

**МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ**  
**УЧРЕЖДЕНИЕ ОБРАЗОВАНИЯ**  
**«ГОМЕЛЬСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ»**

**Кафедра иностранных языков**

**Н. А. ШВЕЦ, И. Н. КИСЕЛЕВИЧ**

**ПОСОБИЕ ПО РАЗВИТИЮ НАВЫКОВ  
РАЗГОВОРНОЙ РЕЧИ НА ОСНОВЕ ЧТЕНИЯ  
И АУДИРОВАНИЯ АНГЛИЙСКИХ ТЕКСТОВ  
И ДИАЛОГОВ ПО МЕДИЦИНЕ**

**Учебно-методическое пособие  
по английскому языку для студентов 1, 2 курсов лечебного  
и медико-диагностического факультетов  
медицинских вузов**

**THE TEXTBOOK ON THE DEVELOPMENT  
OF SKILLS IN SPEAKING ENGLISH  
ON THE BASIS OF READING AND LISTENING  
TO ENGLISH TEXTS AND DIALOGUES  
IN MEDICINE**

**Teaching workbook  
for the 1st and 2nd year students  
of of the Faculty of General Medicine and Diagnostics  
of medical higher educational institutions**

**Гомель  
ГомГМУ  
2015**

УДК 802. 0 я 73  
ББК 81.2 Англ я 7  
Ш 35

**Рецензенты:**

кандидат педагогических наук, доцент,  
заведующая кафедрой теории и практики английского языка  
Гомельского государственного университета имени Ф. Скорины

***Л. И. Богатикова;***

кандидат филологических наук, доцент,  
заведующая кафедрой белорусского и иностранных языков  
Гомельского государственного технического университета имени П. О. Сухого

***И. Н. Пузенко***

**Швец, Н. А.**

Ш 35 Пособие по развитию навыков разговорной речи на основе чтения и аудирования английских текстов и диалогов по медицине: учеб.-метод. пособие для студентов 1, 2 курсов лечебного и медико-диагностического факультетов медицинских вузов = Teaching workbook for the 1st and 2nd year students of of the Faculty of General Medicine and Diagnostics of medical higher educational institutions / Н. А. Швец, И. Н. Киселевич. — Гомель: ГомГМУ, 2015. — 68 с.

ISBN 978-985-506-746-8

Цель учебно-методического пособия — научить медицинских работников извлекать нужную информацию из оригинальных научных текстов по специальности, составлять диалоги по предложенным моделям и вести беседу по специальности в пределах изучаемой лексики.

Предназначено для студентов 1, 2 курсов лечебного и медико-диагностического факультетов медицинских вузов.

Утверждено и рекомендовано к изданию научно-методическим советом учреждения образования «Гомельский государственный медицинский университет» 24 июня 2015 г., протокол № 4.

**УДК 802. 0 я 73  
ББК 81.2 Англ я 7**

**ISBN 978-985-506-746-8**

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«Гомельский государственный  
медицинский университет», 2015

## **ПРЕДИСЛОВИЕ**

Учебное пособие состоит из текстов, диалогов и ситуативных композиций. Тексты отобраны из новейших английских и американских медицинских сборников, журналов и других источников. Параллельно с текстом дан терминологический минимум, необходимый для понимания медицинских текстов и диалогов на английском языке. Такой подход помогает выработке творческих навыков работы над текстом.

Данное учебно-методическое пособие помогает студентам-медикам и врачам научиться составлять краткую аннотацию или резюме по теме; уметь выделить из текста предложения и целые отрывки, передающие основную идею текста; уметь озаглавить целые абзацы; научить высказывать свое мнение по различным медицинским проблемам на английском языке.

Включенные в пособие диалоги озвучены носителями языка и помогают повысить фонетический уровень.

Учебное пособие по английскому языку предназначено для студентов-медиков и врачей, продолжающих изучать английский язык.

## SECTION I

### TEXT 1

### ANXIETY

No one is free from anxiety, which is a normal and necessary part of life. Anxiety — an unpleasant sense of fear — becomes medically significant only when these fear reactions occur without obvious external cause and interfere with normal living. There is a fair range of disorders in which anxiety is the main feature. These affect about one person in 25 and include generalized anxiety disorder (previously known as anxiety neurosis), panic attacks, phobias, post-traumatic stress disorders and obsessive / compulsive disorders.

Anxiety, from whatever cause, is always associated with the *release* within the body of the hormone adrenaline, and with overaction of the part of the nervous system concerned with involuntary control of the internal organs (the autonomic nervous system). As a result, there are few parts of the body that are not affected by anxiety. These effects are purely physical. They include:

- fast pulse;
- *awareness* of the heart beat;
- «butterflies in the stomach»;
- dryness of the mouth;
- trembling of the hands;
- tightness in the chest;
- tense muscles.

Abnormal anxiety features constant fears. These might be fear of death, serious illness, *psychiatric* breakdown, financial loss, social disaster or work inadequacy. With this anxiety comes an increased dependency on others, fatigue, insomnia and frightening dreams. A strong and persistent conviction that one is suffering from a serious disease is common. This is called *hypochondria* — sufferers are hypochondriacs. Anxious people deserve sympathy and need help. There is little evidence that psychoanalysis can cure anxiety, but there are effective remedies. Wise psychotherapy by a mature and experienced *counselor*, behaviour therapy, learning relaxation techniques or carefully selected drug treatment can help greatly.

#### **NOTE!!!**

release [ri'li:s] выпуск, выделение

awareness [ə'weənes] осознание ч.-л.

psychiatric [ ,saiki'ætrik] психиатрический

hypochondria [ ,haipə'kondria] ипохондрия, ипохондрический синдром

counselor ['kaunsələ] советник

#### **EXERCISES**

*I. Read the text and divide it into several parts. Entitle each of the parts using the key sentences.*

*II. Ask questions to the 2<sup>nd</sup> paragraph.*

*III. Read paragraph 3, pay special attention to the pronunciation and intonation of the English language.*

*IV. Find in the text the following word combinations and translate the sentences containing them:*

- tightness in the chest;
- psychiatric breakdown;
- interfere with normal living;
- learning relaxation techniques;
- post-traumatic stress disorders;
- a strong and persistent conviction;
- involuntary control of the internal organs.

*V. Find in the text the information about physical effects of anxiety.*

*VI. Answer the following questions:*

1. What is anxiety?
2. What general anxiety disorders do you know?
3. Anxiety is associated with the release of adrenaline within the body, isn't it?
4. Could you name the fears that may be caused by anxiety?
5. What is the main treatment for anxiety?

*VII. Using the facts from the text tell about:*

- the main behavioral disorders of people having anxiety symptoms;
- the role of hormone adrenaline;
- the role of psychoanalysis in treating the disease.

*VIII. Give a short summary of the text.*

### ***Additional***

*PSYCOLOGY* is the study of the mind and human behaviour.

*PSYCHOLOGIST* is a person who studies the mind and behaviour to find out more about it. He or she may also work with people to help solve problems, etc.

*PSYCHIATRY* is the area of medicine that treats mental illness.

*PSYCHIATRIST* is a doctor who works in this area.

*PSYCHOANALYSIS* is a form of treatment used in psychiatry which examines a person's life and experiences. This is also often called analysis is practiced by psychoanalyst.

*PSYCHOTHERAPY* is the general name for all forms of treatment in this area.

*PSYCHOTHERAPIST* is a person who practices it.

The words *THERAPY* and *THERAPEUTIST* are used in connection with various forms of treatment for problems and illnesses of the mind.

## **TEXT 2**

## **BEDSORES**

These are often worse than most people realize. *Bedsore*s are especially likely in people who have had a stroke or are paralysed. Unless such people are

frequently moved, they suffer sustained compression of the skin against the bed or wheelchair in the areas that take the weight of the body. This leads to local loss of blood *supply*, local loss of feeling so that there is no pain and, eventually, local tissue death (gangrene) with *ulceration*. Skin can remain healthy and intact only if it has a constant supply of blood, carrying oxygen, sugars and other essential nutrients. Local pressure compresses the small skin blood vessels, so this supply is cut off. Bedsores may be very large and the ulceration may progress to complete local loss of skin with exposure of the underlying tendons or bones.

Bedsores are most likely to affect the buttocks, the heels, the elbows and the back of the head and are particularly common in people with defective sensation from neurological damage. They can be avoided by regular changes of position and by skilled nursing to detect and deal with early signs of troubles. Diabetics, and those with compromised blood supply to the limbs from arterial disease, such as atherosclerosis, are especially liable and require special attention. Modern technology has devised all kinds of *ingenious* beds, which, by differential air inflation of bed segments, or movement of fluid, constantly *alter* the sites taking the body weight. If economics allow, these can greatly help to reduce the risk of bedsores, but they do not eliminate the need for regular passive body movement and vigilance. The skin should also be inspected daily and kept clean, dry and in good condition.

### **NOTE!!!**

bedsore ['bedso:] пролежень

supply [sə'plai] снабжение, приток

ulceration [ʌlse'reiʃn] образование язвы

alter ['ɔ:ltə] изменять

ingenious [in'dzi:njəs] оригинальный

vigilance ['vidziləns] бдительность

### **EXERCISES**

*I. Read the text and divide it into several parts. Entitle each of the parts using the key sentences.*

*II. Ask questions to the 1<sup>st</sup> paragraph.*

*III. Write out all medical terms from paragraph 2.*

*IV. Find in the text the following word combinations and translate the sentences containing them:*

- constant supply of blood;
- sustained compression;
- bedsores are especially likely in people;
- ingenious beds;
- local loss of feeling;
- atherosclerosis;
- neurological damage.

V. Find in the text all the sentences with the information about the places where the bedsores appear first of all.

VI. Answer the following questions.

1. Who suffers bedsores?
2. What should be done to escape the appearance of bedsores?
3. What is the role of blood supply?
4. Diabetics are especially liable towards bedsores, aren't they?
5. Why is it necessary to inspect the skin daily?

VII. Using the facts from the text tell about:

- the causes of bedsores;
- the skin conditions of people confined to bed;
- ingenious beds helping to reduce the risk of bedsores.

VIII. Give a short summary of the text «Bedsore».

### TEXT 3            BLEEDING INTO THE SKIN IN CHILDHOOD

Spontaneous bruising, gum bleeding and tiredness in a child should always arouse the suspicion of possible *leukaemia*. This is a kind of blood cancer in which certain groups of white blood cells are reproduced in a disorganized and uncontrolled way, so that they progressively replace, and interfere with the normal *constituents* of the blood. Unless effectively treated, leukaemia usually ends fatally either from a shortage of red blood cells (anaemia), or from severe bleeding or infection. The cause is unknown but there are definite associations with radiation, with some drugs used in the treatment of other cancers, with certain industrial chemicals and with certain viruses. The various types of leukaemia arise from different white cell types and have various outlooks. Leukaemia often features:

- influenza-like symptoms;
- a feeling of great tiredness;
- a sore throat;
- bleeding from the gums and into the skin;
- loss of appetite and weight.

There may be enlargement of the lymph nodes in the neck, armpits and groins. A blood check in a sufferer will show a severe anaemia and usually large number of primitive white cells.

The slow form of leukaemia — chronic leukaemia — can almost always be cured by chemotherapy.

#### **NOTE!!!**

leukaemia [lu'ki:miə] лейкомия

constituent [kən'stitju:ənt] заместитель

#### **EXERCISES**

I. Read the text and divide it into several parts. Entitle each of the parts using the key sentences.

*II. Ask questions to the 2nd part of the text.*

*III. Skim through the text and learn the medical terms. Pay attention to the correct pronunciation.*

*IV. Find in the text the following word combinations and translate the sentences containing them:*

- influenza-like symptoms;
- chronic leukaemia;
- spontaneous bruising;
- enlargement of the lymph nodes;
- disorganized and uncontrolled way;
- shortage of red blood cells.

*V. Find in text the sentences about blood cancer and uncontrolled production of WBC.*

*VI. Answer the following questions.*

1. What is the outcome of leukaemia?
2. What is the role of radiation?
3. What does leukaemia feature?
4. Describe the meaning of spontaneous bruising.
5. Chronic leukaemia can almost always be cured by chemotherapy, can't it?

*VII. Using the facts from the text tell about:*

- the main features of leukaemia;
- the enlarged glands in case of leukaemia;
- blood tests in case of leukaemia.

*VIII. Write shortly about leukaemia.*

## **TEXT 4**

## **BREAST LUMP**

There are many causes of breast *lumps*, most of them are innocent. Lumps may be caused by:

- the normal glandular tissue of the breast;
- fibrocystic disease (mastitis);
- harmless fluid-filled cysts that are usually most prominent during the week before the periods start;
- a *benign* tumour known as a fibroadenoma;
- a fatty tumour (a lipoma);
- breast cancer.

Just see your doctor to check up on anything suspicious.

Breast cancer is the commonest cancer in women, affecting around one woman in 20, so it is extremely important for all women to know as much about the subject as possible. Early action is vital as in most of the women who die from breast cancer the disease has already spread beyond the breast when the diagnosis is first made. In cases in which the cancer is still confined to the breast, the outlook is excellent, so regular self-examination and mammography screening are *essential*.



Most cancers occur in the upper, outer part of the breast and can be felt as a firm lump which is seldom painful or *tender*. Breast cancer will sometimes cause the nipple to turn inwards (but note that retracted nipples from innocent causes are quite common) or may produce a darkish discharge from the nipple. Cancers may also cause local puckering of the skin of the breast, producing a kind of rough orange-peel effect.

Your best chance of detecting cancer early is to do a routine self-examination every month after your periods. Look at your breasts in a mirror, compare the two sides; check for changes in appearance when you raise your arms; lie down and feel each breast all over with the flat of your hand. If you notice anything new or feel a firm lump, report it immediately to your doctor. Never delay for fear of possible *consequences*. Surgery in the early stages is often minor and the appearance of the breast afterwards can often be maintained by an implant, if necessary.

Special X-ray mammography, every 3 to 5 years, is recommended for women over 40, especially if there is a family history of breast cancer.

### **NOTE!!!**

lump ['lʌ mp] бугор, шишка, опухоль  
benign [bi'nain] доброкачественная(опухоль)  
essential [i'senʃəl] необходимый  
tender ['tendə] чувствительный  
consequence [ˈkɒ nsɪkvəns] последствие  
puckering ['pʌkəriŋ] сморщивание

### **EXERCISES**

*I. Skim through the text and define its main idea. Entitle all the paragraphs of the text.*

*II. Ask questions to the 4<sup>th</sup> paragraph.*

*III. Read the item «Just see your doctor...» Speak about its emotional sense.*

*IV. Find in the text the following word combinations and translate the sentences containing them:*

- the commonest cancer in woman;
- surgery in the early stages;
- a benign tumour known as a fibroadenoma;
- mammography screening;
- a firm lump;
- may produce a darkish discharge from the nipple;
- to do a routine self-examination.

*V. Write shortly about the routine self examination of the breast.*

*VI. Answer the following questions:*

1. What kind of cancer is the commonest in women?
2. What may cause the appearance of breast lumps?

3. The best chance to detect cancer early is to do a routine self-examination, isn't it?

4. What are the main steps of breast self-examination?

5. How often do women have to check their breasts at the clinics?

VII. Using the facts from the text tell about:

— the possible diseases in case of any breast lumps;

— self-examination of the breast;

— the importance of early diagnostics of breast cancer.

VIII. Read the text closely and discuss it in pairs.

## TEXT 5

## BREATHING DIFFICULTY

This is the result of any blockage or narrowing of the tubes carrying air down into the lungs. It may be due to asthma in which the circular muscles in the walls of the air tubes tighten abnormally, or to inhaled food or another foreign body, or to swelling or disease of the lining of the tubes.

The most severe and dangerous form of allergic reaction — anaphylactic shock — may feature tight spasm of the breathing tubes so that the air supply is partly obstructed. This is an emergency and medical help should be given immediately. People *prone to* this reaction may carry an adrenaline syringe and this should be given at once. It also helps if the victim lies down with the legs raised. Mouth-to-mouth respiration or even heart massage may be needed.

Asthma is a disease in which the circular smooth muscles of the branching air tubes of the lungs, the bronchi, are liable to go into spasm so that the bronchi are narrowed and the passage of air *impeded*. It is often easier to breathe in than out and the lungs become inflated and cannot easily be emptied. A wheeze on breathing out is a regular feature of an asthma attack. The commonest kind of allergic asthma can also be *induced* by infection, emotion and exertion. Asthma is not *trivial* and kills at least 2.000 people a year in Britain. Parents must know the signs of the condition worsening and what steps to take to overcome them. The best way to take drugs for asthma is by inhalation.

Narrowing of the tubes carrying air into the lungs, as a result of tightening of the muscles in their walls, is called bronchospasm. While bronchospasm is the main feature of asthma, it also occurs in other allergic conditions and in various lung diseases, such as emphysema and chronic bronchitis. The result of the bronchospasm is a *restriction* in the flow of the air. This is often worse on breathing out than on breathing in and there may be severe wheezing and a persistently inflated chest. It also causes coughing. Sometimes bronchospasm is so severe as to endanger life. Commonly it leads to an inadequate supply of oxygen to the tissue and the skin may appear cyanotic.

Severe breathing difficulty in small babies may be due to what is known as the respiratory distress syndrome. This is a condition where there is an increased

amount of fluid in the lungs. This impedes the normal passage of oxygen into the blood, and the lungs become *stiffer*. The fluid in the lungs comes from the blood and may clot, causing the air sacs to *collapse* and further reducing the passage of oxygen to the blood.

In the early stages, administration of oxygen by mask can raise the blood oxygen levels and this may be all that is required. If the condition becomes worse, a tube must be passed into the windpipe (trachea) and mechanical ventilation is used to force oxygen into the lungs and inflate the airsacs, so that the volume of the lungs actually increases. The outcome depends on the severity of the condition and the effectiveness of treatment.

Children with cystic fibrosis often have lung complications due to blockage of the air tubes with excessive mucus secretions and *plugs* of thick muco-pus. There is troublesome cough, wheezing and difficulty in breathing and the chest becomes *barrel-shaped* from the effort of breathing.

### **NOTE!!!**

prone to ['prəʊn] склонный к

to impede [im'pi:d] затруднять, препятствовать

to induce [in'dju:s] вызывать

trivial ['triviəl] банальный, обыденный

restriction [ri'strikʃən] ограничение

stiff [stif] жесткий, неэластичный

collapse [kə'læps] коллапс, разрушение, резкий упадок

plug [plʌg] пробка, закупоривающая масса

barrel-shaped бочкообразный (о грудной клетке)

### **EXERCISES**

*I. Skim through the text and define its main idea. Entitle all the paragraphs of the text.*

*II. Ask questions to the 3<sup>rd</sup> paragraph.*

*III. Read paragraph 4 and pay attention to the correct pronunciation of the medical terms.*

*IV. Find in the text the following word combinations and translate the sentences containing them:*

- the bronchi are narrowed and impeded the passage of air;
- the respiratory distress syndrome;
- an adrenaline syringe;
- administration of oxygen by mask;
- there may be severe wheezing;
- anaphylactic shock;
- wheezing and difficulty in breathing.

*V. Find in the text the sentences which speak about the state of the children who suffer anaphylactic shock.*

VI. Answer the following questions:

1. What kind of help should be given in case of anaphylactic shock?
2. Why must some people always have adrenaline syringes with them?
3. What may allergic asthma be induced by?
4. What do you know about bronchospasm?
5. Reduced oxygen in the blood prompts faster breathing, isn't it?

VII. Using the facts from the text tell about:

- the causes of bronchospasm;
- anaphylactic shock;
- asthma and its symptoms.

VIII. Discuss the text «Breathing Difficulty». Give as much information about the problem as you can.

## TEXT 6

## BREATHLESSNESS (part I)

The number of possible causes of breathlessness is considerable. Here are some of the most important: an over-full stomach, *aneurysm* of the aorta in the chest, anxiety (causing hyperventilation), asthma, bronchitis, collapse of the lungs, croup, emphysema, heart failure, heart muscle disorders, heart valve disorders, kidney failure, lung cancer, obesity, partial blockage of the windpipe or larynx, pneumonia, spontaneous pneumothorax, pregnancy, severe anaemia, smoking, tuberculosis of the lungs, unduly thick blood (polycythemia), whooping cough. Anything that tends to *prejudice* the supply of oxygen to the body immediately leads to an increase in respiration — breathlessness.

More serious causes of B. include heart diseases, in which the blood cannot be circulated fast enough to maintain the oxygen supply to the tissue, and lung diseases in which there is obstruction to the access of air to the parts of the lungs in which oxygen passes into the blood. Heart conditions that cause B. include aortic incompetence, aortic stenosis and heart failure.

Aortic incompetence doesn't mean incompetence of the aorta but of the heart valve at the start of this major artery. If the valve becomes leaky, it allows blood to flow back into the main pumping chamber, the left ventricle. The result is that the muscular wall of the chamber has to work harder than normal to pump out the extra blood and may become enlarged. There is a noise from the abnormal blood flow, which can be heard with a stethoscope as a murmur. Mild aortic incompetence may cause little trouble but sometimes the extra load is too much for the heart, which becomes unable to keep the blood flowing fast enough to prevent stagnation in the lungs. This is called *heart failure* and it causes accumulation of fluid in the tissues and B.

*Aortic stenosis* is an abnormal narrowing, or failure of the proper opening, of the heart valve at the outlet of the main pumping *chamber* on the left side. The effect of this is to force the muscular wall of the heart to work much harder

than normal to maintain the circulation of the blood throughout the body. As a result, the heart wall becomes thicker. Depending on the degree of narrowing, there may be few symptoms or there may be serious lack of energy, or even fainting from a poor blood supply to the body and the brain. The coronary arteries, which *branch off* the aorta just above the valve, may not get enough blood and this may cause *angina*. The condition can be relieved by heart valve replacement.

**NOTE!!!**

aneurysm ['ænjʊəɪzm] аневризм(а)  
prejudice ['predʒʊdɪs] наносить ущерб  
aortic [ei'o:tɪk] аортальный  
chamber ['tʃembə] камера  
heart failure ['ha:t 'feɪljə] сердечная недостаточность  
to branch off [bra:ntʃ] отходить, разветвляться  
angina [æn'dʒaɪnə] стенокардия  
unduly [ʌn'dʒʊli] чрезмерно

**EXERCISES**

- I. Skim through the text and choose the key sentences.
- II. Ask questions to the 3<sup>rd</sup> paragraph.
- III. Read the item «Aortic stenosis ...» and speak about the problem.
- IV. Find in the text the following word combinations and translate the sentences containing them:
  - spontaneous pneumothorax;
  - aortic incompetence;
  - blood cannot be circulated fast enough;
  - to prevent stagnation in the lungs;
  - fainting from a poor blood supply;
  - immediately leads to an increase in respiration;
  - to force the muscular wall of the heart to work.
- V. Find in the text the information about the incompetence of the heart valve.
- VI. Answer the following questions:
  1. What are the most serious causes of breathlessness?
  2. Aortic incompetence doesn't mean incompetence of the aorta, does it?
  3. What do heart conditions causing breathlessness include?
  4. What leads to an increase in respiration?
  5. What may mild aortic incompetence cause?
- VII. Using the facts from the text tell about:
  - causes of breathlessness;
  - blood circulation effecting breathlessness;
  - aortic stenosis and extra load to the cardiac muscle.
- VIII. Write out and learn all the medical terms from the text.
- IX. Discuss the text «Breathlessness» (part I) in pairs.

## TEXT 7

## BREATHLESSNESS (part II)

Breathlessness can be caused by heart failure. Heart failure is the condition in which, as a result of various forms of heart diseases, the heart is no longer capable of producing an *adequate* output of blood so as to meet the needs of the body for oxygen and nutrition. In heart failure the blood flow to the tissues and to the lungs is *diminished* and slow. *Congestion* is observed with *engorgement* of the veins and other small blood vessels, leading to obvious signs and symptoms. Heart failure is commonly caused by coronary artery disease, high blood pressure and rheumatic heart disease, but may result from one of many different heart disorders. The features may vary considerably but breathlessness is a principal sign.

If blood returning from the body to the right side of the heart cannot be pushed to the lungs quickly enough, this is called right heart failure. The result is blueness (cyanosis) and the accumulation of fluid in the tissues (*oedema*), ankle swelling, enlargement of the liver and, in severe cases, a considerable accumulation of fluid within the abdomen. When the left side of the heart is unable to clear the blood from the lungs quickly enough, and fluid accumulates in the lungs, this is called left heart failure. The main symptom of left heart failure is breathlessness, which may occur on mild exertion or even when the affected person is at rest. There may be attacks of sudden B. during the night. As the condition worsens, the tendency to B. increases. Eventually, the degree of disability becomes extreme and the state pitiful.

Heart failure can usually be treated effectively, especially if the underlying cause of the heart damage is remediable. Some drugs are taken to increase the strength and effectiveness of the heartbeat (contraction) and its use often greatly improves the condition of the affected person. Fluid in the lungs and the tissues can be removed by the use of *diuretic* drugs, which greatly increases the urinary output.

### NOTE!!!

adequate ['ædikwɪt] достаточный, соответствующий

to diminish [di'mɪnɪʃ] ослаблять, уменьшать

congestion [kən'dʒestʃən] закупорка, застой (перегрузка)

to engorge [ɪn'ɡoːdʒ] наливаться кровью (об органе)

oedema [i'di:mə] отек

diuretic [ˌdaɪjuə'retɪk] мочегонное средство

remediable [reˌmɪdi'eɪbl] излечимый, поправимый

### EXERCISES

- I. Skim through the text without dictionary and try to understand it.
- II. Read the item «Breathlessness can be caused ...» and pay attention to the correct pronunciation of the medical terms.
- III. Ask questions to the 3<sup>rd</sup> paragraph.

IV. Find in the text the following word combinations and translate the sentences containing them:

- congestion is observed with engorgement of the veins;
- when the affected person is at rest;
- to increase the strength and effectiveness of the heartbeat;
- the accumulation of fluid in the tissues;
- caused by coronary artery disease;
- greatly increases the urinary output;
- the degree of disability becomes extreme.

V. Answer the questions:

1. What do you know about the blood flow in heart failure?
2. Congestion is observed with engorgement of the veins and other small blood vessels, isn't it?
3. What can you tell us about the treatment of heart failure?
4. What may be the cause of breathlessness at night?
5. Why do the doctors prescribe diuretic drugs?

VI. Using the facts from the text tell about:

- left heart failure;
- causes of breathlessness;
- congestion in veins and other small blood vessels.

VII. Choose the key sentences in the text and learn them.

VIII. Retell the text «Breathlessness» (part II).

## TEXT 8

## BRITTLE BONES

There are several possible causes for *brittle* bones, the most important being:

- osteoporosis;
- *osteomalacia*;
- secondary cancer;
- osteogenesis imperfecta.

Like other tissues of the body, the bones are in a state of constant physical and chemical change, losing and gaining *calcium* and protein, to and from the bloodstream. These changes are controlled by various growth and sex hormones, and *alteration* in the amount of these in the body affects the strength of the bones. As a result, diseases of the hormone-producing glands may cause osteoporosis. This is a feature of:

- overactivity of the thyroid and parathyroid glands;
- disorders of the adrenal glands;
- reduced output of sex hormones;
- disorders of the pituitary gland;
- *oestrogen* deficiency after the menopause;
- underactivity.

Osteoporosis also occurs in *Cushing's syndrome*, *acromegaly*, prolonged thyrotoxicosis and diabetes.

The bones are thickest and strongest in early adult life. Thereafter, they become gradually thinner with age, as a result of progressive loss of the protein structure and of calcium. Bones stay strong by being used. Under-use, such as occurs in the bedridden or in astronauts living in zero gravity, leads to osteoporosis. Even a change from an active to a sedentary life can cause osteoporosis, as do the ordinary processes of ageing, with associated loss of activity and reduced hormone levels. Women are worse off than men in this respect because while men continue to secrete sex hormones into old age, women have an oestrogen shutdown at the menopause and begin to lose calcium in the urine, with progressive weakening of the bones. Adequate calcium dietary in youth and plenty of exercise are important in minimizing the risk, especially in women.

The bone-softening disorder, osteomalacia, results from severe shortage of vitamin D. This leads to inadequate mineralization of bones, with softening and an increased tendency to fracture. The condition occurs in adults and is similar to *rickets*, the childhood disease.

When cancer from a primary site, such as the breast, lung, *womb*, large intestine or prostate gland, spreads remotely, it often settles in the bones. Some cancers are very destructive and can so weaken the bones, that they will break spontaneously or under quite minor force.

In young people, brittle bones and frequent fractures suggest the inherited brittle-bone disease, osteogenesis imperfecta. People with this condition usually have an unusual blue tinge to the whites of their eyes, because of *undue* thinning of the tissue.

### **NOTE!!!**

brittle ['britl] хрупкий, ломкий

osteomalacia [ˌosteomə'leɪʃə] остеомалация (размягчение кости)

calcium ['kælsiəm] кальций

alteration [ˌɔ:lte'reiʃən] изменение, деформация

oestrogen ['i:strədʒən] эстроген

Cushing's syndrome синдром Кушинга, гипернадренкортицизм

acromegaly [ˌækro'megəli] акромегалия, синдром Мари (- Лери)

rickets ['rikits] рахит

womb ['wʊm] матка

tinge ['tindʒ] оттенок, легкая окраска

undue [ʌ n'dju:] чрезмерный

pituitary gland [pi'tju:itəri] гипофиз

remotely [ri'maʊtli] удаленно

### **EXERCISES**

I. Skim through the text and find the sentences expressing the central idea of it.

II. Read the text closely and divide it into 3 logical parts.



III. Read the 1<sup>st</sup> paragraph and learn the medical terms from it.

IV. Find in the text the following word combinations and translate the sentences containing them:

- diseases of the hormone-producing glands;
- osteoporosis, osteomalacia;
- from an active to a sedentary life;
- unusual blue tinge to the whites of their eyes;
- women have an oestrogen shutdown at the menopause;
- inadequate mineralization of bones
- overactivity of the thyroid and parathyroid glands.

V. Ask questions to the last two paragraphs of the text.

VI. Answer the following questions:

1. What do you know about osteoporosis?
2. Can a change from an active to a sedentary life cause osteoporosis?
3. What are the main causes for brittle bones?
4. Why is severe shortage of vitamin D very dangerous?
5. How does the ordinary process of ageing influence the structure of the bones?

VII. Write all the medical terms out from the given text.

VIII. Using the facts from the text tell about:

- acromegaly;
- importance of physical exercise and using food rich in calcium;
- causes leading to brittle bones.

IX. Give a short summary of the text and discuss it.

## TEXT 9

## COUGHING

Never neglect a persistent cough. Early treatment may prevent it from becoming chronic. There are many causes of coughing but they all involve irritation of the lining of the air tubes. They include:

- upper respiratory tract infections;
- lower respiratory tract infections;
- smoker's cough;
- *bronchitis*;
- *bronchiectasis*;
- *bronchopneumonia*;
- *whooping cough*.

Upper respiratory tract infections (URTIs) are usually caused by viruses and are seldom dangerous. They include common colds, tonsillitis, sore throat (pharyngitis), sinusitis, laryngitis and croup. Medical experts *deplore* the widespread practice of treating URTIs with antibiotics. Streptococcal infections of the throat can lead to serious conditions such as *rheumatic fever* and kidney disorders, and, in these cases antibiotics are important.

Lower respiratory tract infections are more serious. They affect the breathing tubes (trachea and bronchi) and the lungs, and include acute bronchitis as well as various kinds of pneumonia.

Bronchitis indicates that something is causing inflammation of the lining of the air tubes. Long-term bronchitis may lead to narrowing and obstruction of the air tubes and may progress to emphysema, in which the lung air sacs become widened and inefficient. This may cause breathlessness.

Bronchopneumonia is now the commonest kind of pneumonia. It involves widespread, patchy inflammation of the lung tissue and the smaller air tubes, some of which are filled with pus. *Bronchopneumonia* usually follows some other illness, such as whooping cough, measles or flu, or is related to some other misfortune, such as inhaling vomit. There is a cough, high fever, rapid breathing, breathlessness, sputum and pain in the chest. The death-rate is highest in the very young and the elderly people.

### **NOTE!!!**

bronchitis [brɒŋ'kaitis] бронхит

whooping cough ['hu:piŋ kɒf] коклюш

to deplore [di'plɔ:] порицать, осуждать

rheumatic fever [ru'mætɪk fɪvə] ревматизм

bronchopneumonia [,brɒŋkəʊnju:'mæniə] бронхопневмония

bronchiectasis [,brɒŋki'ektəsis] бронхоэктазия

### **EXERCISES**

*I. Skim through the text and choose the key sentences.*

*II. Read the first paragraph and pay special attention to the pronunciation of medical terms.*

*III. Write out medical terms from the whole text.*

*IV. Ask questions to the 5<sup>th</sup> paragraph.*

*V. Find in the text the following word combinations and translate the sentences containing them:*

- sinusitis, laryngitis and croup;
- bronchopneumonia, whooping cough;
- inflammation of the lining of the air tubes;
- there are many causes of coughing;
- is related to some other misfortune;
- streptococcal infections of the throat;
- patchy inflammation of the lung tissue.

*VI. Answer the following questions*

1. What may cause irritation of the lining of the air tubes?
2. What may long-term bronchitis lead to?
3. Why shouldn't people neglect persistent cough?

4. Medical experts deplore the widespread practice of treating URTIs with antibiotics, don't they?

5. Why are lower respiratory tract infections considered to be more serious?

*VII. Using the facts from the text tell about:*

— the causes of cough;

— bronchopneumonia;

— the upper respiratory tracts infections

*VIII. Speak about the topic and give some advice how to avoid coughing.*

## Text 10

## DEJA VU

Many of us have experienced this odd phenomenon and, if it happens occasionally, there is no cause for *concern*. Frequent episodes, however, could be significant. Déjà vu means «already seen» in French, and the term is applied to the sudden mistaken *conviction* that a current new experience has happened before. There is a sense of familiarity, usually lasting for only a few seconds, and a *persuasion*, almost always immediately disappointed, that one knows what is around the next corner.

By definition, déjà vu does not relate to repeated experiences or memories, so the interest lies in why the conviction occurs. One possible explanation is that the phenomenon results from a brief neurological short *circuit*, with data from the current observation reaching the memory store before they reach *consciousness*. The conscious experience of such a memory would be very strong, as it is so recent.

Some experts suggest that memory is not a matter of recalling a fixed, established event, but is a process of reconstruction, from stored components, which involves *elaborations*, *distortions* and *omissions*. Each successive recall of the event is merely the recall of the last reconstruction. The sense of recognition involves achieving a good «match» between the present experience and the stored data, but this may now differ so much from the original event that you «know» you have never experienced it before.

Psychologists are still arguing about déjà vu and will continue to do so until much more is known about the mechanisms of the brain.

Déjà vu, occurring often, is a possible symptom of disorders resulting from brain damage, such as temporal lobe epilepsy. So if this is something that happens to you a lot, it would be a good idea to see your doctor and suggest a neurological examination.

### **NOTE!!!**

concern [kən'sə:n] беспокойство

conviction kən'vikʃən] убежденность, уверенность

persuasion [pə'sweɪʒn] убеждение

circuit ['sə:kit] кругооборот

consciousness ['kɒnʃəsnəs] сознание  
elaboration [iˌlæbə'reɪʃn] переработка, разработка  
distortion [dɪ'sto:ʃn] искажение, искривление  
omission [ə'mɪʃn] пропуск, упущение

### **EXERCISES**

- I. Skim through the text and divide it into three parts.*
- II. Write out the sentences with the following words:*  
consciousness, persuasion, circuit, conviction, omission, elaboration, distortion.
- III. Ask questions to the 1<sup>st</sup> paragraph.*
- IV. Find in the text the following word combinations and translate the sentences containing them:*
  - a current new experience has happened before;
  - elaborations, distortions and omissions;
  - a sense of familiarity;
  - the sense of recognition involves;
  - results from a brief neurological short circuit;
  - does not relate to repeated experiences or memories;
  - ...and suggest a neurological examination.
- V. Answer the following questions:*
  1. Déjà vu is a possible symptom of disorders, resulting from the brain, isn't it?
  2. How does one possible explanation of definition of déjà vu sound?
  3. Who states, that memory is a process of reconstruction from stored components?
  4. Have you ever experienced déjà vu?
  5. What information about déjà vu apart from this text do you know?
- VI. Using the facts from the text tell about:*
  - the meaning of the term «déjà vu»;
  - the sense of recognition in déjà vu;
  - various views of psychologists about déjà vu
- VII. Discuss the text «Déjà vu» in pairs.*

## **TEXT 11**

### **DELAY IN DEVELOPMENT**

Delay in development refers more to mental than to physical development. There are many reasons why a child should not achieve abilities and *behaviour patterns* appropriate to his or her age. These include:

- serious and prolonged general diseases especially of the heart and lungs;
- poor nutrition;
- brain damage before, during or after birth;
- severe deafness;
- very poor vision;
- lack of adequate guidance in acceptable conduct;
- lack of mental or physical stimulation.

Some of these causes may be corrected so that development can return to normal.

For newborn babies, attention should be paid to: weight, length, head circumference, presence of any congenital abnormalities, reaction to noise, reaction to light, clarity of lenses of the eyes, possible hip dislocation, possible jaundice, pulse.

At six month, the doctor should pay attention to: interaction with environment, interaction with parents, physical development, vision, hearing, sounds produced, possible *squint*, ability to sit up without support, laughter.

At two years, all the above points will be reviewed and the doctor will additionally check: walking, ability to climb stairs, speech, vocabulary, responds to commands, tightness of sphincters.

The investigation is needed to determine whether any of the following conditions are present: any major debilitating disease, malnutrition, a hormonal disorder such as hypothyroidism, a chromosomal abnormality such as Down's syndrome or Turner's syndrome, a connective tissue disorder such as Marfan's syndrome, a birth brain injury, progressive spinal muscular atrophy, a muscle disorder (myopathy), *myasthenia gravis* (a rare autoimmune disorder).

Many children are sometimes held back because of the conditions that can be corrected at an early stage.

### **NOTE!!!**

behavior [bi'heivjə] поведение

pattern ['pætn] образец

squint ['skwint] косоглазие; косить

myasthenia gravis — миастения, болезнь Эрба-Гольдфлама

### **EXERCISES**

*I. Skim through the text and divide it into three parts.*

*II. Read the 1<sup>st</sup> paragraph. Pay special attention to the correct pronunciation of medical terms.*

*III. Write out the key sentences from the whole text.*

*IV. Ask all types of questions to the following sentence:*

Many abnormal conditions of the children can be corrected at an early stage.

*V. Find in the text the following word combinations and translate the sentences containing them:*

- interaction with environment, interaction with parents;
- serious and prolonged general diseases especially of the heart and lungs;
- responds to commands, tightness of sphincters;
- presence of any congenital abnormalities;
- malnutrition, a hormonal disorder;
- more to mental than to physical development;
- development can return to normal.

*VI. Answer the following questions:*

1. What should the doctors pay attention to, when we speak about newborn babies?
2. Does delay in development refer more to mental or to physical condition?
3. What are the main causes of delay in development?
4. At what age does a baby have to be checked properly?
5. Why is it necessary to determine whether any of the conditions, mentioned in the text, are present?

*VII. Write out the sentences with the following medical terms:*

serious and prolonged general diseases especially of the heart and lungs, behaviour, squint, hypothyroidism, progressive spinal muscular atrophy.

*VIII. Using the facts from the text tell about:*

- child's behavior at different stages of development;
- checking the newborns;
- checking a child at the age of six months;
- checking a child at the age of two years.

*IX. Give a short summary of the text.*

## **TEXT 12 FEVER AND PROGRESSIVE MUSCLE WEAKNESS**

*Poliomyelitis* is an infectious disease caused by viruses which inhabit the intestine and are passed in the stools in large numbers for up to six weeks after the start of the illness. At one time, poliomyelitis was by far the commonest cause of paralysis in young people and, for this reason, was known as 'infantile paralysis'. Polio was also once a common cause of death, but the widespread use of oral vaccine has greatly reduced this outcome. Just as the dangerous viruses were once spread by the contamination of food, by fingers and by coughing, so the modified but live viruses in the oral vaccine are also spread. In this way, many more people acquire protection than those who have the oral vaccine.

Even in unprotected people, most cases of polio are mild, causing a brief, unidentified illness with headache, fever and sometimes vomiting. But in some cases, this stage is followed by a more major illness, with severe headache, neck *stiffness*, high fever and progressive muscle weakness and paralysis. This reaches a peak at the end of the first week of the severe symptoms and, there after, recovery is *gradual*.

Muscles which show no sign of movement by the end of a month are permanently paralysed. If the upper part of the spinal cord or the brain stem are involved, death may occur from paralysis of respiration during the acute stage, unless some form of artificial respiration is used.

Oral polio vaccine is completely successful in preventing this catastrophic disease and should be given to everyone.

### **NOTE!!!**

poliomyelitis ['pəuliəmaɪə'laitis] полиомиелит

stiffness ['stɪfnəs] неподвижность

gradual ['grædʒuəl] постепенный, последовательный

## **EXERCISES**

*I. Read and translate the given text without using a dictionary. Find the sentences expressing the central idea of the text.*

*II. Read section 1 once again. Pay special attention to the pronunciation of the medical terms.*

*III. Name all the medical terms you have met in the text.*

*IV. Make all types of questions to the following sentence:*

Oral polio vaccine is completely successful in preventing poliomyelitis and should be given to everyone.

*V. Find in the text the following word combinations and translate the sentences containing them:*

- viruses which inhabit the intestine;
- unidentified illness with headache;
- paralysis of respiration during the acute stage;
- widespread use of oral vaccine;
- more people acquire protection;
- completely successful in preventing this catastrophic disease;
- spread by the contamination of food.

*VI. Answer the following questions.*

1. What helped to reduce a number of fatal outcomes caused by poliomyelitis?
2. What is poliomyelitis caused by?
3. How is this disease spread?
4. What do you know about this disease and its severity?
5. What is the easiest way of prevention of such a dangerous disease?

*VII. Write down the information about the symptoms of poliomyelitis.*

*VIII. Using the facts from the text tell about:*

- the virus causing poliomyelitis;
- symptoms of this disease;
- complications after poliomyelitis;
- the ways of treating and preventing poliomyelitis.

*IX. Discuss the given text with your colleagues.*

## **TEXT 13**

## **INSOMNIA**

Difficulty in sleeping, or disturbance of the normal sleep pattern, are very common. Elderly people often have greatly reduced sleep needs. There is no reason to believe that shorter sleep periods are in any way harmful.

Difficulty in falling asleep is often caused by worry or tension. A tendency *to lie awake* for hours, unable to relax or allow oneself to fall asleep, is often due to tension caused by business or other worries. Some people *sedate* themselves with alcohol every night. This gets them off to sleep quite well but, as the effect is often short-lived, they often wake up early. Depression is a common cause of

interrupted and restless sleep. Pain is another cause, as is the attempt to give up sleeping tablets to which *tolerance* has been acquired.

People who go to bed exhausted may need a short *nap* in the middle of the day.

Depression caused by external misfortune will always pass in time, but some depressions require skilled treatment. Pain should be fully investigated and the cause removed, if possible. If this cannot be done, the right approach is to relieve the pain with analgesic drugs, rather than to take sleeping pills.

Sleep-inducing drugs were once prescribed in great *quantity*, possibly because doctors did not have time to go into the reasons for the insomnia. It is now widely recognized that they are not the real solution for problems of this kind. In selected cases, there is justification for the use of hypnotic drugs, given in the hope that the patient may get back into a pattern of normal sleeping. But taking sleeping pills over long periods is bad medicine. Addiction is likely and *withdrawal* problems inevitable. Tolerance soon develops and the dose will have to be increased steadily to achieve the same effect.

### **NOTE!!!**

insomnia [in'somniə] бессонница

to lie awake лежать без сна

to sedate [si'deit] успокоить

tolerance ['tolərəns] терпимость

nap [næp] дремота, короткий сон

quantity ['kwɒntəti] количество

withdrawal [wið'drɔ:əl] удаление, отказ от ч.-л.

### **EXERCISES**

*I. Skim through the text and define its main idea.*

*II. Read section 2 and translate it into Russian.*

*III. Read section 4 aloud and practise the pronunciation.*

*IV. Read the text once again. Put questions to the following statements, using the offered question-words:*

1. Difficulty in falling asleep is often caused by worry or tension. (What)
2. Avoiding a high caffeine intake in the evening, from tea or coffee, will also help. (Why)
3. Some people sedate themselves with alcohol. (Who)
4. Depression is a common cause of interrupted and restless sleep. (Is ... or?)
5. Sleep-inducing drugs were once prescribed in great quantity, possibly because doctors did not have time to go into the reasons for insomnia. (Why...? When ...? Who...?)

*V. Pick out the sentences characterizing depression.*

*VI. Find in the text the sentences about people who can fall asleep easily.*

*VII. Answer the following questions:*



1. Are short sleep periods harmful?
  2. Why do some people lie awake for hours during night time?
  3. Is it a good idea to have a short nap in the middle of the day?
  4. Any pain, if it is a cause of insomnia, should be fully investigated, shouldn't it?
  5. Why were sleep-inducing drugs prescribed in great quantity earlier?
- VIII. Discuss the text according to the following items:
- Difficulty in falling asleep.
  - Depression is a common cause of interrupted and restless sleep.
  - Sleeping pills don't solve the problems of insomnia.
- IX. Tell us if you have ever suffered insomnia and answer your colleagues' questions about your condition after a sleepless night.

## TEXT 14

## LOSS OF MEMORY

*Amnesia* may be caused by damage to certain parts of the brain concerned with recalling stored data or registering and storing new data. This damage may result from physical brain injury, disease, the toxic effect of alcohol or the effects of a thiamine deficiency.

Amnesia may also be a feature of a *fugue*. This is a rare psychological reaction in which the affected person takes on a new identity and wanders away from the old environment. Such people may take up a new occupation and assume a completely new life. These people usually try to avoid drawing attention to themselves. Fugues occur as a response to an intolerable situation. It represents a reasonable and logical solution to major life problems.

*Dementia* is a syndrome of failing memory and progressive loss of intellectual power due to continuing degenerative disease of the brain. The early signs of dementia may be noticed only by close relatives or friends. There may be a loss of interest in work or hobbies, an increase in forgetfulness and easy *distractibility*. Later it is found that only the simplest of instructions can be followed correctly, orientation in familiar areas becomes defective and the affected person may get lost near home. Vocabulary becomes simplified, conversation becomes repetitive, full of stereotyped phrases.

Sudden anger and *inappropriate* tearfulness are common at this stage and the mood tends towards depression and bad temper. The emotions are abnormally changeable with quick *swings* from laughter to weeping.

Alzheimer's disease is the commonest cause of progressive loss of memory in elderly people. It rarely starts before 60. About one third of all people over 85 have this disease. The condition starts with forgetfulness which gradually progresses to severe memory loss, especially for recent events. *Confusion* and disorientation follow so that the affected person is easily lost. Some become unpleasantly and unreasonably demanding, aggressive or even *violent*. Some just

become helpless. Standards of personal hygiene drop and, in the end, full-time care is necessary.

**NOTE!!!**

amnesia [æm'ni:ziə] амнезия, полная или частичная потеря памяти

fugue ['fju:g] ( псих.) реакция бегства

dementia [di'menʃiə] слабоумие

distractibility [dis'træktə'biliti] рассеянность

inappropriate [ ,inə'prəupriit] неуместный

swing ['swiŋ] колебание

confusion [kən'fju:zən] путаница, смятение

violent ['vaiələnt] яростный, вспыльчивый

*Fugue is an attempt to escape from reality. A period of loss of memory as to identify but with retention of habits and skills. During the fugue , the patient may appear to act in a purposeful manner, but after recovery he has no memory of what occurred during the state although earlier events are remembered. Occurs in schizophrenia, hysteria, sometimes after an epileptic seizure.*

**EXERCISES**

*I. Skim through the text, divide it into several parts. Entitle each part of the text.*

*II. Read section 2. Pay special attention to the translation of medical terms.*

*III. Read section 3. Practise the pronunciation.*

*IV. Read the text closely. Put questions to the following statements.*

1. Amnesia may be caused by damage to certain parts of the brain. (What)
2. Amnesia is highly selective and does not preclude (мешать) use of the previous general education. (All types of questions)
3. The loss of memory causes severe anxiety and the personality begins to deteriorate. (Why)
4. About one third of all people over 85 have Alzheimer's disease. (How many)
5. Some people who suffer Alzheimer's disease become unreasonably demanding. (Who)

*V. Pick out from the text all the sentences about the fugue.*

*VI. Find in the text all the sentences about the early signs of dementia.*

*VII. Answer the following questions:*

1. May the loss of memory be a result from physical brain injury or toxic effect of alcohol?
2. What is characteristic for people who suffer from fugue?
3. Is dementia a continuing degenerative disease of the brain?
4. What is the most common cause of progressive loss of memory?
5. What does forgetfulness progress to?

*VIII. Discuss the following talking points:*

- Amnesia means loss of memory.
  - Amnesia may also be a feature of a fugue.
  - Many people suffer dementia.
  - Elderly people suffer Alzheimer's disease.
- IX. Summarise all the information obtained.

## TEXT 15

## OBESITY

Obese people suffer from:

- high blood pressure;
- diabetes in maturity;
- in women, an increased *incidence* of cancers of the breast, womb, ovaries and gall-bladder;
- in men, an increased incidence in cancer of the colon, rectum and prostate gland;
- orthopaedic problems, such as osteoarthritis and foot trouble;
- depression.

The health implications of *obesity* are serious. Repeated *surveys* of the fate of obese people have confirmed that a significant excess of illness occurs in those whose body mass index is greater than 27. About one fifth of the men and about a quarter of the women in Britain have a body mass index higher than 27. Efforts should therefore be made, at all costs, to avoid obesity, and the time to start is in infancy. Mothers should never *inflict* their own eating habits on children.

Obesity is defined as the excessive storage of energy in the form of fat. This can only result from a lack of balance between food intake and energy *expenditure*. Obesity occurs when more food is eaten than is used. Some obese people may have the same metabolic rate as thin people, but their energy expenditure is less.

This makes life very hard for the overweight person. Regrettably, there is no magic cure. Reduced calorie intake is a far more *efficient* way of reducing weight than taking exercise. But regular exercise is an essential part of the process of weight reduction.

Effective weight reduction must also be *sustained* over a long period so that it becomes permanent. The diet should be normal, but must be in quantities so small that they inevitably cause hunger until the body adapts. It may be a miserable prospect, but in the end it can come to seem normal.

### NOTE!!

obesity [əu'bi:siti] ожирение, тучность

incidence ['insidəns] случай заболеваемости

survey ['sə:vei] обзор, обследование

inflict [in'flikt] навязывать

expenditure [iks'penditʃ] расход, трата

efficient [i'fiʃənt] действенный

to sustain [səs'tein] поддерживать

## **EXERCISES**

*I. Read the text and divide it into several parts.*

*II. Read section 1 and try to pronounce each word correctly.*

*III. Ask as many questions as you can to section 2.*

*IV. Make all types of questions to the following sentence:*

Some obese people may have the same metabolic rate as thin people, but their energy expenditure is less.

*V. Find in the text the following word combinations and translate the sentences containing them:*

- the excessive storage of energy in the form of fat;
- obese people suffer from;
- reduced calorie intake;
- body mass index is greater than 27;
- effective weight reduction;
- they inevitably cause hunger until the body adapts;
- obese people may have the same metabolic rate as thin people.

*VI. Write out the names of the diseases, from which an overweight person can suffer.*

*VII. Answer the following questions:*

1. How is obesity defined?
2. What are the disadvantages in everyday life for people who weigh too much?
3. What do you know about effective methods of weight reduction?
4. What do the majority of obese people suffer from?
5. Do the doctors consider obesity to be a physical or psychological problem?

*VIII. Discuss the following talking points:*

- The role of state in the increase number of obese people.
- What diet can help in losing weight?
- Is it always safe to lose weight?

*IX. Express your own opinion towards such problem as obesity.*

*X. Tell us about your own experience in losing weight if there is any.*

## **TEXT 16**

## **PAIN IN THE THROAT**

Sore throat, or pharyngitis, is a common condition, usually caused by viruses or bacteria. There is discomfort on swallowing, occasional earache, redness and swelling of the throat, enlarged and tender lymph nodes in the neck and fever.

Tonsillitis — inflammation of the tonsils — is often caused by streptococcal bacteria but may be caused by many other germs. The tonsils become swollen and red and the surfaces may show spots of pus *exuding* from the *clefts* (tonsillar crypts) Sometimes material from the *crypts* forms a whitish membrane over the surface. The lymph nodes in the neck, just behind or under the angle of the jaw, are swollen and tender to the touch. There is sore throat, pain on swallowing, headache, fever. The tongue is often coated.

Tonsillitis responds well to antibiotic treatment and this should always be given if the infection is streptococcal. Complications of tonsillitis are: abscess in the back of the throat, otitis media, rheumatic fever, glomerulonephritis and quinsy. The throat is extremely painful and there is high fever, headache and other signs of general upset. The neck lymph nodes are enlarged and tender. Antibiotics, given at an early stage before the abscess has fully developed, may bring the infection under control, but once the quinsy is established they are of little value and surgical drainage is necessary. This is followed by rapid relief. When the condition is fully settled it is advisable to have the tonsils removed.

The most serious cause of pain in the throat is diphtheria. This is a highly infectious disease. Diphtheria can progress to serious illness within a day of the appearance of the first symptoms. There is a sore throat, fever, headache, difficulty in swallowing and enlarged lymph nodes in the neck. The organism produces a powerful poison (toxin) which is *released* into the tissues, causing severe damage and the formation of a grayish-white membrane which can *obstruct* the upper air passages causing *asphyxia*. The toxin gets into the bloodstream and is carried throughout the body, where it may cause serious damage to the heart, kidneys, the nervous system - causing permanent muscle weakness.

### **NOTE!!!**

to exude [ig'zju:d] выделять(ся), проступать сквозь  
cleft ['kleft] щель, расщелина  
crypts ['kript] железистая полость, углубление  
to release [ri'li:s] высвобождать  
to obstruct [əb'strʌkt] препятствовать продвижению  
asphyxia [æs'fiksia] асфиксия

### **EXERCISES**

*I. Skim through the text and divide it into logical parts.*

*II. Read section 3 and pay special attention to all medical terms in it.*

*III. Write out the key sentences from the whole text.*

*IV. Ask all types of questions to the following sentence:*

Antibiotics, given at an early stage before the abscess has fully developed, may bring the infection under control.

*V. Find in the text the following word combinations and translate the sentences containing them:*

- inflammation of the tonsils
- surgical drainage is necessary
- sore throat, pain on swallowing, headache
- the formation of grayish-white membrane
- the toxin gets into the bloodstream
- whitish membrane over the surface
- complications of tonsillitis are...

VI. Answer the questions:

1. What disease is often caused by streptococcal bacteria?
2. What are the first and most common symptoms of pharyngitis?
3. Why is diphtheria considered to be an extremely infectious disease?
4. Tonsillitis responds well to antibiotic treatment, doesn't it?
5. Can diphtheria progress to serious illness within a day after the appearance of the first symptoms?

VII. Find in the text the sentences about complications after tonsillitis and read them aloud.

VIII. Using the facts from the text speak about:

- role of antibiotics in treating the diseases of the throat;
- complications causing tonsillitis;
- the causes of obstruction upper air passages

IX. Summarise all the information obtained and speak about it in English.

## TEXT 17

## SADNESS

The distinction between normal reactive unhappiness, which is experienced at times by all, and *genuine* depressive illness, known as clinical depression, is very important. Clinical depression involves a degree of hopeless *despondency*, *dejection*, fear and irritability out of all proportion to any external situation. It is associated with a general slowing down of body and mind, slow speech, poor concentration, confusion, *self-reproach*, *self-accusation* and loss of *self-esteem*. There may be restlessness and *agitation*. Insomnia is common. Suicide is a present threat.

Depression is especially common in elderly people, and the highest incidence of first attacks occurs between 55 and 65 in men and between 50 and 60 in women. It is usually *precipitated* by distressing life events, such as retirement, *bereavement* and loss of status. Postmenopausal depression is a reason for the higher incidence in women than in men. This is often attributed to hormonal changes but there is no positive proof of this.

Psychologists regard depression as the result of a negative view of oneself as being unwanted, unloved, undesirable and worthless. The depressed person views the world as a hostile place in which failure and punishment are to be expected and suffering is inevitable. Women are particularly vulnerable, especially as their sexual attraction and energy declines, and the loss of reproductive capacity, after the menopause, adds to this sense of uselessness.

The recognition of medically abnormal depression is very important. No time should be lost. Many depressive people who could have been restored to a normal emotional and social life have committed suicide. Effective antidepres-

sant drugs are usually prescribed.

**NOTE!!!**

genuine ['dʒenjuɪn] подлинный

despondency [dis'pɒndənsi] отчаяние

dejection [di'dʒekʃn] уныние, подавленное настроение

self-reproach самоукор, самоупрек

self-accusation самообвинение

self-esteem самолюбие, самоуважение

agitation [ˌædʒɪ'teɪʃn] волнение, тревога

to precipitate [pri'sɪpɪteɪt] усугублять(ся)

bereavement [bi'ri:vmənt] тяжелая утрата

**EXERCISES**

*I. Read the text and translate it into Russian.*

*II. Read the section «Psychologists regard depression...» and pay special attention to the correct pronunciation of the medical terms.*

*III. After reading the text closely, divide it into logical parts and name each of the parts.*

*IV. Ask all types of questions to the following sentence:*

Postmenopausal depression is a reason for the higher incidence in women than in men.

*V. Learn the following words: agitation, self-esteem, genuine, bereavement, to precipitate, despondency, dejection, self-reproach, self-accusation.*

*VI. Find in the text the following word combinations and translate the sentences containing them:*

- women are particularly vulnerable;
- the distinction between normal reactive unhappiness;
- effective antidepressant drugs;
- general slowing down of body and mind;
- the highest incidence of first attacks occurs between 55 and 65 in men and between 50 and 60 in women;
- a distressing life events;
- the recognition of medically abnormal depression.

*VII. Answer the following questions:*

1. What do psychologists think about depression?
2. Clinical depression involves a degree of hopeless despondency, doesn't it?
3. What is the distinction between normal reactive unhappiness and genuine depressive illness?
4. Are antidepressant drugs effective in case of depression?
5. Who is more vulnerable to depression – a man or a woman?
6. What does a «negative view of oneself» mean?

*VIII. Using the facts from the text speak about:*

- which age groups are more vulnerable to depression;
- the distinction between the usual normal depression and clinical depression;
- how a depressive person senses the world.

IX. Discuss the given text «Sadness» with your colleagues and add any new information you obtain.

### TEXT 18 SKIN BLISTERS AROUND MOUTH OR NOSE

There are two strains of *herpes* simplex viruses — type 1 (HSV-1), which causes ‘cold sores’ around the mouth and nose and type 2 (HSV-2), which causes venereal herpes. Herpes viruses are highly contagious and few people are free from them. Most of us carry herpes simplex viruses lying dormant in the nerves at the junction of skin and mucous membranes. These viruses may be present for long periods, often for years. Sometimes dormant viruses become active, reproducing rapidly, moving to the skin and causing the well-known itching, *tingling* discomfort and spreading *clusters* of painful little *crusting* blisters.

It is not known for certain, why the dormant viruses *flare up*, but they often do so during a feverish illness, or at times of stress or emotional upset or after exposure to bright sunlight. Some people get an attack after taking certain foodstuffs or drugs. It is probable that the fighting strength of the viruses is kept under control most of the time by the immune system.

One problem in trying to treat herpes simplex infections is that it is hard to know when is the right time to start. The most effective drug is acyclovir. Acyclovir is a remarkable drug which remains virtually inert until it contacts herpes viruses. These contain an enzyme which converts acyclovir to its active form, acyclovir triphosphate which stops the virus from reproducing.

Acyclovir can safely be taken by mouth and it is widely distributed throughout the body. It is excreted in the urine and about half the dose has gone in three hours. It is also available as a cream for the treatment of herpes on the lips and eyes.

#### NOTE!!!

herpes ['hə:pi:z] герпес  
to tingle [tɪŋgl] покалывать, пощипывать  
cluster ['klʌstə] скопление  
crust ['krʌst] струп, корка на ране  
to flare up ['flɜə] вспыхнуть, проступить

#### EXERCISES

- I. Skim through the text and translate it into Russian.
- II. Read section 1 and pay special attention to the pronunciation of medical terms.
- III. Learn the following words: herpes, to tingle, cluster, crust, to flare up.
- IV. Read the text closely and divide it into logical parts.
- V. Find the key sentences in the text and read them outloud.
- VI. Ask all types of questions to the following sentence:

The fighting strength of the viruses is kept under control most of the time by the immune system.



VII. Find in the text the following word combinations and translate the sentences containing them:

- at the junction of skin and mucous membranes;
- the fighting strength of the viruses;
- cream for the treatment of herpes;
- spreading clusters of painful little crusting blisters;
- acyclovir is a remarkable drug;
- stops the virus from reproducing;
- herpes viruses are highly contagious.

VIII. Answer the following questions:

1. What drug is the most effective in treatment of herpes simplex infections?
2. What are the strains of herpes simplex viruses?
3. Few people are free from herpes viruses, aren't they?
4. Under what condition do dormant viruses flare up?
5. What problems appear while treating herpes simplex infections?
6. How does acyclovir work in the body?

IX. Using the facts from the text tell about:

- the conditions in which the herpes virus starts reproducing quickly;
- the main ways of treating herpes;
- acyclovir as one of the most effective drug for herpes.

X. Discuss the problem of herpes with your colleagues

## TEXT 19

## TIREDNESS AND WEAKNESS

Anaemia causes the feeling of tiredness and weakness. This is the reduction of *haemoglobin*, the iron-containing, oxygen-carrying constituent of the red cells in the blood. Anaemia has widespread effects, such as weakness, *fatigue*, tiredness and breathlessness. The skin may appear pale and there is a weak resistance to infection.

There are several different kinds of anaemia, including:

- simple iron deficiency anaemia;
- haemolytic disease, due to an abnormal rate of red-cell breakdown;
- *pernicious anaemia*, due to the absence of an essential blood-forming factor;
- *sickle-cell anaemia* which features a genetic defect in the haemoglobin of the red blood cells;

— *aplastic anaemia* in which the bone marrow simply fails to manufacture red blood cells.

Aplastic anaemia is the most serious one. Anaemia is uncommon in children, but all kinds can occur. It often affects young women, especially those with heavy periods and a poor diet.

The condition results from a shortage of the steroid hormones normally produced by the adrenal glands, situated on top of the kidneys, may cause Addison's disease. This occurs when any disease process, such as an immune disorder,

er or an infection, destroys the outer layers of the glands. If an infection or injury occurs, or if a surgical operation is needed, the deficiency of natural steroids causes severe problems — muscle weakness, low blood pressure, *faintness*, confusion, and sometimes loss of consciousness and death. You should always report to your doctor about tiredness and weakness, especially if associated with unusual pigmentation of the skin or mouth.

**NOTE!!!**

fatigue [fə'ti:g] усталость

pernicious anaemia [pə'niʃəs] пернициозная анемия (злок.)

sickle-cell anaemia ['sɪkl sel] серповидно-клеточная анемия

haemoglobin [ˌhɪmə'gləʊbɪn] гемоглобин

aplastic anaemia [ə'plæstɪk] гипопластическая анемия

faint ['feɪnt] обморок

**EXERCISES**

*I. Skim through the text without dictionary and understand its main idea.*

*II. Ask questions to the last part of the text.*

*III. Find in the text the following word combinations and translate the sentences containing them:*

- shortage of the steroid hormones;
- the feeling of tiredness and weakness;
- if associated with unusual pigmentation of the skin or mouth;
- the deficiency of natural steroids;
- sickle-cell anaemia;
- anaemia has widespread effects;
- an immune disorder or an infection.

*IV. Answer the following questions*

1. What are the effects of anaemia?
2. What kinds of anaemia are there?
3. Which kind of anaemia is the most serious one?
4. What are the basic symptoms of anaemia?

*V. Using the facts from the text tell about:*

- the main features of anaemia;
- the types of anaemia;
- what to do if you noticed any unusual symptoms.

*VI. Give a short summary of the text*

**TEXT 20**

**INFLUENZA (GRIPPE)**

Influenza is an acute infectious disease occurring in endemic, epidemic or pandemic form. The cause of influenza is now definitely established. It is a filterable virus. The disease is contagious and spread directly from person to person by

talking, coughing or sneezing. Healthy carriers, as well as patients, probably spread the disease. The incubation period is from 1 to 3 days. The onset is sudden with chilly sensations or a true chill, followed by fever. Common symptoms are: severe frontal headache, pains in the back, limbs and eyeballs, dizziness, conjunctivitis and severe prostration. The temperature ranges between 37.7 and 40 C and persists from two to five days. The respiratory rate is moderately increased. The pulse is accelerated but usually not very high. Vomiting and diarrhea are frequent. Many patients also have respiratory symptoms, such as laryngitis, tracheitis, bronchitis. The tongue is dry and coated, the pharynx is usually reddened.

In some cases catarrhal symptoms are replaced by nervous symptoms or prostration, insomnia, mental depression, intense headache, general pains. There may be serious complications after the grippe. One of them is pneumonia, which usually follows rather than accompanies the disease.

Influenza in which no complications arise usually lasts from 2 to 3 days, and even to 5 days. Convalescence may be prompt or protracted by weakness or mental depression. The mortality is low in the epidemic and endemic forms but may be high in pandemics.

Treatment of the patients is symptomatic and supportive. Fluids should be given freely, nutrition maintained by means of a light diet. The headache, general pains and cough are alleviated by the use of painkillers and cough-relief medicine.

### **NOTE!!!**

endemic [en'demik] эндемический, свойственный данной местности

epidemic эпидемия в к.- л. стране

pandemic — пандемия (эпидемия в ряде стран континента)

dizziness ['dizinəs] головокружение

to protract [prə'trækt] затягивать, медлить

to alleviate [ə'li:vieit] облегчать, смягчать

to obviate ['ɒ bviet] устранять

*Пандемия / от греч. Pandētia — весь народ / — распространение какой-либо инфекционной болезни на целые страны и материки, более широкое, чем при эпидемии. (Словарь иностранных слов)*

### **EXERCISES**

*I. Skim through the text and define its main idea. Write the key sentences out of the text.*

*II. Match the following English word combinations with Russian ones:*

- |                        |                          |
|------------------------|--------------------------|
| 1. annual immunization | a) смертность            |
| 2. mortality rate      | b) ежегодная иммунизация |
| 3. mental depression   | c) ощущение озноба       |
| 4. severe prostration  | d) умственная депрессия  |
| 5. chilly sensation    | e) сильное изнеможение   |

- |                          |                                             |
|--------------------------|---------------------------------------------|
| 6. symptomless infection | f) распространение болезни                  |
| 7. poisoning of the body | g) течение болезни без проявления симптомов |
| 8. spread of disease     | h) отравление организма                     |

*III. Complete the following sentences choosing the proper words from those given in the box:*

laxatives	strong effective drugs	sleeping-draughts	pain killers	iodine
-----------	------------------------	-------------------	--------------	--------

1. The overdosage of \_\_\_\_\_ may cause severe complications.
2. In case of moderate bleeding from the injury one may treat the wound with \_\_\_\_\_.
3. Constipation is obviated by the use of \_\_\_\_\_.
4. The doctor administered \_\_\_\_\_ to the patient who suffered from insomnia.
5. In case of intense headache the doctor must prescribe \_\_\_\_\_.

*IV. Read the text once again. Put questions to the following statements.*

1. Influenza is an acute infectious disease. (All types of questions)
2. The most common symptoms for the gripe are: severe headache, pain in the back, limbs and eyeballs. (What symptoms ...?)
3. In some cases catarrhal symptoms are replaced by nervous symptoms. (In what cases ...?)
4. The incubation period lasts from 1 to 3 days. (How long...?)
5. Nutrition should be maintained by means of a light diet. (What kind of ...?)

*V. Pick out from the text all the sentences, describing the methods used in the treatment of influenza.*

*VI. Find in the text the information about pandemic form of infectious disease.*

*VII. Answer the following questions:*

1. In what forms does influenza occur?
2. What is the incubation period of the grippe?
3. What common symptoms of influenza can you name?
4. What complications of influenza are the most serious?
5. How long do the active symptoms of the disease persist?

*VIII. Discuss the following talking points:*

1. Influenza is an acute infectious disease.
2. The symptoms of the grippe.
3. The mortality in the endemic, epidemic and pandemic.

*IX. Give a short summary of the text.*

*X. Think of a possible situation*

to come down with some disease, to have a swollen gland, to take some medicine, a gum, the roof of the mouth, to feel worse, to bleed, infection, a general rub-down, to see a doctor, to gargle, to feel general malaise, to fight the infection.

**TEXT 21**

**MYALGIC ENCEPHALITIS (part I)**

The most distressing cause of tiredness and weakness is the so-called *myalgic encephalitis*, which is commonly abbreviated to ME. This term is not medically approved. Encephalitis means 'inflammation of the brain' and myalgic means 'relating to muscle pain'. Sufferers from this condition may have muscle pain but they do not have brain inflammation. The concept of ME has deeply divided medical workers into two groups: those who believe the condition entirely has got an imaginary basis and those who think it has an *organic* basis.

The basic difficulty, so far as medical attitude is concerned, stems from two points. The first is medical awareness that complaint of persistent fatigue is often a feature of 'non-organic', 'neurotic' illness in which the sufferer is seeking a resolution of some major personal or social problem.

Virus infection has been widely proposed as a cause of the syndrome and a wide range of viruses including herpes, *polio*, chickenpox have been *cited*.

Unfortunately, finding antibodies to these or other viruses in people with ME proves nothing - the world is full of people with such antibodies who do not have ME. It is well known that psychological stress increases *susceptibility* to infection, so even a higher than normal prevalence of these antibodies in ME sufferers would not prove that this was the cause.

Although the condition is called encephalitis, none of the normal neurological tests, such as electroencephalography, show that this is present. Some tests on muscles have shown abnormalities in some cases, but these have not been universally accepted.

It is clear that the fatigue experiences by ME sufferers is not a matter of the muscles only, and is quite different from the weakness experienced in muscular disorders such as *myasthenia gravis*. The fatigue of ME has a strong cognitive element and is commonly associated with mild to severe depression. A comparison of the bodily (somatic) effects of depression — fatigue, headache, breathlessness, chest pain, dizziness and often bowel upset — with those of ME shows a striking similarity. The *prevalences* of ME and of depression are also very similar. In some cases the syndrome has responded well to treatment with antidepressant drugs.

### **NOTE!!!**

myalgia [mai'ældziə] боль в мышцах, миалгия

encephalitis [ˌenkefə'laitis] энцефалит

organic [o:'gænik] связанный с жизнью организма

polio ['pəuliəu] сокр.от poliomyelitis

to cite ['sait] упоминать

susceptibility [sə,septə'biliti] восприимчивость, чувствительность

myasthenia gravis болезнь Эрба-Гольдфлама

prevalence ['prevələns] распространенность

### **EXERCISES**

*I. Read the text and divide it into three parts. Entitle each part using the*

*key sentences.*

*II. Ask as many questions as possible to the last paragraph of the text. Let your partner answer them.*

*III. Write out all the medical terms from the text. Practise their pronunciation.*

*IV. Find in the text the following word combinations and translate the sentences containing them:*

- complaint of persistent fatigue;
- psychological stress increases susceptibility to infection;
- the condition is called encephalitis;
- treatment with antidepressant drugs;
- encephalitis means «inflammation of the brain»;
- a comparison of the bodily effects of depression;
- is not a matter of the muscles only.

*V. Answer the questions:*

1. What does myalgic encephalitis mean?
2. What are the main symptoms?
3. What is the basic nature of fatigue in myalgic encephalitis?

*VI. Give a short summary of the text using the following key words:*

inflammation; pain; cause; weakness; fatigue; susceptibility; prevalence; depression; treatment; experience

## SECTION II

### TEXT 1 MYALGIC ENCEPHALITIS (part II)

Critical attitude from the doctors and other people towards ME sufferers caused great distress. But it is surely equally important to acknowledge that people whose lives are as severely affected as those of ME sufferers deserve as much help as any similarly affected people, whatever the cause.

By contrast, myasthenia gravis is very much an organic disorder. It is a disease in which muscles weaken abnormally rapidly on use. The symptom becomes worse towards the end of the day and after exercise. Myasthenia gravis is an autoimmune disease caused by an abnormal antibody which blocks or damages the sites at which nerves act on muscles to make them contract. These are called receptor sites and they are stimulated by the neurotransmitter acetylcholine released by the nerve endings. In some cases, the abnormal antibody production is known to be due to an abnormality in the thymus gland, which processes T-lymphocytes. In about 15 % of cases there is a benign tumour of the thymus gland.

Myasthenia usually appears after the age of 15 and may start at any age up to about 50. Women are affected about three times as often as men. In the early years the disorder tends to be intermittent. Often the first sign is drooping of the eyelids or double vision. Other early signs are difficulty in swallowing, rapid fatigue of the chewing muscles, difficulty in speaking and general weakness of the limbs. If weakness of the muscles of respiration occurs, life may be threatened. The ability to cough may be so reduced that there is a risk of asphyxia from accumulated secretions.

The diagnosis of myasthenia is often confirmed by observing the effect of a small injection of the drug Tensilon which has a brief but specific effect at the nerve endings, causing a striking improvement in muscle power within half a minute.

#### **NOTE!!!**

acknowledge [ək'nɒlɪdʒ] признавать

acetylcholine [ə'setɪkəʊlaɪn] ацетилхолин

thymus gland ['taɪmʌs] вилочковая железа, тимус

intermittent [ˌɪntə'mɪtənt] прерывистый

to droop ['dru:p] спускаться

striking ['straɪkɪŋ] поразительный

#### **EXERCISES**

*I. Give a short summary of the text.*

*II. Make up your own dialogue between a MD and a medical student. Dramatize the dialogue, using the facts from the text.*

## **TEXT 2**

## **TREMBLING**

Trembling or 'tremor' is a rhythmical oscillation of any part of the body, lasting for at least a few seconds, and affecting especially the hands, the head, the jaw or the tongue. Tremor is very common, especially in elderly people, and does not necessarily imply disease. A minor degree of tremor, known as physiological tremor, is normal and from time to time everyone experiences exaggeration of this into an obvious, coarse shake, especially when the muscles concerned are being tensed. Tremor during excitement or anxiety, due to raised adrenaline level, is an exaggerated physiological tremor.

Essential-familial tremor is an embarrassing condition which runs in families and produces an effect of nervousness. It does not progress to more serious disease and is usually temporarily relieved by alcohol. It may be suppressed by beta-blocking drugs.

Persistent tremor at rest, with a frequency of four or five cycles per second, may indicate Parkinson's disease, even if the tremor disappears on complete relaxation. Such tremor may be extreme but has less effect on voluntary movements than would be expected, and a person who normally has a violent tremor may be able to drink from a glass without mishap. Severe tremor is also a feature of:

- multiple sclerosis;
- accumulation of copper in the body (Wilson's disease);
- cerebellar ataxia;
- encephalitis;
- mercury poisoning;
- thyroid gland over activity.

Tremor caused by brain disorder (encephalopathy) from liver failure or other metabolic disorders is called asterixis.

A variety of drugs can cause tremor. These include:

- amphetamines;
- antidepressant drugs;
- caffeine;
- corticosteroids;
- lithium.

A marked tremor is a common feature of patients under drug treatment for certain psychiatric disorders.

### **NOTE!!!**

oscillation [ˌosiˈlei[n] качание, колебание  
to imply [imˈplai] предполагать, означать  
mishap ['mishæp] неудача, несчастье



multiple ['mʌltipl] sclerosis [skle'rousis] рассеянный склероз  
cerebellar ataxia [ˌseri'belə ə'tæksiə] мозжечковая атаксия  
asterixis [ˌæste'riksis] порхающее дрожание

### **EXERCISES**

*I. Give as much information about the problem as you can.*

*II. Think of your own dialogue between a MD and a medical student. Dramatize the dialogue, using the facts from the text.*

## **TEXT 3**

## **PHOBIAS**

Unreasonable fears are called phobias. They are intense, irrational fears which cannot be ignored or overcome even when the sufferer is fully aware, as is usually the case, that there is no reason for the fear. Phobias take many forms and include fear of:

- high places (acrophobia);
- open places (agoraphobia);
- spiders (arachnophobia);
- cats (ailurophobia);
- water (hydrophobia);
- humiliation or embarrassment (social phobias);
- night (nyctophobia);
- dead bodies (necrophobia);
- crowds (ochlophobia or demophobia);
- animals (zoophobia).

Phobias may relate to almost any situation, idea or object and most people have at least one mild phobia. Severe phobias, however, are very disabling and can seriously disrupt normal living.

Freud interpreted phobia by suggesting that they are the effect of a hidden and forbidden unconscious drive striving for expression, but being strenuously repressed. Phobia is a simple, forgotten conditioned reflex which is kept active (reinforced) by the repeated drive to avoid the unpleasant experience. This view is supported by the success of behaviour therapy in removing phobias. The physiological responses to phobias — fast pulse, sweating, high blood pressure and so on — can be controlled by the use of beta — blocking drugs.

### **NOTE!!!**

intense [in'tens] сильный  
irrational [i'ræʃənl] безрассудный  
to disrupt [dis'rʌpt] подрывать  
to strive ['straiv] стремиться  
strenuously ['strenjuəsli] сильно

1. acrophobia — a morbid fear of being at a height;

2. agoraphobia — a morbid fear of being alone in large open spaces; of being away from home; of lakes and oceans; of crowds, stores, tunnels, bridges, theatres, or public transportation, vehicles from which it might be difficult to escape;
3. arachnophobia — a morbid fear of spiders;
4. ailurophobia — abnormal fear of cats;
5. hydrophobia — a morbid fear of water;
6. nyctophobia — abnormal fear of the night and darkness;
7. necrophobia — a morbid dread of dead bodies;
8. ochlophobia — abnormal dread of crowds;
9. zoophobia — abnormal fear of animals;
10. demonophobia — abnormal fear of demons and devils.

### **EXERCISES**

- I. Give a short summary of the text.*
- II. Make up your own dialogue between a MD and a medical student. Dramatize the dialogue, using the facts from the text.*

## **TEXT 4**

## **DOUBLE VISION**

Diplopia is medically known as double vision. We see with both eyes simultaneously, single vision is normally experienced because the brain makes the eye-moving muscles align the eyes accurately enough to superimpose and fuse the two images into one. This fusional capacity of the brain is what is meant by binocular vision and is the highest level of visual development. Binocularity develops in infancy and early childhood only if all is well with the focusing and alignment capability of both eyes. Early interference with the development of binocularity, as from squint (strabismus), may eliminate binocularity altogether and many people grow up without it. Such people are incapable of experiencing double vision although they may have excellent single vision in each eye. They must, of course, use only one eye at a time.

Diplopia may be caused by: thyroid eye disease, affecting the external eye muscles; disease of the arteries supplying the brain; diabetes; stroke; brain tumour. Diplopia that has recently occurred must never be ignored and requires full ophthalmic or neurological investigation.

Diplopia perceived with one eye is rare but possible. It should be distinguished from the slight doubling of simple blurred vision, and is usually due to an internal eye problem, such as a partially dislocated crystalline lens, an unusual type of cataract or a glass foreign body within the eye.

### **NOTE!!!**

diplopia [dip'lopiə] двоение в глазах

align [ə'lain] выравнивать

fusion ['fju:zən] слияние, объединение

alignment [ə'lainmənt] выравнивание

squint ['skwint] косоглазие

to perceive [pə:'si:v] ощущать

blurred vision ['blə:d'vɪzn] затуманенное зрение, пелена перед глазами

## **TEXT 5**

## **STROKE**

Stroke is the result of acute deprivation of blood in a part of the brain, by narrowing or thrombosis in an artery, or of physical damage to part of the brain by internal or external bleeding.

Cerebral haemorrhage — bleeding into or around the brain — is the cause of the most serious kinds of stroke and is often fatal. Bleeding into the brain is usually the result of the rupture of a small artery, damaged and weakened by atherosclerosis, which gives way under the influence of raised blood pressure. High blood pressure contributes to atherosclerosis and is the main risk factor for stroke. The bleeding can occur almost anywhere in the brain and the effect varies with the location.

The pumping action of the burst vessel forces blood into the brain tissue which is disrupted and compressed. The effect is most obvious in those parts in which the nerve tracts are concerned with movements, sensation, speech and vision. Haemorrhage into the brain stem, where the centres that control the vital functions of breathing and heart beat are situated, is the most immediately dangerous to life.

The first sign of cerebral haemorrhage is usually a sudden headache. This is quickly followed by obvious functional loss such as paralysis down one side of the body, loss of vision to one side and fixed turning of the eye to one side. Often consciousness is lost early and if the haemorrhage is large, this may never be regained — more than half of the people affected in this way die within a few hours or days. Those who recover consciousness always have an initial defect of function which is frequently severe. Smaller haemorrhages produce less damage and there may be no loss of consciousness, but simply the signs of functional injury to the nervous system.

Cerebral thrombosis, or a minor embolism, produces effects similar to, but generally less severe than those of cerebral haemorrhage and recovery is common. Strokes due to thrombosis or repeated embolism may occur in people with atherosclerosis of the carotid arteries or their branches, or in people with heart valves disorders on which small blood clots form and then break loose to be carried up to the brain.

After a stroke, the emphasis should always be on the restoration of maximum function by sustained efforts to achieve as much activity as possible. A person who consistently attempts to walk after a minor stroke is much more likely to recover mobility than one who stays in bed.

### **NOTE!!!**

stroke ['strouk] удар, инсульт

deprivation [ˌdeprɪ'veɪʃən] лишение, недостаточность

to contribute [kən'tribjut] способствовать

to disrupt [dis'r ʌpt] разрывать, разрушать  
embolism ['embəlɪzm] закупорка кровеносного сосуда  
to break loose сорваться

### **EXERCISES**

*I. Give as much information about the problem as you can.*

*II. Think of your own dialogue between a MD and a medical student. Dramatize the dialogue, using the information from the text.*

## **TEXT 6 BLOOD SHOULD BE NEITHER SEEN NOR HEARD**

We possess a very intricate mechanism that insures a balance between the blood's ability to clot (so that you don't bleed to death when you prick your finger) and the blood's ability to remain sufficiently fluid in order to keep flowing. Anything that upsets this balance will result in either a clot blocking a blood vessel (when the blood is 'too thick') or a haemorrhage somewhere (when it's 'too thin').

Here are some situations in which this balance can be disrupted:

- You may bleed after an injury to an artery or a vein. Veins ooze, arteries spurt.
- Several medications can make you bleed by affecting the bone marrow, liver and components within the blood itself. These drugs range from simple aspirin to anticoagulants.
- Allergic states, in which the blood-vessel walls become so permeable that the blood simply leaks out.
- Cancer can erode blood-vessel walls, causing them to bleed.
- Inadequately treated hypertension may cause haemorrhage into the brain, the eye or the abdomen.

These are some of the basic causes of bleeding. If it's internal you may not be aware of it. But if the blood appears in the stool, the sputum, the urine, or from the nose, the bowel or the vagina, you'll usually see it (except for the bowel and urine, where chemical testing may be necessary when the bleeding is very slight).

There are some rules to remember about bleeding:

- If stool looks black and tests positive for blood, it's almost certainly coming from the stomach or the duodenum.
- Bright red blood in stool is apt to come from haemorrhoids.
- If you are spitting dark brown blood, it may be pneumonia or lung cancer.
- If you see blood in the urine, it's likely that you have cystitis.

### **NOTE!!!**

intricate ['intrikit] сложный, замысловатый  
to prick ['prɪk] уколоть  
to ooze ['u:z] медленно течь, сочиться  
to spurt ['spɜ:t] бить струей

permeable ['pə:mjəbl] проницаемый

to erode ['i'rəʊd] разъедать

apt ['æpt] вероятный

### **EXERCISES**

#### *I. Think of a possible situation*

A drop of blood, to bleed badly, to have defences against infection, blood cell, white blood count (WBC), inability to think, a strong desire to doze, far below normal, to have a brief snooze, to get unbearably sleepy, to be in danger of, heart failure, breathlessness, heavy beating of the heart, a visible sign of, to be lucky.

#### *II. Find in the text the following word combinations and translate the sentences containing them:*

- a. — ability to remain sufficiently fluid in order to keep flowing;
- b. — blood appears in the stool, the sputum;
- c. — a clot blocking a blood vessel;
- d. — inadequately treated hypertension;
- e. — blood simply leaks out;
- f. — veins ooze, arteries spurt;
- g. — to test positive for blood.

#### *III. Make up your own dialogue between a MD and a medical student. Dramatize the dialogue, using the information from the text.*

## **TEXT 7**

## **CANCER**

Many scientists of all countries carry on research work to find out the aetiology of cancer and its successful treatment.

Cancer is a malignant tumour which arises from the epithelial cells. A tumour is a mass of new tissue which grows independently from its surrounding structures. A malignant tumour is made up of connective tissue enclosing epithelial cells. Some tumours remain localized, others rapidly invade healthy tissue and metastasize leading to early death. The incidence of carcinomas comprises 90 % of all malignant tumours, the rest are sarcomas. The symptoms being vague or absent at an early stage, cancer is a very dangerous disease for life.

It has been proved that cancer may develop due to contact with certain chemical substances, such as aromatic amines, chromic acids, arsenic acids, anilines and others. Certain viruses are also considered to be carcinogenic. Recently it has been shown that some types of viruses may develop carcinoma. These findings have been confirmed in experiments on animals.

The distribution of different types of cancer varies geographically. The incidence of lung cancer is much higher among Europeans. In South Africa, for

example, 50 % of all types of cancer comprise carcinomas of the liver. The high frequency of liver cancers in certain tropical countries could be related to the incidence of viral diseases of the liver in the same countries. Many investigators suggest that viral hepatitis could represent a precancerous disease.

Susceptibility to cancer increases with age. The most important thing in the prognosis of patients with carcinoma is the grade of malignancy, and, therefore, the sooner the diagnosis is made, the better the prognosis. Each type of cancer is curable if it is timely recognized and proper treatment is administered.

### **NOTE!!!**

malignant [mə'liɡnənt] злокачественная

to invade [in'veid] поражать

amines ['æmainz] хим.амиды

arsenic acid ['a:snik] мышьяк

anilines ['ænilin] хим.анилин

incidence ['insidəns] охват,сфера действия

### **EXERCISES**

#### *I. Answer the questions*

1. What disease continues to be the most dangerous among human diseases?
2. What is the malignant tumour made up of?
3. What do metastases lead to?
4. What carcinogenic substances do you know?
5. How does the distribution of different types of cancer vary?

#### *II. Find in the text the following word combinations and translate the sentences containing them:*

- a. — the aetiology of cancer and its successful treatment;
- b. — a very dangerous disease for life;
- c. — may develop due to contact with certain chemical substances;
- d. — made up of connective tissue inclosing epithelial cells;
- e. — the incidence of lung cancer;
- f. — confirmed in experiments on animals;
- g. — the sooner the diagnosis is made, the better the prognosis.

#### *III. Make up your own dialogue between a MD and a medical student. Dramatize the dialogue, using the information from the text.*

Pharmacology may be defined most simply as the study of drugs. In the broadest sense it includes all the scientific knowledge of drugs, such as the name, source, physical and chemical properties, and the mixing or preparing of drugs in the form of medicine. It is also concerned with physiological actions of drugs — their absorption, action, and fate in the body.

The drug is a chemical substance that affects living protoplasm and does not act as a food. It is used in the cure, treatment or prevention of disease in man or animal. In addition drugs alleviate suffering and pain.

Pharmacognosy is a descriptive science and is concerned with the recognition, quality, purity by microscopic and macroscopic means, and identification of plants and animal drugs.

Pharmacy deals with the preparation, stability, preservation and storage of drugs. From these drugs the pharmacist prepares compounds and dispenses medicines. Most drugs are prepared by pharmaceutical manufacturers and are distributed to the pharmacy or hospital in such suitable dosage forms as tablets, capsules, liquid preparations or sterile solutions for injection.

Posology is concerned with the dosage or amount of a drug given in the treatment of disease. There is a minimum, maximum, usual or therapeutic and toxic dose for each drug. The most important is the usual dose, which is the oral dose for an adult weighing 70 kg. There are a number of conditions that modify the dose of a drug.

Pharmacodynamics is concerned with the response of living tissues to chemical stimuli, that is, the action of drugs on the living organism in the absence of disease. It is one of the newest biological sciences and is closely associated with physiology, biochemistry, pathology and microbiology. It is a study of the absorption, fate, excretion and action of a foreign substance in the body.

### ***NOTE!!!***

pharmacognosy — фармакогнозия (одна из фармацевтических наук, изучающая лекарственные средства, получаемые из сырья растительного или животного происхождения)

pharmacy ['fa:məsi] аптека

dispense [dis'pens] распределять

pharmacodynamics — фармакодинамика (раздел фармакологии, изучающий биохимические эффекты и физиологические действия лекарств на тело человека, на микроорганизмы или паразитов, находящихся внутри тела человека или снаружи)

### ***EXERCISES***

#### ***I. Match the definitions with the terms***

- |                                                |                     |
|------------------------------------------------|---------------------|
| 1. the study of poisons                        | a) poison           |
| 2. the science of dosage                       | b) pharmacodynamics |
| 3. the study of drugs                          | c) toxicology       |
| 4. a substance producing injury to an organism | d) pharmacology     |

by its chemical action

5. the study of drug action on the living organism | e)posology

## *II. Answer the questions*

1. What is the definition of Pharmacology as a science?
2. What branches of Pharmacology do you know?
3. What may the overdosage of drugs cause?
4. How do you understand the words 'usual dose'?
5. What are the functions of pharmacology as a pure science?

## *III. Find in the text the following word combinations and translate the sentences containing them:*

- physiological actions of drugs;
- suitable dosage forms as tablets, capsules;
- treatment or prevention of disease;
- action of a foreign substance in the body;
- therapeutic and toxic dose for each drug;
- pharmacognosy is a descriptive science;
- the response of living tissues to chemical stimuli.

## *IV. Make up your own dialogue between a MD and a medical student. Dramatize the dialogue, using the information from the text.*

### **TEXT 9**

### **WOUNDS**

There are contused wounds, ruptured wounds, burst wounds, tears, cuts, slashes, stabs and gunshot wounds.

Contused wounds occur when a blunt thing, such as stone or stick acts on the soft parts of the body like a press. The edges of the wound are lacerated and defectively nourished. There is an extensive excoriation of the skin. In the depths of the wound muscles, tendons, blood vessels, nerves and frequently bones are crushed in the same way and lacerated or smashed. There is little bleeding from such wounds.

Burst wounds. In bursts, the force works from inside, e.g. a piece of broken bone piercing it way out, or a bullet coming out.

Tearing wounds or tears occur when the covering skin or mucous membranes are stretched beyond the limits of its elasticity. The edges of such wounds are irregular and lacerated.

Cuts appear after sharp objects. A razor cut with a considerable bleeding may be an example of it. The operative wound corresponds to the cut and shares with it its minimal tissue damage, severe bleeding and good healing tendencies.

Slash wounds appear when a cutting force strikes tissue with great power. Apart from possible crushing of the wound edges, the slash wound is not essentially different from the cut.



Stab wound occur when a pointed object penetrates into the tissue over a narrow surface. The danger of stab wounds lie in the concomitant injury to large blood vessels and nerves and in the opening of the cranial, thoracic or abdominal cavities or the joints.

Gunshot wounds depend on the caliber-sized skin defect at the entrance and the damage brought to tissue and bones. As in stab wounds, the clinical course depends on the extent to which blood vessels, nerves, muscles, bones, joints and viscera are involved.

Bites. These wounds appear after the bite of a man or an animal. Exceptionally virulent pathogenic organisms (human or animal passage) can be transmitted, and can produce in a very short time correspondingly dangerous pyogenic and putrid infections. Large bites are treated and left wide open.

### **NOTE!!!**

contused wound [kon'tju:zd] ушибленная рана

ruptured wound ['r ʌptʃəd] разрывная рана

tearing wounds ['teəriŋ] рваная рана

slash wounds ['slæʃ] резаная рана

stab wounds ['stæb] колотая рана

excoriation [əks,kɔ:ri'eɪʃn] сдирание кожи

concomitant [kən'komitənt] сопутствующий

virulent ['virulənt] опасный

pyogenic [ˌpaɪə'dʒɪnɪk] вызывающий нагноение

putrid ['pu:trɪd] гнилосный

### **EXERCISES**

#### *I. Match the definitions with the terms*

- |                                                   |                |
|---------------------------------------------------|----------------|
| 1. producing suppuration                          | a) abrasion    |
| 2. a spot rubbed bare of skin                     | b) pyogenic    |
| 3. removal of an area of skin                     | c) rupture     |
| 4. injury to tissues without breakage of the skin | d) contusion   |
| 5. the bursting apart of a muscle                 | e) excoriation |

#### *II. Answer the questions*

1. When do contused wounds occur?
2. What are the edges in contused wounds?
3. Is there extensive excoriation of the skin?
4. May we observe little bleeding from such wounds?
5. Why are the wounds caused by the bite of a man or an animal very dangerous?

#### *III. Find in the text the following word combinations and translate the sentences containing them:*

- the edges of the wound are lacerated;
- when a cutting force strikes tissue;
- the covering skin or mucous membranes are stretched beyond the limits of its elasticity;

- there are contused wounds, ruptured wounds...;
- the concomitant injury to large blood vessels;
- dangerous pyogenic and putrid infections;
- the damage brought to tissue and bones.

*IV. Make up your own dialogue between a MD and a medical student. Dramatize the dialogue, using the information from the text.*

### **SECTION III**

*Listen to the following dialogues*

#### **Unit 1. Taking a history I**

##### *Dialogue 1.1*

D: Good morning, Mr Hall. What's brought you along today?  
 P: Well you see doctor, I've been having these headaches, you see, ,and ...  
 D: And how long have they been bothering you?  
 P: Well they started about, well, it must have been about three months ago.  
 D: I see. And which part of your head is affected?  
 P: Well, it's right across the front here.  
 D: And can you describe the pain?  
 P: It's a sort of dull, dull and throbbing kind of pain.  
 D: I see, and, do they come on at any particular time?  
 P: They seem to be, they're usually worse in the morning. I notice them when I wake up.  
 D: And is there anything that makes them better?  
 P: Well, if I lie down for a while, they seem to get, they go away.  
 D: Yes, and has there been anything else apart from these headaches?  
 P: Well, the wife, my wife, she says that I seem to be getting a bit deaf.  
 D: Well, Mr. Hall, I think at this stage I'll start by checking your ears to see if there's any wax...

##### *Dialogue 1.2*

D: Come in, Mr Green. Come and sit down here. I've had a letter from your doctor and he tells me that you 've been having pain, pain in your chest.  
 P: Yes, and in my arm, and also tingling in my fingers and ...  
 D: Yes, now when did you first notice this pain?  
 P: Well, I suppose about six months ago.  
 D: And can you remember when it first came on?  
 P: Yes, well I remember, I got a bad pain in my chest when I was shopping. It was so bad I couldn't breathe and ...  
 D: And where, in which part of your chest did you feel the pain?

P: Right across my chest.  
D: And how long did it last?  
P: About ten minutes.  
D: And what did you do when it happened?  
P: I had to stop and wait for it to go away.  
D: So, have you had this, the pain again since then?  
P: Yes, I often get it when I overdo things, and when I...  
D: Well, I think at this stage I'd like to examine you, your chest. So if you could strip to your waist. Fine. I'll just check your pulse first of all. Fine. That's fine. It's quite normal, seventy per minute. Now your blood pressure. Fine. That's quite normal too. 130 over 80.  
P: I'm pleased to hear it.  
D: Now I'm going to listen to your heart, so I want you to breathe normally. Your heart sounds quite normal.  
P: Well, that's a relief.  
D: Well now, I want you to take deep breaths in and out while I check your lungs. In. Out. In. Out. Fine. They're completely clear. Well Mr Green, the pain you've been having sounds very like the pain of what we call angina, and this occurs when not enough oxygen is getting to the heart. I'd like to check a few tests, and, following that I'll be able to advise some treatment for you.

### *Dialogue 1.3*

D: Ah, good morning, Mr Hudson. I see from your card that you've just moved into the area and perhaps you could tell me a little about your previous health as I won't get your records for another month or two, and then we can deal with your present problem.  
P: Well I've actually, I've always been very fit up till now but . . .  
D: Have you ever been in hospital?  
P: Only when I was a child. I had an appendicitis when I was eight.  
D: And what's your job, what do you do?  
P: Well, I'm a . . ., I work for the post office. I'm a postmaster.  
D: And I see that you're what, 58, now, and have you . . .?  
P: Yes.  
D: Have you always been with the post office?  
P: Yes, well, apart from my time in the army you know...  
D: I see. And you're married. Any family?  
P: Yes, two girls and a boy.  
D: Fine. That's fine. Now can you tell me what seems to be the problem today?  
P: Well, it's this terrible pain. I've got this terrible pain in my back. I've had it for more than a week now and it's ...  
D: I see, and can you show me exactly where it is?  
P: It's down here, here. .

D: And does it go anywhere else?

P: Yes, it goes down my left leg. And I feel pins and needles in my foot.

D: I see, and is it there all the time?

P: Yes, yes it is. It's keeping me awake at night and I can't get out into the garden. I've been taking aspirins but the pain, it just comes back again.

D: And was there anything that started it off?

P: Well yes, yes. I've been trying to sort out the garden at my new house and I don't know, I may have been overdoing things a bit.

#### *Dialogue 1.4*

D: Now, Mrs Brown, can you tell me, have you any trouble with your stomach or bowels?

P: Well, I sometimes get a bit of indigestion.

D: I see, and could you tell me more about that?

P: Well, it only comes on if I have a hot, something spicy, you know, like a curry.

D: I see, well that's quite normal really. And what's your appetite like?

P: Not bad.

D: And any problems with your waterworks?

P: No, they're, they're all right.

D: And are you still having your periods regularly?

P: No, they stopped, must have been five years ago.

D: Any pain in the chest, any palpitations, swelling of the ankles?

P: Not really doctor.

D: And what about coughs or wheezing or shortness of breath?

P: Only when I've got a cold

D: Have you noticed any weakness or tingling in your limbs?

P: No, no I can't say that I have really.

D: What sort of mood have you been in recently?

P: I've been feeling a bit down. You know, I'm not sleeping well.

#### *Dialogue 1.5*

D: And how long, how long have you had this temperature?

P: Oh, I don't know exactly. About two months on and off.

D: And is the temperature there all the time or does it come on at any particular time?

P: Well, sometimes I'm all right during the day but, I wake up at night and I'm drenched in sweat, drenched, and sometimes my whole body shakes and . . .

D: And how have you been feeling in general?

P: Well, I don't know, I've been feeling a bit tired, a bit tired and weak. And I just don't seem to have any energy.

D: And have you noticed any pain in your muscles?

P: Yes, well, actually, I have a bit, yes.

D: And what about your weight? Have you lost any weight?

P: Yes, yes I have. About a stone.\*

D: I see, and, what about your appetite? What's your appetite been like?

P: Well, I've really been off my food this last while. I just haven't felt like eating.

D: And have you had a cough at all?

P: Oh yes, I have. Nearly all the time. I sometimes bring up a lot of phlegm.

D: And is there, have you noticed any blood in it?

P: No, not always but yes, sometimes.

D: Have you had any pains in your chest?

P: Only if I take a deep breath.

*\* In the UK patients often talk about their weight in stones.*

*1 stone = 14 pounds or 6.4 kg.*

*1 pound = 454 grams.*

*In the USA, people give their weight in pounds.*

### *Dialogue 1.6*

D: Good afternoon, Mr Hudson. Just have a seat. I haven't seen you for a good long time. What's brought you a long here today?

P: Well, doctor. I've been having these headaches and I seem to have lost some weight, and...

D: I see, and how long have these headaches been bothering you?

P: Well, I don't know. For quite a while now. The wife passed away you know, about four months ago. And I've been feeling down since then.

D: And which part of your head is affected?

P: Just here. Just here on the top. It feels as if there were something heavy, a heavy weight pressing down on me.

D: I see, and have they affected your vision at all?

P: No, no I wouldn't say so.

D: Not even seeing lights or black spots?

P: No, nothing like that.

D: And they haven't made you feel sick at all?

P: No.

D: Now you told me that you've lost some weight. What's your appetite been like?

P: Well, actually, I haven't really been feeling like eating. I've really been off my food for the moment and . . .

D: And what about your bowels, any problems?

P: No, no they're, I'm quite all right, no problems.

D: And what about your waterworks?

P: Well, I've been having trouble getting started and I have to, I seem to have to get up during the night, two or three times at night.

D: And has this come on recently?

P: Well, no, not exactly. I think I've noticed it gradually over the past, the past few months.

D: And do you get any pain when you're passing water?

P: No, no.

D: And have you noticed any blood, any traces of blood?

P: No, no, I can't say that I have.

## **Unit 2. Examining a patient**

### *Dialogue 2.1*

D: Would you slip off your top things, please. Now I just want to see you standing. Hands by your side. You're sticking that hip out a little bit, aren't you?

P: Yes, well, I can't straighten up easily.

D: Could you bend down as far as you can with your knees straight and stop when you have had enough?

P: Oh, that's the limit.

D: Not very far, is it? Stand up again. Now I would like you to lean backwards. That's not much either. Now stand straight up again. Now first of all I would like you to slide your right hand down the right side of your thigh. See how far you can go. That's fine. Now do the same thing on the opposite side. Fine. Now just come back to standing straight. Now keep your feet together just as they are. Keep your knees firm. Now try and turn both shoulders round to the right. Look right round. Keep your knees and feet steady.

P: Oh, that's sore.

D: Go back to the centre again. Now try the same thing and go round to the left side. Fine. Now back to the centre. That's fine. Now would you like to get to the couch and lie on your face? I'm just going to find out where the sore spot is.

### *Dialogue 2.2*

D: Would you like to lie down here on the couch, on your back?

P: OK.

D: I'm going to test your reflexes by tapping you with this little hammer. It won't hurt you. Let me hold your right arm. Let it go quite relaxed. Try not to tighten up. There. Now the other one. Just let me have your wrist. Let it go quite floppy.

That's right. I'm going to tap your elbow. Fine. Now the left one. OK?

P: Fine.

D: I'll just give you a little tap here on the wrist. Now the other one. Now let your legs go completely relaxed. I'll hold them up with my hand. There. I'm just going to turn your leg out to the side for a moment. Just relax. That's it. Now the other one. Fine.

### *Dialogue 2.3*

D: Now Mr McLeod, I know you're in some pain but there are a few things I'll have to check. I'll be as quick as I can. I'll just take your pulse. Now the other side. OK. Now your blood pressure. You've had that done before. I'm going to check the other side too. Once more. Fine. Now I want to listen to your heart. Just breathe normally. Could you sit up a little? I just want to check your lungs.

P: Right, doctor.

D: That's it. Now I'd like you to take big breaths in and out through your mouth. OK. You can lie down again.

P: It's bad.

D: I'll be quick. I'll just take a look at your stomach. Take deep breaths in and out.

Now I'm going to check the pulse in your groin too. We'll just roll your pyjama trousers down. That's it. We've finished now. Well, Mr McLeod, I think you've got some trouble with one of your arteries because of your high blood pressure. I'll give you an injection to relieve the pain and arrange for you to go into hospital for further tests.

## **Unit 3. Special examinations**

### *Dialogue 3.1*

D: Good afternoon, Mr Priestly, come in and have a seat.

P: Good afternoon, Mr Davidson.

D: Now I've had a letter from your doctor saying that you've been having problems with your sight.

P: Yes, that's right, doctor.

D: Could you tell me how long the left eye has been bad for?

P: Oh, going on for about a year now, I suppose.

D: And what do you do?

P: I'm a postman. I deliver letters and that sort of thing.

D: How is your work being affected?

P: Oh it's really bad. I can hardly see the letters let alone the addresses. I have to get my mates to do that sort of thing for me and it's getting to a stage where I just can't cope really.

D: I see, yes. I'd just like to examine your eyes and perhaps we could start with the chart. Could you just look at the chart for me? Can you see any letters at all?

P: No, nothing.

D: OK. Well, with the right eye can you see anything?

P: N H T A, that's about all, I'm afraid.

D: Now does that make any difference?

P: No, no nothing.

D: What about that one, does that have any effect?

P: Not really, I can't really say it does.

D: Right. OK. Thank you very much, indeed.

### *Dialogue 3.2*

D: Now, Debbie, can I have a look at you to find out where your bad cough is coming from?

P: (Nods)

D: Would you like to stay sitting on Mum's knee?

P: (Nods)

D: That's fine. Now let's ask Mum to take off your jumper and blouse. You won't be cold in here. (Mother removes Debbie's clothes) Now I'm going to put this thing on your chest. It's called a stethoscope. It might be a bit cold. I'll warm it up. Feel the end there, OK? First of all I listen to your front and then your back.

Mother: She's had that done lots of times by Dr Stuart.

D: Good, well done. You didn't move at all. Now I'd like to see your tummy, so will you lie on the bed for a minute? Will I guess what's in your tummy this morning? I bet it's Rice Krispies.

P: (Nods)

D: Now while you're lying there, I'll feel your neck and under your arms. Are you tickly? Now the top of your legs. That's all very quick, isn't it? Mrs Thomson, could Debbie sit on your knee again? I'd like you to hold her there while I examine her ears and throat. Right, Debbie. Here's a little light to look in your ears. This will tickle a bit but won't be sore. Good girl. What a nice ear. Now let's see the other one. Now nearly the last bit. Open your mouth. Let me see your teeth. Now open it as wide as you can. Good I wonder how tall you are, Debbie. Could you come and stand over here and I'll measure you? Stand straight. That's fine. Have you ever been on a weighing machine? Just stand up here and we'll see how heavy you are. Well, we've all finished now. You've been very good. I'll have a talk with your Mum and you can play with the toys for a minute.

### *Dialogue 3.3*

D: Hello, Mr Walters. How are you today?

P: Oh, I'm fine, very well thank you.

D: You know who I am, don't you?

P: Now let me see. I know your face, but I don't quite place who you are. I think I know. I think I should know who you are.

D: Well, that's right. I'm Dr Watson. I've met you several times before, you know.

P: Oh you're a doctor. Well, I remember old Dr Horsburgh quite well. I remember when he had a surgery down in the old Kirkgate but I don't remember seeing him recently.



D: No, Dr Horsburgh's been retired for a good number of years now. I took over his practice and I've seen you before. Maybe you don't recall that. Have you been here long?

P: Where, where do you mean?

D: In this house, have you been here long?

P: Oh I've been here some time, I think.

D: Do you remember where this is? Where is this place?

P: This is the High Street, isn't it?

D: Yes, this is the High Street. How long have you been living in the High Street?

P: Oh, it must be a good number of years now. I, my mother used to stay down in North High Street, of course, and I used to stay with her, but when I got married I moved up here. Oh that must be a good number of years. I can't quite remember the time.

D: Do you remember when you were born? What was the year of your birth? Can you remember that?

P: Oh, yes. I was born in 1902.

D: Oh, what month were you born in? Do you remember that?

P: Oh, yes. I'm an April baby. I was always an April baby. Not an April fool, not the 1<sup>st</sup> of April, you know.

D: Do you remember what time of the month? What was the date?

P: Oh, it was the 17th of April.

D: Well, how old will you be now, do you think?

P: Oh I've retired now. I must be about 69 I think. I'll be about 69.

D: Well there's no doubt the years go by. What year is it this year? Do you know that?

P: Well this'll be about 1978 now, I suppose.

D: Fine, and what month are we in?

P: Oh now let me see. It'll be .....I can't, can't remember doctor.

D: Well, is it summer or winter?

P: Oh, well, I suppose it's so cold it must be the winter time. It'll be January. Is that right?

D: Well, actually, it's February now, but it feels as though it was January, doesn't it? Do you remember what day of the week it is? Or do the days not mean a great deal to you now that you're not working?

P: Oh, you're right the days seem to run into each other, but this'll be Tuesday, I think. No, no it'll be Wednesday, isn't it?

D: Well, I suppose, that Wednesday or Thursday, one day tends to become much the same as the other when we're not working. Isn't that right?

P: Oh you're right there.

D: Well, I wonder if you could do this other little test for me. This is really some common thing I'd like you to think about and tell me the answer for. It's to

do with this last illness you had and it's to help me decide how you're progressing and if we need to give you any different kind of medical treatment.

P: All right. I don't mind. Anything to help you?

### **Language focus**

#### *Part 1*

D: I now want to test how well you can feel things on the skin. I'm going to ask you to close your eyes and say 'yes' each time you feel me touching the skin of your legs with this small piece of cotton wool. I'll touch the back of your hand with it now. Do you feel that?

P: Yes, doctor.

D: Well, every time you feel me touch your legs say 'yes'.

#### *Part 2*

D: Well, that was quite easy, wasn't it? Now I'm going to try something a little different. I have this sharp needle with this blunt end. I want you to say 'sharp' or 'blunt' each time you feel me touch.

#### *Part 3*

D: The other sensation I want to test is whether you feel this tube hot or this other tube which is cold. Remember I want you to keep your eyes closed, and each time I touch the skin of your legs I want you to tell me whether it is hot or cold.

#### *Part 4*

D: Next I'm going to test you with this vibrating fork. I'm going to press it on the ankle bone and I want you to tell me whether you feel it vibrating, and if you do, say 'stop' when you feel it has stopped.

#### *Part 5*

D: I'm now going to test the pulses in your legs. First we'll press on the blood vessel here in the groin. And now behind the knee. Could you bend it a little for me? And here behind the ankle bone. And now the top of the foot. And now the other leg.

## **Unit 4. Investigations**

### *Language focus*

D: Now I'm going to take some fluid off your back, to find out what is giving you these headaches. Nurse will help me. It won't take very long. Now I want you to move right to the edge of the bed. That's it. Right. Lie on your left side. Now can you bend both your knees on as far as they will go? I'll just put a pillow between your knees to keep you comfortable. Put your head down to meet your knees, curl up. I'm going to wipe your back with some antiseptic. You'll feel it a bit cold. Now I'm going to give you a local anaesthetic so it won't

be sore. You'll feel just a slight jab, OK? We'll wait for a few minutes for that to take effect. Right now, lie still, that's very important.

*Dialogue 4.1 (Three doctors — A, B and C)*

A: An ECG is essential because it will show any changes in the heart: axis, ischaemia, left ventricular hypertrophy.

B: I think a chest X-ray is also very important to see the size of the heart and the extent of any hypertrophy. I would also check the creatinine to see if there's any damage to the kidneys.

C: An intravenous pyelogram is essential because a renal cause is very likely.

B: As an initial investigation?

C: No, after urea and electrolytes and after the creatinine.

B: It's essential if the creatinine shows something wrong with the kidneys.

C: Yes.

A: Yes, both creatinine and urea and electrolytes are required. In this case I think they're more important than the ECG and chest X-ray because the patient is young, 43, and the hypertension is very high.

C: Urine analysis too in this case. It's very important.

B: Yes, it's routine.

C: We can see if there's any glomerular damage. We may find blood, albumin, casts.

A: Yes, it's very important.

B: What about radioisotope studies of the kidneys?

C: Not essential, but we could do this to check the function of the kidneys.

A: We can see this from the creatinine and urine.

C: I know. It's not essential, but it could be useful.

B: Serum cholesterol?

A: Not essential. We're thinking of another type of hypertension here. But possibly useful.

B: Skull X-ray?

C: Not required. It's of no value in this case.

B: Serum thyroxine?

A: Absolutely no connection with hypertension.

B: Barium meal?

C: Not required.

B: Uric acid?

A: Not necessary. If the uric acid is raised, there would be other symptoms.

*Dialogue 4.2*

Lab Tech: This is the haematology lab at the Royal. I have a result for you.

D: Right. I'll just get a form. OK.

Lab Tech: It's for Mr Hall, Mr Keyin Hall.

D: Right.

Lab. Tech: White blood cells, seven point two; RBC, three point three, haemoglobin, twelve point nine. That's twelve point nine. Haematocrit, point three nine; MCV, eighty-one; platelets, two six four.

D: Sorry?

Lab Tech: Two six four, two hundred and sixty-four.

D: Right.

Lab Tech: ESR, forty-three millimetres.

D: OK. I've got that.

Lab Tech: Blood film showed, neutrophils, sixty per cent; lymphocytes, thirty per cent; monocytes, five per cent; eosinophils, four per cent; basophils, one per cent.

D: Fine. Anything else on the film?

Lab. Tech: Yes, there are burr cells present plus plus.

D: Right. Thanks very much.

### **Unit 5. Making a diagnosis**

#### *Dialogue 5.1*

D: Hello, Mr Nicol, I haven't seen you for a long time. What seems to be the problem?

P: I have been having these headaches, doctor.

D: Which part of your head?

P: Mostly along here, along this side.

D: Oh I see, the left side. How long have they been bothering you?

P: Well, they started about three weeks ago. At first I felt as if I had the flu because my shoulders were aching, you know pains in the joints, and I had a bit of a temperature.

D: I see, and did you take anything for the headaches?

P: I took some aspirin but it didn't seem to make much difference to me.

D: When do they come on?

P: They seem to be there all day long, and at night I just can't get to sleep.

D: So they are bad enough to keep you awake?

P: Yes.

D: And how do you feel yourself?

P: Very weak, and I'm tired, of course. I think I've lost some weight.

D: Have you had headaches in the past?

P: Just one or two, but never anything like this.

### **Language focus**

D: Well, Mr Jameson, there's a nerve running behind your knee and your hip and through your spine. When you lift your leg, that nerve should slide in and out your spine quite freely. But with your leg, the nerve won't slide very far. When you lift it, the nerve gets trapped and it's very sore. When I bend your knee that takes the tension off and eases the pain. If we straighten it, the nerve goes taut and it's painful.

Now what is trapping the nerve? Well, your X-ray confirms that you've got a damaged disc in the lower part of your back. The disc is a little pad of gristle which lies between the bones in your spine. If you lift heavy loads in the wrong way, you can damage it. And that's what's happened to you. You've damaged a disc.

It's pressing on a nerve in your spine so that it can't slide freely and that's the cause of these pains you've been having.

Now we're going to try to solve the problem first of all with bed rest to let the disc get back to normal and with drugs to take away the pain and help the disc recover. We'll also give you some physio to ease your leg and back. I can't promise this will be entirely successful and we may have to consider an operation at a later date.

## **Unit 6. Treatment**

### *Dialogue 6.1*

P: Have I got to rest? I was hoping that you could give me something to ease the pain so that I could get back to work.

D: Well, I'm afraid, going back to work is out of the question just now. I think it will be some weeks before you can go back to your kind of active work. You're going to have to rest and to begin with at least two weeks of complete bed rest. You must rest to allow this swelling to go down and be absorbed to reduce the pressure on the nerve and lessen the pain. Movement will only increase the pressure. If you get up, even to sit on a chair, all the body weight above the damaged disc will press down on the disc below causing more pressure with the risk of pushing out more of the soft disc centre and making the problem worse. Rest also helps to relieve the tight muscle spasm. So for the first week it should be complete bed rest on a firm, hard mattress, a low pillow, better still, no pillow. You should also try to have your meals lying down. Don't sit up to eat. I'll give you drugs to relieve the pain and stiff muscles. When the pain and stiffness improves I'll get the physiotherapist to instruct you in exercises to strengthen your back muscles, and to make you more supple and we'll then gradually mobilise you, letting you get up for longer each day, being guided by the pain you are experiencing. So this will have to be the programme. It's not a condition which you can get up and work off, I'm afraid.

### **Language focus**

Physical exercises: First of all you lie down on your tummy on a hard surface. The floor will do. Now place your hands on your back and lift one leg up straight without

bending your knee. Then bring it down and lift the other leg up in the same way and then bring it down. Repeat this exercise five times doing it alternately with each leg.

Keeping the same position, place your hands on your back and lift your chest up off the floor, and then bring it down slowly. Repeat this exercise five times.

Now keeping your hands at you sides and lying on your tummy, lift alternate leg and arm simultaneously (for example your right leg and left arm), and then bring them down. Next lift your other alternate leg and arm, and then bring them down. Repeat this exercise five times.

Keep your hands on your back and then lift you chest and legs up simultaneously, and then bring them down slowly. Repeat this exercise also five times. (This is a difficult exercise but with practice you'll be able to do it properly.)

Now you have a change position. So lie on your back with your hands on your sides and bend your knees up, keeping your feet on the floor. Now lift up your bottom and then bring it down slowly. Repeat this exercise five times.

You should do these exercises three times a day, preferably on an empty stomach before meals. Then, depending on your progress, after two weeks or so we'll increase the number of times you do these exercises. You should try to do them as slowly and smoothly as possible and try to avoid jerking your body.

## **SECTION IV**

### **Think of possible situations**

#### *MODEL: Situation 1*

To operate for, inoperable cancer, to remove, to rupture, to form an abscess, to fail to, to recognize the disease, to loop (*делать петлю*), to condemn to (*обречь на*).

The surgeon was operating for suspected cancer in the intestinal tract. When he reached the affected area he had decided the cancer was inoperable and, instead of attempting to remove it, had looped the intestine to bypass it. Three days later the patient had died and was autopsied. The autopsy showed there had, in fact, been no cancer at all. What had really happened was that the patient's appendix had ruptured and formed an abscess. The surgeon had failed to recognize this and condemned the man to death.

#### *Situation 2*

Prevention, health protection system, medical aid, one therapist per..., to be responsible for, wide-spread infectious diseases, cardio-vascular service, hospital treatment, to be under care, to show concern for, to improve medical science.

#### *Situation 3*

To remove, to suffer an attack, a pathologist, the medical history, the area of thrombosis, coronary artery, a half inch clot, to point with the tip of a metal probe, to expose (*обнажить*) a clot.

#### *Situation 4*

Heavy beating of the heart, to bleed badly, a drop of blood, WBC, to have defences against infection, inability to think, a strong desire to doze (*дремать*), to get unbearably sleepy, to be in danger of, breathlessness, a visible sign of, to be lucky.

#### *Situation 5*

To feel especially sick, to keep shivering, temperature goes to, via a vein, powerful antibiotics, inadequate defence against infection, to cause fever, to ensure (*обеспечить*), to recur (*возобновиться*), to shiver uncontrollably, to feel pretty well.

#### *Situation 6*

Liquid nourishment, to give smb an injection, pneumonia, to be semi-conscious, to feel ill, to feel one's pulse, to cover smb over, the flu, nausea, plenty of milk, complication, feverishly, to grow worse.

#### *Situation 7*

Ear, nose and throat specialist (E.N.T.), to search the cause of the disease, growing deafness, to look at, to withdraw (*вынуть*) the otoscope from the ear, to wash some dirt out, condition, to be due to senility (*старость*) or small tumor, an intriguing case, professional interest.

#### *Situation 8*

Strain (*напряжение*), to have a cold, hoarseness, to diagnose the trouble, a top specialist, a growth, vocal cords, malignant, to get examined by a specialist, to have a look at smb's throat, to nail smth down (*определить, выяснить*), to make a decision, surgery, to be O.K., a wart (*папиллома*).

#### *Situation 9*

A steel fragment (*стальной осколок*), to damage an eye, to enter the skull, to sever (*повредить*) a vein, to account for (*зд.-объяснить*), haemorrhage, to cut through, indications, blind, technique, to restore, to lodge (*застрясть*) in the bone, an eyeball, to X-ray.

#### *Situation 10*

Manifestation of a disease, physical examination, an eye specialist, to listen to one's heart, to take blood pressure, to test eyes, a waiting room, an appointment, a series of tests, vision, to give rise to, a cyst, to progress, to be alert (*быть начеку*), to arrest a disease, irreversible (*необратимый*).

#### *Situation 11*

Severe abdominal pain, to suspect a perforated ulcer, tenderness, to be in shock, to be sick, original diagnosis, pneumonia, set of symptoms, to X-ray the

chest, liver, a signpost (*показание на*) to ulcer, at the base of the lung, to change the diagnosis, to improve.

#### *Situation 12*

An out-patient, physician, X-ray room, to confirm a suspicion, to deny a suspicion, duodenal ulcer, to fix up some trouble, to be aware of symptoms, stomach, region, to seek medical advice, esophagus, visible, to palpate the abdomen, unmistakable, ulcer, lots of rest, a diet.

#### *Situation 13*

To insist on, crutches, to limp (*прихрамывать*), a sprain (*растяжение связок*), slight, thumb, plaster of Paris, a hospital, equipment, medical attention.

#### *Situation 14*

Obstetrics, to deliver a baby, to be born, to arrive to hospital, to be advanced in labour, urgent case, to relax, a delivery-room, to bring up on a stretcher, to sweat, obstetrician, gown, sterile.

#### *Situation 15*

To induce labour (*стимулировать роды*), a thorough physical examination, a healthy baby, complications, to deliver a child, medical history, to die of, to be Rh-negative (*иметь отрицательный резус фактор*), to be careful in doing smth, to give a transfusion, a condition, to combat a disease, to get along with.

#### *Situation 16*

The development of the body, to be concerned with, the appearance, in case of acne (*прыщи, воспаление сальной железы*), to cause, rapid growth of sebaceous glands (*сальные железы*), to treat, to explain.

#### *Situation 17*

A sign of virility (*признак половой зрелости*), to try everything, disinfectants, ointments, father's experience, the same trouble, to be young, to be upset, skin troubles, an unpleasant period of growing up.

#### *Situation 18*

To be a bystander (*быть свидетелем, зрителем*), to behave so strangely, to be seized with (*быть охваченным ужасом*), to be rooted (*прирасти*) to the floor, to be surprised, to give a gasp (*открыть рот от изумления*), to wonder, to stare (*установиться*) with all eyes.

#### *Situation 19*



Vaccine, to kill infectious agents, viruses and bacteria, active immunity, adequate protection, antitoxins, antibodies, passive immunity, to be susceptible to infection, an individual immunity to some diseases, to work against invading organisms.

### *Situation 20*

Blood pressure in the arteries, a life span, a routine examination, the etiology of hypertension, highly sensitive, to tolerate (*перенеть*), loss of elasticity (*упругость*) of the aorta and its main branches, to take care about oneself.

## CONTENTS

Предисловие .....	3
SECTION I .....	4
TEXT 1. ANXIETY .....	4
TEXT 2. BEDSORES .....	5
TEXT 3. BLEEDING INTO THE SKIN IN CHILDHOOD .....	7
TEXT 4. BREAST LUMP .....	8
TEXT 5. BREATHING DIFFICULTY .....	10
TEXT 6. BREATHLESSNESS (part I) .....	12
TEXT 7. BREATHLESSNESS (part II) .....	14
TEXT 8. BRITTLE BONES .....	15
TEXT 9. COUGHING .....	17
Text 10. DÉJÀ VU .....	19
TEXT 11. DELAY IN DEVELOPMENT .....	20
TEXT 12. FEVER AND PROGRESSIVE MUSCLE WEAKNESS .....	22
TEXT 13. INSOMNIA .....	23
TEXT 14. LOSS OF MEMORY .....	25
TEXT 15. OBESITY .....	27
TEXT 16. PAIN IN THE THROAT .....	28
TEXT 17. SADNESS .....	30

TEXT 18. SKIN BLISTERS AROUND MOUTH OR NOSE .....	32
TEXT 19. TIREDNESS AND WEAKNESS .....	33
TEXT 20. INFLUENZA (GRIPPE) .....	34
TEXT 21. MYALGIC ENCEPHALITIS (part I) .....	36
SECTION II .....	39
TEXT 1. MYALGIC ENCEPHALITIS (part II) .....	39
TEXT 2. TREMBLING .....	40
TEXT 3. PHOBIAS .....	41
TEXT 4. DOUBLE VISION .....	42
TEXT 5. STROKE .....	43
TEXT 6. BLOOD SHOULD BE NEITHER SEEN NOR HEARD .....	44
TEXT 7. CANCER .....	45
TEXT 8. PHARMACOLOGY .....	46
TEXT 9. WOUNDS .....	48
SECTION III .....	50
Unit 1. Taking a history I .....	50
Unit 2. Examining a patient .....	54
Unit 3. Special examinations .....	55
Unit 4. Investigations .....	58
Unit 5. Making a diagnosis .....	60
Unit 6. Treatment .....	61
SECTION IV .....	62
Think of possible situations .....	62

Учебное издание

**Швец Наталья Анатольевна**  
**Киселевич Ирина Николаевна**

**ПОСОБИЕ ПО РАЗВИТИЮ НАВЫКОВ  
РАЗГОВОРНОЙ РЕЧИ НА ОСНОВЕ ЧТЕНИЯ  
И АУДИРОВАНИЯ АНГЛИЙСКИХ ТЕКСТОВ  
И ДИАЛОГОВ ПО МЕДИЦИНЕ  
(на английском языке)**

**Учебно-методическое пособие  
по английскому языку для студентов 1, 2 курсов лечебного  
и медико-диагностического факультетов  
медицинских вузов**

Редактор *Т. М. Кожемякина*  
Компьютерная верстка *А. М. Терехова*

Подписано в печать 13.10.2015.  
Формат 60×84<sup>1</sup>/<sub>16</sub>. Бумага офсетная 65 г/м<sup>2</sup>. Гарнитура «Таймс».  
Усл. печ. л. 3,95. Уч.-изд. л. 4,32. Тираж 255 экз. Заказ № 332.

Издатель и полиграфическое исполнение:  
учреждение образования «Гомельский государственный медицинский университет».  
Свидетельство о государственной регистрации издателя,  
изготовителя, распространителя печатных изданий № 1/46 от 03.10.2013.  
Ул. Ланге, 5, 246000, Гомель.

