НАРОДНА УКРАЇНСЬКА АКАДЕМІЯ

HEALTH

Навчальний посібник з усної практики
англійської мови
для студентів 2 курсу факультету
«Референт - перекладач»

Харків
Видавництво НУА

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А в т о р – у к л а д а ч *О. М. Шестакова*

Р е ц е н з е н т канд. філол. наук *Л. В. Михайлова*

Шестакова, Олена Миколаївна.

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Навчальний посібник з усної практики містить вправи, спрямовані на закріплення активного лексичного матеріалу, та тексти для обговорення, що містять фактичний матеріал, метою роботи з якими є коректне вживання активних лексичних одиниць в підготовленому та спонтанному усному мовленні. Посібник рекомендовано для студентів 2 курсу стаціонару факультету «Референт-перекладач», студентів 3 курсу факультету заочно–дистанційного навчання, студентів факультету післядипломної освіти.

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PREFACE

Medicine is a field where development and innovation are constant, it is a very important part of our everyday life. Thereafter, this topic is essential and actual for preparation of future language professionals, as well as professionals in medical sphere.

This booklet is for 2nd and 3rd year students in the field of translation and interpreting, aspect Speech Practice. It can be used, moreover, by medical students and other medical professionals. The booklet aims to develop speaking skills primarily, but attention is also given to reading skills, in particular the use of reference materials and journal articles.

The material of this booklet has been used successfully in seminars on speech practice for 2nd and 3rd-year students-philologists and translators, it is divided into 12 units, each focused on a certain area of various medical problems. All units are composed of several sections. There are sections introducing new active vocabulary related to the unit theme, sections providing further practice by means of reading, translation and comprehension tasks, the ones for brushing the vocabulary up by means of doing exercises, sections based on the material for discussing ethical questions to provoke speaking and elicit students' ideas.

After D.E. Chabner, we presume that the learning of medical language must be organized according to body systems and should include an elementary but fundamental understanding of the anatomy, physiology, and disease processes of each body system. Creative approach to medical language learning, suggested by Eric H. Glendinning and Beverly A.S. Holmstrom, is essential not only in teaching philologists and translators, but also in teaching medical students.

This booklet is designed both for classroom use and for independent study.

I. VOCABULARY STUDY

This booklet deals with talking about keeping fit, being healthy and being ill. To the words and word combinations below add up the vocabulary dealing with the topic which you'll pick up from the exercises and texts of this booklet.

Exercise 1. Study the following vocabulary:

Fitness − fit, unfit, out of condition, flabby, underweight, overweight, energetic, active, muscular, agile;
to ... lose weight, put on weight, go on a diet, keep to a diet, keep fit, stay well, take exercise, do exercises, go jogging.

To feel − well, healthy, fine, better, unwell, poorly, run down, dizzy, funny, tender, sore, tense, seedy, queasy, sick.

Illness − disorder, ailment, disease, malady, infection, a virus, epidemic, influenza/flu (U), a cold, measles, nervous breakdown, a heart attack, rheumatism, a heart/heat/sun stroke, food poisoning, indigestion, concussion, a hangover, hay fever (U), diarrhoea (U), constipation, upset stomach, cancer, hepatitis, asthma, appendicitis, bronchitis, tonsillitis, tuberculosis (TB), cholera, insomnia, migraine, allergy (to be allergic to).

Being ill − to ... cough, sneeze, sniff, groan, moan, gasp, be short of breath, snore, hiccup (hiccough), throw up, have a high temperature/fever, have a sore throat, have a runny (running) nose, have a hoarse voice, break, twister, sprain, be unconscious, faint, knock oneself unconscious.

Aches and pains − toothache (U), backache (U), earache (U), a stomach-ache, a headache, a bad (terrible, splitting) ache, a pain (in chest, in the back, etc.), painful, painless, a fainting spell, blister, swelling, fracture, scald, burn, graze, scratch, gash, cut, sting, bite, bruise, black eye, to hurt oneself, to hurt one's foot, etc., it hurts, aching muscles, a bout of, injury, wound.

Treatment − to ... treat, cure, heal, examine, diagnose, to make a diagnosis, operate, prescribe, write out a prescription, recover from, suffer from, undergo treatment.

People − specialist, nurse, sister, family doctor, midwife, patient, in-patient, out-patient, general practitioner, therapist, surgeon, casualty, invalid, a disabled person, blind, dumb and deaf, mentally/physically handicapped.

Places − hospital, clinic, ward, surgery (doctor's room), waiting room, ambulance, operating theatre.

Medicine − drops, drug, pill, tablet, tonic, lotion, ointment, plaster (U), a plaster bandage, a plaster, a bandage, a sling, a stitch.

Exercise 2. Study the "case history" below. Then write ten headlines for the President's ten-day illness, from *President taken ill* to *The nation holds its breath.*

"You're in perfect health ... as fit as a fiddle ... there's nothing wrong with you."

"I feel a bit off-colour ... rather under the weather ... I do feel funny ... I really don't feel well ... I feel feverish."

"He's been taken ill ... he's in a coma ... fighting for his life ... still critically ill ... in a very critical condition ... no change ...still seriously ill ... still hasn't regained consciousness ... is responding to treatment ... off the danger list ... showing sings of coming round ... making progress ... his condition is satisfactory ... he's come out of the coma ... he's as well as can be expected ... he's turned the corner ... he's on the mend."

"We all wish you a speedy recovery...get well soon...we're glad you're over it."

"The worst is over ... he's almost completely recovered ... he's practically cured ... he's convalescing ... coming along nicely ... he'll be on his feet again soon."

"He's had a relapse ... he's no better ... he's getting worse ... his condition is deteriorating ... he's getting weaker ... he's slipping away ... fading fast ... his life is hanging by a thread ... it's just a matter of time ... he could go at any second."

"He's made a miraculous recovery ... he's as good as new ... as right as rain ... he'll live till he's hundred."

Exercise 3. After all that, do you feel well enough to read on? Note the ways that illnesses can be spoken of and reported in the text below.

EXAMINATION FEVER

For most of the year, most of us have been **allergic to** work; apparently there had been **a history** of such **allergies** in the school.

Throughout the spring there had been quite a few cases of "Exams are stupid", which proved **highly contagious** among friends.

Then in late May, one or two of us **suffered a mild attack** of "Gosh, is it really next month?" and we seemed to give that to the others rather rapidly. You could tell how it was **spreading** from improved attendance at lessons.

An even more **serious outbreak** was that of the very **infectious** "I don't know a thing" two weeks before. At about the same time everyone seemed to catch "You're no good" from the teachers. Then there was **a bout of** "I don't really care" followed by a few **chronic cases** of "My parents will kill me". This again proved very **catching**; half the class **was down with** it in the week leading up to the exam itself; and **it had reached epidemic proportions** by the Friday before.

By this time, those who **had been suffering from** "It'll be easy for me" had **made a total recovery**.

That Friday there was a "What if I'm suffering from amnesia?" scare, and this had developed by Monday into **a touch of** "I can't even remember my own name".

There were also, of course, the normal **isolated cases** of "My pen doesn't work" and several pupils **had a sudden fit of** "Where's the toilet?"

Afterwards there were a couple of **complaints of** "I know I've failed", but generally the worst seemed to be over. Such diseases are rarely **terminal**. And after all, we had a **convalescence** and **recuperation** period of six and a half weeks to follow.

Exercise 4. Put a preposition in each space in the sentences below.

a) He suffered _____ bad headaches.
b) I have a pain _____ my back.
c) What's wrong _____ you?
d) She got worse so they sent _____ a doctor.
e) He died _____ cancer.
f) She was taken _____ hospital.
g) He was operated _____ yesterday.
h) She is allergic _____ pollen from grass.
i) Dad is _____ perfect health.
j) I feel a bit _____ the weather.
k) He's _____ a critical condition.
l) At long last he's come _____ of the coma.
m) He's responding _____ treatment.
n) He's _____ the mend.
o) His life is hanging _____ a thread.
p) There was a bout _____ asthma.

Exercise 5. Fill the gaps with suitable words.

A) I hit my hand on the desk and it really _____.
B) They say she died of a heart _____.
C) She had some apples that weren't ready to eat and now she's got a _____.
D) I've got a terrible _____ pain in my neck from sleeping in the wrong position.
E) He died of lung _____ though he never smoked a cigarette in his life.
F) I went to the doctor and she gave me a _____ for some tablets.
G) I hurt my _____ when I fell of the chair.
H) My back _____ from sitting at the computer all day.
I) When I stand up, the room seems to be going round. I feel really _____.
J) I'm not in pain but the glands in my neck seem to be _____ .
K) I've got a _____ nose. I suppose it's a cold coming on.
L) I've come out in a rash all over my chest and arms. I think I'm _____ tcats.
M) It's like being sea-sick. I feel _____ whenever I move about.
N) It's hard to describe. I just feel generally _____. Can you prescribe a tonic?
O) My throat's awfully _____. I hope it's not another bout of tonsillitis.
P) I haven't taken her temperature yet but her face is flushed and she seems _____ .

Q) He fell on the pavement and _____ his knee. I've washed and dressed it but it's not serious.
R) The lid of the kettle wasn't on properly and I _____ my arm in the steam.
S) My feet are all _____ after my attempt at the marathon yesterday.
T) He landed awkwardly after the high jump and _____ his ankle. He's lucky it's not broken.
U) Don't make such a fuss. That's not a cut, it's just a _____.
V) I caught my leg on the drawer and it gave me quite a nasty _____.
W) The X-ray showed that I had _____ several ribs in the accident.
X) She fell down the stairs and was lucky to get away with a few _____.
Y) Please don't cough all over everyone! Don't forget that flu is _____. As it's a virus, there is no _____ for it.
Z) I hurt my wrist yesterday and today it's _____.

Exercise 6. Give the Ukrainian names of the following diseases:

a) appendicitis
b) bronchitis
c) cancer
d) chicken pox
e) diabetes
f) hay fever
g) hepatitis
h) influenza
i) leukemia
j) measles
k) pneumonia
l) tuberculosis.

Exercise 7. The following are terms referring to some types of diseases. Match the types with their definitions.

1) acute	a) indicating hypersensitivity to particular foods, kids, of pollen, etc.
2) allergic	b) caused by mental stress
3) chronic	c) coming sharply to a crisis
4) congenital	d) lasting for a long time
5) contagious	e) due to disturbances in anabolic and catabolic processes
6) familial	f) transmitted genetically from parent to child
7) infectious	g) caused by improper diet
8) metabolic	h) spread by bacteria or viruses
9) nutritional	i) present from of before birth
10) psychosomatic	j) spreading by physical contact

Exercise 8. Choose the best answer.

a) Children with _____ diseases should not be allowed to go to school.
constant *contact* *infectious* *influential*
b) He has _____ bronchitis. He has suffered from it for many years.
chronic *durable* *fatal* *mortal*
c) I have been advised to take every _____ against catching flu again this winter.
precaution *prediction* *premeditation* *prevention*
d) After the outbreak of a mysterious illness, investigation revealed _____ of the town's water supply.
contagion *eruption* *infiltration* *pollution*
e) Apart from the _____ cough and cold, I have been remarkably healthy all my life.
irregular *odd* *opportune* *timely*
f) Smallpox, once responsible for millions of deaths, has been virtually _____ .
abolished *eradicated* *erased* *exterminated*
g) Unless we take immediate precautions, we shall not be able to _____ the epidemic.
contain *destroy* *hold* *staunch*
h) Peter can't play with the children next door because he is still in _____ with measles.
confinement *detention* *seclusion* *quarantine*
i) The outbreak of whooping cough among children under 5 has not reached _____ proportions.
contagious *endemic* *epidemic* *pathological*
j) My little daughter is not allowed to play with her friends next door because one of them is suffering from a _____ disease.
contagious *contiguous* *touching* *transmitting*
k) An illness that is caused by the mind is known as _____ illness.
an acute *a congenital* *a familial* *a psychosomatic*
l) She suffers from a morbid fear of spiders, known to doctors as _____.
agoraphobia *arachnophobia* *claustrophobia* *xenophobia*

Exercise 9. Fill the blanks with words below. You may use each word only once.

bacteria *body* *break* *dangerous* *delicate*
disease *eyes* *germs* *line* *liquids*
membrane *moisture* *mouth* *nose* *parts*
prick *skin* *sneeze* *stomach*

How the Body Fights Disease

The _____ is often calls "the body's first _____ of defence". It acts as armour, resisting many germs that might harm the more _____ parts of the _____. Any _____ in the skin, even a pin _____, provides an opening for _____ germs. Some _____ enter the body through the _____ and _____ and other natural openings. These areas provide warmth and _____ in which germs thrive. When the _____ of the nose and throat becomes irritated, we cough or _____, blowing out the unwanted substances.

Other body _____ also provide a defence against _____. Tears, for example, wash _____ from the _____. Tears also contain substances that fight bacteria. Acid in the _____ kills many germs before they can reach other _____ of the body.

Exersice 10. Choose the correct answer.

1) She died after a long _____.
disease *failing* *illness* *sickness*
2) The doctor had three _____ of nose-bleeding in the same day.
aspects *cases* *examples* *illnesses*
3) The teachers at the school went _____ with flu one after another.
down *off* *out* *under*
4) Malaria is _____ by the female mosquito.
broadcast *sent* *transmitted* *transported*
5) Mary is in bed with a _____ attack of flu.
hard *heavy* *severe* *large*
6) My brother was _____ ill yesterday.
broken *caught* *fallen* *taken*
7) Several _____ cases of malaria have been reported.
cases *doses* *occurrences* *types*
8) He _____ a rare disease when he was working in the hospital.
caught *infected* *suffered* *took*
9) My headaches are usually brought _____ by worry.
in *on* *by* *out*
10) The doctor examined him carefully and _____ influenza.
concluded *decided* *diagnosed* *realised*
11) Some diseases _____ quickly from one person to another.
catch *get about* *move* *spread*
12) The local medical officer reported a serious _____ of food poisoning.
event *incident* *outbreak* *state*
13) He had a very bad cold and couldn't stop _____.
sneezing *snoring* *spitting* *yawning*

14) She was in terrible pain, so the nurse gave her a(n) _____.
injection *needle* *vaccine* *scratch*
15) If you've got measles, your skin is covered in _____.
blots *dots* *rash* *stains*

Exercise 11. Choose the right answer:

1. The ____ of his leg was so terrible that he would go mad.
    a) bruise
    b) disease
    c) illness
    d) pain
2. Steve is permanently ____ as the result of a car accident.
    a) disabled
    b) inactive
    c) incapable
    d) powerless
3. The fracture itself wasn't much. The only ____ needed was the arm in sling for a few weeks.
    a) ailment
    b) medicine
    c) treatment
    d) therapy
4. The doctor examined Bill's hand, painted the cats with ___, and gave him some opening medicine.
    a) iodine
    b) liquids
    c) water
    d) water-colours
5. The nurse was going from patient to patient taking off old bandages and putting ___ the new ones.
    a) at
    b) in
    c) on
    d) out
6. Half an hour later Tom was in a hospital bed and the doctor was ___ his arm.
    a) treating
    b) splinting
    c) stretching
    d) watching
7. William was ___ in the accident. He was laid up for a month with a broken leg.
    a) injured
    b) bitten
    c) broken
    d) fainted

8. I saw an accident yesterday. Fortunately nobody was ____.
    a) broken
    b) damaged
    c) injured
    d) wounded

Exercise 12. Read the following passage from a health education booklet and answer questions 1-5.

First Aid

Cuts. Bleeding can usually be stopped by applying pressure to the cut for 2 or 3 minutes. The cut then can be carefully inspected. If it has bled freely any germs will normally have been washed by the blood. Apply a plaster dressing firmly, bringing the edges of the cut together so that it knits quickly. Keep dry for 1 to 2 days. If the cut is deep and the edges cannot be pulled together with a dressing consult a doctor or the practice nurse. A tetanus injection may be needed.

Crazes. Dirt will often enter a graze caused by falling on a hard or rough surface. It must be cleaned out carefully with an antiseptic solution. After cleaning, leave the graze uncovered. Exposure to the air will caused a scab to form. This will gradually dry and fall off. It is not a good idea to apply a dressing. This may stick to the graze or make it soggy and infected.

Bruises. Bruises are very common in children. They normally get better in 7 to 10 days. Parents sometimes worry that a bone may be broken. Children's bones are rubbery and rarely break, but if in doubt consult the doctor. If a child gets up at once after a fall and moves about normally, it is unlikely that a bone has been fractured. But the child may be stiff the next day because of the bruising which has occurred. Serve bruising can be treated by rest for 24 to 48 hours. In the case of a badly bruised leg, the limb should be raised. Lying in bed is the easiest way to do this. A cold compress may ease a bad bruise if applied at once. This is made by soaking some material in water and applying it to the bruise.

Bruises on the head may cause anxiety. If the patient was not "knocked out" and can remember the accident it is unlikely that serious injury has resulted. But if the patient was knocked unconscious and cannot remember what happened, he or she should be taken to a hospital casualty department.

Insect bites. These are common in the summer. They look like spots about 5mm across. They are very itchy and usually appear on exposed parts, e.g. arms and legs. The itching can be relieved by calamine lotion.

Burns and scalds. Minor burns and scalds cause redness of the skin. Immediate treatment by pouring cold water over a burn is often helpful. If burns cause severe blistering or break the skin, the doctor should be consulted. Sunburn should, if possible, be prevented by avoiding long exposure and covering exposed areas adequately. It may be treated by calamine lotion and solute aspirin to relieve

the pain.

Questions:
1. The purpose of the booklet is:
a) to tell us what to do until a doctor arrives;
b) to explain what causes minor illnesses;
c) to show that it is unnecessary to call a doctor;
d) to help us to treat minor illnesses at home.

2. The one injury which we are told not to cover is:
a) a bruise;
b) sunburn;
c) a graze;
d) an insect bite.

3. When treating a minor cut, we are first told to:
a) clean out the injury;
b) press down on the injury;
c) wash the blood away;
d) close up the injury.

4. The injury which we are told how to avoid is:
a) sunburn;
b) insect bites;
c) scalds;
d) cuts.

5. Patients with badly bruised legs are advised to go to bed so that:
a) they can rest completely;
b) their injured leg can be lifted up;
c) they can soak their leg in water;
d) a cold compress can be applied.

Exercise 13. Complete the text below by filling each gap with one of the following verbs:

dressing setting giving taking saving fitting
sterilizing taking out transplanting taking off performing

Well, don't you think it's unfair? There they are upstairs, _____ bones, _____ skin grafts, _____ pacemakers, _____ organs, _____ lives and exciting things like that. And here I am spending the whole of my day _____ people's pulse, _____ injections, _____ bandages, _____ stitches, _____ wounds and _____ bottles. And to

think they earn four times as much money for all the fun they have!

Exercise 14. Where can you find these patients? Match the patients with the correct wards or departments.

1) Intensive Care Unit
2) Casualty and Emergency Department
3) Paediatric Ward
4) Maternity Unit
5) Orthopaedic Ward
6) Surgical Ward
7) Geriatric Ward
8) Ophthalmic Ward
9) Gynaecological Ward

a) Mary who has just had a baby
b) John who had fractured his leg
c) My grandmother who is suffering from pneumonia complications
d) Peter who will have his appendix removed
e) Betty's mother who is suffering from women's disease
f) My mother who will be operated on for an eye cataract
g) Samuel who is unconscious
h) Paul who has just been in car crash
i) Jack who has measles

Exercise 15. Give the name of the persons defined below.

1) a family doctor - g _ _ _ _ _ _ p _ _ _ _ _ _ _ _ _ er;
2) someone who looks after sick people in hospital - _ _ _ s _;
3) sick person who has to stay in hospital - i _ - _ _ _ _ _ _ _;
4) sick person who has to visit hospital regularly - o _ _ - _ _ _ _ _ _ _;
5) someone who operates on sick people - _ _ _ _ _o _;
6) person badly injured in an accident - _ a _ _ _ _ _ _;
7) person who helps at the birth of a baby - m _ _ _ _ _ _;

Exercise 16. Insert prepositions where necessary:

Accident Prevention

Accidents are a major cause ___ (1) avoidable ill-health, injury and death ___ (2) Britain and a very important cause ___ (3) short-term illness and often permanent disability. Children, young adults and older people are particularly vulnerable. Accidents are the most common cause ___ (4) death of people ___ (5) thirty. Many are preventable ___ (6) information and education, and through improved planning and design ___ (7) the environment, better management ___ (8) the workplace or greater vigilance and supervision ___ (9) the home.

Risk factors ___ (10) accidents among young adults include risk-taking behaviour combined ___ (11) a lack ___ (12) experience and, most notably, alcohol use. Heavy drinking has also been associated ___ (13) 26 per cent ___ (14) drownings, about one-third ___ (15) all domestic accidents and ___ (16) least 39 per cent ___ (17) deaths ___ (18) fires.

It is estimated that personal injury accident as a result of, ___ (19) example, road traffic accidents ___ (20) England cost approximately 4,500 million pounds and that 7 per cent ___ (21) total National Health Service spending results ___ (22) accidental injuries in 1998.

Most experience ___ (23) preventing accidents has been built up ___ (24) agencies such as accident local authorities and voluntary organizations. Health agencies have now begun to appreciate the very significant contribution that they can make ___ (25) accident prevention, ___ (26) partnership ___ (27) the other interested agencies, and their roles are beginning to change.

Exercise 17. Read the sentences. Then decide who is most likely to be saying them.

a) "My fingers hurt."
b) "I have a terrible pain in my chest."
c) "I've got a dreadful stomachache."
d) "My knees are killing me."
e) "I have such a terrible headache."
f) "My shoulder is aching terribly."

1) Someone who had to sit for five hours in a plane near noisy engine.
2) Someone who has just bicycled 100 miles.
3) Someone who has eaten some food which is not fresh.
4) Someone who tried to lift something that was too heavy for him.
5) Someone who closed a door on his hand.
6) Someone who is having a heart attack.

Exercise 18. Dental care. Choose the right word.

1) Dentists recommend brushing teeth with a fluoride toothpaste to _____ them from decay.
arm *defend* *guard* *protect*
2) Have you got toothache? Your face looks _____.
big *enlarged* *expanded* *swollen*
3) I had to have two _____ when I went to the dentist last week.
cavities *fillings* *paddings* *refills*
4) She always pays _____ visits to the dentist.
customary *habitual* *normal* *regular*
5) He _____ when the dentist touched the bad tooth.
alarmed *dreaded* *laughed* *winced*
6) Robert is very _____ about the cost of his dental treatment.

ashamed *pained* *sorry* *worried*

7) The _____ in one of my teeth has come out, so I'm going to the dentist.
cover *completion* *filling* *replacement*

8) He made a note of the appointment with his dentist in his _____.
diary *directory* *journal* *register*

9) She phoned her dentist to say she was unable to _____ her appointment.
arrive *hold* *keep* *stand*

10) She put _____ going to the dentist although her teeth needed attention.
away *in* *off* *out*

11) The small girl had to have four teeth _____ because they were so bad.
broken *pulled* *taken away* *taken out*

12) The loss of a front tooth has left an unsightly _____ in her teeth.
gap *hole* *slot* *space*

13) In some countries more and more young people now need _____ teeth.
false *spare* *unnatural* *untrue*

Exercise 19. Fill the blanks with the words below. You may need to change the form of the words. Each word can be used only once.

cavity	*cement*	*dentist*	*dentures*	*disease*	*pain*
examine	*interval*	*practice*	*equipment*	*gums*	*fill*
lose	*nerve*	*tooth*	*preventive*	*treatment*	*treat*

General Dental Practice

General dental _____ includes mouth examination, diagnosis, treatment, and prevention of _____. The _____ frequently uses X-rays and other _____ to ensure correct diagnosis and _____.

Treatment may include filling _____, removing the _____ of teeth, treating diseases of the _____, removing _____, and replacing _____ teeth with bridges and _____. Anaesthesia is often used in any treatment that might cause _____. Teeth may be _____ with amalgam, or _____.

Perhaps one of the most important parts of a dentist's work is _____ dentistry. If a dentist _____ a patient's teeth at regular _____, he may find and _____ a disease before it becomes serious.

Exercise 20. Drugs. In most cases drugs are:
a) taken by mouth;
b) injected into the body;
c) applied to the body surface.

Divide the following forms of drugs into the three groups:

Capsules, cream, gargle, jelly, lotion, lozenge, ointment, pill, powder, serum, tablet, vaccines.

Exercise 21. Choose the right word.

1) The nurse put a _____ on the wound.
bandage *cloth* *towel*
2) Take two of these _____ three times a day after meals.
capsules *drugs* *placebos*
3) Illness can be stopped before it happens by means of _____ .
after-care *therapy* *vaccines*
4) If you've got a headache, why don't you take a _____ of aspirin?
couple *couplet* *pair*
5) The _____ is a teaspoonful, to be taken three times a day.
dose *measure* *quantity*
6) Barbiturates are drugs which are often used in the _____ of emotional disorders.
cure *healing* *treatment*

7) The doctor prescribed tablets to help _____ the pain.
calm *relieve* *rid*
8) He threatened to drink the _____ chemical.
deadly *deathly* *mortal*
9) The doctor gave me some _____ for my rheumatism.
gargle *lozenges* *pastilles*
10) As the drug took _____ the patient became quieter.
action *effect* *influence*
11) The effects of anaesthetic used for this operation take quite a time to _____ off.
move *turn* *wear*
12) One way to get rid of hiccups is to _____ your breath for as long as possible.
catch *hold* *take*
13) She's suffering from a _____ of iron and needs to take a course of tablets.
defect *deficiency* *deficit*
14) After his illness, the doctor gave him medicine to _____ another attack.
deny *prevent* *recover*
15) You'll feel better after you've taken a _____ of cough medicine.
dose *helping* *portion*
16) Take the tablets twice a day _____ in the tablespoon of water.
dissolved *melted* *resolved*
17) The medicine he takes can only _____ the pain. It cannot help to get rid of it completely.

heal *remedy* *relieve*

Exercise 22. Fill the blanks with the right word from the list below. You may use each word once only.

antiseptic *cleanse* *disease* *fester* *ointment*
plaster *skin* *wound*

Treatment of a Minor Injury

_____ the wound thoroughly and apply an _____ to counteract germs which spread _____. Otherwise the wound may _____. Sticking _____ may be applied or the _____ may be bandaged. _____ may be smeared over the _____.

Exercise 23. Choose the right word.

1) The doctor gave the woman a strong _____ to calm her down.
antidote *antiseptic* *bromide* *sedative*
2) Morphine is sometimes used to _____ severe pain.
deaden *decimate* *smother* *suffocate*
3) I hope this headache _____ soon.
comes away *goes out* *passed away* *wears off*
4) Few poisons are more _____ than cyanide.
deathly *killing* *lethal* *mortal*
5) The nurse made him swallow a(n) _____ to help him sleep better.
lotion *lozenge* *ointment* *tranquilizer*
6) Beside washing that cut, put some _____ on it in case you have got some dirt on it.
antidote *antiseptic* *disinfectant* *medicine*
7) Certain vitamins help to overcome a loss of _____.
life *vitality* *vitiation* *vividness*
8) The medicine was so _____ that he was almost back to normal within a few days.
effective *efficient* *influential* *proficient*
9) He was in terrible pain, so he was given a(n) _____.
injection *scratch* *stab* *wound*
10) She has killed herself. She took a(n) _____ of sleeping pills.
excess *exorbitance* *overdose* *profusion*
11) This is very rare poison for which there is no known _____ .
antibody *anticoagulant* *antidote* *antiseptic*
12) They _____ on a cure for tuberculosis while they were doing research on something else.

foundered stumbled tripped trod

Exercise 24. Fill the blanks with the right word from the list below. You may use each word only once.

administer after antibodies diseases fight harmless including injected orally prevent serums smallpox substances symptoms vaccines generally prevention

Drugs that Prevent Disease

Doctors use two main types of drugs for the _____ of disease:

1. Vaccines contain dead or _____ germs. They cause the body to develop _____ called _____ that act to _____ disease. Doctors _____ before a person has been exposed to such _____ as poliomyelitis or _____. Vaccines are usually _____ but sometimes are given _____.

2. Serums contain antibodies that _____ off the germs of certain diseases, _____ scarlet fever and lockjaw. These drugs are given _____ a person had been exposed to the disease, or after _____ of the disease have appeared. _____ are _____ administered by injection.

Exercise 25. Fill the blanks with the words from the list. You may need to change the form of the words. You may use each word once only.

acute apply case compress condition cream lotion fold different disorders nature strongly part necessary ointment skin treatment

Pimafucort Presentations

The _____ presentation of Pimafucort are especially adapted to the _____ of various skin _____.

For treatment of _____ and subacute skin disorders and in the treatment of _____ of the hairy _____ of the skin, and those localized in the skin _____, Pimafucort _____ should be used, whereas in the _____ of chronic disorders of the skin with desquamations, dry or fissured skin, and those localized in the skin _____, Pimafuctort _____ should be used, whereas in the _____ of chronic disorders of the skin with desquamations, dry or fissured skin lesions, Pimafucort ointment will be _____. For acute, very moist skin disorders it may be _____ to use Pimafucort cream or lotion with a _____. In some _____ an "alternating treatment" may be indicated, e.g. in intertriginous eczema (in this instance Pimafucort _____ softens the

_____ too much, whereas the cream and lotion dehydrate it too _____).

Exercise 26. Choose the correct word.

1) The doctor asked me to _____ to the waist.
strip *take off* *undress*
2) The nurse put a _____ round Peter's bleeding knee.
bandage *ribbon* *scarf*
3) He had injured his arm badly and had to keep it in a _____ for several weeks.
cradle *sling* *stretcher*
4) When he finally _____, he couldn't remember what had happened.
came round *held back* *wore off*
5) The ambulance men took the injured climber down the mountain on _____.
a bedstead *a couch* *a stretcher*
6) If he loses consciousness, give him a sip of brandy to bring him _____.
back *over* *up*
7) My sister works in a home for the deaf and _____.
dumb *mute* *speechless*
8) The doctor took his temperature and felt his _____.
muscle *pulse* *vein*
9) While he was in hospital, his wound was _____ twice a day.
changed *cured* *dressed*
10) Apply direct _____ on the wound to stop bleeding.
compression *contraction* *pressure*
11) The injured man was taken to hospital on _____ .
an ambulance *a sling* *a stretcher*

Exercise 27. Choose the right word.

1) The doctor told me he could _____ nothing wrong with my health.
bring *find* *gain*
2) He applied for a week's _____ to look after the children while his wife was in hospital.
leave *rest* *vacation*
3) Short sight can be _____ by the use of suitable glasses.
corrected *fixed* *improved*
4) Whenever there's a flu _____, doctors are kept very busy.
breakout *outbreak* *outcome*
5) Can you please _____ an appointment for me to see Dr Wilson?
arrange *do* *make*
6) It's a good idea to see your doctor regularly for _____.
a control *a check-up* *an investigation*

7) An ambulance must have priority as it usually has to deal with some kind of _____.
crisis *emergency* *urgency*
8) The doctor gave him a _____ examination.
methodical *precise* *thorough*
9) When my brother was in hospital, he was _____ by a well-known surgeon.
carried on *operated on* *worked on*
10) At the casualty department my sister had her injury _____.
cured *healed* *treated*
11) Euthanasia, or _____ killing, is a common subject for debate these days.
helpful *mercy* *sympathetic*
12) John, who lost a leg in a car accident, has now been fitted with _____ limb.
an artificial *an attached* *a substitute*

Exercise 28. Complete the sentences below with a preposition.

My wife complained that something was wrong _____ her. She said she had a pain _____ her back and that she suffered _____ bad headaches. As she was getting worse and worse I sent _____ a doctor. Immediately afterwards she was taken _____ hospital. Yesterday she was operated _____. Now she feels much better.

Exercise 29. Fill in the right words.

1) I've got hay fever and that's the reason why I keep on _ _ _ e _ _ _ _.
2) I really do not know if this medicine _ _ _ _ a _ _ _ alcohol; most medicines do.
3) As far as I know common aspirin is the best _ _ _ _ for your illness.
4) If the meeting is tomorrow, I'll have to _ _ _ c _ _ an appointment with my dentist.
5) He is a very talented _ _ _ g _ _ _ . All his patients on whom he has operated are in good health now.
6) While some surgeons are experimenting with transplantation of natural organs, other see the future in the use of _ _ _ _ f _ _ _ _ _ ones.
7) He took a sleepless tablet, but it had absolutely no _ _ _ _ c _ . It was a sleepless night for him.
8) You can't buy this medicine without a _ _ _ _ _ r _ _ _ _ _ _ from a doctor.
9) I don't feel very well. I think I'm going to be _ _ c _.
10) He was ten kilos overweight and was advised to go on a _ _ _ _ .
11) If you want to stay well, don't eat too much and get plenty of _ x _ _ _ _ _ _ .

Exercise 30. Fill in the English translation of the word(s) in brackets.

1) Diane was seriously ill some time ago. She is still weak but her health is _____ (покращуватися) rapidly and no doubt she will be all right soon.

2) I really admire him for the patience and the calm with which he _____ (переносить) this terrible illness.
3) His injuries are so serious that he may _____ (лишитися) an invalid for the rest of his life.
4) His eyesight is poor, so he has to wear _____ (окуляри).
5) She decided not to marry and to _____ (присвятити) her whole life to helping the mentally retarded.
6) The dentist uses a _____ (бор) to cut into yo
https://www.ukr.net/#homeDetails/main/67619656/mon cold, there's no known _____ (ліки).

Exercise 31. Match the name of the mark with the explanation of its origin.

1. This bite on my leg.
2. These blisters on my feet.
3. This bruise on my eyelid.
4. This cut on my thumb.
5. This graze on my knee.
6. This scar on my belly.
7. This scratch on my arm.
8. These spots on my cheeks.
9. This sting on my chin.

a) I got when I was operated on for appendicitis.
b) I got when I went on a walking tour in too tight shoes.
c) I got when I was hit by my friend during our quarrel.
d) I got when I fell down while running.
e) I got when I suffered from measles.
f) I got when I was cutting onions with a sharp knife.
g) I got when I was attacked by a fierce dog.
h) I got when I was playing with my cat.
i) I got when I went to take some honey from the beehive.

Exercise 32. Fill the blanks with a suitable word.

1) He got that _____ on his forehead when he ran into an open cupboard door in the dark a few days ago.
2) Mary was _____ by a wasp while she was gathering pears.
3) Be careful, you don't _____ yourself when you're cutting those roses.
4) I fell off my bicycle when I was five and I still have a _____ on my knee.
5) He got a terrible _____ on the hear when he forgot to bend as he went through the low doorway.
6) This _____ dates from my operation last year.
7) I have a _____ on my leg where you hit me.

8) She cried so much that her face became _____.
9) If you are so senseless as to go on long walks in tight-fitting shoes, you must expect to get _____.
10) He tripped in a pot-hole and _____ his ankle.
11) As a result of the accident Peter will have to have a _____ leg.

12) The music at modern discos is so loud that it can cause _____ among teenagers.
13) In spite of the number of cars involved in the accident, there was only one _____.
14)Two of the casualties in the car crash had multiple _____.
15) The man was _____ as he had injured his leg badly when he was a boy.
16) The man's face was _____ from his infected tooth.
17) The woman tripped over the uneven pavement and _____ her leg.
18) Since the accident he has been _____ in one leg.
19) He was hit by a bullet but lucky he was only slightly _____.
20) He took the pills and a week later he was as right as _____.
21) After the treatment, doc, I feel as _____ as a fiddle.
22) Women seem able to _____ pain better than men.

Exercise 33. Describe the remedies or treatments you have heard of for the complaints and accidents listed below:

1) a bad burn;
2) nosebleed;
3) frostbite;
4) hiccups;
5) a hangover;
6) a person who's fainted;
7) a cold;
8) a sore throat;
9) a splitting headache;
10) a cough;
11) diarrhea;
12) insomnia;
13) sore muscles after exercise.

Exercise 34. Choose the correct answer:

1. She had a light ... after a long trip.
   a) disease; b) ailment; c) malady; d) illness
2. If you have a bad cold you can't stop
   a) sneezing; b) snoring; c) yawning; d) spitting
3. A person who tests your eyesight is called ...

a) traumatologist; b) oculist; c) surgeon; d) ophthalmologist

4. Has he got toothache? His face looks ...
   a) big; b) enlarged; c) expanded; d) swollen
5. Illness can be stopped before it happens by means of ...
   a) after-care; b) therapy; c) vaccines; d) injections
6. I hope this headache ... soon.
   a) comes away; b) goes out; c) passes away; d) wears off
7. Granny feels much better now. The doctor prescribed her some ... for her rheumatism.
   a) gargle; b) lozenges; c) pills; d) barbiturates
8. Put a ... on the wound to protect it from harmful bacteria and germs.
   a) lotion; b) napkin; c) towel; d) bandage
9. Different kinds of plants and herbs are used by natural healers to ... diseases.
   a) cure; b) treat; c) heal; d) examine
10. As the drug took ... the patient became quieter.
    a) action; b) away; c) effect; d) influence
11. Euthanasia, or ... killing, is a common subject for debate these days.
    a) sympathetic; b) mercy; c) helpful; d) substitute
12. Only the continued ... of morphine or barbiturates is really dangerous.
    a) usage; b) injection; c) abuse; d) taking.

Exercise 35. Render in English:

В лікарні, в двомісній палаті, перебувало двоє безнадійних хворих. В них були цілком однакові ліжка, цілком рівні умови... Різниця була лише в тому, що один з них міг бачити єдине в палаті вікно, а інший - ні, проте у нього поруч була кнопка виклику медсестри. Йшов час, змінювалися пори року... Той, що лежав біля вікна, розповідав сусіду про все, що там бачив: що на вулиці йде дощ, сніг, або світить сонце, що дерева то покрити легким сяючим мереживом, то оповиті легкою весняною млою, то вбрані зеленню або прощавальним жовто-червоним вбранням... Що по вулиці ходять люди, їздять автівки... Що там є СВІТ. І ось одного разу трапилося так, що першому, тому, хто лежав біля вікна, вночі стало погано. Він прохав сусіда викликати медсестру, але той чомусь цього не зробив. І хворий, що лежав біля вікна, помер. Наступного дня в палату привезли іншого хворого, і старожил попрохав, якщо так вийшло, покласти його біля вікна. Його прохання було виконано – і він, нарешті, побачив... Що вікно виходить на глуху сіру стіну, та окрім неї нічого за ним не видно. Він якись час мовчав, потім попрохав свого нового сусіда: „Знаєш... якщо мені вночі стане зле... не викликай медсестри".

Exercise 36. Translate into English:

1. Приймайте чайну ложку ліків тричі на день після їжі. Однак пам`ятайте, що вони лише зменшують біль, але не можуть її повністю позбутися.

2. В сироватках містяться антитіла, які борються з мікробами захворювань, таких як скарлатина і кір.

3. Ввечері він відчув різкий біль у правому боці, в нього почала розламуватися голова і піднялася температура. Ми викликали швидку, його забрали до лікарні з приступом запалення апендицита.

4. Лікар поміряв їй температуру, пощупав пульс, і вже через кілька хвилин дав свій діагноз – в неї був бронхіт. Лікар прописав гірчичники, мазь, пігулки, пастилки для розсмоктування, вітаміни, і порадив побути вдома.

5. На огляді у терапевта вона згадала, що забула вдома свою історію хвороби.

6. Він опарив руку через незатулену кришку чайника.

7. Чому в неї таке припухле червоне око? Може, це ячмінь, або кон`юнктивіт?

Exercise 37. Complete the following sentences with the words given in the list below. Translate them into Ukrainian:

Bruise(s), fractured, plaster cast, complication(s), death, doctor, scalpel, accident, ointment, sick-leave, bandage, bone(s), injury(-ies), bleeding, throat, stretcher cart, bleeding, skin, ambulance, diagnosis, foot.

1. The patient had several _____ of the left lower extremity.
2. The surgeon thought the _____ bone had been set properly.
3. A person badly injured in a traffic accident was brought to the hospital by a(n) _____.
4. While examining the victim of a traffic accident, the ambulance doctor revealed serious fractures of the _____.
5. Falling down he got some injuries to the body so that the _____ changed its colour and became blue.
6. A piece of _____ was stuck on the wound.
7. During the operation the surgeon made a cut with a _____.
8. The patient’s post-operative course was without any _____.
9. The analyses made in the laboratory confirmed the _____ of the disease.
10. The _____ which I rubbed in relieved the skin irritation in two days.

11. Patients are always examined thoroughly to enable the _____ to make a correct diagnosis.
12. Being on a _____, the patient was following a strict bed regime.
13. A poisonous remedy causes _____.
14. The doctor has prescribed to me some antiseptic mouth-wash with which I have to gurgle my sore _____.
15. The nurse put a new outer _____ on the patient's wound.
16. The stomach ulcer caused a profuse abdominal _____.
17. Having been put a fresh dressing, the patient was wheeled on a _____ from the dressing room.
18. The car-driver had an _____. He was badly injured, had an open bleeding wound in his leg, his arm was fractured. There were many injuries, abrasions and _____ on his face and forehead.
19. His injured _____ made him limp badly. The doctor said he would walk with limp during two weeks, but he hoped he would pull through very soon.

Exercise 38. Complete the following sentences putting the verbs in the correct tense form:

1. Jack's father _____ with flu this week and his condition is still poor (to fall ill).
2. A patient in very bad state _____ just to a hospital by an ambulance (to be brought).
3. When I _____ my consciousness, the nurse was standing at my bedside (to recover).
4. The doctor told that rupture of the spleen _____ dangerous to life (to be).
5. We didn't expect that Kitty _____ so soon (to recover).
6. The nurse _____ Bobby an injection when his friend came in (to give).
7. The doctor _____ a patient's blood pressure now (to take).
8. When the doctor _____ the physical examination of his patient, he prescribed some pills, powders and an antiseptic mouth-wash for quinsy (to finish).
9. When Petear _____ the consulting-room the doctor _____ him to strip to the waist and _____ to his heart and lungs (to enter; to ask; to listen).

10. Patients _____ always thoroughly before operation (to be examined).

11. The doctor in charge _____ that by the next morning that patient's temperature _____ to normal (to think, to fall).

12. The doctor who_____ these patients and _____of them_____ here for a long time (to treat, to take care, to work).

13. When the doctor_____ for, everybody _____ forward to his coming (to be sent, to look).

14. Yesterday we _____ out that Dr. Leeds _____ that patient as he _____ completely (to find, to discharge, to be cured).

15. My grandmother _____ from a severe stomach-ache for and hour before we _____ a call to the First Aid Station (to suffer, to make).

16. Since when the pain _____to the left arm and shoulder? (to radiate)

17. The infectionist _____ that the rash _____ by the end of the week (to be sure, to disappear).

18. By tomorrow Roger _____ to bed for two weeks (to be confined).

19. The signs of heart impairment _____ for a week before the woman _____ by a cardiologist (to develop, to be examined).

20. A man badly injured in a road traffic accident _____ to the hospital by an ambulance (to be brought). He _____ unconscious for half an hour (to be). The doctor no sooner _____, that the patient _____ moaning (to come, to begin).

Exercise 39. Fill in the gaps.

The Common Cold

The term *common cold* reflects the (1)____ of chilliness on exposure to cold. It was originally believed to have cause-and-effect (2)____ with the disease, but this is now known to be incorrect. More than 200 years ago, Benjamin Franklin pointed (3)____ that colds are (4)____ from other people, not from exposure to a cold environment. The common cold is an (5)____, communicable viral disease characterized by nasal stuffiness, sneezing, (6)____ nose, throat irritation, and, sometimes, fever. There are more than 100 agents that (7)____ the illness. The common cold is an illness that occurs seasonally. Young children can contract between three and eight colds (8)____ year, usually coming into (9)____ with the infectious agents in day-care centres or preschools. All available evidence (10)____ that cold weather, chilled wet feet, and drafts do not cause or increase the susceptibility of people to colds. The usual length of the illness is about five to seven days, but lingering cough and postnasal discharge may persist for (11)____ time or

more. There is no effective antiviral agent available for the common cold. Therapy (12)____ of treating the symptoms - relieving aches, fever, and nasal obstruction. One of the greatest medical (13)____ in the 1970s concerned the effectiveness of vitamin C in the prevention or treatment of the common cold. In two (14)____ controlled studies, administration of vitamin C (15)____ to prevent or decrease the symptoms of the common cold.

Exercise 40. Choose the appropriate word of the two given.

Vaccination for Small-pox

Edward Jenner, the discoverer of vaccination for small-pox, was born at a time when the patterns of British medical practice and education were (1) **coming/undergoing** gradual change.

Jenner was a country youth, the son of a clergyman. Because Edward was only five when his father died, he was (2) **brought up/grown** by an elder brother who was also a clergyman. Edward (3) **visited/attended** grammar school and at the age of 13 was apprenticed to a (4) **near/ nearby** surgeon. In the following eight years Jenner (5) **acquired/inquired** knowledge of medical and surgical practice that helped him much in his future work. On (6) **graduating/completing** his apprenticeship at the age of 21, he went to London and became the house pupil of John Hunter, who was on the staff of St. George's Hospital and was soon to become one of the most (7) **prominent/top** surgeons in London. Even more important, however, he was an anatomist, biologist, and experimentalist of the first (8) **rank/range**; not only did he collect biological (9) **specimens/specimen** but he also concerned himself with problems of physiology and function.

Smallpox was (10) **widespread/broadspread** in the 18th century, and occasional outbreaks of special intensity resulted in a very (11) **high/highly** death rate. Jenner, even as an apprentice, had been impressed by the fact that a person who had (12) **been ill /suffered** an attack of cow-pox, a relatively harmless disease that could be (13) **contracted/contacted** from cattle, could not take the small-pox, (14) **that is/so** could not become infected whether by accidental or intentional exposure to the small-pox. Thinking over this phenomenon Jenner (15) **concluded/completed** that cow-pox not only protected against small-pox but also could be transmitted from one person to another (16) **as/like** a deliberate mechanism of protection.

The story of the great breakthrough is well known. Complications were many. Vaccination seemed (17) **common/simple**, but the vast number of persons who practiced it did not necessarily (18) **precede/follow** the procedure that Jenner had recommended, and deliberate or unconscious innovations often (19) **collaborated/lessened** the effectiveness. Pure cow-pox vaccine was not always easy to obtain, nor was it (20) **easy/common** to preserve or transmit.

Despite errors and occasional chicanery, the process of vaccination spread (21) **fastly/rapidly** and the death rate from small-pox plunged. Jenner, although he received worldwide recognition and many honours, (22) **made/did no** attempt to enrich himself through his discovery and actually devoted so much time to the cause of vaccination that his (23) **private/personal** practice and his (24) **private/personal**

affairs suffered (25) **severely/several**. In 1802 Parliament voted him a sum of J10,000 and in 1806 a (26) **father/further** sum of J20,000.

Jenner not only received honours but also (27) **aroused/ arouse** opposition and found himself subjected to attacks and calumnies, (28) **in spite/despite** which he continued his activities (29) **in behalf/in sake** of vaccination. His wife, (30) **sick by/ill with** tuberculosis, died in 1815, and Jenner retired from public life.

Exercise 41. Fill in the gaps with the words given.

aching / acute / chill / complication / cough / epidemics / evidence / fever / flu / identical outbreak / risk / signs / sore / symptoms / temperature / uncomplicated / vaccine

Influenza

Influenza is an (1)___, infectious, contagious disease of the respiratory tract, especially the trachea, colloquially called (2)___ or, less often, grippe. The (3)___ of a simple attack include dry (4)___no, (5)___ throat, nasal obstruction and discharge, and burning of the eyes; more complex cases are characterized by (6)___, sudden onset of (7)____, headache, (8)___ of muscles and joints, and occasional gastrointestinal symptoms. In (9)___ cases, symptoms fade and (10)___ drops to normal in a few days; the (11)___ of death increases if the disease is accompanied or followed by viral pneumonia or bacterial pneumonia.

Since the 16th century, at least 31 influenza pandemics, which are very widespread (12)___, have been described. The most destructive epidemic of modern times, that of 1918, is estimated to have caused 20 million deaths; in the U.S. about 500,000 persons died, generally following the (13)___ of bacterial pneumonia.

The different types of influenza virus appear in cycles; for instance, the variant appearing in the 1978-79 season was (14)___ to the virus that was widespread during the early 1950s. Some (15)___ exists that pandemics occurring 60 to 70 years apart are caused by the same form of virus. Based on this theory, public health officials expected in 1976 that the same virus that caused the 1918 pandemic would reappear. When this form of the organism was isolated, (16)___ against it was prepared and mass inoculation was carried out in the U.S. No (17)___, however, of that form of influenza occurred.

Exercise 42. Fill in the gaps with the words given.

affecting / blood / deaths / diseases / effectively / extinction / fever / health / identification / infect / infectious / illnesses / outbreak / pandemics / physical / plague / poor / prevented / shrank / spread / temperature

Epidemics

Epidemics are outbreaks of contagious diseases (1)___ an unusually large number of people or involving an extensive geographical area. Epidemics, which may be short-lived or last for years, are brought on by the widening reach of disease-

causing organisms. These organisms can be (2)___ by food or water, directly from one person to another through (3)___ contact, or by the exchange of bodily secretions such as saliva, semen, or (4)___. Insects, rodents, and other disease-carrying animals, are agents that may (5)___ human populations with epidemic diseases.

Among the diseases that have occurred in epidemic proportions throughout history are bubonic (6)___, influenza, smallpox, typhoid (7)___, tuberculosis, cholera, bacterial meningitis, and diphtheria. Occasionally, childhood (8)___ such as mumps and German measles become epidemics.

In the past, when sanitary conditions were (9)___ and diseases were little understood, epidemics occurred periodically and killed thousands of people. One of the largest epidemics ever recorded was the (10)___ of bubonic plague that raged throughout Europe, Africa, and Asia from 1347 to 1350. This epidemic, known as the Black Death in Europe, is estimated to have killed one-third of the European population. An outbreak of influenza in 1918 killed more than 20 million people around the world. Such global epidemics are commonly called (11)___. Wars and foreign invasions have traditionally provided breeding grounds for epidemic disease. Prior to the 20th century, every European war produced more (12)___ from disease than from the use of weaponry. Colonists arriving in the western hemisphere carried disease-causing organisms to which they were immune but that devastated the populations of Native Americans who had no previous exposure to these organisms. Due to the spread of disease the population of central Mexico (13)___ by an estimated 90 percent in the first 50 years of Spanish domination.

Epidemics can often be (14)___ or controlled by immunization, improved sanitation, and by other public (15)___ measures such as the use of pesticides to wipe out disease-carrying insects. During the 1960s and 1970s, the medical profession hoped that epidemic diseases were well on their way to (16)___. Poliomyelitis, an (17)___ viral disease of the central nervous system that had once been a scourge of young people in the United States, no longer appeared in significant numbers, and other diseases, including smallpox, tuberculosis, malaria, and cholera seemed almost neutralized. But since the 1970s, 30 new disease-causing (18)___, including acquired immunodeficiency syndrome (AIDS), Ebola hemorrhagic fever, and hepatitis C, have been identified, most of them emerging from new settlements in the rain forests of South America, Africa, and Asia. New antibiotic-resistant strains of influenza, tuberculosis, meningitis, cholera, and malaria have also appeared.

Fortunately, disease (19)___ and control establishments are now in place through most of the world and have repeatedly shown themselves capable of responding quickly and (20)___ to sudden outbreaks of disease.

II. MEDICAL CARE

Vocabulary

Two-tier, general practitioner/physician/family doctor, health care, preventive medicine, health education, complaint, cost-effective, diagnosis, tedious, 'capitation' allowance.

Welfare state, hospitals run by charities, medical insurance, emergency, to subsidize, medical care, to have smb on one's book.

Medical school, maturity, adaptability, common sense, humility, clinical medicine, therapy, compassionate approach, pre-clinical years, anatomy, physiology, biochemistry, pharmacology, pathology, clinical years, disease/illness, medical course, residency.

TEXT 1. GENERAL PRACTITIONER

Britain has a two-tier system of medical care. A person who is ill goes first to a primary care physician or general practitioner. The general practitioner treats most problems himself, and refers patients with unusual or serious illnesses to specialists for secondary care.

The two-tier system has several advantages. Primary care is a cheap and accessible way of treating minor illnesses. The patient can consult the same doctor for almost all illnesses. Specialists do not waste their time on simple problems. In case of serious illnesses, the general practitioner helps the patient find the most appropriate specialist. General practitioner is the 'gateway' to specialist health care, but it is also becoming a specialty in its own right. In Britain 99% of population is registered with a general practitioner. Two-thirds of the population visits a general practitioner every year and 98% do so at least once every five years. The general practitioner can therefore offer preventive medicine and health education to almost everyone in the country. In the past the general practitioner dealt only with 'presenting complaints', that is, symptoms and anxieties which patients brought along to the doctor. This is called reactive medicine, where the doctor does nothing until the patient has noticed that something is wrong. Modern general practice involves pro-active medicine, where the doctor makes contact with healthy people and offers medical care to people who have not asked for it.

An example of pro-active medicine is cervical cancer screening. Cervical cancer is a type of cancer of the womb. It begins as pre-cancer, which grows very slowly and develops into destructive cancer after five to fifteen years. Women with the pre-cancer are quite healthy and have no symptoms. A test called the cervical smear can detect this pre-cancer. The pre-cancerous cells can then be treated (by laser therapy) to prevent cancer developing. The cervical smear test and laser therapy are both very simple procedures. But its administration is not that simple. It is not easy to trace all women in the country and invite them for screening every three years. In Britain, the task is much easier because almost all women are registered with a general practitioner. A simple computer programme can identify what patients need their three-yearly cervical smear. The computer writes letters to these women inviting

them to come for the test. The general practitioner takes the smear tests and writes to each woman a few weeks later to tell her the result. In this way, if the result is abnormal, the woman receives the news from a doctor she knows and trusts. She can then go back to him to discuss her fears. Health education is another important aspect of modern general practice. The general practitioner is usually a well-known and respected member of the local community. People are more likely to accept the advice of their own general practitioner than that of a stranger or an 'expert' on television.

Advice from a general practitioner to stop smoking is the most cost-effective health policy in the developed world. Many general practitioners now organize 'lifestyle' clinics, where patients can come for advice about smoking, diet, alcohol, exercise or stress reduction.

Perhaps the most important skill in general practice is communication. Even when a patient has seen a specialist, it is the general practitioner who explains the diagnosis to the patient and supervises the treatment of the illness. If the patient does not understand the problem, or if he finds the treatment painful or tedious, he may not follow the doctor's advice. It is important to involve the patient in his own care. The days of 'doctor's orders' are gone. Some old-fashioned general practitioners do not like this new system, where the patient often knows as much about his illness as the doctor, but many general practitioners find it both challenging and rewarding.

In Britain, general practitioners are also known as family doctors. They provide primary care for patients 'from the cradle to the grave'. If one member of a family has a serious illness, the general practitioner can give support and advice to the rest of the family. If necessary, the general practitioner visits the patient at home. This unique relationship is often envied by other countries. In the United States, for example, every new illness requires a new specialist doctor who has probably never met the patient or the family before. This leads to a very reactive type of health care. The doctor treats such illness but does not accept overall responsibility for the patient's health. Most doctors do not see themselves as pro-active health care providers for a whole community. Recently, doctors in the US have admitted this problem, and 'fair medicine' is now the fastest-growing medical specialty in that country.

Some specialists still think of general practice as a low-status and uninteresting branch of medicine. They think that the general practitioner does little more than give out aspirin and weigh babies. But good general practice demands a wide range of skills. The general practitioner should know a little about every branch of medicine, and know when to ask a specialist for advice. To many people in the community, the general practitioner is 'my doctor' – healer, adviser, helper and friend. He must also be a manager, an accountant and an administrator. Of all doctors, the general practitioner enjoys the greatest variety of medical problems, the 'most satisfying doctor-patient relationships', and the greatest potential for improving the health of an entire community.

Exercise 1. Explain the following words and word combinations:

Primary care physician/general practitioner; secondary care; preventive medicine; health education; reactive medicine; pro-active medicine; pre-cancer; cervical smear test; lifestyle clinics.

Exercise 2. Discuss the following issues:

1. The two-tier system of British medical service. Is the system different in your country?
2. Dwell upon the advantages of pro-active medicine.
3. The importance of health education. Do you think health education is important?
4. Skills of a general practitioner.
5. General practitioner as a family doctor.
6. The status of a general practitioner in British community.

TEXT 2. THE NATIONAL HEALTH SERVICE

The NHS (National Health Service is commonly referred to by this abbreviation) is generally regarded as the jewel in the crown of the welfare state. Interestingly, it is very 'un-British' in the uniformity and comprehensiveness of its organization. When it was set up it did not, as was done in so many other areas of British public life, accommodate itself to what had already come into existence. Instead of entering into a partnership with the hundreds of existing hospitals run by charities, it simply took most of them over. The system is organized centrally and there is little interaction with the private sector. For instance, there is no working together with health insurance companies and so there is no choice for the public regarding which health insurance scheme they join. Medical insurance is organized by the government and is compulsory.

However, in another respect the NHS is very typically British. This is in its avoidance of bureaucracy The system, from the public's point of view, is beautifully simple. There are no forms to fill in and no payments to be made which are later refunded. All that anybody has to do to be assured the full benefits of the system is to register with a local NHS doctor. Most doctors in the country are General Practitioners (GPs) and they are at the heart of the system. A visit to the GP is the first step towards getting any kind of treatment. The GP then arranges for whatever tests, surgery, specialist consultation or medicine are considered necessary. Only if it is an emergency or if the patient is away from home can treatment be obtained in some other way.

As in most other European countries, the exceptions to free medical care are teeth and eyes. Even here, large numbers of people (for example, children) do not have to pay and patients pay less than the real cost of dental treatment because it is subsidized.

The modern difficulties of the NHS are the same as those faced by equivalent systems in other countries. The potential of medical treatment has increased so dramatically, and the number of old people needing medical care has grown so large,

that costs have rocketed. The NHS employs well over a million people, making it the largest single employer in the country. Medical practitioners frequently have to decide which patients should get the limited resources available and which will have to wait, possibly to die as a result.

In the last quarter of the XXth century, the British government has implemented reforms in an attempt to make the NHS more cost-efficient. One of these is that hospitals have to use external companies for duties such as cooking and cleaning if the cost is lower this way. Another is that hospitals can 'opt out' of local authority control and become self-governing 'trusts' (i.e. registered charities). Similarly, GPs who have more than a certain number of patients on their books can choose to control their own budgets. Together these two reforms mean that some GPs now 'shop around' for the best-value treatment for their patients among various hospitals.

These changes have led to fears that commercial considerations will take precedence over medical ones and that the NHS system is being broken down in favour of private health care. And certainly, although pride and confidence in the NHS is still fairly strong, it is decreasing. There has been steady rise in the number of people paying for private medical insurance in addition to the state insurance contribution which, by law, all employed people must pay.

In fact, though, Britain's health system can already claim cost-efficiency. The country spends less money per person on health care than any other country in the western world. One possible reason for this is the way that GPs are paid. The money which they get from the government does not depend on the number of consultations they perform. Instead, it depends on the number of registered patients they have – they get a 'capitation' allowance for each one. Therefore, they have no incentive to arrange more consultations than are necessary. It is in their interest that their patients remain as healthy as possible, so that they can have more patients on their books. The other possible reason is the British 'stiff upper lip'. In general, people do not like to make a big drama out of being ill. If the doctor tells them that there is nothing to worry about, they are likely to accept this diagnosis. Partly as a result of this, British GPs prescribe significantly less medicine for their patients than doctors in other countries in Europe do.

When it was set up, the NHS was intended to take the financial hardship out of sickness – to offer people medical insurance 'from the womb to the tomb'. In this respect, despite the introduction of charges for some kinds of treatment, it can still claim to be largely successful.

Exercise 1. Answer the following questions:

1. How can you comment upon the following seemingly controversial statements: 'The NHS… is very 'un-British'' and 'The NHS is very typically British'?
2. How do you understand the statement 'GPs are at the heart of the NHS'?
3. Dwell upon the difficulties the NHS faces nowadays.
4. Describe the reforms of the NHS and the results they led to.
5. Describe the way GPs are paid in Britain.

Exercise 2. Find English equivalents for the following words and word combinations:

Благодійні лікарні, компанії зі страхування здоров'я, медична страховка, зареєструватися у місцевого лікаря з Національної Служби Охорони Здоров'я, терапевт, лікування, домовитися про..., організувати здачу аналізів, операції, спеціальні консультації, безкоштовне медичне обслуговування, лікування зубів, виходити з-під контролю місцевої влади, приватне медичне обслуговування, проводити консультації, зареєстрований пацієнт, діагноз, прописувати ліки.

Exercise 3. Translate into English:

Пацієнти в Британії можуть вибирати з цілої низки приватних, державних та благодійних лікарень.

Пацієнт в Великій Британії може отримати безкоштовне медичне обслуговування. Виключенням є лікування зубів та очей. Але і тут сплачувати доводиться менше фактичної вартості, бо ці види медичного обслуговування субсидуються державою.

Терапевти в Великій Британії отримують зарплату залежно від кількості зареєстрованих у них пацієнтів. Як наслідок, вони зацікавлені в розширенні своєї клієнтури та підвищенні якості обслуговування.

Британці не люблять скаржитися на захворювання, тому їм прописують набагато менше ліків, ніж пацієнтам в інших країнах Європи.

Реформи НСОЗ дозволили лікарням виходити з-під контролю місцевої влади та займатися самоврядуванням. Крім цього, терапевти отримали можливість самостійно контролювати свій власний бюджет та більш ефективно організовувати консультації, операції та різні тести.

TEXT 3. MEDICAL CAREER

Ten people apply for every single place at medical schools. How can interviewers choose those who will become the best doctors? People sometimes criticize medical schools for selecting the best students and ignoring such qualities as maturity, adaptability and common sense. But it is impossible to say which of all the students being interviewed will develop these qualities. How, then, should you decide if medicine is the right career for you?

The most intelligent children at school are often encouraged to study medicine. But the study of medicine does not demand great intellect, it demands good memory and the willpower to read many long and boring textbooks. It demands great physical strength, for you must sometimes stay awake all night and go for hours without food. It also demands humility, for you will make many mistakes.

Salary, security and status are important to most people. But they are not themselves good reasons to study medicine. Love of science is a more honourable aim, but doctors who love only science will not find fulfillment in clinical medicine. A fascination with diseases is essential, but the student must also care about the

people who suffer from those diseases. Ask yourself: does the human side of medicine attract or repel me?

In the past, doctors did not show their emotions. Patients could live or die, but the doctor remained unemotional. Nowadays, doctors know that their work often needs laughter, tears and anger as well as science. A good doctor can use his own emotions as part of the therapy.

Good doctors can be extroverted or shy, ambitious or modest, radical or conventional, brilliant or mediocre. People with disabilities and/or diseases – including deafness, paraplegia, diabetes and cancer – have studied medicine. They can become particularly sensitive doctors. To be a good doctor, you will need love of life and living things. If you can ignore a crying baby, if you have never looked forward to spring, if you find uneducated people dull, if you are happiest when you are alone – medicine is not the career for you.

When I was a young medical student, I was once rude about a patient. My professor took me aside to discipline me. 'From today on', he said, 'you will begin to think and act as a doctor. But remember, you will never cease to be a medical student'. The old professor meant this: first, I must acquire a professional and compassionate approach to patients; and second, that medical science is continuously changing and my studies would not end when I graduate.

The first three years of medical schools are the pre-clinical years. The student learns anatomy (bones, muscles and organs of the human body), physiology (how the body works), biochemistry (chemical reactions occurring in the body cells), pharmacology (chemistry of drugs) and pathology (the study of diseases).

There is much to learn. The body has over 50 organs, 100 joints, 200 bones, 400 nerves, 500 arteries and 600 muscles, as well as 8 meters of gut and 100 square meters of lung. Every cell carries 10,000 genes on two meters of DNA in 46 chromosomes. There are 3,000 known inherited diseases and another 50,000 acquired diseases. More than 20,000 drugs are available to treat these diseases.

Only a foolish medical student tries to learn all this. A wise student learns only basic facts. He tries to view the whole, rather than details of its parts. He must gain a 'feeling' for the way the body works and heals. In future, this feeling will remain when some details are forgotten.

The following (clinical) years at medical school are spent in hospitals learning about illness. Illness is when the patient feels that something is wrong with him. A disease (for example, diabetes) can produce a wide spectrum of illness, depending on how the patient copes with the problem. Some people with diabetes feel that they are crippled and worthless; other people with the same disease live normal and active lives. One person who has a cold goes to bed for a week another goes to the doctor for some medicine; the other does not even think that he is ill. A student must learn how the patient's beliefs, personality and culture influence the disease. He must learn to use the personality to reassure and comfort the patient. When he can do this, he will be ready to perform operations and prescribe drugs.

Medical course in Britain lasts five years; in the US it lasts eight years. After final examinations, a student may call himself a doctor, bit he cannot practice medicine alone yet. He does a residency (one or two years), working under

supervision, usually in a hospital. Residents work long hours for a small salary. Their status in the hospital is low. Much of their work is administrative and boring. They are usually too inexperienced to win the patients' respect. They live, eat and sleep within the hospital, which sometimes feels like a prison. The exciting areas of medicine, such as heart transplants and 'wonder drugs', are a long way away.

Residents learn that a degree in medicine is the beginning, not the end, of the road to success. Whatever branch of medicine a young doctor enters, he must study for at least three more years as well as doing a full-time job. For some specialties, such as surgery, a young doctor will spend another ten years studying. Over half of all doctors now take postgraduate examinations later in their careers.

Medical school is not the passport to a glamorous and exciting life, and there are certainly easier ways to earn high salaries. Doctors have twice the rate of alcoholism, divorce and suicide as other professional people, and women doctors often have difficulty combining medicine with motherhood. But rewards of understanding, and occasionally curing, diseases of human body and mind, have no parallel in any other profession.

Exercise 1. Explain the following:

Medical school, humility, clinical medicine, to use one's emotions as part of the therapy, pre-clinical years, anatomy, physiology, biochemistry, pharmacology, pathology, an inherited/acquired disease, to be crippled, a residency, heart transplants, wonder drugs, to find fulfillment in clinical medicine.

Exercise 2. Give Ukrainian equivalents to the following:

Deafness, paraplegia, diabetes, cancer, cold, an organ, a joint, a bone, an artery, a muscle, gut, a cell, a gene, a chromosome, fascination with diseases.

Exercise 3. Answer the following questions:

1. What were the two points the professor made to the author?
2. Why should a medical student only learn the important facts of medicine?
3. What factors can influence a disease?
4. Does a doctor work alone during his residency?
5. What is much of the work like during a residency?
6. How long does it take to become a surgeon?
7. How many doctors do postgraduate studies?
8. What are some of dangers for doctors in developed countries?
9. What are the main advantages of a medical career?

Exercise 4. Translate into English:

Якщо ви вирішили вступити до медицинського інституту та присвятити своє життя кар'єрі лікаря, ви повинні розвивати в собі такі якості, як зрілість, здоровий глузд та лагідність (здатність адаптуватися). Ви також повинні мати гарну пам'ять, силу волі, велику фізичну силу та вміння визнавати свої помилки.

Сьогодні визнання в клінічній (практичній) медицині знаходять ті, хто полюбляє науку, і кого приваблюють захворювання, а також той, хто зможе використати свої почуття та емоції як частину терапії.

Досить часто люди з такими захворюваннями, як параплегія, діабет, глухота та рак, стають найбільш розуміючими лікарями. Вони швидко набувають професійного та співчутливого підхіду до пацієнтів.

В «доклінічні» роки студенти вивчають фізіологію, біохімію, фармакологію та патологію.

В людському організмі існує велика кількість різних органів, суставів, м'язів, нервів та кісток, але їх знання не дає вам почуття того, як тіло функціонує та зцілюється. Ще далеко не всі спадкоємні та надбані хвороби піддаються лікуванню.

Роки навчання, коли ві ще не проходите практику в лікарні, не можуть порівнюватися з роками клінічної практики, коли студент-медик починає розуміти, як вірування, культура та особистість пацієнта впливають на перебіг хвороби.

Для молодих лікарів, що тільки починають працювати і проходять інтернатуру, чудодійні ліки та пересадження органів здаються далеким майбутнім.

Exercise 5. Write as many people involved in medicine as you know (minimum 10).

TEXT 4. HIPPOCRATES

Hippocrates (460?-377?bc), greatest physician of antiquity, regarded as the father of medicine. Born probably on the island of Kos, Greece, Hippocrates traveled widely before settling on Kos to practice and teach medicine. He died in Larissa, Greece; little else is known about him. His name is associated with the Hippocratic Oath, though he probably is not the author of the document. In fact, of the approximately 70 works ascribed to him in the Hippocratic Collection, Hippocrates may actually have written about six of them. The Hippocratic Collection probably is the remnant of the medical library of the famous Kos school of medicine. His teachings, sense of detachment, and ability to make direct, clinical observations probably influenced the other authors of these works and had much to do with freeing ancient medicine from superstition.

Among the more significant works of the Hippocratic Collection is Airs, Waters, and Places (5th century BC), which, instead of ascribing diseases to divine origin, discusses their environmental causes. It proposes that considerations such as a

town's weather, drinking water, and site along the paths of favorable winds can help a physician ascertain the general health of citizens. Three other works—Prognostic, Coan Prognosis, and Aphorisms—advanced the then-revolutionary idea that, by observing enough cases, a physician can predict the course of a disease.

The idea of preventive medicine, first conceived in Regimen and Regimen in Acute Diseases, stresses not only diet but also the patient's general way of living and how it influences his or her health and convalescence. Sacred Disease, a treatise on epilepsy, reveals the rudimentary knowledge of anatomy in ancient Greece. Epilepsy was believed to be caused by insufficient air, which was thought to be carried by the veins to the brain and limbs. In Joints, the use of the so-called Hippocratic bench is described for treating dislocations. Also of interest are Wounds in the Head, Women's Diseases, and Dismembering of the Feotus in the Womb.

Exercise 1. Answer the questions:

1. What is Hippocrates' contribution to medical science?
2. What is the origin of diseases according to Hippocrates?
3. What was considered to be Sacred Disease?
4. What other ancient medical practitioners do you know?

Exercise 2. Find the Hippocratic Oath text. Is the Oath still taken by the doctors-to-be? What strikes you most about it?

III. SEEING A DOCTOR

Exercise 1. Put each of the following words in its correct place in the passage below.

thermometer	*ward*	*prescription*	*operation*
stethoscope	*pulse*	*receptionist*	*appointment*
symptoms	*chemist*	*examine*	*treatment*
	waiting room	*temperature*	

At the Doctor

When I go to the doctor, I tell the _____ my name and take a seat in the _____. My doctor is very busy so I have to make an _____ before I go to see him. He asks me what's wrong with me, I tell him the _____ of my illness, for example high temperature, difficulty in breathing, or pains, and then he will usually _____ me. He'll listen to my heart with his _____, he'll hold my wrist to feel my _____, he'll take my _____ with his _____. The problem is usually something simple and he might give me a _____ for some medicine, which I take to the _____. Of course, if I needed more serious treatment, I'd have to go to hospital. There I'd be put in a bed in a _____ with 10 or 20 other people. If there were something seriously wrong with me, I might need an _____.

Exercise 2. Which of the specialists would you consult in each of the following cases?

1) To operate on an eye cataract _ c _ _ _ _ _;
2) to cure your son's measles _ _ _ d _ _ _ _ _ _ _ _ _;
3) to deliver a baby _ _ _ t _ _ _ _ _ _ _ _;
4) to test your eyesight _ _ t _ _ _ _ _ _ _ _;
5) to cure a rash on the skin c _ _ _ _ _ _ _ _ _ _ _ _ _;
6) to treat a sick mind p _ _ _ _ _ _ _ _ _ _ _ _;
7) to operate on your appendix _ _ r _ _ _ _;
8) to treat Peter's deformed hip _ _ _ _ _ p _ _ _ _ _;
9) to analyze your dreams _ s _ _ _ _ _ _ _ _ _ _ _;
10) to treat the ailments of a woman _ _ n _ _ _ _ _ _ _ _ _.

Exercise 3. Read the texts.

Mary Healy fell off her bicycle. She's in the emergency room at the local hospital. Dr. Singh is examining her.

Doctor: Well, hello, young lady. It looks like you've had quite a fall. What were you doing? Going too fast?

Mary: Yes, doctor. I fell off going around a corner.

Doctor: I see. Well, let me take a look at you. Hm. That's a bad cut. I'll have to put a couple of stitches in that.

Mary: I have a cut here too, doctor.

Doctor: It looks worse than it is. Only the skin is broken. The nurse will clean it up for you. It'll sting, but that's all. Now does it hurt anywhere else?

Mary: I have a pain in my arm. It's very sore, and it feels stiff.

Doctor: Well, there's nothing broken, but you've bruised your shoulder. It'll be sore for a few days. Did you bump your head?

Mary: Yes, I did. I fell on the bike. But it doesn't hurt now.

Doctor: Did you feel dizzy?

Mary: No, not at all.

Doctor: Look up there. I'm going to shine this light in your eye. Uh huh. All right. That's fine. I'll sew this cut up, and the nurse will put a bandage on it. Then you can go home.

* * *

Jean Weiner has gone to see Dr. Carlos Valencia, her family doctor.

Jean: Good morning, doctor.

Doctor: Oh, good morning, Mrs. Weiner. What seems to be the problem today?

Jean: It's those pills, doctor. They don't seem to be doing me any good.

Doctor: Really? What's wrong?

Jean: What isn't wrong with me, doctor! It's old age, I suppose.

Doctor: You're doing very well, Mrs. Weiner! You'll live to be a hundred!

Jean: I have this terrible cough, doctor, and I still have that rash on my hands. And the backache! I can hardly walk sometimes. You don't think it's cancer, do you? I've been reading so much about it in the paper.

Doctor: No, no. No chance of that. You are in a good shape for your age.

Jean: You can't be serious. Anyway, I'm almost finished with the old pills, doctor. Can you give me a different colour next time?

Exercise 3.1. Mark each true statement T and each false statement F:

1. When Mary fell of her bicycle she hurt her knee badly. Her knee looked red and swollen.
2. Mary decided against consulting a doctor. She took some cloth, dropped it to the cold water, and put it on the bruise. She thought it would relieve the pain.
3. Mary made up her mind to consult the doctor. She went to the local hospital and asked Dr. Singh to examine her.
4. Dr. Singh said it was a bad cut. He had to put a couple of stitches in the injured knee.
5. Dr. Singh examined Mary and came to the conclusion that it was a fracture. It was impossible to see an open fracture without X-rays and the doctor used X-ray to see the break.
6. The doctor put plaster cast on the broken limbs.
7. Mary had a pain in her arm. It felt stiff. In addition, she bruised her shoulder.

8. The doctor promised he would sew that cut up and asked the nurse to put a bandage on it.
9. The doctor says Mrs. Weiner is in poor health. She has aches and pains of every description.
10. The doctor supposes Mrs. Weiner has pneumonia or consumption. He asks Jean to pass a blood test. He is sure she must have her chest X-rayed.
11. Mrs. Weiner has a hacking cough. Besides, she has a rash on her hands. Sometimes it's difficult for Jean to walk because she has a backache.
12. The doctor considers Mrs. Weiner to be in good shape for her age.

Exercise 3.2. Explain the following words and phrases as they have been used in the texts. Translate them into Ukrainian:

Emergency room; local hospital; it looks like; to take a look at smb (smth); a bad cut; to put a couple of stitches; it looks worse than it is; to have a pain in one's arm; to feel stiff; to bruise one's shoulder; to bump one's head; to feel dizzy; to sew the cut up; to put a bandage on; to have a rash on one's hands; to be in good shape for one's age.

Exercise 4. Compose a short story about a person who had an accident and was taken to the first-aid room using the expressions:

To give the first aid; to give the help to an injured person; to be calm and act without panic; the first-aid room; to make a quick examination; to load a syringe; to ease (relieve) a pain; to fell and bruise one's leg (arm) badly; a break in a bone (fractured bone); closed (open) fractures; to lay a patient down on a stretcher cart; a plaster cast; to put a limb (an arm) in a splint; set of splints; to complain of a pain in the place of the break (fracture, sprain); to use X-rays to see the break; to suffer from a pain; to have so much pain that one can't take a deep breath; to paint the cuts with iodine; to put on (take off) a bandage; to put (take off) stitches; a sling for an arm in a plaster cast; to remove the cast; to put (change, remove, apply) a dressing on smb's wound (an arm, a hand, leg, head), etc.; a successful outcome.

Exercise 5. Insert articles where necessary. Explain the use (or absence) of articles:

A.

___(1) ambulance doctor must have ____ (2) deep knowledge of ____(3) emergency surgery, toxicology, therapy, obstetrics and gynaecology. He must always do his best to give ___ (4) patient ___(5) proper aid.

While working at ___(6) First Aid Station he/she may have ___(7) serious cases…

___(8) call was made to ___(9) First Aid Station. It appeared that ___ (10) man had met with ___ (11) accident. When ___(12) doctor reached ___ (13) place of ___

(14) accident he examined ___(15) victim. ___ (16) man was badly injured. He had ___(17) open bleeding wound in his leg, his arm was fractured, and there were many injuries, abrasions and bruises on his face and shoulders. ___(18) man lost his consciousness and was moaning all the time.

___(19) doctor tried to arrest profuse arterial bleeding; he elevated ___(20) injured limb carefully and applied ___(21) tourniquet to it. Next he applied ___(22) sterile gauze dressing on ___(23) man's face and forehead to prevent contamination. Then ___ (24) doctor examined ___(25) arm and applied ___(26) splint to it. ___ (27) injection of ___(28) seductive (a pain killer) having been given, ___ (29) man recovered his consciousness.

It was necessary to transport ___ (30) patient to ___ (31) nearest hospital without ___(32) delay as he was in ___ (33) very poor condition. ___ (34 stretcher-bearers laid ___ (35) patient down on ___ (36 stretcher carefully and in ___ (37) quarter of ___ (38) our ___ (39) patient was brought to ___ (40) hospital. If ___ (41) ambulance doctor hadn't given ___(42) patient ___ (43) emergency help, ___ (44) patient would have died.

B.

At ___ (1) half past 10 a.m. ___ (2) ambulance brought to ___ (3) hospital ___ (4) girl of 14. ___ (5) girl complained of ___ (6) pain in ___ (7) right lower part of her stomach. ___ (8) doctor asked ___ (9) girl to lie down on ___ (10) couch and began his examination by palpating ___ (11) patient's abdomen. He made ___ (12) diagnosis of ___ (13) acute appendicitis.

___ (14) acute appendicitis is very dangerous to ___ (15) life and its onset is often sudden. In some cases of ___ (16) acute appendicitis ___ (17) gangrenous and perforating forms complicated by ___ (18) peritonitis may be observed.

For this reason, ___ (19) surgeon directed ___ (20) girl to ___ (21) in-patient department for being operated on at once. It was necessary to remove ___ (22) appendix immediately in order to prevent its rupture which might cause ___ (23) peritonitis with ___ (24) fatal outcome.

___ (25) same day ___ (26) girl had been operated on for ___ (27) acute appendicitis. The next day she was wheeled on ___ (28) stretcher cart to ___ (29) dressing room. Having helped to lay ___ (30) patient down on ___ (31) dressing-table ___ (32)surgeon began to dress her wound. Then ___ (33) surgeon examined ___ (34) wound and carefully took out ___ (35) gauze drain soaked with ___ (36) pus. After washing ___ (37) edges of ___ (38) operating wound ___ (39) surgeon put ___ (40) new outer bandage on ___ (41) wound. ___ (42) girl's post-operative condition was good and ___ (43) wound was healing well. She was out of danger and very soon was up and about.

Exercise 6. Put the sentences in proper order to tell a story. Retell the story to your groupmates:

1. A cat was crossing the road.
2. The surgeon entered the room.

3. Someone called for an ambulance.
4. The man was killed and his son was seriously injured.
5. They had a very good party.
6. The man swerved to avoid the cat.
7. They were driving back together.
8. It was raining and the road was wet.
9. A man and his son had been to a party.
10. The car skidded on the wet road and crashed into a tree.
11. The surgeon saw the boy and shouted: 'My son! My son!'
12. He was taken directly to an operating room.
13. An ambulance came and rushed the son to the hospital.
14. Can you explain?

Exercise 7. Read the text.

Mr. Priestley: Now, Olaf, I think we will send you to the doctor's. I am sure no one here has less need of a doctor than you have, so this conversation will need some imagination. Pedro, you had better be the doctor. Olaf has just entered your consulting-room.
Doctor: Good evening, Mr. Peterson. What's the trouble? You certainly don't look as if there is anything wrong with you.
Olaf: I haven't been feeling very well for some time. I have lost my appetite and don't sleep very well. I have rather a bad cough that I can't get rid of, and a pain in my chest, sometimes, when I breathe.
Doctor: I see. Very well. You had better have a thorough examination. Let me see your tongue… Yes, your stomach is a little out of order… Now your pulse… Yes, that's all right. Now just unfasten your coat and waistcoat and shirt and I'll listen to your heart and chest. Say 'Ninety nine'.
Olaf: Ninety nine.
Doctor: Again.
Olaf: Ninety nine, ninety nine.
Doctor: Do you smoke a lot?
Olaf: Well, rather a lot, I'm afraid; twenty or thirty cigarettes a day.
Doctor: Hm! You ought to cut that down for a time. Let me see your throat. Open your mouth. Say 'Ah'.
Olaf: Ah! Ah!
Doctor: Again.
Olaf: Ah! Ah!
Doctor: All right, that will do. You can put your coat on again now. What do you weigh?
Olaf: Twelve stone, two.
Doctor: Have you been losing weight at all?
Olaf: No, I don't lose or gain, at least never more than a pound or so one way or another.

Doctor: Well, there's nothing serious the matter with you, but you are rather run down. You have been working too hard. You know you can't burn the candle at both ends, and you need a real rest. I'll give you a bottle of medicine that will help. Take a tablespoonful in water three times a day after meals. Eat plenty of good plain food, have no cigarettes and drink plenty of milk, at least a pint a day, and not much coffee; get plenty of fresh air and plenty of sleep, but, above all, don't try to do too much. A real change of air and surroundings will be very helpful if you could manage it.
Olaf: As a matter of fact, I have been invited to go and stay with some friends in their cottage in Cornwall.
Doctor: That's just the thing. But remember, take it easy. Not too much swimming or tennis, at least for week or two, but a good walk by the sea or along the cliffs every day would do you a world of good. I will see you again when you come back, just to make sure you are all right. Don't worry about yourself. If that holiday in Cornwall doesn't work wonders I shall be very much surprised. Another month and you'll be as fit as a fiddle.
Mr. Priestley: Well, Olaf, you did that so well that I almost began to think you were ill. And if you were ill, I think a doctor like Pedro is just the man to cure you.
Pedro and Olaf: Thank you, sir.
Mr. Priestley: Well, Hob, you said you could tell a story for each of the 'situations' I don't suppose you know one about a doctor.
Hob: Oh, yes, I do. It's about a very simple country-woman who went to the doctor to tell him that her husband had a very severe headache. The doctor said: 'I have so many patients coming to see me that I can't see your husband today. But do this: put some ice in a bag, tie it round his head and let me know how he is tomorrow.'
The next day the woman came again and the doctor said: 'Well, how is your husband?' 'Oh,' she said, 'he is quite all right now, the headache has completely gone; but the mice are all dead' (She has heard 'some mice' instead of 'some ice' by mistake).
Mr. Priestley: I don't think a doctor prescribes for a person without seeing him. However, it's a good story.
Hob: I've never been a doctor in my life, but if the advice they give is to eat a lot, not work hard, and go away for a holiday, which is what the doctor seems to have told Olaf, I think I'll see one tomorrow. But I once went to the dentist. May I tell you about that?
Mr. Priestley: By all means, I think it is an excellent idea.
Hob: I had had toothache for several days, but just hadn't enough courage to go to the dentist. As a matter of fact I went twice, but just as I got on his doorstep and was going to ring the bell, the toothache seemed to have gone away, so I went home again. But at last I had to go back, and this time I rang the bell and was shown into the waiting-room.
There were a number of magazines there, and I had just got into the middle of an exciting story when the maid came in to say Mr. Puller was ready to see me. I'll have to wait for the next toothache to finish that story!
Well, I went into the surgery and he told me to sit in a chair that he could move up and down, backwards and forwards, and then he had a look at the inside of my

mouth. He put a little mirror on a long handle inside my mouth and poked about for a while, then he looked serious and said: 'Yes, I'm afraid we can't save that one, it will have to come out. It won't be necessary to give you gas for that.' So he filled a syringe with a liquid. I felt a little prick on the gum and that was all. He did this in two or three places and waited for a minute or so. My mouth felt rather dead, but otherwise it was all right. Then he took an instrument, got hold my tooth, gave a twist. (I could see and hear what he did, but I couldn't feel anything), then a quick pull, and the tooth was out and he was saying: 'Yes, it's all over. Spit in there and then wash your mouth out with this.' And he handled me a glass. 'There is the tooth, a very nasty one'.

He was just going to throw it away, but I said: 'May I have that tooth, please?' 'You can certainly have it if you want it', he said. 'Well,' I replied, 'it has worried me a good deal for the last week, and so now I am going to put it on my dressing-table and watch it ache'.

Mr. Priestley: Well done, Hob; you described that well.

Hob: But I must tell you about a friend of mine who went to a dentist – not a very good one – to have a tooth filled. The dentist got him in the chair and started drilling away at the tooth; it was one right at the back of his mouth. He went on and on for what seemed like hours. Then he stopped for a minute or two and said, 'Haven't you had this tooth filled before?' 'No,' said my friend; and again the drilling went on. About another hour went by (at least it seemed like an hour) and again the dentist said, 'Are you sure you haven't had this tooth filled? I've got a speck or two of gold on the drill.' 'No,' said my friend, 'that's not from my tooth; it must be from my back collar-stud.'

Exercise 7.1. Answer the following questions in class discussion:

1. Why does the doctor think that something is wrong with Mr. Peterson?
2. What conclusion does the doctor come to after examining him thoroughly?
3. Why is Mr. Peterson rather run down? What is meant by the phrase 'run down'?
4. What does the doctor advise his patient?
5. What in the doctor's opinion will 'work wonders'?
6. Do you like Hob's story about the doctor? Will you retell it?
7. What was funny about Hob's visiting a dentist?
8. Did Hob want to have his tooth pulled out?
9. Why did Hob ask a dentist to give him an extracted tooth?
10. Did Hob's friend go to a dentist to have his tooth filled or extracted?
11. What happened to Hob's friend while he was sitting in the chair?
12. What is meant by the phrase 'the ordinary doctor'?
13. When do people usually go to the dentist?
14. What common illnesses do you know? What diseases are considered contagious?
15. What things are used in medicine to prevent or cure illnesses?

16. Why is it recommended to consult the doctor when something troubles a person?
17. Do you like to see the doctor? Do you visit a doctor when you are in the best of health?

Exercise 7.2. Explain the following words and phrases as they have been used in the text. Translate them into Ukrainian:

To lose one's appetite; to have rather a bad cough; to get rid of smth; to have a pain in one's chest; to have a thorough examination; to be a little out of order; to unfasten one's coat; to listen to one's heart and chest; to lose (gain) one's weight; to be rather run down; to burn the candle at both ends; a change of air and surroundings; to be very helpful; as a matter of fact; that's just the thing; take it easy; a good walk by the sea or along the cliffs; to do smb a world of good; to make sure; to work wonders; to be as fit as a fiddle; to have a very severe headache; to let smb know; by mistake; to have a toothache; not to have enough courage to do smth; to be shown into the waiting-room; to move up and down, backwards and forwards; to have a look at the inside of one's mouth; to fill a syringe with a liquid; to feel a little prick on the gum; to feel rather dead; to give a twist; a very nasty tooth; well done; to have a tooth filled; to start drilling away at the tooth; the ordinary doctor; the common illnesses; infectious or contagious diseases; to pass disease onto other people; to have a stomach-ache; to get blood poisoning; to prevent or cure illnesses.

Exercise 8. Act out the dialogues.

Dialogue 1

Doctor: 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, month or two, and then we can deal with your present problem.
Patient: Well, I've actually, I've always been very fit up till now.
D: Have you ever been in hospital?
P: Oh, only when I was a child. I had an appendicitis when I was eight.
D: Aha, and what's your job, what do you do?
P: Well, 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. 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 2

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 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 palpitation, 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, 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 3

D: 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, and sometimes my whole body shakes.
D: How have you been feeling in general?
P: Well, I don't know, I've been feeing a bit tired and weak. And I just don't seem to have any energy.
D: Have you noticed any pain in your muscles?
P: 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 (1 stone=14 pounds or 6.4 kg).
D: I see, and what about your appetite? What's your appetite been like?

P: I've really been off my food this last while. I just haven't felt like eating.
D: Have you had a cough at all?
P: Yes, I have. Nearly all the time. I sometimes bring up a lot of phlegm.
D: 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.

Dialogue 4

D: Good afternoon, Mr Hudson. Just have a seat. I haven't seen you for a good long time. What's brought you along here today?
P: Well, doctor. I've been having these headaches and I seem to have lost some weight.
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: 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 already been off my food for the moment.
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: No, not exactly. I think I've noticed it gradually over the past few months.
D: Do you get any pain when you're passing water?
P: No, no.

Dialogue 5

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've 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 up straight 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 onto the couch and lie on your face? I'm just going to try and find out where the sore spot is.

Dialogue 6

D: Would you like to get onto the couch and lie on your back, please? Now I'm going to take your left leg and see how far we can raise it. Keep the knee straight. Does that hurt at all?
P: Yes, just a little. Just slightly.
D: Can I do the same with this leg? How far will this one go? Not very far. Now let's see what happens if I bend your toes back.
P: Oh, that's worse.
D: I'm going to bend your knee. How does that feel?
P: A little better.
D: Now let's see what happens when we straighten your leg again.
P: That's sore.
D: I'm just going to press behind your knee.
P: Oh, that hurts a lot.
D: Where does it hurt?
P: In my back.
D: Right. Now would you roll over onto your tummy? Bend your right knee. How does that feel?
P: It's a little bit sore.
D: Now I'm going to lift your thigh off the couch.
P: Oh, that really hurts.

Dialogue 7

D: How are you, Mrs Wallace?
P: I'm fine.
D: Have you brought your urine sample?
P: Yes, here it is.
D: I'll just check it. Fine, just slip off your coat… Urine is all clear. Now if you'd like to lie down on the couch, I'll take a look at the baby. I'll just measure to see what height it is. Right. The baby seems slightly small.
P: How do you know that?

D: I measure from the top of your womb to your pubic bone. The number of centimetres is roughly equal to the number of weeks you're pregnant. In your case, it's 29 centimetres but you're 32 weeks pregnant.
P: Why do you think the baby's small?
D: It might be because your dates are wrong. Remember you weren't sure of your last period. The best thing would be to have another scan done. I'll make an appointment for you next week.
P: Which way round is the baby lying?
D: The baby's in the right position. It's coming head first. Now I'm going to listen for the baby's heartbeat. That's fine. Can you hear it? It's quite clear. Have you noticed any swelling of your ankles?
P: Not really.
D: Let's have a quick look. No, they seem to be all right. Now, would you like to sit up and I'll take your blood pressure.
P: Right.
D: It's quite normal. Now I'll take a sample of blood to check your haemoglobin. Fine. You can get your shoes and coat on again now.

Dialogue 8

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 now. I know your face, but I can'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 Williams. I've met you several times before, you know.
P: Oh, you're the 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 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 it is? Where is this place?
P: This'll be High Street, isn't it?
D: Yes, this is the High Street. How long have you been living in 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 1913.
D: 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 1st of April, you know.
D: How old will you be now, do you think?
P: I've retired now. I must be about 69, I think.
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 1989 now, I suppose.
D: Fine, and what month are we in?
P: Oh, now let me see. I can't remember, doctor.
D: Well, tell me, is it summer or winter?
P: 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, it'll be Wednesday, isn't it?
D: 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.

IV. SYSTEMS OF THE BODY

Vocabulary

Absorption, amino acids, fatty acids, deglutition, digestion, etiology, feces, mastication, peristalsis, gastrointestinal tract, catabolism, anabolism, small intestine, large intestine, gut.

Catheter, enuresis, essential hypertension, excretion, micturition, nitrogenous wastes, retention, urea, uric acid.

Afferent nerves, efferent nerves, autonomic nervous system, spinal cord, cell, central nervous system (CNS), cerebrum, cerebral cortex, hypothalamus, neuron, nerve, peripheral nervous system, receptor, sensory, sympathetic nerves, parasympathetic nerves, ventricles of the brain.

Aorta, artery, arteriole, capillary, vein, venule, carbon dioxide, hypertension, ischemia, sphygmomanometer, valve, ventricles.

Adenoids, alveolus (*pl.* - alveoli), bronchus (*pl.* - bronchi), bronchioles, external/internal respiration, larynx, oxygen, pharynx, trachea.

Bone, muscle, joint, ligament, tissues.

Adrenaline, endocrine/exocrine glands, hormones, insulin, melatonin, thymus gland.

TEXT 1. DIGESTIVE SYSTEM

The digestive system, or gastrointestinal tract, begins with the mouth, where food enters the body, and ends with the anus, where solid waste material leaves the body. The primary functions of the organs of the digestive system are threefold.

First, complex food material which is taken into the mouth (ingestion) must be digested, or broken down, mechanically and chemically, as it travels through the gastrointestinal tract. Complex proteins are digested to simpler amino acids; complicated sugars are reduced to simple sugars, such as glucose; and large fat molecules are broken down to fatty acids and triglycerides.

Second, the digested food must be absorbed by passage through the walls of the small intestine into the bloodstream so that the valuable energy-carrying nutrients (sugars, amino acids, fatty acids) can travel to all the cells of the body. Within the cells, sugars and fatty acids can be burned in the presence of oxygen (catabolism), thereby releasing the energy stored in the food matter. Amino acids are used by the cells to build large protein molecules (anabolism) necessary for growth and development.

The third function of the gastrointestinal tract is to eliminate the solid waste materials which are unable to be absorbed by the small intestine. The solid wastes (feces) are concentrated in the large intestine and finally passed out of the body through the anus.

Exercise 1. Match the following terms in a) with their meanings in b):

a) 1. deglutition; 2. absorption; 3. mastication; 4. digestion; 5. peristalsis; 6. excretion; 7. anastomosis; 8. regurgitation.

b) 1. bringing food back up the gastrointestinal tract; 2. breakdown of complex substances; 3. new opening up between two hollow organs or fibers; 4. contraction and relaxation of muscles to propel food along the gastrointestinal tract; 5. formation of wastes and removal from the body; 6. passage of simple nutrients into the bloodstream; 7. swallowing; 8. chewing.

Exercise 2. Translate into English:

Шлунково-кишковий тракт; клітини; жирні кислоти; ковтання; амінокислоти; кисень; усувати; тонка кишка; товста кишка; живильні речовини.

TEXT 2. URINARY SYSTEM

Food and oxygen are combined in the cells of the body to produce energy (catabolism). In the process, however, the substance of the food and oxygen is not destroyed. Instead, the small particles of which the food and oxygen are made are actually rearranged into new combinations. These are waste products. When foods like sugars and fats which contain particles of carbon, hydrogen, and oxygen combine with oxygen in cells, the wastes produced are gases called carbon dioxide (carbon and oxygen) and water (hydrogen and oxygen) in the form of vapor. These gases are removed from the body by exhalation through the lungs.

Protein foods are more complicated than sugars and fats. They contain carbon, hydrogen, and oxygen plus nitrogen and other elements. The waste that is produced when proteins combine with oxygen is called nitrogenous waste, and it is more difficult to excrete (to separate out) from the body than are gases like carbon dioxide and water vapor.

The body cannot efficiently put the nitrogenous waste into a gaseous form and exhale it, so it excretes it in the form of a soluble (dissolved in water) waste substance called urea. The major function of the urinary system is to remove urea from the bloodstream so that it does not accumulate in the body and become toxic.

Urea is formed in the liver from ammonia, which in turn is derived from the breakdown of simple proteins (amino acids) in the body cells. The urea is carried in the bloodstream to the kidneys, where it passes with water, salts, and acids out of the bloodstream and into the kidney tubules as urine. Urine then travels down the ureters into the bladder and out of the body.

Besides removing area from the blood, another important function of the kidneys is to maintain the proper balance of water, salts, and acids in the body fluids. The kidney does this by secreting some substances into the urine and holding back other necessary substances in the body.

Exercise 1. Match the following terms in a) with their meanings in b):

a) 1. essential hypertension; 2. hematuria; 3. pyelonephritis; 4. micturition; 5. renal ischemia; 6. specific gravity.

b) 1. condition of holding back blood from the cells of the kidney; 2. a determination of the amount of wastes, minerals, and solids in the urine; 3. high blood pressure in the kidney due to no apparent cause; 4. inflammation of a kidney; 5. blood in the urine; 6. urination.

Exercise 2. Translate into English:

Вуглекислий газ; нирки; канали; сечовина; сечовий міхур; необхідні речовини; сечовидільна система; розчинний; продукти виділення; частка; рідкі компоненти організму.

TEXT 3. THE NERVOUS SYSTEM

The nervous system is one of the most complex of all human body systems. More than 10 billion nerve cells are operating constantly all over the boy to coordinate the activities we do consciously and voluntarily, as well as those that occur unconsciously or involuntarily. We speak, we move muscles, we hear, we taste, we see, we think, our glands secrete hormones, we respond to danger, pain, temperature, touch, we have memory, association, discrimination – all of these composing a small number of the many activities controlled by our nervous system.

Nerve cells collected into bundles called **nerves** carry electrical messages all over the body. External stimuli, as well as internal chemicals such as **acetylcholine**, activate the cell membranes of nerve cells so as to release stored electrical energy within the cells. This energy when released and passed through the length of the nerve cell is called the **nervous impulse**. External receptors, like sense organs, as well as internal receptors in muscles and blood vessels receive and transmit impulses to the complex network of nerve cells in the brain and spinal cord. Within this central part of the nervous system, impulses are recognized, interpreted, and finally relayed to other nerve cells which extend out to all parts of the body, such as muscles, glands, and internal organs.

The nervous system can be classified into two major divisions: the **central nervous system (CNS)** and the **peripheral nervous system**. The CNS consists of the **brain** and **spinal cord**. The peripheral nervous system consists of 12 pairs of **cranial nerves**, which carry impulses between the brain and the head and neck, and 31 pairs of **spinal nerves**, which carry messages between the spinal cord and the chest, abdomen, and extremities.

In addition to the spinal and cranial nerves (whose functions are mainly voluntary and involved with sensations of smell, taste, sight, hearing, and muscle movements), the peripheral nervous system consists of a large group of nerves which function involuntarily or automatically without conscious control. These peripheral nerves are those of the **autonomic nervous system**. This system of nerve fibers carries impulses from the central nervous system to the glands, heart, blood vessels, and the involuntary muscles found in the walls of tubes like the intestines and hollow organs like the stomach and urinary bladder. These nerves are called **efferent**, since they carry impulses away from the central nervous system.

Some of the autonomic nerves are called **sympathetic** nerves and others are called **parasympathetic** nerves. The sympathetic nerves stimulate your body in times of stress and crisis, i.e., increase heart rate and forcefulness, dilate airways so more oxygen can enter, increase blood pressure, stimulate the adrenal glands to secrete epinephrine (adrenalin), and inhibit intestinal contractions so that digestion is slower. The parasympathetic nerves normally act as a balance for the sympathetic nerves. Parasympathetic nerves slow down heart rate, contract the pupils of the eye, lower blood pressure, stimulate peristalsis to clear the rectum, and increase the quantity of secretions like saliva.

Exercise 1. Translate into Russian:

To increase blood pressure; peripheral nerves; spinal cord; nerve cells; nervous impulse; blood vessels; intestines; saliva; involuntary movements; efferent.

Exercise 2. Translate into English:

1) Хребет є низкою нервових тканин, поєднаних у спинному хребті.
2) Гіпоталамус (*hypothalamus*) містить нейрони, що контролюють температуру тіла, сон, апетит, а також такі емоції, як страх та задоволення.
3) Нейрони та нерви є паренхімальними (*parenchymal*) тканинами нервової системи, тобто вони виконують основну роботу системи тим, що проводять імпульси по всьому тілу.
4) Мозок – це первинний центр регуляції й координації життєдіяльності усього організму.
5) Всі думки, пам'ять, асоціації знаходяться в головному мозку.

TEXT 4. CARDIOVASCULAR SYSTEM

There are many diverse and important functions of many organs of the body. These functions include conduction of nervous impulses, production of hormones and reproductive cells, excretion of waste materials, and digestion and absorption of food substances into the bloodstream. In order to perform these functions reliably and efficiently, the body organs are powered by a unique energy source. The cells of each organ receive energy from the food substances which reach them after being taken into the body. Food contains stored (potential) energy which can be converted into the energy of movement and work. This conversion of stored energy into the active energy of work occurs when food and oxygen combine in cells during the chemical process of catabolism. It is obvious then that each cell of each organ is dependent on a constant supply of food and oxygen in order to receive sufficient energy to work well.

How does the body assure that oxygen and food will be delivered to all its cells? The cardiovascular system, consisting of a fluid called blood, vessels to carry the blood, and a hollow, muscular pump called the heart, transports food and oxygen to all organs and cells of the body. Blood vessels in the lungs absorb the oxygen

which has been inhaled from the air, and blood vessels in the small intestine absorb food substances from the digestive tract. In addition, blood vessels carry cellular waste materials such as carbon dioxide and urea, and transport these substances to the lungs and kidneys, respectively, where they can be eliminated from the body.

There are three major types of blood vessels in the body: arteries, veins and capillaries. **Arteries** are the large blood vessels which lead blood away from the heart, smaller branches of arteries are called **arterioles**, they carry the blood to the tiniest of blood vessels, the **capillaries**. Their walls are thin enough to allow passage of oxygen and nutrients out of the bloodstream and into the tissue fluid surrounding the cells. Once inside the cells, the nutrients are burned in the presence of oxygen to release needed energy within the cell. At the same time, waste products pass out of the cells and into the thin-walled capillaries. The waste-filled blood then flows back to the heart in small veins called **venules** which branch to form larger vessels called **veins**. Arteries, arterioles, veins, venules, and capillaries, together with the heart, form a circulatory system for the flow of blood.

The human heart weighs less than a pound, is roughly the size of the human fist, and lies just behind the breastbone and between the lungs. The heart is a pump, consisting of four chambers: two upper chambers called **atria** (*sing.* - **atrium**), and two lower chambers called **ventricles**. It is actually a double pump, bound into one organ and synchronized very carefully. All the blood passes through each pump in a definite pattern.

Blood pressure is the force which the blood exerts on the arterial walls. This pressure is measured by a special device called a **sphygmomanometer**.

Exercise 1. Match the term for the cardiovascular structure in a) with an appropriate meaning in b):

a) 1. arteriole; 2. capillary; 3. atrium; 4. aorta; 5. venule; 6. mitral valve; 7. vena cava; 8. tricuspid valve; 9. pulmonary artery; 10. pulmonary vein.

b) 1. Small vein. 2. Only artery which carries deoxygenated blood. 3. Largest vein in the body. 4. Lies between the left atrium and left ventricle. 5. Upper chamber of the heart. 6. Smallest of the blood vessels. 7. Only vein which carries oxygenated blood. 8. Small artery. 9. Lies between the right atrium and right ventricle. 10. Largest artery in the body.

Exercise 2. Retell the text.

TEXT 5. RESPIRATORY SYSTEM

We usually think of respiration as the mechanical process of breathing, that is, the repetitive and, for the most part, unconscious exchange of air between the lungs and the external environment. This exchange of air at the lungs is also called **external respiration**. In external respiration, oxygen is inhaled (air inhaled contains about 21 per cent oxygen) into the air spaces (sacs) of the lungs and immediately passes into tiny capillary blood vessels surrounding the air spaces. Simultaneously, carbon

dioxide, a waste product of the chemical combination of oxygen and food in cells, passes from the capillary blood vessels into the air spaces of the lungs to be exhaled (exhaled air contains about 16 per cent carbon dioxide).

While external respiration occurs between the outside environment and the capillary bloodstream of the lungs, another form of respiration is occurring simultaneously between the individual body cells and the tiny capillary blood vessels which surround them. This process is called **internal** (cellular) **respiration**. Internal respiration is the exchange of gases not at the lungs but at the cells within all the organs of the body. In this process, oxygen carried in the blood from the capillaries of the lung to the capillaries surrounding body cells passes out of the bloodstream and into the cells. At the same time, carbon dioxide, the waste produced in cells as oxygen chemically combines with food, passes from the tissue cells into the bloodstream and is carried by the blood back to the lungs to be exhaled.

Pathway of air from the nose to the capillaries of the lungs:

Nose
Nasal cavities and paranasal sinuses
Pharynx
Larynx
Trachea
Bronchi
Bronchioles
Alveoli
Lung capillaries (bloodstream)

TEXT 6. MUSCULOSKELETAL SYSTEM

The musculoskeletal system includes the bones, muscles, and joints. Each has several important functions in the body. **Bones**, by providing the framework around which the body is constructed, protect and support our internal organs. Also, by serving as a point of attachment for muscles, bones assist in body movement. The inner core of bones is composed of hematopoietic tissue (red bone marrow manufactures blood cells), while other parts are storage areas for minerals necessary for growth, such as calcium and phosphorus.

Joints are the places where bones come together. Several different types of joints are found within the body. The type of joint found in any specific location is determined by the need for greater or lesser flexibility of movement.

Muscles, whether attached to bones or to internal organs and blood vessels, are responsible for movement. Internal movement involves the contraction and relaxation of muscles which are a part of viscera, and external movement is accomplished by the contraction and relaxation of muscles which are attached to bones.

TEXT 7. THE ENDOCRINE SYSTEM

The endocrine system is composed of **glands** located in many different regions of the body, all of which release specific chemical substances directly into the

bloodstream. These chemical substances, called **hormones**, can regulate the many and varied functions of an organism. For example, one hormone stimulates the growth of bones, another causes the maturation of sex organs and reproductive cells, and another controls the metabolic rate (metabolism) within all the individual cells of the body. In addition, one powerful endocrine gland in the brain secretes a wide variety of different hormones which travel through the bloodstream and regulate the activities of other endocrine glands.

All the **endocrine** glands, no matter which hormones they produce, secrete their hormones directly into the bloodstream rather than into ducts leading to the exterior of the body. Those glands which send their chemical substances into ducts and out of the body are called **exocrine** glands. Examples of exocrine glands are sweat, mammary, mucous, salivary, and lacrimal (tear) glands.

The ductless, internally secreting **endocrine glands** are the following: thyroid gland, parathyroid glands (4), adrenal glands (1 pair), pancreas, pituitary gland, ovaries in female (1 pair), testes in male (1 pair), pineal gland, thymus (immune) gland.

The last two glands on this list, the pineal and thymus glands, are included as endocrine glands because they are ductless, although little is known about their endocrine function in the human body. The pineal gland, located in the central portion of the brain, is believed to secrete a substance called **melatonin**. Melatonin contributes to the process of skin pigmentation. The pineal is also known to regulate the estrus (reproductive) cycle in lower animals. The thymus gland, located behind the sternum and extending into the neck, is large in childhood but shrinks in size in adults. Its structure, although ductless, resembles a lymph gland (contains lymphatic tissue and antibody-producing lymphocytes), and it is thought that the thymus might play a role in the immune process (antibody-antigen reactions) in the body. Although the exact functions of the thymus are not known, it may also be involved in various disease processes; for example, removal of the thymus gland is found to be helpful in treating a muscular-neurological disorder called myasthenia gravis.

V. DIAGNOSIS

Exercise 1. Read and translate the text paying close attention to the expressions in bold.

DISEASE: SIGNS AND SYMPTOMS

Disease may be **acute**, **chronic**, **malignant**, or **benign**. Of these terms, chronic and acute have to do with the **duration of a disease**, malignant and benign with its **potentiality for causing death**.

An acute disease process usually begins abruptly and is over soon. Acute appendicitis, for example, is characterized by vomiting, and **pain usually localized** in the lower right side. It usually requires **immediate surgical treatment**, the term chronic refers to a process that often begins very gradually and then persists over a long period. For example, ulcerative colitis is a chronic disease. Its **peak incidence** is early in the second decade of life. The disease is characterized by **relapsing attacks** of bloody diarrhea that persist for weeks to months. These attacks **alternate with asymptomatic periods** that can last from weeks to years.

The terms benign and malignant, most often used to describe **tumours**, can be used in a more general sense.

Benign diseases are generally **without complications**, and a **good prognosis** is usual. A wart on the skin is a benign tumour caused by a virus; it produces no illness and usually disappears spontaneously if given enough time (often many years). Malignancy implies a process that, if left alone, will result in **fatal illness**. **Cancer** is the general term for all malignant tumours.

Diseases usually are indicated by signs and symptoms. A sign is defined as an **objective manifestation** of disease that can be determined by a physician; a symptom is **subjective evidence** of disease reported by the patient. Each disease entity has a constellation of signs and symptoms; individual signs such as fever, however, may be found in a great number of diseases.

Fever is an abnormal rise in body temperature. It is most often a sign of infection but can be present whenever there is **tissue destruction**, as, for example, from a severe burn or when large amounts of tissue have died because of lack of blood supply. Fever is a highly significant indicator of disease.

The **pulse rate** is another easily obtainable and important piece of information. The **heart rate** varies with the level of physical activity: the heart beats faster during exercise and more slowly during rest. An inappropriate heart rate (or pulse) may be indicative of disease. The heart rate increases in the feverish patient. A weak, rapid pulse rate may be a sign of **severe blood loss** or of disease within the heart itself. Irregularity of the pulse is an important indicator of **heart malfunction**.

The **respiratory rate (rate of breathing)** is modified by disease. Persons with fever have an increased respiratory rate, which serves to lower body temperature (this rapid breathing is analogous to the panting of a dog).

Temperature, pulse, and respiratory rate — called the **vital signs** — may be important manifestations of disease. The fourth vital sign, **blood pressure**, is equally significant. Among other things, it indicates the amount of blood in **circulation**.

Exercise 2. Study the following case notes. What questions might the doctor have asked to obtain the information they contain?

a) SURNAME James FIRST NAMES Robert
AGE 48 SEX M MARITAL STATUS S
OCCUPATION Builder
PRESENT COMPLAINT frontal headache 4/7 following cold. Worse in a.m. and when bending down. Also being 'off colour' and feverish.
POINTS OF NOTE analgesics, some relief

b) SURNAME Warner FIRST NAMES Mary Elizabeth
AGE 34 SEX F MARITAL STATUS D
OCCUPATION Teacher
PRESENT COMPLAINT episodic headaches many years, lasting 1-2 days every 3-4 months, pain behind eyes, nausea, 'tightness' back of head, depressed pain, interfering work.

c) SURNAME Green FIRST NAMES Peter
AGE 42 SEX M MARITAL STATUS M
OCCUPATION Salesman
PRESENT COMPLAINT severe attack of central chest pain six months ago, lasted 10 minutes, relieved by rest. Recurred several times after exertion. His father died aged 56 of a coronary thrombosis.
POINTS OF NOTE angina

Exercise 3. Work in pairs and try to recreate the consultations. Student A should start.

A: Play the part of the patients. Use the case notes from the Ex. 1 as prompts.
B: Play the part of the doctor. Find out what the patient is complaining of. Do not look at the case notes.

Exercise 4. Read the following case history and find and underline this information about the patient as quickly as you can:

1. previous occupation
2. initial symptoms
3. initial diagnosis
4. condition immediately prior to admission
5. reason for emergency admission
6. duration of increased thirst and nocturia
7. father's cause of death
8. alcohol consumption

CASE HISTORY

Mr. Wildgoose, a retired bus driver, was unwell and in bed with a cough and general malaise when he called in his general practitioner. A lower respiratory tract infection was diagnosed and erythromycin prescribed. Two days later, at a second home visit, he was found to be a little breathless and complaining that he felt worse. He was advised to drink plenty and to continue with his antibiotic. Another 2 days passed and the general practitioner returned to find the patient barely rousable and breathless at rest. Emergency admission to hospital was arranged on the grounds of 'severe chest infection'. On arrival in the ward, he was unable to give any history but it was ascertained from his wife that he had been confused and unable to get up for the previous 24h. He had been incontinent of urine on a few occasions during this time. He had been noted to have increased thirst and nocturia for the previous 2 weeks.

His past history included appendicectomy at age 11 years, cervical spondylosis 10 years ago, and hypertension for which he had been taking a thiazide diuretic for 3 years. His father had died at 62 years of myocardial infarction and his mother had had rheumatoid arthritis. His wife kept generally well but had also had a throat infection the previous week. Mr. Wildgoose drank little alcohol and had stopped smoking 2 years previously.

Exercise 5. Study this extract from a case history:

The patient was a 59-year-old man, *head of a small engineering firm* (1), who *complained of central chest pain* (2) which occurred *on exertion* (3) and was *sometimes accompanied by sweating* (4). He *smoked 40 cigarettes a day* (5). The pain had *first appeared three months previously* (6) and was *becoming increasingly frequent* (7). He had noticed some *weight gain recently* (4 kg) (8) and also complained that his hair had become very dull and lifeless. He felt the cold much more than he used to. He *denied any palpitations* (9) or *ankle oedema* (10).

What questions might a doctor ask a patient to obtain the information in italics in the case history? You may ask more than one question for each piece of information. When you have finished, put your questions in the most natural order for a consultation.

Exercise 6. Work in pairs. Student A should start.

A: Play the part of the patient. Base your replies on the information given in the extract above.
B: Play the part of the doctor. Find out what the patient is complaining of.

Exercise 7. What are the main symptoms for these conditions:

a) a cold;
b) flu;
c) hay fever;

d) a hangover;
e) diarrhoea;
f) asthma;
g) appendicitis;
h) chickenpox;
i) bronchitis;
j) tonsillitis;
k) hepatitism;
m) migrain.

Exercise 8. Provide the following symptoms with the correct diagnosis.

1) I've been sick quite a lot. I can't keep anything down. I feel terrible.
2) I feel weak and dizzy. I've got aches and pains all over my body. I can't stop shivering.
3) I can't swallow, and my glands are swollen.
4) I started having a cold a few days ago, and now I've got a rash with small red spots all over my body.
5) I seem to have some sort of stye or infection in my right eye.
6) I keep getting shooting pains in the back and it's difficult to move.
7) I keep getting short of breath.

Exercise 9. This is a section on symptoms, possible diagnosis and remedies. These six exchanges between doctor and patient have been mixed up. Decide which response should follow which question.

I've been suffering from insomnia lately. Do you think I might be heading for a nervous breakdown?	Possible. Try this lotion for a few days to stop the itching, then start putting on this powder at night.
I seem to have some sort of stye or infection in my right eye. Do you think I might have conjunctivitis?	Unlikely, but I'll let you have some cough mixture to relieve the symptoms. You can get yourself some lozenges, if you like.
I can't stop scratching this place on my foot. Do you think it's athlete's foot?	I would doubt it. Here, rub this cream in the next few nights to help reduce the swelling.
I've got a rather sore throat, and I keep feeling a bit flushed. Do you think it could be flu?	No, of course not. But I'll prescribe some barbiturates - sleeping pills - to help you get a good night's rest.
I've got a big bump on the back of my head. Do you think it might be more than a bruise?	I wouldn't have thought so. But I'll give you a prescription for some drops to try and clear it up.
I keep getting shooting pains down my shin and ankle. Is it possible that I've broken or sprained something?	Well, the X-ray didn't show anything. If it's so painful, you'd better have some crutches to walk

	with and some painkillers to ease the pain.

Exercise 10. Rearrange these six paragraphs in the same way.

I've got a dull ache in my arm and occasionally I get a spasm. Could it be a minor fracture, a chipped bone or something?	Mm, sounds a bit like it. I'll make you out a prescription for some penicillin, and some menthol inhalations might speed up the recovery.
I've got these tiny little bumps all over the back of my neck. Do you think it might be gland trouble?	It's just possible. I'll strap it up anyway and put it in a sling. That should reduce your discomfort quite a lot.
I've come out in a rash on my chest. Do you think it could be a skin disease like impetigo or dermatitis?	Oh, I shouldn't think so, but I think you ought to start taking these tranquillizers, to at least get your blood pressure down.
I keep getting short of breath. Is there any way I could be suffering from asthma?	Oh, no, no, no. You'd know if it was. I'll give you some ointment to rub in to get rid of the inflammation.
I think I've got an ulcer in my mouth. Do you think it could be a sign that I'm run down?	Probably not. I'll put you on a course of tablets to prevent them from spreading. They should go soon.
I feel so feverish, and I'm sure I've got a temperature. I'm so afraid that there's something wrong with my heart.	It might well be. I'll put you on antibiotics for a while anyway, to lessen the risk of serious infection.

Exercise 11*. Match each of the medical terms for common symptoms in the first column with a term which a patient would easily understand or might use, from the second column:

1. paraesthesia
2. productive cough
3. anaesthesia
4. retrosternal chest pain
5. orthopnea
6. stress incontinence
7. dysmenorrhoea
8. dyspepsia
9. oedema

a) swelling, puffiness
b) indigestion
c) coughing up phlegm or spit
d) trouble holding your water
e) cramp in the leg muscles which comes and goes
f) numbness
g) sleeplessness
h) out of breath, out of puff, breathlessness
i) painful periods

10. intermittent claudication
11. insomnia
12. dyspnoea

j) pain behind the breast bone
k) pins and needles
l) shortness of breath when you lie down

Exercise 12. Retell the dialogue from the third person:

Doctor: Good morning, Mr. Hall. What's brought you along today?
Patient: 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 three months ago.
D: I see. And which part of your head is affected?
P: Well, it's right across the front here.
D: Can you describe the pain?
P: It's a sort of dull and throbbing kind of pain.
D: 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: Is there anything that makes them better?
P: If I lie down for a while, they seem to go away.
D: Has there been anything else apart from these headaches?
P: My wife says that I seem to be getting a bit deaf.
D: Oh? Well, Mr. Hall, I think at this stage I'll start by checking your ears to see if there's any wax…

Exercise 13. Act out the dialogues.

A

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: Mm, 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, 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.

B

D: Hello, Mr. Nicol, I haven't seen you for a long time. What seems to be the problem?
P: I've been having these headaches, doctor.
D: Which part of your head?
P: Mostly along here, along the 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 nigh I just can't get to sleep.
D: So they're bad enough to keep you awake?
P: Yes.
D: And how do you feel in 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.

C

General practitioner: Hello, Jim. I wonder if you could see a patient for me?
Consultant: Certainly, John. What's the story?
GP: Well, it's a Mr Alan Jameson, a 53-year-old carpenter. He's been an infrequent attender in the past but he came to see me this morning complaining of pain in his right leg and in his back.
Consultant: And when did this start?
GP: Well, it came on about six weeks ago and it's become gradually more severe over the past couple of weeks.
Consultant: Was the pain localized?
GP: No, poorly. At first he thought he'd just pulled a muscle. But it's got so bad that he hasn't been able to do his work properly. It's also been getting to the stage where the pain is waking him up at night, it's been so severe, and he's also noticed some

tingling in his right foot. He's having difficulty in carrying on with his work. He's also lost three kilos and has become quite depressed.
Consultant: Has he had anything similar in the past?
GP: No, not exactly, but he has suffered from intermittent pain in back. Paracetamol gave some relief but didn't solve the problem completely.
Consultant: Apart from that, any other problems with health in the past?
GP: No, perfectly OK.
Consultant: Did you find anything else on examination?
GP: Yes, as well as the pain he has numbness in his toes on the right foot.

D

D: Come in, Mr Green. Come and sit down here. I've had a letter from your doctor and she 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.
D: And where, in which part of your chest did you feel the pain?
P: Well, right across my chest.
D: And how long did it last?
P: Ooh, 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.
D: Well, I think at this stage I'd like to examine you, your chest. So if you could strip to your waist.
P: Right. There we go.
D: That's 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: Oh, I'm pleased to hear it.
D: Now I'm going to listen to your heart, so I want you to breathe normally… Mm, 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 much like the pain of what we call angina, and this, well, this occurs when not enough oxygen is getting to the heart. Now I'd like to check a few tests, and, following that I'll be able to advise some treatment for you…

VI. ALTERNATIVE MEDICINE

TEXT 1. SCIENTIFIC MEDICINE AND NATURAL HEALING

Some 50 or 60 years ago there was general belief that "scientific medicine" would in short order obliterate just about all disease. Optimism continued to mount as new antibiotic and tranquilizers were discovered, new surgical procedures devised and perfected. For a while it seemed that if we could live just a few more years, new discoveries might make us immune to death itself.

It was not just an innocent burst of enthusiasm. Real harm was done. Drugs, we all learned, sometimes have side-effects. Needless X-rays were thought to promote cancer. Even when done correctly, the medical approach to disease is incomplete. Wonderful, yes. But not quite the whole answer.

What is ignores is the dimension of natural healing: strengthening the body's immune system through nutritional and other natural means; physical therapies; stress reduction; diet improvement. And even when extensive medical treatment is required, the battle against disease cannot be won by medicine alone.

Some people reacting against what they see as overdoctoring have rejected the technological approach almost completely. They have returned, in effect, to the 19th century, relying on herbs, untested diets and unscientific procedures.

But there is no need to reject all of modern medicine because of its occasional excesses. Today, we are in the unique position of being able to take advantage of the best technological medical care and the best natural healing techniques.

By using both approaches, as dictated by good sense, we can enjoy the best of two worlds.

Exercise 1. Find statements in the text you agree and disagree with and say why.

Exercise 2. Speak for or against:
a) scientific medicine;
b) natural healing.

Exercise 3. What do you know about the alternative approaches to medicine: herbalism, homeopathy, ostoepathy, faith healing, acupuncture, dietetics?

TEXT 2. MUSIC THERAPY

Music therapy is an interpersonal process in which the therapist uses music and all of its facets – physical, emotional, mental, social, aesthetic, and spiritual – to help clients to improve or maintain their health.

In some instances, the client's needs are addressed directly through music; in others they are addressed through the relationships that develop between the client and therapist.

It is also used to: improve learning, build self-esteem, reduce stress, support physical exercise, and facilitate a host of other health-related activities.

Music therapy is used with individuals of all ages and with a variety of conditions, including:

- psychiatric disorders;
- medical problems;
- physical handicaps;
- sensory impairments;
- developmental disabilities;
- substance abuse;
- communication disorders;
- interpersonal problems;
- aging.

Music therapy interventions can be designed to:

- promote wellness;
- manage stress;
- alleviate pain;
- express feelings;
- enhance memory;
- improve communication;
- promote physical rehabilitation.

Research has shown that music has a profound effect on your body and psyche. In fact, there's a growing field of health care known as Music Therapy, which uses music to heal. Those who practice music therapy are finding a benefit in using music to help cancer patients, children with ADD, and others, and even hospitals are beginning to use music and music therapy to help with pain management, to help ward off depression, to promote movement, to calm patients, to ease muscle tension, and for many other benefits that music and music therapy can bring. This is not surprising, as music affects the body and mind in many powerful ways. The following are some of effects of music, which help to explain the effectiveness of music therapy:

- *Brain Waves*. Research has shown that music with a strong beat can stimulate brainwaves to resonate in sync with the beat, with faster beats bringing sharper concentration and more alert thinking, and a slower tempo promoting a calm, meditative state.
- *Breathing and Heart Rate.* With alterations in brainwaves comes changes in other bodily functions. Those governed by the autonomic nervous system, such as breathing and heart rate can also be altered by the changes music can bring. This can mean slower breathing, slower heart rate, and an activation of the relaxation response, among other things. This is why music and music therapy can help counteract or prevent the damaging effects of chronic stress, greatly promoting not only relaxation, but health.
- *State of Mind.* Music can also be used to bring a more positive state of mind, helping to keep depression and anxiety at bay. This can help prevent the stress response from wreaking havoc on the body, and can help keep creativity and optimism levels higher, bringing many other benefits.

- *Other Benefits.* Music has also been found to bring many other benefits, such as lowering blood pressure (which can also reduce the risk of stroke and other health problems over time), boost immunity, ease muscle tension, and more.

With so many benefits and such profound physical effects, it's no surprise that so many are seeing music as an important tool to help the body in staying (or becoming) healthy.

Anxious, Depressed and Pregnant? Try Music Therapy.

Many women who are Mothers can describe the highs and lows associated with that magical, but challenging time. While some Mothers accept their baby blues as a time that will pass, other Mothers need treatments for coping. Rather than just predominately popping pills, which can be a dubious act while with child, you may want to try music therapy. While music therapy has been associated with the mitigation of stress, chronic pain, mood change and even back pain, Professor Chung-Hey Chen, among others, of the National Cheng Kung University of China who conducted the study, have found that "the music group [of pregnant women] showed significant reductions in stress, anxiety and depression after just two weeks, using three established measurement scales." These scales showed drops in stress (an average of 2.15), anxiety (2.13) and depression (an average of 1.84) using lullabies and classical, Chinese and natural sounds music for at least 30 minutes a day for two weeks. Chen adds, "The value of music therapy is slowly being realized by nurses in a number of clinical settings, and we hope that our findings will encourage healthcare professionals to consider it when treating pregnant women." So even if you aren't pregnant, you may want to make time for that favorite CD; after all, it is very likely that it is adding to your good health."

Exercise 1. Find the equivalents to the following words and expressions in the text:

Зниження рівня стресу, тривожність, шкала виміру, колискові пісні, надихнути, міжособистісні проблеми, проблеми в спілкуванні, фізичний розлад, поліпшувати здоров'я, поліпшувати пам'ять, фізична реабілітація.

Exercise 2. Prepare a presentation of some alternative method of treating diseases.

VII. PLAGUE OF THE 21ST CENTURY

TEXT 1. AIDS

Acquired Immunodeficiency Syndrome (AIDS), human viral disease that ravages the immune system, undermining the body's ability to defend itself from infection and disease. Caused by the human immunodeficiency virus (HIV), AIDS leaves an infected person vulnerable to opportunistic infections. Such infections are harmless in healthy people, but in those whose immune systems have been greatly weakened, they can prove fatal. Although there is no cure for AIDS, new drugs are available that can prolong the life spans and improve the quality of life of infected people.

Infection with HIV does not necessarily mean that a person has AIDS. Some people who have HIV infection may not develop any of the clinical illnesses that define the full-blown disease of AIDS for ten years or more. Physicians prefer to use the term AIDS for cases where a person has reached the final, life-threatening stage of HIV infection.

AIDS was first identified in 1981 among homosexual men and intravenous drug users in New York and California. Shortly after its detection in the United States, evidence of AIDS epidemics grew among heterosexual men, women, and children in sub-Saharan Africa. AIDS quickly developed into a worldwide epidemic, affecting virtually every nation. By 2000 an estimated 34.7 million adults and 1.4 million children worldwide were living with HIV infection or AIDS. The World Health Organization (WHO), a specialized agency of the United Nations (UN), estimates that from 1981 to the end of 2000 about 21.8 million people died as a result of AIDS. More than 4.3 million of those who died were children under the age of 15.

AIDS is the final stage of a chronic infection with the human immunodeficiency virus. There are two types of this virus: HIV-1, which is the primary cause of AIDS worldwide, and HIV-2, found mostly in West Africa. On its surface, HIV carries a protein structure that recognizes and binds only with a specific structure found on the outer surface of certain cells. HIV attacks any cell that has this binding structure. However, white blood cells of the immune system known as T cells, which orchestrate a wide variety of disease-fighting mechanisms, are especially vulnerable to HIV attack. Particularly vulnerable are certain T cells known as CD4 cells. When HIV infects a CD4 cell, it commandeers the genetic tools within the cell to manufacture new HIV virus. The newly formed HIV virus then leaves the cell, destroying the CD4 cell in the process. No existing medical treatment can completely eradicate HIV from the body once it has integrated into human cells.

The loss of CD4 cells endangers health because these immune cells help other types of immune cells respond to invading organisms. The average healthy person has over 1,000 CD4 cells per microlitre of blood. In a person infected with HIV, the virus steadily destroys CD4 cells over a period of years, diminishing the cells' protective ability and weakening the immune system. When the density of CD4 cells drops to 200 cells per microlitre of blood, the infected person becomes vulnerable to

any of about 26 opportunistic infections and rare cancers, which take advantage of the weakened immune defenses to cause disease.

Scientists have identified three ways that HIV infections spread: sexual intercourse with an infected person, contact with contaminated blood, and transmission from an infected mother to her child before or during birth or through breastfeeding.

The routes of HIV transmission are well documented by scientists, but health officials continually grapple with the public's unfounded fears concerning the potential for HIV transmission by other means. HIV differs from other infectious viruses in that it dies quickly if exposed to the environment. No evidence has linked HIV transmission to casual contact with an infected person, such as a handshake, hugging, or kissing, or even sharing dishes or bathroom facilities. Studies have been unable to identify HIV transmission from modes common to other infectious diseases, such as an insect bite or inhaling virus-infected droplets from an infected person's sneeze or cough.

With a vaccine for AIDS years away and no cure on the horizon, experts believe that the most effective treatment for AIDS is to prevent the occurrence of HIV infection. Health officials focus public education programs on altering risky behaviors linked to HIV transmission, particularly unsafe sexual practices and needle-sharing by intravenous drug users. Safe-sex campaigns sponsored by health clinics, social centers, schools, and churches encourage sexual abstinence or monogamy (sexual relations with only one partner). Education programs instruct about the proper way to use condoms to provide a protective barrier against transmission of HIV during sexual intercourse. Needle-exchange programs, which provide clean needles to drug users, enable intravenous drug abusers to avoid sharing HIV-contaminated needles. Needle-exchange programs have been widely criticized because they seem to condone illicit drug use.

Exercise 1. Answer the questions below:

How much do you know about HIV?

1.HIV infection can be passed on by which of the following means:

a. heterosexual sexual intercourse;
b. homosexual sexual intercourse;
c. kissing;
d. using infected injection equipment.

2. Mark the following true (T) or false (F):

a. AIDS and HIV are the same thing.
b. An HIV test will show immediately if someone is infected with HIV.
c. Current treatment can eliminate the HIV infection in some people.

Find out the correct answers from your teacher.

Note: Although you may still hear the term AIDS (Acquired Immune Deficiency Syndrome) it is no longer used widely by doctors. They prefer to talk of 'late stage' or 'advanced HIV infection'. Before effective treatments, someone with HIV almost certainty developed AIDS. This is no longer the case.

Exercise 2. Answer these questions with a partner. Then read the information below to find the answers:

1. Which area of the world is most affected by HIV?
2. Is there a cure for HIV?
3. Are more men or more women affected by HIV?
4. Which age group is most affected by HIV?

1. HIV in the world

There were 33.4 million people infected with HIV around the world in 1999: 22.5 million in sub-Saharan Africa, 6.7 million in South and South-east Asia, 1.4 million in Latin America and 0.2 million in the USA. There are about 9,000 new infections each day – 90% of these in developing countries. More than l4 million people have already died of the disease, including 2.5 million in 1998.

2. Treatment

Although there is no actual cure, drugs are now available which suppress the progress of HIV infection and many sufferers can live relatively long and healthy lives. For most people with HIV, however, recent advances in treatment will have little impact. The high cost of developing and producing new drugs and the lack of available money for healthcare in many countries make it unlikely that new treatments will ever be widely available in the developing world.

3. Who is most affected?

Throughout the world, roughly equal numbers of men and women are infected. But HIV mostly affects young adults and people in early middle age. These are the people who raise the children, support the elderly and build a country's economy. The loss of such people has had and will continue to have a serious effect on the economies of some countries particularly in some areas of Africa.

4. Stopping the epidemic

We could slow down the worldwide HIV epidemic if everyone had good information about preventing infection, along with support from society to help them act on this information. Furthermore, each new generation of gay men needs to be made aware of the risks of HIV.

5. Obstacles

Sometimes, for religious, cultural or economic reasons it can be difficult for people to use condoms and protect themselves and their partners. A woman who is economically dependent on a man may find it impossible to ask for safer sex. Women are most commonly infected through unprotected sex with their husbands or long term partners. Some governments do not accept that HIV is a problem for them at all. A few national leaders even deny that some behaviour happens, such as sex between men or drug injecting. This can make it particularly difficult for people in those countries to be aware of and avoid the risks. We must continue to fight prejudice and increase understanding. Together we can make a difference.

Adapted from 'Understanding HIV infection and AIDS',
Terrence Higgins Trust

Exercise 2.1. Read the text again more carefully and answer these questions:

l. Why do most people not receive new treatments for HIV?
2. How does the spread of HIV affect a country's economy?
3. What would help to slow down the spread of HIV infection?
4. What factors can be unhelpful in preventing the spread of HIV?

Discuss the following questions in pairs or small groups:

5. What is done in your country to help prevent the spread of HIV?
6. Do you think more could be done? If so, what?
7. What is the attitude of most people towards HIV sufferers?
8. How could the large drug companies do more to help?

Exercise 2.2. Read through the text again and find the verbs which go with the following nouns and noun phrases. The first one has been done for you.

1. make little impact (paragraph 2)
2. _____ new drugs (2)
3. _____ new drugs (2)
4. _____ a serious effect on (3)
5. _____ infection (4)
6. _____ aware of the risks (4)
7. _____ the risks (5)
8. _____ prejudice (5)
9. _____ understanding(5)
10. _____ a difference(5)

Now match the adverbs on the left with the adjectives on the right:

11. widely	a. dependent on
12. roughly	b. difficult
13. economically	c. equal numbers
14. most commonly	d. available
15. particularly	e. infected

Exercise 2.3. Complete the summary below with the correct form of words from the previous exercise:

Although research scientists have (1) . . . . and (2) . . . . many new drugs to fight the HIV infection, at the moment these treatments are only widely (3) . . . . in developed countries. In developing countries efforts to (4) . . . . infection rest on (5) . . . . understanding of the disease and encouraging people to (6) . . . . the risks of unprotected sex. The number of deaths among young people has, in some countries (7) . . . . a serious effect on the national economy. It is vital therefore to continue to (8) . . . . prejudice and continue to (9) . . . . people aware of the risks of HIV infection.

Exercise 3. Discuss these questions in pairs:

l. Do you know anyone with HIV?
2. If a friend of yours or a member of your family was infected with HIV, would you treat them differently from the way you do now?

How far do you agree or disagree with the following?

1. HIV started because of homosexuality.
2. Too much money is spent on research into HIV. Cancer research is more important.
3. Developed countries only care about their own HIV infected population. They are doing nothing to help the developing world.
4. lt is irresponsible of the Roman Catholic church to say that people should not use condoms.

VIII. COPING STRESS

TEXT 1. STRESS

Stress (psychology), an unpleasant state of emotional and physiological arousal that people experience in situations that they perceive as dangerous or threatening to their well-being. The word stress means different things to different people. Some people define stress as events or situations that cause them to feel tension, pressure, or negative emotions such as anxiety and anger. Others view stress as the response to these situations. This response includes physiological changes—such as increased heart rate and muscle tension—as well as emotional and behavioral changes. However, most psychologists regard stress as a process involving a person's interpretation and response to a threatening event.

Stress is a common experience. We may feel stress when we are very busy, have important deadlines to meet, or have too little time to finish all of our tasks. Often people experience stress because of problems at work or in social relationships, such as a poor evaluation by a supervisor or an argument with a friend. Some people may be particularly vulnerable to stress in situations involving the threat of failure or personal humiliation. Others have extreme fears of objects or things associated with physical threats—such as snakes, illness, storms, or flying in an airplane—and become stressed when they encounter or think about these perceived threats. Major life events, such as the death of a loved one, can cause severe stress.

Stress can have both positive and negative effects. Stress is a normal, adaptive reaction to threat. It signals danger and prepares us to take defensive action. Fear of things that pose realistic threats motivates us to deal with them or avoid them. Stress also motivates us to achieve and fuels creativity. Although stress may hinder performance on difficult tasks, moderate stress seems to improve motivation and performance on less complex tasks. In personal relationships, stress often leads to less cooperation and more aggression.

If not managed appropriately, stress can lead to serious problems. Exposure to chronic stress can contribute to both physical illnesses, such as heart disease, and mental illnesses, such as anxiety disorders. The field of health psychology focuses in part on how stress affects bodily functioning and on how people can use stress management techniques to prevent or minimize disease.

The circumstances that cause stress are called stressors. Stressors vary in severity and duration. For example, the responsibility of caring for a sick parent may be an ongoing source of major stress, whereas getting stuck in a traffic jam may cause mild, short-term stress. Some events, such as the death of a loved one, are stressful for everyone. But in other situations, individuals may respond differently to the same event—what is a stressor for one person may not be stressful for another. For example, a student who is unprepared for a chemistry test and anticipates a bad grade may feel stress, whereas a classmate who studies in advance may feel confident of a good grade. For an event or situation to be a stressor for a particular individual, the person must appraise the situation as threatening and lack the coping resources to deal with it effectively.

Stressors can be classified into three general categories: catastrophic events, major life changes, and daily hassles. In addition, simply thinking about unpleasant past events or anticipating unpleasant future events can cause stress for many people.

A person who is stressed typically has anxious thoughts and difficulty concentrating or remembering. Stress can also change outward behaviors. Teeth clenching, hand wringing, pacing, nail biting, and heavy breathing are common signs of stress. People also feel physically different when they are stressed. Butterflies in the stomach, cold hands and feet, dry mouth, and increased heart rate are all physiological effects of stress that we associate with the emotion of anxiety.

Coping with stress means using thoughts and actions to deal with stressful situations and lower our stress levels. Many people have a characteristic way of coping with stress based on their personality. People who cope well with stress tend to believe they can personally influence what happens to them. They usually make more positive statements about themselves, resist frustration, remain optimistic, and persevere even under extremely adverse circumstances. Most importantly, they choose the appropriate strategies to cope with the stressors they confront. Conversely, people who cope poorly with stress tend to have somewhat opposite personality characteristics, such as lower self-esteem and a pessimistic outlook on life.

Psychologists distinguish two broad types of coping strategies: problem-focused coping and emotion-focused coping. The goal of both strategies is to control one's stress level. In problem-focused coping, people try to short-circuit negative emotions by taking some action to modify, avoid, or minimize the threatening situation. They change their behavior to deal with the stressful situation. In emotion-focused coping, people try to directly moderate or eliminate unpleasant emotions. Examples of emotion-focused coping include rethinking the situation in a positive way, relaxation, denial, and wishful thinking.

To understand these strategies, consider the example of a premed student in college who faces three difficult final examinations in a single week. She knows she must get top grades in order to have a chance at acceptance to medical school. This situation is a potential source of stress. To cope, she could organize a study group and master the course materials systematically (problem-focused coping). Or she could decide that she needs to relax and collect herself for an hour or so (emotion-focused coping) before proceeding with an action plan (problem-focused coping). She might also decide to watch television for hours on end to prevent having to think about or study for her exams (emotion-focused coping).

In general, problem-focused coping is the most effective coping strategy when people have realistic opportunities to change aspects of their situation and reduce stress. Emotion-focused coping is most useful as a short-term strategy. It can help reduce one's arousal level before engaging in problem-solving and taking action, and it can help people deal with stressful situations in which there are few problem-focused coping options.

Support from friends, family members, and others who care for us goes a long way in helping us to get by in times of trouble. Social support systems provide us with emotional sustenance, tangible resources and aid, and information when we are

in need. Peop онle with social support feel cared about and valued by others and feel a sense of belonging to a larger social network.

A large body of research has linked social support to good health and a superior ability to cope with stress. For example, one long-term study of several thousand California residents found that people with extensive social ties lived longer than those with few close social contacts. Another study found that heart-attack victims who lived alone were nearly twice as likely to have another heart attack as those who lived with someone. Even the perception of social support can help people cope with stress. Studies have found that people's appraisal of the availability of social support is more closely related to how well they deal with stressors than the actual amount of support they receive or the size of their social network.

Research also suggests that the companionship of animals can help lower stress. For example, one study found that in times of stress, people with pet dogs made fewer visits to the doctor than those without pets.

Exercise 1. Read this information and discuss the questions below with a partner:

A recent medical survey in Britain revealed that 25% of the population saw no hope for the future and one in ten felt that life was not worth living. Many teenagers were excessively worried about their weight and general appearance. Approximately 25% claimed they suffer from anxiety over their studies.

1. Are you surprised by these statistics?
2. Are you basically happy with your life?
3. When is the happiest you have ever been?
4. What is happiness?

Exercise 2. Read through the article and answer this question - What exactly is this man's problem?

When I was married I thought I was miserable because of my wife. So, we got divorced, and then I thought things would change. But I was still depressed somehow. Friends used to invite me out, and though I had nothing else going on, I'd tell them that I was busy or that I had other plans, but I'd just stay at home and watch TV or vegetate.

So, then I blamed it on my job. I used to fantasize about just leaving the place. I started taking days off sick. My performance went downhill. But I couldn't quit. I was scared. I would wake up in the middle of the night, just lying there - thinking. Then a job opportunity came up at a different company, and for a few months I actually thought I was getting better. But then it came back- with a vengeance.

I started crying - literally crying - for no reason at all, some times in the middle of the day. I started calling myself names like 'stupid' and 'incompetent'. I shut my friends out and I became generally useless.

Sometimes I would go out to do a bit of shopping and I would see happy couples walking around - some of them with children - and then I would feel even worse. And so I thought, "That's it! I'm lonely. I need a girlfriend." And so I got on

the internet to try and meet people. And I did. And for a few weeks I actually thought I was getting better. But it got worse.

I started thinking about old age and death. And pretty soon the things that used to make me happy, things like nice weather and a call from a friend, started to seem more like irritations. Life began feeling pretty pointless. I think I was on the verge of giving up on it all when I met Judy. The advice Judy gave me changed my life for the better, and probably forever. I can't believe the difference it has made.

Exercise 2.1. Read the article again and discuss these questions with a partner:

1. What seemed to be the man's problem?
2. What aspects of the man's life did this problem affect?
3. Have you or anyone you know ever felt like him?
4. Who is Judy and what do you think she said to him?
5. What advice would you have given him?

Exercise 3. Complete the sentences below with these words:

usual *take* *under* *hard*
low *top* *down* *weather*

l. Things are just getting me . . . ..
2. He's not his . . . . self at all.
3. I'm feeling a bit under the . . . ..
4. I'm feeling a bit . . . . at the moment.
5. Things are getting on . . . . of me.
6. I'm finding life . . . . at the moment.
7. I'm . . . . a lot of pressure.
8. I'm not sure I can . . . . much more.

Which sentence above is usually used to talk about physical rather than emotional or psychological health?

Do any of these sentences apply to you or anyone you know at the moment?

Exercise 4. Some mental conditions are controversial, with some experts saying the problem is all in the mind. Match the conditions with the description of each one. Are the following conditions real?

Chronic Fatigue Syndrome	getting angry and possibly violent because of the stress of modern driving conditions
Seasonal Affective Disorder	a sudden crisis of confidence suffered by men around the age of 45
Post-traumatic stress disorder	permanent tiredness caused by stress
Road rage	persistent emotional problems after being involved in a traumatic incident
Mid-life crisis	depression caused by long, dark winters

Exercise 5. Read these ten tips on how to be happy. Which do you think are genuinely helpful?

HAPPY HABITS

Ten proven ways to increase your happiness

Most people are unhappy because they choose to be. All they have to do is change their minds and learn some new habits and their lives will change forever. Here are ten habits of happy people. Try them and experience the results for yourself.

- ✓ Act happy – even if you don't feel it. A smiling face will get more smiles from others.
- ✓ Enjoy the moment. Happiness is not produced by great things happening, but by recognizing all the little positive things that happen every day.
- ✓ Take control of your time. Happy people feel in control of their lives. Set yourself realistic goals for the day.
- ✓ Take regular exercise. Get your body producing those depression-busting chemicals.
- ✓ Get rest. We all need time on our own and enough sleep – make time to re-charge your batteries.
- ✓ Sing. People who sing are happier. It's the people who have to listen to them who are unhappy. Be a singer.
- ✓ Get a pet. Stroking a cat or patting a dog has therapeutic effects, calming anxiety.
- ✓ Feed your soul. Studies show that actively religious people are happier. They cope better with crises and are part of a supportive, accepting community.
- ✓ Prioritize close relationships. Spending time in open communication with loved ones stops isolation and independence.
- ✓ Get out of town. Spend a few hours a week in the countryside. Smell the fresh air, touch the flowers and hug a tree.

Exercise 5.1. Discuss with a partner or as a class:
1. Is this serious advice or just light-hearted?
2. Do you agree that to be happy you just need to 'change your mind'?
3. Could the tips above help someone who is seriously depressed? Are any unhelpful?
4. Have you ever had to help a friend who was depressed?

IX. DRUG ABUSE PROBLEM

TEXT 1. DRUGS

When we speak about drugs, we normally mean the soft drugs marijuana and hash(ish) and hard drugs like heroin, cocaine or crack. But there are many more drags available, like opium, LSD, etc. Some are even used medically, for example morphine or barbiturates: only the continued abuse of such medical drugs is really dangerous.

Not only hard drugs but also soft drugs have harmful consequences for people's health. They are habit-forming and alter patterns of mood, thought and behavior. No matter whether the drugs are taken as a pills, smoked, snorted or injected intra venously, they will sooner or late lead to physical, psychological and mental dependence and consequently to addiction. Drugs cannot be taken in a moderate and controlled way over a long period because no drug is non-addictive. Once stronger doses of soft drugs are needed, the use of hard drugs often becomes inevitable.

There is an alarming tendency among more and more - mainly young - people to:

1) become addicted to drugs;
2) start by using hard drugs (bypassing marijuana and hash);
3) start taking drugs very early (some even at the age of 10 or 12);
4) die of a drug overdose before reaching the age of 30;
5) have easy access to drugs which are supplied in large quantities;
6) take drugs even if they live in small towns or in the country and not in big cities where this is more common;
7) mix "cocktails" to make the intoxicating or narcotic effect stronger and to intensify the euphoric feelings induced by drugs;
8) switch to cheaper but even more dangerous synthetic drugs, which are also more addictive;
9) commit drug related crimes to get money to support their habit.

Exercise 1. Discuss the following:

- Drugs addicts tend to die before reaching the age of 30. How can the society help combat drug abuse?
- What do you think of more research into the psychological and social reasons for drug abuse so that the roots of the problem can be tackled?

Exercise 2. Make a list of all the illegal drugs that you know.

- ✓ Which of those are soft drugs and which are hard drugs?
- ✓ Which of the drugs in your list are dangerous? How dangerous are they?
- ✓ Do you know different names for the same drug?

Exercise 3. Do you know what the following mean?

roll a joint	*get high*	*smoke dope*	*snort cocaine*
become addicted	*overdose*	*come off drugs*	*an addict*

Exercise 4. Discuss the following:

- ✓ What is the law in your country regarding drugs – both possession of drugs and drug dealing?
- ✓ Are there any drugs in your list that you think should be made legal? Which ones and why?

Exercise 5. As you read through the article think of the answer to this question: If you were on the panel, would you have come to the same conclusion?

GRASS IS GOOD FOR YOU

A panel of doctors, economists, parents and police officers in the United States has decided that drugs should be made legal. Their conclusions took into account factors of crime, medicine and even prison space.

"We have a prison population of over l0 million in this country. Many of those are in jail for drug-related crime, such as the sale or possession of illegal substances", said an officer of the Chicago Police Force. Because of new, tough laws, currently 3 out of 5 people in prison are there because of drug-related crimes, which means little space is left for violent criminals, the ones the public would really like to see locked away.

But there were more reasons raised for legalizing drugs. "There are cancer patients out there who are wandering around dark streets at night trying to buy marijuana for pain relief," said one of the doctors on the panel. "They should be able to get what they need without entering the criminal underworld."

The effectiveness of marijuana on patients going through chemotherapy has long been known by the medical profession, but political conservatives still raise opposition. One senator spoke out against the panel's conclusions. "I can sympathize with the patients, but the fact is, marijuana is addictive and harmful and we don't want that kind of thing in our communities," he said.

But the panel disagreed. They argued that, although marijuana was admittedly a potentially addictive substance, research has proved that legal substances such as nicotine and alcohol are far more addictive and harmful. "Marijuana actually does some good. The same cannot be said of cigarettes and alcohol."

On other substances, the panel agreed that drugs such as heroin and cocaine did not serve the community in the same way marijuana could, but argued that keeping those substances illegal meant money for criminals. "We don't have people shooting each other over tequila or controlling prostitutes with Marlboros," said a teacher on the panel. "Keeping drugs illegal allows people to do illegal things."

The panel will shortly be presenting its findings to the government.

Exercise 5.1. What were some of the reasons for legalizing drugs mentioned in the article? Tick those which were mentioned in the article:

1. Drugs can help people who are ill.
2. Drugs keep criminals in business.
3. Making drugs legal means that they can be taxed, and that means revenue for the government.
4. Drug-trafficking is not as serious as violent crime, according to many people.
5. Legalizing drugs could make the job of law enforcement officers much easier.
6. Alcohol and cigarettes are more addictive and more harmful and are already legal.

How many of those six points do you agree with?

Exercise 6. Use the following words to complete the sentences below:

illegal *addictive* *immediate* *beneficial*
long-term *damaging* *legal* *designer*

1. Cigarette smoking is more . . . . to your health than smoking marijuana or cannabis.
2. Nicotine is more . . . . than marijuana.
3. Marijuana can have very . . . . effects on cancer patients, helping them through chemotherapy.
4. The . . . . effects of smoking dope are well-known – feeling extremely carefree and related. The . . . . effects are less clear.
5. How can it be . . . . for a l6-year-old to buy and smoke cigarettes when at the same time it is . . . . for a 21-year-old to buy and smoke marijuana? It's crazy!
6. One of the biggest dangers today is the so-called . . . . drugs which young people use at discos and parties.

Exercise 7. Do you agree with the following opinions? Discuss them in small groups:

1. Getting high on a joint is less dangerous than getting drunk.
2. People who smoke dope change their personality over time. They become irresponsible, unreliable and ruin their lives.
3. The drug laws in our country are already too relaxed. They should be far stricter. Fine people for a first offence and then send them to prison if they re-offend. It's the only way.
4. Experimenting with drugs is OK. You just need to know when to stop.
5. Soft drugs lead to hard drugs. Just don't even think of starting!
6. More people die from alcohol-related problems or accidents than drug related problems. Statistically, drugs are safer than alcohol.
7. All recreational drugs should be made legal for adults. That would immediately stop related crime.
8. Some countries in the Far East have the right idea – execute all drug dealers. That would soon stop the drugs trade.

Exercise 8. Discuss the following:

- ✓ Have you ever tried drugs? Do you know anyone who has? Which ones?
- ✓ Do you know where to get drugs in your town?
- ✓ What problems have you seen in your community caused by drugs?
- ✓ What would be the effect of legalizing drugs? Take two minutes to think of three implications. Then tell your group what you have thought of.

X. MEDICAL SCIENCE

TEXT 1. GENETIC ENGINEERING

Every living creature contains more than 100, 000 genes, which are the units in chromosomes controlling heredity. The genes are made of DNA, the hereditary material (the "building bricks"), which contains the genetic code of a living being; it is by this material that its cellular structure is defined.

Many people have inherited diseases because of a defect in just one of their genes. In Britain, for example, about one in 500 people suffers from a hereditary form of heart disease. Some of their children can be helped by gene replacement therapy, by gene transplants before birth (defective genes are replaced by sound ones). Human gene transplants may soon be a common practice in laboratories.

Genetic engineering is a new science. It poses incalculable risks and many moral and ethical questions (for example, the artificial creation and cloning of human beings). On the other hand, it can be beneficial to modern medicine: certain diseases which cause misery, pain and distress to both children and parents can be eradicated in this way.

EXAMPLES OF APPLIED GENETIC ENGINEERING:

1. Genetically engineered sheep produce human proteins used to combat blood diseases, for example haemophilia B. The researchers inject human genes, which code the factor-VIII protein, into the fertilized eggs of sheep so that the protein will finally emerge in the animals' milk, from which it must be isolated.
2. Scientists have found a way of correcting a hereditary defect which causes a severe form of heart disease (people who inherit this disease suffer from high cholesterol levels). They have inserted a gene that controls body cholesterol levels into liver cells, using a specially created virus. So far this technique has worked in rabbit cells.

GENETICISTS' ARGUMENTS IN FAVOUR OF GENETIC ENGINEERING:

1. By producing hybrids of plants (for example hybrid wheat) or animals (half sheep, half goat) they can help farmers worldwide: grain grows faster and is made resistant to insects and disease; animals are more productive, need less food etc.
2. Hybrid animals can produce drugs and help modern medicine in its search for new products to combat blood diseases etc.
3. By modifying an embryo's structure at an early stage genetics can exclude some genetic risks.
4. The discovery of a defective gene need not necessarily raise the option of abortion: preventive treatment may suffice.

MORAL AND ETHICAL QUESTIONS RAISED BY GENETIC ENGINEERING:

1. The dignity of the unborn child, its uniqueness, must be respected: the embryo's

life ought to be protected from the moment of fertilization on.
2. Should certain types of experimentation on embryos be allowed in spite of the danger of human beings being regarded as laboratory material?
3. Should an embryo be aborted if it has a defective gene which has been discovered prenatally?
4. Scientists may attempt to produce a super-species of human beings: they may use gene transplants to enhance physical appearance, talents or intelligence, which could give rise to the danger of genetic manipulation.

Exercise 1. Discuss in groups “Genetic Engineering: pros and cons”.

Exercise 2. Imagine that before you were born your parents had 'designed' you. lf you had been them, what would you have changed? Think about these questions:

- Which one aspect of your appearance would you change?
- Which one aspect of your character/personality would you change?
- How do you think your life might have been different?
- Are you pleased your parents did not design you or do you wish they had?

Compare your answers in pairs or small groups.

Exercise 3. Read through the article and answer this question: Why do the Jones want a baby girl?

NEW LAWS MAY ALLOW CHOICE OF BABY'S SEX

Jim and Debbie Jones (not their real names), whose daughter was killed in a tragic domestic accident last year, plan to use the new British human rights laws to win the legal right to choose the sex of their baby.

The Jones, who have four sons, say that the 'female dimension' has disappeared from their family since the death of Jasmine. "Words cannot describe what it feels like to lose the little girl we had wanted for so long. We know another girl won't replace Jasmine, but we want the chance to try," said Jim Jones. "What we're hoping to do with the use of technology is create the female dimension again. We have psychologists’ reports and doctors' reports which confirm that our reasons for wanting a girl go beyond just wanting to replace her. Our family doesn't feel complete any more. I adore our sons but we would like another girl."

Gender selection is only possible in Britain for medical rather than social, psychological or physical reasons. Pro-life campaigners say that if the Jones are allowed to choose the sex of their baby, it could lead to babies becoming consumer items. A spokesman said: "We are totally opposed to engineering the numbers and genders of people in society. That leads only to disaster."

The Jones' lawyers will be basing their arguments on new human rights legislation. Article six guarantees everyone a 'fair hearing' from public authorities and Article eight protects the right of everyone to 'respect for family life'.

Exercise 3.1. Read the article again. Mark the following sentences true (T) or false (F):

1. The Jones feel they need a baby girl to make their family complete again.
2. At the moment in Britain it is not possible to choose the sex of your baby.
3. New laws on human rights may allow the Jones to choose the sex of their baby.

Exercise 3.2. Discuss this question in pairs or small groups:

Do you think the Jones should be allowed to choose to have a baby girl? Why? Why not?

Exercise 3.3. Look at these sentences from the article. Notice the expressions with right:

Jim and Debbie Jones plan to win the legal right to choose the sex of their baby.
Article eight protects the right of everyone to 'respect for family life'.

Cross out the word in italics which does not collocate with right:

1. You can *have, win, protect, demand, build, defend, challenge* the right to choose.
2. It's a(n) *legal, moral, straight, automatic, basic* right.

Look at the sentences below. Mark them in the following way:

✓ if you agree;
x if you disagree;
? if you partly agree and partly disagree.

1. An unborn child has rights. Those rights must be protected.
2. We don't have the right to interfere with a child's future personality and appearance.
3. Deciding the sex of your child will be a basic right in fifty years' time.
4. We should have the automatic right to choose particular genes for our own babies.

Compare your answers in pairs or small groups.

Exercise 4. Work in pairs or small groups. In each of the following situations someone is explaining what genetic selection they want to make and why. Decide whether you think they should be allowed to do what they want.

1. There is a history of red hair in my family. I have red hair and I was badly teased at school. I would like to make sure my child does not have red hair.
2. My four-year-old daughter, my only child, has a fatal blood disease. She will die before she is 12 unless we can find a match for
a bone marrow transplant. I want to make sure my next baby is a suitable match for my daughter.
3. In my family there is a history of a fatal disease that affects the nervous system. I want to make sure that my baby is not likely to get this disease.
4. I'm a university professor and my husband is a doctor. We'd like to make sure our baby is intelligent.

5. The male members of my family often suffer from a rare and unpleasant bone disease. I would therefore like to make sure I have a baby girl.
6. I feel there is too much violence and aggression in the world. I would like to make sure my child is a calm and gentle person.
7. I would like to have a very musical or artistic daughter. She should have blonde hair, blue eyes and be about medium height when she grows up.
8. I suffer from a genetic disease which I inherited from my mother. My children have a one in five chance of having the same gene. Before I start a family, I want to have treatment to make sure I do not pass on this gene.

Are you fascinated or horrified by this topic?

TEXT 2. THE GLASS LENS

Many of the scientific advances that have shaped the modern world were possible only because people devised tools to improve their ability to see. The development of glass lenses, which can be used to see things that are either very small or very far away, has had profound consequences for humanity.

The first application of ground, or polished, pieces of glass was not for the microscope or telescope, however, was for spectacles (eyeglasses), which improve the vision of people with imperfect eyesight. It might be argued that without the invention of spectacles, printing would have taken much longer to catch on. Most people become farsighted as they age, and printed material held near the face dissolves into a blur. Without corrective lenses reading becomes frustrating, if not impossible. The first spectacles were invented in Italy in the late 13th century although crude versions may have been used in China several centuries earlier.

It took several hundred years before anyone assembled glass lenses in a way that made distant objects appear close. The credit for the invention of the telescope goes to Dutch optician Hans Lippershey. In 1608 Lippershey demonstrated his "looker" for the Dutch government, which immediately grasped its usefulness as a military tool. The next year, Italian physicist and astronomer Galileo used an improved version of Lippershey's invention to study the sky. Galileo's telescope could magnify things to 20 times their actual size. With this instrument he observed moons orbiting Jupiter, which contradicted the prevailing belief that all heavenly bodies revolved around the Earth. Galileo's observations helped initiate the scientific revolution that has fundamentally altered our world.

Early-17th-century Holland was a hotbed of optics development. It was here around the year 1600 that the microscope was invented, although sole credit for this achievement is difficult to determine. By 1625 optical workshops had been set up to build these new instruments, and in the late 1600s scientists were using microscopes to observe teeming microbes in a drop of water and the physical structure of living cells. These and other microscopic discoveries transformed biology. It was also during the l600 that Dutch naturalist Antoni van Leeuwenhoek built his own microscope and discovered what he called animal' cules, which are now known as bacteria and protozo. Much of our knowledge of disease and how to fight including the concept of immunization, has flowed the use of the microscope.

Exercise 1. Make up a list of inventions which are of benefit to humanity in terms of healthcare. Who invented them?

XI. JOYS OF MOTHERHOOD

TEXT 1. HAVING A BABY

The day I got the results of the pregnancy test - positive, "pregnancy confirmed" - I was over the moon. I couldn't believe it: me a mother-to-be! Actually pregnant! Expecting! "An expectant mother" - that was my favourite description of me. My friends all joked about me being on some kind of fertility drug, conceiving as I did so soon after our wedding.

I had the customary morning sickness for a while, but after that, no trouble. I went along to the ante-natal clinic every fortnight and started doing all the proper breathing exercises like an excited child.

And I read! Book after book on the subject of childbirth: how big the foetus is in the womb at the various stages, the pros and cons of confinement at home, how 15% of pregnancies end in miscarriage, the dangers of this and that. Some of it wasn't very pleasant reading, I can tell you.

The feeling of relief was indescribable when, at the beginning of the fifth month, the doctor said he could hear the baby's heartbeat. He was a fully-trained gynaecologist, by the way - or was he an obstetrician? - I can't remember. A few days later I felt the first kick, and that was a pretty exciting moment, too.

It was in the twenty-eight week that things began to go wrong. I had had several blood tests before, but after this one I was told my blood pressure was far too high - there was a risk of blood poisoning - and I would have to go into hospital. There followed a period of heartburn, cramp, vomiting and insomnia. I kept overhearing bits of conversation: "may have to induce labour", "if the baby is premature, we'll ... " etc. My mind was filled with visions of incubators, induction, Caesarian operations and appalling complications. And the baby wasn't due for another six weeks!

When the time came, I was in labour for twenty-three hours. I remember shouting through a haze as they took me into the labour ward: "No drip! No drugs! No stitches! Please!" I came out having had them all, and in the end it was a forceps delivery - or so I'm told.

After all that, I just looked forward to the simple joys of motherhood. When they told me I couldn't breast-feed and she would have to be bottle-fed, my post-natal depression really started. Some nights I would lie awake mumbling "Never again". It's been pretty well the same story each time, but after the fifth I gave up saying "Never again". I really do think that the stork system of having babies has a lot of advantages.

Exercise 1. Match the words on the left with the definitions on the right:

1. foetus	a. in favour of a woman's right to have an abortion
2. expecting	b. a baby before it is born
3. pro-life	c. against abortion
4. pro-choice	d. pregnant

Exercise 2. Answer the questions:

- ✓ What is the legal position in your country regarding abortion?
- ✓ Do you know of any countries where abortion is illegal?

Exercise 3. Before you read the text, which of the following is closest to your own view of abortion?

a. I am deeply, morally against it.
b. l don't see anything wrong with it.
c. I don't feel strongly either way.
d. I think it depends on individual circumstances.

Exercise 3.1. As you read about this young woman's experience, try to answer this question: Was her decision a positive one or one she regrets?

WHY I HAD AN ABORTION

The reason I had an abortion was because I knew I was far too young to have a baby – it was the wrong stage of life. I could have taken care of a baby because teenagers do it all the time. But basically, I didn't want a baby. I wanted to wait until I was married so that my husband and I could give our baby all the love and care it needed. I don't think I was ready for all the responsibilities of motherhood. There were so many other things going on in my life at the time. It wouldn't have been fair to the baby if I couldn't be there for it. There was also a chance my boyfriend and I would break up and the baby would grow up without a father. And it wasn't fair on my mother who would have had to help bring the child up. I also had big plans to go away to university to train as a nurse. I knew that would be virtually impossible with a baby. I listened to my heart and after lots and lots of soul-searching, I knew abortion was the right answer for me.

(Fifteen-year-old girl)

Exercise 3.2. Do you think the girl acted responsibly? Why / Why not?

Here is the opinion of a retired British doctor. She worked as a doctor both while abortion was illegal and for about 30 years after it was legalized.

"Before abortion was made legal, all my colleagues and I were in favour of it, but over the years my views have changed. I think it should still be legal, but young girls today are using it as another form of contraception. That is wrong and it was never the intention of the reformers that this should happen."

How do you react to the doctor's view?

How do doctors in your country feel about this issue?

Exercise 3.3. Look at the text again and match the reasons the girl gives for having the abortion:

1. l was far	a. without a father.
2. I wanted to wait	b. plans to go away to university.
3. I don't think I was ready	c. too young.
4. There were so many other things	d. going on in my life.
5. It wouldn't have been	f. fair to the baby.
6. It was the wrong	e. until I was married.
7. The baby would grow up	g. for all the responsibilities.
8. It wasn't fair	h. stage of life.
9. I also had big	i. on my mother.

Exercise 3.4. Work in pairs. Do you think any of the above reasons are good ones for having an abortion?

Exercise 4. What about the father? Read this short article. Do you think the man has a right to do what he has done?

A FATHER'S RIGHTS

A man has successfully managed to prevent his former girlfriend from having an abortion - at least for the time being. The clinic where the operation was due to take place agreed yesterday that they would not continue with the procedure until further medical enquiries had taken place. Stephen Curtis, 24, took legal action against the clinic, saying that the termination was against the Abortion Act rules because only one doctor was consulted instead of two, and other checks on the physical and psychological state of the woman had not taken place. Mr Curtis took the legal action because he is opposed to abortion. His victory is only temporary, however, as there is nothing to stop the woman going to another clinic. He hopes to be able to persuade her to change her mind.

Exercise 5. Work in pairs or small groups and decide whether you agree or disagree with the statements below:

1. It should be the woman's right to choose. Ultimately, it's her body and so it's her decision alone.
2. If you're mature enough to make a baby, then you're mature enough to take care of it.
3. A baby is still a person even before it is born.
4. Abortion is for the irresponsible.
5. I believe all life is sacred and so abortion is a criminal act to me.
6. With so many other options, like adoption, I don't see why an abortion is ever necessary.
7. I don't agree with late-term abortions, but I think the so-called 'morning-after pill' is basically OK.
8. I don't believe in abortion laws - it's usually men who make them.

9. If abortion is illegal, it only means more backstreet abortions will happen and that is dangerous for the women concerned.
10. Abortion is wrong and should be stopped at all costs, including bombing the clinics if necessary. One doctor from an abortion clinic was shot last month. He got what he deserved.

Exercise 6. Finally, here are some arguments put forward by the Prolife Alliance in the UK:

Your life in your mother's womb started at conception. Your heart started to beat 3 weeks after conception. Your brain waves could be detected at 5 weeks. Your organs were all formed at 10 weeks. Your hearing was perfect at 16 weeks. Over 180,000 abortions are performed in Britain each year. Abortion is the most common surgical operation in the UK. 97% are of healthy babies. 90% are for social rather than medical reasons.

What is your reaction to these arguments?

TEXT 2. TEST-TUBE BABIES AND SURROGATE MOTHERHOOD

Since the first test-tube baby was born in Britain in 1978, there have been thousands of such births and the number is on the increase. This method of artificial insemination is no longer as controversial as it was some years ago because both egg and sperm are taken from the parents.

The donor eggs are fertilized in the laboratory by sperm from the husband of the mother-to-be. Then the eggs are deep-frozen until the optimum moment in the recipient mother's natural cycle. Finally the egg which had been fertilized in vitro, is transplanted into the uterus.

In 1985 the first birth of baby born to a surrogate mother for money took place in Britain. There was a somewhat hostile reaction on the part of the public on moral and legal grounds: you "buy" a baby that has yet to be conceived and you pay a woman to have a fertilized egg implanted and to have a baby that she will later have to give away.

It's now even possible to defrost human embryos and place them in surrogate mothers. As many childless couples long o have a baby, highly fertile women "rich in eggs" donate ova to infertile women deficient in eggs: women willing to be egg donors give their surplus eggs to the hospital.

Exercise 1. Express your attitude as to the problems arisen in the text.

XII. MORALITY

DISCUSSION 1. SALE OF HUMAN ORGANS

Exercise 1. Under what circumstances would you allow an organ to be removed from your body? Tick the ones you agree with:

a. If I needed an operation.
b. After death, for general medical purposes.
c. To donate an organ to a close relative.
d. To donate an organ to a close friend.
c. To help anyone in need.
f. To make money.
g. Never.

Many people carry an organ donor card, which allows doctors to take parts of their bodies if they are killed. Do you carry one? lf not, why not?

Donor card
I request that after my death:
A. any part of my body may be used for the treatment of others □ or
B. my kidneys □ corneas □ heart □ lungs □ liver □ pancreas □ be used for transplantation
Signature..... **Date** .....
In the event of my death, if possible, contact:
..... Tel. .....
Remember to tell someone close to you that you want to be an organ donor. Their agreement is important if the time ever comes.

Exercise 2. Read this article about debt collection in Japan. Does the same thing happen in other countries?

JAPANESE URGED TO SELL EYES TO PAY DEBTS

The phone calls from the debt collector got increasingly more threatening. First, the standard pressure: “You have to come up with the money. Sell your house quickly... sell your clothes and all your belongings if necessary”. But then: “Sell a kidney. You have two, don't you? Many of our borrowers only have one. You can get $28,000 for a kidney. You can get $9,500 for an eyeball”, said the debt collector, on tape recordings of the calls.

By this time, the person receiving the calls, Mr. Mamoto, a retired metalworker, was so frightened that when he heard dogs barking, he thought it was debt collectors coming after him, his lawyer said.

These ‘shoko loan’ firms lend money to small businesses who are experiencing financial difficulties and who cannot raise money in other ways. Their methods give a whole new meaning to the idiomatic expression “It'll cost you an arm and a leg!”

Aggressive debt collection has an unpleasant aspect of the business world but this new development has caused outrage. The sale of body organs is especially sensitive in Japan, where people are often reluctant to even allow the donation of an organ after death for medical purposes.

“We believe that our bodies are sacred. I would never allow anyone to take anything away from my body – dead or alive”, said Mr. Hiroshi Yamazaki, a small business owner in Tokyo and also a recently-threatened borrower. “Maybe in the western world this is different.” And indeed it is. The United States, for example, outnumbers organ donations in Japan by 20 to l.

Fortunately for Mr Mamoto, he found the legal help he needed before having to resolve to selling off parts of his body. He filed the first criminal complaint against one of the largest loan shark companies in Japan, a company charging interest rates of 30 to 40 per cent. National television has broadcast the recorded telephone threats repeatedly in an attempt to make Japanese citizens aware of the ruthless world of debt collection.

Exercise 2.1. Read the text again and answer these questions:

1. In the telephone threats that were made, what did the debt collector say that shows there have been other victims of these threats?
2. How did Mr. Mamoto get proof of these threats?
3. According to the article, why are there so few organ donors in Japan?
4. Which idiomatic expression in the article means ‘very expensive’?
5. The debt collector gave prices for certain organs. Where was he possibly getting those figures from?
6. Do you think people who object to organ donation are being selfish?

Exercise 3. Remember this idiomatic expression from the article, meaning that something is very expensive: *It'll cost you an arm and a leg!*

Lots of expressions in English have the word 'and' in the middle. For example: *salt and pepper.* There are two things to know about these expressions:

1. The order never changes - you never say 'cost a leg and an arm.'
2. The words before and after 'and' are almost always the same word class - 'arm' and 'leg' are both nouns.

Match the words below. The first one has been done for you as an example.

1. sick	a. and age
2. wait	b. and hard
3. black	c. and far between
4. leaps	d. and bounds

5. in this day	e. and white
6. few	f. and foremost
7. first	g. and tired
8. think long	h. and see

Exercise 3.1. Now put the expressions from the exercise above into the sentences below:

1. I had to think . . . . before I decided to become an organ donor.
2. It's amazing that this is still a controversial issue in this . . . ..
3. It's a complicated issue. There's no simple answer. It's not . . . ..
4. Maybe some day people will change their attitude towards organ donation - we'll just have to . . . ..
5. In some countries people who are willing to donate their organs are . . . ..
6. These are . . . . ethical questions, not medical questions.
7. Finding an organ donor used to be more difficult, but the situation has improved by . . . ..
8. People are . . . . of being pushed around by debt collectors.

Exercise 4. Answer these questions in pairs or small groups:

1. Do you think one day doctors will be shopping for organs on the internet? Is there anything wrong with selling organs?
2. Would you mind having your body cut up for the sake of science after you die? Would you put a limit on what they can take?
3. What would you tell a person who is considering becoming an organ donor? What would you say to encourage or discourage he or she?
4. How do you feel about using animal organs in human beings? How about using a monkey's heart? Would you like the eyes of a pig?
5. Many people don't have the time or just can't be bothered to get an organ donor card. Some countries want a new system where doctors automatically have permission to take your organs unless you have a card which says that you are not an organ donor. A system like this one could simplify and speed things up at hospitals and save lives. Would you be in favour of a system like this?

DISCUSSION 2. PLASTIC SURGERY.

Exercise 1. You bump into a woman friend in town. You knew she was thinking of having breast implants and you can see that she has obviously had the operation. What do you say to her?

a. Nothing. It's too embarrassing.
b. “Wow. Those look great! How much did they cost?”
c. “Wow. I’m surprised you can stand up straight!”
d. Something else.

Is plastic surgery popular in your country? Is it expensive?

Do you think people who have plastic surgery are too concerned about their looks?

Exercise 2. Read through the article and answer this question: Is there a similar trend in your country?

YOUNGER PLASTIC SURGERY PATIENTS

Surgeons at clinics specializing in plastic surgery are reporting increasingly younger patients, according to a report released recently by the National Association of Plastic Surgery in the United States.

“They want to look like the people they see in films or the models they see in magazines. It's becoming an obsession,” said one doctor in a beauty clinic in California. “Last week we had a woman in here who, at 30, said she was looking too old and wanted a facelift. I told her to come back and see me in 15 years.”

The average age for patients undergoing plastic surgery over the last year was 32, down from 34 just the year before. In England recently, a 15-year-old girl was in the news for announcing that her parents were going to pay for breast enlargements as her 16^{th} birthday present.

Her mother said, “If it makes her happy and gives her more chance of success in life, then what is the problem?” Though women still dominate the plastic surgery scene, men are growing increasingly concerned with their physical appearance and are doing something about it. According to the report, men now make up 39% of all surgeries performed - that's an increase of nearly 20% from last year.

One man, who wished to remain anonymous, said he got his liposuction - removal of excess fat - after pressure from his wife. “She's a very athletic woman and, well, I enjoy a good steak.” Liposuction tops the list of plastic surgery performed on men, followed by hair implants and breast reduction. For women the top order is still breast enlargement, followed by liposuction and facelifts.

Exercise 3. Read through the article again and answer these questions:

l. Why are younger people turning to plastic surgery?
2. Why did the doctor refuse plastic surgery to one patient?
3. Why is plastic surgery now more popular with men?

4. Why did the man have liposuction?

Exercise 4. Discuss the following:

- ✓ Do you think the number of men who want plastic surgery will eventually equal, or even surpass, the number of women?
- ✓ Read again what the mother of the 15-year-old girl said. Do you agree with her?

Exercise 5. Match these types of plastic surgery solutions to the problems below:

breast enlargement *hair implant* *rhinoplasty (nose job)*
varicose vein removal *facelift* *tummy tuck*

1. "This thing on my face is an atrocity. I'm surprised birds don't sit on it or that lightning doesn't strike it in thunderstorms."
2. "I hate them. I can't wear shorts or a bikini because they stick out, especially on the back of my thighs. They're the ugliest things I've ever seen and they're getting worse every year because I have bad circulation."
3. "I started receding really badly at the age of 23. My wife says she doesn't mind, but I hate it. I mean, I'm not completely bald or anything, but I constantly wear hats and baseball caps because I'm so self-conscious about it. I could never wear a wig."
4. "I hate being flat-chested. The boys at school used to call me 'ironing-board'. Imagine! I think I have a pretty face but I don't feel confident about myself from the chin down. I would like to feel good about wearing a tight sweater or a low-cut dress."
5. "I used to have such a youthful, vibrant-looking face. Now my skin just sags. I think I look twice my age."
6. "No matter what I do, my belly sticks out. I think it has something to do with my posture. If I could just get a flat stomach, I wouldn't feel so bad about looking at myself sideways in the mirror."

Exercise 5.1. Answer the questions:

- ✓ Which of the above treatments are most popular in your country? Are there any other ones that were not mentioned?
- ✓ If you had the problems above and plenty of money, would you have the surgery? Tell your partner what you would do for each problem.

Exercise 6. In a survey of 37,500 girls aged 12 to 15, more than half listed appearance as their biggest worry.

What do you think is the reason for this? Is it a worrying statistic?

Are you happy with your size and weight? Is there a part of your body that you would like to change (i.e. make smaller, make bigger)?

Here is an alternative point of view from a culture where people take a different view of size:

“I must eat so I’ll be fat and people won't laugh at my figure,” explains one of the women in a fattening room in Calabar, Southern Nigeria. “Nobody will marry me if I don't get fatter.” Women come from all over Nigeria to put on extra pounds at these fattening rooms. “We can make any woman obese,” boasts the owner. “They will get a husband after their stay here, no problem.” The women eat all day and avoid moving so they don't burn off any calories. “It's a bit tiring eating all the time, but I know when I come out I will be attractive, healthy and beautiful,” said the woman we spoke to.

Do you think it will be fashionable to be fat one day?

DISCUSSION 3. THE RIGHT TO DIE.

Exercise 1. Work in pairs. Match these words to the definitions below:

suicide *murder* *manslaughter* *euthanasia*

1. The painless killing of a patient who is suffering from an incurable and painful disease.
2. The action of killing oneself deliberately.
3. The illegal, deliberate killing of a human being.
4. The crime of killing a person illegally but not intentionally.

Exercise 1.2. Answer the questions:

- ✓ Which of these are crimes in your country?
- ✓ Do you agree with the laws as it is at the moment?

Exercise 2. In pairs or small groups, read the following situations and discuss the questions below each one:

1. Alan Jones, aged 78, had a second stroke three weeks ago. He has severe brain damage and his condition is getting worse. At the request of his daughter, a nurse stops giving him oxygen until his heart stops. The nurse then starts giving oxygen again. People think that Mr. Jones died naturally. Later, Mr. Jones' daughter tells a friend what happened. The friend is married to a police officer. As a result, the police charge the nurse with murder.

Do you feel that the nurse has committed a crime?

Do you feel that the daughter has committed a crime?

What punishments, if any, should be given?

2. Eighty-seven-year-old Alice Weller broke her hip a year ago. She was taken to hospital where, during an operation to repair her hip, her heart stopped. Although resuscitated, she had severe brain damage and the doctors felt that she had lost consciousness totally and permanently. They therefore wished to switch off the life-support machine. Mrs. Weller's family, however, objected strongly, saying that she was extremely religious and felt that only God had the right to take life away.

What do you think the doctors should do?

Do you think Mrs. Weller's family have the right to keep her alive?

3. Antonia James, aged 24, suffered severe, irreversible brain damage in a road accident six weeks ago and has not regained consciousness. She is breathing on her own but being fed through a tube. Her parents feel that Antonia's existence is no more than a living nightmare. They want the doctor to stop feeding her so that she will die and they can bury her. The doctor refuses, saying that food and fluids are not 'medical treatment', but the basic necessities of life.

Who do you feel is right – the doctor or the parents?

Who should make this decision – Antonia's parents? The doctors? A court of law?

4. Mike O'Brien, aged 58, has terminal cancer. He is no longer able to live a normal life and is often in great pain. He has always said that when this happened, he would take his own life. However, he is now so weak that he cannot open the bottles of pills he wants to take. His son opens the bottle for him. Mike takes the pills and dies peacefully. The doctor is surprised at Mike's sudden death, realizes what has happened and informs the police. The police arrest the son for helping his father to commit suicide.

Is the doctor right to inform the police?

Is the son guilty of committing a crime?

Exercise 2.1. With a partner consider each patient in the situations above. What would you want to happen to you? Would you want to die if you had a similar condition?

Now consider the family members in each situation. Would you have done the same thing?

Exercise 2.2. Look at the phrases from the texts:
He is no longer able to live *a normal life.*
The doctor is surprised at Mike's *sudden death.*

Add 'life' or 'death' to the following words. Five can use both.

A busy _____
An exciting _____
A horrible _____
Instant _____
A natural _____
A peaceful _____
A premature _____
A full _____
A lonely _____
A varied _____
A sudden _____
A tragic _____
A long _____
A hard _____
An unexpected _____
A rewarding _____
A slow _____
A violent _____

Exercise 2.3. Look again at the 5 expressions which take both *life* and *death*. Discuss the difference in meaning between them. For example, *a horrible life* and *a horrible death*.

Exercise 3. Discuss the following questions in pairs or small groups:

1. A man has been in prison for murder for 30 years and will remain there for the rest of his life. He refuses to eat and says that he wants to die. Should he be allowed to die?
2. The wife of a close friend has died recently. Your friend has been terribly upset since her death. In a conversation with him you begin to suspect that he is thinking of taking his own life. What would you do?
3. A close friend is in hospital suffering from an incurable disease and in a lot of pain. He asks you to bring him in some pills from his home so that he can end his life with dignity. What would you do?
4. A woman terrorist was found guilty of planting a bomb which killed 20 people. She has been sent to prison for 20 years. She now refuses to eat and says that she is not guilty. Should she be allowed to die or should she be kept alive?
5. You are staying in a hotel with a rooftop swimming pool. You go up to the pool one morning and find a woman standing on top of the wall around the outside of the building, about to jump off. What would you do?
6. You are 85. You are starting to suffer from senile dementia. You watched your father die a horrible death from the same thing. Are you going to suffer in the same way or ... ?

Exercise 4. Work in pairs or small groups. Read the text and discuss the questions below:

In British law, a person has the right to refuse treatment, provided he or she is fully competent to make that decision. If a patient is not able to ask for or refuse treatment (because, for example, they are unconscious) then a doctor can decide not to give treatment. If a doctor decides to do this, it is good medical practice to consult the patient's relatives.

1. Do you feel these laws are reasonable?
2. Are they the same in your country?

Four types of euthanasia

Suicide: killing yourself. In the UK it is illegal to help someone commit suicide.

Voluntary euthanasia: when someone asks to die. They may not be able to commit suicide so they need help or they may not be able to ask to die, but they have left instructions.

Involuntary euthanasia: this is when someone has not actually asked to die. However, they are killed so that they do not have to suffer any more.

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Шестакова Олена Миколаївна

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