**Script**

**Unit 1**

## Part I Listening and speaking

**Dialogue**

D：Good morning, Mr. Hans. I’m Susan Smith. Come and sit down here. I see from your card that you’ve just moved into the area. Could you please tell me a little about your past medical health and then I can deal with your present problem.

P：Well, actually, I’ve always been very fit up till now but ….

D: Have you ever been hospitalized for anything, or have you ever had an operation?

P: Well, I had my appendix taken out when I was 15.

D: Have you had any major health problems since then?

P: Yes, I have high blood pressure.

D: Are you on any medication for it?

P: Yep… My doctor gave me some medications for it，but…. But…, I never refilled the pills after they ran out…. I felt fine.

D: Do you know how high your pressure was?

P: Not really.

D: As far as you know, are there any illnesses that run in your family?

P: Not that I know of, Doctor.

D: Nothing like diabetes, high blood pressure, heart disease, stroke, cancer, mental illness or anything like that?

P: Oh, I see. My father has diabetes. He’s been pretty sick lately… He’s got some sort of problem with his eyes. The doctor said it’s from his diabetes.

D: How old is he?

P: About 75.

D: What about your mother?

P: She died when she was age 64…. She had stomach cancer. She really suffered…

D: You are married, I see. Do you have any children?

P: Yes, a boy and a girl.

D: Are they healthy?

P: Yes, they are.

D: And what’s your job?

P: Well, I’m a manager for an import and export company.

D: I see. Is it an office job or were you on your feet all day?

P: I work behind a desk.

D: Do you have a lot of responsibility?

P: Yes. I am in charge of a large department.

D: I see, quite stressful. Now tell me, do you smoke?

P: Yes, about two packs a day.

D: For how long?

P: Oh…. Since I was about 18.

D: What about drinking? Do you drink alcohol?

P: No, no. I never drink.

D: Fine. Now can you tell me what seems to be the problem today?

P: Well. I’ve been feeling so poorly lately.

D: I see. Feeling poorly. What do you mean by that?

P: I’ve been getting very short of breath.

D: How long has this been going on?

P: For about 18 months, I think.

D: And were there any other symptoms before then?

P: I hadn’t noticed anything before then.

D: I see. Was there anything that seemed to cause this?

P: Well, nothing really.

D: Let’s take a look. I’ll listen to your heart and your lungs to begin with.

**(478 words)**

(From Mark H Swartz, *The Textbook of Physical Diagnosis: history and examination*, 6th edition. Saunders Elsevier，2010.)

**Passage 1**

These are the fifteen most wonderful things about our bodies that, hopefully, are news to most of our readers!

1. The stomach’s digestive acids are strong enough to dissolve zinc. Fortunately for us, the cells in the stomach lining renew so quickly that the acids don’t have time to dissolve it.

2. The lungs contain over 300,000 million capillaries. If they were laid end to end, they would stretch 2400 km，that is, 1500 miles.

3. A man’s testicles produce 10 million new sperm cells each day – enough that he could repopulate the entire planet in only 6 months!

4. Human bone is as strong as granite in supporting weight. A block of bone the size of a matchbox can support 9 tonnes – that is four times as much as concrete can support.

5. Each finger and toenail takes six months to grow from base to tip.

6. The largest organ in the body is the skin. In an adult man it covers about 1.9 m2. The skin constantly flakes away – in a lifetime each person sheds around 18 kg of skin.

7. When you sleep, your height increases by about 8 mm. The next day you shrink back to your former height. The reason is that your cartilage discs are squeezed like sponges by the force of gravity when you stand or sit.

8. The average person in the West eats 50 tonnes of food and drinks 50,000 liters of liquid during his life.

9. Each kidney contains 1 million individual filters. They filter an average of around 1.3 liters of blood per minute, and expel up to 1.4 liters a day of urine.

10. The focusing muscles of the eyes move around 100,000 times a day. To give your leg muscles the same workout, you would need to walk 80 km every day.

11. In 30 minutes, the average body gives off enough heat to bring a half gallon of water to boil.

12. A single human blood cell takes only 60 seconds to make a complete circuit of the body.

13. A foreskin, the size of a postage stamp, from circumcised babies take only 21 days to grow skin that can cover three basketball courts. Amazing isn’t it. Thanks to science. The laboratory-grown skin is used in treating burn patients.

14. The eyes receive approximately 90 percent of all our information, making us basically visual creatures.

15. The female ovaries contain nearly half-a-million egg cells, yet only 400 or so will ever get the opportunity to create a new life.

**(423 words)**

(From <http://listverse.com/2008/06/10/top-15-amazing-facts-about-the-human-body/>)

**Passage 2**

Traditional Chinese medicine (TCM) is coming of age. That may seem to be an odd thing to say about a discipline with 2,000 years of recorded history. But the past decade has seen growing confluence of several trends: TCM doctors approaching the tradition on a more scientific basis; Western doctors and researchers recognizing that Chinese herbs offer much that they do not know; and patients becoming more open to non-Western practices. That confluence is now a flood of activity. China is struggling to modernize its vast TCM infrastructure and grab more of the growing world market for herbal cures. Hong Kong, Singapore and Taiwan are hoping to take advantage of their Chinese heritage and advanced economies to become TCM centers. Western pharmaceutical giants are stalking the region in search of potential TCM partnerships. And patients everywhere will, hopefully, benefit from better medicines and better practices based on traditional as well as Western cures.

Although there is nothing surprising about the newfound attention traditional cures are winning, the nature of traditional applications makes research according to orthodox scientific standards difficult. Any given herb contains a multitude of chemical compounds, and TCM doctors tailor combinations of herbs to match the symptoms of individual patients. Western medicine demands evidence that an ingredient acts in measurable ways on a specific disease in a large number of patients. "We have to find an active substance or a molecule from the herb before we can study its effects," explains Dr. Zhao Jian, medical director of Beijing Novartis Pharmaceutical. "That alone will take you at least a year." But the effort cannot be avoided, not just because the science demands it, but because that is the only route to winning patents, regulatory approval and markets.

**(288 words)**

(From <http://edition.cnn.com/ASIANOW/asiaweek/99/0806/cs1.html>)

**Unit 2**

## Part I Listening and speaking

**Dialogue**

D: Good morning. What seems to be the trouble?

P: I’ve got an awful ache in my belly.

D: Oh. How long have you had this ache?

P: About three weeks. But it got really bad last night.

D: Could you show me where it hurts?

P: Ok, here, just right here.

D: Does the pain stay in that one place?

P: Yes.

D: I see. What kind of pain is it? Can you describe the pain?

P: Well, most of the time it feels like a cramp, but occasionally it’s sharp and stabbing.

D: When does it come on?

P: No special time.

D: Does it come and go or do you have it all the time?

P: Well, it’s worse at times. It seems to come over me in waves, but mostly it’s there all the time.

D: Does it start suddenly or build up slowly?

P: It seems to build up gradually.

D: What did you eat before this pain?

P: Nothing special. I can’t remember clearly.

D: Do you feel nausea or do you have actually vomited?

P: Yes, I have felt nauseous some times. And last night I threw up some blood.

D: Is this the first time that you’ve vomited up blood?

P: That’s right. I never had that before.

D: Was it dark red or brown? Do you remember?

P: Well, I’m not sure. Dark red, I guess.

D: Do you have a bad taste in your mouth?

P: Well, yes, doctor.

D: Have you belched or not recently?

P: Yes, I do belch a lot lately.

D: What color were your stools? Were they black?

P: Stools?

D: Your bowel movements.

P: Oh, yes they were black for about a day

D: Did you pass any blood from your rectum?

P: No, not that I ever noticed.

D: How about your urine? Is it dark or light?

P: No it’s not changed; normal I would say.

D: How is your appetite?

P: Sometimes it’s good, but at other times, I don’t feel like eating at all.

D: Please describe your eating habits?

P: Well, I usually eat five or six times a day, lots of fruit and vegetables, but when I am anxious, I can’t eat at all.

D: Do you smoke?

P: Yes, but not much lately. Cigarettes taste different, somehow.

D: Have you felt weak?

P: A little.

D: Have you lost any weight?

P: I don’t think so.

**(412 words)**

(From Maria Gyorffy, *English for Doctors*, Shanghai: Fudan University Press, 2011)

**Passage 1**

The H5N1 strain of influenza - often referred to as bird flu - is first known to have jumped from chickens to humans in 1997. Since 2004 it has ripped through poultry and wild bird populations across Eurasia, and had a 53% mortality rate in the first 147 people it is known to have infected. Health authorities fear this strain, or its descendent, could cause a lethal new flu pandemic in people with the potential to kill billions.

Flu has been a regular scourge of humanity for thousands of years. Flu viruses each possess a mere 10 genes encoded in RNA. All of the 16 known genetic subgroups originate in water birds, and especially in ducks. The virus is well adapted to their immune systems, and does not usually make them sick. This leaves the animals free to move around and spread the virus - just what it needs to persist.

But sometimes a bird flu virus jumps to an animal whose immune system is not adapted . In chickens - originally a forest bird and not a natural host - it causes a moderate disease but can readily mutate to a more severe, highly pathogenic strain. Just such a strain of H5N1 flu, named after its surface proteins, began rampaging through large chicken farms in East Asia sometime before 2003.

That was of concern because, in 1997, scientists found for the first time that H5 flu could infect humans. It was found in 18 people, six of whom died. All the poultry in Hong Kong were destroyed to stop the threat. But it continued to circulate, especially in China.

There were further human cases in China in 2003. Then in early 2004 Vietnam reported widespread poultry outbreaks and some human cases. After initial denials, Cambodia and Thailand admitted they had outbreaks too, followed by Indonesia, then China. That was immediately after China had denied a New Scientist report that scientists strongly suspected Chinese outbreaks.

The infection also reached Japan, Malaysia and South Korea, but mass culling stopped it spreading there. But outbreaks continued in China, Indonesia and Vietnam, where the virus persisted, most probably in ducks. In 2005, China and Indonesia reported their first human cases.

**(368 words)**

(From <http://www.bbc.co.uk/science/0/22028519>)

**Passage 2**

Pain is a feeling triggered in the nervous system. It may be sharp or dull, off-and-on or steady, localized (such as back pain) or all over (such as muscle aches from the flu). Sometimes, pain alerts us to injuries and illnesses that need attention. Although pain usually goes away once the underlying problem is addressed, it can last for weeks, months, or even years. Chronic pain may be due to an ongoing condition (such as arthritis) or to abnormal activity in pain-sensing regions of the brain, or the cause may not be known.

To relieve their pain, many people take over-the-counter medications—either acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs, including aspirin, naproxen, or ibuprofen). Stronger medications, including NSAIDs in higher dosages and narcotics, are available by prescription only. People may also try non-drug approaches to help relieve their pain. Examples include physical and occupational therapy, cognitive behavioral therapy, self-care techniques, and CAM therapies such as spinal manipulation or acupuncture.

Acupuncture, among the oldest healing practices in the world, is part of traditional Chinese medicine. Acupuncture practitioners stimulate specific points on the body—most often by inserting thin needles through the skin. In traditional Chinese medicine theory, this regulates the flow of Qi (vital energy) along pathways known as meridians.

According to the 2007 National Health Interview Survey, which included a comprehensive survey of CAM use by Americans, 1.4 percent of respondents (an estimated 3.1 million Americans) said they had used acupuncture in the past year. A special analysis of acupuncture data from an earlier NHIS found that pain or musculoskeletal complaints accounted for 7 of the top 10 conditions for which people use acupuncture. Back pain was the most common, followed by joint pain, neck pain, severe headache/migraine, and recurring pain.

**(291 words)**

(From <http://nccam.nih.gov/health/acupuncture/acupuncture-for-pain.htm>)

**Script**

**Unit 3**

## Part I Listening and speaking

**Dialogue**

D: Hello, Mrs Smith. My name is Dr Jones. Come in and sit down. I have a letter here from your family doctor but I’d like to ask you a few questions, as well. How old are you?

P: I’m 48 years old.

D: What’s your occupation?

P: I’m an engineer.

D: What problems are you having at the moment?

P: My left hip is sore and I’m having difficulty in walking.

D: How long have you had these problems?

P: I’ve had them for many years.

D: How did they begin? Was it sudden or gradual?

P: I’ve really had the problems for as long as I can remember, but they’ve been getting gradually worse over many years.

D: Do you remember any accident at the start of your troubles?

P: No, the problems seemed to develop for no good reason.

D: What are you prevented from doing by your sore hip at the moment?

P: I’m able to do very little. I struggle to walk just a few hundred meters.

D: Where is your pain?

P: It’s mainly my left hip, but my right knee is also slightly sore.

D: When do you get the pain?

P: I have pain most of the time but it gets worse towards the end of the day, especially if I’ve been on my feet all day.

D: Do you limp?

P: Yes, I limp very badly.

D: Do you need to use a stick or crutches to get around?

P: Yes, I have crutches which I hold in both of my hands.

D: Do you find it’s getting harder to get around?

P: Oh yes, certainly.

D: Does your hip cause you any other problems?

P: Yes, it’s so stiff that I can’t bend over to tie my shoe laces.

D: Do any problems run in the family?

P: Yes, my mother also had a stiff hip and she had a limp. She needed an operation when she was only forty to give her a new hip.

D: Mrs Smith, I have the results of your previous X-rays. These results show that you have severe osteoarthritis of your left hip. This is due to a congenital dislocation of the hip which you’ve had since birth.

P: Doctor, tell me the possible treatment for me.

D: I think the best treatment for you would be an operation to replace your left hip.

P: Doctor, is that a major operation?

D: Yes, it is undoubtedly. But you are having so much trouble I do not think there is any other alternative.

P: I am very worried about this, Doctor. What does the operation involve?

D: It’s a major operation which would require you to be in the hospital for about two weeks. The worn part of your hip will be cut away and replaced with a metal and plastic joint. This should make you more comfortable, and your hip less stiff.

P: Oh, I see. But with this operation, is there any possible risk?

D: Of course, as with any operation, there‘s a small risk of complications.

P: Then what are they?

D: The main complications are the serious ones which can occur during any anesthesia. There is also a small risk of infection of the new joint, or the new joint coming loose. If either of these occurs, then you may need a series of operations to put the problem right. Don’t Worry. After all the necessary exams, lots of details will be talked upon our next meeting.

P: Thank you, Doctor. See you next time.

D: See you next time.

**(601 words)**

(From Authentic Consulting-Room Activities for Doctors, Dentists, Students and Nurses)

**Passage 1**

Your ligaments are tough, elastic-like bands that connect bone to bone and hold your joints in place. A sprain is an injury to a ligament caused by tearing of the fibers of the ligament. The ligament can have a partial tear, or it can be completely torn apart.

Of all sprains, ankle and knee sprains occur most often. Sprained ligaments swell rapidly and are painful. Generally, the greater the pain and swelling, the more severe the injury is. For most minor sprains, you probably can treat the injury yourself.

Follow the instructions for R.I.C.E.

Rest the injured limb. Your doctor may recommend not putting any weight on the injured area for 48 hours. But don't avoid all activity. Even with an ankle sprain, you can usually still exercise other muscles. For example, you can use an exercise bicycle with arm exercise handles, working both your arms and the uninjured leg while resting the injured ankle on another part of the bike. That way you still get three-limb exercise to keep up your cardiovascular conditioning.

Ice the area. Use a cold pack, a slush bath or a compression sleeve filled with cold water to help limit swelling after an injury. Try to ice the area as soon as possible after the injury and continue to ice it for 15 to 20 minutes, four to eight times a day, for the first 48 hours or until swelling improves. If you use ice, be careful not to use it too long, as this could cause tissue damage.

Compress the area with an elastic wrap or bandage. Compressive wraps or sleeves made from elastic neoprene are best.

Elevate the injured limb above your heart whenever possible to help prevent or limit swelling.

After two days, gently begin using the injured area. You should feel a gradual, progressive improvement. Over-the-counter pain relievers may be helpful to manage pain during the healing process.

**(317 words)**

(From http://www.mayoclinic.com/health/first-aid-sprain/FA00016)

**Passage 2**

A broken wrist or broken hand is a break or crack in one of the many bones within your wrist and hand. The most common of these injuries occurs in the wrist when people try to catch themselves during a fall and land hard on an outstretched hand.

Risk factors for a broken wrist or broken hand range from participation in certain sports — such as American football, soccer, skiing or snowboarding — to having osteoporosis, a condition in which bones become thinner and more fragile.

It's important to treat a broken wrist or broken hand as soon as possible. Otherwise, the bones may not heal in proper alignment, which can affect your ability to perform everyday activities, such as grasping a pen or buttoning a shirt. Early treatment will also help minimize pain and stiffness.

If you have a broken wrist or broken hand, you may experience these signs and symptoms: severe pain that tends to increase during gripping or squeezing, swelling, tenderness, bruising, obvious deformity, such as a bent wrist or crooked finger, stiffness or inability to move your fingers or thumb, and numbness or coldness in your hand.

A direct blow or crushing injury to your hands and wrists can break any of the bones in them. Common causes include:

Falls. Falling onto an outstretched hand is one of the most common causes of a broken wrist or broken hand.

Sports injuries. Many wrist or hand fractures occur during contact sports or sports in which you might fall onto an outstretched hand — such as in-line skating or snowboarding. Finger fractures are common with baseball, basketball and football.

Motor vehicle crashes. High-velocity injuries that can occur during motor vehicle crashes may cause wrist or hand bones to fracture into many pieces, requiring surgical repair.

**（294 words）**

(From <http://www.mayoclinic.com/health/broken-wrist/DS00971>

**Script**

**Unit 4**

## Part I Listening and speaking

**Dialogue**

D: Hello, Mr. Green.

P: Hello, John.

D: I’d like to talk to you today about lifestyle and nutrition. How’s your appetite?

P: Sometimes it’s good, but at other times I don’t feel like eating at all.

D: Mmm, how many meals a day do you eat?

P: Well, it depends. I usually eat four or five times a day, some meat and vegetables, but I often skip meals when I am anxious or nervous.

D: Have you gained any weight recently or does your weight stay the same?

P: In fact, I’ve put on a bit of weight lately.

D: How many pounds have you gained?

P: About 15 pounds.

D: Over how long a period of time has this happened?

P: Let me think. Since about New Year, in the last eight months.

D: Are you trying to do anything to control your weight, for example, are you on a diet?

P: Yes, but it doesn’t seem to work.

D: Are there any food that you particularly like or anything you dislike?

P: I eat lots of pizza, but I can’t have anything with seafood in because I’m allergic to most kinds of seafood.

D: OK. Keep a balanced diet. At your age, eating a balanced mix of healthy foods can help prevent heart disease, bone loss, some cancer, and anemia. By the way, how often do you exercise?

P: Not enough these days. I used to walk along the beach with my dog in the morning.

D: Could you try to include some physical activity in your daily routine? It would be a good idea to walk along the beach again.

P: Yes, I suppose so. I’ll make an effort to do that.

D: And what’s your alcohol intake like? How many drinks do you have per week?

P: I used to have little in the evening, but recently, my friends often invited me out for big meals. Last weekend, I had a lot of roast meat with whisky... I just couldn’t help it.

D: Whisky? How much did you drink?

P: About 2 whole bottles.

D: Oh, 2 whole bottles! That is too much! You must keep an eye on the alcohol intake.

P: All right, I’ll keep that in mind.

D: The last question, are you smoking?

P: Sure. A couple of packs a month. I am trying to give up now.

D: Sounds good. It is hard but it is important to stop smoking if you want to avoid respiration or circulation problems.

P: I see. Thanks, John.

**(424words)**

(From Maria Gyorffy, *English for Doctors*, Shanghai: Fudan University Press, 2011)

**Passage 1**

The reason we need a diet drawn from all of the food groups is that they all deliver different, but vital, nutritional benefits to our bodies.

Fruit and vegetables are one of our main sources of vitamins and minerals, which the body needs to perform a variety of functions well. For instance, vitamin A helps to strengthen our immune system, B vitamins help us process energy from food, vitamin D helps us maintain healthy teeth and bones, and vitamin C helps to keep cells and tissues healthy. The steamed carrots and broccoli will maintain a higher proportion of vitamins than boiled or fried vegetables.

Fruit and vegetables (eaten with the skin on) also contain high amounts of fibre which help to maintain a healthy gut and digestive system.

Starchy foods, also known as carbohydrates, are where we get most of our energy from. Our bodies convert these foods into glucose which is used as energy either immediately or stored for later use.

Carbohydrates also contain fibre (especially wholegrain), and iron which we need to make red blood cells to carry oxygen around the body.

Meat, fish, eggs and pulses provide us with significant amounts of protein which is essentially a building block of the body. Everything from our hair, muscles, nerves, skin and nails needs protein to build and repair itself. The grilled mackerelis an excellent source.

Also high in protein are dairy products, and they are also great providers of calcium. The most common mineral in the body, calcium is needed for functions including helping blood to clot, and to build bones and teeth.

Fortunately, the fatty and sugary group, the foods that we find the most irresistible, also have a role to play, in moderation. Fat transports the fat-soluble vitamins A, D, E and K around the body. It also cushions and protects the internal organs.

Sugar is another food that gives us energy, whether it’s the naturally occurring fructose sugars in fruit or sucrose in table sugar. But, other sources of carbohydrate, for example starchy foods, are a better choice for the nutrients they provide.

**(349words)**

(From <http://www.bbc.co.uk/science/0/22028519>)

**Passage 2**

Diarrhea, which is characterized by frequent and watery bowel movements, is often caused by gastrointestinal infections, although it can also come from other illnesses or changes in diet. Germs such as parasites, viruses, or bacteria all can cause gastrointestinal (GI) infections.

Which germs are responsible for diarrhea depends on the geographic area a person lives in and its level of sanitation, economic development, and hygiene standards. For example, countries that have poor sanitation or use human waste as fertilizer tend to have outbreaks of diarrhea when intestinal bacteria or parasites contaminate crops or drinking water.

In developed countries like the United States, outbreaks of diarrhea are most often caused by what we call food poisoning. Food poisoning happens when toxins made by bacteria in food that is not handled, stored, or cooked properly make a person sick.

The viruses that cause diarrheal illness, also known as viral gastroenteritis, can pass through a household (or a college dorm or other place where lots of people live together) quickly because they're highly infectious. Luckily, the diarrhea usually goes away on its own in a few days. For healthy teens and adults, viral gastroenteritis is a common but minor inconvenience. But for small children and people with chronic illnesses, it can lead to dehydration that requires medical attention.

Many different types of bacteria and parasites can also cause GI infections and diarrhea. Most are not serious and go away after a few days, but others can be quite serious.

**(246 words)**

(From http://kidshealth.org/teen/infections/intestinal/diarrhea.html)

**Script**

**Unit 5**

## Part I Listening and speaking

**Dialogue**

P: Good morning, Doctor.

D: Good morning, Mr. Jefferson, please be seated.

P: Thank you.

D: Mr. Jefferson, I want to ask you some questions about your condition. What symptoms are you having now?

P: I have been having a high fever and feeling dizzy and tired for several days. I feel tightness in my chest. Yesterday the symptoms have been getting worse. After a little activity I am short of breath and I have to rest for about 10 minutes.

D: Have you taken your temperature?

P: No, doctor. I’ve just been feeling quite flushed lately.

D: OK, let’s take it right now. Open your mouth and put it under your tongue. (After several minutes) Oh, it’s 40.

D: Do you have chills?

P: Yes, sometimes.

D: Did you take something for the fever?

P: Aspirin, but it didn’t help.

D: Do you have a cough?

P: I have a cough, but I also seem to wheeze a lot.

D: Is this a recent symptom, or have you had it for some time?

P: I’ve had it for some time, Doctor.

D: Do you bring up quite a bit of phlegm or is it a dry cough?

P: I feel phlegm in my throat. I bring up quite a bit of phlegm.

D: What is the phlegm like?

P: What do you mean?

D: Can you describe the phlegm for me? What color is it? Is it white or greenish, and is it frothy or sticky?

P: Yes, it’s yellowish and feels kind of like jelly.

D: Does it have a strange smell or taste?

P: No, I don’t think so.

D: Has there ever been blood in it?

P: Yes, just once I noticed some blood in it.

D: Do you smoke?

P: Yes, quite a bit.

D: Oh, really? How much?

P: About 2 packs a day.

D: Let’s take a look. I’ll listen to your lungs to begin with. Please lie down on the couch. Please.

P: OK. Is there anything wrong?

D: I’m sure it’s pneumonia. You should be admitted to hospital and you have to stop smoking.

P: Do you think smoking is the main cause of my trouble?

D: I’m sure of it. It doesn’t mean if you stop smoking it will get all right. But it does mean if you go on smoking it will get worse.

P: Ok. I’d better not smoke any more.

D: Yes, exactly. You’ll go out to see Nurse Kate. She will arrange the hospitalization for you.

P: Thank you, doctor. Goodbye.

D: Bye-Bye.

**(429 words)**

(From Authentic Consulting-Room Activities for Doctors, Dentists, Students and Nurses)

**Passage 1**

Weather can bring on asthma symptoms. Some people find their asthma gets worse at certain times of the year. For others, a severe storm or sudden weather change may trigger a flare-up.

Cold, dry air is a common asthma trigger. Cold, dry air can cause bad flare-ups. That’s especially true for people who play winter sports and have exercise-induced asthma.

Hot, humid air also can be a problem. In some places, heat and sunlight combine with pollutants to create ground-level ozone. This kind of ozone can be a strong asthma trigger.

Wet weather and windy weather can cause problems, too. Wet weather encourages the growth of mold, and wind can blow mold and pollen through the air.

If you think weather may be triggering your asthma, work with your doctor to track your symptoms using an asthma symptoms trigger diary. Do you think that your asthma may be triggered by pollen, mold, or other allergens? Ask your doctor about allergy testing.

If air quality or weather affects you, there are some things you can try to make things better:

Watch the weather forecast: Many forecasts give information on pollen counts and other conditions that might affect your asthma.

Limit your outdoor activity on days when your triggers are strongest.

Wear a scarf over your mouth and nose when you’re outside during very cold weather.

Close windows to keep pollens and molds out. This can be important at night while you are sleeping. If it’s hot, turn on the air conditioning. Not only is air conditioning cooling, it also dries and even filters the air you breathe.

Stay indoors early in the morning (before 10 a.m.) when pollen levels are at their highest.

Avoid mowing the lawn and raking leaves.

Keep your quick-relief medicine with you at all times.

**(305 words)**

(From: <http://kidshealth.org/teen/asthma_center/treatment/weather_asthma.html>)

**Passage 2**

Bronchitis is an inflammation of the lining of your bronchial tubes, which carry air to and from your lungs. Bronchitis may be either acute or chronic.

Often developing from a cold or other respiratory infection, acute bronchitis is very common. Chronic bronchitis, a more serious condition, is a constant irritation or inflammation of the lining of the bronchial tubes, often due to smoking. Acute bronchitis usually improves within a few days without lasting effects, although you may continue to cough for weeks. However, if you have repeated bouts of bronchitis, you may have chronic bronchitis, which requires medical attention. Chronic bronchitis is one of the conditions included in chronic obstructive pulmonary disease, in short form, COPD.

Treatment for bronchitis focuses on relieving your symptoms and easing your breathing.

For either acute bronchitis or chronic bronchitis, signs and symptoms may include: cough, production of mucus, which can be clear, white, yellowish-gray or green in color, fatigue, slight fever and chills, and chest discomfort.

If you have acute bronchitis, you may have a nagging cough that lingers for several weeks after the bronchitis resolves. Chronic bronchitis is defined as a productive cough that lasts at least three months for two consecutive years. If you have chronic bronchitis, you’re likely to have periods when your signs and symptoms worsen. At other times, you may have acute bronchitis on top of your chronic bronchitis. In some cases, the cough may disappear only to reappear later.

Acute bronchitis is usually caused by viruses, typically the same viruses that cause colds and influenza. Antibiotics don’t kill viruses, so this type of medication isn’t useful in most cases of bronchitis.

The most common cause of chronic bronchitis is smoking cigarettes. Air pollution and dust or toxic gases in the environment or workplace also can contribute to the condition.

**(302 words)**

(From: <http://www.mayoclinic.com/health/bronchitis/DS00031>)

**Script**

**Unit 6**

## Part I Listening and speaking

**Dialogue**

D: Could you tell me what’s been worrying you, Mr. James?

P: Well, my waterworks are not as good as they used to be. I am getting up an awful lot and I’m running to the toilet all the time.

D: Do you have much in the way of urgency, that is when you need to go to the toilet, can you hold on until you get there?

P: Yes, every time I go to the toilet I need to get there quite quickly.

D: Do you ever not get to the toilet on time? Does it ever leak or dribble before you reach the toilet?

P: That happened to me twice, doctor.

D: Well, when you go to the toilet, does it take some time to begin or do you begin quite quickly?

P: It usually starts quite quickly. Sometimes it starts before I get there.

D: When you pass water, does it come away with good force, is the stream good?

P: No, it’s not as good as it used to be. It just dribbles.

D: When you stop, does it dribble on at the end? Does it continue to leak after you pass water?

P: Yes, I always wet my pants. It leaks into my pants.

D: Do you feel you empty your bladder fully, or after a short time do you feel you need to pass water again?

P: Yes, when I get up in the morning, I pass water and then I need to go half an hour later to pass water again.

D: How much do you pass? Do you pass a lot of water or just a little?

P: A little.

D: How often do you actually go to the bathroom during the day?

P: Well, it’s really increased over the past week. I guess I go at least 15 or 20 times.

D: Is it worse during the day or worse during the night?

P: It’s bad during both day and night.

D: Have you ever noticed a creamy discharge when you passed your water in the past?

P: No, I can’t say that I have.

D: Do you have any stinging or burning when you urinate?

P: Yes, sometimes.

D: Have you ever noticed any difference in the color of the urine? Is it any darker or have you ever noticed any blood in it?

P: No, I don’t think it’s any darker and I haven’t noticed any blood in it.

D: Have you ever had any kidney surgery or surgery for stones?

P: No, I haven’t.

D: OK. Why don’t you undress now, and I’ll be back in a few minutes to examine you?

P: All right, Doctor.

**(452 words)**

(From Maria Gyorffy, *English for Doctors*, Shanghai: Fudan University Press, 2011)

**Passage 1**

Patient: Last week, my husband fainted while urinating. His doctor said he might have micturition

syncope. What causes this, and what can he do about it?

Doctor: Micturition (or post-micturition) syncope is fainting during or, more commonly, immediately after urination due to a severe drop in blood pressure. Micturition syncope is most common in older men and usually occurs at night after a deep sleep.

The exact cause of micturition syncope isn’t fully understood. But it may be related to opening (vasodilation) of the blood vessels that occurs when getting up and standing at the toilet or that occurs during the rapid emptying of a full bladder. This is thought to result in a sudden drop in blood pressure. Other factors that may play a role in micturition syncope include: alcohol, hunger, fatigue, dehydration, medical conditions, such as a respiratory infection, and use of alpha blockers to improve urination in men with prostate problems.

Micturition syncope is uncommon and should be evaluated by a doctor because it may indicate an underlying medical condition. Prevention of micturition syncope depends on recognizing the factors that contribute to micturition syncope and avoiding them.

Some strategies you might suggest to your husband to avoid micturition syncope and possible resulting injury are: avoid excessive drinking of alcohol; don’t get out of bed suddenly — first, sit on the edge of the bed and move your legs, making sure you are not dizzy or lightheaded; urinate sitting down; ask your doctor whether any medications you’re taking may be causing your condition.

As much as possible, ensuring the floor from your bed to the bathroom is carpeted or padded is also a good strategy for avoiding injury from a potential fall.

**(283 words)**

(From <http://www.mayoclinic.com/health/micturition-syncope/AN01608>)

**Passage 2**

In older men, it is quite common for the prostate to enlarge and cause the symptoms you have been experiencing. To relieve symptoms, it may be necessary to remove the prostate but there are some drugs which may help. Before doing anything, we need to do some tests on your urinary tract. Unfortunately, I don’t think the drugs will help in your case so we will have to operate. Before your operation, I would like to explain what happens when your prostate gland is removed. You will have a few tests before your operation, such as blood and urine tests, heart tracing, a chest X-ray and sometimes an IVP (intravenous pyelogram), which means we’ll inject some contrasting dye into your vein which will pass through your kidneys and then we’ll take some X-rays of your kidneys. You will speak to an anesthetist who will decide on your type of anesthesia – a general – when you would be completely asleep or an epidural which only numbs the lower part of your body.

There are two ways of removing the prostate. One is by operating after inserting a telescope through the penis or by making a cut in the lower abdomen. I’ll decide which method to use after I’ve examined you.

After the operation your urine will be drained by a tube called an indwelling catheter. You may have some blood in the tube. Your bladder will be washed with water. You’ll also have a tube in your arm called an IV which may supply you with saline or blood.

It’s recommended that you start drinking large quantities of fluid after the operation. You can have tea, coffee, squash or water but fizzy drinks are not recommended. This will speed up your recovery and wash away the blood in the catheter.

The bladder tube will be removed 2-5 days after the operation. You should continue to drink as much as possible and pass water every two or three hours. Depending on your recovery, you are usually allowed home after about five days. Drink a lot of liquids at home and we’ll give you a stool softener to avoid constipation. If you have any problems, call your doctor.

Your sex life will change a little. You can have intercourse a few weeks after the operation, but you will not emit any semen from your penis at sexual climax. Your semen will flow into your bladder and your urine may be cloudy after intercourse. You are unlikely to produce any further children but should not rely on this as safe contraception.

**(424 words)**

From Maria Gyorffy, *English for Doctors*, Shanghai: Fudan University Press, 2011)

**Script**

**Unit 7**

## Part I Listening and speaking

**Dialogue**

D: How long has it been since your last period?

P: Come to think of it, about two or three months.

D: Do you think you might be pregnant?

P: Well, I think it’s possible, Doctor. The last few weeks I’ve been feeling really quite queasy in the morning and I’ve gone off some of my favorite foods. I’ve started eating the most peculiar staff. And now I can never get enough of them. I’ve also noticed that my breasts are really tender like they get before a period.

D: Have you felt sick or been sick at all?

P: Well, I suppose I should have guessed myself that I might be pregnant because the last three mornings I’ve been feeling really, really sick and I actually vomited this morning. I’ve also been feeling terribly tired and I keep having to rush to the loo. I’ve also felt quite on edge and anxious. The other thing is that my breasts seem to have got bigger. I’ve always been a 32 B cup up until now and I would swear that they’re getting larger.

D: Let’s do a pregnancy test and we’ll see what it shows….The pregnancy test from the blood has shown that you’re pregnant. Can you remember exactly when the first day of your last period was?

P: Not exactly, but I think it must have been about eight weeks ago.

D: Well, working it out roughly from the first date of your last period, it looks as though you’ll be having your baby at the end of October.

(Two months later)

D: Have you felt the baby move at all?

P: Well, just a little bit. I felt this sort of fluttering feeling in my tummy. The first time I thought it was wind but then it came back again, so I think it must have been the baby kicking.

D: Have you had any other problems, any burning or stinging when you pass your urine?

P: Yes, it’s very uncomfortable at times and I have also had this discharge from down below and it’s getting itchy.

D: Well, we’ll have to have a look down there and we’ll probably take a swab but it sounds as though you might have a touch of thrush which is something common in pregnancy and quite easily sorted out…Have you had your ultrasound scan recently?

P: No, I’m due for one next week.

D: They can show whether the baby is growing well.

**(418 words)**

(From Maria Gyorffy, *English for Doctors*, Shanghai: Fudan Unversity Press, 2011)

**Passage 1**

American scientists say they have found evidence that even moderate alcohol intake by pregnant women may cut off oxygen to the developing fetus. This lack of oxygen could cause brain damage.

Dr. Anil Mukerji said studies done on pregnant monkeys showed that alcohol can severely limit the blood flow through the umbilical cord. The umbilical cord carries food and oxygen to the fetus. Dr. Mukerji said he believes that moderate or heavy alcohol drinking by pregnant women may have a similar effect on human fetuses.

Dr. Mukerji and Dr. Garry Harjin did their experiments at the National Institute of Child Health and Human Development in Maryland. They gave pregnant monkeys enough alcohol to produce the same effects as 3 to 5 alcoholic drinks for a pregnant woman. The doctors examined how the alcohol in the monkey’s blood affected the umbilical cord. The scientists found that soon after they gave the alcohol to the monkeys, all of the blood vessels in their umbilical cords closed down. The closed blood vessels permitted only about 15 percent of the normal supply of oxygen to reach the fetus. The blood vessels opened slowly, returning to normal in about one hour.

The scientists said that the sudden interference in blood flow through the umbilical cord had a very harmful effect on the monkey fetuses. All of the fetuses suffered from severe lack of oxygen and dangerously low levels of acid in their blood. The lack of oxygen can cause serious brain damage. Low acid levels could produce heart attacks.

**(254 words)**

(From Zhao Guiwang; Su Weinong, *Medical English Watching, Listening and Speaking*, Qingdao: Press of Ocean University of China, 2008.)

**Passage 2**

Health experts at one time feared that birth control pills might lead to an increase in cancer among women. Instead, recent studies show that the pills may really help protect women from getting some cancers, especially cancers of the ovaries and uterus. The protection may last as long as 10 years after a woman stops using the pill. Studies also have linked birth control pills to a reduction in some other sicknesses including iron deficiency anemia, pelvic inflammation and possibly rheumatoid arthritis.

It is believed that about 50 million women around the world use birth control pills. Another 150 million once did. Health officials say this common use of the pill has led to some health problems. For example, women who use the pill face 3 times the normal danger of dying from a heart attack. This danger is reduced sharply, however, if pill users do not smoke cigarettes.

Other studies link the pill to small increases in the danger of high blood pressure and of gallstones. But researchers say there is no evidence of any connection between the pill and cancer. There was a great fear at one time that birth control pills would increase the danger of breast cancer, the most common cancer among women. But studies in the United States and Britain found no such increase even among women who had used the pill for many years. The pill does not protect against breast cancer. But many studies have shown that women who use the pill have fewer non-cancerous breast tumors.

**(254 words)**

(From Zhao Guiwang; Su Weinong, *Medical English Watching, Listening and Speaking*, Qingdao : Press of Ocean University of China, 2008)

**Script**

**Unit 8**

**Part I Listening and speaking**

**Dialogue**

P: Good afternoon, doctor. My lab results have come back and the nurse asks me to come and see you.

D: OK, sit down please.

P: My LDL (low-density-lipoprotein) cholesterol is 180, and the normal is less than 100. What does it mean? Is it serious?

D: It can be serious. If your LDL is high, cholesterol deposits accumulate in your blood vessels and build up fatty plaques.

P: How serious could it be?

D: Over the years, it can make your blood vessels narrower and less flexible. If your blood vessel is very narrow, the blood flow through it is limited. This can cause angina. If the blood vessel is completely blocked by the plaque, or a blood clot forms on the plaque, a heart attack, stroke, or other serious conditions may result.

P: That’s really terrible.

D: Right. That’s why LDL is also called the bad cholesterol.

P: I’ve heard of that before. So, LDL is the bad cholesterol. Is there a good cholesterol?

D: Yes, the good cholesterol is HDL (high-density-lipoprotein). LDL and HDL are both fat substances in our blood stream. LDL attaches itself to artery walls where it can build-up and eventually block the arteries. But HDL travels around in the blood stream, picking up excess LDL and cleaning the blood vessels.

P: I see.

D: For all individuals, the desirable level of HDL is 40 mg/dl or above, while ideally the LDL should be below 100 mg/dl.

P: My HDL is 35. Hey, look at my numbers. The good cholesterol level is low, but the bad cholesterol level is high. Just the opposite of what it should be.

D: You are right. Actually I’m talking about the normal or desirable levels for healthy individuals. When you have any risk factors for heart disease, the recommended level of LDL might go lower. For instance, since you have hypertension and unstable angina that might affect your target LDL level.

P: What does that mean?

D: That means you should get more aggressive treatment to lower your LDL in order to decrease the chances of having a heart attack. Your treatment goal of your LDL is 70 mg/dl, not 100.

P: What treatment would I need, then?

D: To begin with, you will need to make lifestyle changes regarding diet and exercise. Next, you will need medications. I will prescribe Lipitor for you. You should start to take it today.

P: Is it a pill?

D: Yes, it’s a medication that’s clinically proven to lower cholesterol levels.

P: So the pill will get rid of the extra LDL?

D: It will help. In addition to taking medications, you will have to make some dietary changes and even lifestyle changes that’ll be good for your heart health and overall well-being.

P: What do I need to do?

D: Limit fatty food, fast food, and fried food; limit processed food and high sugar food; use olive oil for cooking…um…egg yolk is high in cholesterol, you should avoid it in your diet too.

P: OK. Some of my friends are taking fish oil as supplements. Is fish oil effective in correcting the cholesterol levels? Can I take some fish oil too?

D: Yes. Taking some fish oil would help because Omega-3 fatty acids in fish oil can significantly decrease LDL as well as raise HDL.

P: I see. Thank you.

**(559 words)**

(From Liu Chen, Cholesterol & Heart Health, *Professional English for Nurses*, Beijing: Foreign Language Teaching and Research Press，2011)

**Passage 1**

It is said that calcium supplements may increase the risk of heart attack. Is this true? Some doctors think it’s possible that taking calcium supplements may increase your risk of a heart attack. Other doctors believe that calcium supplements have little or no effect on your heart attack risk.

There’s concern about calcium supplements and heart attack risk because many people take calcium supplements to treat or prevent bone diseases, such as osteoporosis. A recent study from the National Institutes of Health suggests there is an increased risk of heart attack, stroke or other cardiovascular diseases from taking calcium supplements for men only. Other studies suggest there is an increased risk for both men and women.

It’s thought that the calcium in supplements could make its way into fatty plaques in your arteries — a condition called atherosclerosis — causing those plaques to harden and increase your risk of heart disease.

More research is needed before doctors know the effect calcium supplements may have on your heart attack risk. The calcium supplements that some doctors are concerned about are those that contain only calcium — not supplements that combine calcium and vitamin D or multivitamin supplements. Calcium from food sources, such as dairy and green leafy vegetables, is not a concern.

Current recommendations regarding calcium supplements for people who have, or have risk factors for osteoporosis haven’t changed. As with any health issue, it's important to talk to your doctor to determine what’s best in your case.

**(245 words)**

(From <http://www.mayoclinic.com/health/calcium-supplements/AN01928>)

**Passage 2**

An arrhythmia is an abnormal heart rhythm usually caused by an electrical “short circuit” in the heart.

The heart normally beats in a consistent pattern, but an arrhythmia can make it beat too slowly, too quickly, or irregularly. This can cause the heart muscle’s pumping function to work erratically, which can lead to a variety of symptoms, including fatigue, dizziness, and chest pain.

What Causes Arrhythmias?

The heart has its own conduction system, or electrical system, that sends electrical signals around the heart, telling it when to contract and pump blood throughout the body. The electrical signals originate from a group of cells in the right atrium, called the sinus node. The sinus node functions as the heart’s pacemaker and makes sure the heart is beating at a normal and consistent rate. The sinus node normally increases the heart rate in response to factors like exercise, emotions, and stress, and slows the heart rate during sleep.

However, sometimes the electrical signals flowing through the heart don’t “communicate” properly with the heart muscle, and the heart can start beating in an abnormal pattern — an arrhythmia (also called dysrhythmia).

Arrhythmias can be temporary or permanent. They can be caused by several things, but also can occur for no apparent reason. Arrhythmias can be congenital (meaning people are born with it), sometimes due to a birth defect of the heart but sometimes even when the heart has formed normally.

Other causes of arrhythmias in children include chemical imbalances in the blood, infections, or other diseases that cause irritation or inflammation of the heart, medications (prescription or over-the-counter), and injuries to the heart from chest trauma or heart surgery. Other factors, such as illegal drugs, alcohol, tobacco, caffeine, stress, and some herbal remedies, can also cause arrhythmias.

**(293 words)**

(From <http://kidshealth.org/parent/medical/heart/arrhythmias.html>)

**Script**

**Unit 9**

## Part I Listening and speaking

**Dialogue**

P: I am having a problem with my eyes. My vision’s been very poor lately. It’s very blurred, and

I’ve got to have a bright light to read anything these days.

D: With the vision that you’ve got, are you able to do very delicate things, or is it holding you

back? Is your vision interfering with your lifestyle?

P: I’m not sure, doctor.

D: I see. Are you still having trouble with your diabetes?

P: Yes, I was diagnosed when I turned 14. I was always thirsty, tired and depressed. I have been

getting insulin shots ever since and it gradually came under control.

D: I see. Then let’s do an examination on your eyes. …The problem is that you have a cataract.

It’s opacity of the lens of the eye. It’s often associated with diabetes or with getting older. I

suggest you have an operation.

P: Is it so serious?

D: You have nothing to lose by waiting for the operation. But I wouldn’t put off the decision if I

were you because the sooner you have your operation done, the sooner you’ll be able to get

back your normal sight. You do have an early degree of cataract. No need to worry a lot.

P: In that case, I felt relieved.

D: Cataract is very common. Almost every one over the age of 50 or 60 has it and it’s almost

normal to have some degree of cataract then. If the cataract interferes with your ability to enjoy

your life, then we would consider operating.

P: What is the success rate of the operation?

D: Generally speaking, we need to do an artificial intraocular lens implantation. This is the very

latest technique and we have had some excellent results for it. I can’t guarantee putting a lens

implant in, but nine times out of ten we have no problems getting a lens implant in.

P: Could you tell me about the procedure of surgery?

D: Yes. Before the operation, we will measure your eye to decide on the lens that you need.

During the operation we’ll give you a local anesthetic and something to help you relax, so

you’ll be awake for the whole process. But you won’t be able to see or feel anything. Then we

make a small cut on the surface of your eye and remove the grey lens. If all goes well, we put in

the lens implant. It will only take about 20 minutes to finish the operation.

P: What are the issues I should pay attention to after the operation?

D: After the operation you can carry on with life as usual except for strenuous activities. You’ll

have to use eye drops as well and come back to let us check on how the eye is healing. Six

weeks after the operation, we’ll prescribe some glasses for you.

P: What if I don’t have the operation conducted?

D: If we didn’t put the lens implant in, there’s still something else we can do. We can either put a

contact lens on or we can give you a plus 10 (+ 10) dioptre lens to correct your vision or

consider putting a lens implant in the eye at a later date.

P: Thank you, Doctor. I’ll think about it.

D: Let me know when you do decide to have the operation as soon as possible, and we can put

you on the waiting list. Keep in mind that you should strictly control your blood glucose index within the normal range, and prevent any infections before the operation.

**(594 words)**

(From Maria Gyorffy, *English for Doctors*, Shanghai: Fudan University Press , 2011)

**Passage 1**

Diabetic Diet for diabetics is simply a balanced healthy diet which is vital for diabetic treatment. However, a lot of people have the misconception that these diet consist only diabetic foods. The regulation of blood sugar in the non-diabetic is automatic, adjusting to whatever foods are eaten. But, for the diabetic, extra caution is needed to balance food intake with exercise, insulin injections and any other glucose altering activity. This helps diabetic patient to maintain the desirable weight and control the glucose level in their blood. It also helps to prevent diabetic patients from heart and blood vessel related diseases. Research shows that regardless of the makeup of the diet, eating just enough calories to maintain an ideal weight is the most effective dietary strategy to prevent the onset of diabetic.

Recommendations of diabetic diet differ from person to person, based on their nutritional needs, lifestyle, and the action and timing of medications. For example, diet for Type I diabetic focus mostly on matching food intake to insulin whereby one needs to know when insulin peaks and how fast the body metabolizes different type of foods. In Type II diabetic, the concern may be more oriented to weight loss in order to improve the body’s ability to utilize the insulin it does produce. Thus, teaching people about the basic of food nutrition will be able to help them in adjusting diet to suit their particular condition.

Whether it is Type I, Type II diabetes or Gestational diabetes, the goals of achieving control of blood glucose levels are similar: to keep blood glucose as near as possible to that of a person without diabetes.

These points are the key recommendations:

* Spacing meal throughout the day, helps a person avoid extremely high or low blood glucose levels.
* Diet undertaken with the supervision of a doctor.
* Intake of food which help lower blood cholesterol.
* Use Exchange lists in planning diabetic diet.

**(325 words)**

（From <http://www.diabetes-diabetic-diet.com/>）

**Passage 2**

**Endocrine system facts**

The endocrine system is in charge of many important aspects of the body. The endocrine system contains glands that are responsible for the hormone production in the body. These glands regulate different life processes by coordinating cooperation between them efficiently. The hormones that are secreted by these glands serve as messengers that transfer vital information from one part of the body to the other. These hormones pass directly into the bloodstream for transference.

The nervous system and the endocrine system function in harmony. The nervous system is responsible for sending out electrical messages to coordinate body organs; whereas the endocrine system releases chemicals to communicate to different parts of the body. These chemicals, also known as hormones, are synthesized and secreted by the endocrine glands. Development, growth, metabolism, and reproduction are all activated and maintained by the endocrine system. The term “endocrine” refers to the body’s reaction to stimuli via hormone released into the bloodstream.

**The Glands of the Endocrine System**

The endocrine system is composed of seven major glands. These glands are: The hypothalamus, the pituitary gland, the pineal gland, the adrenal glands, the thyroid gland, the pancreas and the reproductive glands or gonads (the ovary or testes, depending on gender).

***Hypothalamus***: The hypothalamus is located in the central part of the brain, and is the main link between the endocrine and nervous systems. It regulates body temperature and metabolism. It also secretes hormones that regulate the hormone secretions of the pituitary gland.

***Pituitary Gland***: No larger than the size of a pea, the pituitary gland is situated at the base of the brain, located just below the hypothalamus. The pituitary gland is often considered to be the most important gland in the endocrine system, because it regulates the hormone production of the other glands.

***Thyroid Gland:*** The thyroid gland is located on the front part of the lower neck and is shaped like a butterfly. This gland secretes two different hormones: Triiodothyronine and thryoxine. The thyroid gland is in charge of controlling the body’s metabolism. There are four tiny glands that are attached to the thyroid, called “parathyroids”. They serve to regulate calcium in the blood. Additionally, the thyroid also plays a role in the development of the brain and of bone growth in young children.

***Adrenal Glands***: These pair of glands are located on top of each kidney. They are triangular-shaped and consist of two different parts. The exterior of the gland is known as the “adrenal cortex”, and the interior is known as the “adrenal medulla”. These glands secrete hormones that are responsible for dealing with stress by increasing the body’s heart rate and blood pressure. Additionally, they maintain the water and salt balance in the body.

***Pineal Gland***: This gland is located in the center of the brain. It is responsible for the hormone production of melatonin. Melatonin regulates the wake and sleep cycle of the body.

***Reproductive Glands***: The reproductive glands, also called the gonads, are the primary source of sex hormones. The female glands are called ovaries, and they produce the hormones estrogen and progesterone. The male glands are called testes, and they produce hormones called androgen and testosterone.

***Pancreas***: This organ has both digestive and hormonal functions. Insulin and glucagon are two very important hormones that are produced by this double gland. These hormones regulate blood sugar levels in the body. A decrease in the production of insulin can lead to diabetes.

**(565 words)**

（From 29th November 2013, Medical Digest）

**Script**

**Unit 10**

## Part I Listening and speaking

**Dialogue**

D: Tell me about your headache.

P: I get a headache that comes and goes.

D: Tell me whereabouts the headache is.

P: It seems to be on the right side of my head.

D: How long does the headache last when you get it?

P: It varies. It can be half an hour and 4 or 5 hours.

D: So this is not the first time you have had the headache, is it?

P: No, it isn’t.

D: Then how long have you been having these headaches?

P: I’ve had them for several months. They seem to have been there for most of the past year.

D: Can you describe the headaches?

P: They are like a band all around my head. Sometimes they’re like a weight pressing down on the top of my head.

D: When you get the headache, does anything else happen at the same time?

P: Yes, I get flashing lights that seems to be in the right eye.

D: Anything else?

P: Yes, I feel sick.

D: Do you ever actually vomit?

P: Sometimes I actually vomit.

D: What do you do when you get the headache?

P: Well, I’m not able to carry on with what I’m doing. I have to go to a dark room and lie down.

D: Have you found any medication that helps your headache?

P: Sometimes if I take an aspirin early in the course of the headache the aspirin seems to help, at other times nothing seems to help.

D: Does anybody else in your family have this sort of a headache?

P: Yes, my mother used to suffer from migraines, but that was when she was younger.

D: Did you have any accidents happen to your head before this headache?

P: I injured my head about one year ago. I was in a car which was hit from behind and I banged my head on the windscreen. I was knocked out for a few seconds, and I was taken to the hospital. They examined me and said everything was all right. But since then I’ve had headaches which are there all the time.

D: I think we’ll do some tests and take a CT to check out what has happened. What’s more, I am going to arrange for you to have a special test of the electrical activity of the brain which is called an electroencephalogram (EEG). We’ll ask you to lie down on a couch and then the technical staff will connect you up to about 20 small electrodes which we stick to the surface of the head using special glue. Then you need to relax and lie still while a special machine records the electoral activity of the brain.

**(453words)**

(From Maria Gyorffy, *English for Doctors*, Shanghai: Fudan University Press, 2011)

**Passage 1**

**Bilingualism May Delay the First Signs of Dementias**

New research suggests that speaking more than one language may delay different kinds of dementia, that is the loss of mental ability. In fact, researchers say, speaking two languages appears to be more important than the level of education in defending against dementias.

A study in India examined the effect of knowing more than one language in delaying the first signs of several disorders, including Alzheimer's disease, vascular dementia, and mixed dementias. Researchers studied nearly 650 people whose average age was 66. Two hundred and forty of those studied suffered from Alzheimer's, the most common form of mental decline.

Three hundred ninety-one of the subjects spoke two or more languages. Investigators found the dementias began about four-and-a-half years later in those who were bilingual compared to those who spoke only one language. The level of education had no effect on the age at the first sign of dementia.

Thomas Bok helped to organize the study. He suggests that individuals who speak more than one language train their brains by moving back and forth between different words and expressions.

Mr. Bok believes this effort improves what scientists called attention to tasks, this mental ability often weakens in people with dementias.

Researchers found there was no extra gain in speaking more than two languages.

Mr. Bok says it does not appear important whether you learn a language at a young age or later in life.

"So it's not something you sort of say that you missed the boat when you do not do it as a baby.' It is something that is still quite useful and powerful when you do it as an adult," he said.

Scientists found that speaking more than one language help delay the first signs of dementias, even in those who could not read.

An article on the benefits of bilingualism on dementias was published this month in the journal Neurology.

**(313 words )**

(From http://www.51voa.com/VOA\_Special\_English/bilingualism-may-delay-the-first-signs-of-dementias-53843.html)

**Passage 2**

**Epilepsy: Mysterious and Sometimes Misunderstood**

Epilepsy is a disorder where bursts of electrical activity in the brain result in seizures. A seizure can involve part or all of the brain. It can be minor and a few seconds long or severe and last for several minutes.

Victims can shake uncontrollably and have brief periods where they do not wake up. Many people misunderstand epilepsy. They may see it as a mental disability or even fear it as a sign of evil.

The World Health Organization says more than fifty million people have epilepsy. At least half of all cases develop in children and teenagers.

The Epilepsy Foundation in the United States says ten percent of adults will have a seizure sometime during their life. In most cases the cause is unknown, called benign idiopathic seizure.

The Epilepsy Foundation says more than three million Americans, or one percent, are treated for the condition. Anti-seizure medicines are the most common treatment. But side effects can include sleepiness and difficulty thinking clearly.

Some doctors advise a special diet called a ketogenic diet to help control seizures. Experts warn, though, that this high-fat, low-carbohydrate diet requires close medical supervision and is not for everyone.

Doctors may also try to control epilepsy through brain operations.

To help a person during a seizure, stay calm and try to time how long it lasts. Clear the area of any objects that could injure the person and loosen anything around the neck that could restrict breathing.

Turn the person gently onto one side to keep airways open. Put something flat and soft under the person's head. But do not try to put anything in the person's mouth.

You may have heard it said that people can swallow their tongue during a seizure. Not true, says the Epilepsy Foundation. In fact, it says trying to hold the tongue down could damage the teeth or jaw.

**( 312 words)**

(From http://www.51voa.com/VOA\_Special\_English/Health\_Report\_19277.html

**Script**

**Unit 11**

## Part I Listening and speaking

**Dialogue**

Miss Wang: Professor Zeng, my name is Wang Ping. If it isn’t too much trouble for you, could you please give me some information about AIDS?

Prof. Zeng: It isn’t any trouble. I’d be happy to help you in any way I can. Please come in and sit down.

Miss Wang: I’m a tour guide for a tourist service and have to deal with various tourists from different countries. My colleagues and I all have been threatened by AIDS. We consider that it’s an occupational hazard and much more terrible than hepatitis B …

Prof. Zeng: Hepatitis B? What’s a funny comparison! But, as a matter of fact, they are all contagious diseases caused by virus.

Miss Wang: What kind of virus can cause AIDS?

Prof. Zeng: AIDS is the abbreviation of Acquired Immune Deficiency Syndrome. It’s the first known epidemic disease that strikes directly at human immune system, crippling the very forces that can usually be counted on to come to the body’s defense. The opportunistic infections and various cancers to which AIDS patients are susceptible are thus, in a sense, only symptoms of deeper disturbance caused by AIDS.

Miss Wang: But what actually causes AIDS?

Prof. Zeng: It’s the HIV, Human Immune Deficiency Virus, a kind of retrovirus.

Miss Wang: What I would like to know are how it spreads, and how we can prevent it.

Prof. Zeng: HIV can be transmitted by three routes, that is to say, by sexual contact, blood contamination and vertical transmission. One can be infected by HIV carriers through unsafe sex, sharing intravenous needles and syringes for illicit drugs, and using contaminated blood or blood products. The fetus is able to be infected through the placenta.

Miss Wang: HIV carriers? Are they somewhat similar to those who are Australian antigen positive but haven’t developed real hepatitis yet?

Prof. Zeng: From the epidemiological perspective, they can be considered as the same. The HIV carriers can only be identified by serum examination.

Miss Wang: Are there any medical methods which are able to wipe out AIDS?

Prof. Zeng: To wipe it out? Good heavens! We are fighting against a disease, not a person. Up till the present moment the scientists haven’t found out any drug which can completely cure AIDS and totally eliminate HIV from the human body.

Miss Wang: You mean that HIV is a kind of die-hard virus?

Prof. Zeng: “Die-hard”, it seems not the right word to describe HIV. Indeed, HIV is much more susceptible to heating, drying and some chemicals than hepatitis B virus. It is hard for it to survive outside the human body. The only way for HIV to get into the human body is by direct contact with mucous membrane and blood.

Miss Wang: So shaking hands is actually safe?

Prof. Zeng: You know, Princess Diana of the United Kingdom shook hands with AIDS patients when she visited a special hospital. It is a great misunderstanding resulting in unfounded fear that HIV can be transmitted by casual contact. This misunderstanding and associated fear in turn have caused much controversy. What I should say is that AIDS is preventable. Healthy lifestyle, avoiding risky behaviour and good hygiene habits can protect everyone against the invading of HIV.

Miss Wang: OK! I feel very relieved. Thank you for your kind comments, Prof. Zeng!

Prof. Zeng: Not at all. If there’s anything else I can do, please let me know. Bye-bye.

Miss Wang: Bye-bye!

**(573 words)**

(FromWenxiu Wang, *English-Chinese Medical Conversation*, Beijing: People’s Medical Publishing House, 2010.)

**Passage 1**

Your immune system works around the clock in thousands of different ways, but it does its work largely unnoticed. One thing that causes us to really notice our immune system is when it fails for some reason. We also notice it when it does something that has a side effect we can see or feel. Here are several examples:

1. When you get a cut, all sorts of bacteria and viruses enter your body through the break in the skin. Your immune system responds and eliminates the invaders while the skin heals itself and seals the puncture. In rare cases the immune system misses something and the cut gets infected. It gets inflamed and will often fill with pus. Inflammation and pus are both side-effects of the immune system doing its job.
2. Each day you inhale thousands of germs (bacteria and viruses) that are floating in the air. Your immune system deals with all of them without a problem. Occasionally a germ gets past the immune system and you catch a cold, get the flu or worse. A cold or flu is a visible sign that your immune system failed to stop the germ. The fact that you get over the cold or flu is a visible sign that your immune system was able to eliminate the invader after learning about it. If your immune system did nothing, you would never get over a cold or anything else.
3. There are also all kinds of human ailments that are caused by the immune system working in unexpected or incorrect ways that cause problems. For example, some people have allergies. Allergies are really just the immune system overreacting to certain stimuli that other people don't react to at all. Some people have diabetes, which is caused by the immune system inappropriately attacking cells in the pancreas and destroying them. Some people have rheumatoid arthritis, which is caused by the immune system acting inappropriately in the joints. In many different diseases, the cause is actually an immune system error.

**(338 words)**

(From http://science.howstuffworks.com/Wangfe/human-biology/immune-system1.htm)

**Passage 2**

Although the immune system is very resilient and flexible, a number of factors have been shown to weaken the body’s ability to fight infection. For example, there is a growing scientific consensus that the immune system doesn’t function as efficiently in older adults. According to new research, while the elderly produce the same number of lymphocytes as their younger counterparts, their configuration is different leading to infection-fighting cells that are less vigorous and less effective than in younger adults.

At the same time, research points to psychological stress, lack of adequate sleep, poor diet and lack of exercise as factors that weaken the immune system. Because stress produces many different effects on the endocrine systems, including the well-known fight or flight response, scientists hypothesize that the abilities of the immune system are diminished after frequent activation of the autonomic nervous system in the case of chronic stresses. For example, a large study comparing parents of children with cancer with parents whose children were relatively healthy showed that chronic psychological stress might reduce the immune system's reactions to hormonal secretions that were normally used to fight the inflammatory response.

Regarding the link between sleep and the immune system, research summarized by the National Sleep Foundation finds that sleep deprivation weakens the immune system, increasing susceptibility to colds and the flu. It is also not uncommon for people who suffer from sleep deprivation to suffer from other problems including diabetes, asthma or a second sleep disorder.

The role of nutrition in determining the strength of the immune system has also been widely studied. According to a number of studies, both undernourished people and those who are overweight or obese are at a greater risk from infections. At the same time, research suggests that reducing the amount of fat in the diet may increase immune activity. For these reasons, nutritionists recommend a well-balanced diet that includes plenty of fruit, vegetables, low-fat dairy products and whole grains. In one placebo-controlled study of healthy elderly adults, daily consumption of a multivitamin-multimineral supplement resulted in fewer days of infection-related illnesses.

**(343 words)**

(From [www.immunityfacts.com](http://www.immunityfacts.com))

**Script**

**Unit 12**

**Part Ⅰ Listening and speaking**

**Dialogue**

**Reporter:** Now is the Agriculture time! *Focus Today* is GM crops. Dr. Henson, can you tell us something about GM crops?

**Dr. Henson:** The full name for GM crops is genetically modified crops. They are plants, the DNA of which has been modified using genetic engineering techniques. In most cases the aim is to introduce a new trait to the plant which does not occur naturally in the species. Examples include resistance to certain pests, diseases, or environmental conditions, or resistance to chemical treatments.

**Reporter:** What is the public’s attitude towards GM crops?

**Dr. Henson:** Well, some think that food on the market derived from GM crops poses no greater risk to human health than conventional food. Yet others doubt whether food produced from GM crops is safe and whether GM crops are needed to address the world’s food needs. The key areas of controversy related to genetically modified food are: whether GM food should be labeled, the role of government regulators, the effect of GM crops on health and the environment, the effect on pesticide resistance, the impact of GM crops for farmers, and the role of GM crops in feeding the world population.

**Reporter:** When it comes to genetically modified crops, Europe is looking increasingly isolated. Outside Europe, more GM crops are being grown than ever before, with the U.S, India, China and Brazil all producing GM food. And now research scientists promise a new generation of genetically modified crops nutritionally balanced to feed the world and benefit the environment. If that's true, could they change the European opposition to GM food? Now let’s listen to several farmers.

**Farmer 1:** It’s horrible. You should never tamper with nature. I don’t like the idea at all. It sounds as if they’re doing experiments and horrible things just make the food go further and it’s not…it’s not natural to have thirty five crops of cauliflowers a year when it's a winter vegetable, you know.

**Farmer 2:** Why bother? There is perfectly good food without having it genetically modified. Why take the risk?

**Farmer 3:** No. I don’t know anyone that feels it’s a good thing. I mean the part scientist do, you know, there’s a lot of money involved and I’m always suspicious.

**Reporter:** They are familiar sentiments and ones you’ll hear right across Europe. I’ve been covering the GM food debate for more than ten years for the BBC and on the surface at least, the arguments don’t seem to have moved on. But in this week’s *One Planet* I’ll be hearing how European consumers might be persuaded to learn to love GM crops and how the European Union is under pressure to relax its restrictions on GM technology.

**(450 words)**

(From http://www.hxen.com/englishlistening/cailiao/2009-05-18/77081.html)

(http://en.wikipedia.org/wiki/GM\_crops)

**Passage 1**

Scientists continue to search for genetic answers to why some people live a long time.

One study has now examined more than four hundred fifty people between the ages of ninety-five and one hundred ten. The study looked at changes in genes that govern an important cell-signaling pathway. These genes are involved in the action of a hormone that affects almost every kind of cell in the body. The hormone is called insulin-like growth factor, or IGF-one.

Other researchers have found that mutations to the genes cause two effects in animals. The animals do not grow as big as others of their kind but they live longer. The Einstein team wondered if these changes might also influence how long humans live.

So they looked for the mutations in their study group of Ashkenazi, or Eastern European, Jews. Ashkenazi Jews are more genetically similar than most other groups, so any differences are easier to find.

The researchers compared the findings to other Ashkenazi Jews whose family members did not live as long. In the control group, they say, no one had the mutations. Yet even in the study group, where the average age was one hundred, only two percent of the people had them.

The mutations were found mostly in women. Daughters of those who lived to be one hundred had higher levels of the hormone than people in the control group. And they were an average of two and a half centimeters shorter.

A drug that decreases the action of the IGF-one hormone is currently being tested as a cancer treatment. Nir Barzilai, leader of the Einstein study, says the drug could be useful in delaying the effects of aging.

**(280 words)**

(From VOA Special English http://www.en8848.com.cn/tingli/voaspecial/health08/109052.html)

**Passage 2**

British researchers say they have found a way to stop one of the deadliest forms of breast cancer from being passed from mother to daughter. They do it by screening cells from an embryo before it is implanted.

Genetic testing is not uncommon these days, but this goes beyond the usual testing done on a woman who wants to get pregnant. It actually allows parents to possibly stop a cycle of disease that can be deadly.

27-year-old Sevand Credal has an inherited gene that puts her in a greater risk for breast and ovarian cancer. “My family happened to have the gene which was passed on from my grandmother to my mother to me,” she said. The gene is called BRCA-1. The women who have the gene have 80% chance of developing breast cancer and approximately 50-60% chance of developing ovarian cancer. Not to mention the 50% chance of passing this gene on to their children.

Now a new procedure could prevent this. Doctors in England are celebrating the birth of the first baby genetically-selected without the BRCA-1 gene. The procedure was done by taking out one cell from an embryo. It’s called pre-implantation genetic diagnosis or PGD.

It is exciting and will impact many generations to come, but it’s not a cure-all because not all forms of breast cancer are triggered by this form of genetic mutation. And the procedure is extremely expensive. One estimate is up to $20,000. What’s more, there are critics who have ethical problems with all of this, fearing that doctors will try to screen out all defects.

**(263 words)**

(From Ling Qiuhong, el.，*A Panorama of Contemporary Medical Science*，Shanghai：Fudan University Press, 2011.)