable how unreliable the feminine gender is at its fundamental calculations."

The telephone rang the following evening.

"That was Mr. O'Rory," said Graham putting down the receiver. "He said: yes. It's wonderful news, isn't it?"

He sat on the edge of Clare's chair and put his arm round her tightly. So, he thought, one of my little spermatozoa has thrashed with its hair-like tail across the black depth of Clara's pelvis, to sink joyfully into her ovum. No trouble at all. The

human race really surrounded itself with a lot of fuss over its reproduction.

...That night Clare woke with a pain in her back. When she looked she saw there was some vaginal bleeding. Graham telephoned Mr. O'Rory. Then he carried her outside in a blanket, and drove her 10 miles to the hospital. The gynecologist was already waiting. He put Clare into his ward, surrounded her with hot-water bottles, ordered an injection of morphine, prescribed doses of bromide and added well-polished encouraging words.

"Is she aborting?" asked Graham outside the ward.

"Well, it's an abortion," Mr. O'Rory said amiably. "It's just eight weeks since the lady's last menstrual period. So it wouldn't be an unheard occurrence at such a time, would it?"

"Could anything have caused it?" Graham asked anxiously.

"Oh, these things happen, they just happen. To tell the truth, none of us knows really why."

"What's the chance of saving the fetus?"

"I'd say quite good. There's nothing to worry about, nothing at all."

...The bleeding went on. The following day Mr. O'Rory shook his head and said he feared the lady must visit his operating room. They gave Clare another dose of morphine and wheeled her along the cold corridor. Mr. O'Rory's anesthetist administered gas, they stuck her legs in the air, Mr. O'Rory sat down on a metal stool between them and with a curette removed Graham's latest achievement for good.

From *Surgeon at Arms* by R. Gordon

NOTES

1. to give rise to suspicion — вызвать подозрение
2. to be overdue — *зд.* иметь задержку менструации
3. the assistance of a small frog — имеется в виду использование лягушек для проведения теста на беременность

TEXT B

Elizabeth put the vacuum cleaner away and began to move around the apartment, tidying and dusting. She was about to cross to the tiny kitchen when the pain struck her. It came

suddenly, without warning, like a fire, and worse, much worse, than the day before in the hospital cafeteria. Drawing in her breath, biting her lip, trying not to scream aloud, Elizabeth sank into a chair behind her. Briefly the pain went away, then it returned, even — it seemed — more intensely. It was as if it were a cycle. Then the significance struck her. Involuntarily she said, "Oh, no! No!"

The hospital number was by the telephone. Having a rest between each onset of pain, grasping the table for support, Elizabeth dialed and when a voice answered, she said, breathlessly, "Dr. Dornberger, please, it's urgent."

There was a pause and he came on the line. "It's Mrs. Alexander," Elizabeth said. "I've started ... to have my baby."

...A policeman on duty heard the ambulance's siren six blocks away. Inside, Elizabeth was only dimly conscious of their progress through the busy streets.¹ For an instant between each onset of pain she could see the driver up ahead. All Elizabeth could think through the miasma that engulfed her, was: "My baby — he'll be born too soon! He will die! Oh, God, don't let him die! Not this time! Not again!"

...In the room which the hospital staff jokingly called "the expectant fathers' sweatbox"² John Alexander put a half-smoked cigarette into an ash-tray. He glanced at his watch. He saw that it was an hour and three quarters since he had come here, surely soon there must be some news. He wished he had seen Elizabeth before she had gone into the delivery room, but everything had happened so quickly that there had been no time.

Now the door from the corridor opened, and this time it was Dr. Dornberger. From his face John tried to read the news, but without success. He asked, "You are John?"

"Yes, sir." Though he had seen the elderly obstetrician several times in the hospital, this was the first time they had spoken to each other.

"Your wife will be all right," Dornberger said without preliminaries.

John's first impression was of overwhelming relief. Then he asked, "And the baby?"

Dornberger said quietly, "You have a boy. He was premature, of course, and I have to tell you, John — he is very weak."

"Will he live?" Only when he asked the question did it occur to him how important for him was the answer.

Dornberger had taken out his pipe and was filling it. He said evenly, "Let's say the chances are not as good as if he had come to full term. As far as I can tell,³ you have a 32-week baby; that means he was born eight weeks early." Compassionately he added, "He wasn't ready for the world, John. None of us are so soon."

"No, I suppose not." John was hardly conscious of speaking.

"Your baby's birth weight was three pounds eight ounces.⁴ Perhaps that will mean more if I tell you that nowadays we consider any baby less than five pounds eight ounces at birth to be premature."

"I see."

"We have the baby in an incubator, of course. Naturally, we'll do our best."

John looked at the obstetrician directly. "Then there is hope."

"There's always hope, son," Dornberger said quietly. "When we haven't much else, there's always hope."

There was a pause, then John asked, "May I see my wife now?"

"Yes," Dornberger said. "I'll come to the nursing station with you."

From *Final Diagnosis* by A. Hailey

NOTES

1. the busy streets — улицы, забитые машинами
2. sweatbox — парилка
3. as far as I can tell — насколько я могу сказать
4. a pound (фунт) = 453,6 г; an ounce (унция) = 28,3 г

TEXT C

Scarlett looked at Prissy. For a moment her mind refused to accept the truth, but when realization came finally to her that

Prissy knew no more about midwifery than she did, anger went over her like a flame.

At that moment the moaning from the second floor ceased and Melanie's voice, weak and trembling, called, "Scarlett, is it you? Please, come! Please!"

For a moment Scarlett stood still, listening to the low moaning which had begun again. She tried to think of all the things Mammy¹ and Ellen had done for her when her son was born, but the merciful blurring of the childbirth pains obscured almost everything in mist.² She did recall a few things and she spoke to Prissy rapidly, authority in her voice.

"Make a fire in the stove and keep hot water boiling in the kettle. Bring all the towels you can find. And give me the scissors. Don't come telling me you can't find them. Bring them and bring them quick. Now hurry."

She jerked³ Prissy to her feet and sent her to the kitchen. Then she started up the stairs. It was going to be difficult telling Melanie that she and Prissy were to deliver her baby.

She wished she had paid more attention to the whispered conversations of matrons on the subjects of childbirth. If only she had! If only she had been more interested in such matters she would know whether Melanie was taking a long time or not.⁴ She had a vague memory of one of Aunt Pitty's stories of her friend who was in labor for two days and died without having the baby. Suppose, Melanie should go on like this for two days! But Melanie was so delicate. She wouldn't stand two days of this pain. She will die soon if the baby doesn't hurry.

...It was all over. Melanie was not dead, and the new born boy, who made noises like a little kitten, was receiving his first bath at Prissy's hands. Melanie was asleep. How could she sleep after the nightmare of screaming pain and ignorant midwifery that hurt more than it helped? Why wasn't she dead? Scarlett knew that she herself would have died under such handling. But when it was over, Melanie had even whispered so weakly that she had to bend over her to hear, "Thank you."

From Gone with the Wind by M. Mitchell

NOTES

1. **Mammy** — мамушка, няня
2. **the merciful blurring of the childbirth pains obscured almost everything in mist** — все расплывалось как в тумане, милосердно изглаженное из памяти муками родовых схваток
3. **to jerk** — резко поднять на ноги
4. **she would know whether Melanie was taking a long time or not** — ей бы-ло бы яснее сейчас, затянулись ли у Мелани роды или нет

ACTIVE VOCABULARY

TEXT A

- | | |
|---|---|
| <p>courette ['kjʊrət] <i>n</i> кюретка, ложечка для выскабливания; <i>v</i> выскабливать</p> <p>foetus (<i>Am. fetus</i>) ['fi:təs] <i>n</i> плод</p> <p>gynaecology (<i>Am. gynecology</i>) [ˌɡaɪni'kɒlədʒi] <i>n</i> гинекология</p> <p>ovum (<i>pl. ova</i>) ['ɒvʊəm] <i>n</i> яйцо (яйца)</p> <p>pelvis ['pelvɪs] <i>n</i> таз</p> <p>period ['piəriəd] <i>n</i> менструация; to miss a p. иметь задержку менструации;</p> | <p><i>syn. to be overdue</i> [ˌɔ:və'dju:]</p> <p>pregnancy ['pregnənsɪ] <i>n</i> беременность; ectopic p. внематочная беременность; <i>syn. extrauterine p.</i></p> <p>pregnant ['pregnənt] <i>a</i> беременная</p> <p>reproduction [ˌri:prə'dʌkʃn] <i>n</i> репродукция, размножение</p> <p>vagina [və'dʒaɪnə] <i>n</i> влагалище</p> |
|---|---|

TEXT B

- | | |
|---|--|
| <p>birth [bɜ:θ] <i>n</i> деторождение, рождение; <i>syn. childbirth</i>; to give b. to a child родить ребенка; b. pains схватки; <i>syn. childbirth pains</i>; a woman in childbirth роженица</p> <p>deliver [dɪ'lɪvə] <i>v</i> рожать; <i>syn. to give birth to a child</i></p> <p>delivery [dɪ'lɪvəri] <i>n</i> роды; <i>syn. labour</i> (<i>Am. labor</i>); a woman in l. роженица; <i>syn. a woman in childbirth</i></p> | <p>nurse [nɜ:s] <i>v</i> кормить грудью, нянчить ребенка</p> <p>obstetrician [ˌɒbstə'triʃn] <i>n</i> акушер</p> <p>obstetrics [əb'stɛtrɪks] <i>n</i> акушерство; <i>syn. midwifery</i></p> <p>onset ['ɒnset] <i>n</i> начало (болезни)</p> <p>premature ['premətʃʊə] <i>a</i> недоношенный</p> <p>term [tɜ:m] <i>n</i> срок беременности; a full-t. baby доношенный ребенок</p> |
|---|--|

TEXT C

- | | |
|--|--|
| <p>new-born ['nju:bɔ:n] <i>n</i> новорожденный; still-born мертворожденный</p> | <p>midwife ['mɪdwaɪf] <i>n</i> акушерка</p> <p>midwifery ['mɪdwaɪfəri] <i>n</i> акушерство; <i>syn. obstetrics</i></p> |
|--|--|

ADDITIONAL VOCABULARY

- | | |
|---|--|
| <p>afterbirth ['ɑ:ftəbɜ:θ] <i>n</i> послед</p> <p>caesarian section [ˌtʃi:zəriən 'sekʃn] кесарево сечение</p> <p>conception [kən'sepʃn] <i>n</i> зачатие</p> | <p>fertility [fɜ:'tɪləti] <i>n</i> способность к воспроизведению потомства;</p> <p>infertility бесплодие</p> |
|---|--|

gestation [dʒe'steɪʃn] *n* период беременности

maternity [mə'tɜ:nəti] *n* материнство; *m.* home родильный дом; *syn.* *m.* hospital; *m.* leave декретный отпуск

miscarriage [mɪs'kæərɪdʒ] *n* выкидыш

obstetrical forceps [əb'stetrɪkəl'fɔ:sɛps] акушерские щипцы; *syn.* delivery *f.*

umbilical [ʌm'bɪlɪkəl] *a* пупочный; *u.* cord пуповина

uterus ['ju:tərəs] *n* матка; *syn.* womb [wʊ:m]

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

unreliable, threaten, wheel, vague, warning, premature, guess, sweatbox, whispering, gynecology, pause, nightmare

2. Find the stem in the following words; point out prefixes and suffixes. Translate the words into Russian:

premature, assistance, calculation, reproduction, gynecologist, achievement, significance, overdue, professional, unreliable, vaginal, merciful, expectant, breathlessly

3. Form verbs from the following words with the help of the given prefixes and suffixes. Translate them into Russian:

en-: rich, large, circle, joy

-fy: simple, identify, test, pure

-ize: critic, real, summary, analysis

-en: short, strength, wide, light, weak

4. Give an English word meaning the following:

1. a field of medicine that studies physiological and pathological processes associated with pregnancy, delivery and postnatal period;

2. a specialist that helps women during childbirth;

3. a woman that is having her baby;

4. a baby that is born before term;

5. a process of uniting a spermatozoon with an egg;

6. a baby that has just been born;

7. a chamber where premature babies are kept.

5. Find in Text A synonyms to the following words and word combinations:

to cause suspicion, two weeks, to be overdue, an analysis, a sample, to worry about smth., haemorrhage, to have a miscarriage, to be afraid, to take away

6. Find in Text B antonyms to the following words and word combinations:

gradually, much better, slowly, a slight pain, voluntarily, an ordinary case, to be clearly conscious, a failure (неудача), young, postmature, everybody, death, never

7. Find in Texts A, B, C English equivalents to the following words and word combinations:

Text A: без обиняков, вызывать подозрение, иметь поддержку, ошибиться в сроках, женский род, грелки, ободряющие слова, неслыханное событие, спасти плод, ложка для выскабливания, удалить навсегда

Text B: без предупреждения, смутно сознавала, будущий отец, родильная палата, родиться доношенным, насколько я могу сказать, недоношенный, мы сделаем все, что в наших силах; детское отделение

Text C: родовые боли, принять роды, смутное воспоминание, рожать в течение двух дней, выдержать боль, пронзительная боль, невежественное акушерство, обращение (уход)

8. Fill in the blanks with suitable words from the active vocabulary:

1. During ... many changes occur in the morphology and functions of a woman's organism. 2. A woman was in ... for almost 24 hours already and an obstetrician decided to apply 3. The rupture of the ... is a life-threatening complication requiring an urgent surgical intervention. 4. In women's consulting centers much attention is given to psychotherapy that can help women during 5. When ... started the woman was taken to a ... where she was examined by 6. The delivery is considered over when ... is cut off and ... has been removed. 7. The baby was ... and his ... was only 2 kg. 8. The pregnancy went on smoothly and in due time she ... to a healthy child. 9. In maternity homes all ... are measured and weighed. 10. You will have to keep to bed during the first months of ... not to have 11. An abortion during the first pregnancy is especially dangerous as it may result in ... and different complications. 12. The woman did not have enough milk and she could not ... her baby.

9. Say whether these statements are right or wrong:

1. Premature babies are always still-born.
2. In the 19th century most of women gave birth to their children in maternity homes.
3. Abortions are harmless for a woman's health.
4. Nausea, vomiting, the loss of appetite are characteristic signs of an early pregnancy.
5. In all cases when a woman misses her period she must be considered pregnant.
6. Vaginal bleeding during the early pregnancy is a true sign of a miscarriage.
7. If a woman is not able to conceive normally, an artificial conception can help her.

Grammar Exercises

1. Find in Texts B and C sentences with Subjunctive I and Subjunctive II.

2. Translate the following sentences into Russian, paying attention to the Subjunctive Mood and Conditional sentences:

1. I wish I knew what is wrong with him. 2. I wish you hadn't ignored the doctor's advice. 3. He looks as if he had been ill for a long time. 4. It is necessary that children (should) follow a daily regime. 5. The ward doctor suggested that the patient (should) be examined by a neurologist. 6. If I were you I'd call in a doctor to your son. 7. Pregnant women shouldn't drink much lest they should have edema. 8. Were I not so busy I would attend a scientific society. 9. I don't think that the child has measles. If it were measles, there would be Koplic-Filatov spots in his mouth. 10. If the woman had been admitted to the maternity hospital earlier, she wouldn't have had a miscarriage. 11. If you had followed the doctor's prescription, you wouldn't have complications now. 12. The patient would have survived the operation if he had had better attendance. 13. Had you been present at the operation yesterday, you would have seen an operation of caesarian section. 14. Your wife may have complications unless she goes to a maternity home.

3. Change the following sentences using Subjunctive Mood:

1. I don't know English well enough. I'm sorry about it.
2. It's a pity you didn't see the slides we were shown at the lecture yesterday. They were very interesting.
3. The tumour was not removed early. The operation did not save the patient.
4. He suffers from chronic bronchitis because he smokes too much.
5. We didn't visit Jane because we didn't know that she was in hospital.
6. She does not nurse her new-born boy. That's why he has dyspepsia.

4. Complete the following sentences:

1. I wish ...
2. She looks as if ...
3. If I were you ...
4. It is important that ...
5. I suggest that ...
6. If I were a president ...
7. Had I more spare time I ...

5. Translate these sentences into English:

1. Жаль, что у нее нет детей. Она не была бы так одинока (lonely).
2. Жаль, что вы не обратились к этому гинекологу раньше. Он бы помог вам.
3. Хирург предлагает, чтобы женщина сделала пластическую операцию.
4. На вашем месте я бы поставила мальчику горчичники.
5. Если бы у меня был с собой рецепт, я бы купила это лекарство.
6. Если бы она не сделала тогда аборт, ее ребенку было бы сейчас 10 лет.
7. Если бы вы не оказали пострадавшему первую помощь, он бы умер.
8. Если бы женщина посещала женскую консультацию, у нее не было бы выкидыша.
9. Мы бы посмотрели этот фильм, если бы прочли о нем раньше.
10. Скажи он мне о своей болезни раньше, я бы посоветовал ему хорошего врача.

6. Retell the following stories using Subjunctive Mood:

1. **Doctor:** Did you follow (следовать чему-л., последовать за чем-л.) my prescription?

Patient: Of course, not. I would have broken my neck if I had.

D.: Broken your neck?

P.: Yes, because I threw your prescription out of the third floor window.

2. In a medical school a student was having a hard time with his examination. Finally, he was asked:

— How would you induce a copious perspiration? (вызвать сильную испарину)

— I'd give the patient a lot of tea with raspberry jam.

— And if it didn't help?

— I'd give him some aspirin.

— And if it didn't help?

— I'd give him a hot bath.

— And if it didn't help?

— Then I'd make him take an examination with you, Professor, — said the student, wiping sweat (вытирая пот) from his forehead.

3. An American lady travelling in England got into a compartment in a smoking carriage (вагон для курящих) where an Englishman was smoking a pipe. For some time she sat quietly expecting the man to stop smoking. But he didn't. Soon the lady began coughing and sneezing trying to show him in this way that she objected to the smoking. But when it didn't help either, she addressed the man impatiently:

— If you were a gentleman, you would stop smoking when a lady got into the carriage.

— If you were a lady, — replied the gentleman, — you wouldn't get into a smoking carriage.

— If you were my husband, — said the American lady angrily, — I would give you poison.

The Englishman looked at her for a moment or two.

— Well, — he said at last, — if I were your husband, I would take it.

Speech Exercises

I. Answer the questions to Text A:

1. Why did Graham think that his wife was pregnant?
2. How did Graham respond to the news that his wife was pregnant?
3. What happened to Clare that night? Was it dangerous?
4. What measures did the gynecologist take when Clare was admitted to the hospital?
5. Why couldn't the doctor save the fetus?

2. Ask questions to Text B.

3. Make a written translation of the extract of Text C beginning with the words "She wished she had paid more attention ..." up to the end.

4. Retell Text C on behalf of Scarlett.

5. Learn the typical questions a gynecologist asks his patients:

В каком возрасте появились менструации? At what age did you have your first period?

Сколько дней длится менструация? How long is your period?

Выделения обильные (умеренные)? Are discharges excessive (moderate)?

Есть ли боли во время менструации? Do you have pains during your period?

Сколько было беременностей? How many pregnancies have you had?

Сколько родов? How many childbirths?

Были ли выкидыши (аборты)? Had you any miscarriages (abortions)?

Рожали нормально (со щипцами, делали ли вам кесарево сечение)? Were the deliveries normal (Did you have forceps deliveries or caesarian section)?

Какие у вас боли (сильные, слабые, тупые, острые)? What is the character of the pains? (severe, slight, dull, sharp)

В каком положении боли усиливаются? In what position do the pains get worse?

Сопровождаются ли приступы головокружением, тошнотой, рвотой, частым мочеиспусканием, одышкой, потерей сознания, повышением температуры? Are these attacks accompanied by giddiness, nausea, vomiting, urinary frequency, breathlessness, loss of consciousness, high temperature?

У вас были какие-нибудь гинекологические заболевания? Have you had any gynecological disorders?

6. Make a dialogue between a gynecologist and a patient.

7. Translate into English:

В современной медицине вопросам акушерства и гинекологии придается большое значение. Изучаются вопросы ведения родов, профилактики асфиксии плода. Ученые внедряют в практику (to introduce into practice) меры профилактики и лечения бесплодия, токсикозов беременности, акушерского травматизма, кровотечений и других осложнений беременности и родов. Большое внимание уделяется уходу за недоношенными детьми, заболеваниям новорожденных. Ведутся исследования по обезболиванию родов. Специалисты изучают методы диагностики, профилактики и лечения злокачественных опухолей, эндокринных расстройств и другие проблемы акушерства и гинекологии.

8. Render the text in English:

Луиза Браун, которая родилась с помощью искусственного зачатия, была названа «дитя века». Ее родители были способны к репродукции, но мать не могла нормально зачать. Эксперимент проводился двумя английскими учеными. Хирургическим путем они удалили яйцеклетку из яичника женщины и поместили в специальную пробирку (a test-tube), где она была оплодотворена сперматозоидами ее мужа.

Спустя три дня развивающийся плод был имплантирован в матку женщины, где он продолжал расти. Беременность протекала нормально. Ребенок родился только на несколько недель раньше срока, путем кесарева сечения, так как врачи боялись заражения крови у матери. Так как ребенок был недоношенным, он первый месяц находился в инкубаторе. Луиза росла и развивалась нормально.

В настоящее время метод искусственного зачатия широко вошел в акушерскую практику и благодаря ему родились тысячи нормальных детей.

9. Listen to the text. Retell it according to the plan:

a) Gordon appears in the house of a woman in labor.

- b) Gordon reads the textbook.
- c) His preparations for the delivery.
- d) The happy end.

a) During my midwifery practice in the 4th year I was called to a woman in labor. It was going to be my first case of delivery and I was very nervous. The door was opened by a thin girl of about five who took me upstairs to the room where the expectant mother was lying. I hoped to find a midwife there, the cool, experienced midwife that usually controlled all the students, but there was nobody. I was alone with my patient. I felt like an actor who forgot the words and found that the prompter (суплер) had gone out for a drink.

"Now, Mother," I said cheerfully. "How many children have you?" — "Five, Doctor," she answered.

Well, that was something. At least one of us knew a bit about childbirth. I wondered what to do.

b) "I think it's coming, Doctor!" she cried out between birth pains. I grasped her hand. "You'll be all right in a minute," I said as confidently (уверенно) as possible. "Leave it to me."

I turned into the corner and looked as if I was waiting for the time to interfere. Out of my pocket I drew a small but valuable book in a red cover "The Student's Friend in Obstetrical Difficulties" by Sir Percy Cudlip. He was an old obstetrician and had no illusions about what the students would find difficult. It started with "The Normal Delivery". The text was written in short numbered paragraphs, like a cookery book. I looked at the first page. "Sterility," it said. "The student must try to achieve sterile surroundings for the delivery and scrub-up himself as for a surgical operation. If there are no sterile towels, newspapers may be used as they are often bacteria-free."

c) Newspapers, that was it! There was a pile of them in the corner, and I scattered them over the floor and the bed. This was a common practice in the district and if Mr. Percy Cudlip knew how many babies were born yearly on the "Daily Herald", he would be most surprised. I put a bowl with hot water on the table, took some soap and brush from the bag and started scrubbing.

“Oh, Doctor, Doctor!” cried the mother. — “Calm down!” I said airily (беспечно). I went on scrubbing. The mother moaned. A cat which had not been removed, jumped in the middle of the newspapers and started tearing them with its claws (когти).

d) Suddenly I became aware of a new note in the mother’s cries — a higher weak noise. I dropped the soap and pulled down the blanket (одеяло)... The baby was washed and put into a drawer (ящик) of a wardrobe that for a year was to be his cot. The mother was delighted and said she had never had such a comfortable delivery.

“Do you do a lot of babies, Doctor?” asked she. — “Hundreds,” I said. “Every day.” — “I’ll call him after you, Doctor. I always call them after the doctor or the nurse.”

I was very proud of the child. It was my first baby, born through my own skill and care. I had already forgotten that my single manoeuvre in helping the delivery was pulling back the blanket.

From Doctor in the House by R. Gordon

10. Read the text and discuss it in class.

There are lots of things that worsen the gynecological situation in Russia. The main one is that Russia is still experiencing an actual epidemic of abortions, traditionally being ahead of others in this respect. It is the world’s leader with about 2.5 million abortions a year. After a second or third abortion the number of women suffering from inflammations or endocrine dysfunction rises to nearly 40 percent.

If a woman has had three or more abortions before childbirth, she may face such unpleasant things as internal bleeding, infertility, intrauterine infection and others.

TEXT A

The news my sister told me was bad news, indeed. Otto, my gay, charming little brother, was losing his eyesight. There had been no warning at all. One day, a week or so before, he had been reading in Latin class when suddenly he said to the teacher, "I can't see."

Since then father had taken him to several specialists. They had agreed on the diagnosis. Otto was suffering from gradual detachment of the retina which could finally end in total blindness. When I returned to the University I lost no time in taking the reports¹ to my professor of ophthalmology. He, too, confirmed the diagnosis. The next day in the dissecting room I confided my grief to my friend Elza.

"Listen," she said. "I know a doctor who has taken eyes from the dead many times. He must be having some success or he would not continue. I went to see Dr. Bernox. He impressed me as a fine physician who worked out a new technique in which he believed."

When I told him about Otto he was not optimistic. It was true that he had succeeded in arresting similar conditions by injections but he feared that Otto's case had advanced too far. After much persuasion he agreed to try.

The therapy was painful but effective. Otto was left with impaired eyesight but was safe from total blindness; the disease was arrested. Dr. Bernox became my hero. Elsa told me that Dr. Bernox had been taking eyes from the dead in an attempt to restore the sight of the living. One day during

Otto's recovery I dared to ask the doctor about it, and I was rewarded by an explanation. In cases of injury and in some diseases, Dr. Bernox told me, the damage may involve only the cornea, that transparent protective film that covers the iris's center. With cataracts of the eyes, for example, the cornea becomes clouded or opaque. If the cornea could be replaced with a healthy one the patient could see again.

"But how can that be done?" I asked curious about surgical procedure. — "Would you like to see?"

On the appointed day Dr. Bernox's nurse took me into the small private operating room in the doctor's house. The patient, a middle-aged man, was ready and local anaesthesia had already been administered. I watched Dr. Bernox make a circular incision following the outline of the iris, and lift the small opaque membrane. Then he took a similar round but transparent bit of tissue from a jar where it floated in a sterile saline solution. This he placed over the man's iris, and with the finest horsehair² he sutured it around its edges to the sclera or the white of the eye. Finally, he covered both eyes with a bandage, said a reassuring word to the patient, and asked me to follow him into the consulting room.

I could hardly wait to ask my question. "Did you get the cornea from the dead?" — "Not these," Dr. Bernox said, "I discovered after my first attempts that once rigor mortis sets in, the corneas are useless for this purpose — the operation cannot succeed. But twice" — his voice dropped to a whisper — "twice I have been able to take the corneas from accident cases soon enough. The first operation, in which I used the fresh material, was successful — when the bandages were removed the patient could see. This is the second."

On my next visit Dr. Bernox told me joyfully that the patient, whose operation I had witnessed, had also recovered his eyesight.

From *Woman Surgeon* by Else La Roe

NOTES

1. the reports — зд. заключения врачей
2. the finest horsehair — тончайший конский волос

TEXT B

Dick found an oculist — the best in London. A great fear came upon him, a fear that made him hold his breath as he walked into the oculist's waiting room with the heavy carved furniture. The dark-green wall-paper and pictures on the walls. He recognised a reproduction of one of his own sketches.

Then his turn came, and the doctor was bending above him seated in an armchair. The blaze of a gas microscope in his eyes made him wince. The doctor's hand touched the scar of the sword-cut on Dick's head, and Dick explained briefly how he got it. When the blaze was removed Dick saw the doctor's face and the fear came upon him again. The doctor wrapped himself in a mist of words. Dick caught allusions to¹ "scar", "frontal bone", "decay of the optic nerve", "extreme caution" and the "avoidance of mental anxiety".

"Verdict?" he said in a low voice. "My business is painting, and I dare not waste time. As far as I can understand, you call it decay of the optic nerve, or something, and therefore hopeless. What is my time-limit, if I avoid all strain and worry?"

"Perhaps one year."

...Dick went into the street and was joyfully received by Binkie. "It's very bad, little dog. Just as bad as it can be. We'll go to the park to think it over." They walked to the tree that Dick knew well and sat down to think, because his legs were trembling under him.

"How could it have come without warning? It's as sudden as being shot. It's the living death, Binkie. I'll be shut up in the dark in one year and I shan't see anybody and I shall never paint again, even if I live to be a hundred." Binkie wagged his tail merrily. "Binkie, we must think. Let's see how it feels² to be blind."

Dick shut his eyes, and flaming commas floated under the eyelids. Yet when he looked across the park the scope of his vision was not narrowed. He could see perfectly well, until a procession of slow-wheeling fire-works defiled across his eyelids.³

The day was failing⁴ and Dick thought for a moment that the twilight of the blind had suddenly come upon him. "Allah Almighty!"⁵ he cried in despair. "Help me through the time of waiting, and I won't whine when the punishment comes. What can I do now, before the light goes?"

From *The Light That Failed* by R. Kipling

NOTES

1. Dick caught allusions to — Дик уловил слова
2. Let's see how it feels ... — Каково ...
3. slow-wheeling fire-works defiled across his eyelids — медленно движущиеся искры проплыли под его веками
4. The day was failing — День угасал
5. Allah Almighty! — Аллах Всемогущий!

ACTIVE VOCABULARY

TEXT A

- | | |
|--|--|
| advanced case [əd'vɑ:ns't 'keɪs] запущенный случай | iris ['aɪrɪs] <i>n</i> радужная оболочка глаза |
| arrest [ə'rest] <i>v</i> задержать, остановить; <i>n</i> остановка; cardiac a. | ophthalmology [ɒfθə'l'mɒlədʒɪ] <i>n</i> офтальмология; <i>syn.</i> eye diseases |
| blind [blaɪnd] <i>a</i> слепой; the b. слепые | pupil ['pjʊ:pl] <i>n</i> зрачок |
| cataract ['kætərækt] <i>n</i> катаракта; congenital c. врожденная катаракта; senile c. старческая катаракта; traumatic c. травматическая катаракта | restore [rɪ'stɔ:] <i>v</i> восстанавливать; to r. vision восстановить зрение; <i>syn.</i> to recover vision |
| confirm [kən'fɜ:m] <i>v</i> подтверждать | retina ['retɪnə] <i>n</i> сетчатка; detachment of r. отслойка сетчатки |
| cornea ['kɔ:niə] <i>n</i> роговица; opaque c. мутная роговица; transparent c. прозрачная роговица | technique [tek'nɪk] <i>n</i> техника, методика |

TEXT B

- | | |
|--|--|
| eyelid ['aɪlɪd] <i>n</i> веко | s. физическое напряжение; mental s. умственное напряжение |
| optic nerve [ɒptɪk 'nɜ:v] зрительный нерв; <i>syn.</i> visual nerve ; decay of the o.n. | vision ['vɪʒn] <i>n</i> зрение; <i>syn.</i> eyesight, sight ; scope of v. поле зрения; <i>syn.</i> field of v. |
| strain [streɪn] <i>n</i> напряжение; physical | |

ADDITIONAL VOCABULARY

- | | |
|---|---|
| eye ground [aɪ 'graʊnd] глазное дно; <i>syn.</i> fundus | lens [lenz] <i>n</i> 1. хрусталик; <i>syn.</i> crystalline ; 2. линза |
|---|---|

longsightedness [ˌlɒŋ'saɪtɪdnɪs] <i>n</i>	давление; <i>syn.</i> ocular pressure
дальнозоркость	spectacles ['spektəklz] <i>n</i> очки; <i>syn.</i>
shortsightedness [ʃɔ:t'saɪtɪdnɪs] <i>n</i>	glasses
близорукость; <i>syn.</i> nearsightedness, myopia	wall-eye ['wɔ:lai] <i>n</i> бельмо; <i>syn.</i> leucoma
ocular tension ['ɒkjʊlə 'tenʃn] глазное	water ['wɔ:tə] <i>v</i> слезиться

EXERCISES

Vocabulary Exercises

1. Practise the pronunciation of the following words:

eyesight, technique, blindness, opaque, procedure, succeed, touch, sword, above, furniture, twilight, despair

2. Find the stem in the following words; point out prefixes and suffixes. Translate the words into Russian:

illegal, unaware, punishment, avoidance, warning, reproduction, incision, blindness, persuasion, hopeless, painful, effective

3. Find in Text A antonyms to the following words and word combinations:

to restore eyesight, partial, joy, the alive, a failure, to fail, painless, a transparent cornea, a conservative treatment, general anaesthesia, to put a bandage

4. Find in Text B synonyms to the following words and word combinations:

an ophthalmologist, shortly, to take away, the optic nerve, carefulness, psychic, to lose time, anxiety, merrily, to shake, to close one's eyes, the field of vision, quite well, unexpectedly

5. Give English equivalents to the following words and word combinations:

Text A: терять зрение, отслойка сетчатки, полная слепота, запущенный случай, поврежденное зрение, восстановить зрение, прозрачная пленка, зрачок, мутная роговица

Text B: затаить дыхание, поражение зрительного нерва, избегать напряжения, без предупреждения, закрыть глаза, сумерки, поле зрения

6. Complete the sentences:

1. In the eye we find 2. Some eye diseases are the following ... 3. Blindness may be caused by 4. A cataract may be 5. A scope of vision is narrowed in cases of

on a stretcher the patient was put in bed immediately and all necessary measures were taken to relieve his condition. 3. Having had pneumonia twice the patient was always afraid of catching cold. 4. General symptoms may appear gradually, headache being usually an early one. 5. It is the blood test made yesterday that causes the doctor's alarm. 6. If arrested in time, almost any disease can be cured. 7. The patient's post-operative condition being uneventful, he will be discharged soon. 8. The child having been in contact with a case of diphtheria, he fell ill on the fifth day. 9. Transfusing blood is a complicated procedure and it should be performed by an experienced nurse. 10. The students were told that the lecture would be followed by a demonstration of patients. 11. The patient must have learned about the severity of his disease from the nurse. The doctor didn't tell him anything about it. 12. You should have followed the prescribed treatment. Now your blood pressure is high and you won't be allowed to go out for some time. 13. "To cure sometimes, to help often, to console (утешать) always" — that was an old motto (девиз) in medicine. 14. The patient to be presented at the lecture of psychiatry today is suffering from amnesia. 15. To make an accurate diagnosis a doctor must remember that a rash is a symptom of many diseases from allergic conditions to infectious ones. 16. Such symptoms as weakness, pale skin, nausea, possibly accompanied by vomiting, irregular breathing, a weak and rapid pulse are sure to be signs of shock. 17. The symptoms of the flu are known to resemble those of a cold, but may also include fever, severe headache and muscular pains. 18. The tumor is unlikely to be malignant but it is necessary to make a biopsy to be sure of it. 19. If the driver had been more careful, the accident wouldn't have happened. 20. Had the treatment started a little later, it would have been impossible to restore the eyesight.

2. Translate the sentences into English:

1. Почувствовав сильную боль в сердце, я вызвал врача. 2. Больной, прооперированный вчера по поводу катаракты, чувствует себя хорошо. 3. Роженице сказали,

что ее новорожденная дочь весит 3 килограмма. 4. Вашему сыну придется носить очки, так как он близорук. 5. В кабинете врача никого нет. Должно быть, он уже ушел. 7. Чтобы получить медицинскую справку (a medical certificate) для бассейна, мне пришлось сделать анализы крови и мочи. 8. Сестра привела в перевязочную больного, которого нужно было осмотреть. 9. Студенты наблюдали за тем, как хирург накладывал послеоперационные швы. 10. Женщина хотела, чтобы врач измерил ей кровяное давление, так как она страдала головокружениями. 11. Говорят, что профессор Белов успешно лечит кожные болезни. 12. Больной был счастлив, что опухоль оказалась доброкачественной. 13. На вашем месте я бы не отказывалась от операции. 14. Если бы Скорая помощь приехала раньше, пострадавшего бы спасли.

Speech Exercises

1. Answer the questions to Text A:

1. What was the matter with Otto?
2. Was the operation successful?
3. How did Dr. Bernox explain his experiments to Elsa?
4. Describe the operation the ophthalmologist performed on his patient.

2. Ask questions to Text B.

3. Make a written translation of an extract of Text B from the words "Dick went into the street ..." up to the end.
4. Retell Text B on behalf of the author.
5. Listen to the text:

Operations Without a Knife

Operations are quite frequent at the Moscow Eye Diseases Hospital. But there are some operations which are watched with special interest by the whole hospital. Such as cases of detached retina. Failure here leads to blindness.

"Each complicated operation especially in cases of such a serious condition as the detachment of the retina involves tak-

ing a risk," said surgeon Victoria Perlamutrova. "Our task is not only to restore the patient's eyesight but to make the operation short and painless. Recently I treated a young man who had lost sight of one eye 5 years ago because of the detachment of the retina. He came to us because he was losing the sight of his other eye, too. We had to save the second eye. Using the usual technique it would be necessary to open up the eye, operate and then treat it for a long time. But sometimes we can perform the same operation without a knife, absolutely painlessly and in a few minutes. I used the method of photocoagulation on the young man. A special instrument is aimed at (направляется) the pupil of the eye, a doctor finds the detached part of the retina and it is attached in place again by a strong beam of light."

6. Say whether these statements are right or wrong. Correct them if they are wrong:

1. The surgeon speaks about the method of treating glaucoma.
2. The operations in cases of the detachment of the retina do not involve taking a risk.
3. The method of photocoagulation makes such operations painless and short.
4. The retina is attached by a scalpel.
5. Lasers are widely used now for attaching the retina.

7. Learn the typical questions an ophthalmologist asks his patient:

Когда вы в последний раз проверяли зрение?	When did you check your vision last?
Страдаете ли вы близорукостью (дальнозоркостью)?	Do you suffer from shortsightedness (longsightedness)?
Вы постоянно носите очки?	Do you wear glasses permanently?
Когда ваше зрение ухудшилось?	When did your vision get worse?
Вам нужны очки для дали (для чтения).	You need glasses for distant vision (for reading).
Глаза слезятся?	Do your eyes water?
Пноятся ли глаза по утрам?	Is there any pus in your eyes when you get up?

Вы что-нибудь закапываете в глаза?	Have you put any drops into your eyes?
Как долго?	For how long?
Вы различаете цвета?	Do you distinguish colours?
Вы измеряли глазное давление?	Have you taken the ocular tension?

8. Make up a dialogue between an oculist and a patient.

9. Render this text in English:

Одно из наиболее распространенных заболеваний глаз, первым симптомом которого является ухудшение зрения, — катаракта. Дело в том (the thing is), что одна из причин катаракты — возрастные изменения. А средняя продолжительность жизни (an average life span) за последнее время значительно увеличилась: если в начале XX века она составляла около 40 лет, то теперь около 70.

Единственный метод лечения этого заболевания — хирургический. Ежегодно операцию по поводу катаракты делают в США 2,5 млн. человек, а в Европе приблизительно 1,5 млн. В развивающихся же странах больные просто не обеспечены необходимой медицинской помощью и часто не могут сделать операцию. Поэтому если в развитых странах основная причина слепоты — глаукома и сахарный диабет, то в развивающихся странах именно катаракта является главной причиной слепоты.

Суть операции заключается в том, что хрусталик, который с возрастом теряет свою прозрачность и не пропускает световые лучи, заменяют (to substitute) искусственным. Все манипуляции делаются через микроразрез, который не требует наложения швов. Больной остается в клинике после операции лишь на несколько часов.

Метод фактоэмульсификации, который применяется теперь в некоторых клиниках, является самым современным, эффективным и безопасным.

10. Read the text. Act it out as a journalist and a scientist.

— How serious is glaucoma?

— Very. This group of eye diseases affects nearly 2 million Americans. In glaucoma, an increase in pressure inside the

eye damages the optic nerve, which carries the visual message from the retina to the brain. Remember, we don't see with our eyes; we see with our brains. The most common type, chronic glaucoma, gradually destroys the field of vision without the patient's knowing it. There may be no obvious symptoms until very late in the course of the disease. Unfortunately, if the optic nerve is destroyed, the damage is permanent.

— How is glaucoma best treated?

— Glaucoma usually can be well controlled by eye drops that lower the pressure in the eye. Patients should have their intraocular pressure measured regularly to make sure the drops are working. If glaucoma is treated in the early stages, loss of vision can be prevented.

— Are lasers used to treat glaucoma?

— Yes. The goal of laser treatment is to make it easier for fluid to leave the centre of the eye, so that the pressure within the eye will be lower. When a patient has acute glaucoma — a very painful condition, that comes on suddenly — a laser may be sometimes used instead of an operation.

11. Translate a joke into English:

Специалист по иридодиагностике осматривает глаз пациента. Он говорит:

— Так, я вижу, что вы страдаете от диабета и нарушения работы сердца. Левая почка функционирует плохо и имеются первые признаки язвы желудка. Вы должны обратить внимание на ваши легкие и...

— Доктор, — перебивает пациент, — посмотрите, пожалуйста, мой другой глаз. Этот стеклянный.

The key to the chainword: 1. ear 2. respond 3. deliver 4. rate 5. eradicate 6. emergency 7. year 8. removal 9. lesion 10. neurologist 11. typhus 12. suicide 13. eruption 14. neurosis 15. scar 16. recover 17. resuscitation 18. nausea 19. ambulance

Appendix
(TEXTS FOR ADDITIONAL READING)

TEXT 1

Health and Development in the 90th

In the 90th the world medicine has made great progress in some fields of the protection of human health. Significant improvements in health status, as defined by such indicators as infant mortality rate, life expectancy at birth, and birth weight, have been noted. The gap in infant mortality rates between the developing countries as a whole and the developed countries has narrowed. Reductions in infant mortality and increases in life expectancy seem to be associated with major gains against vaccine-preventable diseases, primarily targeted during infancy and early childhood.

But along with achievements in some spheres of world medicine it is still faced with a number of problems. There is a rise in tropical diseases: cholera has spread to the Americas for the first time during the 20th century; yellow fever and dengue epidemics are affecting increased numbers of people, the malaria situation has deteriorated, leishmaniasis and non-venereal endemic syphilis are increasing.

Pulmonary tuberculosis is on the increase, partly because of HIV co-infection. Pneumonia and hepatitis B remain serious threats. The AIDS pandemic is spreading globally and rapidly becoming a most serious threat to human existence. WHO estimates that 8-10 million adults may currently be infected with the human immunodeficiency virus. More than half of them will develop AIDS within ten years, and most will die. The international community is acutely aware of the problem

of the spread of drug abuse, especially among young people, with its threat of destroying their future lives. The link between HIV transmission among injecting drug users and the spread of AIDS is well established.

Chronic non-communicable diseases are becoming more widespread, especially in the developing world, where the number of cancer cases is higher than in the developed countries. Lung cancer has overtaken breast cancer among females in some developed countries owing to the spread of smoking among women.

Diabetes is increasing everywhere. Blindness, especially that is caused by cataract, is more common than previously. Alcohol-related diseases are on the rise, especially in developing countries, as are mental health problems and suicide, particularly in the developing countries.

Thanks to health education cardiovascular diseases are on the wane in developed countries, except in Eastern Europe, and in some developed countries the incidence of lung cancer has decreased in males since the number of smokers among them began to decline.

Over the last decades a number of environmental threats to health have become more prominent. Some, like global warming, the depletion of the ozone layer or the destruction of ecosystems, appear to pose a threat to life itself. Others, such as water quality and its availability, waste disposal and air pollution, are seen for the present more as regional and local issues. A problem of particular concern is the extent of the effect on health of the nuclear power reactor accident at Chernobyl, USSR, on 26 April 1986. In both developed and developing countries, wherever nuclear power is used to produce energy, there is a risk that an accident might occur, and we can only hope that such accidents will be few and small in scale.

From World Health Forum, 1998

TEXT 2

Usefulness of Yoga

It is easy to say that one must have good health — mental, physical and spiritual — but how is one to acquire it? What we need is a system of exercises which will help the all-round development of the body, mind and personality. It should also help the body resist diseases, should be capable of being practised by men and women, children and old persons, by the healthy and by the sick. Such a system is Yoga asanas. Yoga means a spiritual union with God. The system was evolved by people of the Indus Valley civilization of the third millenium B.C. who realised the importance of a healthy body for intellectual and spiritual pursuits and developed and perfected it. Later, around 1200 B.C., it was systematized.

Yoga exercises consist of asanas (poses), pranayama (breathing exercises) and bandhas exercises which help in exercising the muscles and the joints of the body in different combinations. Together they tone up the body by supplying the bodily organs with plenty of fresh blood, rejuvenating the ductless glands and other important internal parts, regulating the rhythm of breathing and soothing the nerves. All these help prolong life. If we add medication to these three, it will increase our power of concentration.

The body needs physical exercise sufficient in quantity and kind to keep it in working order. Lack of physical exercise often leads to several irregularities in the normal human physiology which in turn makes the person take pills. It is better not to take pills than to make our bodies diseased and then take pills. One should follow the principle of “prevention is better than cure”.

Yoga exercises, if scientifically applied, are capable of influencing the endocrine glands, just as they do the muscles, digestive organs and the respiratory, circulatory and nervous system. The Hathayoga concept of asana, that a systematic course of selected physical movements acts not only as an immuniser and a preventive factor against diseases but also as a curative agent, is now generally admitted and applied as

physiotherapy by all leading medical authorities.

Asanas have been found of value in certain forms of dyspepsia, gout, obesity, high blood pressure, diabetes, neuralgia, nervous disturbances and some forms of paralysis, etc. To a practitioner of Yoga asanas colds, constipation, headaches, tiredness and other common ailments will be unknown.

It is not a new thing for us that Yogis after several years of Yogic exercises can develop some supernatural properties. They can stop their hearts, remain buried in the ground or lie on nails. All this is done by developing a voluntary control over the autonomic activities of the body. If some supernormal properties can be acquired through Yoga we all must try to acquire it.

From *Heal Yourself with Yoga* by Ram Kumar

TEXT 3

Hypertension

Hypertension or high blood pressure is a very common condition, affecting more than 15 percent of the adult population of North America, although half of them don't know it. The generally accepted maximum normal reading is 140/90, although many physicians will accept somewhat higher readings in older people. One of the treatment problems of this condition is that many people who are hypertensive do not feel ill. There are no early symptoms and it is very difficult for physicians to convince patients that they have to be on medications for the rest of their lives.

In most cases it is impossible to establish a definite cause of hypertension. These cases — possibly more than two-thirds — are called primary hypertension. Other cases, or secondary hypertension, are caused by such conditions, as kidney disease, pregnancy, hyperthyroidism, or more rarely, by narrowing the aorta (the main artery from the heart). Contraceptive pills may be a factor in some women.

Other so-called risk factors are smoking, alcohol abuse, obesity, and unfortunately, family history. It is important for your physician to establish whether the condition is primary

or secondary. This may include blood test, kidney and chest X-rays, electrocardiograms and possibly other tests.

Since, as stated, hypertension does not cause symptoms until complications develop, it is important for the physician to diagnose and treat early and effectively, and it is equally important for the patient to seek a physician he trusts, and follow his treatment and advice.

Treatment may consist of a regimen of stopping smoking, losing weight and/or medication. There are many effective anti-hypertensive medicines with minimal, if any, side-effects.

From Current Medical Practice, 1987

TEXT 4

HIV and AIDS Among North American Women

Women constitute the fastest growing segment of adults with AIDS in the USA, representing 18 percent of cumulative cases in 1995. AIDS is the fourth leading cause of death in American women aged 25 to 44. In several major urban areas, including New York, it is the leading cause of death of women between the ages of 25 to 44. Of particular concern is the fact that HIV infection is increasing rapidly among urban teenagers and among women who belong to ethnic and racial minority groups. Almost 75% of women with AIDS in the USA are African American or Latina, although these two ethnic groups comprise less than 20% of all American women.

The pattern of HIV transmission in women has changed dramatically since the beginning of the epidemic. Among American women with AIDS, injection drug use was the major primary route of infection for the first decade of the epidemic. The proportion of women infected by vaginal intercourse has, however, increased steadily, and since 1993 heterosexual transmission has become the dominant route by which women are infected with HIV.

Current data indicate that many women are unaware of the HIV status of their male sexual partners. Currently the most effective means of preventing sexual transmission of HIV

among sexually active women is the use of male condoms, which is not under the control of women. There is an urgent need for the development of vaginal microbicides (средства, убивающие микробов) that can be used by women to prevent heterosexual transmission.

Early diagnosis of HIV infection in women is very important in order to provide them with the full advantages of periodic gynecological examinations, antiretroviral therapy and prophylaxis against opportunistic infections. Pregnant women are thought to be in a relatively immunosuppressed state to protect the fetus from immune rejection. This has brought concern that HIV infection may progress more rapidly during pregnancy. However, at present there are no convincing data that HIV disease progression is accelerated by pregnancy.

The majority of pediatric HIV infections are due to maternal-fetal transmission. The HIV transmission to the fetus can occur in utero, intrapartum, or postpartum. Of approximately 7,000 infants born to HIV-infected mothers each year, 1,000 to 2,000 are HIV infected. The European study reported that transmission rates were higher in vaginal deliveries compared with caesarian section deliveries. Transmission rates were also higher in vaginal deliveries with forceps, vacuum extractors, and with the use of scalp electrodes.

From The American Journal of Medicine, 1996

TEXT 5

Disaster Epidemiology

The degree to which disasters, regardless of their location, cause death and injury varies within and between disaster types. The main distinction is between earthquakes, which often cause deaths and injuries on an enormous scale, and the other types of disaster. The reason for these differences is to be found in the mechanical effects of the disasters concerned.

Earthquakes generally cause death and injury through the collapse of houses and other structures. It is no surprise that where buildings are intrinsically dangerous, even relatively slight shocks may cause large numbers of casualties.

Earthquake injuries are predominantly orthopedic; crush syndrome is common after many but not all earthquakes. The ratio of deaths to injuries is generally of the order of 1:3 or higher.

Floods may cause injuries as a population relocates to higher ground but not many deaths, or where floods are violent, as in tsunamis, there are many deaths but few, if any, serious injuries. An individual who is caught by the flood drowns; one who survives is generally uninjured. The great tsunami which struck Bangladesh in 1970 killed approximately 240 000 people, 14.2 per cent of the population. However, injury was largely limited to cuts and bruises and occasional fractures. A "cyclone syndrome" of severe abrasions to the arms, chest and thighs where people had clung to trees was noted. Age-specific mortality showed, as might be expected, a greater mortality among children and old people, as these groups would be least able to cling to trees during the hours of the cyclone.

Tornados cause both deaths and injuries, but with a very specific pattern of injuries arising from the sheer violence of the forces involved. There are many head and chest injuries with many and severe soft-tissue injuries. Tornado injuries are also frequently contaminated with debris (обломки), and secondary sepsis is a common problem with management.

A fear of epidemics after many disasters has no obvious foundation. The diseases which most often cause alarm are typhoid and cholera, the latter sometimes even in regions where it is known not to exist. On the basis of extensive documentation of the health of refugee population it may be assumed that epidemics will occur where a population is concentrated. Most mortality has followed outbreaks of measles and diarrhea.

From The British Journal of Accident Surgery, 1990

TEXT 6

Management of Thermal Burns

Most patients with burns are first seen by a physician in the emergency room of a general hospital, where the question of disposition will arise. The mortality rate of patients hospital-

ized in specialized burn units is approximately 14 percent, the most significant factors contributing to death are age and the total surface area of the body involved. The mortality and morbidity rates from burns in persons over 50 rise sharply.

Patients with minor burns of less than 15% of the total body surface can usually be treated initially as outpatients. Patients with moderate burns of 15% to 30% of the total body surface should be admitted to a general hospital. Patients with critical burns, greater than 30% or burns involving the face, hands, feet or perineum preferably should be treated in a major hospital under the care of a surgeon experienced in burn treatment. The presence of such medical conditions as diabetes, alcoholism, cardiac disease, or inhalation injury, pulmonary disease, as well as chemical or electrical burns, may increase the risk factor considerably and necessitate admission to a specialized hospital.

The presence of inhalation injury is a severe complication of thermal burns and may increase the mortality rate considerably. Inhalation injury should be suspected from a history of a fire in an enclosed space, the presence of facial burns, lesion of the pharynx and edema of the vulva, and hoarseness. Patients who are unconscious with no other demonstrable cause also should be suspected of having inhalation injury.

The most immediate threat to the patient is usually upper airway obstruction and the presence of toxic blood levels of carboxyhemoglobin. In the presence of these signs even if the patient appears to be stable, it is necessary to perform endotracheal intubation, since delay may cause considerable soft tissue swelling about the pharynx which will make intubation at a later time very difficult.

In recent years increasing emphasis has been placed on the early psychological support of the burn patient. The care of the burn patient is a team effort, the presence, as soon as possible, after injury of a psychologist, a psychiatrist and skilful rehabilitation experts being essential to improve the quality of life of patients who survive the injury.

TEXT 7

Post-Operative Pain Relief

The past decade has seen major improvements in the provision of post-operative pain relief. This has been the result of a better understanding of the neurophysiological basis of pain relief, improved methods of organization and delivery of analgesic technique and changes in surgical practice.

Effective post-operative pain relief benefits the patient by providing comfort in the period after surgery as well as modifying the autonomic and somatic reflexes to pain which delay recovery. This has led to the realization that effective treatment of acute pain has the potential to lessen the stress response and facilitate early rehabilitation and recovery.

The report of the Royal College's working party on pain after surgery made a number of recommendations to improve standards in the provision of pain relief after operation. One of the key recommendations was the development of special acute pain teams in each major hospital to take day-to-day responsibility for the management of post-operative pain.

It is important to assess pain on movement or coughing to evaluate the efficacy of treatment. The simple step of introducing regular pain assessment has considerably improved the management of post-operative pain in general surgical wards.

Analgesia using intravenous opiates has become popular with patients and nurses. Patients like the security of knowing that they can achieve pain relief quickly and without painful intramuscular injections. Nurses find the machines easy to use and time-saving. Proven benefits include better pain relief and greater patient satisfaction compared with those of conventional intermittent therapy.

From The British Journal of Surgery, 1995

TEXT 8

The Medicolegal Autopsy

Contrary to popular belief, a medicolegal autopsy is by no means solely concerned with establishing the cause of death.

In fact, in many cases the cause of death is already evident at the scene. The manner and mechanism of death are not usually so obvious. Further, a medicolegal autopsy places special emphasis on identification of the deceased, the time of death, proper handling of evidence, and the recognition of injuries or pathological conditions that may be relevant to the judicial handling of the case.

The individual who has to determine the cause and manner of death must be provided with a detailed account of the circumstances surrounding the death and of the scene where the body was found.

For example, in the case of an apparent non-violent death inquiry should be made into the medical background of the deceased including old and recent surgery, the diet and the drugs which the individual may have used.

Homicide scenes are frequently very informative when the medical examiner is concerned. Estimation of the time of death, for example, is considerably more meaningful if done on the site before the body is handled. Correlation of injuries and other manifestations on the body surface with evidence found at the scene of crime can often be done only by examining the place where the body was found.

Postmortem examination of the body, in particular, the external examination, is essential for understanding the mechanism of injury in all cases of violent death. Therefore, injuries should not be merely listed as lacerations, abrasions, and bruises but should be described and named accordingly, e.g. (например) wide-spread burns, a stab wound, a bullet wound at the entrance or exit, etc. The report of the external examination of the body lists the age, race, sex, length and weight of the deceased, as well as the state of nourishment and any congenital abnormalities. The presence and distribution of rigor mortis (трупное окоченение) and livens mortis (трупные пятна) are important too, as is body temperature.

The description of the internal examination in a medicolegal autopsy report does not differ materially from that of any regular hospital autopsy. Injuries that were not found on exter-

nal examination such as contusions of the scalp, are described in detail. Their location and extent may indicate the site and severity of impacts. A fracture of the skull should be described as to size and shape.

The medical opinion is to establish the cause and manner of death and is based not only on the results of the postmortem examination and laboratory analyses, but on all available information that has been collected relative to the case. It is the only part of the report that is sure to be read by anyone interested in the case and thus must be worded plainly so as to be understandable and leave no room for speculation.

From Human Pathology, 1980

TEXT 9

The Elusive Diagnosis of Neurologic Disorders

Many neurological disorders may begin with symptoms indistinguishable from those seen in psychiatric disorders — such as severe anxiety, confusion and hallucinations. Little wonder therefore, that about 15 percent of patients with neurological disorders are treated psychiatrically before being correctly diagnosed.

Headache. Headache may be an important early symptom of many neurological disorders. Psychogenic headaches, especially migraine, can usually be diagnosed correctly if typical by family history, paroxysmal attacks of intense throbbing with vomiting and other gastrointestinal symptoms.

Brain tumors may resemble psychiatric illness because some neurological symptoms may accompany, precede or follow mental ones. Besides headache, brain tumors may cause nausea, vomiting, weakness of an extremity and even convulsions.

Cerebral aneurysm usually causes few symptoms, if any, and hence is not diagnosed before the rupture. Headache is usually the first symptom after rupture followed by stiffness of the neck and some loss of consciousness, the degree depending on the location and amount of haemorrhage.

Meningitis, in contrast, often causes splitting headache although it too can be mild; usually it intensifies during move-

ment or while straining. When headache occurs with other early signs of meningitis, such as increased stiff neck, fever, vomiting, convulsions and Kernigs signs, one must suspect meningitis.

Chronic cerebral arteriosclerosis may cause recurrent headache, dizziness and feeling of fullness in the head, spots before the eyes and anxiety — symptoms often mistakenly attributed to neurosis. Progressive cerebral arteriosclerosis may cause mental change resembling that of senile dementia.

Epilepsy may be announced long before the first convulsion by headache, tremor, dizziness and so on. Epilepsy in its mild form may never cause loss of consciousness and convulsions, instead it may cause transient loss of speech, epigastric disturbances and sudden fear. Daytime attacks may be considered as fainting. One must be suspicious of fainting spells that are prolonged or followed by sleep. They are likely to be epileptic.

From The Indian Practitioner, 1979

TEXT 10

The Risk of Having Children in Later Life

Over the past 50 years or so possibilities for controlling fertility have grown. These changes began with the introduction of oral contraception and have continued with the legalisation of induced abortions. On the other hand the development of more and more sophisticated techniques of *in vitro* fertilisation and advances in obstetrics enhance fertility and ensure safe deliveries in older women, thus giving them a chance to become mothers at a middle age.

But according to the findings of many obstetricians-gynaecologists an older age strongly increases the risk of at least three untoward outcomes — namely, stillbirth, miscarriage and ectopic pregnancy. Maternal age has an impact on other aspects of reproduction. Among those that are usually recorded are multiple births and congenital malformations.

When birth defects are considered, older women have a consistently increased risk for Down's syndrome, which is less of a hazard now than it was, owing to the advent of prenatal

screening. Certain rare disorders are more common among births to older fathers. Some of them that are thought to be new mutations, are detectable in offspring only later in life, schizophrenia is one example.

Information on parental age and possible unfavourable outcome is important in counselling prospective parents. But after potential parents have weighed the age factor in terms of conceiving and carrying a pregnancy to the end, they might be glad to know that a child born to older parents does have advantages. In some studies such children do better at school than those of very young parents. In the difficult task of raising children older parents may be less healthy than younger ones, but their experience and knowledge are almost always is greater, their economic situation is better, and they can give to the child a more stable rear. Biological disadvantages are to some degree balanced by social advantages.

From British Medical Journal, 2000

TEXT 11

The Golden Age of Ophthalmology

Ophthalmologists in their never-ending battle against blindness have made enormous progress. Trachoma has been almost totally eradicated; antibiotic therapy has sharply reduced the incidence of blindness from gonorrhoeal, pneumococcal and postoperative infections; severely injured eyes, which formerly were removed to prevent ophthalmia and blindness in the companion eye, are now being saved by corticosteroids, antibiotics and new microsurgical techniques.

Electron microscopic studies have extended our knowledge of the anatomy of the eye to the ultrastructural level. Important developments in pathophysiology have helped to define the nature of the mechanism which produces variation of intraocular pressure. In addition, new drugs and improvements in diagnostic and surgical techniques have enabled ophthalmologists to arrest the progressive loss of sight caused by glaucoma.

New technologies have been adopted and used by ophthalmologists. One of these new techniques is ultrasonography — an important aid in diagnosing orbital lesions, intraocular foreign bodies, tumours, hemorrhage and retinal detachments. Utilisation of lasers in ophthalmology is increased. Laser therapy is an effective procedure for coagulation of retinal lesions and for angle-closure glaucoma. Laser therapy may be administered to an individual on an out-patient basis, thus eliminating the need for hospitalisation.

Undoubtedly, the most exciting ophthalmic development in this decade is the miraculous restoration of sight immediately following cataract surgery. Within an hour or less, the skilled ophthalmologist can use microsurgical techniques to remove the cataract and implant an intraocular lens, thereby restoring the sight of patients blinded by cataract. Adding to this miracle is discharge of the patient from the hospital on the same or following day.

Another significant technological advance is vitrectomy, an operation which permits the surgeon to restore sight in eyes blinded from an opaque vitreum. A number of important new drugs have been introduced into ophthalmological practice.

In combating viral infections antiviral agents are being used with some success. Interferon, a product produced by cells challenged by a virus, has recently been shown to be a very effective therapeutic agent for herpetic infections.

Like the ancient Greeks' concept of time as a flowing river, progress is made in a continuous stream. It is clear that many different scientific disciplines have contributed to the phenomenal advances in ophthalmology, making this era a veritable "Golden Age of Ophthalmology".

From Annals of Ophthalmology, 1979

Учебное издание

Наталья Иосифовна Кролик

**АНГЛИЙСКИЙ ЯЗЫК ДЛЯ
СТУДЕНТОВ-МЕДИКОВ**

Учебное пособие

Редактор *Н.Ю. Безгодова*
Технический редактор *Э.С. Соболевская*
Компьютерная верстка *А.П. Сорманов*
Корректор *Э.Ф. Юрескул*

ООО «Издательство Астрель». ЛР № 066647 от 07.06.99
143900, Московская обл., г. Балашиха, проспект Ленина, 81

ООО «Издательство АСТ». ИД № 02694 от 30.08.00
674460, Читинская обл. Агинский р-н, п. Агинское, ул. Базара Ринчино, 84

Наши электронные адреса: www.ast.ru

E-mail: astpub@aha.ru

При участии ООО «Харвест». Лицензия ЛВ № 32 от
10.01.2001. РБ, 220013, Минск, ул. Кульман,
д. 1, корп. 3, эт. 4, к. 42.

Налоговая льгота — Общегосударственный
классификатор Республики Беларусь
ОКРБ 007-98, ч. 1; 22.11.20.600.

Республиканское унитарное предприятие
«Полиграфический комбинат имени Я. Коласа».
220600, Минск, ул. Красная, 23.

English for Medical Students

Н. И. Кролик

Английский язык для студентов-медиков

Предлагаемое пособие по английскому языку построено на текстах из художественной литературы. Каждый раздел содержит тексты, словарь медицинской терминологии, пояснения труднопереводимых слов и словосочетаний, а также систему грамматических, лексических и речевых упражнений. В приложении даны тексты из журнальной и научной литературы по тематике пособия.

Предназначено для студентов медицинских вузов.

ISBN 5-17-011717-5



9 785170 117178



«АСТРЕЛЬ»