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出版人 杨立敏

网 址 <http://www.ooc-press.com>

电子信箱 [pankeju@126.com](mailto:pankeju@126.com)

订购电话 0532-82032573 (传真)

策划编辑 潘克菊

责任编辑 潘克菊 吴欣欣

电 话 0532-85902533

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## 21世纪高等医学英语系列教材

总主编：郝长江 国林祥

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## 实用医学英语写作

主 编：国林祥 武清宇

副主编：于秀华 孙亚楠 石亦灵 戴月兰 杨联合

编 者：（以姓氏笔画为序）

于秀华 石亦灵 刘 莹 孙亚楠 杨联合

陈红锐 国林祥 武清宇 郝家荣 郑 玲

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## 前言

随着我国改革开放步伐的不断加快，在举国上下实现伟大的中国梦的进程中，大学英语教学的重点已经发展到更加重视专业英语教学的新阶段。这既是大势所趋，也是历史必然。为进一步适应高等医学英语教学的新需求，《实用医学英语写作》的问世便顺理成章了。

《实用医学英语写作》属“21世纪高等医学英语系列教材”之列。读者对象是医学类各专业高年级本科及研究生。

对母语是汉语的中国学生来说，从本质上讲英语写作不是写作过程而是翻译过程。于是，文化差异便成为英语写作过程中必须首要注意和妥善解决的问题，也就是要充分注意汉语的概括性和英语的表述性这两个鲜明的特点。比如要把“健康从早餐开始”翻译成英语就不能译成“Health Begins From Breakfast”，而译成“The Importance of Breakfast”更贴切。《实用医学英语写作》以这样的一个概念作为主线，贯穿全书，旨在切实有效地提高读者的英语写作能力。

语言的学习和运用是一个复杂的过程，是学与用相互促进的过程，更是文化交流的过程，是进一步体会、理解母语的优美准确、丰富的过程，也是更深刻领悟外国语特点和本质的过程。希望本书能让您受益。

编者

2013 年春



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# 第一章 研究论文

医学科技论文的格式和要求，是临床以及医学科研工作者应该了解和掌握的基本知识。英文医学论文包括各种文体的文章，如论著（Original articles）、综述（Reviews）、述评（Comments）、编者按（Editorials）和病例报告（Case reports）等。

在向某个期刊投稿时，应首先了解该期刊对收录论文所要求的格式，即对论文各部分的写作要求。为了规范各种期刊收录论文的格式，国际医学杂志编辑委员会（The International Committee of Medical Journal Editors, ICMJE）专门制订了《生物医学期刊投稿的统一要求》（The Uniform Requirements for Manuscripts Submitted to Biomedical Journals），国际上已有 500 家生物医学杂志采用了该统一要求。

## 1.1 生物医学论文的基本格式

根据国际医学杂志编辑委员会 2010 年修订的《生物医学期刊投稿的统一要求》，用于投稿的生物医学科研论文（以下简称“论文”）包括以下部分：标题页（Title Page）、摘要和关键词（Abstract and Key Words）、引言（Introduction）、材料与方法（Materials and Methods）、结果（Results）、讨论（Discussion）、致谢（Acknowledgments）、参考文献（References）、图例（Legends）、插图（Figures）、表格（Tables）、照片和说明（Plates and Explanations）等。

下面以发表在《新英格兰医学杂志》（*N Engl J Med* 2013; 368: 425-435）上的一篇文章为例，分别介绍论文各部分的基本内容和格式要求。

论文内容	格式说明
Antibiotics as Part of the Management of Severe Acute Malnutrition	论文标题
Indi Trehan, M.D., M.P.H., D.T.M.&H., Hayley S. Goldbach, Sc.B., Lacey N. LaGrone, M.D., Guthrie J. Meuli, B.S., Richard J. Wang, M.D., Kenneth M. Maleta, M.B., B.S., Ph.D., and Mark J. Manary, M.D.	每位作者的姓名和最高学位
From the Department of Pediatrics, Washington University in St. Louis, St. Louis(I.T., G.J.M., M.J.M.); the Departments of Paediatrics and Child Health (I.T.) and Community Health (K.M.M., M.J.M.),University of Malawi, Blantyre; Perelman School of Medicine at the University of Pennsylvania, Philadelphia (H.S.G.); the Department of Surgery, University of Washington,	每位作者的工作单位（括号中是作者姓名首字母缩写）

Seattle (L.N.L.); the Department of Medicine, Weill Cornell Medical College, Cornell University, New York (R.J.W.); and the U.S. Department of Agriculture/Agricultural Research Service Children's Nutrition Research Center, Baylor College of Medicine, Houston (M.J.M.).	
Address reprint requests to Dr. Manary at the Department of Pediatrics, Washington University in St. Louis, 1 Children's Place, Campus Box 8116, St. Louis, MO 63110, or at manary@kids.wustl.edu.	论文单行本的联系人姓名及地址
Abstract	论文摘要
<p><b>BACKGROUND</b></p> <p>Severe acute malnutrition contributes to 1 million deaths among children annually. Adding routine antibiotic agents to nutritional therapy may increase recovery rates and decrease mortality among children with severe acute malnutrition treated in the community.</p>	研究背景: 介绍背景, 说明研究或调查的目的
<p><b>METHODS</b></p> <p>In this randomized, double-blind, placebo-controlled trial, we randomly assigned Malawian children, 6 to 59 months of age, with severe acute malnutrition to receive amoxicillin, cef di nir, or placebo for 7 days in addition to ready-to-use therapeutic food for the outpatient treatment of uncomplicated severe acute malnutrition. The primary outcomes were the rate of nutritional recovery and the mortality rate.</p>	研究方法: 基本研究步骤、研究对象的选择、观察和分析方法
<p><b>RESULTS</b></p> <p>A total of 2,767 children with severe acute malnutrition were enrolled. In the amoxicillin, cef di nir, and placebo groups, 88.7%, 90.9%, and 85.1% of the children recovered, respectively (relative risk of treatment failure with placebo vs. amoxicillin, 1.32; 95% confidence interval [CI], 1.04 to 1.68; relative risk with placebo vs. cef di nir, 1.64; 95% CI, 1.27 to 2.11). The mortality rates for the three groups were 4.8%, 4.1%, and 7.4%, respectively (relative risk of death with placebo vs. amoxicillin, 1.55; 95% CI, 1.07 to 2.24; relative risk with placebo vs. cef di nir, 1.80; 95% CI, 1.22 to 2.64). Among children who recovered, the rate of weight gain was increased among those who received antibiotics. No interaction between type of severe acute malnutrition and intervention group was observed for either the rate of nutritional recovery or the mortality rate.</p>	研究结果: 陈述主要结果, 重点说明特殊数据和统计学意义
<p><b>CONCLUSIONS</b></p> <p>The addition of antibiotics to therapeutic regimens for uncomplicated severe acute malnutrition was associated with a significant improvement in recovery and mortality rates.</p>	研究结论

(Funded by the Hickey Family Foundation and others; ClinicalTrials.gov number, NCT01000298.)	资金来源; ClinicalTrials.gov 网站数据库临床试验编号
( Text )	(正文)
<p>The contribution of severe acute malnutrition to the overall burden of childhood morbidity and mortality is enormous, with more than 20 million children with severe wasting worldwide,<sup>1</sup> an untold number with kwashiorkor, and case fatality rates among hospitalized children that are as high as 50%.<sup>1,2</sup> For decades, the primary management for severe acute malnutrition was based on inpatient rehabilitation with fortified milk formulas.<sup>3</sup> However, international consensus guidelines now recommend the use of ready-to-use therapeutic food (RUTF) — usually a fortified spread consisting of peanut paste, milk powder, oil, sugar, and a micronutrient supplement — in outpatient settings as the preferred management for uncomplicated cases of severe acute malnutrition.<sup>4</sup> Despite the markedly better outcomes observed with this revised outpatient regimen,<sup>5</sup> 10 to 15% of children still do not recover, even in the context of rigorously controlled clinical trials. Even modest improvements in recovery and mortality rates could mean thousands of lives saved annually.</p>	引言部分: 研究背景; 研究意义及必要性
<p>Many studies,<sup>6-15</sup> but not all,<sup>16,17</sup> have shown a high prevalence of clinically significant infections among children hospitalized for severe malnutrition. This observation has led to treatment guidelines recommending the use of routine antibiotic agents even for children treated as outpatients,<sup>4</sup> although outpatients are presumably much less likely to have a systemic infection than are patients with complicated cases that require inpatient care. This recommendation for the use of routine antibiotics is based on expert opinion and has not been directly tested in a clinical trial<sup>18</sup>; and observational data suggest that antibiotics are unnecessary and perhaps even harmful in children with uncomplicated severe acute malnutrition (i.e., children with good appetite and no clinical signs of sepsis).<sup>19</sup></p>	相关研究进展
<p>Most children with severe acute malnutrition can now be treated in rural health posts throughout the developing world.<sup>20,21</sup> Providing antibiotic therapy in addition to RUTF for all malnourished children in this setting would not only be complex and costly but arguably unnecessary or even harmful.<sup>19</sup> We conducted a prospective clinical trial to determine whether the routine administration of oral antibiotics as part of the outpatient management of severe acute malnutrition in children in Malawi was associated with improved outcomes. Rural Malawi is representative of agrarian sub-Saharan Africa and populated primarily by subsistence farmers.<sup>22</sup> An estimated 11% of the adult population in Malawi is infected with the human immunodeficiency virus (HIV), and 53% of the children are stunted (height-for-age z score of less than -2).<sup>23</sup></p>	研究对象及研究目的

METHODS	方法
<p><b>STUDY POPULATION AND ELIGIBILITY</b></p> <p>We enrolled children from December 2009 through January 2011 at 18 feeding clinics in rural Malawi. Each child's weight, length, and mid-upper-arm circumference were measured. Children who were 6 to 59 months of age, with edema (indicative of kwashiorkor), a weight-for-height z score of less than -3 (indicative of marasmus),<sup>24</sup> or both (marasmic kwashiorkor), were eligible for enrollment. Each eligible child was given a 30-g test feeding of RUTF<sup>25</sup> under the supervision of a nurse to verify that the child was an appropriate candidate for outpatient therapy. Children who were too ill to consume the test dose in the clinic were hospitalized for inpatient management. Detailed descriptions of the study methods are provided in the Supplementary Appendix and the study protocol, both of which are available with the full text of this article at NEJM.org.</p>	研究人群及纳入标准
<p><b>STUDY OVERSIGHT</b></p> <p>The study was approved by ethics boards of the University of Malawi, Washington University in St. Louis, and the Malawi government. A data and safety monitoring board monitored adverse events and interim study outcomes. Caretakers of eligible children provided informed oral and written consent before enrollment. Antibiotics were purchased at cost from the St. Louis Children's Hospital Pharmacy. RUTF was purchased at cost from Project Peanut Butter, which is based in Blantyre, Malawi. The first and last authors vouch for the accuracy and completeness of the data and analyses reported, as well as the fidelity of the report to the study protocol.</p>	研究监督: 医院伦理委员会的同意 意见、患者知情同意及 其他相关情况
<p><b>STUDY DESIGN AND INTERVENTIONS</b></p> <p>This randomized, double-blind, placebo-controlled clinical trial compared nutritional and mortality outcomes among children with uncomplicated severe acute malnutrition who received treatment as outpatients with or without antibiotics. All children received standardized counseling and RUTF that provided approximately 175 kcal per kilogram of body weight per day. One group received 80 to 90 mg of amoxicillin suspension per kilogram per day, divided into two daily doses; the second group received approximately 14 mg of cef di nir suspension per kilogram per day, divided into two daily doses. A suspension of 250 mg of amoxicillin per 5 ml was used, and the dose to be given to each child was based on a rounded amount that could be given by the field research pharmacist using the markings on a plastic syringe; a similar rounding of medication dose was used for cef di nir. The control group received placebo twice daily. Caretakers were instructed to administer the study drug in addition to RUTF during the initial 7 days of therapy.</p>	研究设计及干预方法

<p>STUDY PROCEDURES</p> <p>Participants were assigned to their study group when caregivers drew an opaque envelope containing one of nine coded letters corresponding to one of the three intervention groups. Caregivers and study personnel involved in clinical assessments and data analysis were unaware of the intervention assignments. Medications and placebo were distributed in opaque plastic bottles, with a plastic syringe marked with the appropriate dose for the child. After distribution of the study interventions, nurses instructed each caretaker in the use of the syringe to give the study medications and supervised the administration of the first dose in the clinic.</p> <p>After enrollment and caretaker instruction, each child was discharged home with the assigned study medication and a 2-week supply of RUTF.<sup>25</sup> If the household included a healthy child who was close in age to the participant and with whom the food might be shared, an extra allotment of RUTF was provided. Children were scheduled for follow-up visits at 2-week intervals, at which time anthropometric measurements were repeated; caretakers were also asked about the child's interim history and adherence to the assigned intervention.</p> <p>Children who continued to have bipedal pitting edema or a weight-for-height z score below -2 at follow-up visits<sup>24</sup> remained in the study and received nutritional counseling and another 2-week supply of RUTF. Any child whose condition substantially deteriorated during the study or who was still malnourished after six follow-up visits was referred for inpatient care. Children who did not return for follow-up visits were visited at home by community health workers and a member of the study team. Children were considered to have recovered when they were without edema and had a weight-for-height z score of -2 or higher. Children who withdrew from the study, were still malnourished after six follow-up visits, were hospitalized for any reason during the study, or died were considered to have had treatment failure.</p>	<p>研究步骤： 试验分组、用药、回访 等详细研究过程</p>
<p>STATISTICAL ANALYSIS</p> <p>The primary end points were the nutritional recovery and mortality rates in the three study groups. We calculated that a sample of 900 children in each group would provide the study with 80% power at an alpha level of 0.05 to detect a reduction of 4 percentage points in the rate of treatment failure from an estimated baseline of 11%<sup>26</sup> and a reduction of 3.5 percentage points in the mortality rate from an estimated baseline of 8%.</p>	<p>统计分析： 简要说明统计学分析方法， 陈述主要数据</p>



In addition, one prespecified subgroup analysis was conducted to evaluate the interaction between type of severe acute malnutrition and the intervention received, again with the use of recovery and mortality rates as the primary end points. This interaction was evaluated in a multiple logistic-regression model that included baseline characteristics that were significantly correlated with the primary outcomes in a univariate analysis.

Secondary outcomes of interest included weight gain, length gain, whether the antibiotics were associated with increased rates of adverse events, and time to recovery. Intention-to-treat analyses were used, and all tests were two-sided. Dichotomous outcomes were compared with the use of the chi-square test and Fisher's exact test; continuous variables were compared by means of Student's t-test and analysis of variance. The relative-risk ratios for the outcomes in the three intervention groups were also computed, and Kaplan-Meier plots of time to recovery and time to death were prepared.

RESULTS	结果
<p><b>STUDY POPULATION</b></p> <p>A total of 3,212 children with severe acute malnutrition were identified from December 2009 through January 2011; after the exclusion of ineligible children, the study included 2,767 children (Fig. S1 in the Supplementary Appendix). Baseline characteristics of the enrolled children were similar among the three groups (Table 1, and Table S1 in the Supplementary Appendix).</p>	研究人群
<p><b>STUDY INTERVENTIONS AND ADVERSE EVENTS</b></p> <p>A total of 924 children were randomly assigned to the amoxicillin group, 923 to the cef di nir group, and 920 to the placebo group. Caregivers for more than 98% percent of the children reported that the child completed the entire 7-day course of the study regimen (Table S2 in the Supplementary Appendix).</p> <p>No cases of severe allergy or anaphylaxis were identified. A total of three adverse events that were presumed to be drug reactions were reported: a generalized papular rash in a child who received amoxicillin, thrush in a child who received cef di nir, and bloody diarrhea that resolved spontaneously while treatment continued in a child who received cef di nir. Children who received placebo had higher rates of cough and diarrhea reported at the first follow-up visit than those who received an antibiotic agent; caretakers of children who received amoxicillin reported cough least frequently, whereas children who received cef di nir had the lowest rate of reported diarrhea (Table S2 in the Supplementary Appendix).</p>	干预方法及副作用

<p><b>NUTRITIONAL RECOVERY AND MORTALITY RATES</b></p> <p>Overall, 88.3% of the children enrolled in the study recovered from severe acute malnutrition (Table 2). Children with marasmic kwashiorkor recovered less frequently and had higher mortality rates than children with either kwashiorkor or marasmus.</p> <p>The proportion of children who recovered was significantly lower among those who received placebo than among those who received either amoxicillin (3.6 percentage points lower; 95% confidence interval [CI], 0.6 to 6.7) or cef di nir (5.8 percentage points lower; 95% CI, 2.8 to 8.7). Deaths accounted for the largest proportion of children who did not recover in each study group and for each type of severe acute malnutrition. The overall mortality rate was 5.4%, but the rate was significantly higher among children who received placebo than among those who received either amoxicillin (relative risk, 1.55; 95% CI, 1.07 to 2.24) or cef di nir (relative risk, 1.80; 95% CI, 1.22 to 2.64). No significant differences in the causes of death, as reported by verbal autopsy (i.e., a structured investigation of events leading to the death), were identified among the three study groups (Table S3 in the Supplementary Appendix). Although the point estimates for nutritional recovery were higher and those for death were lower among children who received cef di nir than among those who received amoxicillin, these differences were not significant (<math>P = 0.22</math> for recovery and <math>P = 0.53</math> for death, for the comparison of amoxicillin and cef di nir by logistic regression). Recovery rates were higher and mortality rates were lower among children who received antibiotics than among those who received placebo, across a number of baseline characteristics (Fig. S2 in the Supplementary Appendix).</p>	营养康复及死亡率
<p><b>SECONDARY OUTCOMES</b></p> <p>Children with marasmic kwashiorkor recovered significantly more slowly than children with either kwashiorkor or marasmus (Table 3). Kaplan–Meier survival analysis for all children in the study showed that the time to recovery was shorter in the cef di nir group than in the amoxicillin group or the placebo group and was shorter in the amoxicillin group than in the placebo group (Fig. 1A). Similarly, children who received an antibiotic agent survived longer than those who received placebo (Fig. 1B).</p> <p>Weight gain from enrollment until the second follow-up visit (or until the one follow-up visit for children with only one) was significantly higher among children who received cef di nir than among those who received placebo. Children who received either antibiotic agent also had greater increases in mid-upper-arm circumference than did those who received placebo.</p>	次要结果

<p><b>BASELINE CHARACTERISTICS RELATED TO RECOVERY</b></p> <p>As compared with children who did not recover, those who recovered were significantly older and were more likely to have their father alive and still in the home (Table S4 in the Supplementary Appendix). Among children with marasmus or marasmic kwashiorkor, those with the lowest mid-upper-arm circumference and the lowest weight-for-height z score at enrollment were most likely to have treatment failure or to die. Children with the lowest height-for-age z score were least likely to recover. Although only 874 of 2,765 children (31.6%) were tested for HIV, those who were known to be HIV-sero-positive, especially if not receiving antiretroviral therapy, had the highest risks of treatment failure and death. Acute infectious symptoms and poor appetite both at enrollment and at the first follow-up visit (Table S5 in the Supplementary Appendix) were also associated with an increased risk of treatment failure.</p> <p>A multiple logistic-regression model for baseline and intervention characteristics associated with nutritional recovery showed that younger age, marasmic kwashiorkor, greater stunting, HIV exposure or infection, and a cough before enrollment were associated with an increased risk of treatment failure (Table 4). These factors also proved to be significantly correlated with an increased risk of death; in addition, the caretaker's report of a good appetite at enrollment was significantly correlated with a reduced risk of death. As with the results of the univariate analysis, receipt of amoxicillin or cef di nir was strongly correlated with improved outcomes, although no significant difference between amoxicillin and cef di nir was observed. The interaction term between the type of severe acute malnutrition and the type of intervention proved not to be significant (<math>P = 0.98</math> for nutritional recovery and <math>P = 0.45</math> for death).</p>	<p>与康复相关的基线特征</p>
DISCUSSION	讨论
<p>Although improvements have been made in the treatment of severe acute malnutrition over the past decade, with the advent and widespread use of RUTF, more than 1 million children per year still die from this disease.<sup>21</sup> Given the high incidence of severe acute malnutrition worldwide,<sup>1</sup> the number of children who die remains unacceptably high, despite the best current, proved treatment.<sup>27</sup> In this double-blind, randomized, placebo-controlled trial, we found that the routine addition of amoxicillin or cef di nir to the outpatient management of severe acute malnutrition was associated with marked improvements in recovery and mortality rates and significant improvements in weight and gain in the mid-upper-arm circumference.</p>	<p>说明研究背景、研究方法 及主要发现</p>

<p>A 24.4% (95% CI, 4.1 to 40.4) reduction in the treatment-failure rate was observed when amoxicillin was added to routine therapy and a 38.9% (95% CI, 21.1 to 52.7) reduction was observed with cef di nir (Table 2). Moreover, a 35.6% (95% CI, 6.9 to 55.4) reduction in the mortality rate was observed with amoxicillin, and a 44.3% (95% CI, 18.0 to 62.2) reduction in the mortality rate was observed with cef di nir. Secondary outcomes (Table 3) were also generally consistent with these findings, with the shortest time to recovery and greatest gains in weight and mid-upper-arm circumference among children who received cef di nir and the longest time to recovery and smallest gains in weight and mid-upper-arm circumference among those who received placebo.</p>	统计数据及次要结果分析
<p>This study was conducted in rural sub-Saharan Africa in a stable subsistence farming population with a heavy burden of food insecurity and HIV infection and the acquired immunodeficiency syndrome, so these results may not necessarily be applicable in other populations, and thus they warrant validation in other contexts. However, no interaction between the type of severe acute malnutrition and the intervention group was observed, suggesting that this factor alone should not invalidate the generalizability of these findings. Although only a limited number of children had been tested for HIV, a high proportion of infected children had treatment failure or died (Table S4 in the Supplementary Appendix), providing further evidence for the need to provide integrated care for HIV infection and malnutrition in such children.<sup>28,29</sup></p>	人群特征分析
<p>During this study, we pursued an aggressive strategy to determine the clinical status of children lost to follow-up. Almost all the children whom we were able to find had in fact died or were so ill that they needed to be hospitalized. This accounts for the higher percentage of deaths in our study than in other studies in Malawi,<sup>26,30,31</sup> in which the children were likely to have been categorized simply as having withdrawn from the study.</p>	高死亡率原因分析
<p>The amoxicillin used in this study cost an average of \$2.67 per child, and the cost of cef di nir was \$7.85 but presumably would be lower if it were used on a large scale. For comparison, the cost of RUTF was approximately \$50 for the course of therapy. Caretakers reported excellent adherence and did not report any difficulty in administering the medications. Among the children who received antibiotics, the rates of common side effects (most notably, diarrhea) were lower than they were among children who received placebo (Table S2 in the Supplementary Appendix). One might speculate that this may suggest a potential mechanism of effectiveness in the malnutrition armamentarium (i.e., decreasing the rates of bacterial pneumonia and dehydrating diarrhea in these immunocompromised children).</p>	试验费用及副作用分析

<p>The children enrolled in this study had uncomplicated severe acute malnutrition, as do the vast majority of malnourished children who present for care,<sup>21</sup> in that they all showed a good appetite at enrollment and no clinical signs of sepsis. The small proportion of children who did not meet these criteria were transferred to inpatient treatment. Mucosal defenses (both respiratory and intestinal) are known to be compromised in resource-limited settings such as Malawi,<sup>32</sup> especially among malnourished children.<sup>33,34</sup> Studies of bacteremia in malnourished children<sup>11</sup> suggest that most severe invasive bacterial infections are due to translocation across these compromised mucosal surfaces. Thus, although these children did not specifically show signs of sepsis at the time of enrollment, antibiotics were effective in lowering the risk that these complications would develop during nutritional treatment. Although the increasing threat of antimicrobial resistance in the developing world<sup>35-38</sup> cannot be ignored and instances of highly resistant bacteria have been observed in malnourished children,<sup>39</sup> we believe that the routine use of antibiotics is worth serious consideration because of the observed benefits of nutritional recovery and a reduced risk of death in this specific high-risk population.</p>	<p>与其他研究结果对比，分析使用抗生素的必要性</p>
<p>Our results suggest that children with uncomplicated severe acute malnutrition who qualify for outpatient therapy<sup>4</sup> remain at risk for severe bacterial infection and that the routine inclusion of antibiotics as part of their nutritional therapy is warranted. This prospective, randomized, double-blind, placebo-controlled study supplants our previous retrospective, uncontrolled study,<sup>19</sup> which showed no benefit of routine amoxicillin therapy. The results of the previous study were likely to have been confounded by the large differences in baseline characteristics between the children who received antibiotics and those who did not and may also have been confounded by other, unidentified factors in the implementation of the therapeutic feeding protocols between the two groups. Further studies are needed to evaluate long-term outcomes of routine antibiotic use in children with uncomplicated severe acute malnutrition and to determine whether a specific high-risk target population can be better defined.</p>	<p>结论性意见及未来研究思路</p>
<p>Supported by a grant from the Hickey Family Foundation, a cooperative agreement (GHN-A-00-08-00001-00) with the Academy for Educational Development Food and Nutrition Technical Assistance 2 project (through the Office of Health, Infectious Diseases, and Nutrition, Bureau of Global Health, and Food for Peace, United States Agency for International Development), and grants (T32-HD049338, to Dr. Trehan; and UL1-RR024992, for statistical consulting) from the National Institutes of Health.</p>	<p>基金资助情况</p>

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.	可查阅本文相关表格的相关网站
We thank all the families and children who participated in the study; our field research team: Horris Chikwiri, Eleanor Chipofya, Rosemary Godwa, Lydia Kamenya, Jackson Makwinja, Jeanne Mbawa, Nester Mwase, and Vegas Riscado; the local health surveillance assistants and volunteers for their work in recruiting patients; Miranda Nelson and the pharmacy staff at the St. Louis Children's Hospital for assistance with procuring supplies; Kenneth Schechtman for assistance with statistical analyses; and the members of the data and safety monitoring board: Lawrence Kazembe (chair), Gertrude Kalanda, and Ajib Phiri.	致谢
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## 1.2 标题页

标题页 (Title page) 是投稿论文的一部分, 一般放在正文之前单独成页。根据《生物医学期刊投稿的统一要求》中的规定, 标题页中要包含以下内容:

- (1) 论文标题 (the title of the article);
- (2) 每位作者的姓名及其最高学位、所属单位 (the name by which each author is known, with his or her highest academic degree and institutional affiliation);
- (3) 研究工作的归属部门或单位名称 (the name of the department and institution to which the work should be attributed);
- (4) 弃权者 (若有) (disclaimers, if any);
- (5) 负责通讯和校稿作者的姓名和地址 (the name and address of the author responsible for correspondence and proof about the manuscript);
- (6) 论文单行本的联系人姓名及地址 (the name and address of the author to whom requests for reprints should be addressed);
- (7) 资助、设备、药品来源 (sources of support in the form of grants, equipment, drugs, or all of these);
- (8) 不超过 40 个字符 (包括字母和空格) 的简题 (a short running head of no more than 40 letters and spaces at the foot of the title page);
- (9) 论文摘要和正文的字数 (separate word counts of the abstract and the text of the article)。

尽管有此“统一要求”, 每个期刊对此部分并没有统一的格式, 要求也会有所不同, 但基本都要求论文标题、作者、单位、通讯作者信息、摘要和全文的字数和图表数。下面是美国医学期刊“Hypertension”要求的标题页内容。

	内容要求	内容说明
1.	Title Page (Page 1, but do not number)	第一页 (不标页码)
2.	Full title of manuscript, in capital letters, limited to 120 characters total	标题字母大写 (120印刷字符内)
3.	Authors' full names and affiliations	每位作者的全名及单位
4.	A short title (total characters must not exceed 50, including spaces) to be typeset at the top of the journal page	简题 (50印刷字符内, 用于论文的页眉)
5.	Word count of manuscript, including references, figures, legends, word count of abstract, and total number of figures	论文字数 (包括参考文献、图表和图例)、摘要字数及图表数
6.	The full name, title, and complete address for corresponding author, including street and post office box as well as telephone and fax numbers, and email address	通讯作者的详细信息及联系方式

### 1.2.1 标题

论文标题是对论文内容的高度概括,有两种基本类型,即指示性或描述性标题(Indicative or Descriptive title)和资料性标题(Informative title)。例如,“Role of M in X-Induced Disease in Rats”是指示性标题,用于提示论文的主要内容;而资料性标题“M Receptor Blockade Blunts X-Induced Disease in Rats”则包含了论文的主题、主要结果和结论。

#### 1.2.1.1 标题的写作要求

标题要力求精确、简练、醒目,既能吸引读者阅读,又要便于选定反映论文特点的关键词编制索引。

为了表达有力,标题首应避免使用介词、冠词等虚词,最好以重要的字词开始。不特定的表达方法,如 A study of, An investigation into, A case report of, Studies on 等,不宜出现在标题首。标题中通常要避免使用缩写字,尤其是自编的缩写词。

标题长度要适当,标题若超过两行或 12 个英文单词仍无法完整表达论文的主题,则可再加副标题。有些期刊会限制标题的字数。国内期刊规定论文标题一般不超过 20 个字,外文标题一般不超过 10 个实词。有的国外期刊明确提出具体字数规定,如《国立癌症研究所杂志》(*Journal of the National Cancer Institute*)规定标题限制在 14 个词以内,《英国癌症杂志》(*The British Journal of Cancer*)规定标题不得超过 100 个字符。

#### 1.2.1.2 标题的语法结构

英语论文标题的语法结构大多是各种短语,如名词短语、介词短语、动名词短语等;也有的标题采用完整的句子,主要是陈述句和疑问句。

##### (1) 名词短语型标题

多数标题的语法结构是名词短语,由一个名词或若干并列的名词作中心词,加上前位或后位修饰语构成。常见的前置定语有名词、形容词和分词,后置定语有介词短语、分词短语和不定式短语等。例如:

糖尿病的护理与预后

Diabetes care and patient-oriented outcomes

胃切除后的回流与回流病

Reflux and reflux disease following gastric resection

原发性肝癌二级预防的随机分组前瞻性研究

Randomized controlled prospective study of secondary prevention for primary liver cancer

何杰金病放射治疗引起的甲状腺癌

Thyroid carcinoma induced by irradiation for Hodgkin's disease

##### (2) 介词短语型标题

整个标题就是一个介词短语,常见介词是 on,不过往往可以省略,简化为名词短语型标题。例如:

原发性肝癌临床诊断探讨



On clinical diagnosis of primary carcinoma of liver

DNA 疫苗预防分枝杆菌病研究

On the use of DNA vaccines for the prophylaxis of mycobacterial disease

(3) 动名词短语型标题。例如：

控制直肠癌探讨

Controlling rectal cancer

心房纤颤患者中风预防

Preventing stroke in patients with atrial fibrillation

(4) 句子型标题

有的论文采用陈述句、疑问句等句子结构作标题，明确表达作者的结论、观点等。

疑问句型标题常见于评述性文章。陈述句标题句末不用句号，疑问句句末加问号。

人类 hR24L 基因参与 DNA 切除修复和重组修复的研究

Human hR24L gene is involved in DNA excision repair and recombination repair

杂合子家族性高胆固醇血症患者的治疗时机

When should patients with heterozygous familial hypercholesterolemia be treated?

1.2.1.3 主副标题格式

主副标题的结构特征是由两部分组成，中间用冒号、破折号或其他标点符号隔开，以冒号式的主副标题居多。副标题是对主标题的补充和说明，或是为了突出病例数目、研究重点或研究方法等论文某方面的内容。在国内医学期刊中，副标题较为少见，而在国外医学期刊中较多使用副标题。主副标题的常见用法大致有以下几种。

(1) 突出病例数。例如：

带膜支架腔内搭桥治疗动脉瘤六例报告

Endoluminal stent-graft for aortic aneurysms: A report of 6 cases

176 例腹痛急诊连续病例研究

Abdominal pain in the emergency room: A study of 176 consecutive cases

(2) 突出研究重点。例如：

大动脉炎胸部 X 线表现及其临床意义

Aorto-arteritis: Chest X-ray appearance and its clinical significance

新的糖尿病诊断标准

Diabetes mellitus: New diagnostic criteria

(3) 突出研究方法。例如：

肝素疗法前瞻性随机研究

Heparin therapy: A randomized prospective study

传染性肝炎继发糖尿病患者随访调查

Diabetes after infectious hepatitis: A follow-up study

胆结石梗阻回顾性研究

Gallstone ileus: A retrospective study

(4) 提出疑问。例如：

药物调节是进化还是革命？

Drug regulation: Evolution or revolution?

长期腹痛是外科症状还是精神症状？

Chronic abdominal pain: A surgical or psychiatric symptom?

(5) 表示连载论文各分篇的主题

这种副标题一般在副标题前加罗马数字 I、II、III 等，以表示连续性，例如：

人类血清的理化研究：I. 正常人研究

Physical and chemical studies of human blood serum: I. A study of normal subjects

人类血清的理化研究：II. 29 例肾炎患者的研究

Physical and chemical studies of human blood serum: II. A study of 29 cases of nephritis

人类血清的理化研究：III. 多种病例的研究

Physical and chemical studies of human blood serum: III. A study of miscellaneous disease conditions

(6) 说明研究时间。例如：

2007-2012 中国烧伤护理综合研究

A collaborative study of burn nursing in China: 2007-2012

曲张静脉内镜硬化疗法一年临床经验研究

Endoscopic variceal sclerosis: One-year clinical experience

#### 1.2.1.4 标题中的缩略语

不同期刊对论文标题中使用缩略语的规定不尽相同。有些期刊在稿约中明确要求标题中不用缩略语，有些则对此无明确规定。标题中不能使用自编的、非学科通用的缩略词语。为了清楚地表达论文内容，标题中应使用共知公用的缩略词语、代号、符号、公式等，如 DNA（脱氧核糖核酸）、AIDS（艾滋病）、LC100（绝对致死浓度）、HBsAg（乙型肝炎表面抗原）等。例如：

岛叶解剖学及 MRI 研究

Anatomy and MR imaging of the insula

正畸牙移动速度与正畸力和白细胞介素-1 基因多态现象间的关系

Speed of tooth movement is related to stress and IL-1 gene polymorphisms

#### 1.2.1.5 标题中的数字

一般要求是 1 到 10 的数字需要用单词拼写，10 以上的数字用阿拉伯数字表示。但为了清楚了，在标题中的数字通常使用阿拉伯数字，病例数最好放在副标题中。例如：

三尖瓣置换术 55 例临床分析

Tricuspid valve replacement: Clinical analysis of 55 cases

颅内动脉瘤外科治疗 500 例经验总结

Intracranial aneurysms: Experience in treating 500 patients

#### 1.2.1.6 标题中冠词的用法

冠词是英语中不能单独使用的一种虚词。在标题写作中,只要不影响表达,冠词一般省略。

(1) 标题首、副标题首可省略定冠词。例如:

革兰氏阴性杆菌休克的治疗

Treatment of gram-negative shock

革兰氏阴性杆菌休克 169 例分析

Shock caused by gram-negative microorganism: Analysis of 169 cases

(2) 标题首的不定冠词通常保留。例如:

一种新的胃淋巴结分期方案

A new lymph-node staging system for gastric cancer

前哨淋巴结活检检测口腔癌转移效果的系统评价

A systematic review of the effect of sentinel lymph node biopsy in the detection of metastasis of oral cancer

(3) 标题中疾病名称前一般不用冠词。例如:

膀胱破裂的非手术疗法 37 例报告

Non-operation for bladder rupture: a report of 37 cases

肾血管性高血压的介入治疗

Interventional therapy for renal vascular hypertension

#### 1.2.1.7 标题的大小写格式

不同的医学期刊对标题的书写规则要求不同,一般有以下两种方式:

(1) 除通用的缩略词语、人名、地名等专有名称外,仅标题首词的第一个字母大写,其余均小写。副标题首词的首字母一般也要大写。例如:

血管内皮生长因子 165 反义 RNA 治疗人脑质瘤的实验研究

Experimental research of gene therapy for human gliomas with vascular endothelial growth factor 165 antisense RNA

输血后肝炎 60 例报告

Posttransfusion hepatitis: A report of 60 cases

(2) 标题中每个实词的第一个字母大写。对于冠词、连词和介词等虚词的大写问题,国外期刊处理办法不尽一致。《美国解剖学杂志》要求所有的虚词都小写,而有期刊规定四个字符以上的虚词,如 with、from、after、against、between 等,要大写;但标题首词不论什么词类,第一个字母都得大写。例如:

恶性高血压与吸烟的关系

Malignant Hypertension and Cigarette Smoking

腹部联体共肝女婴分离手术 1 例

A Successful Operation on a Pair of Female Twins With Conjoined Liver

#### 1.2.1.8 标题中的常用表达

在汉语论文标题中,常出现“初步体会”、“试论”、“初探”、“浅论”、“浅谈”、“考略”、“管窥”等表谦词语,这类词语一般不宜表达在英文标题中。而汉语中其他常出现的词语,如“探讨”、“研究”、“观察”、“体会”、“问题”等译成英文时,也要注意处理。一般而言,若这些词语之前有具体内容,就要相应表达在英文标题中;若之前没有具体内容,这些词语可略去不译。

标题中常见词语的中英文对照如下。

探讨	discussion of/on, investigation of, evaluation of/on
观察	observation/observations of/on/in
调查	survey of/on
体会, 经验	experience in/with
总结	experience, experience of
问题	problem of, aspect on
研究	study/research of/on/in
报告	a report of /on
意义	significance/importance of/in/at
关系	relationship/correlation/association between ... and ...
影响	effect/effectiveness/influence of
分析	analysis of
应用	application of
检测, 测定	detection/assay of
作用	role of
治疗	treatment/management/approach of/for/in
诊断	diagnosis of

下面分别举例说明这些常用词的用法。需特别注意汉语表达中的这些词是否需要表达在英文标题中,也要注意这些英文表达的介词搭配。

(1) 探讨。例如:

心源性猝死 51 例临床病理探讨

Sudden cardiac death: Clinicopathologic investigation of 51 cases

苯对白细胞毒性作用探讨

Toxic effect of benzene on leukocytes (“探讨”一词省略不译)

(2) 观察(报告/结果)。例如:

胃药胶囊治疗消化性溃疡的临床观察报告

Clinical observation of Weiyao Capsule on the treatment of peptic ulcer

窒息后多器官功能受损新生儿细胞内外钙水平观察

Levels of plasma calcium and red cell calcium in newborns with multi-organ damage after asphyxia (“观察”一词略去不译)

(3) 调查。例如：

慢性肾功能衰竭的甲状旁腺切除疗法 38 例调查

Parathyroidectomy in chronic renal failure: Survey of 38 cases

(4) 体会，经验。例如：

治疗革兰氏阴性杆菌血症的新体会

Recent experience with bacilleemia due to gram-negative organisms

洋地黄类药物门诊治疗心力衰竭的用药体会

Treatment of heart failure with lanatoside medication (“体会”一词略去不译)

(5) 总结。例如：

小儿心肌炎 8 年临床经验总结

Myocarditis among children: An eight-year clinical experience

35 例恶性高血压治疗总结

Treatment for malignant hypertension: An experience of 35 cases (“总结”一词略去不译)

(6) 问题。例如：

甲状腺机能亢进手术治疗的几个问题

Certain problems of the surgical treatment of hyperparathyroidism

二尖瓣置换术中的几个问题

Some aspects on mitral valve replacement

(7) 研究。例如：

10 例 Wilson 病临床与病理研究

Wilson's disease: A clinical and pathological study of 10 cases

心脏病患者血小板功能的研究

Platelet function studies in heart disease

(8) 报告。例如：

肾上腺髓样脂肪瘤 3 例报告并文献复习

Adrenal myelolipoma: Report of 3 cases and literature review

青少年桡骨远端骨骺损伤附 51 例报告

Distal epiphysis injury of radius in adolescence: A report of 51 cases

(9) 意义。例如：

慢性乙型肝炎患者和乙型肝炎病毒携带者外周血 T 细胞亚群的意义

Significance of peripheral blood T-lymphocyte subsets in patients with chronic hepatitis B and asymptomatic HBV carriers

Her-2 蛋白在胃癌中的表达及其临床意义

Clinical significance of Her-2 protein expression in gastric cancer

(10) 关系。例如：

肝硬化与血清淀粉酶水平关系的研究

Relationship between serum amylase level and liver cirrhosis

颈动脉粥样硬化与 ECE-1 基因多态性及脑白质疏松症的关系研究

Association of carotid atherosclerosis with polymorphism of the endothelin-converting enzyme, and leukoaraiosis

(11) 影响。例如：

表皮生长因子受体对鼻咽癌放疗后增殖的影响

Effect of EGFR on proliferation of nasopharyngeal carcinoma irradiated

术中失血量对手术患者记忆障碍的影响

The influence of blood loss during operation on postoperative patients with memory disorders

(12) 分析。例如：

原发性肝细胞癌中 P-糖蛋白表达及其与 P53 的关系分析

Expression of P-gp and its relationship with P53 in primary hepatocellular carcinoma

CPOD 患者医院获得性肺炎临床分析

The clinical analysis of hospital-acquired pneumonia in patients with CPOD

(13) 应用。例如：

腹部医学图像处理系统在肝移植外科中的应用研究

Application of medical image processing system in liver transplantation

主动脉内球囊在冠脉搭桥中的临床应用

Clinical application of intra-aortic balloon pump in coronary artery bypass grafting surgery

(14) 检测，测定。例如：

实时荧光定量 PCR 检测外周血循环肿瘤细胞的研究

Detection of circulating tumor cells by quantitative real-time PCR

心脏病患者肌酐激酶同工酶的测定

Assay of creatine kinase isoenzymes in patients with heart disease

(15) 作用。例如：

高压氧对疲劳大鼠肝损伤的保护作用研究

Protective role of hyperbaric oxygen on liver injury in fatigue rats

$\beta$ -catenin 在结直肠癌侵袭转移中的作用及其相关分子机制研究

The role and correlated molecular mechanisms of  $\beta$ -catenin in invasion and metastasis of colorectal cancer

(16) 治疗。A (疗法) 治疗 B (病名)：A in the treatment/management of B, treatment of B with A, use of A in the treatment of B, A therapy/treatment of B, A in/for B。例如：

可乐亭治疗高血压

Clonidine in the treatment of hypertension

左心室部分切除术治疗晚期原发性扩张性心肌病

Partial left ventriculectomy in the treatment of end-stage dilated cardiomyopathy

大剂量氨甲喋呤治疗急性淋巴细胞白血病

Treatment of acute lymphocytic leukemia with high dose methotrexate

皮质激素治疗败血性休克

Use of steroid in the treatment of clinical septic shock

P-磷酸钠治疗转移性癌肿

P-sodium phosphate in metastatic malignant disease

甲状旁腺切除治疗慢性肾功能衰竭

Parathyroidectomy for chronic renal failure

(17) 诊断。A (诊断方法) 诊断 B (病): A in the diagnosis of B, diagnosis of B by/with A, application of A to the diagnosis of B。例如:

胆石症超声诊断

Ultrasonography in the diagnosis of gallstones

静脉造影术诊断门诊患者的深静脉血栓形成

Diagnosis of deep venous thrombosis in the outpatient by venography

### 1.2.2 论文简题

论文简题 (Running title, 或称 Running head) 是印在论文页面页眉或页脚的简短标题, 用于在期刊中标示该论文。是否写论文简题, 应参见期刊稿约中的格式要求。

有一些期刊明确规定简题中不能用缩写词, 但大部分期刊没有这个要求。简题通常有字数限制, 比如不能超过 10 个单词、不能超过 50 印刷字符等。因为简题要在很短的语句内概括文章主要内容, 一般使用以下思路: A in B, A for B, A and B 等。例如:

① 标题: Neoadjuvant chemotherapy for advanced gastric cancer of Asia Patients: A meta-analysis

简题: Neoadjuvant chemotherapy for advanced gastric cancer

② 标题: Influence of the pericardium on right and left ventricular filling in the dog

简题: Pericardium and ventricular filling

③ 标题: Three-dimensional reconstruction of alveoli in the rat lung for pressure-volume relationships

简题: Three-dimensional reconstruction of alveoli in the rat lung

④ 标题: An improved method for isolating type II cells in high yield and purity

简题: Improved method for isolating type II cells

### 1.2.3 作者信息 (Authorship)

标题之下要写明作者姓名、最高学位及工作单位等个人信息。国内外医学期刊对这

一部分的排列次序不尽相同,但常见的顺序是作者姓名、学位和工作单位。

#### 1.2.3.1 作者署名

国际上对于作者的资格是有严格要求的。《生物医学期刊投稿的统一要求》对作者的资格做了详细的说明:“论文的所有作者都应具备作者的资格,每位作者都应参加足够的研究工作,能够就论文的内容向公众负责。”并规定:“作者的资格应建立在是否实际参与以下工作的基础之上:(1)课题的构思与设计或数据资料的分析和解释;(2)文稿的起草或对重要学术内容作重大修改;(3)文稿的最终定稿而达到出版标准。以上3项必须全部具备方可成为作者。仅仅筹集资金或收集资料者不应当成为作者。一般性地对研究小组进行管理指导也不足以成为作者。”无以上作者资格而列为作者,或仅为表示论文重要而把未参加工作的权威人士列为作者等,均视为学术不端行为。

作者的排列顺序应由合作作者共同决定,按贡献大小依次排列。许多期刊对作者的数量有所限制,有的要求仅列出前6位作者,超过6位之后加“et al.”;也有期刊规定,如果作者的数量超过25位,只列前24位和最后一位作者,再加“et al.”。

作者姓名应署真名、全名。中国作者英文姓名的写法有不少格式。国务院规定中国作者的英文署名按汉语拼音拼写,姓和名分开写,而双姓(如司马、欧阳)和双名不分开写,姓和名的首字母都大写,如Li Shizhen(李时珍)、Zhang Jian(张建)、Sima Guang(司马光)、Ouyang Jingping(欧阳静萍)等。若两字拼音连写处出现元音字母a、o、e开头的音节,用隔音符号“'”隔开,如Gao Chang'an(高长安)、Li Ji'an(李季安)等。

《中华医学杂志》系列规定姓全大写,名的写法仍按国务院规定,如LI Shizhen(李时珍)、ZHANG Jian(张建)等。这样,就可以明确大写的部分是作者的姓。《中国药理学报》规定姓全大写,名的第一字母大写,双名之间用短划连接。例如,LI Ji-An(李季安)可缩写为Li JA,能提高检索效率。总之,目前各期刊对中国作者如何署名并没有统一的规定,应按照投稿期刊的要求来拼写作者姓名。

#### 1.2.3.2 学位和学衔

国外期刊通常要求作者姓名后列上作者的学位等个人信息,表明作者的学术成就。例如,Richard Dorent, M.D., M.D.(医学博士)便是其最高学位。有时还附有几个学位,如Indi Trehan, M.D., M.P.H.(公共卫生硕士)。

除学位外,作者署名之后还可附上学衔及在国际上享有较高声誉的“某学会会员”的缩写词,也有期刊把作者学衔和职称置于论文首页脚注中,与作者所在单位及负责单行本的作者等内容列在一起。例如:

Joseph L. Gerry, MD, FRCP, Professor of Cardioangiolo

FRCP是Fellow of the Royal College of Physicians(皇家内科学会特别会员)的缩写,Professor of Cardioangiolo(心血管学教授)是作者的学衔。

医学论文中常用的生物医学领域的学位名称见附录一。

常用的生物医学领域的职称和职务名称见附录二。

#### 1.2.3.3 工作单位

工作单位是指作者进行论文研究时所在的工作机构。国内外医学期刊对工作单位的



排列次序和排版位置都有一定的格式,作者向某医学期刊投稿时,应事先了解其编排要求。若论文作者分属不同的单位,应按期刊要求的方式分别表示作者与其单位的关系。

在国外生物医学期刊的论文中,最为常见的工作单位的排列顺序是“由小及大”,即小单位在前、大单位在后,通常的顺序是组、室、科、院、校、市、州、省、国。例如:

Division of Gastroenterology, Department of Medicine, Weill Cornell Medical College, Cornell University, New York, U.S.A.

美国纽约州康奈尔大学威尔康奈尔医学院医疗系胃肠病学教研室

Section of Urology, Department of Surgery, the Affiliated Hospital of Qingdao University Medical College, China

青岛大学医学院附属医院外科泌尿组

常见的医学院及医院科室名称见附录三。

常见的医疗卫生机构名称见附录四。

#### 1.2.4 标题页其他部分

除上面的标题、作者署名、作者单位外,还要按各期刊的要求在标题页上写上其他事项。这些内容经常出现在论文第一页的脚注中,一般包括经费来源、是否会议论文、通讯作者、单行本联系方式等内容。

(1) 经费资助来源。常用表达: supported / funded / granted / sponsored by ...。例如:

本课题为国家自然科学基金资助项目(NO.39470318)和国家“十一五”攻关课题基金资助项目(NO.115-690117)。

This study/work/research was supported by the National Natural Science Foundation of China (NO. 39470318) and the 11th Five-Year Plan National Project (NO.115-690117).

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基金资助单位:世界医学协会和卫生教育署。

Grant support: World Medical Association and Health Education Service.

资金来源:卫生部。

Sources of funding: Ministry of Public Health.

(2) 大会交流论文。常用表达: presented at。例如:

2006年2月19-22日加州旧金山召开的太平洋沿岸外科协会第77届年会大会交流论文。

Presented at the 77th Annual Meeting of the Pacific Coast Surgical Association, San Francisco, CA February 19-22, 2006.

论文部分内容在2009年4月10日东京国际营养协会第10届年会上进行了大会交流。

Part of the material in this paper was presented at the 19th Annual Meeting of the International Society of Nutrition, Tokyo, on April 10, 2009.

(3) 通讯作者信息。主要包括通讯作者姓名、通信地址、电话及传真号码、E-mail

地址等。例如：

Correspondence to Prof. Ling HG. Department of Physiology, Qingdao University Medical College, 308 Ningxia Road, Qingdao 266071, P.R. China. Tel: 86-532-8378....., Fax:86-532-8378 ....., E-mail: lhp@ .....

(4) 单行本联系。常用表达：Address reprint requests to ..., Requests for reprints should be addressed to ...。例如：

Address reprint requests to: Cai Guangwen, Microbiology of Second Military Medical University, 800 Xiangyin Road, Shanghai 200433, P. R. China

### Exercise 1.2.1

**Directions:** Change the following titles into titles with subtitles.

1. Experimental study of laser surgery of the liver
2. Experiences in the treatment of 50 cases of vascular injuries
3. Clinical analysis of 55 cases of subacute thyroiditis
4. Fifteen years' experience with carcinoma of the pancreas
5. Clinical, angiographic, and myocardial scintigraphic observations on unstable angina pectoris
6. Unconventional gene therapy holds promise for muscle disease
7. A practical overview of genetically manipulated vectors of human disease
8. An open-and-shut case of maintenance of chromatin states

### Exercise 1.2.2

**Directions:** Write running titles for the following titles.

1. Locus of hypoxia-induced vasoconstrictions in ferret lungs
2. Three-dimensional reconstruction of alveoli in the rat lung for pressure-volume relationships
3. Cooling different body surfaces during upper and lower body exercise
4. Influence of the pericardium on right and left ventricular filling in the dog
5. Endotracheal flowmeter for measuring tidal volume, airway pressure, and end-tidal gas in newborns
6. An improved method for isolating type II cells in high yield and purity

### Exercise 1.2.3

**Directions:** Translate the following Chinese titles into English.

1. 386 例健康男性骨密度与吸烟的关系
2. 三尖瓣置换术 55 例临床分析
3. 颅内动脉瘤的诊断与治疗方法探讨

4. 原发性痛风的临床与流行病学研究
5. 我国城乡老年人白内障的患病情况调查
6. 肝硬变病人腹腔镜胆囊切除术 92 例临床分析
7. 成骨细胞相关基因在软骨肉瘤中的表达
8. 肾上腺素治疗过敏性休克
9. 经输尿管镜治疗输尿管结石
10. 心电图在检测风湿性心脏病中的应用

### 1.3 摘要及关键词

摘要 (Abstract) 亦称文摘、提要、内容提要, 其目的是提供文献内容梗概, 简明、确切地表达文献的重要内容。摘要具有独立性与自含性, 即不阅读全稿就能获得主要信息。世界上知名的文摘杂志, 如美国《化学文摘》(Chemical Abstract)、荷兰《医学文摘》(Excerpta Medica) 等, 都是通过收集资料来介绍和推广重要和有价值的科技与学术研究的理论、方法、成果等。大多数检索系统只收录论文的摘要部分, 或其数据库中只免费提供摘要部分。因此, 摘要已成为国际学术交流的重要写作文体和获取信息的途径, 写好英文摘要对于增加论文的被检索和引用机会、吸引读者、扩大影响有着不可忽视的作用。

《国际生物医学期刊投稿的统一要求》中规定: “非结构式摘要不超过 150 词, 结构式摘要不超过 250 词。” 不同期刊对摘要的长度也有不同的要求。有的明确规定了字数限制。例如, 《美国医学会杂志》(The Journal of the American Medical Association, JAMA) 规定摘要不得超过 350 词; 《美国医学杂志》(American Journal of Medical Sciences) 规定不宜超过 250 词; 《内科学年鉴》(Annals of Internal Medicine, AIM) 要求摘要字数在 275 词以内。

#### 1.3.1 摘要的内容与结构

根据内容的不同, 摘要可分为三大类: 报道性摘要 (Informative abstract)、提示性摘要 (Indicative abstract) 和报道-提示性摘要 (Informative-indicative abstract)。报道性摘要要列举关键数据与研究方法; 提示性摘要一般只是简单地说明研究的主题; 报道-提示性摘要综合以上两种摘要内容, 既报道论文的创新性成果, 也简要介绍论文其他部分的主要内容。

##### 1.3.1.1 报道性摘要 (Informative abstract)

报道性摘要也称作信息性摘要或资料性摘要, 其特点是全面、简要地概括论文的目的、方法、主要数据和结论。通常, 这种摘要可以部分地取代阅读全文。研究报告、专题论文等都应附报道性摘要。报道性摘要一般包括下述内容:

① 简介 (Brief introduction): 介绍研究背景 (Background)、目的 (Objective/Purpose/Aim) 或解题性说明 (Explanation);

- ② 研究的过程与结果 ( Procedure and result of the research ) ;
- ③ 结论 ( Conclusion ) ;
- ④ 对未来的展望 ( Future prospects ) 。

在上述各部分中, 研究过程、结果及结论是摘要重点叙述的内容。根据格式, 报道性摘要摘要又可分为两种: 结构式摘要 ( Structured abstract ) 和非结构式 ( Non-structured abstract ) 摘要。采用何种摘要形式要根据各期刊的具体要求而定。

( 1 ) 结构式摘要

结构式摘要是 20 世纪 80 年代出现的一种文摘撰写形式, 美国《内科学年鉴》于 1987 年首先采用, 此后国际上著名的生物医学期刊, 如《美国医学会杂志》、《英国医学杂志》( *British Medical Journal*, BMJ )、《澳大利亚医学杂志》( *Medical Journal of Australia*, MJA ) 等纷纷采用。

结构式摘要有固定的格式, 就是在摘要中加小标题, 如目的、方法、结果、结论等, 逐项写出文摘各部分。结构式摘要方便作者写作, 作者只要提炼论文的核心内容, 经高度概括后便形成了结构式摘要。另外, 这种摘要内容清晰明了, 便于编辑、审稿、阅读和计算机检索。

结构式摘要根据包含要素的多少, 可分为全结构式摘要和半结构式摘要。

① 全结构式摘要 ( Full-structured abstract )

在 Dr Edward J Huth 创导下, 《内科学记事》在国际上率先采用了全结构式摘要。目前该期刊规定论著类论文的摘要包含以下 10 项内容: 背景 ( Background ), 目的 ( Objective ), 设计 ( Design ), 地点 ( Setting ), 对象 ( Patients ), 处理 ( Interventions ), 测定项目 ( Measurements ), 结果 ( Results ), 局限性 ( Limitations ) 和结论 ( Conclusion )。

其他一些医学期刊也采用了类似的全结构式摘要, 如《英国医学杂志》( BMJ ) 和《美国医学协会杂志》( JAMA ) 等。JAMA 在投稿须知中要求论文摘要包括 Importance, Objective, Design, Setting, Participants, Intervention(s), Main Outcome(s) and Measure(s), Results, Conclusions and Relevance, Trial Registration 等部分。

下面这篇摘要发表于 2013 年第 8 期的《美国医学协会杂志》上, 题名为 “Incidence of Breast Cancer With Distant Involvement Among Women in the United States, 1976 to 2009” ( 1976-2009 美国女性远端转移乳腺癌的发病率 )。

小标题	内容	写作要求
Importance	Evidence from the US National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) database suggests that the incidence of advanced breast cancer in young women is increasing.	说明研究背景, 介绍本研究的重要性
Objective	To quantify this trend and analyze it as a function of stage at diagnosis, race/ethnicity, residence, and hormone receptor status.	明确说明本研究的目的, 常用动词不定式短语

Design, Setting, and Patients	Breast cancer incidence, incidence trends, and survival rates as a function of age and extent of disease at diagnosis were obtained from 3 SEER registries that provide data spanning 1973-2009, 1992-2009, and 2000-2009. SEER defines localized as disease confined to the breast, regional to contiguous and adjacent organ spread (eg, lymph nodes, chest wall), and distant disease to remote metastases (bone, brain, lung, etc).	说明研究的基本设计及研究性质;研究的地点和研究机构名称;研究对象的选取标准,是否随机选取,对照组的匹配特征等
Main Outcome Measure	Breast cancer incidence trends in the United States	介绍为评定研究结果而进行的主要测定项目
Results	In the United States, the incidence of breast cancer with distant involvement at diagnosis increased in 25- to 39-year-old women from 1.53 (95% CI, 1.01 to 2.21) per 100 000 in 1976 to 2.90 (95% CI, 2.31 to 3.59) per 100 000 in 2009. This is an absolute difference of 1.37 per 100 000, representing an average compounded increase of 2.07% per year (95% CI, 1.57% to 2.58%; $P < .001$ ) over the 34-year interval. No other age group or extent-of-disease subgroup of the same age range had a similar increase. For 25- to 39-year-olds, there was an increased incidence in distant disease among all races and ethnicities evaluated, especially non-Hispanic white and African American, and this occurred in both metropolitan and nonmetropolitan areas. Incidence for women with estrogen receptor-positive subtypes increased more than for women with estrogen receptor-negative subtypes.	说明主要客观结果,须附有标准差、可信区间、统计学显著检验值等医学统计数据
Conclusion and Relevance	Based on SEER data, there was a small but statistically significant increase in the incidence of breast cancer with distant involvement in the United States between 1976 and 2009 for women aged 25 to 39 years, without a corresponding increase in older women.	陈述主要结论,说明其理论价值或应用价值,是否可以推荐、推广或需进一步研究及临床应用意义

这篇摘要按 JAMA 规定的格式分项写作,但根据论文内容省略了 Intervention(s) 和 Trial Registration 两个部分,合并了 Design、Setting 和 Patients 三个部分;在语言表达上是用短语和句子相结合的方式来编写;有些项目,如目的、范围、对象、主要观察指标用短语形式表达,而重要性、设计、结果和结论等部分则用句子表达;在时态上,介绍研究背景用一般现在时,叙述研究的方案、设计、结果用一般过去时,表示作者的结论用一般现在时。

② 半结构式摘要 (Semi-structured abstract)

全结构式摘要观点明确、信息量大,符合计算机数据库的建立和使用要求,但这种摘要通常要求内容多、篇幅过长。为了更简洁明了的呈现摘要内容,现在更多的期刊采用了半结构式摘要。

半结构式摘要是指根据国际《生物医学期刊投稿的统一要求》(温哥华格式)的规定所写的摘要,亦称 OMRAC 或 AMRAC 格式,包括目的 (Objective/Purpose/Aim)、方法 (Methods)、结果 (Results) 和结论 (Conclusions) 四个部分。《新英格兰医学杂志》(The New England Journal of Medicine, NEJM)、《柳叶刀》(The Lancet) 等诸多国际知名期刊均要求作者提交半结构式摘要。目前国内期刊大多也采用这种格式的摘要。多数期刊对摘要有明确的字数要求,如《新英格兰医学杂志》要求不超过 250 字,《柳叶刀》的字数限定为 300 词以内。

下面以一篇题为 “Effect of Inhaled Glucocorticoids in Childhood on Adult Height” (N Engl J Med 2012; 367: 904-912) 为例说明这种摘要的写作要求。

小标题	内容	写作要求
BACKGROUND	The use of inhaled glucocorticoids for persistent asthma causes a temporary reduction in growth velocity in prepubertal children. The resulting decrease in attained height 1 to 4 years after the initiation of inhaled glucocorticoids is thought not to decrease attained adult height.	简要说明本研究的背景及要解决的问题
METHODS	We measured adult height in 943 of 1041 participants (90.6%) in the Childhood Asthma Management Program; adult height was determined at a mean ( $\pm$ SD) age of 24.9 $\pm$ 2.7 years. Starting at the age of 5 to 13 years, the participants had been randomly assigned to receive 400 $\mu$ g of budesonide, 16 mg of nedocromil, or placebo daily for 4 to 6 years. We calculated differences in adult height for each active treatment group, as compared with placebo, using multiple linear regression with adjustment for demographic characteristics, asthma features, and height at trial entry.	简要介绍研究人群、研究方法

RESULTS	Mean adult height was 1.2 cm lower (95% confidence interval [CI], -1.9 to -0.5) in the budesonide group than in the placebo group (P=0.001) and was 0.2 cm lower (95% CI, -0.9 to 0.5) in the nedocromil group than in the placebo group (P=0.61). A larger daily dose of inhaled glucocorticoid in the first 2 years was associated with a lower adult height (-0.1 cm for each microgram per kilogram of body weight) (P=0.007). The reduction in adult height in the budesonide group as compared with the placebo group was similar to that seen after 2 years of treatment (-1.3 cm; 95% CI, -1.7 to -0.9). During the first 2 years, decreased growth velocity in the budesonide group occurred primarily in prepubertal participants.	陈述主要研究结果
CONCLUSIONS	The initial decrease in attained height associated with the use of inhaled glucocorticoids in prepubertal children persisted as a reduction in adult height, although the decrease was not progressive or cumulative. (Funded by the National Heart, Lung, and Blood Institute and the National Center for Research Resources; CAMP ClinicalTrials.gov number, NCT00000575.)	概况与研究结果相关的研究结论, 说明资金来源及临床试验许可号

不同期刊对半结构式摘要各部分的小标题不尽相同。例如,《柳叶刀》明确要求论文摘要 (Summary) 共写五段, 分别是背景 (Background)、方法 (Methods)、发现结果 (Findings)、对结果的解释 (Interpretation) 和资金来源 (Funding)。发表在《柳叶刀》上的一篇题为 “Global and regional burden of hospital admissions for severe acute lower respiratory infections in young children in 2010: a systematic analysis (2010 年重度急性下呼吸道感染儿童全球性及区域性住院负担的系统性分析)” (*The Lancet*, Volume 381, Issue 9875) 的摘要如下:

### Summary

小标题	内容	写作要求
Background	The annual number of hospital admissions and in-hospital deaths due to severe acute lower respiratory infections (ALRI) in young children worldwide is unknown. We aimed to estimate the incidence of admissions and deaths for such infections in children younger than 5 years in 2010.	简要说明研究背景及研究目的, 表明研究的范围、内容和重要性

Methods	We estimated the incidence of admissions for severe and very severe ALRI in children younger than 5 years, stratified by age and region, with data from a systematic review of studies published between Jan 1, 1990, and March 31, 2012, and from 28 unpublished population-based studies. We applied these incidence estimates to population estimates for 2010, to calculate the global and regional burden in children admitted with severe ALRI in that year. We estimated in-hospital mortality due to severe and very severe ALRI by combining incidence estimates with case fatality ratios from hospital-based studies.	说明研究课题的设计思路, 使用何种材料和方法、如何对照分组, 如何处理数据等
Findings	We identified 89 eligible studies and estimated that in 2010, 11.9 million (95% CI 10.3—13.9 million) episodes of severe and 3.0 million (2.1—4.2 million) episodes of very severe ALRI resulted in hospital admissions in young children worldwide. Incidence was higher in boys than in girls, the sex disparity being greatest in South Asian studies. On the basis of data from 37 hospital studies reporting case fatality ratios for severe ALRI, we estimated that roughly 265,000 (95% CI 160,000—450,000) in-hospital deaths took place in young children, with 99% of these deaths in developing countries. Therefore, the data suggest that although 62% of children with severe ALRI are treated in hospitals, 81% of deaths happen outside hospitals.	介绍研究的主要结果和数据, 有何新发现, 说明其价值及局限。此外, 还要给出结果的可信区间、统计学显著性检验的确切值
Interpretation	Severe ALRI is a substantial burden on health services worldwide and a major cause of hospital referral and admission in young children. Improved hospital access and reduced inequities, such as those related to sex and rural status, could substantially decrease mortality related to such infection. Community-based management of severe disease could be an important complementary strategy to reduce pneumonia mortality and health inequities.	简要对以上的研究结果进行分析或讨论, 并进行总结, 给出符合科学规律的结论
Funding	WHO.	说明研究的资金来源

上述两种结构式摘要不仅语言精练、内容完整、信息量大, 而且层次分明、编排规范, 使人一目了然, 同时便于写作、审稿、文献检索和国际交流, 这些都是结构式摘要的优点。这两种结构式摘要在句子时态方面的要求基本一致。



## (2) 非结构式摘要

非结构式摘要是传统型一段式摘要，以一定的逻辑关系连续写出论文主要内容，每部分内容不加小标题、不分段。非结构式摘要一般要求字数在 250 词以内。按包含内容的多少，可分为以下几种类型。

### ① 研究过程、结果加作者结论

这是最常见的一种非结构式摘要格式，研究过程与结果一般用过去时，作者结论用现在时。例如：

#### Title: Malignant Hypertension and Cigarette Smoking

Abstract	语言特点
The smoking habits of 48 patients with malignant hypertension were compared with these of 92 consecutive patients with non-malignant hypertension. Thirty three of the patients with malignant and 34 of the patients with non-malignant hypertension were smokers when first diagnosed. This difference was significant, and remained so when only men or black and white patients were considered separately. Results suggest that malignant hypertension is yet another disease related to cigarette smoking.	该摘要共4句。第一句叙述作者的研究过程；第二、三句叙述研究过程中所发现的结果。这3句都用一般过去时表达。第4句是作者结论，用一般现在时。

### ② 只叙述研究过程与结果

这种摘要不加作者的评论，比较客观。研究过程与结果一般都用一般过去时表达。例如：

#### Title: Oral Mucosal Ulceration in Systemic Lupus Erythematosus

Abstract	语言特点
In 182 patients with Systemic Lupus Erythematosus (SLE), oral mucosal ulceration occurred in 47 patients (26%), was usually painless (82%), and most often involved the hard palate(89%). Oral ulceration was associated with an increase in overall clinical activity although this was not accompanied by significant changes in the levels or titers of C3, anti DNA antibodies, and antinuclear antibodies. Necrotizing vasculitis was not observed. Microscopic changes were similar to the skin lesions of SLE and immunoglobulin and complement were in both the basement membrane and blood vessel walls.	该摘要共4句，均涉及主要研究结果，句子都采用一般过去时态。

### ③ 只叙述作者的结论

这种写法直截了当，引人注目。作者的结论一般用现在时表达。例如：

#### Title: Alcohol Use, Myocardial Infarction, Sudden Cardial Death and Hypertension

Abstract	语言特点
Studying coronary risk factors, this article concludes that regular use of alcohol may protect against major coronary events; regular use of three or more drinks daily is a probable risk factor for hypertension; the relations of alcohol use to coronary disease, hypertension and cardiomyopathy are disparate.	该摘要只有一句，介绍了研究的主要结论，用一般现在时。

④ 有的摘要还加上开场白、对未来的展望等内容

摘要一般不用开场白，但如有需要也可写一二句开场白，介绍研究背景、研究目的，或仅仅是解题性说明。例如：

**Title: Influence of Different Total Parenteral Nutrition Support Upon Hepatic Regeneration After Partial Hepatectomy in Rats**

Abstract	语言特点
This study was designed to investigate the effects of different TPN on liver regeneration after partial hepatectomy in rats. Forty Wistar rats were randomly divided into four groups. Groups A and B (normal rats) received BCAA-enriched TPN (45% BCAAs) and standard TPN (24% BCAAs) respectively after 34% hepatectomy. Groups C and D (rats with cirrhosis of liver) received the same TPN as Groups A and B received respectively after 34% hepatectomy. On the third day after operation, all rats were killed and specimens of liver and blood were taken for measurement of activity of liver regeneration. The results showed that DNA synthesis rate and mitosis rate in Groups A and B were significantly greater than those in Groups C and D respectively; RLK, DNA synthesis rate and mitosis rate in Groups A and C were significantly higher than those in Groups B and D respectively. These suggest that the effect of the same TPN on liver regeneration in normal rats is better than that in cirrhosis rats and that BCAA-enriched TPN can provide more excellent supplementation than standard TPN can do either in normal liver or cirrhosis liver after partial hepatectomy.	这篇摘要共8句，第一句是说明本文研究的目的，用一般过去时；第二至第五句叙述研究过程，用一般过去时；第六、七句叙述研究结果，也用一般过去时；最后一句是作者的结论，用一般现在时。

1.3.1.2 提示性摘要 ( Indicative abstract )

提示性摘要，也常称为说明性摘要 ( Descriptive abstract ) 或论点摘要 ( Topic abstract )。一般只用两三句话概括论文的要点，通常包含研究目的、方法，但不涉及具体的数据与研究结果、结论等，多用于综述、述评、会议报告等。这种摘要为非结构式摘要，句中谓语动词常用一般现在时或现在完成时。例如：

### Title: Primary Lymphomas of the Gastrointestinal Tract

Abstract	语言特点
An institutional experience with primary gastrointestinal lymphoma(PGL) is reviewed. The clinical, pathologic, and therapeutic aspects of PGL are discussed.	这篇摘要共2句，均提示论文的主要内容；句子使用一般现在时。

#### 1.3.1.3 报道—提示性摘要 ( Informative-indicative abstract )

报道—提示性摘要结合报道性和提示性摘要的写法，以报道性摘要的形式表述论文中的重要信息，而对其他部分不详细叙述，只是做简要提示。这种摘要通常为非结构式摘要。例如：

### Title: Malignant Lymphoma Associated with Marked Eosinophilia

Abstract	语言特点
A 60-year-old black man with poorly differentiated lymphocytic lymphoma presented with generalized lymphadenopathy and marked eosinophilia. Extensive evaluation of the eosinophils revealed them to be normal morphologically and functionally. The patient responded to corticosteroid therapy with resolution of the lymphadenopathy and reversion of the peripheral blood counts to normal limits. Recurrence of the original clinical picture within months prompted institution of systemic chemotherapy. Response was transient, and the patient expired after an unremitting downhill course. Recent advances in our knowledge of mechanisms of eosinophilia and eosinophil function are reviewed. The relationship of lymphoma to eosinophilia is discussed.	这篇摘要共7句。第一、二句介绍患者的病名、主要症状及检查结果，用一般过去时表达；第三至第四句陈述治疗的过程和效果，用一般过去时；第五句是病人的结局，用一般现在时表达；最后两句是论文探讨的主要内容，用一般现在时表达。

#### 1.3.2 摘要中的人称代词与动词语态

下面以结构式摘要为例，重点说明摘要中背景、目的、方法、结果、结论等各部分的写作要求和语言特点。其他类型的摘要可参照写作。

虽然有不少作者和审稿人认为，科技论文的撰写应使用第三人称和被动语态，但主动语态的表达更为清晰、简洁且更易阅读，因而目前大多数期刊都提倡使用主动语态。“Nature”、“Cell”等国际知名科技期刊中第一人称和主动语态的使用十分普遍。在人称代词与动词语态方面，医学论文摘要中常见以下表达方法。

(1) 主语用第一人称复数 We 表示作者或编者(无论单、复数)，谓语用主动语态。例如：

We still consider, due to the above, that enterolithotomy alone is a sufficient primary procedure.

由于上述原因，我们仍然认为最初单纯做肠结石切除手术就已经足够了。

(2) 主语用 the author 或 the authors，谓语用主动语态。例如：

The author presents the experience with 264 patients with secondary renovascular

hypertension.

我们（作者）介绍了 264 例继发性肾血管性高血压的治疗经验。

（3）主语用 this report, this paper, this study, this artical 等，谓语用主动语态。例如：

This study reports our first year’s experience of endoscopic sphincterotomy for common bile ducts stones.

本文报道作者第一年经内窥镜切开括约肌治疗胆总管结石的经验。

（4）主语用第三人称，谓语用被动语态，以突出行为对象，强调客观事实。例如：

The results of treatment of early gastric carcinoma were analysed in 35 patients.

对 35 例早期胃癌的治疗结果进行了分析。

1.3.3 摘要各部分的语言特点

摘要写作时各部分所采用的时态应视情况而定，力求表达自然。可大致遵循以下原则：用过去时态叙述作者工作；用现在时态叙述作者结论。摘要的英文表达要求用词简明、层次清楚，每部分都有相对固定的表达方式，因此掌握一些特定的规范表达，对于撰写摘要非常有帮助。

1.3.3.1 背景

研究背景中应简要说明提出问题的缘由，表明研究的国内外研究背景。

（1）背景部分的时态要求

① 介绍研究背景，常用一般现在时，指作者写论文或论文发表时的情况。例如：

Coffee has several metabolic effects that could reduce the risk of gallstone formation.

咖啡具有几种可降低胆石形成的代谢作用。

有时也用现在完成时介绍研究背景，以强调既往研究对当前研究的影响。例如：

Behavioral and pharmacological treatments have their benefits and limitations, but no placebo-controlled study has compared their separate and combined effects for late-life insomnia.

行为和药物治疗各有优点和局限性，但迄今尚无比较它们单独或联合治疗老年失眠的效果对照研究。

② 介绍本文的主题或内容用一般现在时表达。例如：

The role of colonoscopy in the management of 100 cases of suspected large bowel tumour is described.

本文报导结肠镜检查对 100 例拟诊为大肠肿瘤的诊断价值。

（2）背景部分的常用表达

① 背景部分的常用词汇：

回顾研究背景	review, summarize, present, outline, describe
介绍论文的重点内容或研究范围	study, present, include, focus, emphasize, emphasis, attention

例如：

We review evidence for this view of addiction and discuss its implications for understanding the psychology and neurobiology of addiction.

This paper outlines some of the basic methods and strategies and discusses some related theoretical and practical issues.

In this paper, we report the effect of plasma exchange in a patient with this syndrome.

The problem of diagnose hyperthyroidism in the presence of thyroxine-binding globulin excess is discussed.

② 背景部分的常用表达如下：

已有报道……	... have/has been reported.
有记载……	... has been recorded.
已证明……	There is evidence that ... It has been proved that ...
我们报道……	We report/describe ... In this paper we report ...
本文报道……	... is/are presented/reported/described.
本文讨论了……	... is/are discussed.
报告了……现状	The present situation of ... is reported/presented.
综述了……	... is reviewed.
调查了……	... was investigated.
对……进行了试验	Experiment was done/performed on ...
研究了……	... was studied/investigated. Research was made in ...

#### 1.3.3.2 目的

在国内外各种生物医学期刊中，在叙述研究目的或主要研究活动时以下三种常用表达方法，要求使用不同的时态。

(1) 目的部分的时态要求

① “论文导向”的句子，介绍本文的中心意图，说明本文要解决的问题，句中谓语动词用一般现在时表达。例如：

The purpose of this report/paper is to describe the clinical presentation of 30 such patients.

本文旨在介绍 30 例该类患者的临床表现。

The paper aims to establish a feasible method to describe ...

本文旨在建立一种描述……的可行性方法。

②“研究导向”的句子，交代研究的目的，用一般过去时。这是因为研究过程中所做的一切已成为过去，在着手研究前要确定所研究的目的应用过去时态。例如：

The purpose of this study was to investigate factors that may participate in the production of innocent ejection murmurs.

本研究旨在调查产生非病理性喷射性杂音的可能因素。

This experiment was done to explore the etiologic mechanism and new therapy of otitis media effusion.

本实验旨在探讨分泌性中耳炎的发病机理和新治疗方法。

③众多期刊摘要中，研究目的也常用不定式短语表达。例如：

To evaluate spiral CT in the preoperative staging of colorectal carcinomas.

探讨螺旋 CT 对结、直肠癌术前分期的价值。

To examine the association between coffee consumption and the risk of symptomatic gallstone disease in men.

检查咖啡与男性发生症状性胆石症危险的关系。

## (2) 目的部分的常用表达

表示写作目的和研究目的的常用词汇有 purpose, attempt, aim 等。下列动词常用来表示各种具体的研究目的：study, investigate, evaluate, explore, observe, clarify, understand, examine, substantiate, inquire into, elucidate 等。

目的部分常介绍研究性质及研究方法，常用以下词汇：

实验研究	experimental study
临床研究	clinical study
随访研究	follow-up study
比较研究	comparative study
回顾性研究	retrospective study
前瞻性研究	prospective study
单/双盲交叉研究	single-/double-blind, crossover study
随机对照研究	randomized, controlled study
双盲随机研究	double-blind randomized study

表示研究的常用词除 study 外，还有 investigation、research、approach 等词。以上各例中，study 与表示研究方法的前置定语连用，在句中往往用单数；但若与表示研究对象的前置定语连用时，往往用复数。例如：

白细胞研究	lymphocyte studies
红细胞存活研究	red-cell survival studies
血液动力学研究	hemodynamic studies
电生理学研究	electrophysiological studies
理化研究	physical and chemical studies
结构研究	structural studies
神经肌肉研究	neuromuscular studies
细胞遗传研究	cytogenetic studies

该部分的常用表达有：

为了探讨……	To/In order to investigate/evaluate ...
为了弄清……的关系	To find out the relationship between ... and ...
本文的目的是……	The purpose of this paper/review/chapter is to ...
本研究旨在……	The purpose/objective/aim of this study/investigation was to ... The study was designed to do ... The present study was undertaken to do ... The authors undertook a retrospective study to ...

### 1.3.3.3 方法

方法部分应简要说明研究课题的基本设计、使用材料和方法、如何分组对照、研究范围及精确程度、取得数据及统计学处理等内容。

#### (1) 方法部分的时态要求

叙述研究过程、方法、方案设计常用一般过去时表达。这是指作者在写论文时，研究工作已经结束，研究过程中所做的一切已成为过去。例如：

The effect of imipramine hydrochloride on blood pressure was examined in a prospective and retrospective study.

通过前瞻及回顾性研究观察了盐酸丙咪嗪对血压的影响。

In situ hybridization was used to detect the p53 gene expression in 30 cases of human cholangiocarcinoma.

采用原位杂交对 30 例人胆管癌组织 p53 基因进行检测。

#### (2) 方法部分的常用表达

介绍研究或实验过程常用词汇有 test, study, investigate, examine, experiment, discuss, consider, analyze, analysis, measure, estimate, calculate, use, apply, application 等。

研究过程及方法部分的常用表达如下：

① 表示研究过程的持续时间

近10年来……	during/over the past 10 years
在过去的10年中……	in the past 10 years
在为期10年中	during/over/in a ten-year period
在2005~2012年期间	during/in the period of 2005 to 2012 during/in the 2005-2012 period
从2005年1月至2010年12月	from January 2005 to December 2010 between January 2005 and December 2010

② 表示研究方法

把……（随机）纳入研究	... were enrolled/selected (randomly)
…… 随机/平均分为……	... were randomly/equally divided/categorized into ...
用……法	using/employing ... by/with/through ... ... was used/employed/applied to do ...
（我们）对……患者进行了……研究……	A ... study was done/made/carried out/performed/undertaken /conducted in patients with ... ... patients underwent/entered a ... study ... ... was (were) studied in ... patients ...

例如：

A prospective study was done of serum calcitonin levels in 61 patients with bronchogenic cancer.

我们对 61 例支气管癌患者血清降钙素水平作了前瞻性研究。

Radioisotope red-cell survival studies were carried out in 20 patients with falciparum malaria.

用放射性同位素对 20 例用奎宁治疗的恶性疟疾患者的红细胞生存期进行了研究。

The characteristics of bone pain in metastatic cancer of the prostate were studied in 23 patients.

我们对 23 例前列腺转移癌骨痛的特点进行了研究。

③ 表示诊断检查和手术治疗

对……患者做了……检查或手术。	... was/were done/performed in/on ... patients. ... patients underwent ...
我们对……患者做了……水平的测定。	Levels of ... were measured/determined in ... patients.



例如：

Ultrasonography was performed in 37 cases with proven cancer of the pancreas.

对 37 例已确诊为胰腺癌的患者作了超声检查。

Thirty-three patients over a 21 year period underwent thoracotomy for resection of suspected pulmonary metastases from malignant melanoma.

在 21 年里，有 33 例患者因疑似恶性黑色素瘤肺转移而作了开胸切除术。

Levels of serum calcium, phosphorus, and magnesium were measured in 61 patients admitted to a coronary unit.

我们对冠心病监护室收治的 61 例患者做了血清钙、磷及镁含量的测定。

全结构式摘要中，有关论文方法的信息常分别表述为设计、研究地点、对象、处置方法、测定项目等，有些部分可使用短语表达。例如：

**Design** Trend analysis of national surveillance data.

**Setting** Data collated from eight sexual health services from 2004 to 2011; the two largest clinics also collected self reported human papillomavirus vaccination status from 2009.

**Participants** Between 2004 and 2011, 85,770 Australian born patients were seen for the first time; 7,686 (9.0%) were found to have genital warts.

**Main outcome measure** Rate ratios comparing trends in proportion of new patients diagnosed as having genital warts in the pre-vaccination period (2004 to mid-2007) and vaccination period (mid-2007 to the end of 2011).

#### 1.3.3.4 结果

结果通常是摘要中最长的部分，一般要求列出研究的主要结果、重要数据及可信区间、统计学显著性检验的确切值。

##### (1) 结果部分的时态要求

结果部分通常要求使用一般过去时。例如：

No factor V Leiden and prothrombin gene G20210A mutation were found in either group.

静脉血栓患者和正常人群均未发现凝血因子 V Leiden 和凝血酶原基因 G20210A 变异。

No significant decline in wart diagnoses was seen in women over 30 years of age.

30 岁以上女性疣诊出人数未见明显下降。

##### (2) 结果部分的常用表达

这部分主要使用相关性、数字增减、统计学意义等方面的表达方法。

结果表明……	The result showed/demonstrated/revealed/documented/indicated/suggested that ...
(我们)发现……	It was found that ... We found that ...

（我们）观察到……	It was observed that ... We observed that ...
A与B密切相关。	A was closely related/correlated/associated with B. There was a close relationship/correlation between A and B.
从……增加到……，平均增加……。	increased/rose/went up from ... to ..., with a mean/average (increase) of ...
从……减少到……，总的减少……。	decreased/dropped/declined from ... to ..., with an overall/total decrease of ...
……增加/减少了10%。	... increased/decreased by 10%.
A与B在……（方面）有显著不同。	There was a significant difference in ... between A and B. The difference in ... between A and B was significant. A was significantly different from B in ... A significant difference was found/observed/noted in ... between A and B.
疗效判断标准如下：	The criteria to test the curative effect/therapeutic effect/effectiveness/efficacy were as follows:

例如，一篇题为“Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial” (BMJ 2006; 333: 1241) 的摘要结果部分如下：

**Results** In 2003-4 vaccine coverage in full time staff was 48.2% (407/884) in intervention homes and 5.9% (51/859) in control homes. In 2004-5 uptake rates were 43.2% (365/844) and 3.5% (28/800). National influenza rates were substantially below average in 2004-5. In the 2003-4 period of influenza activity significant decreases were found in mortality of residents in intervention homes compared with control homes (rate difference -5.0 per 100 residents, 95% confidence interval -7.0 to -2.0) and in influenza-like illness ( $P=0.004$ ), consultations with general practitioners for influenza-like illness ( $P=0.008$ ), and admissions to hospital with influenza-like illness ( $P=0.009$ ). No significant differences were found in 2004-5 or during periods of no influenza activity in 2003-4.

#### 1.3.3.5 结论

简要说明研究结论，包括其理论价值或应用价值如何、是否可推荐或推广等。

##### （1）结论部分的时态要求

表示结论的句子经常用一般现在时。如果作者并不认为本文结论具有普遍性，而只是当时的研究结果，则用一般过去时。表达作者对未来的展望，用一般现在时或将来时，也多用 should、might、could 等情态动词。例如：

Behavioral and pharmacological approaches are effective for the short-term management of insomnia in late life; sleep improvements are better sustained over time with behavioral treatment.

对老年失眠的短期治疗，行为和药物疗法都有效，但行为疗法能更好地改善睡眠状态，疗效较长。

This trial showed both drugs to be effective and there was no statistically significant difference between them in their effect.

该试验表明，两种药物都有效，两者效果在统计学上无显著差异。

As greater clinical correlation is obtained, the usefulness of thyroglobulin determinations will increase.

随着甲状腺球蛋白测定与临床的关系日益紧密，其诊断价值也日益提高。

Coffee consumption may have helped to prevent symptomatic gallstone disease.

饮用咖啡可能有助于预防症状性结石症。

## (2) 结论部分的常用表达

结论部分最好直截了当地写出结论、建议、展望等具体内容，而不必加上“作者认为”之类的套话。例如：

**Conclusions** Vaccinating care home staff against influenza can prevent deaths, health service use, and influenza-like illness in residents during periods of moderate influenza activity.

若有需要，可考虑使用下列词汇和表达方法。

① 表明论证过程：support, provide, indicate, identify, find, demonstrate, confirm, clarify 等。例如：

We showed that it is possible to identify constituents which represent only 1% of the total population.

These results demonstrate that p53 is required for radiation-induced cell death in the thymus but is not necessary for all forms of apoptosis.

② 陈述结论性论点：conclude, suggest, report, present, explain, expect, describe 等。例如：

It is concluded that the collateral vessels are functionally very important to the myocardium in the presence of coronary disease.

This study suggests the possibility of person-to-person transmission in Legionnaires' disease.

③ 推荐或建议：suggest, suggestion, recommend, recommendation, propose, necessity, necessary, expect 等。需注意这些词后边的宾语从句或同位语从句中要使用虚拟语气，形式为“should + 动词原形（should 常省略）”。例如：

The authors suggest that the patients with known esophageal stricture (should) not take diet pill that contain swelling fibers.

We propose two algorithms to estimate the significance level for a test of HWP.

表达结论的常用句型：

我们的研究表明……	Our results suggest/show/indicate/that ...
所取得的资料表明……	The data obtained suggest that ...
这分析有力地指出……	This analysis strongly suggests that ...
本资料未能证实……	Data fail to confirm that ...
这些结果有力地支持……	These results strongly support that ...
可以得出……结论：	We can conclude that ... It can be concluded that ... Conclusion can be reached/drawn that ...
本例说明……	This case illustrates/demonstrates that ...
我们深信……	We strongly believe/feel/think/consider that ...
作者建议……	The authors/We suggest/propose/recommend that ...
我们怀疑……	We suspect that ... It is suspected that ...
可以预料……	It can be expected that ...
对……应进一步探讨。	... should be further explored/investigated.
有必要对……进行更深入的讨论。	It is necessary to make/carry out deeper study on ...
……有待进一步研究。	Further study is to be done on ...
需要进一步认识……	Further understanding is needed on ...
随访研究将进一步明确……	Follow-up study will further clarify/confirm ...

#### 1.3.4 摘要中的简明表达

如前所述，英文摘要中非结构式摘要不宜超过 150 词，结构式摘要的长度为以 250 词左右，因此，作者应更多地采用简洁的表达方法。

##### (1) 删除不必要的文字

摘要中的表述要尽量具体，要删除不必要的文字，如 “It is reported ...”，“Extensive investigations show that...”，“The author discusses...”，“This paper is concerned with...”，“In this paper” 等。另外，一些不必要的修饰词，如 “in detail”，“briefly”，“here”，“new”，“mainly” 等，在不影响表达的前提下也尽量删除。例如：

The problem of diagnosing hyperthyroidism in the presence of thyroxine-binding globulin excess is discussed in this paper by the authors.

本文讨论了甲状腺结合球蛋白过多时甲状腺机能亢进的诊断问题。

句中的 “in this paper by the authors” 应删除，更为简洁。

## (2) 使用缩略语

摘要中可使用生物医学方面公知共用的常用缩略语，如 CO<sub>2</sub>, MD, WBC, DNA, AIDS, HIV, CT, MRI 等。另外，摘要中可能反复使用某些名词词组，为了节约字数、简明扼要，这类术语第一次出现时用全部词的完整形式，然后在其后加括号列出其缩略形式；再次使用时，用其缩略形式即可。例如：

partial left ventriculectomy (PLV) 左心室部分切除术

the 39-item Parkinson's disease questionnaire (PDQ-39) 39 项帕金森病调查

vascular smooth muscle cells (VSMC) 血管平滑肌细胞

但需注意的是，有些期刊明确要求在标题和摘要中不要使用缩略语。

## (3) 使用名词短语

名词词组也是一种简明的表达方法，在科技文章中广为应用。基本使用原则是能用名词做定语不要用动名词做定语，能用形容词做定语就不要用名词做定语。另外，可用名词或名词短语作定语的情况下，要少用 of 等介词短语。例如：

不建议用	建议使用
measuring accuracy	measurement accuracy
accuracy of measurement	measurement accuracy
experiment results	experimental results
disease of coronary artery	coronary artery disease
infection of upper urinary tract	upper urinary tract infection
patient with duodenal ulcer	duodenal ulcer patient

## (4) 使用简洁的表达

摘要中的语言应删繁从简，避免使用啰嗦的表达方法。例如：

繁琐	简洁
in order to	to
with a view to	to
for the purpose of	for
at this point in time	now
discussed and studied in detail	discussed
at the present time	now
It has been reported by us that ...	Now we report that ...

be referred to as	be called
take into consideration	consider
through the use of /by means of	through/by/with
due to the fact that	because
on account of the fact that	because
for the reason that	because/since
during the same time that	during/while
during the course of	during
despite / in spite of the fact that	although
It is clear that	Clearly,
has been found to increase	increased
with regard to	about/concerning
From the experimental results, it can be concluded that ...	The results show that ...
It would thus appear that ...	apparently
with the result that ...	so that
at all times	always
in the near future	soon
small in size	small
fewer in number	fewer
totally destroyed	destroyed
may or may not	may
very unique	unique
at a temperature of 250℃ to 300℃	at 250-300℃
bring all this to a conclusion	conclude

#### 1.3.4 关键词 ( Key words )

关键词也称索引词或主题词。关键词要能代表论文主题，体现研究和讨论的重点内容，尽可能准确全面，以方便文献标引或检索。仅在研究方法中提及的手段一般不予标出。

关键词应尽量使用美国国立医学图书馆编辑的《医学索引》( Index Medicus, IM ) 的医学主题词表 ( Medical Subject Headings, MeSH ) 中所列的词。如果最新版 MeSH 中

尚无相应的词，可选用直接相关的几个主题词进行组配，或根据树状结构表选用最直接的上位主题词；必要时，可采用适当的习用自由词。

不同期刊对关键词数量有不同的要求，一般要求列 2~5 个。关键词可以是单词，也可能是词组。例如，“blood coagulation disorders”就是一个关键词。

### Exercise 1.3.1

**Directions: Translate the following Abstract into Chinese.**

#### **Women's reproductive health: the role of body mass index in early and adult life**

Lake JK, Power C, Cole TJ.

Department of Epidemiology & Biostatistics, Institute of Child Health, London, UK.

#### **Abstract**

##### **BACKGROUND:**

Higher risks of menstrual problems and infertility have been found in underweight and overweight women but evidence is inconsistent especially in relation to the effect of age on onset of obesity.

##### **OBJECTIVE:**

To determine whether body mass index (BMI) in adulthood or childhood affects the reproductive health of women.

##### **METHODS:**

Heights, weights (at 7, 11, 16, 23 and 33y) and reproductive data were available for 5,799 females in the 1958 British birth cohort study. Body mass index (BMI) was calculated as weight/height. Age-specific cut-offs were used to define overweight and obesity. Reproductive outcomes reported at age 33 included: menstrual problems (also reported at 16y), hypertension in pregnancy and subfertility.

##### **RESULTS:**

Early menarcheal age was associated with higher risks of menstrual problems by 16y but this relationship did not persist to 33y. Obesity at 23y and obesity at 7y both independently increased the risk of menstrual problems by age 33 (OR = 1.75, OR = 1.59 respectively) after adjusting for other confounding factors. Obesity at 23y increased the risk of hypertension in pregnancy (OR = 2.37), after adjusting for confounders. Consistent with these findings, obese women at 23y were less likely to conceive within 12 months of unprotected intercourse after adjustment for confounders (RR = 0.69).

##### **CONCLUSIONS:**

Overweight and obesity in early adulthood appears to increase the risk of menstrual problems, hypertension in pregnancy and subfertility. Other than menstrual problems, childhood body mass index had little impact on the reproductive health of women.

## Exercise 1.3.2

**Directions:** Translate the following Abstract into English.

### 青岛市 35~74 岁居民吸烟状况调查

张玉<sup>1</sup>; 孙健平<sup>2</sup>; 逢增昌<sup>2</sup>; 赵枫琳<sup>1</sup>; 汪韶洁<sup>2</sup>

1 青岛大学医学院医学营养研究所, 山东 青岛 266021; 2 青岛市疾病预防控制中心

**摘要:** **目的** 了解青岛市 35 ~ 74 岁居民吸烟状况, 为制订控烟措施提供科学依据。**方法** 采用分层随机抽样, 在青岛市抽取市南、市北、黄岛、胶南、四方、即墨 35 ~ 74 岁居民共 5 072 人作为研究对象。调查居民的一般情况、吸烟状况及对吸烟的认识态度等, 采用 SPSS 16.0 统计软件进行数据分析。**结果** 青岛市 35 ~ 74 岁居民吸烟率为 31.7%, 男女性吸烟率分别为 69.0% 和 7.5%, 男性明显高于女性 ( $\chi^2=2\,118.34$ ,  $P<0.01$ ); 戒烟率为 11.1%。多因素非条件 Logistic 回归分析显示, 吸烟率受性别、文化程度、经济收入、职业、饮酒状况等因素的影响。**结论** 青岛市 35~74 岁居民吸烟率较高, 应加强控烟工作, 特别是对男性更应制定相应的控烟措施。

**关键词:** 吸烟; 数据收集; 青岛

## 1.4 引言

引言 (Introduction) 是论文正文的第一部分, 应在介绍研究背景的基础上引导出研究的问题, 说明研究或者观察的具体目的, 反映研究的目的、重要性及创新性。

### 1.4.1 引言的内容与写法

引言部分一般应包括以下内容:

- ① 背景: 说明所研究问题的目前总体情况或历史 (Statement of general area or history of problem)。
- ② 范围: 说明要研究问题的具体范围 (Statement of specific area of problem to be studied)。
- ③ 进展: 说明有关该问题的先有发现、报告或研究 (Statement of previous findings, reports or studies), 陈述这部分内容时一般要有引文;
- ④ 意义: 说明研究的意义或必要性 (Statement of importance or need);
- ⑤ 目的: 说明本研究的目的 (Statement of purpose of current study)。

在实际写作过程中, 作者可根据需要对上述内容有所取舍。引言部分通常采用层层推进的写作方式: 先就研究主题叙述已知事物, 然后指出未知事物或疑问, 在此基础上提出所研究的问题或假说。引言长度一般在 200~300 词, 可写成 1~4 个段落。例如, “Effect of Inhaled Glucocorticoids in Childhood on Adult Height” (*N Engl J Med* 2012; 367: 904-912) 的引言是:



引言	内容说明
Inhaled glucocorticoids are the recommended therapy for persistent asthma in children. <sup>1</sup> In prepubertal children, however, the use of inhaled glucocorticoids has been shown to reduce growth velocity, resulting in a linear growth reduction of 0.5 to 3.0 cm (approximately 1 cm on average) during the first few years of therapy. <sup>2-4</sup> This reduction has been reported for low-to-medium doses, but the degree of reduction is dependent on the type of inhaled glucocorticoid and the delivery method. <sup>5-9</sup>	说明所研究问题的目前总体情况及基本内容
Although growth velocity returns to normal within a few years after the initiation of inhaled glucocorticoid therapy (resulting in a deficit in height that is not progressive), the long-term effect of the initial decrease in growth velocity on attainment of adult height is still unclear. <sup>10-12</sup> Retrospective, cross-sectional studies of the effect of inhaled glucocorticoid therapy in childhood on the attainment of adult height have had conflicting results. <sup>10,13-15</sup> In one small longitudinal study, <sup>11</sup> there was no significant difference between actual adult height and predicted adult height in 142 participants who had received budesonide in variable daily doses (mean, 427 $\mu$ g) during childhood for a mean of 9.2 years.	对所研究问题进行文献综述, 说明相关的先有发现、报告或研究
At the end of the Childhood Asthma Management Program (CAMP) clinical trial, we predicted that the children receiving budesonide (Pulmicort Turbuhaler, AstraZeneca) for a mean follow-up of 4.3 years would attain the same adult height as the children receiving nedocromil (Tilade, Rhone-Poulenc Rorer) or placebo. <sup>2</sup> It has been hypothesized that children receiving inhaled glucocorticoids grow for a longer period of time, eventually catching up and having no long-term effects from the decreased growth velocity seen in the first few years of therapy. <sup>16</sup> Thus, the effect of inhaled glucocorticoids on height has often been characterized as growth retardation rather than growth suppression. We later reported that the heights of the participants in the budesonide group had not caught up with the heights of participants in the placebo group after an additional 4.8 years of follow-up (total, 9.1 years), until the ages of 12 to 23 years. <sup>12</sup> The purpose of the current study was to continue the height follow-up of the CAMP participants to assess the effects of budesonide and nedocromil on adult height.	说明本研究的意义或必要性, 陈述具体的研究目的

写好引言部分, 最重要的是要保持层次感和极强的逻辑性, 即在符合逻辑性的基础上建立层层递进的关系。这一点在上面所提供的例文中已得到充分体现。下面再看一篇题为“Health-Education Package to Prevent Worm Infections in Chinese Schoolchildren”(N Engl J Med 2013; 368: 1603-1612) 的论文引言, 注意体会其中各个部分之间的连贯性。

#### Introduction

A third of the global population, mainly in developing countries, is infected with

soil-transmitted helminths, which are intestinal parasitic nematode worms.<sup>1</sup> Infection with these parasitic worms is associated with poverty in rural locations, inadequate sanitation and waste disposal, a lack of clean water, and poor hygiene and is common in areas with limited access to health care and preventive measures.<sup>2</sup> Roundworms (*Ascaris lumbricoides*) are the largest and most prevalent soil-transmitted helminths, accounting for 1 billion infections; whipworms (*Trichuris trichiura*) and hookworms (*Necator americanus* and *Ancylostoma duodenale*) each infect 600 million to 800 million persons. Estimates of the worldwide burden of infection with soil-transmitted helminths range from 4.7 million to 39.0 million disability-adjusted life-years<sup>1,3</sup>; the most recent estimate (2010) is 5.2 million disability-adjusted life-years.<sup>3</sup> The variation in the estimates is due to different emphases placed on the effect of the infection on health (both cognitive function and physical health).<sup>1</sup> Almost half the global disease burden due to these worm infections is borne by children 5 to 14 years of age.<sup>4</sup>

Chronic infection with soil-transmitted helminths can lead to a variety of clinical sequelae, including poor mental and physical development.<sup>1,4</sup> Mass drug administration is the cornerstone of infection control, but this approach does not prevent reinfection. Additional public health measures, such as health education, are required for sustained, integrated control of the infection — a key element in achieving several of the United Nations Millennium Development Goals.<sup>2</sup>

Soil-transmitted helminths are a major problem in China, with 129 million infections across 11 provinces. The rates of infection are highest among children 5 to 14 years of age.<sup>5</sup> We conducted a cluster-randomized intervention trial at rural schools in the southern Hunan province to test the hypothesis that a health-education package targeting schoolchildren can influence behavior in a way that is conducive to the prevention of infection with soil-transmitted helminths. Positive outcomes would have potential implications for control of the infection not only in China but also globally.

该研究论文的引言由3个自然段组成,分3个层次介绍了研究的背景、内容和目的。第一层次,即第一段,作者首先简明阐述了自己研究领域的基本内容,介绍了本研究的现状并进行了评述,用以说明本研究的理由和意义。

第二层次,即第二段,作者进行了文献综述,介绍了他人的研究成果及进展情况。这部分是引言中的重要组成部分。要全面地概括该领域内的过去和现在的研究状况,特别是总结最新的进展,引用经典文献;还要准确地引用文献、提供数据。此外,引用文献的时候不要原文抄录,要用自己的话来进行总结描述。

第三层次,即最后一段,作者概括了本研究的内容和目的,还简要说明了研究的应用价值。这部分要分析既往研究的局限性,阐明自己研究的研究意义。阐述局限性的时候,要客观公正评价别人的工作。阐述自己的创新点时,要紧紧围绕过去研究中存在的缺陷来描述,完整而清晰地描述自己的解决思路。

#### 1.4.2 引言部分的时态

(1) 介绍研究的背景、现状及尚待解决的问题, 概括文献作者的观点和结论, 常用一般现在时或现在完成时。例如:

肥厚型心肌病是一种复杂的家族性心脏病, 其临床、病理形态和遗传表现不尽相同。

Hypertrophic Cardiomyopathy (HCM) is a complex familial cardiac disease with heterogeneous clinical, morphologic, and genetic expression.

自40年前首次报道以来, 人们一直认为肥厚型心肌病与严重活动能力受限和过早死亡有关。据报道每年死亡率可达3%~6%。

Since its initial description 40 years ago, HCM has been largely regarded to be associated with substantial disability and premature death, and annual mortality rates as high as 3% to 6% have been reported.

然而, 我们认为这种对肥厚型心肌病过分悲观的观点可能有误, 因为有关该病自然病史的资料几乎均来自少数三级医院。这类医院接受的转诊病人一般是重症或高危患者。

However, we believe that this rather ominous perception of HCM is likely to be skewed since available natural history data for this disease have been derived almost exclusively from a few tertiary centers in which the patterns of referral have traditionally been biased toward those patients judged as severely affected or at high risk.

西欧的报告称, 在小样本或短期随访非住院人群和在经严格选择人群或已接受预防性抗心律失常治疗人群中进行的研究表明, HCM的自然病程可能没有过去报道的那么可怕。

Reports from Western Europe, in small or non-hospital-based populations with short follow-up, and in cohorts composed of only highly selected segments of the HCM spectrum or in which many patients received prophylactic antiarrhythmic treatment, suggest that the natural history of HCM may be more benign than previously reported.

(2) 说明资料的来源和收集方法、研究的起止时间和主要结果、直接引用原始文献作者姓名及其观点、描述过去研究过程中进行的活动, 常用一般过去时或过去完成时。例如:

美国国家息肉研究项目, 是一项专门用于确定对刚被诊断为腺瘤样息肉的患者进行随访监测时间间隔的随机化临床试验, 为我们提供了检测腺瘤患者家族中结肠直肠癌患病几率的基本概况。

The National Polyp Study, a randomized clinical trial designed to determine the appropriate intervals for follow-up surveillance of patients with newly diagnosed adenomatous polyps, provided a framework within which to examine the risk of colorectal cancer in the families of patients with adenoma.

从2002年1月到2009年7月, 138例患者因感染性心内膜炎并发症而接受心瓣膜

置换术。

From January 20022 to July 2009, 138 patients underwent cardiac valve replacement because of complications of infective endocarditis.

本研究以 Frank 等人的工作为依据。因为他们证实了三环抗抑郁药丙咪嗪和人际心理疗法对预防或延迟中年重性抑郁症患者复发有效。

This study builds on the work of Frank et al, who demonstrated the efficacy of the tricyclic antidepressant (TCA) imipramine hydrochloride and of IPT (=interpersonal psychotherapy) in preventing or delaying recurrences of major depression in midlife patients.

通过前瞻及回顾性研究，我们研究了盐酸丙咪嗪对血压的影响。

The effect of imipramine hydrochloride on blood pressure was examined in a prospective and a retrospective study.

患者，男，22 岁，16 年前因患何杰金病接受过放射治疗，患有放疗诱发的甲状腺癌。

In a 22-year-old male, who had been irradiated 16 years previously for Hodgkin's disease, a radiation-induced thyroid carcinoma developed.

(3) 说明研究的内容和目的，常用一般过去时。例如：

本研究的目的是通过详细的心脏解剖检查，研究急性斑块破裂与用力导致的冠状动脉猝死之间的联系。

The purpose of this study was to examine the association between acute plaque rupture and exertion-related sudden coronary death in a series of carefully studied autopsy hearts.

但在表示研究目的的具体内容时，由“确定、阐明、探讨”等动词引出的宾语从句中的谓语动词一般用现在时，表示客观规律。例如：

本研究旨在以前瞻性试验测定两种治疗方法的结果是否有显著差异。

The aim of our study was to perform such a prospective trial to determine whether there is a significant difference in the results of both treatments.

(4) 说明研究的内容和目的后，提及今后要做的工作及预期的结果和价值时，常用一般将来时。例如：

随着人们对甲状腺球蛋白水平与临床的相关性认识的提高，测定甲状腺球蛋白的必要性也在提高。

As greater clinical correlation is obtained, the usefulness of thyroglobulin determination will increase.

1.4.3 引言部分的常用表达

(1) 说明研究背景，表示不同观点和意见：

关于……，一直有相当多的争论。	There has been considerable professional debate on/about...
……研究与关于……的结论不同。	... studies have differed in their conclusion on/about/ regarding ...

关于……方面有各种不一致的/相互矛盾的报道。	There have been different/conflicting reports regarding/ on ...
这些报道不一致的可能原因是……。	The discrepancies may be a result of ...
通过……的研究得到相反的结果。	... studies by ... produced converse results.

(2) 引用文献资料来源：

……首次提出……	... advocated/found/reported/described/mentioned/ showed ... for the first time.
……进一步说明……	Then ... further demonstrated that ...
……的最新研究表明……	More recent studies by ... indicate ...
据报道(证实、观察等)……	It has been reported/demonstrated/observed that ...
……提出……, 而……认为……	... put forward that ... In contrast, ... believe ...
……提出……, ……同样认为……	... suggest ... Similarly, ... believe ...

(3) 指出先前研究的不足：

……研究做得很少。	Little information Little work Little research	has been	done on ... conducted on ...
	Few studies Few investigations Few researchers Few attempts	have been	investigated on ... studied on ...
这些研究的目的都不是……。	No/None of these studies attempted to do ...		
鲜有……的文献。	There is little information available in literature about...		
对……了解相对较少。	Relatively little knowledge is available related to ...		
……未引起大家的重视。	Little attention has been paid/given to ...		
尚不清楚(未确定, 不知道)是否……。	It is unclear/uncertain/unknown whether ...		
……仍有争论(尚未探讨, 仍不清楚)。	... is/remains controversial/unexplored/unclear.		
既往研究未能……。	Previous research/studies/records has/have failed to consider (ignored/neglected) ...		
……资料尚不充分。	However, the data on ... is/are still scarce/rare/less accurate.		
对……仍需进一步研究。	Further studies on ... are still necessary/essential.		

## (4) 提出自己的假设：

我们旨在验证……的可能性/可靠性。	We aim to test the feasibility/reliability of the ...
希望我们提出的方法能解决这一问题。	It is hoped that the question will be resolved with our proposed method/approach.

## (5) 表示本研究的重要性：

……对……具有实际意义。	... has practical significance/implication for ...
……一直是集中研究的课题。	... has been the subject of intensive research.
……一直是感兴趣和争论的焦点。	... has been the focus of much interest and debate.

## (6) 表示研究的内容和目的：

本研究旨在……	The purpose/object/aim of this study/research/investigation was to ... This study aimed to ... This study was designed to ... The present study was undertaken to ... The study here reported was undertaken to ...
为了研究（确定、查明、评定等）……	In an attempt/effort to investigate/determine/clarify/ assess ...
在本研究中，我们试图……	In this study, an attempt was made to...

## (7) 提出自己的观点：

我们的目的是……。	We aim to ... The purpose of this paper is to ...
本文的重点是……。	This paper focuses on ...
另外，我们也将讨论……。	Furthermore/Moreover/In addition, we will also discuss ...
我们证实……	We confirm that ...
我们认为……	We believe that ...
结果表明……	Results indicate/infer/suggest/imply that ...
我们提出（发现）……	We put forward/discover ...
我们初步提出……	We tentatively put forward ...

### Exercise 1.4.1

**Directions:** Translate the following introduction into Chinese.

#### Introduction

*Helicobacter pylori* is considered to be the main aetiological agent of the most common form of chronic gastritis in the adult population—type B gastritis. Type B gastritis is localized in the antrum and pylorus, whereas type A gastritis, the classic autoimmune gastritis, mainly occurs in the fundus. *H. pylori* positive chronic gastritis of the antrum has been found to be closely related to duodenal ulcer and can lead to gastric atrophy, a precursor of gastric cancer.

Environmental factors, such as socioeconomic and educational state, seem to affect the prevalence of *H. pylori* infection. Infection is consistently higher in Hispanic and black people than in white people and is inversely related to educational level.

The prevalence of *H. pylori* infection is higher in close communities and in members of family groups than in the general population. This may be due to relapses or reinfections between members of the same family. Furthermore, the route of transmission of *H. pylori* remains unknown, although most of the evidence supports person to person transmission with colonisation occurring primarily in childhood. Under natural circumstances transmission could be by the oro-oral or faecal-oral routes, but no strong evidence exists to support either route as the primary one, and both may be relevant depending on other factors.

Most studies of transmission of *H. pylori* infection within families have been conducted on parents and siblings of children referred for symptoms and not on the general population. To avoid this potential selection bias, we studied part of the population of the Dionysos cohort study to assess whether children of *H. pylori* infected parents had a higher infection rate than those from families with uninfected parents.

### Exercise 1.4.2

**Directions:** Translate the following introduction into English.

#### 引言

急性心肌梗死 (AMI) 为老年人的主要死亡原因。关于急性心梗患者最佳治疗策略的选择, 已有多个临床试验在进行探讨, 对比溶栓疗法和安慰剂试验的汇总分析亦做过总结。汇总分析发现, 75 岁以下的患者, 溶栓疗法效果显著, 而 75 岁或以上的患者, 死亡率稍有降低。直接经皮腔内冠状动脉成形术 (PTCA) 的支持者强调, 介入法具有较高的早期开通率、较低的死亡率和再梗死发生率, 而且还显著降低脑卒中的发生率。最近做过的一个有关比较溶栓疗法和直接 PTCA 随机临床实验的汇总分析显示, PTCA

可降低短期死亡率和再梗死发生率。对非选择性病例进行的观察性研究显示，接受介入治疗的患者，预后与接受溶栓疗法的患者效果类似。

难以据随机临床试验结果推论老年患者，因为老年患者更容易存在大面积的冠状动脉病变，危险因素更多，而且有其他情况可能对决定是否采用再灌注治疗产生影响。在缺乏随机试验结论性证据的情况下，观察性研究资料亦可用于评估临床治疗结果。观察性研究反映的是社区的一般做法和一般社区标准，而不是高度专业化中心提供的治疗。鉴于这些问题，本文比较了接受溶栓疗法与接受介入疗法的老年 AMI 患者的临床结果。

1.5 方法

1.5.1 方法部分的内容与写法

方法 (Methods) 是任何科研论文中的核心内容,应具体而真实地说明研究如何设计、研究所使用的材料和方法，以供他人理解、学习或验证。按照 QMRAD 格式，方法部分也可表述为 “Materials and Methods”。方法部分一般可以按照实验对象、实验设备、实验材料、实验记录、实验分析方法等几个方面来进行组织，通常包括以下部分：

- ① 简要说明研究设计 ( Study design/protocol )；
- ② 详细介绍研究对象 ( Subjects )；
- ③ 随机分组方法 ( Methods of any random assignment of subjects to groups ) 和选择标准 ( Criteria for admission to study groups )；
- ④ 详细说明所用的药物来源 ( Source of drugs )；
- ⑤ 简要说明测定方法 ( Method of measurement )；
- ⑥ 简要说明统计学分析方法 ( Method of statistic analysis )。

具体写作时，视文章内容不同，方法部分通常分为 “Material/Patients/Subjects”、“Methods”、“Statistics” 等二级标题。例如，论文 “Effect of Inhaled Glucocorticoids in Childhood on Adult Height” ( *N Engl J Med* 2012; 367: 904-912 ) 的方法部分如下。

METHODS	
Participants and Study Design From December 1993 through September 1995, we randomly assigned 1,041 children between the ages of 5 and 13 years with mild-to-moderate asthma to one of three study groups in the double-blind, placebo-controlled CAMP trial. In this study, we compared the efficacy and safety of 200 μg of budesonide administered by means of a dry-powder inhaler twice daily (400 μg per day), 8 mg of nedocromil administered by means of a metered-dose inhaler twice daily (16 mg per day), and placebo. Albuterol was used for asthma symptoms in all three groups. The design, methods, and results of the trial have been described previously. <sup>2,17</sup> At the end of the trial (mean follow-up, 4.3 years), the children were recruited into an observational cohort, as described previously. <sup>12</sup>	参试者及研究设计：  说明研究对象的人选标准及具体的研究方案



<p>During follow-up, the children were treated for asthma by their primary care physicians under advisement from the CAMP physicians on the basis of the guidelines of the National Asthma Education and Prevention Program.<sup>1</sup> Height and weight were measured every 6 months during the initial 4.5 years of observational follow-up and 1 to 2 times a year during the next 8 years. Adult height was determined at a mean (<math>\pm</math> SD) age of <math>24.9 \pm 2.7</math> years. Tanner staging was performed annually until the participants were 18 years of age or attained sexual maturity. (For details regarding the trial design and phases of the observational follow-up, see Fig. S1 in the Supplementary Appendix, available with the full text of this article at NEJM.org.) All study phases were approved by the institutional review board at each study center. Participants who were 18 years of age or older provided written informed consent; those under the age of 18 years provided assent, with written informed consent provided by their parents or guardians.</p>	
<p>At each clinic visit, a trained technician used a stadiometer (Harpender 603, Holtain) to measure height, as described in the protocol (available at NEJM.org), and investigators obtained an interim history of participants' health and medication use. During the first 8 years of follow-up, this information was supplemented with information obtained during telephone contacts that were evenly spaced around the clinic visits.</p>	<p>所用设备（详细说明厂家及产地）</p>
<p>On the basis of reported recommendations,<sup>18-21</sup> adult height was defined as either the mean of all measurements performed at the age of 18 years or older for women and at the age of 20 years or older for men or, if height was not measured at these ages, the most recently obtained height that was less than 1 cm greater than a height obtained at least 1 year previously.</p>	<p>说明研究中的测量指标及测量方法</p>
<p><b>Statistical Analysis</b></p> <p>We used a multiple linear regression model to compare mean height in the budesonide and nedocromil groups with that in the placebo group, with adjustment for eight covariates at trial entry: age, race or ethnic group, sex, clinic, height, duration of asthma (&lt;3 years, <math>\geq 3</math> to &lt;7 years, or <math>\geq 7</math> years), severity of asthma (moderate or mild), and presence or absence of skin-test reactivity. Data for each participant were analyzed in the study group to which the participant had been randomly assigned, regardless of subsequent asthma treatment. The adjusted mean height in each study group was computed from the regression model at the mean values for the covariates.<sup>22</sup> To assess the statistical significance of potential variations in height differences between the budesonide or nedocromil group and the placebo group across subgroups defined by race or ethnic group, age at trial entry, and duration of asthma at entry, we added covariate interaction terms to the regression model. Although these post hoc interaction tests may have a low statistical power for detecting variations in height effects across subgroups, we wanted to examine the qualitative consistency of the budesonide and nedocromil effects across subgroups.</p>	<p>数据分析： 多元线性回归分析</p>

<p>We used chi-square tests for categorical variables and t-tests for continuous variables to assess differences in baseline characteristics between participants for whom data regarding adult height were missing and those for whom such data were available. We used logistic-regression analysis to check for systematic differences between participants with adult-height data and those without such data with respect to study-group distribution in subgroups, as defined by the baseline covariates. Effects of missing data on adult height were further addressed in sensitivity analyses with the use of two alternative methods to impute missing adult height. In the first method, we used a single imputation of adult height on the basis of bone age obtained at the end of the trial and the equations of Tanner et al.<sup>2,19</sup> In the second method, we used multivariate multiple imputation with 13 imputations from simulations of a Bayesian posterior predictive distribution of the missing data, using an iterative Markov chain Monte Carlo method based on the multivariate normal distribution provided by Stata software.<sup>23</sup> All eight covariates in the model for difference in adult height were used together with serial height measurements obtained 2 to 102 months after trial entry. The missing adult height data were assumed to be missing completely at random. Additional sensitivity analyses were performed with the use of seven alternative definitions of adult height.</p>	卡方检验
<p>We used a linear regression model of height in relation to age, using all available age-height pairs for each participant in each 1-year age span, to determine age-specific growth velocity for each participant during the first 2 years of the trial. We assessed study-group differences in growth-velocity trends for participants between the ages of 5 and 15 years separately for each sex by means of a repeated-measures multiple linear regression model,<sup>24</sup> including an indicator variable for treatment, splines for each year of age, and interaction terms for treatment according to age. This analysis was also adjusted for the covariates used in the models of adult height. The significance of study-group differences in velocity trends was determined on the basis of the P value from an F-test of the simultaneous null effects of the study-group indicator and all age splines according to treatment interaction terms. We performed a secondary analysis of adult height in relation to the mean weight-adjusted dose of daily inhaled glucocorticoids (in micrograms per kilogram of body weight) during the first 2 years of the trial, with adjustment for demographic characteristics, status with respect to exposure to cigarette smoke in utero, and total prednisone dose throughout follow-up until adult height was attained, as well as asthma features, physical development, and vitamin D sufficiency or insufficiency at trial entry. The dose of inhaled glucocorticoids and weight were assumed to be constant over each reporting interval.</p>	线性回归分析

A two-sided P value of less than 0.05 was considered to indicate statistical significance, except in interaction analyses, for which a P value of less than 0.01 was considered to indicate significance. Statistical analyses were performed with the use of Stata software, version 12 (StataCorp) or SAS software, version 9.2 (SAS Institute).

双面P值

### 1.5.2 方法部分的时态与语态

(1) 材料与方法部分多属回顾性叙述,一般用过去时表示。句子多用被动语态。例如:

The study was conducted in the tertiary level Neonatal Unit of a teaching hospital over one year period.

A retrospective analysis was conducted of all adults and pediatric patients (age less than 18 years) who received a prolonged course of parenteral nutrition at UCLA Medical Center from January 1996 through December 2003.

Cholecystectomy was performed in 21 of these patients before the initiation of TPN, and in 35 patients during or after administration of long term TPN.

(2) 说明研究或实验之前发生的动作或情况,用过去完成时。例如:

BP was measured twice by trained observers using a standard mercury sphygmomanometer after the subject had been seated for at least 5 minutes.

Among 877 patients with gastric cancer, pernicious anaemia had previously been diagnosed in 9.

(3) 表达图表内容和数值表示法等指示性说明时,常用一般现在时。例如:

Data of the patients are shown in Table 1.

The abbreviation(s) is/are the same as that/those in Tab. 1.

Results are expressed as Mean  $\pm$  SD.

### 1.5.3 方法部分的常用句型

(1) 表示研究方法:

前瞻性研究	prospective study
回顾性研究	retrospective study
交叉研究	cross-over study
单/双盲研究	single-/double-blind study
对照研究	controlled study
随机研究	randomized study
实验研究	experimental study
非实验研究	nonexperimental study

## (2) 表示选择研究对象：

入选的标准是……	Inclusion/Entry criteria were/consisted of ...
不得入选的标准包括……	Exclusion criteria included ...
研究对象的选择是根据……	Selection was based on ... ... were selected based on ...
入选本研究的主要标准为……	The major criteria for inclusion in the study were ...
如果有以下任何一条，……不得参加本项研究。	... were excluded from the study/participation/ enrollment if they had any of the following ...
……因……被认为不适合。	... were considered ineligible for ...
……参加本项研究。	... were entered into the study.
……被选入参加……研究	... were enrolled at/in ...
从……随机挑选……参加研究。	... were selected at random from ...

## (3) 表示研究对象分组：

……被分成……	... were divided/grouped/stratified into
……被随机分成……	... were randomized into ... ... were randomly allocated to ...

## (4) 表示材料来源：

……来自……	... was/were from ...
……由……提供	... was provided by ...
……是从……获得	... was obtained from ...
……由……赠送	... was donated by ... ... was the/a gift of/from ... ... was a donation from ...
……购自……	... was purchased from ...

## (5) 表示借鉴他人的实验方法：

……用……方法分离	... was isolated by the procedure of ...
……根据……方法制备	... was prepared according to the method described by ...
按照以前介绍的方法进行……	... was carried out as previously described.

用以前介绍的技术分离……	... was separated by the technique described previously
用……方法测定……	... was determined by ... ... was measured with ...

(6) 表示制备实验标本：

从……取……标本	Samples of ... were obtained/taken from ...
取……作测定……的标本	Samples for ... were obtained/taken from ...
在……条件下收集……	... was collected/harvested under ... conditions.
用……固定……	... was fixed with ...
……用……染色	... was stained with ...
……包埋在……	... was embedded in ...
和以前一样/用以前介绍过的方法制备切片。	Sections were prepared as before/as previously described.
在……超薄切片机上制作切片。	Sections were cut on a ... ultramicrotome.
……被切成……厚的切片。	... was sectioned at a thickness of ...
在……中脱水。	... was dehydrated in ...

(7) 表达稀释、培养等：

……被稀释到……	... was diluted to ...
用……在……（温度）保温……小时。	... was incubated with ... at ... for ... hours.
在……培养基中培养……	... was grown in ... medium.
取出一份……	An aliquot of ... was removed.
……被配制成悬浮液，浓度为……	... was suspended to/at a concentration of ...
……被保存在……（温度）	... was stored at ...

(8) 表示诊断：

通过……诊断……	... was diagnosed by ...
……被诊断为……	... was diagnosed as ...
……被诊断患……	... was diagnosed with ...
根据……作出……诊断	... was diagnosed according to ...

对……作出诊断。	Diagnosis of ... was confirmed/made/established.
……漏诊……	... miss/overlook diagnosis of ...
……被误诊为	... was misdiagnosed as... ... was mistaken for ...
……是诊断……的依据。	... was diagnostic of ...

## (9) 表示治疗：

用……治疗	be treated by/with ...
因……治疗	be treated for ...
首选治疗方法	the treatment of the first choice
……接受……治疗	... was on ... therapy
门诊治疗	be treated on an outpatient basis
……被转诊到……	... was referred to...

## (10) 表示实验动物：

饲养在……	was bred/fed in...
用……/在……条件下饲养……	...was maintained with/under...
……术前12小时禁食。	...was fasted 12 hours prior to operation.
用……麻醉	...was anesthetized with...
……被关在笼内，随意喂以自来水和……饲料。	...was caged, fed ad libitum with tap water and ... diet.
……可随意饮水，进食。	...was given access to food and water ad libitum.
本研究采用体重为……雄性新西兰白兔。	Male New Zealand white rabbits weighing between ... and ... were used for the study.
用……处死……	was killed/sacrificed by ...

## (11) 表示研究时间：

在过去10年间	during the past/previous 10 years
在术后2, 4, 6, 8小时	at 2 h, 4 h, 6 h, 8 h after operation at the postoperative 2 h, 4 h, 6 h and 8 h
在术后第2, 4, 6, 10天	on days 2, 4, 6 and 10 after operation
在为期3个月的随访中	in 3-month follow-up
在不同的时间点	at different time points

### Exercise 1.5.1

**Directions:** Translate the following Methods into Chinese.

#### Subjects

Prospective subjects were recruited through newspaper advertisements and letters to physicians. Inclusion criteria were (1) aged 55 years or older; (2) sleep-onset or maintenance insomnia, defined as sleep onset latency and/or wake after sleep onset longer than 30 minutes per night at least 3 nights per week; (3) insomnia duration of at least 6 months; and (4) a complaint of at least 1 negative effect during waking hours (e.g. fatigue, impaired functioning, mood disturbances) attributed to insomnia. Exclusion criteria were (1) evidence that insomnia was directly related to a medical disorder or adverse effects of medication; (2) presence of sleep apnea (apnea-hypopnea index >15) or periodic limb movements during sleep (myoclonic index with arousal >15); (3) regular use of a hypnotic medication or other psychotropic medication with an inability or unwillingness to discontinue medication; (4) currently in psychotherapy; (5) presence of major depression or other severe psychopathologic conditions; and (6) cognitive impairment as suggested by a score lower than 23 on the Mini-Mental State Examination.

Prospective subjects underwent a multistep screening evaluation, which consisted of (1) telephone screening and (2) a sleep history interview, a psychological assessment, and a medical history taking with physical examination. These evaluations were conducted respectively by a board-certified sleep specialist, a clinical psychologist, and by a physician. Team meetings were regularly held to ascertain that subjects met the study criteria. Forty-eight persons of the 163 who underwent step 2 evaluation were excluded because of psychopathology (n=9), another suspected sleep disorder (n=9), lack of interest or inability to avoid taking sleeping medication prior to randomization (n=21), medical problems (n=6), or not meeting criteria for insomnia (n=3). One hundred fifteen individuals underwent the final screening phase of polysomnography. After this final evaluation, another 37 subjects were excluded owing to sleep apnea (n=23), periodic limb movements during sleep (n=6), a combination of these 2 conditions (n=2), no evidence of insomnia (n=3), or for other medical or psychiatric reasons or lack of interest (n=3).

The remaining 78 subjects were randomly assigned to either cognitive behavior therapy (CBT, n=18), pharmacotherapy (PCT, n=20), combined CBT and PCT (n=20), or a placebo condition (n=20). Of the 78 participants, 50 (64.1%) were women and 28 (35.9%) men, with a mean age of 65 years (SD, 7 years). The average education level was 14.4 years (SD, 2.5 years). All subjects were community-dwelling residents, 70

(89.7%) were white, 7 (9%), black, and 1 (1.3%), Native American; 53 (67.9%) were married, 37 (47.4%), retired. Most (49;62.8%) of the subjects reported mixed sleep-onset and maintenance insomnia; 22 (28.2%) reported sleep maintenance insomnia and 5 (6.4%) reported sleep onset insomnia only. The average insomnia duration was 16.8 years (SD, 16.9 years) and 60 (76.9%) had previously used sleeping medication.

### Exercise 1.5.2

**Directions:** Translate the following Introduction into English.

#### 统计学分析

用  $X^2$  测试评估抽样偶然性与差异程度的比例关系,  $P$  值小于 0.05 有统计学意义。为了探讨儿童 Hp 阳性的可能性, 我们用两种方法了解特定协变量的相对权重。首先, 用一种多变量逻辑模型, 将儿童作为分析单位, 其自身特性(年龄和性别)及其家庭特性(人口调查, 其亲属的感染)为因变量。儿童 Hp 检验结果(阳性和阴性)与个体协变量间的关系, 可以用 95% 可信区间差额比表示。不过, 这种方法的缺点是, 个体儿童有可能属于同一家庭, 违背独立观察的假设。

所以, 我们也采用一种将每个家庭作为分析单位的模型。在这个模型中, 父母血清状态的影响是在孩子数目相同的家庭中评估的, 也就是分别在单亲、双亲 Hp 阳性或双亲均不是 Hp 阳性家庭中比较儿童 Hp 阳性的数量。统计学分析用 SPSS/PC 统计软件包进行。

## 1.6 结果

### 1.6.1 结果部分的内容与写法

结果 (Results) 部分要概述所获结果, 不必面面俱到, 应主要介绍研究、实验、调查等所获得的客观结果, 还应说明所获资料或数据的统计意义, 一般不包括作者对结果的评述。介绍结果时, 可根据不同情况分层次叙述, 可以在大段落前设小标题, 小标题之下亦可再设分标题。

结果的表达除了用文字以外, 还可以采用图表的形式叙述, 凡用图表表示的内容不必再用文字详述。表和图内的数字必须与正文相符。

在结果部分写作中, 要注意结果不等于数据。结果是从数据中总结出来的变化规律, 需要作者归纳其中包含的信息。而数据是实验中测量或观察到的数字或图片等资料, 其本身起的是证据的作用, 并不能直接说明问题。例如:

In the 20 control subjects, the mean resting blood pressure was  $85 \pm 5$  (SD) mmHg. In comparison, in the 30 tennis players, the mean resting blood pressure was  $94 \pm 3$  mmHg.

此句中只有两组中平均静态血压的数据, 没有结果。数据是相似, 还是不同? 结果部分的目的就是使要点清楚。做到这一点, 应先陈述结果, 再提交数据。可改为:



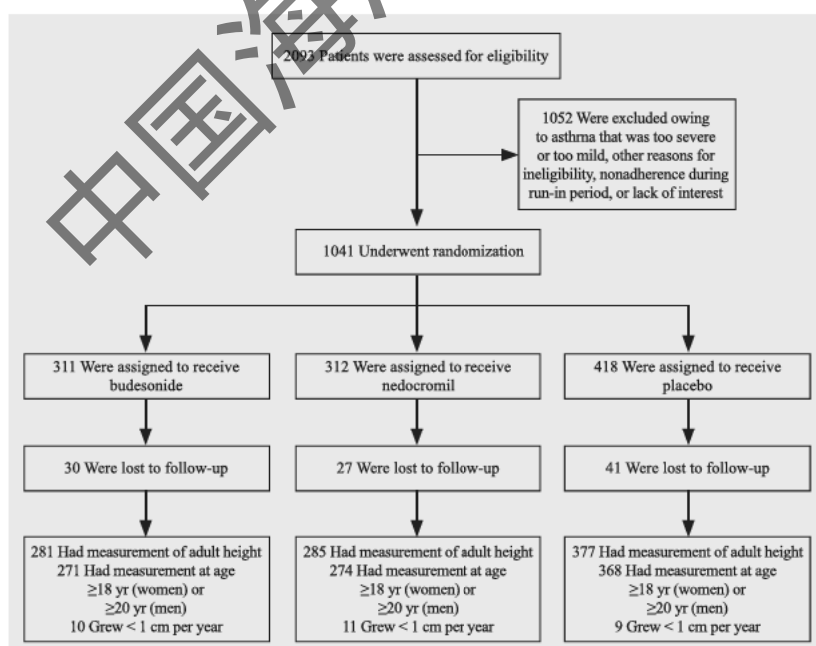
The mean resting blood pressure was 10% higher in the 30 tennis players than in the 20 control subjects ( $94 \pm 3$  (SD) vs.  $85 \pm 5$  mmHg,  $P < 0.02$  ).

这种结果的表述方法，不仅报告了数据本身（ $94 \pm 3$  vs.  $85 \pm 5$  mmHg），还简洁清楚地描述了有关变化（was 10% higher）。

结果部分没有固定的结构要求，写作顺序取决于研究目的和设计，一般按时间顺序或从最重要结果到次要重要结果的顺序展开写作。下面以“Effect of Inhaled Glucocorticoids in Childhood on Adult Height”（*N Engl J Med* 2012; 367: 904-912）的结果部分为例，进一步说明这部分的内容要求。

RESULTS	
<p><b>Adult Height</b></p> <p>We obtained measurements of adult height for 943 of the original 1041 CAMP participants (90.6%). Of these measurements, 96.8% were obtained from women who were at least 18 years of age or men who were at least 20 years of age; 3.2% of measurements were the most recently obtained heights that were less than 1 cm greater than a height obtained at least 1 year previously (Figure 1). Adult height was not known for 98 participants (9.4%): 35 female participants with a median age of 12 years (range, 8 to 17) and 63 male participants with a median age of 14 years (range, 7 to 19) at the last height measurement.</p>	<p>文字叙述受试者的身高变化；详细入选情况及数据用图1表达。</p>

FIGURE 1 Enrollment and Outcomes.



The adjusted mean adult height was 1.2 cm lower in the budesonide group than in the placebo group (171.1 cm vs. 172.3 cm,  $P=0.001$ ); the mean adult height in the nedocromil group (172.1 cm) was similar to that in the placebo group ( $P=0.61$ ) (Table 1 and Figure 2). The deficit in adult height in the budesonide group, as compared with the placebo group, was greater for women (-1.8 cm,  $P=0.001$ ) than for men (-0.8,  $P=0.10$ ), but the effect of budesonide on adult height did not vary significantly according to sex ( $P=0.10$  for interaction) (Table 1). Although the deficit was greater for participants who were younger at trial entry than for those who were older and greater for whites than for those of other races or ethnic groups, the effect of budesonide on adult height did not vary significantly according to the age at trial entry ( $P=0.12$  for interaction), race or ethnic group ( $P=0.50$  for interaction), or duration of asthma at trial entry ( $P=0.35$  for interaction) (Table 1, and Table S1 in the Supplementary Appendix). The deficit in the adjusted mean height in the budesonide group, as compared with the placebo group, was 1.3 cm (95% confidence interval [CI], -1.7 to -0.9) after 2 years of treatment and 1.2 cm (95% CI, -2.0 to -0.4) at the end of the CAMP trial and persisted into adulthood without progressing further (-1.2 cm; 95% CI, -1.9 to -0.5) (Figure 2B).

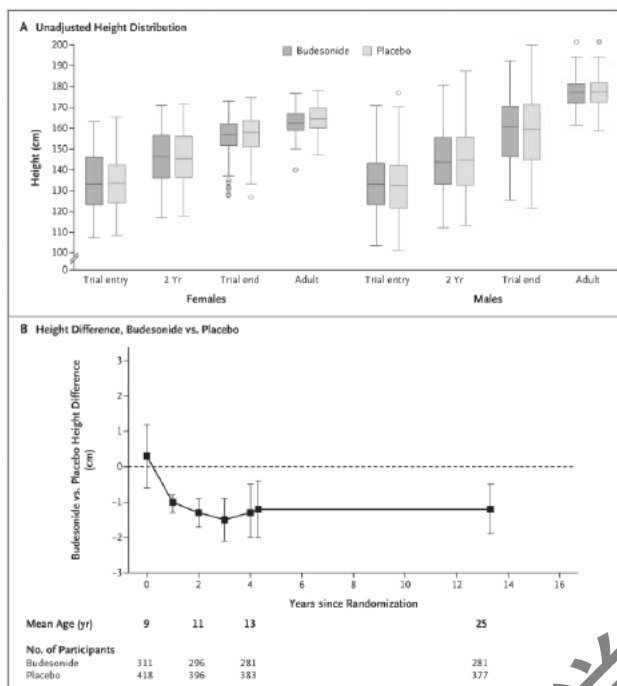
对比布地奈德组与对照组的身高变化，说明数据的统计学意义，详细数据在表1和图2中。

Table 1

Adjusted Mean Adult Height among 943 Study Participants\*

Variable	Mean Adult Height			Difference in Height		
	Budesonide (N = 281)	Nedocromil (N = 285)	Placebo (N = 377)	Budesonide vs. Placebo (95% CI) cm	P Value	Nedocromil vs. Placebo (95% CI) cm
All participants	171.1	172.1	172.3	-1.2 (-1.9 to -0.5)	0.001	-0.2 (-0.9 to 0.5)
Sex						
Female	162.8	163.9	164.6	-1.8 (-2.9 to -0.7)	0.001	-0.7 (-1.8 to 0.5)
Male	176.8	177.6	177.6	-0.8 (-1.8 to 0.2)	0.10	-0.0 (-0.9 to 0.9)
P value for interaction					0.10	
Age at entry						
5-8 yr	170.7	171.8	172.6	-1.9 (-3.2 to -0.6)	0.004	-0.8 (-2.1 to 0.5)
9-13 yr	171.4	172.4	171.9	-0.5 (-1.7 to 0.6)	0.37	0.5 (-0.8 to 1.6)
P value for interaction					0.12	

Mean values for adult height have been adjusted for age, race or ethnic group, sex, clinic, duration of asthma, asthma severity, presence or absence of skin-test reactivity, and height at trial entry. In the analysis of mean adult height according to sex, 385 participants were female and 558 were male. In the analysis of age at study entry, 489 participants were 5 to 8 years of age and 454 were 9 to 13 years of age.



**Figure 2. Effect of Budesonide on Adult Height.**

Panel A shows Tukey's box plots of unadjusted height distribution at trial entry (at the age of 5 to 13 years), at 2 years, at the end of the trial, and at the time of adult-height determination for up to 311 participants receiving budesonide and 418 receiving placebo, according to sex. The bottom and top of each box are the 25th and 75th percentiles of the height distribution, respectively, and the horizontal line within the box is the median. The I bars indicate the range of the distribution that is not extreme (i.e., within 1.5 interquartile ranges of the 25th and 75th percentiles of the distribution), and the open circles show the extreme values in the height distribution. Panel B shows the adjusted mean difference in height between the budesonide group and the placebo group during follow-up. The bars indicate 95% confidence intervals. Means have been adjusted for age, race, or ethnic group, sex, clinic, asthma severity, asthma duration, and presence or absence of skin-test reactivity at trial entry. Mean values for time after time 0 (trial entry) have also been adjusted for height at trial entry.

#### Growth Velocity

Overall, age trends with respect to growth velocity in the budesonide and placebo groups differed during the first 2 years of the trial for women ( $P=0.007$ ) and men ( $P<0.001$ ) (Fig. S2 in the Supplementary Appendix). For both sexes, the difference in velocity reduction that was seen in the first 2 years of assigned treatment in the budesonide group, as compared with the placebo group, was primarily among prepubertal participants (girls 5 to 10 years of age,  $P=0.001$ ; girls 11 to 15 years of age,  $P=0.54$ ; boys 5 to 11 years of age,  $P<0.001$ ; and boys 12 to 15 years of age,  $P=0.57$ ).

身高增长速度的相关结果

#### Sensitivity Analyses

In sensitivity analyses performed to assess the potential effect of missing adult heights, the reduction in adult height in the budesonide group as compared with the placebo group was also calculated with imputation of missing adult heights based on bone age at the end of the trial ( $-1.1$  cm,  $P=0.004$ ) and multivariate multiple imputation ( $-1.2$  cm,  $P=0.002$ ). The between-group difference in adjusted mean adult height remained numerically similar to that in the primary analysis and significant for all seven alternative definitions of adult height (Table 2).

At trial entry, data for participants for whom measurements of adult height were not available were similar to data for those with available measurements, except for the variable of the clinic site ( $P=0.002$ ) (Table S2 in the Supplementary Appendix). There was no interaction between the study group and any of the baseline covariates, suggesting that the study-group comparison among the 943 participants with known adult height may reasonably be generalized to the entire CAMP population.

灵敏度分析

Effects of Glucocorticoid Dose During the trial period of 4 to 6 years, the mean adjusted total doses of inhaled glucocorticoids were 636.1 mg in the budesonide group and 88.5 mg in the nedocromil group versus 109.4 mg in the placebo group (P<0.001 and P=0.14, respectively). During follow-up after the trial ended, the mean adjusted total doses were 381.0 mg in the budesonide group and 347.9 mg in the nedocromil group versus 355.0 mg in the placebo group (P=0.55 and P=0.87, respectively). The as-treated secondary analysis of the daily weight-adjusted dose of inhaled glucocorticoids during the first 2 years of the CAMP trial showed that a larger daily dose was associated with a lower adult height (-0.1 cm for each microgram per kilogram, P=0.007). In addition, lower adult height was associated with Hispanic ethnic group (P<0.001) and female sex (P<0.001), as well as a higher Tanner stage (P<0.001), lower height (P<0.001), greater body-mass index (P<0.001), longer duration of asthma (P<0.001), skin-test reactivity (P<0.001), and vitamin D insufficiency ( $\leq 30$ ng per milliliter, P=0.004) at baseline. The cumulative prednisone dose from trial entry until attainment of adult height did not affect adult height (P=0.76).	不同剂量的糖皮质激素对身高的影响
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1.6.2 结果部分的时态与语态

(1) 叙述或总结研究结果的内容，常采用一般过去时。例如：

Thirty-nine (21%) patients were missing postoperative anxiety scores. The group of patients who did not return to complete the postoperative CD:H instrument was similar for distributions by sex, age, and level of surgery to the group of patients who did return.

After flights of less than two hours, 11% of the army pilots and 33% of the civilian pilots reported back pain.

Mean age at diagnosis was 47 years (range 1 month to 86 years). Forty-three patients (16%) were younger than 20 years while 90 patients (32%) were 60 years or older; 152 (55%) were men. All patients were white. Circumstances that led directly to the diagnosis of HCM by echocardiography were cardiac symptoms (n=174), a newly detected heart murmur or abnormal electrocardiogram (ECG) findings (n=82), or family history of HCM (n=21). Duration of follow-up from initial diagnosis to the most recent clinical evaluation or death was 8.1 years (range, 6 months to 31 years).

(2) 表示研究实验结果时，若追述结果之前的情况，则用过去完成时。例如：

Two heat casualties (heat exhaustion) were treated by this method. The first was treated before the volunteers had been studied.

In almost all of these patients, the abnormal results of liver function tests had been noted early after the initiation of TPN of these patients.

(3) 指出结果在哪些图表中列出，常用一般现在时。例如：

Figure 2 shows the variation in the temperature of the samples over time.

(4) 对研究结果进行说明或由其得出一般性推论时,多用现在时或情态动词。例如:

The higher incidence of back pain in civilian pilots may be due to their greater accumulated flying time.

(5) 不同结果之间或实验数据与理论模型之间进行比较时,多用一般现在时。例如:

These results agree well with the findings of Smith, et al.

(6) 表注和图注中,说明实验方法及实验结果的句子常用过去时态。例如:

The hemagglutination assay was performed with the use of horst erythrocytes. GMTs were compared with the use of the Wilcoxon rank-sum test. Response rates were compared with the use of the Mantel-Haenszel chi-square test. Response was defined by an increase in antibody titer by a factor of 4 or more, as compared with the titer before vaccination.

(7) 表注和图注中,说明内容、数据及数据表示方法用一般现在时。例如:

Table 3 shows that the age-adjusted regression slopes for systolic and diastolic BP on potassium intake are similar for men and women. Every 10 mmol increase in potassium intake is associated with an average decrease of about 1.7 to 1.8 mm systolic pressure.

Plus-minus means values are means  $\pm$  SD. The body-mass index is the weight in kilograms divided by the square of the height in meters.

(8) 定义图表中的缩略语或说明符号含义,可用一般现在时的句子表述,也常用短语及符号(=或:)表达。例如:

AD indicates anxiety difference; I, intervention; A, age; G, gender; S, level of surgery.

MI denotes myocardial infarction.

P=0.04 for the comparison with all other vaccine groups (excluding the placebo group).

### 1.6.3 结果部分的常用句型

(1) 表达结果:

结果表明……	The results showed/suggested/indicated/revealed/documented/demonstrated that ...
我们发现……	We found that ... ... was/were found to/that ...

(2) 表达相关性:

……与……相关	There was relationship/correlation/association between ... and ... There was relationship/correlation/association of ... and ... ... was in relation to ... ... was correlated/associated/connected with ... ... was found to be correlated/associated/connected with ...
……与……密切相关	... was strongly associated with ...

……与……反相关	... was inversely correlated with ...
……与……成正比	... was in direct proportion to ...
……与……成反比	... was inversely proportional to ...

## (3) 表达数值变化：

……与……相比	... was compared to/with ...
增加	increase/elevate/go up
减少	decrease/decline/fall/diminish/drop/lower
……增加/减少到……	... increased/decreased to ...
……增加/减少了……	... increased/decreased by ...
……增加/减少了3倍。	... increased/decreased by 3 times/fold.
……是……的3倍。	... was 3 times/fold as much as ...

## (4) 表达对照的结果：

……与……相似	... was similar to ...
……与……没有区别	... did not differ from ... ... was not different from ...
……与……没有显著差异	There was no significant difference between ... and ... No significant difference was found between ... and ... ... was not significantly different from ...

## (5) 表达数值范围：

在……与……之间	range/vary from ... to ... range/vary between ... and ... with a range of ... to ...
从……到……	from ... to ... between ... and ...

## (6) 表与图的表达：

……见表/图1	... is showed/presented in Table/Figure 1.
表/图1说明……	Table/Figure 1 shows/indicates/demonstrates/illustrates (that) ...
如表/图1所示，……	As showed in Table/Figure 1, ...

### Exercise 1.6.1

**Directions:** Translate the following Results into Chinese.

#### Results

##### Clinical and laboratory findings

Although the findings of abdominal pain, nausea, emesis, fever, and chills were present alone or in combination in 31 of 35 patients (88 percent), the diagnosis of biliary disease was often delayed. The initial diagnosis in five of the seven children less than 6 years of age was catheter sepsis. Results of preoperative liver function tests were available for 27 patients. Twenty-five of these 27 patients (93 percent) had some evidence of hepatic dysfunction. Hyperbilirubinemia was present in 8 patients (30 percent), elevated alkaline phosphatase levels in 25 (93 percent), and elevated transaminase levels in 13 patients (48 percent). In almost all of these patients, the abnormal results of liver function tests had been noted early after the initiation of TPN and before the diagnosis of biliary tract disease. Either hepatosplenomegaly or laboratory evidence of a coagulation abnormality (prolonged prothrombin or partial thromboplastin time) or both were present in 19 patients (54 percent). Hepatobiliary scans (HIDA or PIPIDA) were performed in eight patients and were suggestive of cystic duct obstruction in six. Abdominal ultrasonography was performed in 24 patients and correctly identified biliary sludge, gallstones, or both in 22 (92 percent). Gallstones were documented in two additional patients by oral cholecystogram in one and endoscopic retrograde cholangiography in the other. The remaining patient was explored with a presumptive diagnosis of cholecystitis without the benefit of any of these diagnostic tests. Although the clinical diagnosis was delayed in many of these patients, a correct preoperative diagnosis of calculous or acalculous cholecystitis was made in all but two patients who were thought to have some other focus of intraabdominal sepsis.

##### Operative findings

Gallstones were found in 29 patients (83 percent) and acalculous cholecystitis in 6 (17 percent). Seventeen patients (49 percent) had acute cholecystitis, including 3 with gangrenous changes. Eighteen patients had evidence of chronic cholecystitis or only mild acute inflammation. Four patients (11 percent) had common bile duct stones. In one child, a stone had eroded through the common bile duct with abscess formation. Thirteen patients underwent emergency cholecystectomy and 1 underwent cholecystostomy (total 40 percent). The indications for operation in this group included various degrees of sepsis in 12 and gallstone pancreatitis in the remaining 2. The single patient who underwent cholecystostomy was a 52 year old woman

who previously had undergone 11 laparotomies for the management of complex enterocutaneous fistulas and presented with signs and symptoms of biliary sepsis. Twenty-one patients underwent elective cholecystectomy, and 4 patients underwent common duct exploration, 1 of whom required a transduodenal sphincteroplasty.

### Complications

More than 50 percent of all patients receiving TPN who underwent cholecystectomy had one or more significant postoperative complications, with a total of 26 occurring in the 35 study patients. Six of the 12 children (50 percent) had 12 complications. Thirteen of the 23 adults (57 percent) had a total of 14 complications. The morbidity rate for the 14 patients who underwent emergency cholecystectomy was 64 percent and 48 percent for the 21 patients who underwent elective operation. A review of the operative reports revealed the presence of severe interperitoneal adhesions and scarring, as well as an inordinate amount of intraoperative hemorrhage in 87 percent of the TPN patients who underwent cholecystectomy. The intraoperative blood loss exceeded 400 ml in five patients and 1,200 ml in a sixth patient. The more severe complications included postoperative bleeding, disseminated intravascular coagulopathy, a biliary fistula, a duodenal fistula with abscess, retained stones, pancreatitis, and sepsis (Table 3).

TABLE 3 Operative Complications

	Adults	Children	Total
Sepsis	3	1	4
Bleeding	3	1	4
Respiratory failure	1	2	3
DIC	0	2	2
Fistula	1	1	2
Pancreatitis	0	1	1
Abscess	1	0	1
Pseudocyst	0	1	1
Retained stone	1	0	1
Catheter sepsis	0	1	1
Other	4	2	6

DIC=disseminated intravascular coagulopathy

Four of the 35 patients (11 percent) died after their biliary operations. Two adults and one child died within 30 days of operation, and a second child died as a result of progressive respiratory and hepatic failure. He had previously undergone two



attempts at cholecystectomy that had to be aborted because of massive hemorrhage and was being prepared for a third attempt when he died. The other child died as a result of persistent sepsis (presumably intraabdominal) and respiratory failure. A 75 year old patient with previously documented carcinoma of the colon and short bowel syndrome secondary to multiple resections for radiation enteritis died 23 days after emergent cholecystectomy for acalculous cholecystitis. His immediate preoperative and postoperative course were complicated by progressive hepatic insufficiency and renal failure. He died on the eighth postoperative day. Hospital mortality was 14 percent in the 14 patients who required urgent operations.

### Exercise 1.6.2

**Directions:** Translate the following Results into English.

**结果：**

共检查 141 个心脏。113 例（占现有最初病例的 2/3）过去曾经发表过，但没有死亡时活动或用药情况的资料<sup>9</sup>。死者均为男性，平均（SD）年龄为 51（11）岁。106 例为白人，34 例为黑人，1 例亚洲人。死亡有见证者 90 例，无见证者为 51 例。死亡分为劳累死亡（n=25）及静息死亡（n=116）两组（表 1）。

**劳累相关死亡**

在 25 例劳累相关死亡中，有 14 例死亡发生于既往久坐不活动但突然进行剧烈活动的男性：搬运重物 5 例（卸车 2 例、挪动笨重家具 2 例、推车 1 例）；修剪草坪 2 例；性交 2 例；挖沟 1 例；打篮球 2 例；骑自行车 1 例；铲除积雪 1 例。4 例死亡发生在进行规律性活动时：游泳 1 例；固定越野雪橇运动 1 例；跑步 2 例。25 例劳累死亡中，有 7 例发生于情绪激动时：在公众前演讲 2 例；争吵并有身体冲突 3 例；出席法庭 1 例；救火 1 例。

**非劳累相关死亡**

116 例非劳累相关死亡中，62 例发生在家中，13 例在驾车时，4 例在旅馆内，26 例在工作中，11 例在户外，62 例家中死亡者，20 例死于睡眠中，5 例死于在卧室看电视时，3 例死于厨房，26 例死于起居室，8 例死于工作间或地下室。13 例驾车猝死均在车祸时发生。但是，在心脏停搏时无一发生明显的创伤。除 1 例外，警察的报告均排除了与其他汽车相撞、与人发生冲突或其他诱发事件的可能性。对这些死亡病例，见证者或者旅客大多指出，驾驶员明显是“心脏病发作”。有 1 例驾驶员跌向方向盘后汽车失控，与另一辆汽车刮擦后驶入沟中。4 例旅馆死亡者均独处室内，死亡发生时明显呈坐姿。26 例工作死亡者均无强烈活动，只是重复性活动，并未抬举重物。11 例户外死亡的男性正进行与运动、重体力工作及举重物无关的活动：在庭院散步；走向小车或公共汽车；进食；离开会场、娱乐场所；在人行道散步。

**危险因素**

研究对象的特点见表 1。死于劳累与静息状态的男性，在年龄、体重指数、TC 或

HDL-C 水平方面均无显著差异。劳累相关死亡组平均 (SD) TC/HDL-C 比值为 8.2 (3.0), 静息死亡组为 6.2 (2.7) ( $P=0.002$ )。劳累与静息时猝死的男性的其他危险因素亦无明显差异。据推测, 吸烟例数在静息死亡组 (116 例) 有 69 例 (59%), 在劳累相关死亡组 (25 例) 有 13 例 (52%) ( $P=0.50$ )。高血压者静息死亡组 31 例, 劳累相关死亡组 7 例 ( $P>0.99$ )。糖化血红蛋白平均 (SD) 静息死亡组为 7.5% (2.6%)。劳累相关死亡组为 7.1% (1.5%) ( $P=0.43$ )。

#### 用药情况

服用 1 种或 1 种以上药物者在劳累相关死亡组 (25 例) 有 5 例 (20%), 静息死亡组 (116 例) 有 40 例 (34%)。所用药物包括抗生素 (静息死亡组 11 例, 劳累死亡组 2 例)、别嘌醇 (静息死亡组 2 例)、血管紧张素转换酶抑制剂 (静息死亡组 11 例, 劳累死亡组 2 例)、甲唑安定 (静息死亡组 5 例)、 $\beta$ -受体阻滞剂 (静息死亡组 9 例)、钙拮抗剂 (静息死亡组 6 例, 劳累死亡组 1 例)、精神药物 (静息死亡组 10 例、劳累死亡组 1 例)、洋地黄 (静息死亡组 2 例)、利尿剂 (静息死亡组 11 例, 劳累死亡组 2 例)、口服降糖药物 (静息死亡组 10 例, 劳累死亡组 3 例)、硝酸甘油 (静息死亡组 2 例) 及辛伐他汀 (静息死亡组 3 例)。服用非处方药物者劳累相关死亡组 3 例 (12%), 静息死亡 22 例 (19%), 非处方药物包括阿司匹林 (静息死亡组 6 例, 劳累死亡组 2 例)、支气管扩张吸入剂 (静息死亡组 3 例)、非类固醇抗炎药物 (静息死亡组 9 例, 劳累死亡组 3 例)、对乙酰氨基酚 (扑热息痛) (静息死亡组 9 例, 劳累死亡组 2 例) 以及抗组织胺类药物 (静息死亡组 9 例)。

#### 心脏所见

平均 (SD) 心脏重量: 劳累相关死亡组为 518 (122) g, 静息死亡组为 496 (114) g, ( $P=0.42$ )。组织学上明显的急性梗死: 静息死亡组 116 例中有 15 例 (13%), 而劳累相关死亡组 25 例中没有 ( $P=0.07$ )。劳累相关死亡组 25 个心脏中致死性斑块急性斑块破裂 17 个, 愈合斑块破裂为 0, 稳定斑块 6 个, 斑块腐烂 2 个。静息死亡 116 个心脏标本中, 致死性斑块急性斑块破裂 27 个, 愈合斑块破裂 5 个, 稳定斑块 60 个, 斑块腐烂 24 个。急性斑块破裂的比例在静息死亡组为 23%, 而劳累相关死亡组则为 68%, 具有显著差异 ( $P<0.001$ , Fisher exact test)。胆固醇异常数值的比例在斑块破裂的劳累相关死亡组最高, 其次为斑块破裂静息死亡组、稳定斑块或愈合斑块破裂劳累相关死亡组以及稳定斑块静息死亡组 (表 2)。

## 1.7 讨论

### 1.7.1 讨论部分的内容与写法

讨论 (Discussion), 也有期刊称为结论 (Conclusions) 或评论 (Comments), 是作者对研究或实验结果的综合分析和理论说明, 其重点在于对研究结果的解释和推断, 并说明作者的结果是否支持或反对某种观点、是否提出了新的问题或观点等。因此, 撰写

讨论时要避免含蓄，尽量做到直接、明确。

生物医学期刊对讨论的体例没有统一要求，通常涵盖以下内容：

- ① 回顾研究的主要目的或假设，并探讨所得到的结果是否符合原来的期望；
- ② 概述最重要的结果，并指出其是否能支持先前的假设以及是否与其他学者的结果相互一致；
- ③ 对结果提出说明、解释或猜测，指出根据这些结果能得出的结论或推论；
- ④ 指出研究的限制以及这些限制对研究结果的影响，并建议进一步的研究题目或方向；
- ⑤ 指出结果的理论意义（支持或反驳相关领域中现有的理论、对现有理论的修正）和实际应用。

讨论的结构一般可分为开始、中间、结束等三部分。在开始部分，首先给出研究问题的结论，并且以自己的或文献的结果作为依据加以论证，但要避免写成第二个引言。在讨论的中间部分，对所给结论中各个需要说明、论证的内容进行论述。在结束部分，一般先重述结论，并且根据结论指出应用、推荐、提示和推测，反映研究的重要性或意义。

例如，论文“Effect of Inhaled Glucocorticoids in Childhood on Adult Height”（*N Engl J Med* 2012; 367: 904-912）的讨论部分如下：

<p>DISCUSSION</p> <p>In an intention-to-treat analysis of the growth-suppressive effect of long-term inhaled glucocorticoid therapy for asthma initiated in children between the ages of 5 and 13 years, we found that the height deficit observed at 1 to 2 years after treatment initiation persisted into adulthood, although the deficit was neither progressive nor cumulative. Our conclusion is based on a randomized comparison of adult height, with height data available for 91% of the CAMP cohort, with the use of recognized definitions of adult height, 18-21 and with consistent findings in sensitivity analyses using imputation strategies for missing data and alternative definitions of adult height (Table 2). We found little evidence that the 98 participants for whom data regarding adult height were missing differed at trial entry from the 943 participants with available data (Table S2 in the Supplementary Appendix).</p>	<p>指出主要发现结果，回答引言中提出的问题</p>
<p>In contrast, the only other prospective longitudinal cohort study that followed patients into adulthood<sup>11</sup> was an open-label study, and by the time the patients reached adulthood, only 15 of the original controls were available, so the investigators recruited 51 healthy siblings of the patients with asthma to be controls. The investigators in that study based their conclusion of a lack of long-term effect on height on the finding that both controls and participants receiving budesonide attained predicted adult height rather than on a randomized comparison of the adult heights reached by the two groups.</p>	<p>与文献中的研究结果进行对比</p>

<p>The growth-velocity deficit that we observed in the budesonide group, as compared with the placebo group, during the first 2 years of treatment was primarily among prepubertal children (Fig. S2 in the Supplementary Appendix). Our ability to further disentangle the effects of duration of treatment, age at treatment, and puberty status during treatment on growth velocity was limited because of confounding. Nevertheless, the effect on adult height of budesonide as compared with placebo was clearly demonstrated in the CAMP population.</p>	<p>说明本研究的受试人群及研究的局限性</p>
<p>Two previous 1-year studies of beclomethasone dipropionate also showed a greater reduction in growth in prepubertal children than in pubertal children.<sup>26,27</sup> Like other studies in which prepubertal children received different doses of the same inhaled glucocorticoids that have shown a dose-response effect on growth,<sup>28,29</sup> our study showed a weight-based, dose-dependent effect in the CAMP participants (Table S3 in the Supplementary Appendix).</p>	<p>指出另一项结果：布地奈德对身高的影响与体重和剂量相关</p>
<p>We found that a longer time since asthma diagnosis at trial entry and atopy (any positive skin test) were independent risk factors for shorter adult height (Table S3 in the Supplementary Appendix). Other investigators have reported an increased incidence of short stature in children with atopy and asthma.<sup>30-32</sup> One of these studies<sup>31</sup> showed that short stature was associated with an early onset of asthma (before the age of 3 years), a finding that is consistent with our data. However, atopy-induced growth retardation has been associated with a delay in bone maturation and thus was thought to be unlikely to affect adult height.<sup>32,33</sup> Our results suggest that when asthma and atopy impair growth, the deficit may persist into adulthood.</p>	<p>用本研究结果以及文献结果说明哮喘和过敏对身高的影响</p>
<p>We selected a daily dose of 400 <math>\mu</math>g of budesonide for the CAMP trial to ensure a therapeutic effect in both children with mild asthma and those with moderate asthma.<sup>2</sup> Since then it has been shown that daily administration of 200 <math>\mu</math>g of budesonide by means of a dry-powder inhaler effectively controls asthma symptoms and reduces exacerbations in children 5 to 11 years of age.<sup>3</sup> Even at this lower dose, there was a reported mean reduction of 1.0 cm in height during the first 2 years of therapy.<sup>3</sup> Although the systemic effects of inhaled glucocorticoids are dose-dependent, they are also dependent on the therapeutic index of the specific inhaled glucocorticoid and the delivery device used.<sup>4-9</sup> Thus, it seems prudent to select inhaled glucocorticoids and devices with higher therapeutic indexes and to use them in the lowest effective doses in children with persistent asthma.<sup>1,9</sup></p>	<p>剂量及给药装置的选择原则</p>

In conclusion, the reduction in growth seen in the first few years of administration of inhaled glucocorticoids in prepubertal children persists as lowered adult height. However, in the information about inhaled glucocorticoids and their side effects that is provided to parents, the potential effect on adult height must be balanced against the large and well-established benefit of these drugs in controlling persistent asthma. It is appropriate to use the lowest effective dose for symptom control in order to minimize concern about the effects of inhaled glucocorticoids on adult height.

结论：  
使用吸入糖皮质激素应  
权衡利弊，采用最低有  
效剂量，以减少对患儿  
成年后身高的影响

### 1.7.2 讨论部分的时态

讨论部分的时态比较灵活，主要是用现在时和过去时区分研究结论和研究结果。

(1) 他人或自己的研究结论和结论的提示用语均应采用现在时，表明该陈述是持久正确的。例如：

Our results indicate that alterations in glycosylation of IgE-binding factors expressed from a single cloned gene result in different biological activities of the factors.

上句中的提示用语 indicate 和表示结论的动词 result 都使用了一般现在时态。

(2) 他人或自己的研究结果则应采用过去时，意味着动作在过去完成。例如：

IgE-binding factors from carbohydrate-deficient cells suppressed an in vitro IgE response, whereas factors from untreated cells potentiated the IgE response.

(3) 在讨论或结论部分，作者提出建议时常用动词 suggest、propose 等，或以主语从句 “It is suggested/proposed that ...” 的形式提出。这些动词后的 that 从句中，谓语动词常用虚拟语气，动词形式为 “should+ 动词原形 (should 常省略)”；如果用表示事物的名词作主语，这些动词则表示 “指明、认为、提出” 的意思，从句中谓语动词则不用虚拟语气。例如：

我们建议把用力过度与血清胆固醇水平增高均视为斑块破裂的潜在因素。

We suggest that acute exertion (should) be added as a potential risk factor for plaque rupture, along with elevated serum cholesterol level.

标准应予修订。

It is suggested that the criteria (should) be revised.

本报告认为肾动脉肌纤维发育异常是后天的。

The report suggests that fibromuscular dysplasia of the renal arteries is acquired.

我们的研究表明，锌的保护作用通过稳定生物膜实现。

Our studies suggest that protective effect of zinc may be exerted by stabilization of biological membranes.

### 1.7.3 讨论部分的常用句型

(1) 指出先前研究的不足：

文中不要出现全盘否定的评价, 如 Their results are wrong/very questionable/have no common sense 等, 可以婉转地指出既往研究的缺陷。例如:

如果他们考虑了……, 研究会更具合理性。	Their studies may be more reasonable if they had considered ...
如果他们……, 结果会更加可信。	Their results could be more convincing if they ...
他们的结论尚不确定。	Their conclusion may remain some uncertainties.

(2) 指出本研究问题和结论的局限性:

需要注意的是, 本研究仅仅检查了……	It should be noted that this study has examined only ...
我们只是重点关注了……	We concentrate/focus on only ...
必须指出, 我们没有……	We have to point out that we did not ...
……尚存不足之处。	There are several limitations to ...
本研究的局限性在于……	Some limitations of this study are ...
该结果并不意味着……	The results do not imply ...
该结果不能用于确定……	The results can not be used to determine ...
可惜我们不能从数据确定……	Unfortunately, we can not determine ... from these data.
我们的结果缺少……	Our results are lack of ...

(3) 与其他文献做对比:

观察结果与假说/既往研究一致	The observation results are consistent with the hypothesis/previous studies.
……与……报道/描述的相似	... is similar to that reported/described by ...
我们的结果与……相反/不同	Our results are contrasted with/different from ...

(4) 对结果进行分析解释:

……可能由……引起	... may have been caused by ...
……可能导致……	... may lead to/result in ...
……可能是……的原因	... may account for ...
……与……有关	... is related to ...

……是由于……	... is due to ...
……可归因于……	... is attributed to ...
尽管……，……应该是可能的。	Although ..., it should be possible to...
……和……之间存在差异的一个解释是……	One interpretation of this difference between ... and ... is ...

(5) 表明研究意义：

该实验/结果/发现/调查/事实为…提供了基础。	The experiments/results/findings/investigation/facts supply a basis for ...
……对……具有启迪作用。	... have implications for ...
尽管有局限性，该研究的确表明……	Notwithstanding its limitation, this study does suggest ...

(6) 引出研究结论：

这些数据/结果说明/证实/提示/表明/显示……	The data/results demonstrate/confirm/suggest/indicate/reveal that ...
我们的结论是……	We conclude that ...
总之	In summary, ... In conclusion, ...
我们认为……	We think/believe/envision that ...

(7) 指出未来研究方向：

可以推测……	... can speculate on ...
是否……有待确定	Whether ... remains/is yet to be determined.
有必要作进一步的分析/实验以证实……	Further analysis/experiments will be necessary/needed to confirm ...

Exercise 1.7.1

**Directions:** Translate the following Discussion into Chinese.

**COMMENT**

Circadian variation in sympathetic activity, vascular reactivity, and platelet aggregability, as well as physical and emotional stress, may precipitate acute coronary

events.<sup>12,13</sup> The vulnerability of the underlying plaque probably affects the likelihood of such triggers to cause acute coronary events.<sup>14</sup> The current study demonstrates that the mechanism of sudden death in the majority of men who experienced sudden death during physical or emotional exertion is plaque rupture, compared with a minority of sudden deaths in resting men. The number of vulnerable plaques in the men whose deaths were associated with physical or emotional stress is greater than in men dying at rest from coronary disease, corroborating the view that plaque vulnerability is important in exertion related sudden death.

The mechanism of plaque disruption likely involves both apoptotic and necrotic mechanisms of cell death.<sup>15-17</sup> Biomechanical factors affecting plaque rupture include circumferential stress,<sup>18</sup> which has been calculated to be greatest at the junction of the cap with the normal wall(shoulder region).<sup>19</sup> The thinness of the fibrous cap is the physical measurement that appears to promote the greatest vulnerability to rupture.<sup>20,21</sup> At the cellular level, the amount of free cholesterol and the degree of macrophage infiltration are associated with cap weakness and rupture,<sup>22</sup> which may be related to elaboration of matrix metalloproteases degrading collagen.<sup>23-25</sup>

We have previously demonstrated that the numbers of vulnerable plaques in men dying suddenly with severe coronary disease are increased in men who are hypercholesterolemic and that plaque rupture occurs more frequently in men who are dyslipidemic.<sup>9</sup> The current study indicates that acute exertion is an additional independent risk factor for plaque rupture in men, presumably by disruption of a vulnerable plaque. Therefore, we suggest that acute exertion should be added as a potential risk factor for plaque rupture, along with elevated serum cholesterol level. The mechanism of plaque rupture, as triggered by exertion, was not investigated fully in the current study. However, the finding that the fibrous cap is thinner at sites of rupture in exertion-related deaths suggests that biomechanical forces play a role. Contrary to what may be expected given mechanical calculations showing that plaque weakness is greatest at the shoulder region because it is the point of greatest stress,<sup>18,19,26</sup> our data indicate that exertion-related plaque rupture is more frequent in the center of the plaque. This finding agrees with data showing that thinness is a more important determinant of plaque instability than the circumferential site along the plaque's cap,<sup>20</sup> suggesting that circulating catecholamines and vasomotor fluctuates may trigger some cases of plaque rupture.

Microfill injections of coronary arteries demonstrate a positive correlation between plaque size and neocapillaries in and around the plaque.<sup>27,28</sup> The presence of increased numbers of vasa vasorum in plaques that rupture during exertion also points to a possible pathway of plaque rupture. Rupture of vasa vasorum may increase



intraplaque mass and pressure, weakening the fibrous cap and leading to rupture and luminal thrombus.<sup>28</sup> Alternatively, increased vascularity within the plaque may reflect elaboration of growth factors or angiogenetic factors that may be expressed in parallel with metalloproteases. Data on increased plaque hemorrhages in the exertion-related deaths in this study support a direct role of vasa vasorum rupture in the pathogenesis of plaque rupture.

The current study has several limitations. The study population was limited to autopsy cases of sudden coronary death, and the precise state of physical conditioning was not known in all cases. However, the association between acute exertion and plaque rupture suggests that a proportion of sudden deaths in middle-aged men may be decreased if the potential danger of acute exertion in hypercholesterolemic men is avoided. To this end, it would seem prudent to incorporate serum cholesterol reduction as an integral component of an exercise program in those men with elevated serum cholesterol.

In conclusion, in men with severe coronary artery disease who die suddenly, acute exertion appears to be an independent risk factor for plaque rupture, presumably by disruption of a vulnerable plaque.

#### Exercise 1.7.2

**Directions:** Translate the following Discussion into English.

##### 讨论

我们在进行 Hp 流行分布的大规模流行病学调查时, 采用了其他同类课题使用过的相同方法。本设计采用人群调查, 包括了小镇上所有同意参加的居民, 从而避免以往选择性研究中出现过的偏差。我们调查了一社区中所有同意参加试验的家庭, 代表了整个人群的有效样本 (66%)。儿童感染可能与父母阳性和家庭社会背景有直接关系。

Hp 总感染率视年龄不同而异, 12~16 岁儿童的感染率, 与距 Campogalliano 不远的圣马力诺地区进行的人群调查结果相似, 但与其他报道的数值不同。例如, 沙特阿拉伯儿童 Hp 感染率为 40%, 印度为 60%, 而美国只有 10%~15%。这很可能既与年龄段不同有关 (这 3 个国家调查的年龄段分别为 5~10 岁、3~10 岁和 3~5 岁), 也与儿童的生活条件不同有关。

本研究发现: 社会条件越差, 儿童 Hp 感染率越高。农村儿童中的 Hp 感染率明显高于蓝领和白领家庭的儿童 ( $p<0.005$ )。而且, 白领家庭儿童 Hp 阳性的危险性较低。这些发现证实了 Malaty 和 Graham 的研究结果。他们的研究发现儿童的社会条件与 Hp 感染之间明显呈反比关系。但是, 我们发现家庭人口数目和 Hp 感染不相关, 这个发现与这一事实一致: 属于同一社区的家庭, 其卫生条件应该是相似的。

最后, 我们发现双亲感染 Hp 的家庭中的儿童 Hp 感染率明显高于单亲感染或双亲阴性家庭。这些结果表明, 同住一户的家庭成员有密切的个人接触, 这支持 Hp 的口—

口或粪—口传播途径，与其他报道相符。

虽然，双亲阳性的儿童Hp感染率低于Drumm等人的报道（很可能是由于他们的研究是选择性样本），但与另两项研究相似。Malaty等通过无Hp症状健康志愿家庭，研究了Hp聚集感染的家庭情况，结果显示单亲（母亲或父亲）Hp阳性的儿童Hp感染率高于双亲阴性儿童（分别为50%和5%）。不论Hp感染者是母亲还是父亲，其子女被感染指数比父母无感染的子女高很多。第二项研究分别评价了阳性指数儿童的母亲、父亲和兄弟姐妹，结论为Hp阳性儿童的母亲很可能是阳性。

母亲与子女间交叉感染率高，可能是家庭成员间一人接触较多造成的。我们还发现，当母亲而非父亲被感染时，儿童Hp感染患病率较高（33%比25%）。

结论：研究结果证实，在开放性人群中，子女与父母间Hp感染相关。我们还发现社会环境对感染传播有一定影响。虽然父母和子女感染之间的联系，支持感染经人与人（很可能是口对口）传播的假说，但需进一步研究社会环境的作用，以评价生活方式（居住、饮食习惯等）是否对Hp感染起作用。

## 1.8 致谢

### 1.8.1 致谢部分的内容与写法

致谢（Acknowledgments）部分通常写在论文正文之后、参考文献之前。主要内容有两个方面：一是表明研究的基金来源，并标注清楚基金的号码（Grant Number）；二是对没有列在作者中的参与人员和单位表示感谢，通常包括对完成本研究或论文给予帮助、指导、审核者，协助进行某些技术操作或在实验材料、仪器、数据统计处理、语言编辑等方面提供方便的人员和单位以及资金提供者和机构。如果通过一审和最终接受发表，还要添加上对编辑和匿名审稿人（Anonymous reviewers）的感谢。

也有期刊要求将致谢的内容置于论文首页的脚注中，如基金资助常以脚注方式说明。当然，并非每篇论文都有致谢部分。致谢的英文表达没有一定的规范。但从致谢中可以看出作者与同行的合作能力与合作程度，有时能为作者带来新的合作。

致谢中所提及的人士应附加学位或职称。另外需注意的是，作者必须获得当事人的同意才可将其姓名列入致谢内，因为读者可能会认为这些被致谢者认同该研究的数据、观点和结论。

例如：

We thank all the families and children who participated in the study; our field research team: Horris Chikwiri, Eleanor Chipofya, Rosemary Godwa, Lydia Kamenya, Jackson Makwinja, Jeanne Mbawa, Nester Mwase, and Vegas Riscado; the local health surveillance assistants and volunteers for their work in recruiting patients; Miranda Nelson and the pharmacy staff at the St. Louis Children's Hospital for assistance with procuring supplies; Kenneth Schechtman for assistance with statistical analyses; and

the members of the data and safety monitoring board: Lawrence Kazembe (chair), Gertrude Kalanda, and Ajib Phiri.

再如：

This study was partially funded by The Children's Hospital's Clinical Research Center and grant M01 RR 02172 from the General Clinical research Program, National Center for Research Services, National Institutes of Health.

We thank Raif Geha, MD, Sherwin Key, MD, Fred Rosen, MD, and the staff at the Center for Ambulatory Treatment/ Clinical Research at Children's Hospital for their help in conducting the study and for reviewing the manuscript, and Edward Gomperts, MD, Baxter Healthcare Corporation, for providing Gammagard lot data. We are grateful to Stephen Lambert, MS, and T.L. Green at the Centers for Disease Control and Prevention (CDC), for performing hepatitis testing, to Bobby L. Mason, MS, Food and Drug Administration (FDA), for performing RT-PCR testing on the IGIV lots, and to Donna Ing, MPh, and Jon Shon, MD, CDC, for their help in data collection. We are also grateful to Donald Tankersley, MS, and John Finalyson, PhD, from the FDA for reviewing the manuscript.

### 1.8.2 致谢部分的常用句型

(1) 说明经费来源：

本研究的部分经费来自于……	This study was partially funded by ...
本研究的受到……的资助。	This work/study was supported with grant from ...
本研究项目由……提供资助。	This project was supported/funded by ...

(2) 表达感谢：

我们真诚地感谢……的……。	<p>We/The authors express our sincere thanks to ... for ...</p> <p>We/The authors express our/their appreciation to ... for ...</p> <p>We/The authors thank to ... for ...</p> <p>We/The authors are thankful to ... for ...</p> <p>We/The authors are indebted to ... for ...</p>
我们向……的支持表示感谢。	We acknowledge the support of this study from ...
感谢……的……。	... by ... is appreciated/acknowledged.
对本研究作出贡献的其他研究人员有……	Other investigators who contributed to this study were ...

## Exercise 1.8.1

**Directions:** Translate the following acknowledgments into English.

1. 本研究得到世界卫生组织的资助。
2. 我们感谢中国医学研究会提供的资助。
3. 本课题为国家自然科学基金资助项目 (No.39470318)。
4. 作者感谢刘医生给予临床工作的帮助。
5. 我们感谢欧阳教授提供的技术帮助。
6. 我们向曾对本课题提供支持的南京医院周医生表示感谢。
7. 作者感谢王教授审读了论文。
8. 我们对李教授给予本研究的统计学分析表示感谢。
9. 本文的图片由肖先生提供, 在此表示谢意。
10. 我们感谢张女士为我们打印论文。

## 1.9 参考文献

参考文献 (References), 或称参考资料, 是论文的重要组成部分。参考文献不仅反映论文的科学依据、表明作者对他人成果的尊重, 而且有利于读者查阅有关资料。

### 1.9.1 参考文献的要求

引用的参考文献通常包括四类: ① 有历史背景和意义的文献; ② 实验方法; ③ 支持或冲突的证据; ④ 可比较的类似文献。

参考文献的数量并没有统一的标准, 论文的良莠也不在于文献的多寡。有些杂志的投稿须知中会说明参考文献的数量限制, 如: *The American Journal of the Medical Sciences* 规定参考文献限制在 40 条以内。若没有明确要求, 30 篇左右的文献较为合适。

写好的参考文献要逐篇核实与校正, 特别是作者的姓名、杂志的缩写名称和起迄页数等最易出错之处。另外, 要留意参考文献是否正确地在正文内被引用。

### 1.9.2 参考文献的格式

不同期刊对于参考文献的格式要求不尽相同, 对参考文献的编码、标点符号用法以及作者姓名、杂志卷期、起迄页数和年代等的写法都可能特别的规定。作者要依照所投期刊投稿须知中所要求的格式引用并排列文献。

生物医学期刊广泛采用温哥华格式 (Vancouver style), 即顺序编码制。这种格式是美国国立医学图书馆在美国国家标准化研究所 (ANSI) 标准格式的基础上改编的数据库格式, 要求参考文献按文献在正文中第一次出现的顺序以阿拉伯数字编码排序。某篇文献如多次引用, 仍用一个编号, 以首次引用的序号为准。书写时, 2 篇相连序号用逗号隔开, 如 “1, 2”; 连续 3 篇以上序号用起止号, 如 “1-3”。有的医学期刊用方括号表示, 如 [1, 2]、[1-3]。

### 1.9.2.1 参考文献中缩写、大小写规则

文献作者的“姓”全部拼出置于第一位，首字母大写；而作者的“名”常缩写置于作者的“姓”之后，也就是先“姓”后“名”。温哥华著录格式要求，在参考文献中将缩写词后的缩写点“.”略去。如作者有两个“名”，可将这两个“名”的缩写词连在一起，如 Alfred Bernhard Nobel 著录为 Nobel AB, Albert Einstein 著录为 Einstein A。

中英文题名应写完整，首词的首字母大写，其余一般为小写（如：Women's Psychological reaction to breast cancer.），其中如有缩略语（如 DNA, HBsAg 等）或专有词汇（如 English 等）按习惯要大写。

期刊刊名的缩写要参照美国国家医学图书馆出版的《医学索引》(Index Medicus)，也可查询美国国家医学图书馆的网址 <http://www.nlm.nih.gov/>。

### 1.9.2.2 参考文献著录格式

下面按温哥华格式的要求，举例说明几种主要参考文献的著录格式。

#### (1) 期刊文章

① 标准期刊文章要求列出前 6 位作者，其他作者略去，后加“et al”。著录格式为“作者. 题名. 期刊名称. 年份；卷（期）：起止页”。例如：

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med. 2002 Jul 25; 347(4): 284-7.

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. Brain Res. 2002; 935(1-2): 40-6.

许多医学期刊全卷连续编页码，一月份和期次可以省略。例如：

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med. 2002; 347: 284-7.

有些期刊要求添加数据库来源及临床试验登记号，可著录为：

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med. 2002 Jul 25; 347(4): 284-7. PubMed PMID: 12140307.

Trachtenberg F, Maserejian NN, Soncini JA, Hayes C, Tavares M. Does fluoride in compomers prevent future caries in children? J Dent Res. 2009 Mar;88(3):276-9. PubMed PMID: 19329464. ClinicalTrials.gov registration number: NCT00065988.

#### ② 集体作者

著录格式为“作者. 题名. 期刊名称. 年份；卷（期）：起止页”。例如：

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. Hypertension. 2002;40(5):679-86.

若同时有个人作者和集体作者，可著录为：

Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. J Urol. 2003; 169(6): 2257-61.

Margulies EH, Blanchette M; NISC Comparative Sequencing Program, Haussler D, Green ED. Identification and characterization of multi-species conserved sequences. *Genome Res.* 2003 Dec;13(12): 2507-18.

③ 未给出作者

著录格式为“题名. 期刊名称. 年份; 卷(期): 起止页”。例如:

21st century heart solution may have a sting in the tail. *BMJ.* 2002;325(7357):184.

④ 非英语文献

非英语文献要注明原始文献的出版语言。例如:

Ellingsen AE, Wilhelmsen I. Sykdomsangst blant medisiner og jusstudenter. *Tidsskr Nor Laegeforen.* 2002; 122(8): 785-7. Norwegian.

(2) 专著和其他书籍

著录格式为“作者. 书名. 版次. 出版地; 出版者, 年份, 起止页”。

① 个人作者。例如:

Murray PR, Rosenthal KS, Kobayashi GS, Pfaffler MA. *Medical microbiology.* 4th ed. St. Louis: Mosby; 2002.

② 作者为编辑或编撰者。例如:

Gilstrap LC 3rd, Cunningham FG, Van Dorsten JP, editors. *Operative obstetrics.* 2nd ed. New York: McGraw-Hill; 2002.

③ 作者为一组织。例如:

Advanced Life Support Group. *Acute medical emergencies: the practical approach.* London: BMJ Books; 2001. 454 p.

American Occupational Therapy Association, Ad Hoc Committee on Occupational Therapy Manpower. *Occupational therapy manpower: a plan for progress.* Rockville (MD): The Association; 1985 Apr. 84 p.

④ 书中的章。例如:

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer.* New York: McGraw-Hill; 2002. p. 93-113.

⑤ 会议论文集。例如:

Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK.* New York: Springer; 2002.

(3) 电子出版物

① CD-ROM。例如:

Anderson SC, Poulsen KB. *Anderson's electronic atlas of hematology [CD-ROM].* Philadelphia: Lippincott Williams & Wilkins; 2002.

② 互联网的期刊文章。例如:

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in

an advisory role. Am J Nurs [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htmArticle>

③ 互联网的专著。例如：

Foley KM, Gelband H, editors. Improving palliative care for cancer [Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

④ 网站主页。例如：

Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

⑤ 互联网的数据库。例如：

开放式数据库：

Who's Certified [Internet]. Evanston (IL): The American Board of Medical Specialists. c2000 - [cited 2001 Mar 8]. Available from: <http://www.abms.org/newsearch.asp>

封闭式数据库：

Jablonski S. Online Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes [Internet]. Bethesda (MD): National Library of Medicine (US); c1999 [updated 2001 Nov 20; cited 2002 Aug 12]. Available from: [http://www.nlm.nih.gov/archive//20061212/mesh/jablonski/syndrome\\_title.html](http://www.nlm.nih.gov/archive//20061212/mesh/jablonski/syndrome_title.html)

⑥ 博客文章。例如：

Holt M. The Health Care Blog [Internet]. San Francisco: Matthew Holt. 2003 Oct - [cited 2009 Feb 13]. Available from: [http://www.thehealthcareblog.com/the\\_health\\_care\\_blog/](http://www.thehealthcareblog.com/the_health_care_blog/).

KidneyNotes.com [Internet]. New York: KidneyNotes. c2006 - [cited 2009 Feb 13]. Available from: <http://www.kidneynotes.com/>.

Wall Street Journal. HEALTH BLOG: WSJ's blog on health and the business of health [Internet]. Hensley S, editor. New York: Dow Jones & Company, Inc. c2007 - [cited 2009 Feb 13]. Available from: <http://blogs.wsj.com/health/>.

### 1.9.3 参考文献管理软件

为方便作者管理文献，ISI Research Soft 公司研发了三个参考文献管理软件：EndNote、Reference Manager 和 ProCite，融单机资料管理与 Internet 数据查寻等功能于一体，帮助收集和管理文献资料，并以规范的格式把文献的引用和注释输出到字处理软件中，为研究者提供了极大的便利条件。

## 1.10 表格与插图

医学科研资料经过整理、计算出各种统计指标后，所得结果除了用适当的文字说明

外，还常用表格与插图（Tables and Illustrations）来表达。图表表达力强，便于阅读和理解，也便于分析比较，因此图表常常是论文的重要组成部分。

《生物医学期刊投稿的统一要求》规定，在投稿的论文中，表格排在正文中参考文献之后，每个表格一页。图注另起一页，排在表格后面。插图排在图注后面，每个图一页。图表的尺寸、dpi 等具体参数值需按照投稿期刊要求设定。

1.10.1. 表格（Tables）

常见的表格有统计表、调查表、对照表、分析表、测量表等，适于呈现较多的精确数值或无明显规律的复杂分类数据，展示数据之间的平行、对比、相关等关系。

1.10.1.1 表格的基本结构

表格一般为三线表，由表号（Table No.）、表题（Title）、栏目（Headings）、线条（Lines）、数字（Figures）和表注（Footnotes）等部分组成，基本格式如下。

Table No.	Title		Top Line
Total Heading	Vertical Heading 1	Vertical Heading 2	Heading Line
Transverse Heading 1	Figure 1	Figure 4	
Transverse Heading 2	Figure 2	Figure 5	
Transverse Heading 3	Figure 3	Figure 6	
Footnotes			Bottom Line

例如：

TABLE 2  
Brain Metabolite Ratios In Plane above Ventricle and Annual Decrease

Metabolite Ratio	1995-1996 Ratio*	1999-2000 Ratio*	Annual Decrease in Ratio*
Cho/Cr			
Women	1.00 ± 0.11	0.84 ± 0.17	0.038 (0.031, 0.046)
Adjusted	0.95 ± 0.10	0.89 ± 0.16	
Men	1.00 ± 0.13	0.89 ± 0.18	0.027 (0.018, 0.035)
Adjusted	1.00 ± 0.12	0.91 ± 0.15	
NAA/Cr			
Women	1.57 ± 0.17	1.46 ± 0.29	0.027 (0.013, 0.041)
Adjusted	1.56 ± 0.16	1.50 ± 0.27	
Men	1.54 ± 0.20	1.42 ± 0.32	0.029 (0.014, 0.045)
Adjusted	1.52 ± 0.16	1.47 ± 0.23	
Cho/NAA			
Women	0.64 ± 0.09	0.59 ± 0.14	0.012 (0.006, 0.018)
Adjusted	0.65 ± 0.08	0.58 ± 0.13	
Men	0.65 ± 0.10	0.65 ± 0.18	0.000 (-0.009, 0.008)
Adjusted	0.66 ± 0.09	0.63 ± 0.10	

Note.—Data are for 105 women (first examination, 137 women) and 96 men (first examination, 134 men), adjusted as described in Results.  
\* Data are the mean ± SD.  
† Data in parentheses are 95% CI.  
‡ Men differ from women, P < .02.  
§ Men differ from women, P < .05.  
|| Men differ from women, P < .01.



### 1.10.1.2 表格各部分的内容要求

(1) 表号及表题：表格按正文中出现的顺序连续编号，如 Table 1、Table 2 等。表题是表的总名称，一般位于表的上方，内容应简明扼要，必要时注明资料来源、时间和地点，题末一般不用标点符号。

(2) 栏目：标目是表内的项目，主要包括横栏目和纵栏目。横栏目表示研究对象和主要内容；纵栏目说明各纵栏统计指标的含义，一般需注明统计指标的单位及百分比(%)。各栏目中首词的第一个字母要大写。

(3) 线条：一般只画 3 条横线，分别是顶线、栏目线和底线。表内一般不用竖线。

(4) 数字：表内数据用阿拉伯数字表示，必须与正文相符，准确无误。数字一般不带单位，百分数也不带百分号，均归并在栏目中。数字小数点后位数要统一，位数要对齐。表身中不应有空项；如确系无数字的栏，应区别情况对待，在表注中简要说明，不能轻易写“0”或画“—”线等填空，因“0”代表实测结果为零，“—”可代表阴性反应。

(5) 表注：说明性文字应置于表注中。当需要特别说明表中内容或所使用的非标准缩写词，可采用符号在需注释的位置，以上标形式给予标记，并以简短、准确的文字说明横排于表的下方，用与表中相同的上标符号表示。如果表注不是一条，则要分别给予不同的标记，并按顺序排在表下，可依次使用 \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡, § §, |||, ¶¶ 等符号。数据的显著性检验，可在表内设置相应栏，也可采用注释的方法，但必须明确指出比较的对象。表内数据若为均值 ± 标准差 ( $\bar{x} \pm s$ )，也可以在表注中注明。

另外，不要把表格摄成照片投稿。如引用他人已发表或尚未发表的资料，应征得同意，并表示感谢。

### 1.10.2 插图

医学期刊的插图一般按制作方法可分为两大类：一是线条图（包括坐标图），二是照片图。线条图常用的是统计图和示意图。不同插图有不同的特点，线条图可反映变量之间的定量关系、比例关系及相关性，照片图能真实、直观地传递信息。

#### 1.10.2.1 统计图的结构与设计的要求

统计图包括线图、条图、百分图、直方图、散点图等，用点、线、面等形象地把数据之间的关系直观地表达出来。制作时应根据资料性质和研究目的选择合适的图形。统计图主要由标题 (Title)、标目 (Headings)、比例 (Scales)、图线 (Lines)、图例 (Legends) 和图注 (Footnotes) 等组成，其设计要求如下：

(1) 标题 (Title)：标题是图的总名称，图的标题应力求简明，必要时要说明资料的来源、时间和地点。文中如有多个插图，应按顺序标 Figure 1 (Fig.1)、Figure 2 (Fig. 2) 等。

(2) 标目 (Headings)：纵横两轴应有标目和目标单位（表示计量单位和尺度的符号），单词首字母大写。

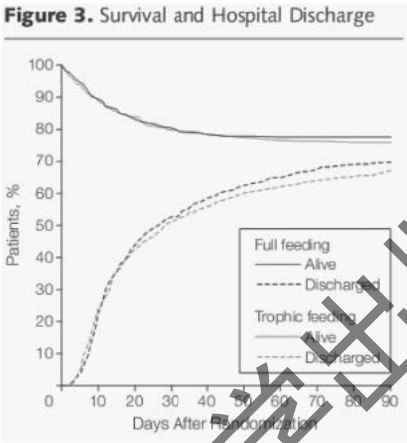
(3) 比例尺 (Scales)：纵轴尺度自下而上，横轴自左至右，一般由小到大，应说明纵横坐标轴的比例尺。

(4) 图线 (Lines)：采用不同的点、颜色或线段（如实线、虚线、点线等）表示不同的事物。

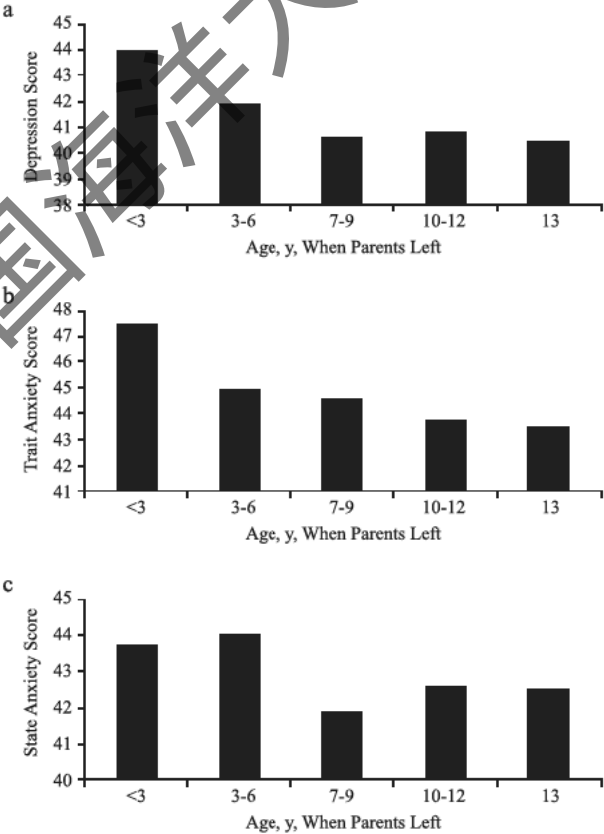
(5) 图例 (Legends): 若图中用两种以上不同的线条、长度、颜色表示不同事物时, 则需要用图例说明。图例位置没有统一的规定, 可安排在图内空隙或图外适当的位置。图例与标目书写要求相同, 字体比标题和标目小一号。

(6) 图注 (Footnotes): 图注一般列入图的下方, 与表注的要求一样, 必要时说明图内某项资料以及所使用的全部非标准缩写词语, 并依次使用 \*、+、§、# 等符号。

例 1 :



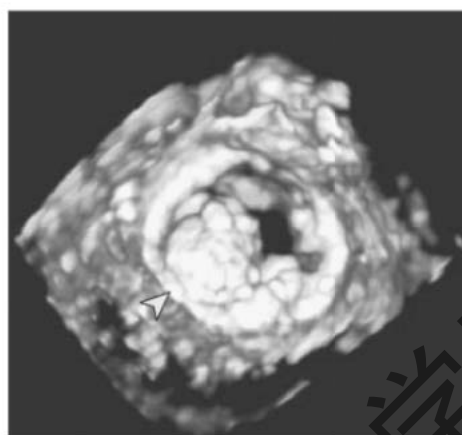
例 2 :



### 1.10.2.2 照片图

论文中所附的照片图要求清晰度高,对比度好。图上文字、数字和方向用另纸标出,但在图上要注明相应的位置。组织切片照片应在图题后标明放大倍数和染色方法。X线照片要求部位明确,不必按原片印出,只着重显示所需要的部分即可。实物照片为表明实物大小,可将比例尺同时拍在照片上,或在图中注明放大倍数。

例 1 :



**Figure 2.** Transesophageal 3-dimensional echocardiogram showing the mitral valve from the left atrial perspective. The heart is in diastole; a large multilobulated calcific mass can be seen attached to the posterior mitral leaflet (arrowhead).

例 2 :



**Figure 2.** Computed tomography scan showing a mass extending into the left ethmoid and left frontal sinuses.

### 1.10.3 表注和图注部分的时态

(1) 对表、图的内容的说明部分,常用一般现在时。例如:

Table 1 summarizes the data obtained in ten volunteer having an age range of 20

to 53 years and comprising nine males.

Table 3 displays/shows the 30-day and one-year mortality rates for both groups.

(2) 注明表内某项内容和非标准的缩略语, 用一般现在时, 也可用符号“=”或“:”表示。例如:

KFV indicates potassium estimated fruit and vegetable sources.

CI indicates confidence interval.

Data are presented as mean SD.

DIC=disseminated intravascular coagulopathy

(3) 表达资料提供者, 用一般现在时。例如:

Data are adapted/taken from those of the Task Force on High Blood Pressure in Children and Adolescents.

Tables and illustrations are supported/provided by Mr. Li Anming.

(4) 对表、图的标题进行解释, 用一般过去时。例如:

TABLE 1 95th PERCENTILE OF BLOOD PRESSURE IN BOYS AND GIRLS  
3 TO 16 YEARS OF AGE, ACCORDING TO HEIGHT\*

\* The percentage of height was determined with standard growth curves.

(5) 说明表、图内的研究方法、结果等用一般过去时; 有时追述结果之前的情况, 用过去完成时, 表示结论用一般现在时。例如:

In the unrestricted cohort, patients undergoing primary PTCA had a lower 30-day mortality rate than patients undergoing early thrombolysis, independent of whether the facility had resources to perform coronary angioplasty. A similar pattern was observed at 1-year follow-up. Statistical comparisons are referenced against patients who underwent PTCA. Asterisk \*indicates  $P < .05$ .

#### Exercise 1.10.1

**Directions:** Translate the following table into an English one.

表2 父亲的职业与儿童Hp感染的关系

父亲职业	家庭数	儿童Hp感染数(%)	95%可信区间
白领工人	66	19/91 (21) *	12.5 ~ 29.5
蓝领工人	237	124/331 (37)	31.7 ~ 42.3
农民	87	52/128 (41)	32.3 ~ 49.7
合计	390†	195/550 (35)	—

\* 与其他组比较,  $P < 0.005$ 。† 有 26 个家庭父亲职业不详。

Exercise 1.10.2

**Directions:** Translate the following table into an English one.

表 4 接受溶栓疗法或直接介入治疗患者的住院记录 \*

	溶栓组	介入PTCA组	P值
二尖瓣闭锁不全后心绞痛	5513(29.6)	489(24.0)	.001
再发梗死	992(5.3)	81(4.0)	.009
充血性心力衰竭	5218(28.0)	548(26.9)	.29
颅内出血	271(1.4)	4(0.2)	.001
脑卒中	554(3.0)	43(2.1)	.03
出血	4003(21.5)	583(28.6)	.001
心导管插管	7304(39.2)	2033(100.0)	.001
冠状动脉血管成形术	2311(12.4)	2038(100.0)	.001
冠状动脉搭桥术	1173(6.3)	211(10.4)	.001

\* 数据以例数（百分比）表示。MI：心肌梗死

## 第二章 文献综述

文献综述 (Literature review) 是作者在阅读相关文献后将各种资料进行分析、归纳、整理后所写成的文章,是医学论文中重要的文体之一。文献综述一方面搜集大量的有关某课题、问题或研究专题的情报资料,更重要的是要综合分析其最新进展、学术见解和建议,从而揭示有关研究的新动态、新趋势、新水平、新原理和新技术等,为后续研究寻找出发点、立足点和突破口,具有较高的情报学价值。

### 2.1 文献综述的分类

根据内容组成和结构特点,文献综述可分为简介型综述、成就型综述、动态型综述、争鸣型综述和评论型综述。

#### (1) 简介型综述 (Introductory review)

简介型综述着重介绍原始文献所论述的事实、数据、论点等,对某一专题的文献资料进行简要介绍,一般不加评述。这种综述适用于学术、技术问题的概要介绍,尤其适用于某些刚发现但尚无定论的问题。

#### (2) 动态性综述 (Developmental review)

动态性综述一般按照年代和学科发展的历史阶段,由远及近地综合叙述,着重介绍阶段性研究成果,并介绍某一阶段有代表性的文献资料,反映研究工作的进展情况。

#### (3) 成就性综述 (Result review)

成就性综述按研究成果分门别类地进行叙述,适用于介绍某一领域、某一方面的新方法、新技术、新论点和新成就。组织材料时,一般不考虑研究时间的先后顺序,而是开门见山,直接叙述新成就,按照内容的逻辑顺序组织文献资料。这类综述实用价值较高,对科研工作有很强的指导意义。

#### (4) 争鸣性综述 (Contentious review)

争鸣性综述对某一领域或某一专题学术观点上存在的分歧进行分类归纳和综合,按不同见解分别叙述。叙述中可表述作者倾向性的意见,但作者的观点要与被引用文献的观点分开叙述。

#### (5) 评论型综述 (Critical review)

评论型综述也称为述评,对某一技术成就或研究成果以及现在的水平和问题进行对比分析,作出评价,提出合乎逻辑的、具有启迪性的看法和建议。这类文章的撰写要求较高,具有权威性,往往能对所讨论学科的进一步发展起到引导作用。

另外，医学文献综述也可按时间分为回顾性综述（Retrospective review）和前瞻性综述（Prospective review）。回顾性综述主要反映某一学科领域或某一方面目前的研究水平，在回顾历史的基础上重点突出目前水平。前瞻性综述是在总结和分析现有文献资料的基础上，对某一学科领域或某一方面的发展前景和趋势以及可能结果进行预测。

## 2.2 文献综述的内容特点

文献综述有以下内容特点：

① 综合性：这是文献综述最基本的特点，包含两方面的含义。一方面，文献综述要综合叙述大量文献，必须将每一篇需综述的原始文献置于上下文里，并用某一方面的知识对其进行分析 and 综合。另一方面，要综述广泛时空范围内的发展情况，既有纵向描述，又有横向覆盖。

② 概括性：文献综述对原始文献中的各类理论、观点、方法的叙述，不是简单地照抄或摘录，而是在理解原文的基础上，将文献中有用的理论、观点和方法用简洁、精炼的语言将其概括出来。

③ 客观性：一方面叙述和列举各种理论、观点、方法、技术及数据要客观，必须如实地反映原文献的内容；另一方面，在分析、比较、评论各种理论、观点、方法时要有—种客观的态度，应进行客观的分析、评价。在做出预测时，也要以事实、数据为依据，以科学的推导方法为手段，力求客观。

## 2.3 医学文献综述的结构

文献综述一般由标题、摘要、引言、述评、结论和参考文献等部分构成。有的文献综述还有致谢部分。

### 2.3.1 医学文献综述例文

下面以发表在《植物医学》（*Phytomedicine* Volume 13, Issue 3, 13 February 2006, Pages 205–208）上的一篇文献综述为例，简要说明医学文献综述各部分的结构特点。

Herbal remedies for anxiety: a systematic review of controlled clinical trials	标题
E. Ernst	作者
Complementary Medicine Peninsula Medical School, Universities of Exeter Plymouth, Exeter, UK	作者单位

<p><b>Abstract</b></p> <p>Anxiety is a prominent indication for herbal medicine. This systematic review was therefore aimed at summarising the evidence for or against the anxiolytic efficacy of such treatments. Six databases were searched for all randomised clinical trials testing herbal monopreparations in the alleviation of anxiety. Seven such studies and one systematic review were located. Eight different herbals were studied. The herbal medicines, which, according to these data are associated with anxiolytic activity in humans, are Piper methysticum and Bacopa monniera. Only for kava were independent replications available. It was concluded that there is a lack of rigorous studies in this area and that only kava has been shown beyond reasonable doubt to have anxiolytic effects in humans.</p>	<p>摘要</p>
<p><b>Keywords</b></p> <p>Herbal medicine; Phytomedicine; Anxiety; Efficacy; Systematic review</p>	<p>关键词</p>
<p><b>Introduction</b></p> <p>Anxiety disorders, such as generalized anxiety, panic disorders, obsessive-compulsive disorder, phobias or post traumatic stress disorder, are common and a major cause of disability. Their 1-year prevalence figures are about 13% (Narrow et al., 1998). Anxiety is also an important component of many other psychiatric or medical conditions (Lavie and Milani, 2004). Effective treatments such as anxiolytic drug therapy or cognitive-behavioural therapy exist (Sadock and Sadock, 2000) but, many patients remain untreated, experience adverse effects of benzodiazepines (Woods et al., 1987), or do not benefit from full symptom control (Issakidis and Andrews, 2002).</p> <p>It has been estimated that 43% of anxiety sufferers use some form of complementary therapy (Eisenberg et al., 1998). The most popular treatments include herbal medicines (Asfin, 1998). Similarly, anxiety disorders are amongst the most common reason for people to try herbal medicines (Wong et al., 1998). The aim of this systematic review is therefore to summarise the evidence for or against the effectiveness of herbal medicines for these indications.</p>	<p>引言</p>
<p><b>Methods</b></p> <p>Electronic literature searches were conducted using the following databases: AMED, Cinahl, Embase, Medline, PsychInfo and PubMed (all from inception to August 2004). The terms used for the electronic searches were limited to clinical trial, randomised/controlled trial, herbal medicine, remedy, etc, phytotherapy, phytomedicine, anxiety, stress, panic disorder, obsessive-compulsive disorder, phobia. Further researches were conducted by hand-searching departmental files as well as a range of complementary medicine journals, and by asking experts in this field. Finally, several manufacturers of herbal medicines were asked to contribute articles of relevance. No restrictions</p>	<p>方法</p>



on language of publications were applied.

Only trials with oral medication of herbal medicines were included and other routes of administration such as inhalation or topical application (aromatherapy) were excluded (Graham et al., 2003). St. John's wort (*Hypericum perforatum*) was not included in this review as it is primarily an antidepressant rather than an anxiolytic remedy. Clinical trials of preparations containing more than one herbal remedy were excluded (Hanus et al., 2004; Gopinathan et al., 1999; Mills et al., 2002; Kohnen and Oswald, 1992) and so were herbal medicines with psychedelic activity (Riba et al., 2001) or duplicate publications (Kohnen and Oswald, 1988). Studies of anxiety related to specific conditions such as HIV infection (Weber, 1999) or depression (Lenoir et al., 1999) were also excluded.

All articles thus retrieved were read in full by the author. Data were evaluated and validated according to pre-defined criteria.

## Results

Seven RCTs and one systematic review were located with the above search strategy (Akhondzadeh et al., 2001; Andreatini et al., 2002; Bradwejn et al., 2000; Galduroz and Carlini Ede, 1994; Leite et al., 1986; Pittler and Ernst, 2002; Stough et al., 2001; Wolfson and Hoffmann, 2003). They relate to eight herbal medicines.

### Blue skullcap (*Scutellaria lateriflora*)

Wolfson and Hoffman conducted a double-blind, placebo-controlled cross-over trial with 19 healthy volunteers (Wolfson et al., 2003). They took single doses of a placebo, a 350 mg capsule of freeze dried *Scutellaria lateriflora*, a 100 mg capsule of the same or 200 mg of the same. Anxiety was quantified via a visual analogue scale. The results suggested that the two higher doses generated a reduction in anxiety 60 min after administration. Even though these findings seem promising, the study has several important limitations, most importantly it only used descriptive statistics for evaluation of the data. It is thus not possible to tell whether the changes were statistically significant or reflected merely a numerical trend.

### Gotu kola (*Centella asiatica*)

A small (n=40) double-blind RCT tested the efficacy of gotu kola on anxiety symptoms in healthy volunteers (Bradwejn et al., 2000). Volunteers took either a single oral dose of 12 g gotu kola or placebo. Compared to placebo, the acoustic startle response was diminished 60 and 90 min after the administration of one dose of gotu kola. No changes in self-rated anxiety were noted in this single-dose study. These results are preliminary by nature and require confirmation in larger studies.

### Guarana (*Paullinia cupana*)

In a small and poorly reported RCT, 30 healthy volunteers were given either guarana extract, caffeine or placebo (Galduroz et al., 1994). No significant effects on anxiety were noted.

结果

Kava (*Piper methysticum*)

A Cochrane review included 11 placebo-controlled RCTs of kava mono-preparations as a treatment of anxiety (Pittler et al., 2002). Six of these studies could be submitted to a meta-analysis where the Hamilton Anxiety Scale was the common outcome measure. Its results show a significant reduction of anxiety relative to placebo. The weighted mean difference was 5.0 (95% CI=1.1-8.8 CI=1.1-8.8). The adverse effects reported in these studies were mild, transient and infrequent.

Keenmind (*Bacopa monniera*)

Stough et al. randomised healthy volunteers to receive either 300 mg *Bacopa monniera* extract or placebo for 12 weeks (Stough et al., 2001). The results show a reduction in state anxiety in the experimental compared to the control group. The effects were more marked at 12 compared to 5 weeks of treatment.

Lemon grass (*Cymbopogon citratus*)

A placebo-controlled, double-blind RCT of Lemon grass extract included 18 patients suffering from trait anxiety (Leite et al., 1986). The extract was administered as a single dose of abafado (Brazilian lemon grass tea), and its effects were quantified 30 min later under the stress of a cognitive test. The results revealed no significant inter-group differences to suggest an anxiolytic effect.

Passion flower (*Passiflora incarnata*)

In a double-blind RCT, 32 patients with generalised anxiety disorder were randomised to receive 45 drops of a passionflower tincture or 30 mg oxazepam per day (Akhondzadeh et al., 2001). After 4 days of treatment, no significant differences in terms of anxiety levels were noted. Patients treated with passionflower reported fewer adverse effects than those receiving the synthetic anxiolytic. Even though the authors conclude that *passiflora* is effective, the results require cautious interpretation: the trial was not designed as an equivalence study and conclusions about equivalent efficacy cannot be drawn.

Valerian (*Valeriana officinalis*)

In a double-blind RCT, 36 patients with generalised anxiety disorder were randomised to receive either 50–150 mg valerian extract per day or 2.5–7.5 mg diazepam or placebo (Andreatini et al., 2002). All three groups showed marked decreases in doctor- and self-rated anxiety at the end of the treatment phase. There were no significant differences between the groups. It seems unclear whether this is due to the absence of an effect or due to a type II error because of the very small sample size.

<p><b>Discussion</b></p> <p>Considering that anxiety is a frequent indication for herbal medicine, the paucity of RCTs in this area is perhaps the most remarkable finding of this systematic review. Similarly impressive is the fact that, for the majority of herbal treatments supported by RCTs, independent replications are missing. The only herbal anxiolytic, which has more than one RCT to its credit is kava. Sadly kava has been banned, in many countries, due to a suspicion that it may cause liver damage (Ernst, 2004).</p> <p>Several of the RCTs were burdened with poor reporting, methodological flaws or both. Future research in this area should make sure it overcomes these obstacles. In particular, sufficiently large sample sizes, longer follow-up period, intention to treat analyses and full characterisation of the herbal medicine employed are required.</p> <p>Apart from kava which has been repeatedly shown to be as effective as benzodiazepines, none of the herbal medicines reviewed here are associated with an effect size comparable to standard anxiolytic treatments (Gould et al., 1997). In essence, this suggests that, within the realm of herbal medicine, there are currently no well-documented alternatives to conventional anxiolytic therapies.</p> <p>The present review has several limitations. As with all such projects it is possible that not all relevant RCTs were found. It is also conceivable that those which were found are the ones that tended to be associated with positive results. In this are, publication bias could be a particularly important potential confounder (Ernst and Pittler, 1997). A further limitation is the fact that many RCTs have significant flaws, a circumstance which prevents any firm conclusions.</p> <p>In conclusion, few rigorous trials of herbal anxiolytics are currently available. Apart from kava, none has been shown beyond reasonable doubt to be efficacious.</p>	<p>讨论</p>
<p>References (Omitted)</p>	<p>参考文献</p>

## 2.3.2 文献综述的内容及时态要求

### 2.3.2.1 标题 (Title)

文献综述的标题要高度概括所综述专题的主要内容。与论文的标题相比,医学文献综述的标题通常比较概念化,应重点提示所综述的主题内容。标题中常用 **current** 和 **recent** 表达“新”。例如, **current situation (of)**、**current status (of)**、**current aspects (of)**、**recent advances (in)**、**current concepts (in)**、**current practice (of)** 等常用在综述的标题中,表示“研究现状”、“研究进展”、“新概念”、“新方法”等概念。有的综述在标题中明确写上“**Review of ...**”,或在副标题中注明“**A review**”。文献综述的标题常用名词词组表达。

例如：

Current practice and recent advances in pediatric pain management  
Acute viral myocarditis: current concepts in diagnosis and treatment  
Nurse staffing levels and the incidence of mortality and morbidity in the adult intensive care unit: A literature review

Patient risk factors for pressure ulcer development: Systematic review

Design and analysis of group-randomized trials: A review of recent developments

### 2.3.2.2 摘要 (Abstract / Summary)

按不同期刊的要求，医学文献综述的摘要可以是资料性的 (Informative) 或是指示性的 (Indicative)，写作要求与第一章中介绍的研究论文摘要格式基本一致。在摘要部分，表达作者自己的意见，提出尚待解决的问题，句中谓语动词多用一般现在时。资料性摘要中，方法和结果部分多用一般过去时，结论部分多用一般现在时或情态动词。例如，一篇题为“Clinical development of drugs for epilepsy: A review of approaches in the United States and Europe”的综述摘要如下：

The process of drug development of new anti-seizure drugs is addressed, with an emphasis on the differences between the United States and Europe. The article begins with a brief description of the companies that are responsible, in partnership with academia and clinicians, of bringing drugs to the marketplace.

In considering the differences in drug development between the US and EU, it is not so much the companies that drive the differences but the regulatory processes. In fact, the only major principle on which the US and EU regulatory processes differ is on the path to monotherapy approval. The drug development process might seem to some to be a simple exercise in uncovering whether a drug is effective against a disease or a disorder and simultaneously evaluating its safety for the targeted patient population. While these issues are paramount in the minds of all involved, regulation of the industry has become extraordinarily sophisticated and complex. Most of the actions taken by a company are, at least in part, driven by the government administrations charged with drug development oversight. The similarities of the US and EU drug development processes are great; however, sufficient differences mandate close attention to obtain registration on both sides of the Atlantic.

有的期刊要求结构式摘要。例如，*Journal of Clinical Epidemiology* 上的一篇题为“Preliminary state of development of prediction models for primary care physical therapy: a systematic review”的综述摘要为：

#### Objective

To summarize the methodological quality and developmental stage of prediction models for musculoskeletal complaints that are relevant for physical therapists in primary care.

### Study Design and Setting

A systematic literature search was carried out in the databases of Medline, Embase, and Cinahl. Studies on prediction models for musculoskeletal complaints that can be used by primary care physical therapists were included. Methodological quality of the studies was assessed and relevant study characteristics were extracted.

### Results

The search retrieved 4,702 references of which 29 studies were included in this review. The study quality of the included studies showed substantial variation. The studied populations consisted mostly of back ( $n = 10$ ) and neck pain ( $n = 6$ ) patients, and patients with knee complaints ( $n = 4$ ). Most studies ( $n = 22$ ) used "perceived recovery" as primary outcome. Most prediction models ( $n = 18$ ) were at the derivation level of development.

### Conclusions

Many prediction models are available for a wide range of patient populations. The developmental stage of most models is preliminary and the study quality is often moderate. We do not recommend physiotherapist to use these models yet. All models reviewed here are in the developmental stage and need validation and impact evaluation before using them in daily practice.

#### 2.3.2.3 引言 (Introduction)

文献综述的引言部分，主要是说明写作的目的，介绍有关的概念、定义以及综述的范围，并说明有关主题的研究现状。引言部分不宜过长，一般从以下三个方面展开：

- ① 首先要说明写作的目的，定义综述主题、问题和研究领域；
- ② 指出有关综述主题已发表文献的总体趋势，阐述有关概念的定义；
- ③ 规定综述的范围，包括专题涉及的学科范围和时间范围，声明引用文献起止的年份，解释、分析和比较文献以及组织综述次序的原则。

在引言部分，作者提出问题，进行定义性解释或介绍研究背景等，句中的动词常用一般现在时或现在完成时；表达该文献综述的目的和内容，用一般现在时或一般将来时。例如：

This article was commissioned with the intent of comparing the clinical development process for antiepileptic drugs in the United States and Europe. Obviously, the process of drug development is very complex, and can only be lightly touched upon in this article. For example, areas not covered in this article include issues related to children, the elderly, parenteral formulations, and orphan drugs. This is an article about fundamentals. Nevertheless, many investigators on one side of the Atlantic may not be aware of differences between the two continents; we have tried to highlight distinguishing features. We think that this article will be of value to academic clinical investigators who do not often confront the regulatory process and to small companies who do not

have large regulatory affairs departments that span the ocean.

#### 2.3.2.4 述评部分 (Review)

述评是文献综述的主体部分,不同期刊有不同的写作格式要求,如有的期刊要求分为 Methods、Results 等几个部分。但总的来说写法多样,没有固定的格式;可按文献发表的年代顺序综述,也可按不同的问题进行综述,还可按不同的观点进行比较综述。不管用哪一种综述格式,都要将所搜集到的文献资料归纳、整理及分析比较,阐明引言部分所确立综述主题的历史背景、现状和发展方向,以及对这些问题的评述。述评部分一般需设小标题,应简短明了。

若有需要,可用表格或插图说明。文中的插图应精选,表格应精心设计,图表应具有自明性,文字、表格、插图的内容不要相互重复。图表要有编号和标题,按期刊的要求标注在图表的上方或下方。表格应采用三线表,可适当加注辅助线,但不能用斜线和竖线。表格上方应注明表序和表名。图表的详细制作要求见第一章的相关部分。

述评部分的时态比较灵活,常用一般过去时回顾文献内容,用一般现在时或现在完成时介绍研究现状,用一般现在时进行分析评论。请参阅本章中提供的医学文献综述例文,注意体会其中述评部分中的时态用法。

例如,一篇题为“Food supply and food safety issues in China”的综述述评部分的小标题分别为:

- ① Key factors that affect China's food supply: land, water, soil, and diet;
- ② Strategies to safeguard food supply in China;
- ③ Shifting concerns from food supply to food safety in China;
- ④ Foodborne disease and food safety issues in China;
- ⑤ Legislation versus implementation;
- ⑥ Moving from endpoint controls to risk-based food safety control systems;
- ⑦ The future of food safety in China: responsibility, accountability, and trackability.

其中,“Strategies to safeguard food supply in China”部分的内容如下:

Food is an integral part of Chinese culture (appendix), and as suggested by the Chinese saying “To people, food is heaven”, food supply issues have been at the foundation of social stability in China. The challenges to food supply in China discussed so far are compounded not only by China's exceptionally large population, but also by rising inequalities. More than 13% of the Chinese population lives below the poverty line (yearly income below US\$363), with most of the poor residing in rural areas.<sup>31</sup> Undernutrition, particularly in children in underdeveloped remote regions, is estimated to cost China 4% of its gross domestic product (GDP) every year.<sup>19</sup> And although the Chinese Government has for decades focused on keeping the price of agricultural products low,<sup>32</sup> these policies have particularly benefited populations in cities while limiting economic incentives for farming in rural areas and thus imposing negative feedbacks with respect to agricultural productivity.

These trends will be partly mitigated by China's unprecedented population migration, a continuing process that is fundamentally reshaping rural and urban populations alike.<sup>10</sup> More than half of the population now resides in urban areas—compared with less than 20% in 1980—and the population remaining in rural areas has tended to have more land per person since 1980 onwards. The mechanisation and industrialisation of agriculture, which have accompanied larger farm sizes, can push up rural incomes and agricultural productivity,<sup>34</sup> and can also have unique effects on public health by, for instance, modifying transmission pathways of environmental pathogens such as the parasitic helminth that causes schistosomiasis.<sup>35</sup> At the same time, rapid urbanisation has several public health effects that have been comprehensively reviewed elsewhere,<sup>10</sup> including important effects of changing diet that accompany rural-to-urban migration and put pressure on food supplies as consumption of animal products increases.

In view of the importance of freshwater resources to Chinese agricultural productivity described above, water conservation and engineering projects clearly have a part to play in addressing food supply issues, particularly in water-scarce northern China. The massive South-North Water Transfer Project<sup>36</sup> aims to redistribute freshwater resources to alleviate regional disparities in supply, but projects like this one should be accompanied by increased efficiency measures, including water-saving agricultural practices such as drip irrigation and cover crops, which have been implemented in several regions in northwest China.

China is making other major investments in agricultural technologies aimed at key products, such as the substantial US\$3.5 billion set aside to support research on transgenic varieties of rice, wheat, maize, soybean, cotton and three important domestic animals (pigs, cows, and sheep).<sup>37</sup> Use of genetically-modified (GM) technologies, and GM food and non-food agricultural products, are regarded as important means to provide for the country's future food demand. The Chinese Ministry of Agriculture has adopted guidelines based on the concept of substantial equivalence, which limits testing requirements to key product characteristics.<sup>38, 39</sup> A case-by-case approach is used to assess GM food safety with the non-GM counterpart as the reference, examining the toxicology of, and allergenic response to, new proteins, key component analysis, animal feeding tests, nutrition assessments, and the effects of processing of the GM product.<sup>38, 39</sup> The future market of GM products in China will depend on maintenance of Chinese consumers' confidence, which in turn will rely on enforcement of appropriate regulatory measures put in place by the government.

#### 2.3.2.5 结论 ( Conclusion )

结论部分一般冠以标题 Conclusion 或 Discussion。在结论中，作者不仅要总结全文，

也要发表个人的意见。结论主要对述评部分叙述的内容进行归纳,并对述评部分的各种问题提出评论性意见及对今后的研究提出建议或展望。有时文献综述没有单独的结论部分,而是放在述评各部分之后分别论述。

在结论部分,常用一般现在时或一般将来时。

例如,文献综述“Clinical development of drugs for epilepsy: A review of approaches in the United States and Europe”的结论部分如下:

The process of developing anti-seizure drugs is remarkably similar in the US and in the EU. Present, however, are sufficient differences in the regulatory process that individual attention must be paid to each side of the Atlantic. This article outlines some of the more important differences and should be of assistance to those who care about persons with epilepsy and who are trying to find new, more effective medications.

#### 2.3.2.6 参考文献 (References)

参考文献是综述的重要组成部分。参考文献的多少可体现作者阅读文献的广度和深度,但并非多多益善。所选参考文献应能全面覆盖所综述的主题和发展趋势,一方面要有经典文献,另一方面要注意选择内容较新的文献。

引用参考文献的格式要求,见第一章参考文献部分。

## 2.4 医学文献综述的常用表达

### 2.4.1 引言部分的常用表达

(1) 表示定义或解释:

……被定义为……	... is defined as ... ... has been defined as ...
所谓……,是指……	... is meant ... By ... we mean ...
……有……种类型	... is/can be classified into ... There are ... kinds of ...

(2) 表示现状和争议:

进展	advance/progress
新	current/recent
现状	present/current/recent situation
据发现/报道/证实……	It has been found/reported/proved that ...
据估计……	It has been estimated that ...



普遍认为……	It is generally recognized/agreed/accepted that ...
一般认为……	It is thought/regarded/considered that ...
……依然是一个尚待解决的问题。	... remains an unsolved problem.
关于……目前有两种解释。	Two theories have been postulated to explain.
第一种理论认为……，而第二种理论则认为……	The first theory proposes that ..., whereas the second theory proposes that ...
一些文献报道……；而另一些人持不同观点。	Some papers have reported that ...; however, other groups have disputed these findings.
最初的一些研究支持这种看法。	Several initial studies seemed to support this concept.

(3) 表示内容和目的：

本综述的目的是……	The purpose/aim/object of this review is to ...
本系统综述的目的是总结支持或反对……的证据。	This systematic review was therefore aimed at summarising the evidence for or against ... The aim of this systematic review is to summarise the evidence for or against ...
本文综述了有关文献。	The pertinent literature is reviewed.
本文综述了……	This article reviews ... We review ...
本文将重点讨论……	This review will concentrate on ...
下面本文就……作一简单综述。	In the following, a brief review is given of/about ...
本篇综述的目的是着重阐述……	In this review, we aim to highlight ...
我们将回顾有关……的研究	We will review published studies on ...
我们将重点回顾……	We will focus on ...
本文主要阐述……	This review focuses on ...
本文就……作一综述。	The following paper reviews ...
本文并非旨在说服读者……	No attempt will be made to convince the reader that ...

## (4) 表示文献搜索方法：

用以下数据库检索电子文献：	Electronic literature searches were conducted using the following databases:
用于电子搜索的术语限定在……	The terms used for the electronic searches were limited to ...
通过人工检索……，作了进一步的研究。	Further researches were conducted by hand-searching ...

## 2.4.2 述评部分的常用表达

## (1) 表述观点：

研究表明……	Studies show that ...
有人发现……	It is (has been) found that ...
据报道……	It is (has been) reported that ...
有人指出……	It has been pointed out that ...
业已证明……	It has been proved/showed that ...
一般认为……	It is generally recognized/agreed/accepted that
有人认为……	It is thought/regarded/considered that ...
已观察到……	It has been observed that ...
必须指出……	It must be pointed out that ...
还得指出……	It should be added that ...
必须承认……	It must be admitted that ...
必须强调……	It must be emphasized/stressed that ...
一项令人感兴趣的发现是……	An interesting finding is that ...
最重要的事实是……	Nothing is more important than the fact that ...
更重要的事实是……	A more important fact is that ...
有人声称……	It is asserted that ...
多数人认为……	Most researchers agree that ...

## (2) 探讨可能性：

可以有把握地说……	It may be safely said that ...
由此可见……	It can be seen from this that ...

有可能……	It is possible/probable/likely that ...
……是合乎情理的	It stands to reason that ...
毫无疑问, ……	There is no doubt that ...
显然, ……	It is obvious/clear/apparent/evident that ...
目前尚无临床证据说明……	There is no clinical proof of ...

(3) 表比较和对照:

A 与 B 之间存在差异 (相似点)。	There are some/a few/many differences (similarities) between A and B.
A 与 B 在三个方面有不同点。	A differs from B/is different from B in three aspects.
一个不同 (相同) 之处在于……	One difference (similarity) seems to be/lies in/is that ...

2.4.3 结论部分的常用表达

(1) 表示提示:

结果提示……	These results suggest that ...
这些发现表明……	These findings indicate that ...
数据表明需要……	The data show the need for ...
结果支持……	The results support ...

(2) 表示结论或建议:

我们建议……	We suggest that ...
我们认为……	We believe that ...
我们设想……	We postulate that ...
结论是……	It is concluded that ... We conclude that ...
结果提示……	It is suggested that ...
建议……	It is recommended that ...
估计……	It is estimated that ...

(3) 表示一致性：

结果与……一致。	These results accord with ... The results are concordant with ... The results agree well with ...
……与……一致。	be consistent with be in accordance with

(4) 表达今后方向：

关于……的机制仍需研究。	The mechanisms by which ... remain to be investigated.
有必要进一步研究，以（评价）……	Further studies are necessary to (evaluate) ...

Exercise 2.1

Directions: Translate the following review into English.

糖尿病的血糖控制

背景

定义：糖尿病是指一组以高血糖为特征（空腹血浆葡萄糖 $\geq 7.0\text{mmol/L}$ 或口服 75g 葡萄糖后 2 小时血糖 $\geq 11.1\text{mmol/L}$ ，两次或两次以上）的代谢性疾病。强化治疗就是把血糖尽量控制在接近非糖尿病人的血糖水平，主要包括教育、咨询、血糖监测、自我调整和药物治疗（即胰岛素和口服降糖药物），以达到控制血糖的目标。

发病率/患病率：美国 20 岁及以上的成年人中，被诊断为糖尿病患者大约为 5%<sup>1</sup>；依据空腹血糖值，还有 2.7% 未被诊断。男性和女性患病率之间无差异，但是许多种族的糖尿病患病率很高。过去 10 年中，年龄在 40~74 岁的人群患病率明显升高。

病因学：糖尿病主要原因是胰岛素分泌不足，胰岛素作用减弱，或者两者兼有。可能涉及很多病理过程，包括胰岛  $\beta$  细胞自身免疫损伤和一些未知异常造成的胰岛素拮抗。基因改变在两种发病机制中均起作用。I 型糖尿病为胰岛素绝对缺乏，II 型糖尿病为胰岛素拮抗而胰腺不能分泌足够的代偿性胰岛素。在诊断之前可能无临床症状，但高血糖已经导致组织的损伤。

预后：严重的高血糖可引起许多症状，包括多尿、多饮、消瘦以及视物模糊。威胁生命的急性并发症有高血糖合并酮症酸中毒或非酮症高渗状态；糖尿病患者更易合并感染。糖尿病长期并发症包括视网膜病变（导致失明）、肾脏病变（导致肾衰）、周围神经病变（患足部溃疡、截肢和 Charcot 关节炎的危险性增加）、自主神经病变（胃肠、性功能和膀胱功能障碍）、大血管粥样硬化的危险性明显增加（大血管并发症包括心肌梗死、

中风和周围血管疾病)。糖尿病本身对身体、心理和社会的影响以及强化治疗产生的问题都会影响到糖尿病病人和家庭。

目标:减缓糖尿病微血管并发症和神经病变的发生和进展,同时以最小的副作用(低血糖和体重增加)最大限度地提高病人的生活质量。

指标:生活质量、短期治疗的负担、长期临床并发症、治疗的利与弊。对治疗之前已经出现糖尿病并发症的病人,观察并发症的进展情况,并将疾病的进展按严重程度分级。例如,糖尿病视网膜病变分为19级,糖尿病肾脏病变分为正常白蛋白尿、微量白蛋白尿、白蛋白尿以及有无临床肾病。

方法:我们检索了Medline和Embase中关于糖尿病患者血糖控制影响的系统性综述,我们还综述了随后进行的相关随机对照试验(RCTs)的结果。

### 强化治疗与常规治疗对血糖控制的影响

一篇系统回顾性综述和对I型和II型糖尿病患者的后续RCTs研究发现,强化治疗较常规治疗能减低糖尿病微血管和神经并发症的发生和进展。强化治疗可引起低血糖和体重增加,但对病人的神经心理学功能和生活质量没有明显的消极影响。这些试验和其他前瞻性研究没有发现强化治疗对减少心血管病变的证据,但是可信区间较大,仍可能有临床意义。

#### 益处

微血管和神经并发症:一篇综述涉及16项小规模RCTs,比较了I型糖尿病强化治疗和常规治疗的影响,随访时间为8~60个月<sup>2</sup>。两项长期的RCTs重复并扩展了这些结果(本综述不包括英国前瞻性糖尿病研究的最新结果)。糖尿病控制和并发症研究(DCCT),包括1441名I型糖尿病患者<sup>3</sup>,随访6.5年,比较了强化治疗和常规治疗的影响。结果大约一半的病人没有视网膜病变,一半的病人有轻度视网膜病变。Kumamoto的研究比较了110例胰岛素治疗6年以上的II型糖尿病患者强化治疗和常规治疗的影响,结果见附表。视网膜病变、肾脏病变和神经病变相对危险性均减低。

心血管病变:在DCCT研究中,强化治疗可减少任何主要的大血管病变,发病率从每100病人年0.8降至0.5(相对危险性降低41%,95%可信区间为10%~68%)<sup>3</sup>。在Kumamoto的研究中,强化治疗组的脑血管、心血管和周围血管病变为常规治疗组的一半(0.6/100病人年比1.3/100病人年)。尽管在这些小规模临床研究中发病率低,但是没有统计学意义。<sup>4</sup>

#### 危害

低血糖:系统性综述中没有发现强化治疗中严重低血糖危险性的持续性变化,但是,RCTs研究中强化治疗引起的低血糖危险性有所增加。DCCT研究中,严重低血糖(需他人帮助)发生率为0.6/病人年,而常规治疗为0.2/病人年,平均每年每两个强化治疗的病人就要多发生1次严重的低血糖病变。在Kumamoto的研究中,低血糖发生率比较低,两组之间没有差别。6年中,强化治疗组6人、常规治疗组4人发生1次或1次以上的低血糖反应,没有昏迷、抽搐和需要他人帮助的低血糖反应。

神经心理障碍:系统性综述中未评价神经心理障碍<sup>2</sup>,但是综述中的斯德哥尔摩糖

尿病干预研究 (SIDS) 中, 102 例 I 型糖尿病患者 (包括非增生性视网膜病变、正常血清肌酐水平和未获良好血糖控制的患者), 治疗 7.5 年后, 比较了强化治疗和常规治疗对认知功能的影响。<sup>5</sup> 结果显示, 3 年后未发现与低血糖有关的认知功能障碍。<sup>6</sup> 在 DCCT 研究中, 强化治疗对病人的神经心理无影响。<sup>7</sup> 此外, 反复低血糖发作的病人与无反复低血糖发作的病人相比, 行为能力没有差别。

体重增加: 3 项 RCTs 研究发现, 强化治疗较常规治疗更易引起体重增加。在 SDIS 研究中, 常规治疗组体重保持稳定, 而强化治疗组体重增加 5.8% (未提供 95% 的可信区间,  $P < 0.01$ )。<sup>8</sup> 在 DDCT 研究中, 强化治疗使体重超过理想体重 120% 的危险性增加 33% (强化治疗组 12.7 例/100 病人年比常规治疗组 9.3 例/100 病人年); 5 年之后, 强化治疗组体重增加 4.6kg 的人数多于常规治疗组 (未提供体重数据 95% 的可信区间)<sup>3</sup>。在 Kumamoto 研究中, 从治疗开始到治疗 6 年的观察, 两组之间体重指数没有明显差异 (强化治疗组  $20.5 \sim 21.2 \text{ kg/m}^2$  比常规治疗组  $20.3 \sim 21.9 \text{ kg/m}^2$ )<sup>4</sup>。

生活质量: 只有 DCCT 研究观察了对生活质量的影响, 发现强化治疗并没有恶化病人的生活质量, 尽管糖尿病的护理、治疗更为严格<sup>9</sup>。严重低血糖的发生并不总是和心理压力增加有关, 糖尿病的症状和控制不良也增加病人的心理压力。在强化治疗的初级预防组, 反复发作的严重低血糖 (3 次或更多次导致昏迷或癫痫发作) 易导致可测定的心理压力的危险性增加。

#### 评价

所有试验都没有设计评估对大血管并发症的影响。主要的心血管病变不常见, 因为试验涉及的病人相对年轻, 随访时间相对短, 其结果对心血管病变影响的 95% 可信区间很宽。

## 第三章 病例报告

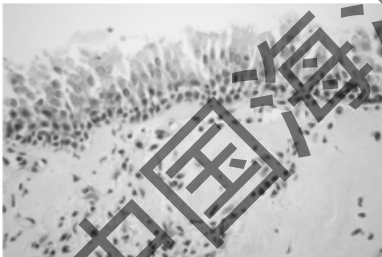
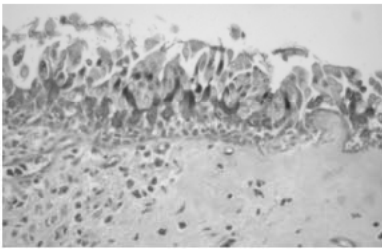
病例报告 (Case report) 又称个案报告, 是报道临床罕见病例或新发现病例的医学论文。病例报告对于认识临床上的少见病, 发现和掌握疾病诊治过程中的特殊性, 以及为进一步研究这类疾病提供临床资料都有一定的意义。病例报告可以是单一的病例, 也可以是一组病例。

撰写病例报告时, 应抓住所报道病例的特点, 找出该病例在临床症状、体征、诊断、治疗及预后方面的特殊性, 以便对该病进一步了解和研究。

### 3.1 病例报告的结构

病例报告通常由引言 (Introduction)、病史 (Case history)、评论或讨论 (Comment or Discussion) 等部分组成。有时, 病例报告还附有参考文献 (References)、图表 (Graphs and Illustration) 及图例 (Legends)。其中, 病史和讨论是论文的主体部分, 其他部分可视情况省略。下面以发表在《临床病理学杂志》(J Clin Pathol 2005; 58:1217-1218) 上的一篇病例报告为例, 介绍病例报告各部分的基本内容。

病例报告内容	内容说明
Mucinous metaplasia of the vulva in a case of lichen sclerosis: A case report	标题: 直接写出病名或使用的新方法及例数
E Rakha <sup>1</sup> , C Mayne <sup>2</sup> , L Brown <sup>1</sup>	作者姓名
Author Affiliations 1 Department of Histopathology, University Hospitals of Leicester, Leicester, LE1 5WW, UK 2 Department of Obstetrics and Gynaecology, University Hospitals of Leicester	作者单位
Correspondence to: Dr L Brown Department of Histopathology, University Hospitals of Leicester, Leicester, LE1 5WW, UK; laurence.brown@uhl-tr.nhs.uk	通讯作者地址

<p>Mucinous metaplasia of the genital area is a rare condition characterised by the emergence of mucin containing cells in stratified squamous epithelium. This report describes a unique case of benign mucinous metaplasia of the vulva associated with lichen sclerosis in a 60 year old woman. Histopathology revealed cervical type metaplasia with otherwise typical lichen sclerosis. This report discusses the pathogenesis and differential diagnosis of mucinous epithelium.</p>	<p>前言： 简要提示病例报告的主要内容，常用一般现在时</p>
<p>A 60 year old woman presented with a few months history of postcoital bleeding and pruritis vulvae. Physical examination revealed a white raw area 12 mm in diameter located on the left labium major and extending into the vaginal introitus. A biopsy was taken and histological examination showed lichen sclerosis. However, the most unusual aspect of this case was that the stratified squamous epithelium was replaced by a stratified epithelium, the superficial layers of which were represented by columnar cells with multivacuolated mucin containing cytoplasm. There was no nuclear atypia (fig 1). Mild acute inflammatory changes were also present, probably secondary to excoriation. Mucin laden cells in the epithelium stained violet with diastase periodic acid Schiff and Alcian blue at pH 2.5, indicating the presence of neutral and acid mucins (fig 2). These cells also stained positively for CA19.9, oestrogen receptor, and carcinoembryonic antigen. The cells also showed focal positivity for cytokeratin 7 and negative staining for cytokeratin 20, indicating endocervical type mucinous metaplasia.</p>  <p>Figure 1 Lichen sclerosis of the vulva with surface columnar epithelium (haematoxylin and eosin staining).</p>  <p>Figure 2 Mucin in the cytoplasm of the columnar cells (stained with Alcian blue/periodic acid Schiff with diastase).</p>	<p>病史介绍： 要清楚地交代病程的必要细节，包括病人的发病、发展、转归及随访的结果等；不照搬原始病历；不使用怀疑或推测性语句 应详细描述有特殊意义的症状、体征、检查结果、治疗方法。描述病史时，要交代清楚发病时间、主诉及病情经过 实验室检查及影像学检查通常只列阳性的和必要的阴性结果 病例介绍部分的句子通常使用一般过去时</p>



<p>DISCUSSION</p> <p>Mucinous cells are not a normal component of the skin. The differential diagnosis of mucin containing cells in the epidermis of the vulva includes the following: cutaneous in situ and invasive squamous cell carcinoma with mucinous metaplasia, extramammary Paget's disease,<sup>1</sup> mucinous syringometaplasia,<sup>2</sup> mucinous papulosis,<sup>3</sup> and epidermotropic metastasis. These must, in their turn, be distinguished from superficial spreading melanoma.</p> <p>Lichen sclerosis is a well recognised common inflammatory dermatosis of unknown aetiology, which affects both sexes, but is most commonly seen in the vulva in women of any age.<sup>4</sup> There seems to be a higher risk that lichen sclerosis may be associated with vulval carcinoma.<sup>5,6</sup> An association with mucinous metaplasia has not been reported to date.</p> <p>Genital mucinous metaplasia is an uncommon disorder. A case of mucinous metaplasia of the vulva<sup>7</sup> and vestibule and lower vagina,<sup>8</sup> in addition to a few cases of mucinous metaplasia of the prepuce<sup>9</sup> and glans penis,<sup>10</sup> have been reported. However, the histogenesis of mucinous metaplasia of the genital area remains unknown. It probably represents a non-specific reactive process. The association with lichen sclerosis is probably fortuitous or may be a further indication of longterm external damage or chronic inflammation.<sup>9,10</sup> The absence of nuclear atypia, preservation of nuclear polarity, confinement of mucin containing cells to the epidermis, the predominant location of the cells in the upper layers of the epithelium, and the fact that the mucinous cells replace squamous epithelium rather than infiltrating it distinguish this condition from extramammary Paget's disease.</p>	<p>讨论:</p> <p>讨论内容要与病例紧密联系,一般可围绕所报道的病例作出必要的说明,阐明作者的观点或提出新的看法,注重阐述病例中新的和有价值的发现,对该病的危害及预后进行分析,还可以从理论上作进一步的讨论;讨论中要有充足的论据,说明病例的罕见性和特殊性</p> <p>讨论中的谓语动词常用一般现在时</p>
<p>Footnotes</p> <p>The patient gave her informed consent for this case report to be published.</p>	<p>脚注</p>
<p>REFERENCES</p> <ol style="list-style-type: none"> <li>1. Banuls J, Ramon R, Silvestre JF, et al. Mucinous metaplasia of apocrine duct. <i>Am J Dermatopathol</i> 1998; 20:189-93.</li> <li>2. Bergman R, David R, Friedman-Birnbaum R, et al. Mucinous syringometaplasia. An immunohistochemical and ultrastructural study of a case. <i>Am J Dermatopathol</i> 1996; 18: 521-6.</li> <li>3. Mohanty SK, Arora R, Kakkar N, et al. Clear cell papulosis of the skin. <i>Ann Diagn Pathol</i> 2002; 6: 385-8.</li> <li>4. Fung MA, LeBoit PE. Light microscopic criteria for the diagnosis of early vulvar lichen sclerosis: a comparison with lichen planus. <i>Am J Surg Pathol</i> 1998; 22: 473-8.</li> </ol>	<p>参考文献:</p> <p>由于病例报告多为罕见的或新发现的疾病,参考文献相对较少,有的甚至没有,故多数期刊将此部分省略</p>

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9. Fang AW, Whittaker MA, Theaker JM. Mucinous metaplasia of the penis. Histopathology2002; 40: 177-9.

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3.2 病例报告的常用表达

3.2.1 前言部分的常用表达

引言部分要简短明了,重点介绍与报告相关的主要临床概念,说明病例的重要性及报道原因;若有必要,应引证最新的综述资料,并简明概括所涉及的资料内容。引言部分常用一般现在时。例如:

Thyrotoxic crisis (thyroid storm) is a life-threatening exacerbation of the hyperthyroid state leading to decompensation of one or more organ systems. Untreated thyroid storm is fatal, and the case fatality rate is still 21-30%. We report a patient with undiagnosed thyrotoxicosis who was initially treated for acute surgical abdomen.

甲状腺中毒危象危及生命,由甲状腺功能亢进加重而引起,可导致一个或多个器官系统代偿失调。若不治疗可引起死亡,死亡率在 21-30% 之间。本文报道一例误诊的甲状腺中毒危象,患者起初按急腹症治疗。

在引言部分常用以下表达方法:

本文报道/介绍一例……患者。	We report/present one patient with ...
本文报道一例(罕见)……病例。	We report one (rare) case of ...
……机制尚未完全查明。	... is not fully understood. ... remains controversial ...

例如:

We present a patient whose pain proved to be due to malignant disease and not to simple trochanteric bursitis.

本文报道一例病人，其疼痛是由恶性疾病而非单纯粗隆粘液囊炎引起的。

We report one case of Rossai-Dorfman disease, a rare benign disorder of uncertain etiology.

本文报道一例 Rossai-Dorfman 病，一种不明原因的罕见良性疾。

The pathogenic mechanism of aplastic disease is not fully understood/remains controversial.

发育不全的病理机制还未完全查明。

### 3.2.2 病史介绍的常用表达

病史介绍通常按照时间先后顺序排列，主要包括：病人现有体征和症状；既往史及相关家史；社会史，诸如吸烟、饮酒和吸食毒品等；服用过的药物；主要体检和化验结果；鉴别诊断或考虑诊断；最后诊断；治疗及治疗结果等。句子多用一般过去时。

病史介绍部分有以下常用表达方法：

#### (1) 描述症状体征 (Describing signs and symptoms) :

……因……而入院。	... was admitted with/for ...
病人主诉……	The patient complained of ...
体温升至/降至……	The temperature peaked/dropped to ...

例如：

The patient was admitted for hospitalization for “3 days after surgery for injuries in car accident, coupled with short breath and difficult respiration” .

病人因“车祸外伤术后近3天伴气促、呼吸困难”入院。

The patient complained of left waist pain for about 1 year.

病人主诉左腰疼痛，约1年。

At night, the temperature peaked to 39.8℃ .

病人夜间体温升至39.8℃。

#### (2) 描述体检结果 (Describing the results of examination) :

……显示正常/异常。	... was(were)/showed/revealed/appeared normal/abnormal.
……并无异常发现。	No abnormality was found on ...
……并不明显/显著。	... was (were) not remarkable/insignificant.

例如：

The right renal artery and branch arteries appeared normal without evidence of occlusion or stenosis from vascular disease.

右肾动脉及分支动脉显示正常，未见血管疾病引起的阻塞或狭窄。

No abnormality was found on lungs.  
双肺未见异常。  
Endoscopy showed abnormal changes.  
内窥镜检查显示异常改变。

(3) 描述诊断 (Describing diagnosis):

……诊断为…… (疾病)。	... was given the diagnosis of ... ... was diagnosed as having/suffering ...
---------------	---

例如：  
He was diagnosed as having heart attack.  
诊断为心脏病。

(4) 描述原因 (Describing causes):

……可能导致……。	... may induce/cause/lead to/bring about ...
……可能是……的原因。	... may be responsible/accountable for ...

例如：  
So, this is one factor that may induce acute myocardial infarction.  
因此，该因素可能是急性心肌梗塞的一个原因。

The findings from various physical examination performed showed that renal embolism may be responsible for this.  
体检结果表明肾栓塞可能是该病的主要原因。

(5) 描述治疗、进展与预后 (Describing treatment and improvement as well as prognosis):

做了…… (治疗)。	... was/were performed/given/adopted.
患者做了…… (治疗)。	The patient received/underwent ... The patient was treated with ... The patient was subjected to ...
……表明病情预后差/好。	... indicated a poor/promising outlook.

A right and left heart catheterization from a right axillary vein cutdown was performed.  
从右腋窝静脉切入做左右心导管术。  
She was subjected to insertion of permanent pacemaker.  
给她安装了永久性起搏器。  
The general conditions of the patient indicated a promising outlook.  
该病人一般情况表明预后良好。

### 3.2.3 病例讨论的常用表达

病例讨论要结合文中描述的病例进行，围绕所报道病例作必要的说明，并对今后的探讨方向提出展望。讨论要紧扣病例的特点、突出重点，阐明作者的观点或提出新的看法，要总结归纳本人在诊断治疗过程中的特殊经验和新观点。

此部分多用一般现在时。

(1) 得出结论 (Making conclusions):

从该病例中所得到的启发是……	One lesson of the case is ...
总之，……	In conclusion, ... To sum up, ... Therefore, ...

例如：

One lesson of this case is the need for a detailed history before intervention.

从该病例中得到的启发是干预前需要详细询问病史。

In conclusion, liver function should be assessed in any patient with unexpected acute pains in liver area.

总之，只要病人肝区有不明原因的急性疼痛，就得检查肝功能。

(2) 提出建议 (Giving suggestions):

应该强调，……	It is important to emphasize that ...
应当仔细观察任何……（症状）	Any ... should be carefully observed for ...

例如：

It is important to emphasize that the pain of angina may radiate widely.

应该强调的是心绞痛所致的放射痛范围可能很广泛。

After the operation, any hematoma or apparent false aneurysm should be carefully observed for septic complications.

手术后应该仔细观察血肿和明显的假动脉瘤以防脓毒性并发症。

#### Exercise 3.1

**Directions:** Translate the following case report into English:

#### 表现为腮腺肿块的 Rosai-Dorfman 病

Rosai-Dorfman 病（或称广泛性淋巴结性病窦性组织细胞增生症，SHML）是一种罕见的良性疾病，病因不明。1969 年，Rosai 和 Dorfman 首先对该病进行了描述。1972 年，他们又进一步报导了该病的临床及病理特征。该病典型的临床表现为年轻患者颈部

可见广泛性无痛性淋巴结病,并伴有身体不适、发热及体重减轻。43%的患者发生淋巴结外病变,最常累及皮肤、鼻腔及副鼻窦。该病在耳鼻喉科可有多种表现,但单纯唾液腺疾病较少见,因为大多数累及唾液腺的病人还有其他淋巴结外病变。

我们报导一例非典型 SHML 表现的患者,其特别重要之处在于细针抽吸检查提示恶变。这种不寻常表现在 SHML 患者细胞学标本中未见报导。

### 病例报告

患者,男性,71岁,因左侧面部肿胀来耳鼻喉门诊就诊。该患者数月来自觉左耳前区有一无痛性肿块,但上月肿块增大,来院就医。患者无其他相关症状,无吸烟史,无相关既往病史。体检发现左耳前区可触及约1.5cm的圆形活动肿块。腮腺导管及面神经功能均正常。我们认为该肿物极可能是多形性腺瘤,因而做了细针抽吸细胞学检查。随后CT扫描证实左侧腮腺浅叶有一边界清楚的实性肿块,颈部增强CT扫描表明无肿大淋巴结。常规全血细胞计数、血清电解质检查及肝功能均在正常范围。患者行浅叶腮腺切除术,标本送组织学检查。

### 讨论

SHML于1969年被确认为临床病理疾病,美国耶鲁大学最早记录此病。随后,世界各地都有报导。至1990年,报导的病人数已达423例,发病年龄从先天性到74岁不等,平均20.6岁。白人与黑人的发病率相同(均为43.6%),东方人种发病率为4.6%,其他人种的发病率为8.3%。男性约占58%,女性约占42%。

97%的患者症状为3到9个月的颈部双侧无痛性淋巴结病,累及腋窝及会阴淋巴结的患者分别为38%和44%,而患有纵隔及肺门淋巴结炎的达40%。43%的患者至少累及一处淋巴结外组织,75%的患者发生在头颈部,最常见部位有眼眶、鼻腔及副鼻窦。在耶鲁医学院的记录中,22位患者表现为一侧大唾液腺受累,但不能肯定这些患者究竟是患唾液腺内淋巴结病,还是患淋巴结外病。头颈部淋巴结外SHML患者最常见的症状有鼻塞、鼻炎及鼻衄。虽然SHML常发于头颈部,但也有累及皮肤、骨、肾及中枢神经系统等部位的报导。

SHML的病因尚不明确,已进行过大量研究以探寻其感染因素,尤其是病毒因素。有人提出可能与人体疱疹病毒6有关,其次与EB病毒有关,但尚待确认。

本文所报导的患者表现为边界清楚的腮腺肿块,临床提示为原发性唾液腺瘤。临床检查及放射检查发现颈部无肿大淋巴结,也未发现远距离转移。细针抽吸检查发现胞浆丰富、细胞学非典型核、局灶性特征核并偶尔发现有丝分裂象,疑为恶性肿瘤。由于临床上疑为原发性腮腺病变,而且细针抽吸发现为非典型细胞,故行肿块切除术。对组织细胞进行详细的细胞学检查,发现与细针抽吸标本所鉴定到核细胞学特征极其相似,也偶尔伴有有丝分裂象。SHML组织细胞内多核不典型性表现以前未见报导,而且在本病例的细针抽吸标本检查中发现有恶变的可能。结合已取得组织学明确诊断的FNA标本细胞学表现,表明像先前报导的一例那样,该病与组织学表现有明显的相关性。

大部分SAML患者发病前一般都有潜伏期,且似乎都经历一个完全缓解期。出于诊断目的,大部分病人需行淋巴结切除或组织活检,但即使肿块危及生命或器官功能,极

少做更大范围的处理。尽管最近对 1 例患者使用甲氨喋呤和 6- 巯基嘌呤治疗大获成功，但曾在某些病例中试用过的包括皮质类固醇类在内的化疗及放疗效果却均不见佳。本文报导的患者初诊后四个月均仍健在，但未做任何进一步治疗。

SHML 比较罕见，常常累及头颈部，但极少的情况下也表现为类似原发性唾液腺肿瘤的局限性疾病。疑为 SHMK 患者的 FNA 标本，起初可能由于细胞学上非典型组织细胞的内容物和有丝分裂象而导致误诊。有必要结合异常的临床表现及可疑的细胞学表现做病理切除，进行组织学检查以明确诊断。

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## 第四章 住院病历

住院病历 (Inpatient medical records) 是医院诊疗工作的科学记录, 是临床科研的基本资料。病历书写必须及时规范, 内容全面准确, 能满足病人诊疗工作及临床科研需要。英文住院病历没有统一格式, 但基本内容大致相同, 主要包括: 个人基本信息、主诉、现病史、既往史、系统回顾、个人史、家族史、体格检查、实验室及器械检查、摘要、诊断、病程记录及出院小结等。

### 4.1 病人基本信息

#### 4.1.1 病人基本信息

病人基本信息 (Personal information/Biographical date), 也称病人身份 (Identification), 主要包括以下内容:

Name	姓名
Sex	性别
Age	年龄
Occupation	职业
Date of birth	出生日期
Marriage/Marital status	婚姻
Race/Nationality	民族
Place of birth/Birth place	籍贯
Identification No./Code of ID card No.	身份证号码
Department of work and TEL. No./Unit and Business phone No.	工作单位及电话
Home address and phone No.	家庭住址及电话
Post code	邮政编码
Person to notify/Correspondent and phone No.	联系人及电话
Source/Complainer/Offerer/Supplier/Provider of history	病史陈述者
Reliability of history	病史可靠程度
Medical security/Type of payment	医疗费用
Type of admission/Patient condition	住院类别 (入院时病情)
Medical record No.	病历号
Clinic diagnosis	门诊诊断
Date of admission/Admission date	入院日期



Date of record

记录日期

#### 4.1.2 常用表达方法

(1) 表示年龄 (以 36 岁为例)。例如 :

36 years old (y/o)

age 36

36-year-old

the age of 36

36 years of age

(2) 表示性别。例如 :

Male, ♂

男性

Female, ♀

女性

(3) 表示职业。例如 :

Worker

工人

Retired worker

退休工人

Farmer/Peasant

农民

Leader/Cadre

干部

Administrative personnel/Staff

行政人员

Staff member

职员

Trader/Businessman

商人

Teacher

教师

Student

学生

Doctor

医生

Pharmacist

药剂师

Nurse

护士

Soldier

军人

Policeman

警察

Engineer

工程师

Technician

技术员

Housekeeper

家政人员

Housewife

家庭主妇

Assistant

营业员

Attendant

服务员

Conductor

售票员

(4) 表示民族、国籍。例如 :

Han

汉

Hui

回

Meng

蒙

Tibetan	藏
American	美国人
Japanese	日本人
Britisher	英国人
(5) 表示医疗费用来源。例如：	
Self pay/Individual medical care	自费
Government insurance/Public medical care Insurance	公费 保险
Local insurance	本地医保
Non-local insurance	外地医保
Labor protection care	劳保
(6) 表示婚姻状况。例如：	
Married	已婚
Single/Unmarried	未婚
Divorced	离婚
Widow	寡妇
Widower	鳏夫
(7) 表示病史可靠程度。例如：	
Reliable	可靠
Unreliable	不可靠
Not entirely	不完全可靠
Unobtainable	无法获得
(8) 表示住址	
按从小到大的顺序书写, 例如：	
NO.3, Qingchun Road, Hangzhou, Zhejiang	浙江省杭州市庆春路 3 号
(9) 表示病史陈述者	
Patient himself/herself	患者本人
Her husband	患者的丈夫
His wife	患者的妻子
Patient's colleague	患者的同事
Patient's neighbor	患者的邻居
Patient's Kin (mother; son; daughter; brother; sister)	患者的亲属 (父亲、母亲、儿子、 女儿、兄弟、姐妹)
Taximan	出租车司机
Traffic police	交通警察
(10) 表示日期 (以 2012 年 10 月 1 日为例)	
10-1-2002(10/1/2002; Oct.1, 2002; Oct.1st, 2002): (美国)	

1-10-2002(1/10/2002; 1 Oct.,2002; 1st of Oct.,2002): (英国)

(11) 表示住院类别

Emergent/Emergency call	急诊
Urgent	危重
Elective/General	一般(普通)

(12) 表示入院时病情

Stable	稳定
Unstable	不稳定
Relative stable	相对稳定
Critical/Imminent	危重
Fair/General	一般

## 4.2 主诉

主诉(Chief Complaint, C. C.)是指病人诉说的主要症状或其他就诊的主要原因,包括就诊症状、发病时间、持续时间等内容。主诉是住院病历中第一项内容,需精炼准确。语言表达应使用普通词汇和常见的疾病症状名词,可以用病人描述症状的原句记录病人的症状。主诉一般由症状和持续时间两部分构成,常用简单句和省略句,不使用人物称谓和 a, the 等冠词。

例如,病人主诉“Patient has had chills after dinner since last evening”,可简写为“Chills since last evening”。同样,“胃肿胀已4个月”可记录为“C.C.: Swelling of the stomach for 4 months”;“2、3个月来,一工作就感觉呼吸困难和眩晕”可写为“For 2 or 3 months, dyspnea and dizziness on work”。

### 4.2.1 主诉常用词汇

(1) 表示症状: headache(头疼), fever(发烧), rigor(寒战), chill(畏寒), insomnia(失眠), stomachache(胃疼), dyspepsia(消化不良), no appetite(食欲不振), pain in the abdomen(腹痛), diarrhea(腹泻), nausea(恶心), vomiting(呕吐), dysuria(排尿困难), constipation(便秘), dyspnea(呼吸困难), cough(咳嗽), difficulty in coughing up sputum(咳痰困难), sore throat(咽喉疼痛), dizziness or vertigo(头晕或眩晕), weakness(虚弱), disability(无力), palpitation(心悸、心慌), restlessness(躁动不安)。

(2) 表示症状性质: intermittent(阵发性的), persistent(持续性的), recurrent(反复发作的), periodic(周期性的)。

### 4.2.2 主诉常用表达

(1) 表示症状及持续时间:

① 症状 + for + 时间。例如:

Chest pain for 3 hours.(胸痛3小时。)

Sore throat for 3 days. (咽痛 3 天。)

② 症状 + of + 时间 + duration。例如：

Nausea and vomiting of three day's duration. (恶心呕吐 3 天。)

Low fever of 2~3 months' duration. (低热 2~3 个月。)

③ 症状 + 时间 + in duration。例如：

Stomachache 1 month in duration. (胃疼 1 个月。)

Headache with nausea and vomiting 2 months in duration. (头疼伴恶心呕吐 2 个月。)

④ 症状 + since + 时间。例如：

Coughing and fever since last week. (咳嗽、发烧 1 周。)

⑤ 时间 + of + 症状。例如：

Two-day history of fever. (发热 2 天。)

(2) 表示症状程度、频度、时间：

night sweat, coughing severe at night, easily agitated, increasing abdominal pain 等。

#### 4.2.3 主诉范例

例 1：

The patient is an 80-year-old female with a history of hypertension and diabetes, who was admitted to the hospital with a chief complaint of "chest pain while walking up the stairs yesterday afternoon".

例 2：

A 56-year-old male with a history of ulcerative colitis complains of "3 months of worsening back stiffness, 2 weeks of a sore on leg and 3 days of fevers and bloody, painless diarrhea".

### 4.3 现病史

现病史 (Present illness, P. I./ History of present illness, H.P. I.) 主要记载当前疾病的发生时间、经过、发病方式、可能病因与诱因、严重程度、发作频率、进展情况、治疗情况等。

#### 4.3.1 现病史部分的时态特点

现病史部分多用陈述句，应根据表述内容的使用不同的时态。

(1) 一般过去时：描述起病及就诊情况。例如：

The patient felt fatigue and nausea three days ago without any obvious inducing factors. So the patient came to our hospital and was accepted as "chronic hepatitis B".

(2) 一般现在时：表达病人的“一般情况”。例如：

Since onset, her appetite is not good, and both her spiritedness and physical energy are bad. Defecation and urination are normal.

(3) 现在完成时：强调“疾病一直持续至今”。例如：

He has suffered from DM for five years.

(4) 过去完成时：表示“以前有但是现在未再出现”的症状或疾病。例如：

He had suffered from abdominal pain for one week by March 8th. Two weeks prior to this admission, he had an episode of abdominal pain that lasted one week.

#### 4.3.2 现病史部分常用词汇：

##### (1) 常用的名词

起病，发病：attack, onset, episode, seizure, spell, bout

疾病变化：aggravation, exacerbation, abatement, appearance, disappearance, improvement, progress, recurrence, relapse, worsening

相关：relation, correlation, association, coincidence

##### (2) 常用的动词

起病，发病：appear, develop, start, begin with, occur, be present

疾病变化：disappear, abate, relieve, improve, better, worsen, aggravate, exacerbate, subside, persist, decrease, decline

与……有关、并发、出现顺序：relate, associate, accompany, precede, follow, coincide

##### (3) 常用的形容词

slow, chronic, gradual, fulminant, explosive, acute, sub-acute, occasional, accidental, frequent, recurrent, persistent, moderate, medium-degree, serious, severe, bearable, unbearable, local, generalized, apparent, clear, obvious, definite, indistinct, insidious, symptomatic, unsymptomatic, febrile, afebrile

##### (4) 常用的副词

slowly, gradually, increasingly, suddenly, abruptly, occasionally, accidentally, often, frequently, persistently, intermittently

#### 4.3.3 现病史部分常用表达

##### (1) 表示“有……症状”：

suffer from ...

have an attack of ...

start having ...

begin having ...

begin to feel ...

have a feeling of ...

complain (of) ...

##### (2) 表示“与……有关”：

be associated with ...

have relation to ...

have correlation with ...

make relation to ...

(3) 表示病情变化

① 症状加重 : become worse after ...

become more severe with ...

take a bad turn

take a turn for the worse

be exacerbated ...

be aggravated

increase in severity

② 症状减轻 : relieve

alleviate

reduce

diminish

ease

lighten

mitigate

③ 症状好转 : take a favorable turn

take a turn for the better

improve

make favorable progress

turn for the better

change for the better

be better

④ 症状消失 : disappear

subside

regress

clear up

vanish

dissolve

die (fade) away

⑤ 症状伴有 : be accompanied by

⑥ 症状无变化 : remain the same as

continue without change

be similar

resemble

be identical

be alike

(4) 表示起病方式：

急性腹痛	acute abdominal pain
慢性低热	chronic lower fever
暴发性疾病	the onset was fulminating
骤起胸痛	an explosive onset of chest pain
突然起病伴高热	the onset was sudden with high fever
突发突止	attacks began and ended abruptly
因……而突然起病	the attack is precipitated by ...
很快发生晕厥	syncope occurred rapidly
逐渐出现咳嗽咳痰	gradual onset of cough and sputum
反复胸闷心悸	recurrent/bouts of chest discomfort and palpitation
一过性发作	transitory attack
连续胸痛	chest pain continually
时好时坏	hang in the balance
不停地咳嗽	have a fit of cough
发作性呼吸困难	paroxysmal short of breath
频繁咳嗽	cough frequently/very often
频发胸痛	frequent episodes of chest pain

(5) 表示体温及血压变化：

升至	rise/go up to ...
已升至	have risen/gone up to ...
从……升至……	go up from ... to ...
迅速下降	fall/decline, abate abruptly
骤降(升)	drop/elevate suddenly
渐降(升)	fall/elevate gradually
逐日下降	be/become lower day by day
开始降低	begin to remit
降至正常	drop/be reduced to normal
已降至	have gone down/dropped to
回复到正常	return/revert to normal
由……降/升至……	fall/elevate from ... to ...
维持在……水平	maintain at a level of ...
稳定在……	stabilize at ...
热退了	fever disappears ...
不超过	do not go up over/exceed ...
在……和……之间波动	fluctuate/vary between ... and ...
在……和……范围内变化	range from ... to ...

#### 4.3.4 现病史部分常用句型

(1) 名词 attack, episode, onset, seizure, bout, spell 等作主语 + occur/appear/follow。例如：

The most recent episode occurred approximately two months ago.

(2) 使用被动语态。例如：

The patient was admitted and placed on fluid rehydration and mineral supplement.

(3) There be + 症状 / 疾病。例如：

There is a gradual (sudden) onset of edema.

#### 4.3.5 现病史范例

A 63-year-old male presents complaining of breathlessness for the past three days. Cardiac history is positive for a myocardial infarction three years ago followed by four-vessel coronary artery bypass graft (CABG). The patient has been asymptomatic since surgery with no complaints of chest pain.

Three months after CABG, the patient noted onset of shortness of breath while unloading groceries, walking stairs, and other strenuous ADLs (activities of daily living).

Two weeks ago, he was unable to complete his daily one-mile walk at the high school track. He noted swelling in his feet and ankles. Recent four days, he woke at 2 am with short of breath and had to sleep in his recliner the rest of the night. He has been unable to lay flat in bed at night since then and has slept on 3 pillows. Yesterday, he became breathless walking from one room to another. He presents today with extreme shortness of breath. He denies chest pain.

本例中，前两段用一般现在时记录病人在询问病史时的状态，第三段用了一般过去时表达来医院前的情况，最后又用了一般现在时表示现在的状况。

### 4.4 既往史

既往史 (Past history, P. H.) 又称过去病史，即就医时医生向患者询问的患者既往健康状况和过去曾经患过的疾病及治疗等情况。既往史记录的主要内容包括曾患疾病、传染病史、过敏史、外伤、手术 (时间、医院、病理结果、成功与否)、住院情况等；同时对居住和生活的地区的主要传染病、地方病等均须详细询问。记录顺序一般按时间先后排列。既往史中的动词一般用过去式，但发生在过去某一定时间以前的，通常用过去完成时。既往史常用不连贯或不完整的英语表达。

#### 4.4.1 既往史常用表达

在……前一直健康	... had enjoyed good health until ...
	... had been sound/well/healthy until ...
曾患……	... had suffered from ...
易患……	... be liable/subject/apt to ...



曾因……而住院	... tend to ...
否认……史	... be hospitalized for .../be admitted to hospital for ...
	... denied any history of/ had no related history of ...
	... denied experiencing/having attack of ...
无……史	No history of .../No related history of ...
有（无）……过敏史	... have a (no) history of allergy to ...
被诊断患有……	... was diagnosed as having ...
出院	... was discharged/dismissed from hospital/... was out of hospital ...

#### 4.4.2 既往史范例

例 1 :

Past history:

The patient was healthy before.

No history of infective diseases. No allergy history of food and drugs.

Operative history: never undergoing any operation.

Infectious history: No history of severe infectious disease.

Allergic history: He was not allergic to penicillin or sulfamide.

Respiratory system: No history of respiratory disease.

Circulatory system: No history of precordial pain.

Alimentary system: No history of regurgitation.

Genitourinary system: No history of genitourinary disease.

Hematopoietic system: No history of anemia and mucocutaneous bleeding.

Endocrine system: No acromegaly. No excessive sweats.

Kinetic system: No history of confinement of limbs.

Neural system: No history of headache or dizziness.

例 2 :

Past medical history: Negative for major medical problems. The patient has a history of ventricular septal defect and murmur. She also has had bilateral club feet, treated by Dr. Shannon with multiple orthopedic procedures.

### 4.5 个人史

个人史 (Personal history, Per. H.) 主要记录病人的生活史, 包括生活习惯、职业与工作情况、嗜好 (如吸烟、饮酒等) 等; 女性还应记录婚育和月经情况。个人史多用陈述句表述, 有时也用省略句。句中常用一般现在时, 一般过去时和过去完成时。

#### 4.5.1 常用词汇及句型

(1) 表示生活习惯

have a habit of ...

have a long history of smoking

smoke (10 cigarettes, a pack, two packs ...) a day

a heavy smoker of no less than a pack a day

a two-pack-a-day smoker

admitted to ... (drinking, smoking, etc.)

like/enjoy/have a taste of drinking

started smoking at the age of ... and had smoked ever since

drink only occasionally and in moderation

be indulged in drinking

drink often and to excess

have no habit of smoking and drinking

be not particular about food

have no likes or dislikes in food

like/prefer hot (cold, salty, sweet, pungent) food

have a habit of eating between meals

prefer heavy tea/strong coffee

have the habit of getting up early

tend to go to bed/stay up late

(2) 表示兴趣、爱好

have no special interests or hobbies

be fond of/be interested in ...

(3) 表示职业

... work as ...

... be employed as ...

... serve as ...

(once) worked as ...

(4) 表示婚姻史 (Marital history)、生育史 (Childbearing history)、月经史 (Menstrual history)

single/unmarried/married/divorced/widowed

Sexual life is harmonious (disordered).

The relation of husband and wife is amicable (hostile).

consanguineous (nonconsanguineous) marriage

nulligravida

primipara

multipara/pluripara

times of induced abortion

times of spontaneous abortion  
miscarriage (abortion)  
dead fetus  
caesarean birth (be born by caesarean section)  
have been married for ...  
have no history of abortion or premature births  
be/become pregnant through inadequate contraception  
be unable to have children  
have no children  
practice birth control/family planning  
contraceptive operation  
be delivered normally and spontaneously (spontaneous labor)  
forceps delivery (be delivered by forceps)  
antepartum (postpartum) eclampsia  
age of menarche  
menstrual cycle  
menstrual period  
last menstrual period (LMP)  
age of menostasis  
profuse leucorrhea (whites)  
menorrhagia (hypermenorrhea, menometrorrhagia)  
polymenorrhea  
oligomenorrhea  
menoxenia (irregular menses, menstrual disorder)  
eumenorrhea (regular menses)  
premenstrual edema  
premenstrual pain  
mild (moderate, heavy) menstrual blood  
dysmenorrheal (pain during the flow)

#### 4.5.2 个人史常用表达

(1) 表示吸烟。例如：

History revealed that he started smoking 10 years before, at the age of 23, and has smoked ever since. At first he smoked only a few cigarettes a day but gradually increased this to three-fourths of a package per day, his present rate.

He now smokes an average of 2 packages of cigarettes daily and has averaged this amount for the past 7 years.

(2) 表示饮酒。例如：

The patient admitted to excessive use of alcohol for years with a grossly inadequate diet. He customarily consumed up to 2 bottles of beer a day on weekends but denied long period of alcoholic excess or the daily use of alcohol.

(3) 表示饮食。例如：

The boy never ate any fresh fruits or vegetables and did not like milk.

She took supplemental multivitamins daily and used a variety of mouthwashes.

(4) 表示工作。例如：

The patient's occupation (for more than five years) necessitated his breathing acid fumes.

His complaints persisted, and he was unable to resume his regular work.

(5) 表示分娩。例如：

The history relative to her pregnancy suggested that she was in her 5th month of gestation (pregnancy).

She is a 30-year-old primigravida with long-standing sterility (infertility).

(6) 表示其他(卫生、习惯等)。例如：

He spent 3 months visiting Taipei in early 2000 and denied travel outside of Taiwan after that time.

The house was located in a river valley and, therefore, was in a damp, foggy area.

The families of both parents were long residents in the same rural area in Taitung prefecture.

He was born in a small village of illiterate and primitive parents.

The family had a sick kitten and also kept dogs at the time of the present illness.

He preferred the supine position partially rotated to the right side.

The patient stated that he was in the habit of spending a great deal of time at the beach during the summer.

She lacked outside interests and was apathetic.

His interests and activities centered mainly on his job.

The patient is not in a good term with his boss.

His income was somewhat above the average for the area in which he lived, and he was well satisfied with his present occupation.

#### 4.5.3 个人史范例

例 1：

Born and grow up in Shandong. No history of excessive alcohol and tobacco use. No drug allergic history. No exposure history to epidemic areas of infectious disease.

例 2：

The patient lives at home with her boyfriend. The patient does not work. She has no children. She admitted to tobacco use one pack per day for about 8 years. She admitted

to alcohol. She only admitted to 40 ounce of beer a day. She denied IVDA (Intra Venous Drug Abuser).

## 4.6 家族史

家族史 (Family history, F.H.) 主要记录与病人关系密切的家庭成员的健康及疾病情况, 应特别询问是否与患者有同样的疾病, 这对于正确诊断患者疾病有着非常重要的意义。对已故直系亲属也要问明死亡原因、年龄、生前的健康和疾病情况。书写家族史时, 可使用完整的句子, 也常用省略句。

### 4.6.1 常用表达方式

#### (1) 家族有……病:

He is the only member of a family of 5 have ... disease.

Family history showed ... symptoms in a maternal cousin.

#### (2) 家族有……倾向:

There was a strong family history of ...; 6 members of the present generation were affected.

There was a high incidence of ... in the family.

There is a familial tendency to ...

There is a hereditary tendency to ... in family

... tend to ...;

... have a tendency to ...;

... have an inclination of ...;

... be inclined;

... be disposed to ...

#### (3) 家族无……病:

There is no family history of ...

The family history did not reveal the occurrence of any ...

#### (4) 家族史无异常:

Family history was allegedly not remarkable.

His family history was irrelevant to the present illness.

Her family history was no contributory.

There is nothing important in his direct or collateral hereditary antecedents.

#### (5) 健康: be in good health; be healthy; be living and well

不健康: have a bad health; be unhealthy

His farther is well with no evidence of illness.

His grandfather, 87, is still hale and healthy.

#### (6) 因……而死:

His father's death was coincidental with the patient's illness.

His eldest brother died of pneumonia at the age of 28 in the preantibiotic era.

(7) (未) 曾接触过……病人

The patient has a (no) history of intimate contact with ...

#### 4.6.2 家族史范例

例 1 :

She has no family history of cardiovascular, respiratory and gastrointestinal diseases.

例 2 :

Mother died of lung cancer, a sister of tuberculosis, otherwise negative.

例 3 :

Father died of heart attack at the age of 60.

例 4 :

Family history was negative.

### 4.7 过敏史

过敏史 (Allergies) 主要记录对哪种药物或哪些药物或物质过敏。本部分内容有时列在既往史中, 但为引起注意, 也常单独列为一项。多用简单句和省略句。

#### 4.7.1 常用词汇和表达方式

过敏	allergy, hypersensitivity
过敏的	allergic, hypersensitive
敏感	sensitivity, sensibility
敏感的	sensitive, sensible
过敏反应	allergic reaction
对……过敏	be allergic to
对……敏感	be sensible to
对……有(无)过敏史	have a (no) history of allergy to ... have no history of ... sensibility
具有过敏体质	have an allergic diathesis
对用过的药物无过敏反应	have no allergic reactions to any drugs
对……过敏	show sensibility to ...

#### 4.7.2 过敏史范例

例 1 :

Allergies: NKDA (No known drug allergies)

例 2 :

Allergies: She is allergic to codeine.

例 3 :

Allergies: Sulfa medications give the patient a rash.

例 4 :

He had no history of penicillin sensibility; however, he once noted petechiae after taking aspirin.

例 5 :

No asthma, hives or any idiosyncrasy to foods.

## 4.8 系统回顾

系统回顾 (System review/Review of systems) 主要记录对各系统疾病与症状的回顾, 以发现与现病症有关的线索和证据。书写时应避免面面俱到, 只记录有价值的症状和体征, 其余可省略。本部分常用省略句, 也可用陈述句。

### 4.8.1 常用词汇和表达方式

#### (1) 呼吸系统 (Respiratory system) :

咳嗽	cough
咳痰	sputum
咳痰	hemoptysis
呼吸困难	short of breath
哮喘	wheezing
胸痛	chest pain
盗汗	night sweating
发热 fever	

#### (2) 循环系统 (Circulatory system) :

心悸	palpitation
胸痛	chest pain
活动后气促	dyspnea on exertion
咯血	hemoptysis
水肿	edema
晕厥	syncope
头晕	dizziness

#### (3) 消化系统 (Digestive system) :

嗝气	belching
返酸	sour regurgitation
腹胀	abdominal distention
腹痛	abdominal pain

腹泻	diarrhea
恶心和呕吐	nausea and vomiting
呕血	hematemesis
黑便	melena
便血	hematochezia
黄疸	jaundice

## (4) 泌尿系统 (Urinary system) :

排尿困难	dysuria
尿频	frequent micturition
尿急	urgent micturition
尿痛	urodynia
血尿	hematuria
夜尿	nocturia
多尿	polyuria
少尿	oliguria
腰痛	lumbago
面部水肿	facial edema

## (5) 造血系统 (Hematopoietic system) :

牙龈出血	gingival bleeding
皮下出血	subcutaneous hemorrhage
骨痛	ostealgia
鼻衄	epistaxis

## (6) 代谢及内分泌系统 (Metabolic and endocrine system) :

心悸	palpitation
怕热	heat intolerance
畏寒	cold intolerance
多汗	hyperhidrosis/excessive sweating
烦渴	polydipsia
手抖	hand tremble
消瘦	marasmus/emaciation
肥胖	obesity
食欲亢进	excessive appetite
食欲减退	anorexia
多毛	hirsutism
毛发脱落	hair losing
色素沉淀	pigmentation
性功能改变	change of sexual function



闭经 amenorrhea

(7) 神经系统 (Nervous system):

头痛 headache

晕厥 coma

头晕和眩晕 dizziness and vertigo

失眠 insomnia

偏瘫 hemiplegia

瘫痪 paralysis

失语 aphasia

记忆力减退 degeneration of memory

视力障碍 visual disturbance

意识障碍 disturbance of consciousness

颤动 tremor

抽搐 spasm

感觉异常 paresthesia

(8) 肌肉骨骼系统 (Musculoskeletal system):

游走性关节痛 floating arthralgia

关节痛 arthralgia

关节红肿 swelling of joints

关节变形 joint deformity

肌肉痛 myalgia

肌肉萎缩 atrophy of muscle

4.8.2 系统回顾范例

例 1:

She has had no headache, fever, chills, diarrhea, chest pain, palpitations, dyspnea, cough, hemoptysis, dysuria, hematuria or ankle edema.

例 2:

He denies nausea and vomiting, fever or chills, shortness of breath, cough, chest pain, abdominal pain or urinary symptoms.

例 3:

Review of systems was positive only for constipation and mild peripheral edema.

4.9 查体

查体 (Physical examination, P. E.) 是诊断过程中必不可少的步骤。在问诊的基础上, 医生通过视诊 (inspection)、听诊 (auscultation)、触诊 (palpation) 和叩诊 (percussion) 找出与病人疾病有关的体征, 帮助作出正确的诊断。记录查体所见也是病历的一个重要

部分,涉及到身体的各个系统。记录体检结果,不一定面面俱到,应尽量做到有针对性、有重点。体检记录常用短语,有时用陈述句,有些内容仅记录数据即可。

#### 4.9.1 查体主要内容及常用表达:

(1) 一般资料 (Physical data), 亦称生理体征 (Physical signs), 主要包括以下各项。

① 体温 (Temperature, 常略作 T), 分为口温 (Oral temperature)、腋温 (Axillary temperature) 和肛温 (Rectal temperature), 用摄氏或华氏度数表示。例如:

T 37°C. The temperature is 37°C taken by mouth (axilla, rectum).

② 脉搏 (Pulse, 略作 P)。例如:

P 75 / min.

Pulse : 75 per minute.

记录脉搏的力量、节律等, 常用 regular, irregular, slow, rapid, full, weak, feeble, small, thready, somewhat accelerated 等词。

③ 心率 (Heart rate, 略作 HR)。例如:

HR 80/min.

Heart rate: 80 per minute.

④ 呼吸: (Respiration, Respiratory rate, 略作 R)。例如:

Respiration: 33 per minute (/min.)

Respiratory rate of 33 per minute.

常用表达:

规则 (不规则) 呼吸

regular (irregular) breathing

呼吸均匀

eupnea

气喘

panting

呼吸困难

difficult breathing, breathless, dyspnea

呼吸急促

rapid breathing, short of breath, tachypnea

呼吸费力

labored breathing

呼吸缓慢

slow breathing, bradypnea

呼吸停止 (中断)

pausal (interrupted) breathing

呼吸骤停

breath arrest

鼻翼呼吸

nasal alar breathing

张口呼吸

mouth breathing, buccal breathing

胸 (腹) 式呼吸

thoracic (abdominal) breathing

周期性呼吸

periodic respiration

陈一施 (潮式) 呼吸

Cheyne-Stokes (tidal) respiration

间歇呼吸

Biot's breathing

叹息样 (胎儿、鼾样) 呼吸 sighing (fetal, stertorous) respiration

⑤ 血压 (Blood pressure, 略作 BP)。例如:

BP 16/10.5 kpa ; BP 150/95 mm Hg

Blood pressure 150/95 mm Hg

BP 13 systolic and diastolic

常用表达：

收缩（舒张）压	systolic (diastolic) blood pressure
测量血压	take (measure, check) BP
坐（卧）位血压	sitting (lying) BP
无创（有创）血压	non-invasive (invasive) BP
脉压	pulse pressure
血压测不出	BP is unavailable (unobtainable).
左臂（右臂）血压	BP in left (right) arm
双下肢血压	BP in both lower limbs
袖带	cuff

⑥ 身高（Height, 略作 Ht.）。例如：

Ht. 175 cm

⑦ 体重（Body weight, 略作 B. W. 或 Wt.）。例如：

Wt 80kg

(2) 一般情况或全身状态（General appearance, General）。

① 身材（Stature）和体位（Position）：

身躯高大	tall of stature
身材矮小	short stature
体型	habitus
肥胖	fat, obese, overweight
瘦小的	thin, lean, underweight, slim, slight
丰满的	plump
肌肉发达的	muscular
身材匀称	of proportional build
身材壮实的	of strong build
膀阔腰圆	husky
大腹便便	potbelly, big-bellied
自动（被动，强迫）体位	active (passive, compulsive) position
仰（俯，侧）卧位	supine/dorsal (prone, lateral side) position
半卧位	semi-reclining (semi-recumbent) position
站立位	standing, upright, erect position
端坐位	orthopnea position
坐位	sitting
蜷腿位	coiled position
胸膝位	knee-chest position

膝肘位	knee-elbow position
角弓反张位	opisthotonus position
强迫蹲位	compulsive squatting
辗转体位	alternative position
敏捷	alert
痉挛	spastic
不稳	unsteady, unstable
蹒跚	stagger
② 姿势 (Posture) 和步态 (Gait):	
共济失调步态	ataxic (incoordination) gait
剪刀步态	scissors gait
慌张步态	festinating gait
跨域步态	steppage gait
摇摆步态	swaying gait
蹒跚步态	reeling (staggering, waddling) gait
闭目难立症	Romberg's sign
间歇性跛行	intermittent claudication
③ 体格 (Physique) 与发育状况 (Physical development):	
发育良好	well-developed
发育不良	poorly-developed
发育欠佳	under-developed
发育不全	hypoplasia
超重	overweight
纤弱	delicate
虚弱	weak
④ 面色 (Complexion) 与面容 (Facial features)	
苍白	pale, pallid, pallor
病黄色	sallow, sallow-complexioned
倦怠	sluggish
淡漠	dull appearance
呈病态面容	look ill, have an ill look
满月脸	full-moon/moonlike facies
病危面容	critical facies
濒死面容	hippocratic facies
苦笑面容	sardonic facies
贫血面容	anemic facies
肾病 (肝病) 面容	nephrotic (hepatic) facies

二尖瓣（伤寒）面容	mitral (typhoid) facies
肢端肥大症面容	acromegaly facies
甲亢（粘液性水肿）面容	hyperthyroid (myxedema) facies
老年貌	senile feature
颜面潮红（苍白）	reddy (pale) facies
面色红润	florid facies
⑤ 精神状态（Mental state）、意识（Consciousness）和感觉（Senses）	
清醒	conscious, sober
（半）昏迷	(semi-) comatose
无意识	unconscious
意识障碍	disturbance of consciousness
无精打采的	listless, inanimate, unanimated
思睡的	somnolent
昏睡的	lethargic, soporose
镇定	calm
焦虑不安的	restless (anxious, apprehensive)
反应迟钝	unresponsive
朦胧状态	hypnopompic state, twilight state
神情合作	alert and cooperative
有（无）定向能力	oriented (disoriented)
能辨别时间、人物和地点	oriented to time, person and place
情绪不稳	emotionally unstable
对疼痛刺激的反应	reaction to painful stimuli
⑥ 营养状况（Nutritional status）	
营养佳	well-nourished
营养中等	moderately nourished
营养不良	poorly-nourished, malnourished, under-nourished, malnutrition
肥胖	obese
消瘦	emaciated
恶液质	cachexia
水牛背	buffalo hump
(3) 皮肤状况（Skin condition）：	
① 颜色（Color）：	
潮红	flush
紫绀	cyanosis, cyanotic
轻微（中度、明显）发绀	be faintly (moderately, markedly) cyanotic
色素沉淀	pigmentation

黄疸	jaundice, icterus, icteric
黄染	be jaundiced
无黄疸	nonicteric
苍白	pallor, paleness
白癫 (白斑)	vitaligo (leukoplakia)
雀斑 (老年斑)	fleck (senile plague)
② 质地 (Texture)	
干燥	dry
湿润	moist
阴冷	cool
温暖	warm
热	hot
干滑	smooth
光滑	glossy
光亮	shiny
粗糙	harsh, rough
有 (无) 弹性	(in)elastic
局部水肿	localized edema
全身性水肿	genral (generalized) edema, anasarca
绷紧 (松弛) 的	taut (loose)
鳞状 (皱纹) 的	scaly (wrinkling)
③ 损伤 (Lesions)	
皮疹	skin eruption
斑疹	macule, maculae
玫瑰疹	roseola (rose spots)
丘疹	papule
斑丘疹	maculopapule
斑片	patch
斑块	plaque
药疹	drug eruption
结节	nodule
脓疱	pustules
水疱	blister
荨麻疹	urticaria (hives)
囊肿	cyst
溃疡	ulcer
脱屑	desquamation

蜘蛛痣	spider angioma
黑痣	pigmented nevas
胎记	birthmark
皲裂	rhagas
疣	warts, verruca
鸡眼	clavus
褥疮	decubitus (bedsore)
冻疮	pernio
瘢痕	scar
痱子	sudamen
单纯疱疹	herpes simplex
皮屑 (鳞屑)	furfur (scale)
结痂 (焦痂)	crust (eschar)

(4) 毛发 (Hair) 与指甲 (Nail) :

粗	coarse
细	fine
脆	brittle
稀疏	sparsely thin
浓密	thick
秃顶	baldness, alopecia
多毛	hairy
干性 (油性)	dry (oily)
有 (无) 光泽的	lustrous (lusterless)
脱发 (斑秃、全秃)	hair loss (alopecia areata, baldness)
全身性多毛症	hypertrichosis universalis
甲变形	deformities of nail
匙状甲	spoonnail
薄 (脆) 甲	thin (brittle) nail
甲脱落	ongchoptosis

(5) 浅表淋巴结 (Superficial lymph nodes) :

肿大	swelling, enlarged
颈部淋巴结	cervical lymph nodes
耳前 (后) 淋巴结	pre(post)-auricular nodes
枕后淋巴结	occipital nodes
颌下淋巴结	submental nodes
下颌淋巴结	submaxillary nodes
腋下淋巴结	axillary lymph nodes

锁骨上淋巴结	supraclavicular lymph nodes
腹股沟淋巴结	inguinal lymph nodes
局部淋巴结	local lymph nodes
可扪及	palpable
可移动	freely movable/mobile
无压痛	non-tender
质硬	hard and firm
无明显淋巴结病变	no significant lymphadenopathy

(6) 头眼与耳鼻喉 (HEENT : head, eyes, ears, nose and throat)

① 头 (Head, 包括面部与口舌):

无苍白与黄疸	no pallor and icterus
面部浮肿	bloated face
口腔粘膜湿润	oral mucosa moist
舌干	dry
苔厚	thickly furred, heavily coated
苔黄	yellow coating
舌萎缩	atrophic
光滑	glossy
口臭	foal breath
恶臭气息	fetid (offensive) breath
呼吸带有……味	The breath has a strong smell of ...
牙龈出血	gingival hemorrhage

② 颈部 (Neck):

颈软易变曲	supple
强直	stiff, rigid
无颈静脉怒张	no JVD (jugular venous distention)
颈动脉	carotid artery
无杂音	no bruit
甲状腺肿大	thyroid enlarged

③ 眼 (Eyes):

眼睑下垂	ptosis
流泪	lacrimation (lachrymation)
外眼部活动正常	extraocular movement intact
瞳孔等大、反应正常	pupils equal and reactive
斜视	cross-eyes, squint-eyed, strabismus
眼睑 (眼周、眼球) 红肿	redness and swelling of the eyelids (area around the eye, eyeball)
眼球外突	exophthalmos, exophthalmic



外突	prominent
眼球震颤	nystagmus
好眨眼	frequent blinking
④ 耳 (Ears):	
鼓膜	drums
穿孔	perforation
耳垢	cerumen, ear wax
⑤ 鼻 (Nose):	
鼻中隔	septum
偏曲	deviation
穿孔	perforation
充血	congestion
鼻甲	turbinates
鼻塞	blocked up, stuffed up, obstruction
流鼻涕	running nose, sniveling
⑥ 咽喉 (Throat):	
充血	injection
肿痛	sore
扁桃体发红 (肿大)	reddened (enlarged, swollen, hypertrophied) tonsils
小片白色渗出物	small white patches of exudate
(7) 胸部与心肺 (Thorax, heart and lungs)。	
① 胸部:	
(不) 对称	(un/a)symmetrical
鸡胸	chicken-breasted
鸽胸	pigeon-breasted
桶状	barrel-shaped
突出	prominent, bulging
凹陷	depressed
前后径	anterior-posterior diameter
扁平胸	flat chest
肋间隙	intercostals space, ICS
锁骨中线	mid-clavicular line, MCL
② 心脏:	
心尖搏动	apex/apical impulse/beat
移位	dislocated, displaced
可感觉到	felt
可触及	palpable

心尖搏动最强点	point of maximum impulse, PML
心浊音界	dullness of heart borders
心音	heart sounds, cardiac sounds
心音低弱	Heart tones were mushy in quality.
奔马律	gallop rhythm
喷射性杂音	ejection murmur
收缩期杂音	systolic murmur, SM
舒张期杂音	diastolic murmur
心前区	precordium
心律不齐	arrhythmia
第一(二、三、四)心音	S1 (S2, S3, S4)
(第二)肺动脉音减弱	(The second) pulmonic sound was diminished
听不到主动脉音	The aortic sound was absent.
心音强	loud, intensified
③肺:	
呼吸	respiration
吸气	inspiration
呼气	expiration
胸式(腹式)呼吸	thoracic (abdominal) respiration (breathing)
两肺叩清	Both lungs were resonant to percussion.
两肺音清	clear to auscultation bilaterally
浊音	dullness, dull tone
正常呼吸音	normal breath sound
干(湿)罗音	dry (moist) rales
粗(中、细小)罗音	coarse (medium, fine) rale
哮鸣音	wheezes
(8)腹部( Abdomen ):	
胀	distended, distension
平软	flat and soft
蠕动波	peristalsis
反跳痛	rebound tenderness, tenderness to palpation with rebound
压痛	tender(ness)
弥漫性压痛	diffuse tenderness
腹水	ascites
移动性浊音	shifting dullness
振水声	succussion sound
气过水声	gurgling

妊娠纹	striae of pregnancy
未触及	impalpable
肠鸣音亢进	active bowel sound
(9) 四肢 (Extremities)	
畸形	deformity
(不) 对称	(un)symmetrical, asymmetry
凹入性 (广泛性、轻度、中度) 浮肿	pitting (massive, mild, moderate) edema
(10) 神经系统 (Nervous system, Neurological, Neuro/CNS)	
十二对颅神经正常	The cranial nerves (I~XII) appeared intact
瘫痪	paralysis
偏 (单、截、交叉) 瘫	hemi- (mono-, para-, cross-) plegia
肌张力	muscular tone
痉挛	spasm
痉挛性 (的)	spasticity (spastic)
强直	rigid
强直性	rigidity
手足搐搦	tetany
指鼻试验	finger-nose test
痛觉	algnesia, algesia, sense of pain
感觉丧失	anesthesia
感觉异常	paresthesia
感觉过敏	hyperesthesia
……觉减退	reduced sensation to ...
浅 (深) 反射	superficial (deep) reflex
角膜 (腹壁、提睾、趾、腱) 反射	corneal (abdominal, cremasteric, plantar, tendon) reflex
脑膜刺激征	sign of meningeal irritation
反射存在	reflex present/active
反射减弱	reflex weak/hypoactive/decreased, hyporeflexia
反射消失	reflex absent/missing, areflexic, areflexia, absence of reflex
反射亢进	brisk, reflex overactive/increased, hyper-reflexic, hyper-reflexia, hyperreflexibility, exaggerated reflex
反射不明	reflex questionable/equivocal
震颤	tremor
(不) 随意	(in)voluntary
(11) 肌肉骨骼系统 (Musculoskeletal system):	
肌萎缩	amyotrophy, muscular atrophies

肌无力	myasthenia, amyosthenia
肌肉痛	myalgia
肌肉松弛	muscular relaxation
关节炎	arthritis
关节病	arthrosis, arthropathy
游走性关节痛	floating arthralgia
关节痛	arthralgia
关节红肿	swelling of joints
关节变形	joint deformity
关节僵硬	ankylosis
关节挛缩	contracture of joint
关节囊松弛	loosening of articular capsule
关节弹响	clicking of joint
关节突出	protrusion of joint
麻木	numbness
畸形	deformities
(12) 泌尿生殖系统 (Genitourinary system)	
阴茎	penis
龟头	glans
包茎	phimosis
包皮	prepuce
包皮过长	redundant prepuce
包皮未切	uncircumcised prepuce
阴囊	scrotum
睾丸	testis
精索	spermatic cord
附睾	epididymis
睾丸未下降	Testes had failed to descend.
会阴	perineum
大(小)阴唇	labia majora (minora)
已婚外阴	marital outlet
阴道	vagina
尿道	urethral meatus
附件	adnexa
生殖器	genitalia
直肠指诊	rectal digital examination

#### 4.9.2 查体范例

##### Physical Examination:

Temperature is 37, pulse 80, respirations 16, blood pressure 11/70. General: Plump girl in no apparent distress. HEENT (Head, Eyes, Ears, Nose, Throat): She has no scalp lesions. Her pupils are equally round and reactive to light and accommodation. Extraocular movements are intact. Sclera are anicteric. Oropharynx is clear. There is no thyromegaly. There is no cervical or supraclavicular lymphadenopathy.

Cardiovascular: Regular rate and rhythm, normal S1, S2.

Chest: Clear to auscultation bilateral.

Abdomen: Bowel sounds present. No hepatosplenomegaly.

Extremities: There is no cyanosis, clubbing or edema.

Neurologic: Cranial nerves II-XII are intact. Motor examination is 5/5 in the bilateral upper and lower extremities. Sensory, cerebellar and gait are normal.

#### 4.10 化验室数据

化验室数据 (Laboratory data), 英文也可用 Lab-data, Laboratory studies, Laboratory diagnosis, Laboratory values 表达, 或更简单一点仅用 Laboratory 或 Laboratories。该部分记述各种化验室检查结果。

##### 4.10.1 化验室检查项目及常用表达

###### (1) 血液检查 (Blood test)

血常规	blood Rt.
白细胞计数	WBC count
血细胞比容	hematocrit
血红蛋白	hemoglobin
血小板	platelets
淋巴细胞	lymphocytes
多形核白细胞	polys
单核细胞	monocytes
嗜酸性 (粒) 细胞	eosinophils
嗜碱性 (粒) 细胞	basophils

###### (2) 化学指标 (Chemical criterion) 如:

钠	sodium
钾	potassium
氯化物	chloride
碳酸氢钠	bicarbonate

肌酸酐	creatinine
血尿素氮	blood urea nitrogen (BUN)
葡萄糖	glucose
离子钙	ionized calcium
镁	magnesium
磷	phosphorus
碱性磷酸酶	alkaline phosphatase

#### 4.10.2 化验检查范例

Laboratory Data:

White blood cells count 5.9, hemoglobin 111 g/L, hematocrit 35.4. Sodium 142, potassium 4.3, chloride 106, CO<sub>2</sub> 25, BUN 2.6 mmol/L, creatinine 57 μmol/L, glucose 4.1 mmol/L, Albumin 36 g/L.

#### 4.11 病历摘要

病历摘要 (History summary) 是指将病史、体格检查、实验室检查及器械检查等主要资料简要综合, 重点突出阳性发现, 以提示诊断的根据。摘要部分表述一般用一般过去时, 多用被动语态, 还常用省略句。

例 1:

History summary

1. Patient was a bank clerk, female, 45 years old.
2. Right breast mass found for more than half a month.
3. No special past history.
4. Physical examination showed no abnormality in lung, heart and abdomen. Information about her breast can be seen above.
5. Shorting of investigation information.

例 2:

History summary

1. Patient was male, 78 years old.
2. Upper bellyache ten days, haematemesis, hemaecia and unconsciousness for five hours.
3. No special past history.
4. Physical examination: T 37.7 °C, P 130/min, R 23/min, BP 100/60mmHg. Superficial lymph nodes were not found enlarged. No abdominal wall varicosis. Gastralintestinal type or peristalses were not seen. Tenderness was obvious around the navel and in upper abdomen. There was not rebound tenderness on abdomen or renal region. Liver and spleen were untouched. No masses. Fluidthrill negative. Shifting dullness negative.

Borhorygmus not heard. No vascular murmurs. No other positive signs.

5. Investigation information: Blood-Rt: Hb 69g/L, RBC 2.80T/L, WBC 1.1G/L, PLT 120G/L.

#### 4.12 诊断

诊断 (Diagnosis) 可分为初步诊断 (Primary diagnosis) 和最后诊断 (Final diagnosis)。该部分表述比较简单, 一般用序号列出一个或多个诊断。国内仅列出少数主要诊断, 而在国外, 医生可同时列出几个甚至十几个诊断, 称为全部诊断 (Complete diagnoses)。

例 1 :

Diagnosis: Anxiety/depression/alcohol abuse

例 2 :

Diagnoses:

- a. Chronic obstructive pulmonary disease exacerbation.
- b. Severe aortic stenosis with congestive heart failure.
- c. Severe coronary artery disease.
- d. Chronic renal failure.
- e. Anemia due to renal disease as well as Mediterranean.
- f. Dementia.
- g. Arrhythmia.
- h. Urinary tract infection with Pseudomonas.
- i. Left lower lobe pneumonia.
- j. Diabetes mellitus.

#### 4.13 病程记录

病程记录 (Progress notes) 记录患者住院期间接受的检查、治疗、用药及出院时的情况, 如临床治愈 (Cured)、好转 (Improved)、未改善 (Unchanged)、死亡 (Died) 等。表述时常用一般过去时、过去完成时, 多用被动语态。

例 1 :

The patient was admitted and placed on fluid rehydration and mineral supplement. The patient improved, showing gradual resolution of nausea and vomiting. The patient was discharged in stable condition.

例 2 :

The patient was given Penicillin 400,000u (i.m.) b.i.d. with dramatic therapeutic efficacy as her temperature (40.0°C) returned to normal within 24 hrs. Such symptoms as pain, cough and rusty sputum were relieved one by one by giving penicillin, toclase

and APC, etc. Follow-up chest film revealed the infiltration was nearly completely cleared up. WBC returned to normal limit and the patient became asymptomatic.

Clinically cured, the patient was discharged.

#### 4.14 出院小结

患者出院时，由医师书写出院小结（Discharge summary）供复诊、随访参考。出院小结应参考出院记录书写，说明患者入院前后的病情、体检、检验、诊断、治疗要点，出院时情况，出院年月日，住院日数，出院诊断及出院时嘱咐要点。例如：

##### Discharge Summary

Date of Admission: 11/1/12

Date of Discharge to Home: 11/2/12

Admitting Diagnosis: 1. Status Asthmaticus

2. Respiratory distress

3. Hypoxia

4. Allergic rhinitis

5. Obesity

Discharge Diagnosis: 1. Status Asthmaticus - resolved

2. Respiratory distress - resolved

3. Hypoxia - resolved

4. Allergic rhinitis - treating

5. Obesity

6. Mild persistent asthma

Discharge Condition: Good

Consults: Nutrition

Procedures: None

Brief History of Present Illness: This is a 4 year old female with history of asthma who presented to the ED for increased work of breathing for 2 days. Associated symptoms included dry cough, rhinorrhea, nasal congestion and tactile fever. Patient initially improved on home nebulizer treatments of albuterol until mother ran out of medication.

Hospital Course: Patient required continuous nebulization treatments in the ER and had an oxygen requirement of 6L. Once patient transferred to floor, she tolerated 5mg Q2 hr treatments x 2. Her oxygen requirement decreased to 2 L via nasal cannula. She was weaned to room air within the first 24 hours and her treatments were spaced to 2.5mg q2 hr. She was found to have allergic rhinitis on exam and was prescribed Singulair, which she tolerated. We offered a nasal corticosteroid, which Mom refused



due to difficulty with patient cooperation. Nutrition evaluated patient and educated parent. The ward team also discussed healthy choices and exercise with mom as well as provided asthma education and action plan.

Physical Examination at Discharge:

T: 99.3F BP 105/62 HR 110 RR 24 Weight 30 kg

General: Awake, alert, no apparent distress

HEENT: Normocephalic, atraumatic. Hyperpigmentation beneath eyes. Mucus membranes moist.

CVS: Regular rate and rhythm. No murmurs appreciated.

Respiratory: No retractions. No accessory muscle use. Prolonged expiratory phase. End expiratory wheeze. Good air entry bilaterally.

Abdomen: Normoactive bowel sounds. Soft. Non-tender, non-distended.

Extremities: Pulses present.

Skin: No rashes. Capillary refill brisk.

Neuro: No focal deficits.

Medications: 1. Albuterol 5mg SVN q4hr x 2 days then q4hr prn shortness of breath/breathing difficulties.

2. Prednisolone (15mg/5ml) 10ml po BID x 4days

3. Singulair 4mg po Qhs

4. Flovent HFA (44mcg/actuation) 2 puffs inh Qam

Activity: As tolerated

Diet: Low fat

Follow Up: Pediatrician Dr Smith at Lied Clinic on Nov 5th at 10:30 am. (555-5555).

Instructions: Return to the ER or call Pediatrician if patient is appearing more tired than usual, has had no wet diapers in six hours, worsening diarrhea or vomiting or any other concerns.

#### Exercise 4.1

**Directions:** Translate the following medical records into English.

姓名: Jane Doe

年龄: 42岁

性别: 女

职业: 家庭妇女

临时住址: Rotifunk 市 City 路 3 号

永久住址: Bo 市 Park 路 35 号

婚姻状况: 已婚

民族：克里奥尔

入院日期：2012年5月17日

病历采集时间：2012年5月15日

主诉：右乳硬结10年，急剧增大并发生溃疡3月余。

现病史：约9、10年前，患者偶然发现右乳内有一硬结，黄豆粒大小、可活动、无疼痛，未予重视。硬结逐渐增大，但无不适感；生活劳动如常，故未就医。入院前2年左右，肿块约已达10×12 cm。今年2月起，迅速增大，日益加快，伴疼痛。到上月止，扩散至整个右乳，并发生溃疡，来院治疗。近10年来大便不规则，每日1至3次不等，为黄色稀便，不带血和粘液；小便正常。食欲、睡眠尚好。近数月来，体重约减轻5公斤。病程中无自感发烧。

既往史：既往体健，幼年时曾患麻疹及腮腺炎，均于治疗后迅速痊愈，无结核及其他严重传染病接触史。

#### 系统回顾：

呼吸系统：有慢性轻咳史，多发生在天凉时，无午后低热、面颊潮红、盗汗及咯血史。

消化系统：童年时期常有腹痛发作及便虫史，药物驱虫后，发作性腹痛消失。曾有上肢不适及有上肢疼痛；无绞痛及皮肤、巩膜黄染史。无习惯性便秘或腹泻便秘交替史。

循环系统：偶尔有心悸及脸、面浮肿，无呼吸困难、发绀史。重体力劳动及上坡或跑步时，无明显不支情况。从无虚脱。去年12月至今年2月两小腿轻度浮肿，近3月自然消失。从无淋巴管炎、淋巴结肿大及丹毒史。

泌尿系统：婚后曾发作一次尿急、尿频、尿痛。当时检查发现耻骨上区压痛，肾区叩痛阳性，诊断为急性膀胱炎，经治疗痊愈。无肾绞痛、血尿、脓尿及尿流中断史。

运动系统：患有轻度游走性关节炎，偶尔受寒后全身疼痛。此外无骨、关节急性肿胀、疼痛、畸形及活动障碍史。

血液系统：无头昏眼花情况，无经常性鼻衄或牙龈出血不止、瘀斑及轻伤后软组织严重肿胀等出血倾向史。

神经系统：近年间有前额部头痛史，经检查未发现严重疾病。无头昏、头痛、眩晕、麻木、瘫痪、感觉过度、灼性疼痛及晕厥抽搐史。成年前生长、发育正常。第二性征明显。

手术史：因患有中指瘰疬，于2011年5月20日在Moyamba医院局麻切开引流，约两周后痊愈。

外伤史：记忆中无任何严重外伤。

个人史：出生于离此不远的一个乡村，曾于Freetown短期居住，未曾上过学。有吸烟及饮酒习惯，但均属一般。

月经及婚姻史：月经10岁开始，每隔28~30天来一次，持续2~3天后结束；无痛经或经量过多、过少史。20岁结婚，丈夫体健。婚后第5年初孕，孕7，产5，流产2；平产4，难产1。现有3儿2女，均健。

家族史：父亲患肺结核，长期慢性咳嗽、咯血，在患者幼年时期死于结核病。母亲死于衰老。外祖母于1976年65岁时死于子宫癌。此外，家庭中无过敏史、家族性疾病

及出血性疾病史。

**社交史：**患者系农村家庭妇女，与外界社会几乎无交往，从未远离家乡。否认不正当性关系及性病史。

以上病史系患者本人陈述，真实可靠。

**体格检查：**

体温：37℃，脉搏：78/分，呼吸：22次/分，血压：120/80mmHg；身高：1.69m，体重：60Kg。

**一般情况：**自然端坐，发育良好，营养中等，表情自然，神清合作，体态正常，步态自然，无异常活动。

**皮肤：**黑色，富有光泽，弹性良好，湿润度正常，无明显黄染。右中指近端指节挠掌侧有一约1.5厘米长的萎缩性手术疤痕。全身皮肤有散在性铜钱状癣。

**淋巴结：**右腋下可扪及多个大小不等质硬淋巴结，大者相互融合，不活动，右锁骨上窝及全身其他浅表淋巴结均未触及。

**头颅：**发育正常，未见畸形。头发色泽如常、分布均匀。无炎症、水肿、旧疤痕及压痛等异常。

**面部：**稍现苍白、但外观气色正常。无压痛及水肿。无眼肌及面肌异常活动。

**眼：**双眉对称，无眉毛脱落缺损；眼裂对称，无睑下垂，双眼视力正常。睑缘无异常，结膜微红，无水肿，但有少量滤泡肥大及乳头状增生。眼球位置正常，向各方运动自如，未见震颤及眼球突出；无巩膜黄染，角膜清透；瞳孔圆，大小对称，对光反射灵敏。视野及眼底正常。

**耳：**双耳廓大小及形状正常，无肿胀发红；双耳听力良好，外耳道未见盯聆及脓性分泌物，乳突无肿胀及压痛。

**鼻：**无鼻梁塌陷等异常，前庭正常，嗅觉良好。

**口腔：**唇红，无唇裂及口角歪斜，双侧鼻唇沟对称；舌红无苔，表面湿润，伸舌时无震颤及偏斜，齿龈颜色正常，未见齿龈萎缩及出血；口腔粘膜粉红，未见斑疹样损害，无龋齿；腭及悬壅垂未见异常，咽峡正常，扁桃体不肿大，咽后壁轻度发红，未见淋巴滤泡增生，亦无脓性分泌物附着。

**颈部：**颈软无畸形，甲状腺及唾液腺未见异常，气管居中，无疤痕及淋巴结肿大，无颈静脉怒张及异常搏动。

**胸部：**胸廓左右对称，形状无异。双乳不对称，有乳肿块（详见外科情况），余无肿块及压痛。呼吸运动自如，对称。未见胸壁静脉扩张，亦无其他异常搏动。

**心脏：**

**视诊：**心尖搏动于左锁骨中线内第五肋间，未见心前区弥漫性搏动。

**触诊：**触诊心尖搏动位置同上。未扪及震颤。

**听诊：**心率78次/分，律齐，心搏强度正常，未闻杂音。桡动脉质地尚软，无异常脉律。

**肺脏：**视诊：胸式呼吸存在，未见膈运动波。

**触诊：**语颤双侧对称。

叩诊：双肺野呈清音，无浊音及过度反响。

听诊：肺清晰，右下肺呼吸音减弱。未闻及罗音及摩擦音。

腹部：

视诊：腹平，无瘢痕，腹壁可见多条妊娠纹，无怒张静脉，未见肠型及肠蠕动波，腹式呼吸自如。双侧腹股沟无隆起。

触诊：腹软，无压痛及反跳痛，未触及质块及异常搏动；肝脾刚可扪及，质地中等，无触痛，双肾未触到，无振水波。

叩诊：无叩痛及移动性浊音。

听诊：肠鸣音存在，无减低或亢进。

脊柱、四肢：正常位置，无明显畸形，自主运动良好，无抽搐等异常活动，无触痛及肿块，肌张力正常，无皮肤及皮下异常增生、水肿、慢性溃疡及静脉曲张等征。指（趾）及指（趾）甲亦未见异常。

肛门、直肠：无肛周湿疹、肛裂、痔、瘻及肛周肿胀、压痛、括约肌张力正常。直肠内空虚，粘膜光滑，无肿块及阻塞。

外生殖器：阴毛分布正常，外阴已婚产型，无肿胀、水肿、压痛及白斑等，会阴未见陈旧撕裂症。

神经系统（反射）检查：

右乳外科情况：右侧乳房比左侧大，皮肤暗红色，呈橘皮样外观。右侧乳头抬高并回缩。外上限有一溃疡面，约3×3 cm大小，溃疡中央有少量炎性分泌物。右乳房内可扪及一肿块，约10×12 cm大小，表面不平，质地坚硬，活动度极微，明显压痛。右腋窝及胸大肌后可触及数个直径1~3 cm大小不等硬淋巴结，大者表面不光滑，相互融合。

诊断：1. 右乳腺癌（晚期）

2. 乳腺癌转移至右腋淋巴结

3. 风湿性关节炎（轻度）

4. 慢性支气管炎（轻度）

5. 沙眼 1+（双）

医师签名：Robert W Hendreson M.D.

病历书写日期：2012年5月20日

## 第五章 医用信函

书信是社会交际的重要手段之一。信件书写质量的优劣会直接影响社会交际目的能否实现。本章将围绕英文信件的基本格式，介绍与医学生、医生等医药从业人员常用的英文函件的写法，并给出各种函件的实例以及常用表达。

### 5.1 英文信函的基本格式

作为一种应用文体，英文书信无论在信封的书写还是信文的书写上都要求遵循一定的格式。

#### 5.1.1 英文信封的格式

英文信封的基本格式如下图所示：

The diagram illustrates the standard layout of an English envelope. It is a rectangular box divided into three main sections by dashed lines. The top-left section is labeled '寄信人姓名' (Sender's Name) and '寄信人地址' (Sender's Address). The top-right section is labeled '邮票' (Postage Stamp). The bottom-right section is labeled '收信人姓名' (Recipient's Name) and '收信人地址' (Recipient's Address).

例如：

This block shows a concrete example of an English envelope. The sender's address is on the top left, and the recipient's address is on the bottom right. The text is as follows:

Sender's Address:  
Fan Liang  
Qingdao University Medical College  
308 Ningxia Road  
Qingdao, Shandong 266071  
People's Republic of China

Recipient's Address:  
Professor Lawrence S. Cohen  
Yale University School of Medicine  
333 Cedar Street  
New Haven, Connecticut 06510  
U.S.A.

书写信封时应注意以下事项：

① 寄信人姓名和地址写在信封的左上角，其上边应留两行空白，左边也应留两个字母宽的空白。

② 收信人姓名和地址写在信封的中间或右下角偏左的地方。

③ 寄信人不自称 Mr.、Mrs. 或 Miss，但在收信人的姓名前则必须加上尊称 Mr.、Mrs.、Miss、Professor、Dr. 等以示礼貌。

④ 由被介绍人面交的信，可在信封左上角写：Introducing/Recommending/To introduce ...，相当于汉语的“兹介绍某人”。

⑤ 如果信件需要经某单位或某人转交，要在收信人姓名下一行加上“c/o ...（转交人姓名）”。c/o 为（in）care of 的缩写，意为“由……转交”。例如：

Professor Henry Rogers

c/o Mr. Tom Smith

（由汤姆·史密斯先生转亨利·罗杰斯教授收）

⑥ 地址可用缩写词，如 ST (Street)、RD (Road)、AVE (Avenue)、BLVD (Boulevard)、HOSP (Hospital)，但一般宜用全称。

⑦ 英文地址写法是由小到大，分行写。可先写门牌号码、街路名称，再写城市、省（州）和邮政区号，最后一行则写上国家的名称。例如：

Department of Anatomy

Qingdao University Medical Medical college

308 Ningxia Road

Qingdao, Shandong 266071

People's Republic of China

（中华人民共和国山东省青岛市宁夏路 308 号青岛大学医学院解剖学教研室）

⑧ 写地址有两种格式：

齐头式（Block style）：是目前最常用的格式，就是每一行都要左侧对齐，如上例。

缩进式（Indented style）：是英国传统格式。即每行逐次缩进一两个字符。例如：

Department of Anatomy

Qingdao University Medical Medical college

308 Ningxia Road

Qingdao, Shandong

People's Republic of China

### 5.1.2 英文信文的格式

正式信函的信文一般包括以下六个部分：信头、信内地址、对收信人的称谓、正文、结束语、写信人签名。另外，若信封内另有附件，可用“Enclosure”注明。各部分在信纸上的位置如下图所示：

信头

信内地址

对收信人的称谓

正文

结束语

写信人签名

附件

### (1) 信头 (Heading)

在信笺的右上角，注明写信人的单位名称、通信地址和写信日期。这部分称为信头。写信人地址的写法与信封地址相同，一般是从小到大，分行书写，具体格式可分为齐头式和逐行缩进式。信头的最后一行是写信日期。日期的排列顺序在不同国家有所区别：美国人习惯写为月、日、年；英国人习惯写作日、月、年。正式函件中，月份名不用缩写。每一行后可加逗号，日期行后加句号。目前流行的格式是在每行末不加任何标点，但在每行中需有标点的地方则用标点，不宜省略。例如：

齐头式：

Box 408

Peking University

Beijing 100871

April 27, 2013

逐行缩进式：

Box 408,

Peking University,

Beijing 100871,

April 27, 2013.

(2) 信内地址 (Inside address)

信内地址写在信头的下方，空 1~2 行，居左写。非正式函件中一般不写信内地址。

信内地址包括收信人的全名、头衔和单位地址，姓名和地址须与信封上一致。根据收信人的性别与婚否，在其姓名前面加 Mr.、Mrs.、Miss、Ms. 等词，还可用 Director、Professor、Dr. 等表示其职务或学衔。例如：

Professor John T. Truman  
Pediatric Hematology Unit  
Massachusetts General Hospital  
Fruit Street  
Boston, Massachusetts 02114  
U.S.

如不知道收信人的姓名，可直接写明收信人的职位，如 The President、The Manager 等，或只写收信部门的名称。

(3) 对收信人的称谓 (Salutation)

这是对收信人客气的称呼，另行写在信内地址下，空 1~2 行。称呼后英国人多用逗号“，”，美国人常用冒号“：”。依据收信人的身份不同，对其称谓也有所不同。正式信件中，要用收信人的全名或“姓”，不宜称呼对方的“名”。常用称谓如下：

对象和称呼	示例
称男士为Mr.	Dear Mr. Harison
称已婚女性，在其夫姓前用Mrs.	Dear Mrs. Harison
称未婚女性为Miss	Dear Miss Harison
称不知婚否的女性为Ms.	Dear Ms. Mary Low
称一对夫妇为Mr. and Mrs.	Dear Mr. and Mrs. Harison
称博士为Dr.	Dear Dr. Harison
称教授为Prof.	Dear Prof. Harison

另外，如果信件是寄给单位的某个职位，但不知其姓氏，一般称呼为 Dear Sir or Madam。如果收信人为某个机构，则对收信人的称呼用 Dear Sirs。

(4) 正文 (Body)

正文是书信的主体，是信的主要内容，应从称谓下隔 1~2 行开始。正文段与段之间，一般也要空 1 行。正文部分有齐头式和缩进式两种格式。每行左边的第一个字母都垂直对齐的称齐头式。每段第一行第一个字母缩进 3~5 个字母，其余各行都对齐者称缩进式。

写作正式信件时，正文部分要直截了当、意思明确、层次清楚、言简意赅。



### (5) 结束语 (Complimentary close)

结束语写在正文与签名之间, 位置较灵活, 可居左、居右或居中。第一个字母要大写, 后面要加逗号。在正式信件中, 发信人常用的结束语有: Yours sincerely (英式)、Sincerely yours (美式)、Yours truly、Cordially yours、Yours cordially 等。私人信件中, 发信人常用的结尾套语有: Sincerely yours、Lovely yours、Your lovely、Your loving son/daughter 等。

### (6) 写信人签名 (Signature)

签名的位置在结束语下 1~2 行, 正式信件中须写全称, 并在下面隔 1~2 行打印, 即写信人要在打印名字的上方签名, 签名内容需与打印内容一致。可在打印姓名下写职称。例如:

Sincerely,  
(Signature)  
John Crocker, M.D., F.R.C.P.(C)  
Associate Professor, Pediatrics

### (7) 附件 (Enclosure)

附件指附在信内的文件、信函的抄件、票据、汇单等。如有附件, 在信笺末页左下方注明“Enclosure”, 或缩写为 Enc. 或 Encl. 如附件不止一个, 则用复数。例如:

Enclosures: (1) 2 copies of translation  
(2) 1 copy of Annual Report

## 5.2 英文信函的类型

依据英文信件的语言风格, 可分为正式信函 (Formal letters) 和非正式信函 (Informal letters); 依据不同的写作目的和信件内容, 又可分为私人信件 (Personal letters) 和商务信函 (Business letters)。私人信件是指那些写给亲朋好友的信件。此类信件现在似乎已淡出了人们的日常生活, 逐渐被电话、短信、电子邮件及其他的现代交流方式所取代。商务信函虽然使用“商务” (business) 一词, 却并不专指与个人或公司企业发生购买、出售或者商品交换这个层面的意义。广义上的商务信函可指人们为需要讨论和处理的重要事务所写的正式信函。

根据信件内容, 商务信函又可以进一步分为邀请函 (Letters of invitation)、推荐信 (Letters of recommendation)、申请信 (Letters of application)、咨询信 (Letters of inquiry)、投诉信 (Letters of complaint) 等。

### 5.2.1 邀请函及回复 (Letters of invitation and reply)

国际学术会议是进行专业学术交流的重要途径之一, 有助于了解本专业的最新发展动态。一般来说, 这些会议的信息大都通过学术刊物或官方网站发布, 有时会议的主办方会直接写信给个人邀请其参加, 因此了解此类邀请函以及如何回复这类函件就十分必

要。此外，邀请访问学者也会通过邀请函的形式来进行。下面通过此类信件的实例来学习如何写作这类信件。

下面例 1 中标出了书信的各部分格式说明，在后面的书信实例中结构上从简，侧重书信的正文部分。

5.2.1.1 邀请函及回复范例

例 1：邀请参加会议

书信内容	格式说明
Centre of Foreign Studies The University of Birmingham Edgbaston, Birmingham B152TT United Kingdom November 12, 2012	信头 日期
Professor Peter Smith Department of Foreign Language and Literature Colorado State University Fort Caroline, CO 80123-4561 U.S.A.	信内地址
Dear Professor Smith,	称谓
On behalf of the center of foreign studies, Birmingham University and the society of American Literature Studies, I would be very pleased to invite you to attend and chair a session of the forthcoming “International Conference on American Literature Research” to be held in our university from December 20 to 25, 2013. I sincerely hope that you could accept our invitation. You are a famous scholar in this field, and well known both in U.K and America. Your participation will be among the highlights of the conference. Enclosed please find a copy of the Second Circular of the Conference. If you can come, please let us know as soon as possible, since we have to prepare the final program soon. We are looking forward to your acceptance.	邀请目的 希望接受邀请
Yours sincerely,	结束语
(Signature) Peter Johnson Chairman	签名

例 2 : 接受邀请

Dear Professor Li Tao,

I have received your letter and thank you very much for your kind invitation dated on November 11, 2012, inviting me to attend the Fourth Biennial Meetings of the International Conference on Public Policy to be held in Beijing, China on April 20 to 23, 2013.

I am very pleased to accept your invitation and will send my paper entitled "Public Policy and Neighborhood Development" to the paper committee before the required date. Thank you again for your kind invitation. And I sincerely hope that the conference will be a success. I am looking forward to meeting you soon in Beijing.

Yours sincerely,

John Smith

例 3 : 婉拒邀请

Dear Dr. Xu,

Many thanks for your letter of July 12, 2012, inviting me to attend the forthcoming "2013 International Conference on Comparative Literature" to be held in Xi'an, China, from May 5 to 8, 2013.

Much to my regret, I shall not be able to honor the invitation because I have to attend and chair a very important meeting to be held in America at that time.

I feel sorry to miss the opportunity of meeting you and many others in the field of comparative literature.

I wish the Conference would be a complete success.

Faithfully yours,

Michael Evans

例 4 : 邀请访问学者

Dear sir,

The Harvard University Center for Jewish Studies invites you as a Visiting Scholar for the 2012-13 academic year. We are offering you \$30,000 towards pursuing your research and study.

As a Visiting Scholar of the Center for Jewish Studies you will enjoy access to Harvard University's rich resources and, most importantly, receive full library privileges. The Center will also be able to offer you shared office space and a place in our cultural community. We are very pleased to have you join the Center and participate in all our activities.

Please let us know the dates of your intended stay, so that we can prepare your appointment form. We look forward to being able to welcome you to Harvard University.

Sincerely yours,  
Kelly Smith

#### 例 5 : 接受访问邀请

Dear sir,

It is a pleasure for me to accept your kind invitation of March 27 and to confirm that President Thomas Brand and I will be honored to visit your fine University between June 7 and 9, 2013.

We look forward to a renewal and strengthening of our ties in Nanjing.

Yours faithfully,  
David Flynn

#### 例 6 : 邀请作报告

Dear sir,

Thank you for agreeing to address us on Saturday, May 12, at 2 p.m. The subject you suggested, "The Present State of Research on Caries Etiology" will suit us very well. On behalf of the teach-staff and the students of our college, I appreciate your kindness and look forward to your visit.

Yours sincerely,  
(Signature)

#### 5.2.1.2 邀请函及回复常用表达

##### (1) 表达邀请

On behalf of the Northwest Institute of Acoustics, I am very pleased to invite you to attend and chair a session of the Tenth International Symposium on Acoustical Image to be held in Lanzhou, from July 12 to 16, 2005.

In the name of Chairperson of the Organizing Committee, I cordially invite you to participate in the Third International Congress on Traditional Medicine to be held from November 3rd to 4th 2003 at Songshan Hotel, Zhengzhou city, Henan Province of China.

Considering your expertise in this field, the Organizing Committee is very pleased to invite you to be a keynote speaker in the fourth International Conference on Traditional Medicine.

##### (2) 表达希望接受邀请

I would like to take this opportunity to strongly encourage you to attend this very important meeting.

We are looking forward to meeting you at CGI's 2013. If you need any help regarding your participation at his conference, please do not hesitate to contact us.

It is our sincere hope that you can find time in the midst of pressing affairs to attend this grand congress on traditional medicine, sharing experiences and exchanging views with other participants, and offering your valuable suggestions for further development of traditional medicine in the world.

We are very pleased to invite internal and foreign universities, scientific research academies and institutes, new and high-tech corporations, patent holders to be present at this exposition. We would appreciate your participation and look forward to a successful exposition.

### (3) 表达接受邀请

I am pleased to accept your invitation and will send my paper entitled ... to the Paper Committee before the required date.

Thank you for your letter of March 11th. I am pleased to confirm my participation in this year's conference in June.

I would be grateful if you could send me further details about the program.

Thank you once again for your kind invitation and for your effort in making the conference a successful one.

I am looking forward to meeting you soon in Seattle.

### (4) 表达婉拒邀请

Much to my regret, I shall not be able to honor the invitation because I have been suffering from ill health this summer.

I feel very sorry to miss the opportunity of meeting you and many other colleagues in the field of civil engineering.

Unfortunately, I will not be able to give an update on last year's talk. I am afraid that work pressure does not allow the time to prepare a talk. However, I look forward to attending the conference next year.

## 5.2.2 申请信 (Letters of application)

写申请信时, 应针对不同的申请内容, 在介绍自己情况的时候也要有不同的侧重。例如, 在求学信中, 应比较侧重介绍已有的学位及专业情况; 在申请留学经济资助的信中, 应着重介绍自己的学业及学术水平, 因为国外很多学校颁发奖学金以此为标准; 而在求职信中, 应重点描述自己的专业技能与相关工作经验。

申请信一般分为三段: 开头段提出申请信息的来源、个人对此机会的兴趣与写作意图; 主体段则有针对性地、详细地介绍个人情况与申请优势等; 结尾段希望对方能认真考虑自己的申请并予以机会。

### 5.2.2.1 申请信范例

#### 例 1: 申请入学

Room 205, 34 Dongxi Road  
Changning District  
Shanghai, 200003  
People's Republic of China  
December 11, 2012

Mr. Williams  
The Registrar of Admission  
School of Medicine  
Yale University  
333 Cedar Street  
P.O. Box 3333  
New Haven Connecticut  
U.S.A.

Dear Mrs. Williams,

I wish to apply for admission to Clinical Medicine at Yale University to pursue a Master's degree and further a degree of medicine. My intended time of admission is the fall of 2008.

If possible, I also wish to obtain graduate assistantship so that I may support myself and obtain some experience while pursuing my graduate studies.

In 2005 I got my B.A. degree in Clinical Medicine from school of Medicine of Tongji University.

Would you please send me the application forms for admission and financial support at your earliest convenience? Thank you very much.

Sincerely yours,  
Dong Ming

例 2 : 申请奖学金

Dear Sir or Madam,

I have just learned that my application for admission to the MS program in pharmacy has been approved for Fall 2013. I really appreciate the opportunity.

Unfortunately, my father fell suddenly ill a month ago and lost his ability to work. This endangers my ability to accept admission. I earnestly hope to obtain a scholarship or work-study opportunity.

Would you kindly consider the request and tell me about the possibilities? Should further information be required, please let me know at your earliest convenience.

I look forward to hearing good news from you.

Sincerely yours,  
Gan Lin

例 3 : 申请医生职位

Dear Sir,

I am writing to apply for the post of attending physician in community psychiatry as advertised in the British Medical Journal of October 22nd. As indicated in the enclosed curriculum vitae, I have been an attending physician in the above hospital for three years after my graduation from Beijing Medical University. My professional knowledge and experience of community psychiatry will, I think, be of value to the post I am applying for.

Enclosed please find my curriculum vitae and copies of two testimonials as requested.

Please call me at 010-64438867 after 7:30 P.M. Thank you for your time and consideration.

Sincerely yours,  
Wang Xiaoguang

例 4 : 申请实验室访问学者

Dear Sir,

I am an associate professor of Nanjing University, P. R. China. I'm writing to you about the possibility of a visiting scholar's appointment in your department next fall. I would like to take some training courses and to work in your laboratory during my visit. I believe that with your help I would make significant achievements in my research.

Our government will provide me with all the travel and living expenses.

Enclosed please find a curriculum vitae of my education, research, teaching experience, publications, translation and letters of recommendation, which, I hope, will meet your requirements.

I wish I could find words to express the importance of a visiting scholar's position at your department, for I know how much I could learn and how much my laboratory could gain from my studying and working under your guidance.

Thank you for your consideration. I look forward to a favorable reply from you soon.

Yours Sincerely,  
(Signature)

例 5 : 申请博士后研究机会

Dear Sir,

Please find enclosed all the required documents. As you can read from my resume, I don't have my Ph. D. degree certificate yet but will be able to take it with me to Boston in September, or I may send a copy of it to you immediately after I get it in late June.

I hope that is all satisfactory for the postdoc position in your Center. I look forward to hearing from you soon.

Sincerely yours,  
Wang Dong

例 6 : 申请住房

Dear Sir,

I have been admitted to the Master's program in pathology at your University. It is required that you reserve a place for me in the residence hall on campus.

Enclosed are my completed application form for the student university housing and a check for \$40 for the dormitory deposit.

I would prefer a double-occupancy room shared with an American graduate student willing to make friends with a Chinese student.

If further information is required, please tell me at your earliest convenience. Thank you very much.

Sincerely yours,  
Gao Fei

例 7 : 申请转学

Dear Sir,

I am now studying at the graduate school of the Minnesota University pursuing an MBA degree and wish to transfer to your MBA program in Fall 2013. I have completed 14 semester credits and shall have done 8 more by the end of June. My grades are mostly As with a few Bs.

Before coming here, I had earned a BBA degree from Hubei University and worked with a big company for one year. If required, transcripts of my undergraduate and graduate records can be submitted soon. I would greatly appreciate it if you would send me the application forms and necessary information at your earliest convenience.

Truly yours,  
Huang Xingguo



例 8：申请签证

Dear Sir,

I have already been admitted to the graduate school of Yale University for two-year study and required to enroll in August after a four-month English training in U.S.A. This means I should leave for your country at the end of March.

I understand that a visa is necessary. I should be grateful if you would send me an application form with details of your visa requirements.

Faithfully yours,

Liu Wen

5.2.2.2 申请信常见表达

(1) Would you please send me the application forms or other related materials at your earliest convenience?

(2) I am writing to apply for the post of attending physician in community psychiatry as advertised in the British Medical Journal of October 22nd.

(3) My professional knowledge and experience of community psychiatry will, I think, be of value to the post I am applying for.

(4) If further information is required, please tell me at your earliest convenience.

(5) Enclosed please find a curriculum vitae of my education, research, teaching experience, publications, translation and letters of recommendation, which, I hope, will meet your requirements.

(6) I do hope that I will be successful, and that I may hear from you in the near future.

(7) I do hope that I may be considered for the job and that you may invite me for interview in the near future.

5.2.3 咨询信 ( Letters of inquiry )

咨询信是指为了寻求所需的信息、资料 and 情况等而写的一种事务信件。写咨询信的时候，要清楚、恰当地描述所要咨询的相关问题，信息传递不能失真，不能让收信人对所提出的问题产生疑虑，以免造成误解，而且所提出的问题不能超出收信人的回答范围，应就收信人能够提供的信息进行提问。写这类书信时语言要客气，切不可使用生硬或带有命令口吻的词句。

咨询信一般分为三段来写：开头段说明自己的情况，表明写信意图，简要叙述写信的目的是要寻求何种信息；中间段要具体询问相关事宜，要将询问内容具体细化；最后一段表述希望对方就所提问题给予针对性的答复或者帮助，表明希望获得信息的迫切心情，并提供联系方式以便收信人与自己联系，对收信人所能给予的任何帮助都要表示感谢。

5.2.3.1 咨询信范例

例 1：咨询会议细节

Institute of Arts and Philosophy  
Demokritus University of Thrace  
Alexpolis, Greece  
September 3, 2012

John Fairfield  
Secretary, Symposium  
Department of Philosophy  
Queen's University  
Kingston, ON K7L 3N6  
Canada

Dear Mr. Fairfield,

I am a graduate student in the Institute of Arts and Philosophy of Demokritus University of Trace, Greece. I happen to notice from a journal that the symposium on Contemporary Issues in Aesthetics will be held in Kingston, Canada, in 2013. I am therefore writing for detailed information about the forthcoming Symposium, such as the date and venue, the deadline for the submission of abstracts and other details.

I am looking forward to hearing from you soon.

Yours Sincerely,  
(Signature)  
Photios Annio

例 2 : 咨询会员的基本信息

Dear Sir,

I am a Ph. D. candidate in city planning at Peking University, P. R. China. I have always been interested in the research and development in ekistics in the world. I am now thinking of joining the World Society for Ekistics. I would be very grateful if you would let me know all pertinent information, such as the conditions of membership and the facilities you provide.

I shall be much obliged if you could send me a copy of your regulations together with a membership application form for me to fill in.

Thank you very much for your attention to my request.

Faithfully yours,  
Liu Wen

例 3 : 咨询会员资格

Dear Sir,

I have learned from Professor John Smith of Princeton University that you are the Secretary-General of the X Association. In this connection, I would like to know whether I am eligible for membership in your Association. My purpose in joining the association is to enable myself to keep in step with the advancement of science throughout the world and to be well-informed of the trends of research work in your country. Please send me an application form if I am considered eligible for the said membership.

Your prompt attention and reply will be greatly appreciated.

Faithfully yours,  
Liu Wen

例 4 : 咨询更改注册时间

Dear Mr. Wheeler,

I was admitted to the graduate school of your University last fall, but I was prevented from enrolling due to illness.

I am now recovered and able to come this fall semester. Would you please tell me if the offer of admission is still current? Should any further materials be needed please inform me as soon as possible.

Please reply at your earliest convenience. Many thanks.

Faithfully yours,  
Huang Yulin

5.3.3.2 咨询信常见表达

(1) We should be very much obliged if you could kindly give us information on the deadline for the submission of abstracts, papers, and other written materials.

(2) Would you kindly advise us whom we could contact for the full details of the future conference?

(3) I would like to be informed of the present status of my submitted paper.

(4) I would appreciate receiving the call for paper, circulars and other details of the conference.

5.2.4 感谢信 ( Letters of thanks )

感谢信能够增进人们之间的情感, 有助于建立良好的长期合作关系。因此在专业领域, 此类书信的应用较为广泛。在任何的事件或者活动之后都应该适时地表达对于别人提供服务的感谢。一般来说, 感谢信要包括这样几个方面: 表示感谢; 强调对方付出的重要性; 与对方保持良好互动。

## 5.2.4.1 感谢信范例

## 例 1：感谢接待访问

Dear Mr. Zhang,

We arrived safely to Atlanta, and the first we would like to do is thank you for the outstanding hospitality that you, your coworkers and your students have extended to us during our visit to China. We really do not have enough words to describe all that you have done for us, which made our visit to China, and in particular to your Laboratory, a memorable experience that we will never forget. Every aspect of our visit was most enjoyable: the scientific program was excellent, the accommodations were outstanding, the social and cultural events were relaxing and most pleasant, and the trips and sights were magnificent.

I'd also like to thank you for your consideration of our request to retain Dr. Liu Qian for an additional year as a research fellow at our Laboratory. As to the nominees for the Visiting Fellow position for 2004, I'm advising you that Professor Samuel Racket will be traveling to Nanjing next month and during his visit will plan to interview the five candidates who you provided me for our consideration. We look forward to receiving from you the curriculum vitae of those individuals so that Professor Racket may prepare in advance for the interviews.

We are enthusiastic about continuing our exchange agreement with your Laboratory, and to finalizing in the near future the details of the next five-year plan between our two laboratories.

We will look forward for the opportunity to reciprocate your hospitality, and to future visits to Nanjing.

Sincerely yours,  
(Signature)

## 例 2：感谢会议接待

Dear Mr. Heart,

I am very glad to have been able to attend the conference in which I could share with professionals from other countries the recent impressive pragmatic studies. Thank you very much for your thoughtful arrangement and hospitality. You have done a great job in the organization and everybody was satisfied with the quality of the conference.

I am looking forward to meeting you again in the future.

Once again I express my hearty thanks to you.

Yours sincerely,

Prof. Zhang Mingli

例 3 : 感谢所作讲座

Dear Prof. Meng,

I would like to inform you with gratitude that all the members of our college greatly admired your talk on Saturday. We learned a great deal from it. I cannot describe how grateful we are to you for coming to our college and for giving such an interesting and instructive lecture.

Sincerely yours,  
(Signature)

#### 5.2.4.2 感谢信常见表达

(1) With very best wishes and thanks.

(2) I appreciate the support you have provided and your assistance has been invaluable to me.

(3) I am extremely grateful for your help during the conference.

(4) Thank you very much for your thoughtful arrangement and hospitality.

#### 5.2.5 请求信 ( Letters of request )

去国外高校学习之前, 需经多次书函联系, 第一封信应写给该校的招生机构 (Admission Office)。内容包括本人姓名、通讯地址以及简单情况; 拟入校时间、攻读学位及专业; 索取简章、入学申请表。若申请奖学金, 还应索取申请表。

##### 5.2.5.1 求助信范例

例 1 : 索取申请表

The Registrar of Admission  
School of Medicine  
Yale University  
333 Cedar Street  
P.O. Box 3333  
New Haven Connecticut  
U.S.A.

Dear Sir,

I graduated from the Department of Medicine in 2012. I am deeply interested in your School of Medicine. I wish to obtain admission to your esteemed school seeking a Master degree of medicine beginning in Fall 2013.

I would appreciate it if you would send me the application forms, and other necessary materials and relevant information (any financial assistance available) as soon as you can.

Sincerely yours,  
(Signature)  
Huang Heping

例 2 : 索取简章、申请表

Dear Sir,

I am planning to apply for admission to your graduate school for the fall of 2013.

I graduated from Shandong Medical University with a Bachelor degree of Medicine in 2010. I am to take TOEFL and GRE in October and December, 2012, respectively. Would you please send a catalogue and all the application forms to the following address:

Post Office Box 2400  
Beijing  
Post Code 100078  
People's Republic of China

Your assistance will be greatly appreciated.

Sincerely yours,  
(Signature)  
Li Ying

例 3 : 索取申请表

Dear Sir,

I would like to ask you to send me the application forms for the Graduate School and any other pertinent information that you think necessary to me. I am interested in beginning to work towards a Master degree in hygiene in the spring of 2013.

In June of 2012, I will graduate from Qingdao University with a Bachelor degree in hygiene at the top of my class. I have also participated in the preparation of several papers written by my faculty advisor, Dr. Huang. In addition, I am sure that I shall pass TOEFL and GRE in October and December this year, respectively. Certainly, while pursuing my studies I will have little trouble with a language barrier.

Sincerely yours,  
Lin Yishan

例 4 : 索取系申请表

有些学校规定申请入学时, 除在招生注册处办理外, 还要填写系申请表。例如:

Dear Sir,

Having graduated from the Department of Business Administration at Hubei University in 2008, I wish to pursue an MBA degree beginning in the Spring Semester of 2011. I have contacted the Office of Administration and Records, and was told that I will be required to fill out a department form.

Your sending me the department application form will be much appreciated.

Sincerely yours,

Han Hua

#### 5.2.5.2 求助信的常见表达

- (1) I would be grateful if you could give any assistance.
- (2) I would be very grateful for any advice you can offer.
- (3) I do hope you will be able to send me a favorable reply and I look forward to hearing from you in due course.
- (4) I hope you will consider my request favorably.

#### 5.2.6 投稿相关信件

完成学术论文最后一稿的写作并且也选定了投稿期刊后，就要跟期刊的编辑联系投稿了，此时就需要准备一封投稿信（Cover letter）。如果论文能被期刊接收，编辑就会发来修稿信。在论文修改往复的过程中，编辑与论文作者之间往往要进行多次书面的交流，就具体细节进行商讨，这些书信常被视为一个大类，即投稿相关信件。

##### 5.2.6.1 投稿相关信件范例

###### (1) 投稿信

投稿信是作者与编辑的第一次通信，一般包括以下内容：

论文的题目和所有作者的姓名及地址；

声明：文稿权转让；无一稿多投；所有列出作者都对文稿有确切贡献；文稿内容真实，无伪造；所有作者均已阅读文章，并同意送稿；

通信作者的姓名、详细地址、电话与传真号码、Email 地址；

通信作者签名。

例 1：

Dear Editor,

Enclosed for your consideration is an original research article, entitled "XXX".

1. All authors of this research paper have directly participated in the planning, execution, or analysis of this study.
2. All authors of this research paper have read and approved the final version submitted.
3. The contents of this manuscript have not been copyrighted or published previously.
4. The contents of this manuscript are not now under consideration for publication

elsewhere.

5. The contents of this manuscript will not be copyrighted, submitted, or published elsewhere, while acceptance by the Journal is under consideration.

6. There are no directly related manuscripts or abstracts, published or unpublished, by any authors of this paper.

We believe the paper may be of particular interest to the readers of your journal because the study reported that ...

Correspondence and phone calls about the paper should be directed to XXX at the following address, phone and fax number, and E-mail address:

(name and address here)

Thanks very much for your attention to our paper.

Sincerely yours  
(Signature)

例 2 :

Dear Editors,

We would like to submit the enclosed manuscript entitled “Paper Title”, which we wish to be considered for publication in “Journal Name”. No conflict of interest exists in the submission of this manuscript, and manuscript is approved by all authors for publication. I would like to declare on behalf of my co-authors that the work described was original research that has not been published previously, and not under consideration for publication elsewhere, in whole or in part. All the authors listed have approved the manuscript that is enclosed.

In this work, we evaluated ... I hope this paper is suitable for “Journal Name” .

The following is a list of possible reviewers for your consideration:

1) Name A, E-mail: × × × ×@× × × ×

2) Name B, E-mail: × × × ×@× × × ×

We deeply appreciate your consideration of our manuscript, and we look forward to receiving comments from the reviewers. If you have any queries, please don't hesitate to contact me at the address below.

Thank you and best regards.

Yours sincerely,

XXXXXX

Corresponding author:

Name: XXX

E-mail: × × × ×@× × × ×



例 3 :

Dear Editor,

We would like to submit the enclosed manuscript entitled "GDNF Acutely Modulates Neuronal Excitability and A-type Potassium Channels in Midbrain Dopaminergic Neurons", which we wish to be considered for publication in Nature Neuroscience.

GDNF has long been thought to be a potent neurotrophic factor for the survival of midbrain dopaminergic neurons, which are degenerated in Parkinson's disease. In this paper, we report an unexpected, acute effect of GDNF on A-type potassium channels, leading to a potentiation of neuronal excitability, in the dopaminergic neurons in culture as well as in adult brain slices. Further, we show that GDNF regulates the K<sup>+</sup> channels through a mechanism that involves activation of MAP kinase. Thus, this study has revealed, for the first time, an acute modulation of ion channels by GDNF. Our findings challenge the classic view of GDNF as a long-term survival factor for midbrain dopaminergic neurons, and suggest that the normal function of GDNF is to regulate neuronal excitability, and consequently dopamine release. These results may also have implications in the treatment of Parkinson's disease.

Due to a direct competition and conflict of interest, we request that Drs. XXX of Harvard University and YYY of Yale University not be considered as reviewers.

Sincerely yours,  
(Signature)

(2) 投稿后查询信件

投稿后 2 周如果尚未收到任何关于收到稿件的信息, 就可以打电话、发 E-mail 或者写信给编辑部核实稿件是否收到。询问的文字要简洁, 开门见山, 不用客套话。

例 1 :

Dear Dr. XXX,

I am just writing to inquire if you have received our manuscript (MS #:55555) ?

Best regards,  
XXX

例 2 :

Dear XXX,

Sorry for disturbing you. I am not sure if it is the right time to contact you to inquire about the status of our accepted manuscript titled "Paper Title" (ID: #####), since the copyright agreement for publication has been sent to you two months ago. I am just wondering that how long I can receive the proof of our manuscript from you?

I would be greatly appreciated if you could spend some of your time for a reply. I am very pleased to hear from you.

Thank you very much for your consideration.

Yours sincerely,

XXX

Corresponding author: Name: XXX

E-mail: ××××@××××

### (3) 期刊编辑对投稿的回复

编辑部收到稿件后,一般先进行初审,初审之后决定稿件是进一步送审,需要补充和修改还是直接拒绝。

#### 例1: 拒绝投稿的回信

Dear Dr. XXX,

I am writing to you on behalf of the *Journal of Clinical Investigation's* Editorial board to thank you for submitting your manuscript, "xxx" (our reference 5555-RG-1). The Board has now had a chance to carefully consider your manuscript, but I regret to inform you that we feel the manuscript would not be appropriate for publication in the *Journal of Clinical Investigation*.

More than 4,000 manuscripts are submitted annually to the JCI, of which only a small percentage can be published. To facilitate the review process, we submit all manuscripts to a review by the Editorial Board to determine their appeal to the Journal's general readership.

Although the Board regrets that it cannot offer to publish your manuscript, I would stress that this decision was based on issues relating to the priority assigned to your work relative to the other submissions under consideration.

Thank you for allowing us to review this work. We hope that you will continue to consider sending your work to the Journal in the future.

Sincerely yours,

Editor-in-Chief

#### 例2: 接受投稿的回信

Dear XXX,

On the basis of reviewer's comment on your manuscript, I am pleased to inform you that your manuscript has been accepted for publication in the "XXX Journal".

For the pre-publication preparation, please read carefully the document of "name of document" at "XXX website" to access the resources you need for preparing the reference styles and the final complete package. When you save your manuscript

into an MS-Word file, please use your Paper ID as the file name. For our production schedule, please submit your complete package to me within 14 calendar days.

Normally, the pre-publication process takes up to three months. During this period, galley proofs will be sent to you for checking and corrections purposes. The galley proofs must be returned to the production office within 7 calendar days. Furthermore, you are responsible for any error in the published paper due to your oversight.

I look forward to receiving the electronic file of your final manuscript.

Best regards,  
Editor

例 3 : 稿件退修的回信

Dear XXX,

Your manuscript, entitled “XXX”, has been subjected to a double-blind review process by the reviewers who are experts in the related fields. Enclosed please find the reports from these reviewers.

Based on the reviewers’ recommendations, I am delighted to inform you that your manuscript has been ACCPTED WITH MINOR REVISIONS for the Journal.

Please note that it is imperative for you to revise the manuscript according to reviewers’ comments and guidelines. Once you have revised the manuscript, please E-mail it in an MS-Word format to me at “Your E-mail Address” on or before MM DD, YYYY, with a cover letter outlining point-by-point the revisions you have made in regards to the reviewers’ comments and guidelines.

Thank you very much for submitting your article to the Journal. I look forward to receiving the revised version of your manuscript.

Sincerely yours,  
Editor

Enclosures: Review’s reports

(4) 对退修稿件的回复

对退修稿件, 要按照提出的修改意见对文章进行修改, 并在回复中逐条回答对修改意见; 如果不想或者认为不应修改, 应在退修回信中提出商榷。

例 1 :

Dear Dr/Prof. XXX,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled “Paper

Title”(ID: #####).

We have studied reviewer's comments carefully and have made revision which were marked in red in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

XXX

Corresponding author: Name: XXX

E-mail: ×××××@×××××

例 2 :

Dear Editors and Reviewers,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Paper Title" (ID: #####). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as follows:

Responds to the reviewer's comments:

Reviewer #1:

1. Response to comment:

Response: ××××××

2. Response to comment:

Response: ××××××

.....

Reviewer #2:

.....

Reviewer #3:

.....

Other changes:

Line 60-61, the statements of "....." were corrected as "....." .

Line 107, "....." was added.

Line 129, "....." was deleted.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked them in red in the revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,  
(Signature)

#### 5.2.6.2 投稿相关信件常用表达

##### (1) 投稿信

Enclosed herewith is the full text of my paper entitled ... It is expected that it may be included in the preprint.

Enclosed herewith is the full text of my paper entitled ... There are some modifications made both in abstract and the title of the paper.

I wish to submit the enclosed manuscript for consideration and publication in you journal.

##### (2) 投稿后查询

It is more than two months since I sent you my paper entitled "XXX", but I have not received any information.

I am just writing to inquire if you have received ...

##### (3) 回复审稿人意见

All the reviewers' comments are responded point by point in the revised manuscript.

We are very sorry for our negligence of ...

We are very sorry for our incorrect writing ...

It is really true as Reviewer 1 suggested that ...

We have made correction according to the Reviewer's comments.

We have re-written this part according to the Reviewer's suggestion.

Considering the Reviewer's suggestion, we have ...

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

We have studied reviewer's comments carefully and have made revision which marked in red in the paper.

#### Exercise 5.1

**Directions:** Write in English the following addresses.

- (1) The address of your family;
- (2) The address of your supervisor.

**Exercise 5.2**

**Directions:** Write a letter to Ms. Jones Smith at the ABC Company to apply for a Lab Technician position.

**Exercise 5.3**

**Directions:** Translate the following sentences used in letters of application into English.

1. 最近，在贵公司网站获悉，你们上海总部有个医学顾问的空缺。我正在找这样一份工作，并且能够胜任。
2. 从事医学研究是我的人生梦想。能到贵公司任职，从事我喜欢的研究工作，是实现这一梦想的良机。
3. 在医院实习期间，我在不同科室轮转过，包括急诊科、心内科、消化科、内分泌科、呼吸科等。轮转不仅锻炼了我的临床技能，也让我在处理各种复杂情况时能够得心应手。
4. 感谢您能考虑我的申请，若能安排面试，将不胜感激。如果有幸被录用，在贵公司任职，我将以极大的责任心和无限的热情为贵公司尽一份绵薄之力。恭候佳音。

## 第六章 考博英语写作

全国医学博士外语考试由国家医学考试中心具体组织。凡申请在职医学博士专业学位的考生,必须参加此项考试;报考医学博士研究生的考生依据招生单位的要求参加此项考试。在职申请学位考生的考试合格分数线确定为300分,对考试成绩合格的考生,由国家医学考试中心印发“合格证书”,有效期为3年。考生凭“合格证书”参加在职医学博士专业学位申请。对参加医学博士生入学考试的考生,由国家医学考试中心向招生单位提供考试成绩册和参考合格分数线,各招生单位实际录取分数线由招生单位自己确定。

考试强调全面测试应试人员的外语能力,并突出应试人员的英语应用和交际能力,以确定其是否已达到在职申请医学博士专业学位的外语水平或是否已达到医学博士研究生入学外语水平。考试内容为医学公共应语,但注重突出临床医学特点,共设置听力对话、听力短文、词语用法、完型填空、阅读理解和书面表达6种题型。其中,书面表达部分的分值为20分,在考试中占有举足轻重的地位。

### 6.1 考博英语对写作的要求

医学博士生入学考试的书面表达部分旨在测试考生使用英语书面表达自己思想的能力,计20分,考试时间50分钟。

按考试大纲的规定,此项测试设计两种方式,每年任选其中一种。

(1) 文章摘要:要求考生阅读一篇800~1000字的汉语文章后,用英语写出一篇约200个单词的摘要。所概括的内容应简洁、全面、准确,文字应通顺,基本符合英语表达习惯,无重大语法错误。

(2) 翻译与写作:本部分包括段落翻译与段落写作。翻译应忠实于原文。作文要求切题,意思连贯。无论是翻译还是作文均要求文字通顺,基本符合英语表达方式。

近年来考试中一直采用第一种题型,即文章摘要写作。所给汉语基本上是医学科普知识的文章。这种写作题型是医学博士研究生英语入学考试的一大特色,不见于其他大型英语考试。下面重点介绍文章摘要的写作方法。

### 6.2 文章摘要大纲样题及范文

#### 6.2.1 大纲样题

Directions: Read the following article in Chinese carefully, and then write a

summary of 200 words in English on the ANSWER SHEET. Make sure that you cover all the major points of the article.

一般来说,如今大中城市里的年轻父母对子女的营养问题相当重视,他们也有足够的经济实力为子女提供良好的膳食。然而,我们在临床工作中却看到,有些小儿面黄肌瘦、体重偏低。对这些小儿进行膳食营养调查后发现,其中多数小儿存在着热量摄入不足的问题。不少小儿在增加热量摄入量后,症状得到明显改善。显然,热量的缺乏是导致这些小儿消瘦的主要原因。

我们还发现,家长中普遍存在着一种错误的“共识”。他们认为有营养的食物就是鸡、鸭、鱼、肉等含蛋白质较多的动物性食品,这些食品的市场价格也确实较高。据观察,家长为孩子提供的食谱中不乏此类食品,甚至还有乌骨鸡、甲鱼等比较昂贵的食品。但是综观这些孩子的全部饮食,粮食所占的比例往往少得惊人,常常是几匙米饭或半碗稀粥,仅此而已。这些家长认为,粮食所具有的营养价值就像它们的市场价值一样,无法与动物性的食品相比,简直可以不屑一顾。现在,人们的消费能力提高了,也舍得为孩子买高价的营养品。但是家长们不曾想到,由粮食等淀粉食物或糖提供的碳水化合物,在体内的物质代谢中同样具有非常重要的作用。

碳水化合物是最主要也是最经济的供能营养素。1克碳水化合物能提供的热量为16.7千焦。蛋白质的供热量虽与碳水化合物相同,但价格较贵。1克脂肪能提供的热量为37.7千焦,但食物易产生饱腻感,无法摄入过多。

所以说,碳水化合物提供的热量是人体热量的主要来源,约占总热量的60%。蛋白质和脂肪在体内代谢中,除提供热量外还有许多重要功能,如构成组织细胞的成分、传递遗传信息、帮助维生素吸收等。但是在碳水化合物提供热量不足的情况下,蛋白质和脂肪将首先被消耗以提供热量,不能发挥它们原有的功能,从而导致肌体生长发育迟滞;严重者可引起营养不良,表现为体重不增、食欲不振、各器官功能低下、容易反复感染等。

营养的关键在于平衡。人类所需要的各种营养素包括蛋白质、脂肪、碳水化合物、维生素和微量元素,虽然市场价格有高低之分,但是它们在体内的物质代谢中均具有极其重要的作用,缺一不可。只有均衡营养素,而且膳食中各种营养素之间的比例适当,这才称得上是平衡营养,才能维持小儿的正常发育和健康。

近年来,在上海市区小儿中进行的局部调查显示,幼儿和学龄前儿童,甚至部分小学生,热量摄入不足的现象比较普遍,这与家长错误理解粮食类食品的价值观不无关系。这种现象也多见于经济水平高的其他城市家庭中,并不是因经济的贫困而造成。解决这个问题的方法不言而喻,那就是走出“误区”,为孩子提供足够的粮食类食物,使碳水化合物提供的热量达到总热量的60%左右。以3岁小儿为例,每日应得到的总热量为5.86兆焦,其中碳水化合物提供的热量应为3.5兆焦,约需碳水化合物210克,折合大米约280克。其次,蔗糖也能够提供碳水化合物,在牛奶中加糖5%-8%,也是提高热量摄入的一种有效方法。

### 6.2.2 样题参考范文

Nowadays, many children in large and medium-sized cities are found to be pale and



thin. Research indicates that the cause is failure to take in sufficient quantity of calories.

These children's parents hardly include any cereals in their children's food, for they take it for granted that nutritious food refers only to animal products rich in protein. Cereals, on the contrary, are regarded as virtually useless in offering nutrition.

Just opposite to this belief, the carbohydrate offered by cereals or sugar plays an equally vital role in metabolism. As the most fundamental and economical nutriment in energy supplying, carbohydrate is cheaper and easier to take in than protein and fat. It should supply 60% of all human body calories.

Though protein and fat can also supply calories, they have more important functions. If consumed in case of heat shortage, they would not work properly, which will result in delayed body development and malnutrition.

To sum up, the key to good nutrition lies in balanced diet, that is, giving appropriate proportion to nutriments in diet. To solve the problem of the children mentioned above sufficient cereals and sugar should be supplied in their diet, thus, carbohydrate can offer about 60% of their total body calorie needs.

### 6.3 文章摘要的写作方法

摘要的特点是简明扼要,因此写摘要时要对全文进行选择取舍,抓住重点,突出新观点,强调文章的目的和主要结论。

#### 6.3.1 文章摘要的写作技巧

写文章摘要,最忌讳逐字逐句地翻译汉语原文中的一些句子。由于时间和考生英语水平的限制,翻译出的句子往往是东一句西一句,写出来的摘要没有逻辑、杂乱无章。要写好摘要,需注意以下要点:

① 提炼原文的中心思想。这是文摘写作成功的关键一步。拿到原文,要用5~10分钟的时间对原文进行再加工,确定文章的主题,找出作者的主要观点或论点。在总结的过程中,可以将原文中带有结论性的重要句子用笔划出来。

② 写出粗略的汉语或英语提纲。提纲应紧扣中心思想,形式不拘,但内容建议从简。这样,才能用简单的、规范的英语表达中心思想。

③ 把提纲扩展为文摘。原文内容要有所取舍,一般的细节、冗长的说明、修饰成分等可删节或简化。在选择表达的语句时,要考虑自己的英语表达能力,尽量用有把握的表达方式表达原文的意思,也就是说,尽量使用自己熟悉的句型,保证句子语法正确、语句连贯、内容逻辑性强。

#### 6.3.2 文章摘要的例文及分析

##### 6.3.2.1 例文一

##### (1) 汉语原文

长期以来,我国传统医德把“救人活命”、“延年益寿”当做医生唯一职责,认为医学的目的是维持生命,即使最低的生命质量也应不惜代价去延续它,这种道义主义偏重生命的数量,而不顾及生命的价值和效果。我们认为,救死扶伤应该是指那些有存活意义的生命,对于拯救绝症垂死的生命,那只是一个善良的愿望,并无任何积极意义。医务人员不惜一切代价,借助现代医疗设备,维护病人的心跳和呼吸,延长一个无价值的生命,表面上看来实行了人道主义,合乎医学伦理道德,实际上却是无谓地延长和加重了病人的痛苦。

安乐死作为满足绝症病人“无痛致死”愿望的一种临终处置方法,它不是授人以死,而是授死者以安乐,它不是死亡的直接原因和性质,而是死亡过程中的一种良好状态。安乐死的本质不是决定“生与死”,而是决定垂死病人死亡的过程是“痛苦死”还是“安乐死”,它的目的在于使必死的病人无痛苦地死去,提高生命末端的质量,体面地、有尊严走向死亡。因此,安乐死不是非人道的“变相杀人”,它蕴含着极高的伦理道德意义。首先,实施安乐死符合病人的自身利益。对于身患绝症、临近死亡、肉体极度痛苦的病人应其本人的恳求予以安乐死,它并没有改变病人必死的结局,只是改变了病人继续忍受和延长毫无意义的痛苦的命运,是对病人选择死亡的时间和方式、以尽早摆脱肉体痛苦和精神折磨的权利的:尊重和保障。因此,实施安乐死,是在特定情况下病人的最高利益的体现,符合医学伦理道德的基本要求。其次,安乐死反映了人类无痛苦死亡的愿望和对“优生”的企盼,是人类理性的觉醒。“生”与“死”同时存在,相伴相随,构成人生的全过程。伴随着社会的发展,科技的进步,人们生活质量的提高,追求生命的价值,提高生存的质量逐步成为人们新的选择。

人类在提倡“优生、优育、优活”的同时,也倡导“优生”,人们期望在生命的终期,尽可能减少死亡时的痛苦,提高“死”的质量,让人们能够勇敢地接受死亡,维护人类尊严。因此,安乐死的实施,提高人的生命终期的质量,改善人类“死”的状况,给病人以尊严的死,无痛苦的死,是完全符合人道主义的。再次,安乐死维护的是一种利他主义的尊严。安乐死不仅能解除病人临终时的极度痛苦,至死保护人的尊严,而且能够使社会有限的卫生资源得到合理应用,也减轻了病人亲属的负担。我国是一个发展中国家,医疗卫生资源十分有限,不能满足13亿人口的需要。如果对濒临死亡的绝症病人进行毫无效果的救治,既违反了病人的意愿,延续病人的痛苦,又浪费了医疗卫生资源,使社会、尤其是病人的亲属承受巨大的经济负担和精神负担,这本身就不符合医学伦理学的基本要求。因此,安乐死的实施有助于人们正视死亡,笑迎死亡,完成个人对家庭、对社会乃至人类的义务,让人生的落幕更尊严、更辉煌、更有价值。

随着现代医学的迅速发展和人们思想观念的日益更新,安乐死已日趋为人们所理解和接受,成为诸多绝症晚期病人及其亲属的企盼。实践证明安乐死是可行的,也是道德的。我们期盼加快安乐死在我国的立法工作,让安乐死合情合理又合法。

## (2) 写作提示

这篇文章所述内容较多且繁杂,想在很短的篇幅中把问题说清楚,整理起来并不容易。

首先阅读文章,找出文章的中心大意。阅读过程中,务必把你认为关键的句子、短语,尤其是提纲挈领的句子划下来。从最后一段中找出文章主旨:“安乐死是可行的,也是道德的”。文章中也提到安乐死非但不是“变相杀人”,相反,它可以提高生命末端的质量,可以使病人体面地、有尊严地走向死亡,无痛苦地死去。

然后列出文章提纲。这篇文章从结构上可分成三个部分:

- ① 安乐死这个问题的提出;
- ② 安乐死的定义及作者提出的几条理由;
- ③ 人们对安乐死的态度和展望。

下一步就可以选取文章的重点句子,把提纲扩展成摘要了。这样写出的文摘要点突出,层次感强,结构明快。

### (3) 写作例文

It is generally thought to be moral and humanistic to prolong a terminally ill patient despite the cost and pains he/she suffers. However, the author of this article argues that, by doing so, medical workers are prolonging the patient's agonies unnecessarily. Under such circumstances, euthanasia is proposed and argued over heatedly.

Euthanasia, the author thinks, by painlessly ending the life of an individual suffering from a terminal illness or an incurable condition, contributes to the person's happiness rather than agonies. It is not a matter of life or death but one of dying either happily or painfully. It helps such a person die with dignity instead of pain. It is ethically and morally justified. First, it is in the interest of the patient to give him/her a painless ending. Second, it reflects the wish of mankind for painless and good death, or rather, for a high quality of "death". Third, it defends one's dignity by relieving his/her terminal pain and financial burden on the family. So, euthanasia helps people face death bravely and happily and give them a happy, dignified and glorious death.

With the development of modern medical sciences, euthanasia has come to be appreciated and accepted by more and more people. Practice has proved that it is feasible, moral, reasonable as well as legitimate. We call for its legalization, soon.

#### 6.3.2.2 例文二

##### (1) 汉语原文

### 远离“三高”饮食

脑卒中泛指各种急性的脑血管意外,包括脑出血、脑缺血梗死、脑血栓形成、蛛网膜下腔出血等。这些疾病成因复杂,病后恢复慢,如果治疗和护理不当还容易复发,有着很高的致残率和死亡率。有研究表明,年龄(>50岁)、吸烟史、糖尿病、高脂血症、高血压、牙周病等都是导致脑卒中发生的危险因素。血压增高会使得脑血管破裂的风险增加,高血糖和高血脂会造成血流缓慢、动脉血管弹性下降、粥样硬化形成,为脑部组织供血的血管网在“三高”的侵袭下,会逐步丧失活力,变得脆弱、狭窄。

说到脑卒中的防治,离不开饮食和营养。通常而言,低盐、低脂而营养均衡的饮食方式,有助于防范“三高”对脑卒中的诱发。盐的成分是氯化钠,长期钠摄入过多会降低动脉壁弹性,使人患高血压。有研究发现,单纯减少盐分就可以使得1/3患者的血压降低。一个人一天所需要的钠盐不过是1克左右(除非大量排汗),1克盐大约只相当于花生米大小的一点点,而人们在日常饮食中所摄入的往往要高出几倍甚至几十倍。多吃盐会造成身体对其他几种电解质如钾、镁、钙的需要增加。高钾饮食能促进身体钠的排泄,而镁元素有降胆固醇、扩张血压的作用,充足的钙摄入可以避免因缺钙造成的骨钙溶出和钙在软组织、血管壁的异常沉积。由此可知,保持饮食中钠、钾、镁、钙等无机元素的平衡,摄入低盐、高钾、高钙和高镁的食物能预防高血压、动脉硬化,从而防范脑卒中。

低脂肪、低胆固醇的饮食,对于“三高”的治疗、脑卒中的预防无疑是必要的。但要适度进行,避免矫枉过正,对老年人尤其如此。有许多热衷保健的老年朋友认为动物脂肪有害无益,因而很少吃动物肉,动物内脏和蛋黄也因为胆固醇含量高而遭排斥。然而动物蛋白质相比植物蛋白含有较多的蛋氨酸、赖氨酸、脯氨酸和牛磺酸,是营养学界公认的优质蛋白质,长期拒食可能会造成氨基酸摄入不足、血管脆性和弹性下降。不可否认,动物肝脏和蛋黄中胆固醇的含量确实很高,对于血脂异常的人来说,的确不适合随意进食,但同时它们在常见食物中它们的营养价值排名靠前,如蛋黄中富含卵磷脂,而肝脏富含维生素A、D、B族和微量元素铁、锌、硒、铜等,完全放弃实在可惜,而善加利用则有助于营养均衡。有许多调查和研究都表明脑出血的发生与蛋白质摄入不足相关,却并非营养过剩,可见一味吃素并无益于减少脑卒中发生的危险。

营养均衡是预防脑卒中发生的硬道理,但说来容易做时却不简单。比如说,许多人都知道不吃早餐不利于身体健康,但却长年如此;还有的人不注意维护牙齿健康,人还未老,咀嚼功能却严重下降,导致蔬菜水果摄入减少,粗粮杂豆更是不敢去动了。再有就是人们在饮酒上的态度,要么好饮贪杯不能自己,要么干脆滴酒不沾,然而各种研究都表明红葡萄酒同绿茶一样,都含有多酚类物质,这是一种能保持血管壁弹性、预防动脉粥样硬化的好东西,有试验表明每天饮用一杯红葡萄酒可防止形成血栓,产生与阿司匹林相似的保护作用,故此,人们可以通过少量饮用红酒和适量饮茶来获得。另外,人们还应该关注季节和物产变化造成的营养差异,比如在冬天,是脑卒中发病的高峰期,而冬季人们的食物当中往往更缺乏富含维生素C的新鲜果蔬,维生素C具有抗氧化性,可以减少血中纤维蛋白原的浓度,具有对心脑血管的保护作用,一个人尽量保持每天的蔬菜消费量不少于500克、维生素C的摄入不少于100毫克将有助于预防脑梗的发生,特别是高血压和糖尿病患者更应做到这一点。

## (2) 写作提示

这篇文章的主要内容是如何通过饮食来预防“三高”。原文的字数较多,所涉及到的医学术语及营养、食品方面的词汇也较多。文章内容复杂,更需要潜心阅读,找出文章的发展脉络。

第一段的重点是说脑卒中是由“三高”引起的。后面就可以过渡到如何通过饮食来

预防“三高”了。

写作过程中的另一个难点是如何去掉繁杂的细节，要拣最主要的讲。这篇文章主要内容是各类食物可能引起哪个“高”，所以要避免该类食物。要结合自身掌握的医学常识进行简写，但要确保不与原文的意思相悖。

最后就是总结全文，重述主题句（通过控制饮食或均衡营养来预防“三高”）。

总之，不要纠缠于专业术语以及种种细节，需要做的是用最通俗的语言来概述和总结全文。文章摘要写作应体现出考生的英文表达水平，而不是医学知识和科研水平。

### （3）写作例文

#### Keep a Balanced Diet to Stay Away from Three Hypers

Brain stroke refers to acute cerebral accidents including hemorrhage, ischemic thrombus of the brain, etc. This is closely related to the “three hypers”, namely hyperglycemia, hyperlipemia, and hypertension. Hyperglycemia and hyperlipemia slow down blood circulation, reduces blood vessel elasticity, thus causing arteriosclerosis while hypertension may lead to blood vessel rupture. To prevent the three hypers, a balanced and rational diet has to be kept.

Most importantly, a balanced diet low in salt and fat helps prevent stroke caused by the three hypers. Too much salt may reduce the elasticity of blood vessel and thus cause hypertension. Balanced diet may help reduce cholesterol and promote sodium excretion to take in adequate calcium, kalium, etc. instead of salt. However, don't go to extreme when keeping a balanced diet. A balanced diet doesn't necessarily mean no intake of fat, salt and animal food at all.

To keep a balanced diet regularly and constantly, don't skip breakfast. Don't drink too much. Keep dental health. Eat some fruit and vegetables for adequate intake of various vitamins according to different seasons.

In short, to avoid brain stroke, stay away from the three hypers. To do this, we should take in adequate amount of nutrients while keeping a balanced diet.

## 6.4 文章摘要写作专项训练

由于中国大学生学习英语时普遍有重理解轻表达、重单词轻句子、重广度轻深度的学习习惯，考生们的英语写作水平不高。学生往往读得多，写得少；背单词多，默写句子少；记单词的汉语意思多，记单词的用法少。写作本来就是比较难掌握的语言技能，再加上练习得不够，写作能力自然高不起来。要想顺利完成文章摘要的写作任务，必须进行针对性的专项训练。

### 6.4.1 通过翻译提高写作能力

全国医学博士外语考试的书面表达部分测试考生的英语表达能力，对于许多学生而

言这实际是一种翻译过程。在这一过程中,存在的最突出的问题,并不是篇章结构上的问题,而是在单词和句子的层面上。单词的问题表现在能熟练掌握的单词量少,而且常常出现拼写错误。句子的语法及表达错误更为严重。扩大词汇量、规范句子结构的一个有效途径是进行大量的汉译英翻译训练。

#### 6.4.1.1 全文翻译

翻译练习的题材应以医学博士考试中常见的医学科普方面的文章为主,一开始尽量逐句翻译,熟悉这种题材的句子结构。要尽量追求译文的句子完整、语法正确。

例文 1:

### 积极理性应对甲流“第二波”

8月下旬以来,世界各地报告的甲型 H1N1 流感例呈明显上升势头。随着北半球地区暑热消逝、秋凉渐进,甲型 H1N1 流感正进入了新的蔓延期。为此,世界卫生组织呼吁高度警惕甲型流感的“第二波”蔓延。

与今年4月份甲型 H1N1 流感的初次爆发相比,近期的蔓延除了速度快、感染患者多的特征外,还带有一些新的危险;秋冬季节本来就是流感高发期,气候条件很适宜流感病毒繁殖和传染,随着众多学校开学,校园传染流感的风险大大增加,而甲型 H1N1 流感对青少年的危害本来就比较大;秋冬季节多发其他疾病,特别是呼吸系统疾病,从而会加重甲型流感的危害;一些病毒已有了抗药性,尽管目前只发现了少数抗药病例,但这已表明病毒对人类的潜在威胁不容忽视。

正因为如此,许多国家对甲型 H1N1 流感“第二波”蔓延的危害估计都比较严重,并做好了公共卫生应急预案。比如,英国卫生部认为,在最坏情况下英国最多可能有30%的人出现甲型 H1N1 流感症状;美国专家则预测,如果秋冬季节出现甲型 H1N1 流感大爆发并且病毒发生变异,30%至50%美国人可能会被感染,3万至9万人可能会死亡。

不过人们也应该看到,防控甲型 H1N1 流感的“第二波”袭击还有一些积极因素。若对这些积极因素充分利用,将有助于尽快控制疫情,减少生命损失。

首先,包括中国、美国 and 英国在内的一些国家都已研发出针对甲型 H1N1 流感的疫苗,临床试验效果令人满意,而且目前已经或即将投入规模化生产、储备和接种,这是人类防控流感的有力武器。

其次,迄今为止甲型 H1N1 流感病毒还算比较“温和”,也没有发生危险的变异,虽然传染能力较强,但致死率比较低,绝大多数患者在及时治疗后都能痊愈。

此外,近年来世界各国经过防控非典、禽流感 and 今年早期的甲型 H1N1 流感疫情,对如何应对类似的传染病已有一定经验。通过各种方式加强国际合作、协力应对,也成为各国的共识。

不过,面对甲型流感“第二波”蔓延,世界各国仍应保持高度警惕,做好充分的防控准备。某些微小的侥幸和疏忽就可能造成防控工作的失败。相反,保持积极和理性的应对态度有助于防控疫情。

翻译要点：

(1) 正确选择词义，切忌望文生义。

汉译英时首先要解决选词问题。选词是否恰当，取决于译者对原文的理解能力和对英语的掌握水平。一定要弄清汉语词汇所要传达的真实信息，根据上下文正确理解原文的词义，对原文的上下文进行推敲。不要机械地逐词翻译，否则容易造成表达错误。例如，上文中的“流感大爆发”不要译为“a big outbreak”；“微小的侥幸”若译为“a small luck”，“第二波”译为“second wave”，都是属于逐字对译，不符合英语表达习惯。在翻译时，一定要注意具体的语境与固定搭配。

汉语中的词利用率高、概括性大，这点与英语有很大不同。例如，在汉语中，无论是自然环境、社会环境、周围环境等都可以用环境，但在英语中根据不同的上下文会选用不同的词，如 environment, circumstances, surroundings 等。本文“气候条件”中的“条件”也可译为“environment”。

(2) 灵活选择直译还是意译。

翻译的要旨是忠实表达原文的意思。若直译不便表达或不能清楚表达原文意思，就需要灵活处理，对其进行意译。例如上文中第一段中“世界各地报告的甲型 H1N1 流感例呈明显上升势头”，就不必再翻译“势头”一词，可译为“the number of reported H1N1 flu cases has been increasing”；同样，“许多国家对甲型 H1N1 流感第二波蔓延的危害估计都比较严重”，若译作“Many countries estimate about the H1N1's danger is serious”，意思就完全错误了。

(3) 确定每句的主语。

汉语和英语在主语的选择上也存在较大差别。汉语对主语要求比较松，不大强调主谓结构，有些汉语句子看似有主语，实际上是评述的话题，而且汉语没有主语的连贯性，相邻的几个句子可以有不同的主语，而英语则不可以。例如，翻译文中句子“若对这些积极因素充分利用，将有助于尽快控制疫情，减少生命损失。”时，就要注意按照英语句子的要求，添加适当的主语，可译为“If we can make the most of them, the outbreak of H1N1 flue might be controlled and the loss of life be reduced.”。

(4) 注意英语的组句框架。

英语语法的一大特点就是以动词为核心，构成简单句、并列句、复合句等基本句型。英语中无论句子成分多复杂，句子多长，句式如何变幻，都是从基本句型扩展而来的。所以在进行汉译英时，要充分考虑英语的句子结构。本文倒数第二段中，作者只使用了一个句子。对于这种一逗到底的长句需要弄清句子有几层意思，使用断句分清主次。本句根据英语句子的语法要求及内部的逻辑关系，最好拆分为英语的两个句子，翻译为“So far there is a lack of evidence showing that H1N1 flu virus will undergo mutation and cause greater harm. As a result, it does not yet pose a lethal threat to human health and most patients suffering from the disease can be cured if undergoing treatment early.”。

同样，对于用句号隔开的简短的汉语句子，看是否有逻辑关系、能否用英语的复句表达。

## (5) 注意使用英语的被动语态。

汉语表达中的被动用法并不多,也经常用主动的形式表示被动。而英语尤其是科技、科普英语中广泛使用被动语态。因此,在进行汉英翻译时,要搞清楚句子主谓之间的逻辑关系,表示被动的句子应译为英语的被动语态。例如,文中的“包括中国、美国和英国在内的一些国家都已研发出针对甲型 H1N1 流感的疫苗”,最好用被动句表达:“The H1N1 Flu vaccine has been developed in China, Britain and America.”。

## 参考译文

**Active and Rational Prevention of the Second H1N1 Flu Attack**

Since late August this year, the number of reported H1N1 flu cases has been increasing. WHO has warned that this potential second outbreak of H1N1 flu warranted great attention, especially in view of the approaching autumn season in the Northern hemisphere.

Compared with the first outbreak of H1N1 flu in April this year, the new spreading of H1N1 flu is apparently spreading faster and affecting more victims, and perhaps more dangerous. Autumn season is often associated with high flu infection rate due to the climate that provide favorable environment for the virus to reproduce and spread. Besides, the beginning of the new school term increases the possibility of flu spreading on campuses and poses a present danger to mass infection of adolescents. Many diseases usually occur in autumn and winter, especially diseases related with the respiratory system. People who suffer from these diseases have a higher tendency to be infected by H1N1 flu. To make matters worse, some viruses may develop drug resistance, and this demands even greater attention to be taken so as to ward off the potential threat to human health posed by the viruses.

Many countries estimate that the second wave of H1N1 flu attack would be much more serious as compared to the previous one, and necessary emergency plans have to be made before hand. The British Public Health Department, for instance, estimates that in the worst-case scenario, 30% of the population could be infected by the flu. American experts echoed this opinion when they reported that if H1N1 flu breaks out in large scale and the mutated virus successfully develops drug-resistance, 30-50% of the American population could be infected and tens of thousands of death would result, based on the most unoptimistic estimation.

However, amidst all these dismal news there might still be favorable conditions and positive factors. If we can make the most of them, the outbreak of H1N1 flu might be controlled and the loss of life be reduced.

Firstly, the H1N1 flu vaccine has been developed in China, Britain and America, and has been proved effective clinically and therefore ready to be put to commercial



producing in the near future

Also, so far there is a lack of evidence showing that H1N1 flu virus will undergo mutation and cause greater harm. As a result, it does not yet pose a lethal threat to human health and most patients suffering from the disease can be cured if undergoing treatment early.

Lastly, most countries have already experienced bird flu in recent years and H1N1 flu in this Spring, which provided them with valuable experience in dealing with similar cases. A consensus has also been reached among countries that in times of need, they would fully cooperate with one another and overcome it through mutual collaboration. Last but not least, all countries should be prepared for a possible outbreak of the second wave of second spreading H1N1 flu. A mindset of counting on good luck may eventually cause countries to pay hefty price incurred from their negligence and a lack of preparedness.

## 例文 2

### 手术与害怕

外科疾病的治疗,多采用手术方法。而手术对于患者来说,是一次重大不幸事件。因此手术本身就成为一种强烈的心理刺激,使患者处于焦虑、抑郁、紧张、恐惧等一系列情绪状态之中。情绪应激会引起一系列心理生理反应,促发与手术有关的心身症,如手术神经症、频发手术症、器官移植综合症等,以致严重影响手术的进行和手术治疗效果。

手术包括治疗性手术,如外伤后的清创缝合、阑尾切除术、肾脏移植术、心脏冠脉搭桥术等,以及诊断性手术,如剖腹探查、心导管检查、病理切片检查等,它们都是创伤性的治疗与诊断方法。手术常常导致疼痛、大量出血及组织的损伤。这种刺激,常会使患者的生理及心理两方面都处于紧张状态,特别是具有性格缺陷的患者,更易产生强烈的情绪反应,从而诱发心身症,如果医生能对其做一些解释与安慰,将会有效控制患者不良情绪的发展。

手术前患者强烈的情绪反应,可导致一系列的躯体反应,如心悸、气促、胸闷、出汗、失眠、血压升高、儿茶酚胺升高、交感神经兴奋等多种躯体反应。如果不做处理,势必影响手术的进行及效果,引起心身疾病或严重的精神障碍,还可诱发冠心病、脑血管疾病,造成手术意外。另外,由于情绪应激和手术创伤,引起促肾上腺皮质激素及皮质类固醇的分泌,会使免疫机制受到抑制,增加细菌感染的机会。

患者的情绪反应并不因手术的完成而终止,许多患者术后仍有强烈的情绪反应。术后的疼痛不适、身体活动不便,使患者情绪受到压抑,渴望他人给予情感上的关怀与支持。此时家属、同事及医护人员的同情和怜悯,常使患者产生较强的依赖感。那些做过破坏性较强的手术,出现过严重并发症或被确诊为恶性肿瘤的患者常出现失望、抑郁的情绪。也有部分患者由于病痛被消除,常表现出愉快的情绪。

外科手术的情绪问题是可以预防及控制的。在手术前对患者进行心理情绪指导,学习情绪的自我调控方法。能有效控制情绪对手术治疗的影响。许多患者都由首次做手术,由于对医院环境及手术过程不熟悉,以及不实际、不正确的想象,常使患者感到恐惧,此时可用脱敏疗法来帮助患者消除紧张,向患者讲解手术经过,也可播放一段类似手术的实况录像,让患者有一个直观的感受。对于那些公开暴露自己对手术恐惧,希望对手术有较多了解的患者,可让其反复观看同类录像,直到恐惧感缓解为止。对于病情较重,情绪反应剧烈的患者可采用爱抚疗法。爱,有着异乎寻常的医疗效果,是消除情绪紧张、减轻思想负担的有效方法。美国洛杉矶医学院的专家们作了一次实验,他们对54位严重心神紊乱的男女病人进行观察,在每位手臂上安放一个心率测试仪,然后每天安排一位和蔼可亲的护士小姐三次到患者床前,握住他们的手,像是给他们拿脉,并温柔亲切的同患者交谈。实验结果显示,这些情绪不宁、充满死亡恐惧的患者,在女护士的爱抚体贴的几分钟内,心率竟出现平稳及安定,取得了药物治疗难以达到的效果。

人对于抚摸有着强烈的要求,婴儿被母亲抚摸能获得“安全感”,成人时期,爱人的爱抚和抚摸,能产生良好的生理及心理效应,达到消除不良情绪反应的作用。

#### 参考译文

#### Surgery and the Scare of Surgery

Surgery is a common procedure to treat surgical diseases. In terms of patients, surgery is a suffering because the surgery itself is a great psychological strain. The patients often become anxious, depressed, nervous and scared before being operated. As a result, the patients may make some psychological and physiological reflections, which might lead to some psychosomatic surgery-related conditions in return, say, symptoms of nervous break-down, repeated surgery syndrome and organ-transplanted syndrome. The syndromes usually can interfere with the surgical procedure and make the operation less effective.

Normally surgery is divided into two types, one is for treatment, like appendectomy, by-pass operation catheterization and pathological surgery, the other is for further diagnosis, like cardiac catheterization and pathological surgery. Both are injurious and surgery makes the patients painful, bleeding and injured tissues. Such stimulation makes the patients anxious psychologically and physiologically, especially for those who are not good at communion, even worse psychosomatic disorders are often induced. If the doctors give the patients intimate and detailed explanation before the operations, the unstable mood of the patients can be controlled.

The strong fluctuation of the patients' mood before operation often causes kinds of reactions, for instance, palpitation, short of breath, sweating, insomnia, high blood pressure and excited sympathetic nerve. If they are not treated, the operation can never be performed smoothly and successfully; more often psychological disorder,

heart attacks, stroke can be induced, leading to the failure of the operation. Besides, the mood stimulation and the injury caused by the operation touch on the secretion of adrenocorticotrophic hormone and corticosteroid, which can limit the function of immune mechanisms and enhance the possibility of being infected.

The patients mood reaction never ends with the end of surgery. Due to the painful suffering after the operation, the depression and the difficulty to move about, the patients have strong desire to be loved and cared.

The problems caused by surgery can be prevented and controlled. For those who are in the first time to be operated, detailed explanation should be given so that they can know the procedure of the operation and their terror and nervousness can be relieved a lot. The experiments carried out in the hospital of Los Angeles Medical School show that love and care can make wonders and are very much effective to relieve the patients' anxiety before operation. 54 patients who suffered from severe arrhythmia were observed. Each morning, the gentle nurses came to their patients three times, touching the patients' hands, as if they were counting their pulses; cheerfully chatting with them, as if they were their family members. Those who were anxious and nervous before operation have become calm during the minutes they get the gentle care from the nurses, while medicines can never have such good efficacy.

It is well known that everyone has the desire to be loved and cared. Babies have the desire to get love from their mothers because they need the sense of security. Adults have the desire to be loved by their spouses because the physiological and psychological affection of security sense can overcome the condition of being nervous.

#### 6.4.1.2 重点句子摘译

写好文章摘要的关键之一是迅速识别出原文的中心大意,并找出其中的关键句子。翻译这些句子时切忌逐词对译,应用自己所熟悉的单词和句型灵活翻译。

例文1:

### 如何保持充沛的精力

现代社会生活节奏日益加快,竞争日趋激烈,面对工作上的挑战,生活上的各种压力,许多人都有过在一段时间内情绪低落、容易疲劳、不愿运动、失眠、头疼、注意力不集中等经历,有的甚至长期或经常出现这种情况。因此,怎样才能长时间精力充沛地工作和轻松地生活也越来越被人们所重视和关注。一些著名的医学和健康专家对这种现代人的通病进行了研究,提出了一系列简便可行的办法。

及时补充能量 在正常的一日三餐之外,每隔2-3小时少量进餐,目的是使血糖维持在能保证满足身体能量需求的水平。从生理上讲,血糖代谢是人体能量的主要来源。因此,不断补充血糖是保持精力充沛的前提,过度节食者难免筋疲力尽。所以,选择食物适应

选择富含碳水化合物(carbohydrate), 同时有适量的纤维素(cellulose)和少量的脂肪的食物。

试试香味提神 实验表明吸入含有薄荷(mint)和百花香味(fragrance)的气体能使计算机操作人员明显减少操作失误。具体选择哪种香味并无特殊限制。只要是你喜欢、能带来愉悦感觉的气味都有助于提高大脑的觉醒程度。

补充维生素和矿物质 虽然维生素和矿物质(mineral substances)不具有立竿见影的提神醒脑功效, 但它们却是机体正常新陈代谢不可缺乏的营养物质, 其中B族维生素、镁(magnesium)、铁尤其重要。医学调查发现相当部分的妇女缺乏某些种类的维生素和矿物质。每日可服用复合维生素药物, 但注意不能超过人体实际需要量。

健身锻炼 定期锻炼的最大受益者是你的心脏。故有“完美的体形意味着完美的心脏”之说。此外积极地锻炼能够提高机体产能的效率。当快节奏、高强度的工作需要你付出更大能量时, 健康的身体能够游刃有余地释放潜能。现在, 城市空气污染严重, 对人体危害不浅。在假期和周末远离喧嚣的都市, 每隔一段时间到林木茂盛、风景去踏青, 可以令人体吐故纳新、调和呼吸、阴阳协调。在绿色植物密集的公园、森林、空气里的负离子(anion)浓度较高。在负离子充沛的地方, 人们感到心旷神怡、精神振奋。空气中的负离子不仅能调节神经系统, 而且可以促进胃肠消化、加深肺部的呼吸。深呼吸不仅可以摄取更多的氧气, 同时能刺激副交感神经(parasympathetic nerve)系统, 有助于放松。深呼吸时可以躺下或端坐, 一只手放于体侧, 另一只手放于腹部, 用鼻子吸气, 同时排斥杂念, 想象胸部充分扩展、肺内正充满氧气, 然后感觉二氧化碳从体内排出, 同时颈肩放松。每次不少于3-5分钟。

#### 摘译要点

“如何保持充沛的精力”既是文章的题目, 又是其中心大意。每一段的第一句也是关键句, 对关键句做出解释性的翻译, 再用原文中的例子加以解释即可涵盖段落的大意。例如, 在第三段中, “试试香味提神”是关键句, 可以意译为“Put some perfume, or something else that can give off sweet smell on your skin or clothes”。而对关键句的解释可表达为“Experiments suggest that the smell of mint or fragrance can help computer operators reduce the chances of making mistakes. In addition, smelling something you like can keep you awake”。

#### 参考译文

#### How to be Energetic

Facing a fast pace of life and various challenges in workplaces, many people nowadays become depressed, insomniac and restless. To improve the conditions, experts suggest:

Eat some food or snacks between meals, every 2-3 hours. Sugar metabolism supplies calories for our body, so regularly replenishing sugar is vital for you to keep yourself energetic. Make sure that the food be rich in carbohydrate and cellulose.

Put some perfume, or something else that can give off sweet smell on your skin or clothes. Experiments suggest that the smell of mint or fragrance can help computer operators reduce the chances of making mistakes. In addition, smelling something you like can keep you awake.

Have more vitamins and mineral-rich foods. It is known that vitamins are very important in metabolism, of which VB, magnesium and iron are the most important.

Do more physical exercises. Good body shape means you have a healthy heart. Go out of your office and do physical exercises in parks, forests or anywhere that is rich in anion. Anion can not only regulate your nervous system but also improve your digestion and respiratory system as well.

例文 2 :

### 生命在于运动

“运动的种类举不胜举，走路大概是最简单易行的一种运动了。现代运动医学研究认为，一个人走路脚力的强弱，与这个人的健康状态的关系是非常密切的。的确，走路，不仅是工余、饭后，睡前溜达溜达、随便走走，而且是一种经济简便、不需要任何特殊设备，有益于身心、保持生命活力，延年益寿的、绝妙的、其乐无穷的运动。走路不同于跑步，跑步不论如何有益，并不是所有人任何时候都可以参加的，比如患病时或病愈不久，就不宜跑步。走路也不同于做操、跳舞，做操、跳舞需要一定的场地和技巧，走路只要能行动，可不拘一格、闲散地、随时随地，或急或缓的自由进行，而且特别适合中老年人，是中年人延年益寿的良方。

走路运动对人体的保健作用是不可估量的。走路时，四肢自然而协调地运动，可使全身关节筋骨适度运动时加之轻松的情绪，可使人气血流通，经络畅达，利关节而养筋骨，畅神志而益五脏。最新研究资料表明，走路所带来的生理效应，首先是全身血液、骨骼、肌肉、韧带都活动起来，继而呼吸、循环、消化、泌尿、内分泌、神经系统引入活跃状态中，调节内脏功能的生理平衡，促进正常的新陈代谢。如增强下肢肌肉和韧带的活动能力，保持关节的灵活性，延缓骨质疏松的发展，保持骨骼的强度，能使全身柔软灵活，减少疼痛的发生；又如走路时全身震荡，可以防止血管壁沉淀物的沉淀，而且对内脏器官起着按摩作用，增强心血管活力，提高呼吸功能，降低胆固醇，避免高血压的发生；走路还可以使身体发热，加速血液循环，成为智力劳动的良好催化剂，因为血液循环加快，产生更多的热量，供给大脑更多的养分，不仅增加生活乐趣，缓解过度紧张的生活，还有助于提高思绪，增加思想的敏锐。一位美国生理学家说：“走路对于脑力劳动者，特别是对于创造性劳动的人来说，是一种生理活动的最好形式。”最近还有研究发现，走路提高了肌肉纤维的弹性，强化肢体的主要肌肉，促进血液循环，保持外貌的健美和减肥。有人观察到，每天坚持走路 45 分钟，1 年可减肥 7 公斤。

有人将走路分为 5 种，即普通行走法，其速度为每分钟 60~90 步，每次走 20~40 分钟，

这种走路,适合于冠心病、高血压、脑出血后遗症以及有呼吸系统疾病的人;快速行走法:每分钟90~120步,每次走30~60分钟,这种走路,适合于身体健康的中老年人和慢性关节炎、肠胃病及高血压的恢复期;反臂背向行走法,把两手臂背放在腰的命门穴上,缓步背向行走50步、再向前走100步,这种走路,适合有轻微老年痴呆症和患有神经系统疾病的人;摆臂行走法,每分钟60~90步,两臂作前后较大幅度的摆动,这种走路,适合于肩周炎、上下肢关节炎、慢性气管炎、肺气肿的病人;还有一种摩腹走法,每分钟30~60步,每走一步,两手旋转按摩腹部,正反方向交替进行,这种走路适合患有胃肠疾病的老人。采用哪种走路的方法,可根据自己的情况加以选择,量力而行。

走路必须掌握要领,循序渐进,身体自然放松,步履轻松,避免气乏喘吁,要注意姿势,不要垂着头、双腿晃动和挺胸驼背,这样会使人精神不振、消极和失去自信,要昂头、挺胸、步履轻盈的大步行走。如果以锻炼为目的,还应该选择在公园或有树木花草的地方。锻炼的强度也应逐步增加,一般经过3个月的走路锻炼,在自我感觉良好的情况下,可增加每分钟的步数和活动时间。科学家还指出,走路锻炼最好在晚上进行,不宜在早晨,因为早晨起床后,经过一夜的睡眠,人体水分蒸发,血液浓稠,会增加血管栓塞的可能性,而晚上走路锻炼,因血液稀释,则减少了血管栓塞的危险。至于平时,应尽量减少坐车,多走路,安步当车,日行万步,永葆健康。

#### 参考译文

#### The Importance of Physical Exercise

Sports lie at the heart of human life. The sport items are various, of which walking perhaps is the most practiced because when you go for a walk, no special equipment is needed. Besides, all people, no matter whether they are strong or weak, old or young, can join in the sport as long as they can.

Walking plays an important role in your health. Walking makes your limbs move coordinately, blood circulate actively, skeleton system and muscles work better. As a result, your respiratory system, circulatory system, digestive system, urogenital system and endocrine system work better.

Walking is divided into five types. The first is called normal walking, which is done at the speed of 60-90 steps per minute and should be last for 20-40 minutes each time. This type of walking is good for those who have heart disease, hypertension, stroke or respiratory system diseases. The speed of the second type of walking should be at 90-120 steps a minute, lasting for 30-60 minutes. It is suitable for the healthy aged and middle aged and those who suffered chronic arthritis or are in the recuperation period of hypertension or gastroenteritis. The third type of walking is to move backwardly with their dorsal arms on the Mingmen Point (GV4), walking slowly with 50 steps backward and 100 steps forward. It is good for the people with slight senile dementia and neurological diseases. The fourth type of walking is suitable for

the victims who suffer from arthritis, limbs arthritis because when they are walking in this way, they have to swing their arms as high as possible, and their symptoms can be improved. Another type of walking is done with their hands crossed at their backs. The speed of the last type of walking is about 30-60 steps a minute. But during each step you should massage you abdomen clock wise and counter clock wise alternatively, which is good for the aged who suffer from gastroenteritis. You can select different types of walking in terms of your own conditions.

Walking should be done in the right way. Take care to avoid huffing and puffing. You should hold your head erect with your chin up and walk in large steps. After three months of exercise, you can walk faster and longer. Experts believe walking in the evening is better than that in the morning.

#### 6.4.2 文章摘要写作

有了一定的翻译实践,掌握了医学科普中经常使用的词汇和句型后,就可以按照医学博士入学考试的要求进行文章摘要写作了。如前所述,写作文章摘要的基本步骤是:首先浏览全文,理解文章的中心大意,并给要点划线,找出主题词、中心词、中心句;然后把文章要点按文章发展的逻辑顺序写出提纲,提纲中每一部分的第一句尽量用完整的句子表达;下一步是起草摘要,切忌照抄或逐字翻译,要用自己的语言,摆脱原文束缚,达到摘要写作的目的。写作时,内容要忠实于原文,适当使用连接词,使文章具有连贯性和统一性。句子时态应根据原文的内容确定。

例文1:

#### 医疗改革前景

有科学家预言,未来医学是预防医学和自我保健医学的时代,随着社会的发展,疾病谱正在发生巨大变化,影响人类健康的因素及医学模式也都有所改变。来自人们心理、行为以及自然和社会环境因素的“生活方式病”已越来越多的威胁人们的健康。人们逐渐发现,个人、家庭、社会参与卫生保健的作用将越来越大,健康教育已成为解决当代公共卫生问题的重要内容。国外一些学者甚至喊出:“未来,谁掌握了健康教育,谁就掌握了自己的健康和命运。”

本世纪末到下世纪初,是我国卫生保健事业发展的重要时期,也是我国慢性非传染性疾病发病的高峰期。西方发达国家的实践已经表明,治疗慢性非传染性疾病,经济耗费是巨大的,效益却微乎其微。然而,慢性非传染性疾病大多是可以预防的,只要大力开展健康教育、促进健康,花费比治疗要少得多的经费,就可以使慢性病发病率大大降低。芬兰、美国等国均取得了是慢性病发病率下降30%-50%的明显效果。国内外的事实证明,开展全方位、多层次的健康服务和健康教育,促进健康,是低投入高产出的事业。

世界卫生组织西太平洋区办事处1995年提出了《健康新地平线》的理论,指出卫生

工作应以人为中心,以健康为中心,而不应以疾病为中心。在未来的卫生保健工作中,健康教育、促进健康、健康保护将成为优先发展的战略重点。

国务院颁布的《21世纪议程》和《中国卫生发展与改革纲要》,都把开展全民健康教育作为战略重点。卫生部在我国卫生事业2000年规划设想中提出:把健康教育工作作为各级各类卫生单位的基本职能之一,动员全社会,最大限度地控制和消除影响人民身体健康的各种危险因素。

卫生工作根本目的在于保障全体人民群众的健康,减少各种危害健康的因素,减少疾病,提高人民群众的健康素质和生活质量。而达到这一目的,必须有广大人民群众参与;动员广大群众参与,最有利的形式就是开展健康教育,解决当今主要的社会卫生问题。

有关专家指出,目前,我国健康教育投入甚微,健康教育运行机制和政府对学校健康教育的管理尚不够协调。健康教育专业学科师资缺乏,健康教育的技术力量和手段还比较落后,不能适应提高全民健康素质战略任务的需求。

上海医科大学健康教育学研究室主任黄敬亨教授指出,我国应尽快建立健全全国健康促进体系。黄教授说,近十几年来,健康教育与促进健康在世界上已取得了长足发展,促进健康已成为公共卫生政策的核心内容。发达国家的经验表明,发展与健康体系是医学模式改变后最佳选择。澳大利亚等国家的促进健康工作已使它们跻身于世界上国民健康水平最高的国家行列之中。黄敬亨教授建议,我国应加强医学院校健康教育与促进健康专业建设工作。他介绍,目前西方国家已把健康教育、促进健康、行为科学及初级卫生保健列入大学的必修课程(而且,不仅限于医学院校、师范院校),而我国目前却只有六七所医学院校设有该专业,且力量相当薄弱。应尽快扭转这一局面,加速健康教育专业师资培养和人才培养,以适应21世纪人群健康对健康教育提出的要求。

完善社区网络,开展社区服务,是目前我国健康教育面临的又一问题。世界卫生组织规定,开展城市社区健康教育,创建“健康城市”的标准之一就是社区居民居住区的一定范围内设有健康教育服务站。世界卫生组织认为,人的健康应该从一出生起就得到关注,包括婴幼儿、青少年、中老年等每一阶段,都应有专人为其提供健康服务。中国健康教育研究所副研究员徐岫茹指出,我国尚缺少社区健康教育场所,社区健康教育活动也只能停留在照顾孤寡老人、精神病人等单层面上,只有“照顾”,谈不上“教育”。徐岫茹介绍,前两年他们曾在北京安华小区讲课,讲婴幼儿健康、心理卫生等内容,很受当地居民欢迎,但由于没有固定场所和必须的设备,这种社区健康教育服务最终未能坚持下来。

有关专家谈到,搞好健康教育需要医务人员的配合,需要医生“转变角色”。目前,大部分心理门诊设在医院,可心理疾病往往来自复杂的社会问题。医生通常只习惯于开药治病,而病人又往往认为自己得病不需要吃药,需要的是医生的指导和精神“治疗”,结果使一些精神疾病得不到帮助和指导。专家建议,应建立各类健康服务中心,如借鉴美国的社区服务经验,在社区内建立“拯救自杀中心”、“儿童问题中心”、“婚姻家庭中心”、“老年问题中心”等,为每家每户每个人建立健康档案。



### 写摘要要点

通读原文后,可确定“卫生保健,健康教育”为文章的中心思想。“谁掌握了健康教育,谁就掌握了自己的健康和命运”、“把开展全民健康教育作为战略重点”、“动员广大群众参与,最有利的形式就是开展健康教育”等句子都说明了健康教育的重要性。这样,在摘要的第二和第三段中可分别用“Health education will make great achievement ... , Health education and health improvement will make special contribution to ...”等句子中进行表达。原文中提到的目前我国健康教育的状况和应采取的措施等,在摘要第四段应进行概括。最后一段加上总结句“With these measures taken, there will be an improvement in the prospect of public healthcare”,可使摘要更加完整。

### 参考范文

#### Medical Reform Outlook

There have been drastic changes in recent decades in the area of disease prevention, and this has caused numerous repercussion on human health and medical model. It has been increasingly realized that individuals, families and societies are playing a growing role in health care and that health education is becoming the focus of in resolving contemporarily public health issues.

It has been predicted that health education will make great achievement during the period from the turn of this century to the beginning of next one when chronic non-infectious illness will reach the climax. Health education and health improvement will make special contribution to both preventing chronic diseases and reducing the rate of disease affections.

It is a progressive notion that health education, improvement and protection will become the priority of health care. It will not only provides health safeguards for the masses and reduce number of disorders but also help upgrade the qualities of life. As far as our country is concerned, health education has only started relatively late. Hence, it is urgent that more measures should be taken. Firstly, health improvement system should be fully established as soon as possible. Secondly, community network and service should also be perfected. Finally, medical workers play an indispensable role to a good health education.

With these measures taken, there will be an improvement in the prospect of public healthcare.

### 例文 2

#### 健康从早餐开始

很多人不重视早餐,常常是随便凑合一下或者干脆不吃。其实,早餐对保障人体健康、

维持体能、提高学习好工作效率有着至关重要的作用。不仅如此,专家还认为,应根据人的不同年龄和体质状况,科学合理的搭配早膳,以满足人体健康的需要。

**幼儿的早餐** 幼儿正值生长发育的旺盛时期,应当注意补充丰富的蛋白质和钙(calcium),尽量少吃含糖较高的食物,以免引起龋齿(decayed tooth)和肥胖。如果在条件许可的情况下,幼儿的早餐通常以适量的牛奶、鸡蛋和面包为佳。当然,也可以用果汁或粥米来代替牛奶,或者用饼干、馒头代替面包。

**青少年的早餐** 青少年时期身体发育较快,使肌肉和骨骼生长的重要时期需要足够的钙、维生素C、维生素A等营养成分,尤其需要充足的热量供应。青少年比较合理的早餐是一杯牛奶、适量的新鲜水果或蔬菜、100克干点(面包、馒头、大饼或饼干等含碳水化合物(carbohydrate)较高的食品)。所含的热量要充分满足青少年脑力活动与体力活动的需要。

**中年人的早餐** 人到中年,肩挑工作、家务两副重担,身心的负荷相当重,加上中年时期组织器官的功能和生理功能日渐减退,其体力和精力都不如青少年。为了减缓中年人衰退的过程,推迟“老年期”的到来,除了要保持乐观的思想情绪和进行必要的体育锻炼之外,合理的搭配膳食也非常重要。中年人的饮食,既要含有丰富的蛋白质:维生素、钙、磷(phosphorus)等,还应保证低热量、低脂肪并适当地控制碳水化合物的摄入量。中年人较理想的早餐是鸡蛋、豆浆或粥、干点(馒头、大饼和面包均可)和适量的蔬菜。

**老年人的早餐** 老年人的新陈代谢(metabolism)已经明显衰退,但必须的营养成分不能减少,尤其要保证钙的供应,以防止老年人的骨质疏松(osteoporosis)。老年人的早餐除了供应牛奶和豆浆以外,还可以多吃粥、面条、肉松和花生酱等既容易消化、又含有丰富营养的食物。除此之外,老年人的早餐应注意少吃油炸类食品,因为这类食物脂肪含量较高,胃肠一般难以承受,容易出现消化不良,并易诱发胆、胰疾患,或使这类疾病复发,加重。多次使用的油里往往含有较多的致癌物质,如果常吃油炸的食品,可增加患癌症的危险。老年人还要少吃甜食,因为多余的糖在体内转化为脂肪,容易引起无机盐缺乏。动物内脏类如肝、肾、脑等胆固醇(cholesterol)含量甚高,老年人如经常食用,会使血中胆固醇增高,从而容易引发冠心病、动脉硬化、高血压等心脑血管疾病,或使原有的疾病加重。

### 参考范文

#### The Importance of Breakfast

Many people don't care much about their breakfast, and even worse, some people scarcely bother themselves to have it. However, breakfast plays such an important role in keeping us healthy and energetic, and improving our working and studying efficiency that each of us should have a scientifically balanced breakfast, depending on different ages and physical conditions.

As the breakfast for infants should be rich on protein and calcium, milk and eggs

are to be provided to support the rapidly growing of infants.

In terms of the breakfast for teen agers, great importance must be attached to the foods rich in Vitamin C and A, calcium, and particular carbon hydrate, say, milk, fruits, vegetables and bread. As we know, teen agers are active, both in developing bones and muscles. They need large amount of calories.

As far as the breakfast for the aged is concerned, on one hand, the food that is rich in protein, Vitamins, calcium and phosphorus is vital. On the other hand, the amount of food they take should be limited because of the progressively weakening of their organs at their age. The breakfast for the aged needs careful preparation. In addition to milk and soy-bean milk, they can have something that is easy to be digested in their breakfast, like noodle or gruel, but less sweets or anything rich in cholesterol, which would lead to high pressure or heart disease.

### 例文 3

油炸食品是我国传统的食品之一，无论是逢年过节的炸麻花、炸春卷、炸丸子，还是每天早餐所使用的油条、油饼、面窝；近年来儿童喜欢食用的洋快餐中的炸薯条、炸面包以及零食里的炸薯片、油炸饼干等，无不是油炸食品。油炸食品因其酥脆可口、香气扑鼻，能增进食欲，所以深受许多成人和儿童的喜爱，但经常食用油炸食品对身体健康却极为不利。

油脂反复高温加热会产生有毒有害物质。我国卫生部经监测显示：淀粉类食品在超过 120℃ 高温的烹调下容易产生丙烯酰胺，如油炸薯片和油炸薯条中，丙烯酰胺含量甚至高出谷类油炸食品 4 倍。而动物实验结果显示，丙烯酰胺是一种可能致癌物。长期低剂量接触丙烯酰胺的人会出现嗜睡、情绪和记忆改变、幻觉及震颤等，并伴有出汗、肌肉无力等末梢神经病症。

食物经高温油炸，其中的各种营养素被严重破坏。高温使蛋白质炸焦变质而降低营养价值，脂肪中的不饱和脂肪酸发生分解、进而失水、相互聚合，产生具有强烈刺激性的胶状聚合物，难以被人体消化、吸收。高温还会破坏食物中的脂溶性维生素，如维生素 A、胡萝卜素和维生素 E，妨碍人体对它们的吸收和利用。

不少人早餐时经常食用油条、油饼，北京市卫生局抽检了 31 个早点摊、铺，经检测煎炸油全部合格，但在油条、油饼检测中却发现铝含量严重超标，合格率仅为 22%。铝含量超标的主要原因是油条中加入了疏松剂——明矾（硫酸铝钾）。铝含量超标虽然不像其他有毒食品那样会吃死人，但过量摄入铝会对人体有害，可能导致老年性痴呆症。另外，做油条时的面团经过明矾处理后，碱性很高，维生素 B<sub>1</sub> 本来在碱性环境中就很容易破坏，再经过高温油炸，最后几乎使全部的维生素 B<sub>1</sub>，都损失掉。所以，虽然油条、油饼口感不错，但人体本该获得的营养素却都被破坏了，不该摄入的有害物质却增加了，显然是不利于健康的。

油炸食物脂肪含量多，不易消化，常吃油炸食物会引起消化不良，以及饱食后出现

胸口饱胀、甚至恶心、呕吐，腹泻，食欲不振等。近年来儿童中吃洋快餐引起的肥胖症也在日益增多，而中老年人常吃油炸食物无形中使脂肪的摄入量增多，不但容易发胖，对心血管更为不利。常吃油炸食品的人，由于缺乏维生素和水分，容易上火、便秘。油炸食品含油脂高，可刺激胃肠黏膜，诱发胆道痉挛，所以患胃肠道疾病、肝病、胆囊炎和胆结石的病人都不宜食用。

油炸食品的卫生问题也不容易忽视。近年来卫生部门发现有少数街头摊贩，违法使用地沟油来炸制食品。还有些商贩即使是使用合格食用油，但他们为了节约成本常常将油反复高温加热使用，使油脂炸焦变黑，这无疑增加了致癌物和有害物质的含量。另外由于油炸食品都是在极短时间内高温烹制而成，常常是外面已炸得焦黄（糊）发硬里面却还没有熟透，没有有效地杀灭食物中的病原微生物，容易发生肠寄生虫等疾病。

最后提醒大家，为了防止高温加热油脂对人体所造成的不良影响，人们应当尽量少食油炸食品；在炸制食物时应避免油温过高；避免油脂反复多次高温炸制，每次用后应添加新油；减少食物带入油中的水分，及时清除并尽量减少油锅中有食物碎屑，这些都能减缓油脂的劣变，减少有害物的形成；炸制食物时应减少油的使用量，炸过的剩油应当废弃。只有做到这些，才能有效地防止有毒有害物质的形成，减少对人体的危害。

#### 范文

Fried food is one of Chinese traditional foodstuffs and is popular among adults and children. However, eating fried food frequently does great harm to our health.

Oil and fat which are heated over and over again can produce harmful substances, some of which, such as the one produced by fried starch, may result in cancers. Moreover, various nutrients, such as proteins, fat acids, vitamins, can be badly destroyed after food is fried in the high-temperature oil. A number of people have fried flour food for breakfast and this kind of food contains plenty of alumina, which is not only likely to cause Alzheimer's disease if taken too much in but also can destroy vitamin B1. Fried food is hard to digest because of its high ratio of fat. Children who eat too much fried food are likely to gain weight and old people who eat too much this kind of food are under the risk of developing cardiovascular diseases besides gaining weight. The sanitary problem of fried food should not be neglected. Since fried food is cooked by high-temperature oil within a short time, they cannot be ensured to be entirely ripe and be free of pathogenic microbes that may lead to enteric diseases.

In order to reduce the negative effects fried food may have on the body, people ought to eat them as less as possible and to keep away from harmful substances produced by them. In the process of cooking, too high oil temperature, too many times' frying, chippings of the fried food should be avoided and the left oil should be deserted.

#### 例文 4

尽管冬季寒冷,但是仍需进行必要的体育锻炼。寒冷的气候条件下进行体育锻炼,一定要注意自我保健,否则,会适得其反,冻坏身体。冬季体育锻炼项目主要有滑冰、滑雪、晨练、冬泳等,下面结合冬季气候作介绍。

首先是着装问题。服装的隔热值必须与运动中增强的代谢产热过程平衡。在冷天中多穿衣服,衣服在皮肤之外包住一层温暖的空气,使传导散热过程减弱。但在运动时,机体的产热大大增加,如果穿得过多,反而有害,应穿轻便的衣服。这样在运动中产热增加时,可以方便地脱掉。近年来服装制造商在发展轻质服装方面不断改进,这样可以保证良好的隔热性,同时又保证了活动的自由性。

在寒冷环境下运动时,机体能量代谢增强,产热增加,此时机体血管扩展,大大降低了身体对寒冷的抵抗能力。因此,在运动间隙要特别注意保暖,及时加衣。寒冷环境中运动时能量消耗大,代谢水平高,使身体内的能源物质消耗增多,在代谢过程中还需要各种维生素的参与,如维生素 B<sub>1</sub>、B<sub>2</sub>、B<sub>3</sub>、烟酸、维生素 C 等需求增加。

因此,对于从事滑冰、滑雪及在寒冷环境下锻炼者的膳食,应注意增加较多的热量。一般来说,冬季比春季从事同等强度的运动热量消耗高 10% 左右。据测算,一个成年人两小时的滑冰练习可增加消耗 1000 ~ 1500 千卡热量。在三大物质的比例中,因脂肪具有产热量多的特点,且增加脂肪有助于机体御寒,故应适当增加脂肪的供能比例,一般可占全部热量的 25% ~ 30%; 而蛋白质也应偏高,占 12% ~ 18%; 其余由糖来供给。体育运作者按每天消耗 3500 卡热量计算,蛋白质约需 130 克,脂肪 150 克,糖约 480 克,相当于每天应摄入米饭或馒头 600 克左右,鸡肉 100 克,瘦猪肉 200 克,鸡蛋两个,牛奶两杯,植物油 50 克等。

冰雪项目锻炼中,膳食中维生素也应相当增加,维生素 C 能增强人体对寒冷的适应能力。据文献,摄入大量维生素可明显减少寒冷环境中的体温下降幅度,缓解机体肾上腺的过度应激反应,增加机体耐寒能力。

冬泳是我国北方的一大特色,冬泳健身在理论上有其科学性,但冬泳毕竟是一项冒险的运动,必须掌握科学的方法。反之,就会影响身体健康,甚至诱发疾病。一是冬泳锻炼应从秋季的冷水浴开始,逐渐提高对寒冷的适应能力;冬泳期间应加强高能量饮食的补充,冬泳前不要喝酒;对于心、肝、肾有严重疾病的人或脑血管病、溃疡、关节炎患者,以及妇女在月经期均不宜冬泳。

冬季有晨练习惯的人,遇大雾天,最好在室内进行,一是雾天能见度低,容易发生交通事故;二是冬雾中含有对人体有害的酸和胺等污染物,吸入人体易引起气管炎、喉炎、结膜炎和一些过敏性疾病。另外,冬季晨练应尽量用鼻呼吸,鼻道能对吸入的冷空气预热,鼻粘膜能阻止吸入空气中的灰尘。对于严重的疾病患者,冬天的耐寒锻炼更应适度。锻炼时应根据病情变化适当减少或增加幅度,以防旧病复发。注意循序渐进,掌握体育锻炼与药物治疗相结合的原则。在天气过于寒冷时,最好不要外出锻炼。

### 参考范文

Self-care is of great importance when one is working out in cold weather. The following are some suggestions.

First, one should wear light clothes so that they can be easily taken off when too much heat is produced during exercise. Besides, it is of special importance to keep warm in the intervals of exercise. Thirdly, it is essential for one to take in sufficient calories. Generally, exercise in winter consumes 10 % more calories than that of the same intensity in spring. And foods rich in fat should be included in one's diet because fat supplies 25% ~ 30% of the total calories, protein 12% ~ 18% , and sugar supplies the rest. More vitamins should also be added to diet so as to enhance their bodies' resistance to cold.

When it comes to swimming in winter, carefulness is of greater necessity. For one thing, it has to start with cold-water bath in autumn. For another, high-energy food has to be included in diet. In addition, drinking is absolutely forbidden before swimming. Last but not least, swimming in winter is not fit for patients of serious diseases. Nor is it fit for women during the periods of menstruation.

Finally, morning exercise is advised to be done indoors in foggy days. Moreover, it is better to breathe through the nose. Patients with serious diseases should take moderate exercise and had better not work out when it is too cold.

### Exercise 6.1

**Directions:** Translate the following article into English.

### 社区医疗

19 世纪德国人 F. Tonnies 提出社区是由共同生活的同质人口组成。他们向往由共同价值、关系密切、守望相助、防御病痛、富有人情味的共同体。笔者曾提出,要用整体医学观、社会医学观和人文医学观指导卫生改革,引导医学新潮流。社区卫生服务是以个人为中心,以家庭为单位,以社区为范围的基层卫生服务,医学服务不能把病与人分离,把病人的主观自我与客观自我分离。单凭几个检验数据来判断疾病,忽视处于第三状态的人,忽视人的心理社会背景,“物化医患关系”,怎能实现医学的最终目的,还“医乃仁术”的本来面目?

我国传统医学是人文主导型医学,“仁者爱人”“医者仁也”。西方医学为科技主导型医学。两者需互补优缺,绝不能搞单独技术主义。社区卫生服务的连续性、系统性、综合性和方便性,能使人文医学和技术医学相得益彰。对病人的心理和社会情况全面了解,真正把病人当作人而不是“物化”,全科医生的服务的质量会比目前不到 15 分钟看一个门诊病人的医疗质量高得多、好得多。

人有男女老少之分,工农商学兵之分,贫富地位高低之分,ABC 型性格之分,四

种气质之分等，只有社区全科医生才有条件去全面了解人，关心人，尊重人和服务人。医学服务还有照顾、保护、关怀之意，绝不是开个处方、取几瓶药、打一下针就能实现的，社区全科医学服务就体现此种人文精神。医生与居民做到守望相助，关系密切，富有人情味。WHO 公布影响健康的四个因素中，不良生活方式和行为占全球死亡因素的 60%，我国也占 50% 以上。

在日本，有些全科医护人员，为了劝人戒烟酒，天天上门做健康教育工作，诚之所至，金石为开，感动人们戒烟酒成功，使近 20 年来，高血压患病率下降 3/4，心血管患病率下降 2/3，成效显著。美国开展健康助手活动，签订家庭服务协议书，帮助慢性病人的家属了解防治疾病好急救知识，使近 20 年来心脏病死亡率下降 30%，脑血管病死亡率下降 50%。

正当社区卫生服务方兴未艾之际，我认为，在理解此种服务的战略意义中，应体现人文医学精神，在全科医学培养教育中要贯彻此种精神，加强人文社会学科教育。古希腊一位哲学家说过：“医学治好身体的毛病，哲学接触灵魂的烦恼。”社区医生用人文医学精神武装头脑，不但能防治好躯体疾病，还能解除人们为心理上的烦恼，使卫生服务提高一个档次，人们健康水平更上一层楼。

#### Exercise 6.2

**Directions:** Translate the key sentences from the following article into English.

### 入世后看病如何挑医院

#### 合资医院服务好，价格高

入世后，许多人需要医疗保健时，总是毫不犹豫的选择洋医院，理由很简单，就是冲着洋医院的服务去的。一般来说，洋医院医生中大多数持有外国医师执业执照，在候诊室里，沙发、电视、茶点、杂志一应俱全，大厅里有儿童乐园，走廊里还播放着轻松优雅的背景音乐。在这里，病人被视为“客人”，他们不必排队挂号，不必楼上楼下跑。划价、交费、取药在一个窗口。病人的候诊时间不超过 10 分钟，看病时，每位病人不能少于 45 分钟，病人可以充分的向医生表述病情，医护人员保证全方位的服务。在诊疗时，医生还会增加心理咨询、健康教育等内容。来到这里，病人可以感到家一样的温馨。

不过洋医院目前的收费是很高的，在北京的洋医院里，看一次感冒需要 500 元左右，在这 500 元左右的费用中，药费仅占 100 元左右。洋医院所收费用的 80% 是患者为院方提供的高质量服务而付的，而公立医院的收入则主要来自药品差价，有的达到了收入的 90%。可见，洋医院与公立医院最大的不同是，前者挣的是服务费，后者挣得是药品钱。

#### 民营医院有发展空间

民营医院一般是指民间、社会资本占主体的医院。目前，我国约有民办医院 400 多家，私人诊所 137 万个，个体医生近 20 万名。从总体看民办医疗机构虽然在数量上占全国卫生机构总数的 41%，但主要为规模较小的私人诊所，每年为社会提供的医疗服务量大约占总量的百分之几，目前的基础设施、诊疗设备、技术水平等方面，还难以与具备优

势的公立医院形成公平、有效的竞争局面。

民营医院的出现让人想起十几年前对超市的概念认识也是比较模糊的。即总认为里面装修豪华、高档，但因货物很贵而不愿意进门。而今超市大大普及了，人们纷纷进入购物，因为物有所值。民营医院或许正有类似的经历，它也将有一个自然成长的过程。而 2002 年我国政府又提出了在卫生资源相对过剩的地方，鼓励投资者通过收购、重组现有公立医院的方式举办营利性医疗机构和民办非营利性医疗机构，提出了社会资本投资着重于目前服务能力较欠缺的老年慢性病护理、康复、婴幼儿保健等领域。据悉，5 年内全国 65 万家医院的 40% 要办成民营医院。政府目前正会同有关部门研究其中的一些政策性问题。随着社会观念的变化和政策环境的改善，民营医院必能与公立医院相辅相成，互争高低，成为医疗卫生界一道独特的风景，从而为人民群众提供更多更好的医疗服务。

### 公立医院正进行全方位的改革

长期以来，我国的公立医院一直享有政府支持和财政补贴。其基础建设、技术力量、医疗设备堪称雄厚，且明显高于民营医院。不同于民营医院的是，医药费还可以报销。但是公立医院存在的问题是老百姓看病时满腹牢骚，比如挂号时间长、缴费时间长、候诊时间长、看病时间短等问题。尤其公立医院的服务问题，一直困扰着医患关系实行正常化。

加入 WTO 后，洋医院先进的医疗技术、仪器和管理手段对公立医院将构成威胁。为了留住病人，公立医院开始实施全方位的改革措施，不仅在管理体制上、人事制度上进行改革，而且更多的是纷纷打起了技术、服务、环境、价格牌。比如许多公立医院花巨资增添先进仪器和对门诊进行全面改造。据悉，有的医院开始了医生预约制，不管患者到不到，在预约的时间里，医生都得等病人。还比如公立医院之间共同组建医疗协作体，其用意一是提高医疗技术，二是扩大服务阵营。

### Exercise 6.3

**Directions:** Write a summary of the following article in about 200 English words. Make sure that you cover all the major points of the article.

## 珍爱生命从护心开始

### 生命第一杀手

这些年来，随着我国经济的发展，在人们解决了温饱之后，伴随而来的是与吸烟、缺乏运动、紧张和过度饮食等不良生活方式相关的慢性疾病，尤其是心血管疾病、肿瘤等已经成为危害健康、危及生命的第一杀手。

近年来，“猝死”事件在各地屡有发生。压力过大，劳累过度，使得不少中青年长期处于亚健康状态，积重难返而猝死。在众多猝死事件中，多数是由心肌梗死引起的。而半数以上的心肌梗死是没有先兆的，突然起病，致死或致残；在心肌梗死发病早期死亡者中，半数都死于到达医院之前。



在很多人的印象里,高血压、冠心病、心肌梗死好像是中老年人的“专利”,其实不然,现在每天医院急诊室、监护室里都能看到一些非常年轻的心肌梗死患者,而且越来越多。

### 无知者“无畏”

很多人并不是死于无钱,而是死于无知,即缺乏预防意识,缺乏对健康的忧患意识,这在“白骨精”(白领、骨干、精英)中尤为突出。他们白天忙于工作,晚上忙于应酬,很少有人把自己的健康放在心上。

20世纪50年代出生的这一代人,更多地受益于经济发展所带来的便捷、舒适的生活,这种生活方式使得他们中的一部分人已经成为目前高血压、糖尿病和肥胖流行的“主力军”。但是,国内外大量的医学研究表明,吸烟,高热量、高脂肪饮食摄入过多,运动量减少等不健康生活方式,正在成为引发包括心肌梗死在内的各种心血管疾病的“催化剂”,正是由于这些危险因素没有被认识,没有得到很好的重视和控制,才使得情况变得越来越糟。

值得注意的是,不健康生活方式所致的心血管疾病多是“隐性杀手”,平时无明显症状,但却在不知不觉中残害人们的健康。历经几年,十几年、甚至数十年的“沉默”,在毫无症状或先兆的情况下,以突然发病的形式瞬间结束人们的生命。相当多的病人第一次发病或第一次有临床表现就是心肌梗死,甚至猝死进而结束生命。

令人担忧的是,现在很多“白骨精”们根本意识不到自己是心血管疾病的高危人群,甚至幻想患病以后再亡羊补牢。实际上,在长期的超负荷“压迫”下,他们一旦发病就会一发而不可收拾,第一次就往往可能是猝死,所以一定不能心存侥幸。

### 管住嘴,迈开腿

血脂的异常和胆固醇升高、吸烟、糖尿病、高血压、中心性肥胖、日常生活缺乏运动、饮食缺乏蔬菜水果、紧张都已经被证明人是心血管疾病的重要危险因素,既然我们已经知道心血管疾病是一个多重危险因子的疾病,那么应首先从防危险因素上做起,而不要等到患了高血压再去吃降压药物,得了血脂高再去降血脂。

心血管疾病是可防、可控、可救的。吸烟是万恶之源,不只是危害心血管,也是引起呼吸系统和多种癌症的“罪犯”。吸烟害己更害人,吸烟不是“嗜好”,而是疾病。肥胖和血脂异常也可明显增加高血压、心肌梗死等的危险。

心血管防治要注重“治未病”,对每一个人来说,要有一个健康的身体,先要不吸烟,“管住嘴”,“迈开腿”。特别要从青少年抓起,引导青少年从小养成健康文明的生活习惯,告别烟草,告别垃圾食品,热爱和坚持运动,保持良好的体重。

“迈开腿”,除了爬山、游泳等运动以外,要把路走起来。现在很多人都自觉或不自觉的开始慢慢地在变“懒”,能不动就不动,特别是有的青年人,进门就找电梯,出门就打的,为什么不能进门先找楼梯走一走呢?如果大家能坚持每天快步走一万步的路,持之以恒,定将受益匪浅,饭吃八成饱,日行万步路,为最有效的减肥方法。

## Keys to the Exercises

### *Exercise 1.2.1*

1. Laser surgery of the liver : Experimental study
2. Vascular injuries: Experiences in the treatment of 50 cases
3. Subacute thyroiditis: Clinical analysis of 55 cases
4. Carcinoma of the pancreas: Fifteen years' experience
5. Unstable angina pectoris: Clinical, angiographic, and myocardial scintigraphic observations
6. Unconventional gene therapy: A promising treatment for muscle disease
7. Genetically manipulated vectors of human disease: A practical overview
8. Maintenance of chromatin states: An open-and-shut case

### *Exercise 1.2.2*

1. Locus of hypoxia-induced vasoconstrictions
2. Three-dimensional reconstruction of alveoli in the rat lung
3. Cooling during exercise
4. Pericardium ventricular filling
5. Endotracheal flowmeter for newborns
6. Improved method for isolating type II cells

### *Exercise 1.2.3*

1. Relationship between smoking and bone mineral density in 386 healthy adult men
2. Tricuspid valve replacement: clinical analysis of 55 cases
3. Diagnosis and treatment of intracranial aneurysms
4. An epidemiological and clinical study of primary gout
5. A survey of the current status and distribution of cataract in the elderly
6. Laparoscopic cholecystectomy for cirrhotic patients: A clinical analysis of 92 cases
7. Osteoblastic related gene expression in chondrosarcoma
8. Adrenaline for anaphylactic shock
9. Ureteroscope in the management of ureteral calculus
10. Application of pancreatic sonography in the diagnosis of pancreatic disease

### Exercise 1.3.1

## 早年、成年期身体质量指数对女性生殖健康的影响

**背景：**体重过轻和过重的女性发生月经问题和不育症的机率较高，但目前证据不尽一致，尤其是关于肥胖发生的年龄对上述问题的影响方面意见不同。

**目的：**确定成年期和儿童期的身体质量指数（BMI）对女性生殖健康的影响。

**方法：**根据 1958 年英国出生人群研究所提供的 5,799 名女性身高，（7, 11, 16, 23 和 33 岁时的）体重和生殖数据。身体质量指数以体重/身高计算。根据不同年龄的分段来确定体重过重和肥胖 33 岁时报告的与生殖有关的问题，包括月经问题（16 岁时也有同样报告）、孕期高血压和低生育力。

**结果：**初经期早与 16 岁前的月经问题有关，但是，这种关系到 33 岁不复存在。在调整其他干扰因素后，23 岁时发生的肥胖和 7 岁时发生的肥胖都与 33 岁前的月经问题有关（OR 分别为 1.75 和 1.59）。在调整其他干扰因素后，23 岁时发生的肥胖导致孕期高血压的机率增加（OR=2.37）。与这些发现一致的是，在调整其他干扰因素后，23 岁发生肥胖的女性在无任何避孕的情况下 12 月内不易受孕（RR=0.69）。

**结论：**成年早期的体重过重和肥胖可能较易导致月经问题、孕期高血压和低生育力。除了月经问题外，儿童期的身体质量指数与女性的生殖健康关系不大。

### Exercise 1.3.2

## SURVEY OF SMOKING STATUS IN 35 TO 74-YEAR-OLD RESIDENTS IN QINGDAO

ZHANG Yu<sup>1</sup>, SUN Jianping<sup>2</sup>; PANG Zengchang<sup>2</sup>; ZHAO Fenglin<sup>1</sup>; WANG Shaojie<sup>2</sup>

1 Department of Nutrition, Qingdao University Medical College, Qingdao 266021, China

2 Qingdao Center for Disease Control and Prevention

Abstract:

**Objective** To understand the smoking status among 35 to 74-year-old residents in Qingdao city and provide a scientific evidence for enacting tobacco-controlling measures.

**Methods** By utilizing stratified random sampling, 5,072 residents aged 35-74 years from six districts of Qingdao were randomly selected. Their general conditions, smoking status, and attitude towards smoking were surveyed. The data was analyzed

by SPSS 16.0.

**Results** The smoking rate was 31.7%, the rate of men and women was respectively 69.0% and 7.5%, much higher in men than in women ( $\chi^2=2118.34$ ,  $P<0.01$ ). The smoking cessation rate was 11.1%. Logistic regression analysis indicated that the smoking rate was influenced by the following factors: gender, educational background, income, occupation and alcohol consumption.

**Conclusion** The rate of smoking among 35 to 74-year-old residents in Qingdao is high. Relevant tobacco-controlling measures should be enhanced, especially for males.

**Keywords:** smoking; data collection; Qingdao

#### Exercise 1.4.1

##### 引言

一般认为,幽门螺杆菌(Hp)是成人慢性胃炎中最普遍的B型胃炎的主要病因。B型胃炎病变部位一般在胃窦和幽门;而A型胃炎是典型的自身免疫性胃炎,主要发生于胃底。现已发现,Hp阳性的慢性胃炎与十二指肠溃疡有密切关系,并能引起胃萎缩。胃萎缩系胃癌前兆。

环境因素如社会经济和教育状况,似乎与Hp感染的传播程度相关。拉丁美洲人和黑人的感染率始终高于白人。感染与教育水平呈负相关。

在人口密集社区中,Hp的感染率和家庭成员间的Hp感染率高于普通人群。这可能是由于同一家庭中成员之间出现复发或再感染。此外,虽然大多数证据支持因拓殖而导致人与人之间的传播主要发生于儿童时期,但目前对于Hp的传播途径尚不清楚。在自然条件下,传播可以通过口—口或粪—口途径,但没有明确证据显示哪种途径是主要途径。而且,两种途径在其他因素作用下可能相互关联。

对Hp感染在家庭内传播的研究,大多针对有症状儿童的父母和兄弟姐妹,而不是普通人群。为了避免这种可能出现的选择性偏差,我们研究了Dionysos人的部分群体,以评估父母感染Hp的儿童感染率是否高于父母未感染家庭的儿童。

#### Exercise 1.4.2

##### Introduction

ACUTE MYOCARDIAL INFARCTION (AMI) is the leading cause of death in elderly patients. The choice of an optimal management strategy for patients with AMI has been addressed in multiple clinical trials and summarized in a meta-analysis of trials comparing thrombolysis with placebo. The meta-analysis found a significant benefit of thrombolysis in patients younger than 75 years, but only a trend toward decrease in mortality rates in patients aged 75 years or older. Supporters of primary percutaneous transluminal coronary angioplasty (PTCA) emphasize the procedure's higher early patency rate, lower rates of death and recurrent reinfarction,

and markedly reduced rate of stroke. A recent meta-analysis of randomized clinical trials that compared thrombolytic therapy with primary PTCA suggests that PTCA decreases short-term mortality and the incidence of recurrent infarction. Observational studies in unselected patients have demonstrated similar outcomes in patients undergoing primary PTCA compared with those receiving thrombolysis.

The results of randomized clinical trials may be difficult to extrapolate to elderly patients, who are more likely to have extensive coronary artery disease, additional risk factors, and other conditions that may influence decisions about the appropriate reperfusion strategy. In the absence of conclusive evidence from randomized trials, data from observational studies may be used to assess treatment outcomes in clinical practice. Observational studies reflect general practice in the community and general community standards rather than care provided in highly specialized centers. In light of these issues, we compared the clinical outcomes of elderly patients with AMI who were treated with either thrombolytic therapy or primary PTCA.

#### Exercise 1.5.1

##### 研究对象

征集研究对象是通过报纸广告和给医生去信进行的。入选标准是：(1) 年龄 55 岁以上；(2) 入睡性失眠或持续性失眠，其定义是每周至少有三夜上床后半小时不能入睡，或入睡半小时后觉醒；(3) 失眠持续至少 6 个月；(4) 觉醒时至少有一种失眠引起的负效应（如疲倦、无力、心情烦躁）。排除标准为：(1) 失眠与某种疾病或药物不良作用直接相关；(2) 睡眠时有呼吸暂停（呼吸暂停呼吸过浅指数  $>15$ ）或周期性肢体运动（肌阵挛指数  $>15$ ）；(3) 经常服用安眠药或其他对精神状态有影响的药物且不能或不愿停药；(4) 正在进行精神治疗；(5) 有重症抑郁症或其他严重精神病；(6) 小型智力状况测验低于 23 分，表明有认知障碍。

报名受试者要进行各种筛选，包括：(1) 电话筛选；(2) 询问睡眠史、精神病史检查、医疗史和查体。这些工作分别由有执照的睡眠专家、临床精神科医生和内科医生进行。工作小组定期开会以确定受试者是否符合标准。有 163 例进行了第二步审查，因精神病 ( $n=9$ )、其他睡眠障碍 ( $n=9$ )、不愿或不能在随机分组前停用催眠药 ( $n=21$ )、内科疾病 ( $n=6$ ) 或不符合失眠标准 ( $n=3$ ) 而被排除者 48 例。115 例进行了多项睡眠描记图的最后筛选，其中又有 37 例因睡眠呼吸暂停 ( $n=23$ )、睡眠时有周期性肢体运动 ( $n=6$ )、两种情况兼有 ( $n=2$ )、无失眠迹象 ( $n=3$ ) 以及其他医学或精神病原因或无兴趣 ( $n=3$ ) 而被排除。

其余 78 例入选者随机分为认知行为治疗组 (CBT,  $n=18$ )、药物治疗组 (PCT,  $n=20$ )、CBT 及 PCT 联合治疗组 ( $n=20$ ) 和安慰剂对照组 ( $n=20$ )。78 例中女性 50 例 (64.1%)、男性 28 例 (35.9%)，平均年龄 65 岁 (SD, 7 岁)，平均教育水平 14.4 年 (SD, 2.5 年)。入选者均为社区居民，白人 70 位 (89.7%)，黑人 7 位 (9%)，美洲本土人 1 位 (1.3%)，

已婚 53 位 (67.9%), 已退休 37 位 (47.4%)。多数受试者 (49 位, 62.8%) 自述有入睡和持续混合性失眠, 22 位 (28.2%) 报告有持续性失眠, 5 位 (6.4%) 报告只有入睡性失眠。平均失眠持续时间 16.8 年 (SD, 16.9 年), 60 位 (76.9%) 用过安眠药。

### Exercise 1.5.2

#### Statistical analysis

We assessed the extent to which differences in proportions were due to chance alone using the  $X^2$  test, and P values below 0.05 were considered significant. We used two approaches to explore the relative weight of specific covariates on a child's likelihood of being H pylori positive. Firstly, we used a multivariate logistic model with children as the unit of analysis and their own characteristics (age and sex) as well as those of their families (census, infection of their relatives) as the dependent variables. The associations between children's H pylori test result (positive v negative) and individual covariates were expressed as odds ratios with 95% confidence intervals. However, the weakness of such an approach is that individual children may belong to the same family, thus violating the assumption of independence of observations.

Therefore, we also used a model with individual families as the unit of analysis. In this model, the effect of parents' serological state was assessed within families with the same number of children, comparing the number of children positive according to the presence of one, two or no parents positive for H pylori. Statistical analyses were performed with the SPSS/PC statistical package.

### Exercise 1.6.1

#### 结果

#### 临床和实验室发现

尽管 35 名患者中 31 人 (88%) 有腹痛、恶心、呕吐、发烧和寒颤等单一或几种症状, 但胆道疾病的诊断往往不能及时作出。7 名不足 6 岁的儿童中有 5 人的最初诊断是导管脓毒症。27 名患者进行了术前肝功检查, 其中有 25 人 (93%) 肝功出现异常。8 人 (30%) 出现高胆红素血症, 25 人 (93%) 碱性磷酸酯酶升高, 13 人 (48%) 转氨酶升高。在开始接受全胃肠外营养后不久以及在作出胆道疾病诊断之前, 发现几乎所有的病人都有肝功检验结果异常。19 名患者 (54%) 中, 或出现肝脾肿大, 或出现凝血异常 (前凝血酶或部分凝血致活酶时间延长), 或两者兼而有之。8 名患者作了肝胆扫描 (HIDA 或 PIPIDA), 提示其中 6 人有胆囊阻塞。24 名患者经腹部超声检查, 发现 22 人 (92%) 有明确胆汁郁积、胆结石或两者皆有。另外两人分别用口服胆囊造影和内镜逆行胆管造影证实有胆结石。还有一名病人没有采用上述诊断方法, 而是根据推断诊断患有胆囊炎。尽管许多病人的临床诊断均被延误, 但除了两名被认为有其他腹内脓毒症病灶的病人外, 其余病人在手术前均被正确地诊断出结石性或非结石性胆囊炎。

### 手术发现

发现 29 名患者(83%)患有胆结石,6 名(17%)有非结石性胆囊炎。17 名患者(49%)有急性胆囊炎,其中 3 人有坏疽性病变。18 名患者有慢性胆囊炎或只有亚急性炎症。4 人(11%)患胆总管结石。一名儿童,结石已磨穿胆总管,形成脓肿。13 名病人行紧急胆囊切除,1 人行胆囊切除(合计为 40%)。本组的手术指征包括 12 人有不同程度的脓毒症,另外两人为胆结石胰腺炎。行胆囊切除的一名患者是一名 52 岁妇女,过去因复合性的肠皮瘘曾作过 11 次剖腹术并出现胆道脓毒症体征和症状。21 名患者作选择性胆管切除,4 人作胆总管探查,其中 1 人需做经十二指肠括约肌成形术。

### 并发症

接受全胃肠外营养而行胆囊切除的病人中,一半以上有一种或一种以上严重的术后并发症;本研究的 35 名病人中共有 26 人有并发症。12 名儿童患者中 6 人(50%)共发生 12 种并发症。23 名成人患者中 13 人(57%)共发生 14 种并发症。行紧急胆囊切除的 14 名患者的发病率为 64%;行择期性胆囊切除的 21 名患者的发病率为 48%。手术报告的综述表明,在接受胆囊切除的全胃肠外营养病人中,有 87% 出现严重的腹腔内粘连、结疤以及术间过量出血。5 名病人的术间出血量超过 400 毫升,6 名超过 1 200 毫升。较严重的并发症有:术后出血,弥漫性血管内凝血、胆道瘘、十二指肠瘘伴有脓肿、残留结石、胰腺炎和脓毒症(表 3)。

表3 手术并发症

	成人	儿童	总数
脓毒症			
出血			
呼吸衰竭			
弥漫性血管内凝血			
瘘			
胰腺炎			
脓肿			
假囊肿			
残留结石			
导管脓毒症			
其他			

35 名患者中有 4 人(11%)在胆囊术后死亡。两名成年患者和 1 名儿童患者在手术后 30 天内死亡,另 1 名儿童因进行性呼吸衰竭和肝衰竭死亡。这名儿童试行过两次胆

囊切除术，都因大量出血而中止。在正准备第3次手术时死亡。另一名儿童因持续性脓毒症（可能有腹内脓毒症）和呼吸衰竭死亡。一名75岁患者因非结石性胆囊炎行紧急胆囊切除，术后23天死亡。该病人先前确诊患结肠癌并因放射性肠炎行多次部分肠切除术而引起的短肠综合症。其术前和术后过程中并发进行性肝功能不全和肾衰，在手术后第8天死亡。需做紧急手术的14名病人的住院死亡率为14%。

### Exercise 1.6.2

#### RESULTS

A total of 141 hearts were studied. One hundred thirteen cases, comprising the earliest two thirds of the current cases, have been published previously but without data regarding activity at death or medication use.<sup>9</sup> The mean (SD) age of all men was 51 (11) years. There were 106 whites, 34 blacks, and 1 Asian. The deaths were witnessed in 90 cases and not witnessed in 51 cases. The deaths were categorized into 2 groups: exertion (n=25) and rest (n=116) (Table 1).

##### Exertion-Related Deaths

Fourteen of the 25 deaths related to exertion occurred in previously sedentary men who were engaged in sudden strenuous activity carrying heavy objects (unloading a truck (2), pushing a car (1)); lawn mowing (2); having sexual intercourse (2); ditch digging (1); playing basketball (2); bicycling (1); and shoveling snow (1). In 4 men, death occurred during physical activity that had been performed on a regular basis: swimming (1), exercising on a stationary cross-country ski machine (1), and running (2). Seven of the 25 exertion deaths occurred during emotional exertion; verbal presentations before an audience (2), verbal and physical altercation (3), court appearance (1), and fire fighting (1).

##### Nonexertional Deaths

Of the 116 nonexertional deaths, 62 occurred at home, 13 while driving, 4 in hotel rooms, 26 at work, and 11 outdoors. Of the 62 men who died at home, 20 died apparently while sleeping, 5 died while in the bedroom watching television, 3 died in the kitchen, 26 died in the living room or family room, and 8 died in a workshop or the basement. The 13 automobile drivers who died suddenly were involved in automobile crashes. However, There were no cases of significant trauma at the time of the cardiac arrest, and all but 1 police report excluded any possibility of near collision with another automobile or possible "road rage" or other inciting event. In most of these cases, witnesses or passengers indicated that the driver had an apparent "heart attack". In 1 driving case, the driver lost control of the vehicle after slumping at the wheel and sideswiped another car before landing in a ditch. The 4 men who died in hotel rooms were found alone and apparently had been involved in sedentary activities. The 26



men who died while at work were involved in nonstrenuous activities or activities that were repetitive in nature and did not involve lifting heavy objects. The 11 men who died while outdoors were performing various activities not related to exercise, heavy labor, or lifting but were walking in the yard or toward a car or a bus, eating, leaving a meeting place or entertainment area, or walking by the roadside.

#### Risk Factors

The characteristics of the study subjects are shown in Table 1. There were no significant differences between men whose deaths occurred during exertion vs those at rest in age, body mass index, or levels of TC or HDL-C. The mean (SD) TC/HDL-S ratio was 8.2 (3.0) in the exertion group vs 6.2(2.7) in the rest group ( $P=.002$ ). There were no significant differences in other risk factors between men with sudden death occurring during exertion vs rest. The number of presumed cigarette smokers was 69 (59%) of 116 men in the rest group and 13 (52%) of 25 men in the exertion group ( $P=.50$ ). There were 31 men with hypertension in the rest group and 7 with hypertension in the exertion group ( $P>0.99$ ). The mean (SD) glycosylated hemoglobin reading was 7.5%(2.6%) in the rest group and 7.1% (1.5%) in the exertion group ( $P=0.43$ ).

#### Medication Use

Five (20%) of 25 men who died during exertion and 40 (34%) of 116 men who died at rest were taking 1 or more prescription medications. These included antibiotics (6 at rest, 2 exertion), allopurinol (2 at rest), angiotensin-converting enzyme inhibitors (11 at rest, 2 exertion), benzodiazepines (5 at rest),  $\beta$ -blockers (9 at rest), calcium channel blockers (6 at rest, 1 exertion), psychotropic drugs (10 at rest, 1 exertion), digitalis (2 at rest), diuretics (11 at rest, 2 exertion), oral hypoglycemics (10 at rest, 3 exertion), nitroglycerin (2 at rest), and simvastatin (3 at rest). Three (12%) of 25 men who died during exertion and 22 (19%) of 116 men who died at rest were taking over-the-counter medications, including aspirin (6 at rest, 2 exertion), bronchodilating inhalants (3 at rest), nonsteroidal anti-inflammatory (9 at rest, 3 exertion), acetaminophen (9 at rest, 2 exertion), and antihistamines (9 at rest).

#### Cardiac Findings

The mean (SD) heart weight in the exertion group was 518(112) g and 496 (114)g in the rest group ( $P=0.42$ ). Histologically manifest acute infarcts were present in 15 (13%) of 116 hearts in the rest group and 0 of 25 hearts in the exertion group ( $P=0.07$ ). The culprit plaque in the 25 hearts in the exertion group was acute plaque rupture in 17, healing plaque rupture in 0, stable plaque in 6, and plaque erosion in 2. In the 116 hearts in the rest group, the culprit plaque was acute plaque rupture in 27, healing plaque rupture in 5, stable plaque in 60, and plaque erosion in 24. The proportion of acute plaque ruptures in the rest group (23%) compared with the exertion group (68%)

was significantly different ( $P < 0.001$ , Fisher exact test). The proportion of abnormal cholesterol values was highest in the plaque rupture exertion group, followed by men dying at rest with plaque rupture, at exertion with stable plaque or healing plaque ruptures, and at rest with stable plaque (Table 2).

### Exercise 1.7.1

#### 评论

交感神经活性、血管反应性及血小板聚集性的生理周期性改变以及体力活动与情绪激动均可以诱发急性冠脉综合征<sup>12, 13</sup>。斑块是否易损可影响这些急性冠脉综合征的诱发因素<sup>14</sup>。本研究表明,与少数静息时死亡的男性相比,大多数发生在体力活动或情绪激动时的男性猝死的机制是冠脉斑块破裂。在与体力活动或情绪激动相关的死亡男性中,易损斑块的数目大于静息时死于冠心病的男性。此结果表明斑块易损性在劳累相关性猝死中是非常重要的。

斑块破裂的发生很可能涉及细胞凋亡及坏死两种机制<sup>15, 17</sup>。影响斑块破裂的生物机械因素包括周边应力<sup>18</sup>。根据计算,在纤维帽与正常动脉壁连接部(肩部区域)应力最大<sup>19</sup>。纤维帽厚度是引起易损斑块破裂的物理学测量指标<sup>20, 21</sup>。在细胞水平,自由胆固醇含量以及巨噬细胞浸润程度与纤维帽的易损性及破裂相关<sup>22</sup>,其机理可能与产生间质金属蛋白酶水解胶原有关<sup>23-25</sup>。

我们以往的研究表明,在因严重冠心病猝死的男性中,易损斑块的数目在高胆固醇血症患者中较多,而且在血脂异常的男性中发生斑块破裂也较常见<sup>9</sup>。本研究指出急性劳累为男性斑块破裂的另一个独立危险因素,其机制可能是易损斑块断裂。因此,我们建议应将急性劳累与血清胆固醇水平增高共同视为斑块破裂的潜在因素。本研究并未对劳累诱发斑块破裂的机制进行充分探讨。但我们发现,在劳累相关死亡者,斑块破裂处纤维帽较薄。这提示生物机械力起重要作用。机械计算显示斑块在肩部区域最为薄弱,因为该处承受的应力最大<sup>18, 19, 26</sup>。但是与期望值不同,我们的资料提示,与劳累相关的斑块破裂在斑块纤维帽的中心部更为常见。有资料表明,与斑块纤维帽的周边部位比较,厚度是更为重要的决定斑块稳定性的因素<sup>20</sup>。我们的发现与此相符。这提示循环中儿茶酚胺及血管张力的波动可能诱发某些病例的斑块破裂。

冠状动脉显微注射表明,斑块大小与斑块内及斑块周围新生毛细血管呈正相关<sup>27, 28</sup>。斑块中滋养血管增多则劳累时易破裂,这说明了一种斑块破裂的可能途径。滋养血管破裂可增加斑块的体积及压力,使纤维帽变薄并导致斑块破裂及管腔内血栓形成<sup>28</sup>。斑块内血管化增加可以反映生长因子或血管增生因子的生成,其表达与金属蛋白酶一致。在劳累相关性死亡者,斑块出血增加支持以下结论:在斑块破裂机制中,滋养血管破裂起直接作用。

本研究存在几个局限性。研究样本局限于进行尸检的冠心病猝死病例,对各病例其他身体状况的确切情况并不清楚。然而,急性劳累与斑块破裂两者之间的关系提示,如果高胆固醇血症男性避免急性劳累的潜在危险,则可以减少一部分中年男性的猝死。为

此, 对血胆固醇增高的男性, 宜将血清胆固醇下降列为锻炼计划的重要内容。

本文的结论为: 对于有严重冠心病的男性, 急性劳累为斑块破裂的独立危险因素, 急性劳累有可能导致易损斑块的破裂。

### Exercise 1.7.2

#### Discussion

Our large epidemiological study of the distribution of *H pylori* prevalence among families used a different approach from that used in other studies addressing the same topic. It was designed as a population study, and all the consenting residents of a small town were involved, thus avoiding the biases that previous studies on selected series could have had. We studied all the consenting families in one community, representing a valuable sample (66%) of the entire population. Infection of children could be related directly to parents' positivity and family's social background.

The overall prevalence of *H pylori* infection differed according to age, and within children aged 12-16 years the prevalence of infection was similar to that found in a population based study performed in San Marino, an area not far from Campogalliano, but different from other reported values. The prevalence of *H pylori* infection in children was, for example, 40% in Saudi Arabia, 60% in India, and only 10-15% in the United States. This is probably related both to the different age groups considered (5-10 years, 3-10 years, and 3-5 years, in the three countries), and to the different conditions that the children live in.

In our study the prevalence of *H pylori* infection in children was higher if the social conditions were lower. *H pylori* prevalence was significantly higher ( $P < 0.005$ ) among children of farmers than among children of blue and white collar families. Moreover, children living in white collar families had a lower risk of being positive for *H pylori*. Their findings confirm the results of a study by Malaty and Graham which showed a strong inverse correlation between childhood social class and *H pylori* infection. However, we found no correlation between occupancy rates and *H pylori* infection, and this is consistent with the fact that the hygiene conditions of families belonging to the same community should be similar.

Finally, we found that children living in families in which both parents were infected had a significantly higher rate of infection than children with only one or no parents infected. These findings suggest close personal contact of family members living in the same households and support oro-oral or faecal-oral route of transmission for *H pylori*, as shown by other authors.

Although the prevalence of *H pylori* infection in children with two positive parents was lower than that reported by Drumm et al (probably because they studied

a selected series), it was similar to that found in two other studies. Malaty et al studied family clustering of *H pylori* infections in families of healthy asymptomatic volunteers and showed that *H pylori* infection was higher among children with a positive parent (mother or father) than among those whose parents were negative (50% v 5% respectively). Offspring of infected index cases were more likely to be infected than those of uninfected index cases, regardless of whether the infected case was the mother or father. The second study evaluated mothers, fathers, and siblings of index children separately and concluded that mothers of *H pylori* infected children were more likely to be positive.

The strong association between infection in mothers and their children may be explained by a greater chance of person to person contact between them within a family. We also found that the prevalence of *H pylori* infection among children was higher when the mother, rather than the father, was infected (33% v 25%).

In conclusion, our findings confirm, in an open population, a relation between *H pylori* infection in children and parents and that social environment has a role in spreading the infection. Although the association between parental and children's infection supports the hypothesis of a person to person, probably oro-oral, transmission of infection, the effect of social environment raises the need for further research to assess whether aspects of lifestyle (housing, dietary habits, etc.) could have a role.

#### *Exercise 1.8.1*

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Exercise 1.10.1

Table 2 Infection with H Pylori among children according to father's job

Father's job	No. of families	No.(%) of children infected with H pylori	95% CI
White-collar worker	66	19/91 ( 21 ) *	12.5 ~ 29.5
Blue-collar worker	237	124/331 ( 37 )	31.7 ~ 42.3
Farmer	87	52/128 ( 41 )	32.3 ~ 49.7
Total	390†	195/550 ( 35 )	—

\* P<0.005 compared with other groups. †Father's job not available for 26 families.

Exercise 1.10.2

Table 4 In-Hospital Events for Patients Undergoing Thrombolysis or Primary Percutaneous Transluminal Coronary Angioplasty, PTCA\*

	Thrombolysis Group (n=18 645)	Primary PTCA Group (n=2 038)	P Value
Post-MI angina	5513 (29.6)	489 (24.0)	.001
Reinfarction	992 (5.3)	81 (4.0)	.009
Congestive heart failure	5218 (28.0)	548 (26.9)	.29
Cerebral hemorrhage	271 (1.4)	4 (0.2)	.001
Stroke	554 (3.0)	43 (2.1)	.03
Hemorrhage	4003 (21.5)	583 (28.6)	.001
Cardiac catheterization	7304 (39.2)	2033 (100.0)	.001
Coronary angioplasty	2311 (12.4)	2038 (100.0)	.001
Coronary artery bypass surgery	1173 (6.3)	211 (10.4)	.001

\* Data are presented as number (percentage). MI indicates myocardial infarction.

**Exercise 2.1****Glycaemic control in diabetes****Background**

**Definition:** Diabetes mellitus is a group of metabolic diseases characterised by hyperglycaemia (fasting plasma glucose  $\geq 7.0$  mmol/L, or two hour post 75g oral glucose load plasma glucose  $\geq 11.1$  mmol/L, on two or more occasions). Intensive treatment is designed to achieve blood glucose values as close to the non-diabetic range as possible. The essential components of such treatment are education, counselling, monitoring, self management, and pharmacological treatment with insulin or oral antidiabetic agents, to achieve specific glycaemic goals.

**Incidence/prevalence:** Diabetes is diagnosed in around 5% of adults aged 20 years or over in the United States.<sup>1</sup> A further 2.7% have undiagnosed diabetes on the basis of fasting glucose. The prevalence is similar in men and women, but diabetes is more common in many ethnic groups. The prevalence in people aged 40-74 has increased over the past decade.

**Aetiology:** Diabetes results from deficient insulin secretion, decreased insulin action, or both. Many processes can be involved, ranging from autoimmune destruction of the  $\beta$  cells of the pancreas to incompletely understood abnormalities that result in resistance to insulin action. Genetic factors are involved in both mechanisms. In type 1 diabetes there is an absolute deficiency of insulin. In type 2 diabetes, insulin resistance and an inability of the pancreas to compensate are involved. Hyperglycaemia sufficient to cause tissue damage can be present without clinical symptoms for many years before diagnosis.

**Prognosis:** Severe hyperglycaemia causes numerous symptoms, including polyuria, polydipsia, weight loss, and blurred vision. Acute, life threatening consequences of diabetes are hyperglycaemia with ketoacidosis or the non-ketotic hyperosmolar syndrome. There is increased susceptibility to certain infections. Long term complications of diabetes include retinopathy (with potential loss of vision), nephropathy (leading to renal failure), peripheral neuropathy (increased risk of foot ulcers, amputation, and Charcot joints), autonomic neuropathy (gastrointestinal, sexual, and bladder dysfunction), and greatly increased risk of atheroma affecting large vessels (macrovascular complications of myocardial infarction, stroke, or peripheral vascular disease). The physical, emotional, and social impact of diabetes and the demands of intensive treatment can also create problems for people with diabetes and their families.

**Aims:** To slow the development and progression of the microvascular and neuropathic complications of diabetes while minimising adverse effects of treatment

(hypoglycaemia and weight gain) and maximising quality of life.

Outcomes: Quality of life; short term burden of treatment; long term clinical complications; risks and benefits of treatment. Both the development of complications in people who have previously been free of them, and the progression of complications, are used as outcomes. Scales of severity are used to detect disease progression – for example, 19 step scales of diabetic retinopathy; normoalbuminuria, microalbuminuria, and albuminuria for nephropathy; absence or presence of clinical neuropathy.

### Methods

We searched Medline and Embase for systematic reviews assessing the impact of control of blood glucose in people with diabetes. Subsequent relevant randomised controlled trials (RCTs) were also reviewed.

### Effects of intensive versus conventional glycaemic control

One systematic review and subsequent RCTs in people with type 1 or type 2 diabetes found that intensive treatment compared with conventional treatment reduces the development and progression of microvascular and neuropathic complications. Intensive treatment causes hypoglycaemia and weight gain but does not seem to adversely affect neuropsychological function or quality of life. These trials, and prospective observational studies, have found no evidence that intensive treatment reduces adverse cardiovascular outcomes, but the confidence intervals were large and a clinically important effect might still exist.

### Benefits

Microvascular and neuropathic complications: one systematic review of 16 small RCTs compared intensive with conventional treatment in people with type 1 diabetes, with follow up ranging from 8 to 60 months.<sup>2</sup> Two subsequent longer term RCTs have repeated and extended these findings. (The recent results of the UK prospective diabetes study have not been included in this review.) The diabetes control and complications trial (DCCT) compared intensive with conventional treatment over 6.5 years in 1 441 people with type 1 diabetes.<sup>3</sup> About half had no retinopathy and half had mild retinopathy. The Kumamoto study compared intensive versus standard treatment in 110 people with insulin treated type 2 diabetes over six years.<sup>4</sup> Results of these studies are shown in the table. The relative risks of retinopathy, nephropathy, and neuropathy were all reduced.

Cardiovascular outcomes: In the DCCT, intensive treatment reduced the relative risk of any major macrovascular event from 0.8 to 0.5 events per 100 patient years (relative risk reduction 41%, 95% confidence interval 10% to 68%).<sup>3</sup> In the Kumamoto study, the number of major cerebrovascular, cardiovascular, and peripheral vascular

events in the intensive treatment group was half that of the conventional treatment group (0.6 v 1.3 events per 100 patient years), but the event rates in this small trial were low and the results were not significant.<sup>4</sup>

#### Harms

**Hypoglycaemia:** The systematic review found no consistent change in the risk of severe hypoglycaemic reactions in six PCTs,<sup>2</sup> but the subsequent RCTs found increased risk of hypoglycaemia with intensive treatment.<sup>3,4</sup> In the DCCT the rates of severe hypoglycaemic episodes (requiring help from someone else) were 0.6 episodes per patient year in the intensive treatment group and 0.2 episodes per patient year in the conventional treatment group.<sup>5</sup> On average, one extra severe hypoglycaemic event occurred for every two people treated intensively for one year. In the Kumamoto study the rate of hypoglycaemia was lower and there was no significant difference between groups. Over six years, six people in the intensive treatment group and four in the conventional treatment group had one or more mild hypoglycaemic reactions. There were no episodes of coma, seizure, or severe hypoglycaemia that required the help of another person.

**Neuropsychological impairment:** The systematic review did not comment specifically on neuropsychological impairment.<sup>2</sup> However, one of the trials included in the review, the Stockholm diabetes intervention study (SDIS), assessed cognitive impairment while comparing intensified with standard treatment over 7.5 years in 102 people with type 1 diabetes, non-proliferative retinopathy, normal serum creatinine concentrations, and unsatisfactory blood glucose control.<sup>5</sup> After three years it found no cognitive impairment associated with hypoglycaemia.<sup>6</sup> In the DCCT, intensive treatment did not affect neuropsychological performance.<sup>7</sup> In addition, people who had repeated episodes of hypoglycaemia did not perform differently from people who did not have repeated episodes.

**Weight gain:** Three RCTs found more weight increase with intensive treatment than with standard treatment. In the SDIS, weight remained stable in the conventional treatment group but body mass index increased by 5.8% in the intensive treatment group (95% confidence interval not presented,  $P < 0.01$ ).<sup>8</sup> In the DCCT, intensive treatment was associated with a 33% increase in the risk of developing a body weight more than 120% above the ideal (12.7 cases per 100 patient years with intensive treatment v 9.3 cases per 100 patient years with conventional treatment). At five years, people treated intensively gained 4.6 kg more than people treated conventionally (confidence interval not presented for weight data).<sup>3</sup> In the Kumamoto study, the increase in body mass index from baseline to six years was not significant in either group (intensive treatment group 20.5 to 21.2 kg/m<sup>2</sup>; conventional treatment group



20.3 to 21.9 kg/m<sup>2</sup>).<sup>4</sup>

Quality of life: Only the DCCT looked at quality of life. It found that people undergoing intensive treatment did not experience deterioration in the quality of their lives, even while the rigour of their diabetes care was increased.<sup>9</sup> The occurrence of severe hypoglycaemia was not consistently associated with a subsequent increase in distress due to symptoms or decline in diabetes related quality of life. However, in the primary prevention intensive treatment group, people who had repeated severe hypoglycaemia (three or more events resulting in coma or seizure) tended to be at increased risk of measurable distress due to symptoms.

#### Comment

None of the trials was designed to assess the impact of treatment on macrovascular disease. Major cardiovascular events were infrequent because the trials included relatively young people and follow up was relatively short. As a result, the 95% confidence interval for the effect on macrovascular events was very wide.

#### Exercise 3.1

### Rosai-Dorfman Disease Presenting as a Parotid Mass

Rosai-Dorfman disease or sinus histiocytosis with massive lymphadenopathy (SHML) is a rare benign disorder of uncertain aetiology. The condition was first described in 1969 (Rosai and Dorfman, 1969) and a further account in 1972 (Rosa and Dorfman, 1972) described the clinical and pathological features. The disease typically presents in young people with massive, painless cervical lymphadenopathy and may be accompanied by malaise, fever and weight loss. Extranodal disease occurs in 43 per cent of patients and most commonly involves the skin, nasal cavity and paranasal sinuses. The condition may present to the ear, nose and throat (ENT) department in a number of ways but isolated salivary gland disease is relatively unusual since patients presenting with salivary gland involvement possess additional extranodal disease in the majority of cases.

Our report describes an atypical presentation of SHML and the particular importance lies in the unusual appearance of the fine needle aspirate which initially suggested a malignancy, previously not described in cytological specimens in cases of SHML.

#### Case Report

A 71-year-old male was referred to ENT outpatients with a left-sided facial swelling. The patient had been aware of a painless lump in the pre-auricular area for some months, but an increase in size in the previous month had precipitated his referral. There were no associated symptoms and the patient was a nonsmoker with

no relevant past medical history. On physical examination a round mobile swelling approximately 1.5 cm in size was present over the pre-auricular area. The parotid duct and facial nerve function were both normal. The mass was believed most likely to represent a pleomorphic adenoma and a fine needle aspirate was performed for cytological examination. Subsequent computed tomography (CT) scan confirmed a well-defined solid mass within the superficial lobe of the left parotid gland and enhanced sections through the neck showed no lymph node enlargement. The routine full blood count and serum estimation of electrolytes and liver function were within normal parameters. The patient underwent a superficial parotidectomy and the specimen was sent for histological examination.

### Discussion

Sinus histiocytosis with massive lymphadenopathy (SHML) was recognized as a clinicopathological entity in 1969 and a registry of cases was initiated at Yale School of Medicine in the USA. Cases have subsequently been reported worldwide and in 1990 the registry contained 423 patients. The mean age of onset was 20.6 years, but ranged from congenital case to diagnosis at 74 years. There was an equal preponderance in black and white races (43.6 per cent each), 4.6 per cent in oriental races and 8.3 per cent in other racial groups. Approximately 58 percent of patients were male and 42 per cent were female.

The vast majority of patients (97 per cent) present with a three-to-nine-month history of bilateral, painless cervical lymphadenopathy. The axillary and inguinal lymph nodes may be involved by SHML in up to 38 per cent and 44 per cent of cases respectively, while mediastinal and hilar lymphadenopathy is detectable in up to 40 per cent of patients. At least one extranodal site is involved in 43 per cent of cases and 75 per cent of these occur within the head and neck region. Within the head and neck, the most common sites of involvement are the orbit, nasal cavity and paranasal sinuses. In the Yale School of Medicine Registry, 22 patients showed involvement of a major salivary gland, although it is uncertain whether these cases represented intrasalivary lymph node or extranodal disease. Patients with extranodal SHML within the head and neck most commonly present with symptoms of nasal obstruction, rhinitis and epistaxis. Despite the predilection of SHML for structures within the head and neck region, SHML has been reported to affect a wide variety of additional sites, including the skin, bone, kidney and central nervous system.

The aetiology of SHML is unknown and extensive work has searched for an infective cause, focusing particularly on viral agents. An association with human herpesvirus 6 and to a lesser extent with Epstein-Barr virus has been suggested but conclusive proof is awaited.

The patient described within this report presented with a well-defined parotid mass which was clinically suggestive of a primary salivary gland tumour. No enlarged cervical lymph nodes were clinically or radiologically evident and there was no evidence of distant disease. The fine needle aspirate (FNA) was reported as suspicious of malignancy due to the presence of a discohesive population of cells with voluminous cytoplasm and cytologically atypical nuclei, focally prominent nucleoli and occasional mitotic figures. The clinical suspicion of a primary parotid lesion together with a FNA showing atypical cells warranted surgical excision of the mass. Careful histological examination of the histiocytic cells revealed very similar nuclear cytological features to those identified within the FNA specimen, together with occasional mitotic figures. The presence of frequent nuclear atypia within the histiocytic cells of SHML has not been previously reported and in this case raised the possibility of malignancy during the initial examination of the FNA specimen. Cytological review of the FNA specimen once definitive histological diagnosis had been achieved revealed good correlation with the histological appearances, with focal emperipolesis identifiable within the characteristic histiocytic cells, as reported in a previous case.

SHML generally follows an insidious course and appears to undergo complete remission in the majority of patients. Lymph node or incisional biopsy is performed for diagnostic purposes in most patients. Chemotherapy including corticosteroids and radiotherapy has been attempted with limited success in some cases although methotrexate and 6-mercaptopurine were recently used in one case with considerable success. The patient described in this report has remained well four months after initial diagnosis and has received no further treatment.

SHML is an unusual condition that commonly affects the head and neck region but which may rarely present as very localized disease simulating a primary salivary gland neoplasm. Examination of FNA specimens from unsuspected cases of SHML may initially be misleading due to the content of cytologically atypical histiocytic cells and mitotic figures. The combination of an unusual clinical presentation and uncertainty regarding the cytological appearances may necessitate excision of the lesion and histological confirmation of the diagnosis.

#### Exercise 4.1

Name: Mrs. Jane Doe

Age: 42 years old

Sex: Female

Occupation: Housewife

Temporary Address: 3 City Road, Rotifunk

Permanent Address: 35 Park Street, Bo

Marital Status: Married

Nationality: Creole

Date of Admission: May 17, 2012

Date of History Taken: May 15, 2012

**Chief Complaint:** The patient complained that there had been a hard protuberance over the right breast for ten years, rapidly increasing in size and accompanied by ulceration for over three months.

**Present Illness:** About nine or ten years ago, the patient accidentally discovered a hard protuberance in her right breast, which was soybean-sized, moveable and painless, but she did not take it seriously. It grew slowly without causing any subjective ill effects. The patient did not seek medical treatment because she was able to live and work as usual. The lump had been about 10/12 cm in size some two years prior to her admission. Since this February, it had been rapidly increasing in size and growing faster and faster, causing pain. By last month, the lump had expanded to the whole right breast with ulceration. Therefore, the patient came to the hospital for medical treatment. In the last ten years, bowel movements had been loose and irregular, fluctuating between one and three times daily. Stools had been yellow but not stained with blood or mucus and urine had been normal. Sleep was rather normal and appetite fairly good but she had lost some 5 kg in the last few months. During her illness, she experienced no subjective fever.

**Past History:** The patient was usually in good health in the past. She had measles and mumps in her childhood with quick recovery after treatment. No history was discovered of contact with TB or other major infectious diseases.

**Review of Systems:**

**Respiratory System:** She usually had a slight chronic cough, especially in cold weather, but no history of low-grade afternoon fever, flushing, night sweat or haemoptysis.

**Digestive System:** Frequent attacks of abdominal pain occurred during her childhood accompanied by the passage of worms in her stools. These attacks subsided when worms were expelled with medication. Once she had epigastric distress and right upper abdominal pain, which was not colicky and was not accompanied by cutaneous or scleral jaundice. She had no history of habitual constipation or alternate diarrhea and constipation.

**Circulatory System:** She occasionally had palpitation and edema of the eyelids and face, but no dyspnea or cyanosis. During vigorous physical exercise, climbing hills

or running, she felt no apparent failure of self-support and had never collapsed. From last December to this February, there was minimal edema of the lower extremities, which had disappeared spontaneously in the last three months. There was no history of lymphagitis, lymph node enlargement or erysipelas.

**Urinary System:** She once had an urgent, frequent and painful urination after she had got married. Tenderness over the suprapubic area and pain on percussion over the kidney area were found on examination performed at that time; the condition was diagnosed as acute cystitis, which was cured afterwards. She had no renal colic, haematuria, pyuria or pause in urine stream.

**Musculoskeletal System:** The patient had slight migrating arthritis, and occasionally had generalized somatalgia following chills, but otherwise she had no history of any acute swelling or pains, deformities or movement disturbance of bones or joints.

**Blood System:** She had no history of dizziness, vertigo or bleeding tendencies such as constant epistaxis, prolonged gingival haemorrhage, ecchymosis or severe swelling of soft tissues caused by slight injury.

**Nervous System:** In recent years, she had occasionally had frontal headaches, but no serious diseases were found responsible for this through examination. She had no history of dizziness, headaches, vertigo, numbness, paralysis, hyperaesthesia, burning pain, faint burning pain, fainting or convulsions. Before maturity, growth and development were normal for her age. Secondary sexual characteristics were obvious.

**Operation History:** Incision and drainage of infected right middle finger was performed under local anaesthesia in Moyamba Hospital on May 20, 1991. The wound healed about two weeks later.

**Trauma History:** She had no history of serious trauma as far as she could recall.

**Personal History:** The patient was born in a village not far from the hospital and lived in Freetown for a short time. She never went to school. She drank and smoked, but not heavily.

**Menstrual and Marriage History:** Her menarche started at the age of ten with periods of every twenty-eight to thirty days, lasting two to three days. She had no history of dysmenorrhea, hypermenorrhea or hypomenorrhea, and got married at twenty. Her husband was in good health now. She had her first pregnancy in the fifth year of her marriage and had seven pregnancies altogether with five deliveries and two abortions. Of the five deliveries, four were normal and one was difficult. Now she had three sons and two daughters who were all well.

**Family History:** Her father had pulmonary tuberculosis, a long-standing chronic cough and haemoptysis, and died of TB when she was a child. Her mother died of old

age. The maternal grandmother died of hystero carcinoma in 1976, at the age of sixty-five. Her family had no history of allergy, familial or haemorrhagic diseases.

**Social History:** The patient was a country housewife, had almost no contact with the outside community and never went far away from her home village. She denied either having illicit sexual relationship or contracting venereal disease.

The above history was stated by the patient herself and was considered reliable.

**Physical Examination:**

T: 37°C, P: 78/mm, R: 22/mm, BP: 120/80mmHg, Height: 1.69m, Weight: 60kg.

General Appearance: Naturally good erect posture. Well developed. Moderately nourished. Natural facial expression. Clear and co-operative in mentality. Normal carriage. Natural gait. Normal body movement.

Skin: Black and lustrously rich. Good elasticity and normal moisture. No obvious jaundice. A contracted operative scar, some 1.5 cm in length, found on radial side of proximal phalanx of right middle finger. Scattered ringworms present on skin all over the body.

Lymph Nodes: Multiple lymph nodes, hard in consistency and varying in size palpable in right axilla with larger ones fused and immobile. No lymph nodes palpable in right supraclavicular fossa or in superficial areas of the body.

Head and Skull: Normally developed. No deformities observed. Hair normal in color, luster and distribution. No inflammation, edema, old scars, tenderness or other abnormalities detected.

Face: Slightly pale without abnormal appearance or complexion. No tenderness or edema. No abnormal movements of ocular or facial muscles.

Eye: Eyebrows symmetrical without hair loss, epilation or damage. Palpebral fissures symmetrical without blepharoptosis. Visual acuity of both eyes normal. Palpebral margins normal. Conjunctivae reddish without edema, but with hypertrophy of a few follicles and papillary proliferation. Eyeballs normal in position with free movement in all directions. No nystagmus, exophthalmos or scleral jaundice. Cornea clear and transparent. Pupils round, symmetrical in size and acutely reactive to light. Field of vision and optic fundus normal.

Ear: Auricles normal in size and shape without swelling or redness. Hearing good in both ears without wax or purulent discharge in external auditory canals. No swelling or tenderness over mastoids.

Nose: No saddle nose or other deformities. Vestibule normal. Sense of smell good.

Mouth Cavity: Lips red without cleft or corner deviation. Nasal-lip furrow symmetrical on both sides. Tongue red with moist surface and the absence of coating. No tremor or deviation on protrusion. Gingiva normal in color without atrophy or

haemorrhage. Oral mucosa pink with no macula-like impairment. No caries. Palate, uvula and faux not abnormal. Tonsils not enlarged. Posterior pharyngeal wall slightly congested, but with no enlarged lymph follicles or purulent discharge.

Neck: Neck soft and supple without deformities. Thyroid and salivary glands not abnormal. Trachea located in mid-line. No scar or lymph node enlargement. No jugular vein prominence or abnormal pulsation.

Chest: Chest symmetrical and normal in shape. Breasts asymmetrical. A lump in right breast (To be described under Surgical Condition). No mass or tenderness in the other. Natural and symmetrical chest movement with respirations. Neither venous distension of chest wall nor other abnormal pulsation observed.

#### Heart

Inspection: Apex beat seen in the 5th intercostal space, medial to left mid-clavicular line. No precordial diffuse impulse observed.

Palpation: On palpation, apex beat observed in the same location as on inspection. No thrill felt.

Auscultation: Heart beat 78/m. Rhythm not irregular with normal intensity. No murmur audible. Radial pulse fairly soft in quality without abnormal rhythm.

#### Lungs

Inspection:

Palpation: Tactile fremitus symmetrical on both sides.

Percussion: Lung fields clear to percussion without dullness or hyperresonance.

Auscultation: Lungs clear. Breath sounds diminished over right lower lung. No rales or friction sound heard.

#### Abdomen

Inspection: Abdomen flat without scars. Pregnancy striae on abdominal wall observable. Dilated veins, intestinal patterns and peristaltic waves not observable. Abdominal respirations smooth. Protuberance of groins not present.

Palpation: Abdomen soft without tenderness or rebound tenderness. Masses and abnormal pulsation impalpable. Liver and spleen just palpable, moderate in consistency and painless on palpation. Kidneys impalpable without sensation of fluctuation.

Percussion: No pain or shifting dullness to percussion.

Auscultation: Peristaltic sounds present without hypoperistalsis or hyperperistalsis.

Spine and Extremities: Normal in position without obvious deformities. Good for voluntary movement without abnormal manifestations, such as convulsions. No tenderness or masses. No abnormal muscular tension. No signs of cutaneous or subcutaneous abnormal proliferation, edema, chronic ulcer, varicose vein, etc. No

abnormalities in fingers, toes, fingernails or toenails.

Anus and Rectum: No anal orificial eczema or anal fissure; no haemorrhoids, fistulae or circumanal swelling or tenderness. Tension of anal sphincter normal. Rectum empty. Mucosa smooth without mass or obstruction.

External Genitals: Distribution of pubic hair normal. Vulva being of married and multiparous type. without swelling, edema, tenderness, leukoplakia, etc. No sign of old laceration of perineum.

Neurological Examination:

Surgical Condition of Right Breast: Right breast bigger than the left. Skin dark red with appearance of orange peel. Nipple displaced upwards and retracted. An ulcerated area present over outer upper quadrant, approximately  $3 \times 3$  cm in size, with a small amount of inflammatory discharge in the center of ulcer. A mass, about  $10 \times 12$  cm in size, irregular on surface, hard in consistency, almost immobile and markedly tender palpated inside right breast. In right axilla and posterior to pectoralis major, a few hard lymph nodes varying in size from 1 to 3 cm in diameter felt with bigger ones irregular in outline, and fused together.

**Diagnosis:**

1. Carcinoma of Right Breast, Advanced Stage
2. Metastasis of Breast Carcinoma to Right Axillary Lymph Nodes
3. Rheumatic Arthritis, Mild
4. Chronic Bronchitis, Mild
5. Trachoma, Grade II (Two Eyes)

Signature: Robert W Hendreson M. D.

Date: May 20, 2012

**Exercise 5.1**

( Open )

**Exercise 5.2**

March 7, 2013

Dear Ms. Smith:

Thank you for talking with me last Thursday about the possibility of a Lab Technician position with the ABC Company. I was excited about the interview but became even more enthusiastic about the position when you mentioned that research for an AIDS cure would be part of the responsibilities of the position.



As you may recall, I enjoy conducting experiments and finding alternative methods of solving problems. College courses of biology and chemistry magnified this interest. Furthermore, my work experience at Children's Hospital Medical Center provided practical application of laboratory testing and research and gave me growth-producing responsibility. All should prove to be of value in early productivity within the position.

I look forward to hearing from you by March 18, 2013, as you mentioned. If in the meantime, you have any further questions, please call me at (101)9189-8102.

Sincerely,

(Signature)

Enclosure

### Exercise 5.3

1. I have recently learned from your web site about the vacancy at your headquarter for a medical consultant, which is exactly what I am looking for and for which I am well qualified.

2. A career in medical research has been my life dream, and holding a position and doing what I like at your company is a great opportunity for me to fulfill that dream.

3. During my internship, I rotated in departments of emergency, cardiology, gastrology, endocrinology and pneumology. Rotation not only trained me in my clinical expertise but also enabled me to ease through complicated circumstances.

4. I should be much obliged for your consideration of my application and an opportunity for an interview. If I am employed by your company, I should contribute to the company with the greatest responsibility and passion. I am looking forward to hearing from you.

### Exercise 6.1

#### Community Medical Care

F. Tonnies, a German, said in the 19th century that community consists of those who share the same value, have the similar virtues. They united each other to prevent themselves from any suffering, really forming a community. Therefore, the author of this article urged that the medical care reforming in our country should follow the principles of wholesome medicine, social medicine and humanism medicine and diagnosing a patient according to all his possible causes. Health service should not separate any disease from its victim, symptom from the perception of the sufferer. As a doctor, he can never make a diagnose simply according to the laboratory reports,

turning blind eyes to the social and psychological background of the patient. That is why wholesome clinics are given so much attention.

The Chinese traditional medicine is a medicine believing in humanism, praising highly the principle that the benevolent love everyone and physicians are those who care their patients as individuals who need help. But unlike that, the eastern medicine is characterized by scientific and technological skills. As a result, if both medicines learn from each other, they can serve the patients better. Compared with some physicians in big hospitals who are often reluctant to ask the patient any questions from which he can get clue to diagnose, like age, profession, family history, let alone the psychological conditions, the doctors in wholesome clinics keep a long time contact with each of his patient in the community, so that they can treat their patients in continuous, systematic and comprehensive way.

Individuals are different. They are different in sexes, ages, blood types, professions, social and economic status, natures and temperaments. Therefore, patients should be treated individually. As the name suggested, medical service not only means a prescription, injection; most important of all, it means taking care of, protecting, comprehensive understanding and respecting. Among the four factors that lead to death as WHO revealed recently, unhealthy life style remains 60% in the world and more than 50% in China.

In Japan, some physicians from wholesome clinics visited the families every day, where one or some members indulge in excessive drinking. Their loving is so deep that many people have been moved to give up smoking and drinking. As a result the rate of high pressure has dropped 3/4, and 2/3 in heart disease. The health-aid campaign in U.S. teaches the family members of the patients how to prevent chronic disease and what to do in case of emergency, reducing the death rate 30% in heart disease in the past twenty ears and 50% in cerebral diseases.

As wholesome medical service is in bloom, the author pointed out that humanism medicine principle must be emphasized in the service. As a philosopher said, medicine can treat diseases, while philosophy can make your soul free from trouble. From that we can understand what is the key to improving medical service.

### Exercise 6.2

#### Patients' Dilemma

Since China became a member of WHO, many joint venture and private hospitals have been established. When people get ill, they often find they are in great dilemma because they find it hard to decide which hospital is their right choice to see doctor. Joint venture hospital? Private hospital or state-run hospital?

Many patients usually are without any hesitation to choose the joint venture hospital, because more doctors there have foreign medical practitioner's licenses. The decoration of the awaiting rooms and consulting rooms are modern and beautiful. Most importantly, patients may feel they are respected very much there, as if they are honored guests. But when they get to the cashier, they find the service price there is four times higher than that in state-run hospitals. Isn't it a dilemma?

Private hospitals have a bright future. As the name indicates, private hospitals are the hospitals run by private investors. Nowadays, there are about 400 private hospitals, 1,370,000 private clinics and 20,000 doctors working for them in the whole country, which is 41% of all the medicine institutes in the nation, but the basic facilities, medical equipment and the technology level there can not be compared with those in the state-run hospitals.

Much like the development of the super markets, the private hospitals might experience the similar developing stages. By the phrase "developing stages", natural growth process is meant. In 2002, the authorities encouraged citizens who are going to invest in medicine to purchase the extra state-run hospitals, so as to reorganize the medicine structures. What the reorganized private hospitals should focus on is nursing and rehabilitation of the patients who suffer from chronic diseases and the health care for infants and children. In this way the state-run hospitals and private hospitals can help and support each other, compete with each other, drawing new landscape in health care field and providing the people with a better medical service.

All-dimension development is being carried in state-run hospitals. Having the financial support from the government, the facilities, the quality of the medicine, staff and equipment in state-run hospitals are better than those in private ones. For this reason, patients like to see doctors in the state-run hospitals, especially the expenditure there is much lower and the bill can be refunded. But the problems in the state-run hospitals often lead to some complaints, say, it takes quite a long time for the patients to get registered, to pay the bill and to wait to see the doctors. As a result, such problems have been troubling the relationship between doctors and patients.

After China became a member of WHO, the advanced foreign medicine technology, instrument, and management style form a threat to the state-run hospitals. To attract patients, they have done their best to improve what they can, particularly in technology, service, decoration, lowering prices. Besides, several hospitals have formed a group, aiming at improving technology and expanding service camps.

**Exercise 6.3****Protect Your Heart to Save Your Life**

In recent years, cardiovascular diseases have become one of the most threatening killers of mankind. Reports are frequently heard on sudden deaths and most of them were caused by myocardial infarction. While high blood pressure, coronary heart disease and myocardial infarction remain patents of senior citizens in many people's eyes, they are affecting an increasing number of young people.

Actually, many people die of ignorance instead of poverty, that is, they lack the awareness of prevention of diseases. This is especially true among white collar workers, backbones and the elite, who are busy working during the day and socializing at night, sparing little time caring for their health. What's worse, smoking, excessive take-in of food of high calorie and high fat, lack of exercise and other unhealthy life styles are playing the role of catalysts in developing various cardiovascular diseases.

It is noticeable that cardiovascular diseases are, more often than not, invisible killers. They threaten people's health without being known and take lives away instantly.

However, cardiovascular diseases are preventable, controllable and curable. Firstly, one should refrain from smoking. Secondly, one should say goodbye to junk food. Last but not least, one should engage in frequent exercise. It is advisable that one walk 10,000 steps at a fast pace everyday.

## 附录一 生物医学领域学位名称 (以汉语拼音为序)

产科硕士	MAO, Master in Obstetrics
产科学士	BAO, Bachelor of Obstetrics
耳科硕士	MChOtol, Magister Chirurgiae Otologicae; Master of Otology
放射学硕士	MRad, Master of Radiology
工业卫生学硕士	MIH, Master of Industrial Health
公共卫生学博士	DrPH, Doctor of Public Health
公共卫生学硕士	MPH, Master of Public Health
骨科硕士	MChOrth, Magister Chirurgiae Orthopaedicae; Master of Orthopaedic Surgery
护理学士	BN, Bachelor of Nursing
经济学士	BEc, Bachelor of Economics
理学博士	DSc/ScD, Doctor of Science
理学士	BSc, Bachelor of Science
理学硕士	MSc, Master of Science
临床生化学硕士	MCB, Master of Clinical Biochemistry
社区卫生硕士	MCommH, Master of Community Health
兽医博士	DVM, Doctor of Veterinary Medicine
兽医学士	BVSc, Bachelor of Veterinary Science
体育学士	BPE, Bachelor of Physical Education
外科博士	DCh/ChD, Doctor Chirurgiae; Doctor of Surgery
外科硕士	MCh/ChM, Magister Chirurgiae; MS, Master of Surgery
外科学士	BC/BCh/BChir/BS/ChB, Baccalaureus Chirurgiae; Bachelor of Surgery
卫生硕士	MHyg, Master of Hygiene
卫生学博士	DHyg, Doctor of Hygiene
卫生学士	BHyg, Bachelor of Hygiene
文学士	BA, Bachelor of Arts
牙科博士	DDSc, Doctor of Dental Science
牙科学士	BDSc, Bachelor of Dental Science
牙外科博士	DDS, Doctor of Dental Surgery

牙外科硕士	MChD/MDS, Magister Chirurgiae Dentalis; Master of Dental Surgery
牙外科学士	BDS, Bachelor of Dental Surgery
牙医学博士	DDM/MDD, Doctor of Dental Medicine
牙医学硕士	MDentSc, Master in Dental Science
眼科博士	DOph, Doctor of Ophthalmology
药学博士	PharD, Pharmacial Doctor; Doctor of Pharmacy
药学士	BPharm, Bachelor of Pharmacy; BScPharm, Bachelor of Science in Pharmacy; PharB, Pharmacial Baccalaureate
药学硕士	MPharm, Master of Pharmacy; PharM, Pharmacial Magister
医学博士	DM, Doctor of Medicine; MD, Medicinal Doctor
医学士	BM, Bachelor of Medicine
医学硕士	MB, Bachelor of Medicine
哲学博士	DPhil/PhD, Doctor of Philosophy
注册护士	RN, Registered Nurse
足医学博士	DPM, Doctor of Podiatric Medicine

## 附录二 生物医学领域职称及职务名称 (以汉语拼音为序)

产科医师	obstetrician
传染病科医师	doctor for infectious disease
儿科医师, 儿科专家	pediatrician; pediatricist
耳鼻喉科医师, 耳鼻喉科专家	otolaryngologist
放射科医师	radiologist
副教授	associate professor
副主任护师	co-chief superintendent nurse
妇科医师	gynecologist
挂号员	registrar
护理部主任	superintendent of nursing department
护师	senior nurse
护士	nurse
护士长	head nurse
会计	accountant
技师	technologist
技术员	technician
检验师	laboratory technician
讲师	lecturer
矫形外科医师	orthopedist
教授	professor
精神科医师	psychiatrist
科主任	head/chief of the department
口腔科医师, 口腔科专家	stomatologist
理疗科医师	physiotherapist; physiotherapist
临床护理专家	clinical specialist
流行病学专家	epidemiologist
麻醉师	anesthetist
门诊部主任	head of the out-patient department
泌尿外科医师, 泌尿外科学家	urological surgeon; urologist
内科医师	internist

内科主任	physician-in-chief
皮肤科医师	dermatologist
全科医生	general practitioner (GP)
神经科医师	neurologist
神经外科医师	neurosurgeon; neurosurgical doctor
外科医师	surgeon
外科主任	surgeon-in-chief
危重病人注册护士	critical care registered nurse (CCRN)
卫生学家	hygienist
X 线技师	X-ray technician
心脏外科医师	cardiac surgeon
胸科医师	chest physician
胸外科医师	thoracic surgeon; surgeon of thoracic surgery
牙科医师	dentist
眼科医师, 眼科学家	eye doctor; oculist; ophthalmologist
验光师	optometrist
药剂师	pharmacist
药剂师	assistant pharmacist
夜班总护士长	night nursing supervisor
医师 (尤指内科医师)	physician
营养医师, 饮食学家	dietician
院长	director/superintendent of the hospital
整形外科医师	plastic surgeon
主管护师	supervisor nurse
主任护师	chief superintendent nurse
主治医师	visiting/ attending doctor/ physician
助教	assistant
住院医师	resident doctor; house staff
注册护士	registered nurse (RN)
总护士长	chief head nurse
总住院医师	chief resident doctor



### 附录三 医学院及医院科室名称 (以汉语拼音为序)

白血病科	Leukemia Unit
病案统计室	History and Statistic Service; Records and Statistics Room
病毒学科	Unit of Virology
病毒学研究所	Institute of Virology
病理解剖学教研室	Department of Pathologic Anatomy; Department of Pathoanatomy
病理科	Department of Pathology
病理生理学教研室	Department of Pathophysiology
病理室	Laboratory of Pathology
病理学教研室	Department of Pathology
病房	Ward
产房 (分娩室)	Delivery Room
产科	Department of Obstetrics
超声检查科	Department of Ultrasonography
超声诊断室	Ultrasonic Diagnosis Room
出院处	Discharge Office
传染 (病) 科	Department of Infectious Diseases Service
创伤外科	Department of Traumatology
电疗室	Electrotherapy Room
电子显微镜室	Laboratory of Electron Microscopy
毒理学教研室	Department of Toxicology
儿科	Department of Pediatrics
儿科系	Faculty of Pediatrics
儿肾内科	Division of Pediatric Nephrology
儿童传染科	Division of Pediatric Infectious Diseases
儿外科	Department of Pediatric Surgery
耳鼻喉科	Department of Otorhinolaryngology; Otolaryngology
法医病理学教研室	Department of Forensic Pathology
放射科	Department of Rontgenology; X-ray Department

放射医学教研室	Department of Radiation Medicine
放射治疗科	Department of Radiation Therapy Department of Radiotherapy
放射治疗室	Radiotherapy Room
放射治疗中心	Radiotherapy Center
肺功能室	Laboratory of Lung Function
肺内科	Department of Pneumology
分析化学教研室	Department of Analytical Chemistry
分子生物学实验室	Laboratory of Molecular Biology
分子遗传学实验室	Laboratory of Molecular Genetics
妇产科	Department of Obstetrics and Gynecology
妇科	Department of Gynecology
肝病科	Liver Unit
肝病实验室	Liver Laboratory
肝胆外科	Department of Hepatobiliary Surgery
肝炎科	Hepatitis Unit
肝移植科	Liver Transplantation Unit
肛肠外科	Department of Anorectal Surgery
高山病实验室	Laboratory of Mountain Sickness
高压氧治疗室	Unit for Hyperbaric Oxygen Therapy
隔离病室	Isolation Ward
工业卫生学教研室	Department of Industrial Hygiene
公共卫生系	Faculty of Public Health
供应室	Supply Room
骨科	Department of Orthopaedics
骨髓移植中心	Bone Marrow Transplantation Center
挂号处	Registration Office; Registry
海医系	Faculty of Naval Medicine
航空生理学教研室	Department of Aviation Physiology
航空生物动力学教研室	Department of Aviation Biodynamics
核医学科	Department of Nuclear Medicine
核医学实验室	Laboratory of Nuclear Medicine
颌面外科	Department of Faciomaxilla Surgery
候诊室	Reception Room; Waiting Room
呼吸内科	Department of Respiratory Diseases
护理系	Faculty of Nursing
护理部	Nursing; Nurses' Department
护士站	Nurses' Station

化疗科	Chemotherapy Unit
化学教研室	Department of Chemistry
换药室	Dressing Room
肌电图室	Electromyography Room
基础代谢室	Basal Metabolic Rate Room
基础护理学教研室	Department of Basic Nursing
激光室	Laser Unit
急诊室	Emergency Room
计算机应用教研室	Department of Computer Application
寄生虫病科	Division of Parasitic Diseases
寄生虫学教研室	Department of Parasitology
检验科	Department of Clinical Laboratories
舰艇卫生学教研室	Department of Warship Hygiene
矫形外科	Department of Orthopaedics
解剖学教研室	Department of Anatomy
军队卫生教研室	Department of Military Hygiene
康复中心	Rehabilitation Centre
口腔病理科	Department of Oral Pathology
口腔颌面外科	Department of Oral Maxillofacial Surgery
口腔基础教研室	Department of Basic Stomatology
口腔科	Department of Stomatology
口腔美容室	Dental Cosmetic Clinic
口腔内科	Department of Oral Medicine
口腔修复科	Department of Oral Prosthetics
口腔医学系	Faculty of Stomatology
老年病科	Department of Gerontology
冷冻治疗室	Cryotherapy Unit
理疗科	Department of Physical Medicine; Department of Physical Therapy; Department of Physiotherapy
临床护理学教研室	Department of Clinical Nursing
临床免疫科	Department of Clinical Immunology
临床免疫实验室	Laboratory of Clinical Immunology
临床研究室	Clinical Research Unit
流行病学研究室	Department of Epidemiology
麻醉科	Department of Anesthesiology; Department of Anesthesia
门诊部	Outpatient Department (OPD)

门诊手术室	Minor Operation Room; Outpatient Operating Room
泌尿科	Department of Urology
泌尿外科	Department of Urological Surgery
免疫病理实验室	Laboratory of Immunopathology
免疫学教研室	Department of Immunology
内分泌科	Department of Endocrinology
内镜检查室	Endoscopy Room
内科	Department of Internal Medicine; Department of Medicine
男性科	Department of Andrology
脑电图室	Electroencephalography Room
配膳部	Diet-Preparation Room
皮肤科	Department of Dermatology
普通外科	Department of General Surgery
潜水生理学教研室	Department of Diving Physiology
染色体检查室	Laboratory of Chromosome
热疗室	Thermotherapy Unit
人类病理学教研室	Department of Human Pathology
烧伤科	Department of Burns
神经科学教研室	Department of Neurosciences
神经内分泌室	Neuroendocrine Laboratory
神经内科	Department of Neurology
神经生物学教研室	Department of Neurobiology
神经外科	Department of Neurosurgery
肾内科	Department of Nephrology
生化室	Laboratory of Biochemistry
生理学教研室	Department of Physiology
生物电子学教研室	Department of Bio-Electronics
生物化学教研室	Department of Biochemistry
生物数学教研室	Department of Biomathematics
生物物理教研室	Department of Biophysics
生物系	Faculty of Biology
生物学教研室	Department of Biology
手术室	Operating Room; Operating Theatre
兽医系	Faculty of Veterinary Medicine
输血处	Blood Transfusion Service
输血中心	Blood Transfusion Center
数学教研室	Department of Mathematics

碎石中心	Lithotripsy Center
太平间 (停尸间)	Mortuary; Morgue
体疗室	Unit of Physical Exercise Therapy
同位素室	Isotopes Room
统计学科	Statistics Unit
外科	Department of Surgery
微生物学教研室	Department of Microbiology
微循环室	Laboratory of Microcirculation
卫生勤务教研室	Department of Medical Services
卫生统计学教研室	Department of Health Statistics
卫生学教研室	Department of Hygienics
胃肠外科	Department of Gastrointestinal Surgery
胃电图室	Electrogastrography Room
问讯处	Information Desk; Inquiry Office
X 线室	X-ray Room
无机化学教研室	Department of Inorganic Chemistry
物理教研室	Department of Physics
细胞学室	Laboratory of Cytology
显微外科	Unit of Microsurgery
消化内科	Department of Gastroenterology; Section of Digestive Diseases
消化实验室	Gastroenterology Laboratory
消毒室	Disinfection Room
心电图室	Electrocardiography Room
心肺内分泌室	Laboratory of Cardiopulmonary Endocrinology
心功能室	Laboratory of Heart Function
心理学教研室	Department of Psychology
心血管内科	Department of Cardiovascular Diseases; Department of Cardiovasology
心血管外科	Department of Cardiovascular Surgery
心脏内科	Department of Cardiology
信息科	Department of Medical Information
胸外科	Department of Chest Surgery; Department of Thoracic Surgery
胸心血管外科	Department of Thoracic and Cardiovascular Surgery
血管外科	Department of Vascular Surgery
血库	Blood Bank
血流动力学实验室	Haemorrheology Laboratory
血液内科	Division of Haematology
血液透析室	Haemodialysis Room

血液透析中心	Haemodialysis Center
牙体病科	Department of Endodontics
牙周病科	Department of Peridontology
眼科	Department of Ophthalmology
药房	Department of Pharmacy; Dispensary; Dispensing Room; Pharmacy
药剂学教研室	Department of Pharmaceutics
药理学教研室	Department of Pharmacology
药学系	Faculty of Pharmacy; Department of Pharmacy
医学教育教研室	Department of Medical Education Service
医院图书馆	Hospital Library
婴儿室	Nursery
营养科	Department of Nutriology
营养室	Nutrition Service
院部办公室	Administration Office of the Hospital
针灸治疗室	Unit for Acupuncture and Moxibustion
针灸科	Department of Acupuncture and Moxibustion
整容科	Department of Cosmetic Surgery
整形外科	Department of Plastic Surgery
正畸科	Department of Orthodontics
植物化学教研室	Department of Phytochemistry
治疗室	Therapeutic Room
中药房	Department of Chinese Pharmacy
中医科(中医内科)	Department of Traditional Chinese Medicine
中医外科	Department of Traditional Chinese Surgery
肿瘤病毒研究室	Department of Tumor Virus Research
肿瘤科	Department of Oncology; Division of Oncology
肿瘤研究所	Institute of Oncology
住院部	Inpatient Department
住院处	Admission Office
注射室	Injection Room
组织胚胎学教研室	Department of Histology and Embryology

## 附录四 医疗卫生机构名称 (以汉语拼音为序)

艾滋病研究中心	AIDS Research Center
癌症化疗服务中心	Cancer Chemotherapy Service Center
癌症控制学会	Society for Cancer Control
爱国卫生运动委员会	Patriotic Public Health Campaign Committee
按摩协会	Chiropractic Association
保健学会	Society of Health
保健站	Health Station
兵站医院	Camp Hospital; Station Hospital
病理化验所	Pathology Laboratory
不育症研究会	Association for the Study of Infertility
残疾人福利基金会	Welfare Fund for the Handicapped
产妇咨询单位	Maternity Consultant Unit
产院	Maternity Hospital; Perinatal Center; Lying-in Hospital
传染病医院	Infectious Disease Hospital; Hospital for Infectious Diseases
传染病中心	Communicable Disease Center
催眠疗法诊疗所	Clinic for Hypnotherapy
催眠研究学会	Institute for Research in Hypnosis
地段医院	Local Hospital; Neighbourhood Hospital
地区卫生局	District Health Bureau
地区医院	District Hospital
第一人民医院	The First People's Hospital; No.1 People's Hospital
电业职工医院	Staff Hospital of Power Trade; Power Staff Member's Hospital
对外医学交流中心	Centre for Medical Exchange with Foreign Countries
儿科学会	Pediatric Association; Society of Pediatrics
儿科医学研究所	Pediatric Research Institute
儿科医院	Pediatric Hospital
儿童疗养院	Children's Sanatorium
儿童医院	Children's Hospital
耳鼻喉科学会	Society of Otorhinolaryngology
防癌联合会	Union Against Cancer; Anti-Cancer Association

防痨联合会	Anti-Tuberculosis Union; Union Against Tuberculosis
防痨协会	Anti-Tuberculosis Association
防疫局	Department of Epidemic Prevention
防疫站	Anti-Epidemic Station
防止滥用药物特别行动局	Special Action Office for the Prevention of Drug Abuse
防止风湿病联盟	League Against Rheumatism; Anti-Rheumatism League
防治所	Prevention and Treatment Center
防治院	Prevention and Treatment Hospital
防治站	Prevention and Treatment Station
纺织工业局医院	Textile Industry Bureau Hospital
放射医学研究所	Research Institute of Radiation Medicine
肥胖症全国援助协会	National Association to Aid Fat
肺癌研究协作中心	Lung Cancer Co-Operative Research Centre
分娩教育协会	Childbirth Education Association
附属医院	Affiliated Hospital
妇产科医院	Obstetrics and Gynecology Hospital; Women's Hospital
妇婴保健院	Maternity and Infant Health Institute
妇幼保健院	Maternal and Child Health Institute
妇幼保健指导站	Consulting Station for Health of Women and Children
妇幼医院	Women and Children's Hospital
肝炎隔离医院	Hepatitis Isolated Hospital
高血压研究所	Hypertension Research Institute
隔离医院	Isolation Hospital
工人医院	Workers' Hospital; Factory Hospital
公共卫生事业局	Public Health Service Bureau
公共血液中心	Community Blood Center
公立医院	Public Hospital
骨科医院	Osteopathic Hospital
顾问委员会	Advisory Board; Consultant Committee
管理委员会	Administration Committee; Management Committee
国际防癌联合会	International Union Against Cancer
国际红十字大会	International Red Cross Conference
国际红十字会	International Red Cross
国际护士公会	International Council of Nurses
国际针灸培训中心	International Acupuncture Training Center
国际针灸医师考试委员会	International Testing Committee for Acupuncturists
国际中医培训中心	International Training Center of Traditional Chinese Medicine



国家卫生事业局	National Health Service Bureau
国家医药管理局	State Pharmaceutical Administration
国家中医药管理局	State Administrative Bureau of TCM and Pharmacology
国立老年研究所	National Institute on Aging
国立医学图书馆	National Medical Library
国民癌症防治委员会	Citizens' Committee for the Conquest of Cancer
海港医院	Harbor Hospital
海军医院	Navy Hospital
海员医院	Seamen's Hospital
航道医院	Waterway Hospital
航空检疫站	Air-Post Quarantine Station
航空与宇航医学部	Aerospace Medical Division
合作医疗保健站	Cooperative Health Care Station
合作医疗站	Cooperative Medical Service Station
红十字会联盟	League of Red Cross Societies
红十字会医院	Red Cross Hospital
红十字卫生站	Red Cross Health Unit
后方医院	Base Hospital; Rear Hospital
后方总医院	Station General Hospital
护理情报中心	Nurse Information Center
护理学院	College of Nursing
护理咨询部	Nursing Advisory Service
护士学校	Nurses' School; School of Nurses
化疗基金会	Chemotherapy Foundation
基础医学研究所	Institute of Basic Medical Sciences
激光医院	Laser Hospital
急救站	First Aid Post; First Aid Station
疾病控制实验中心	Laboratory Center for Disease Control
集体开业医生协会	Group Practice Association
计划生育科学研究所	Planned Parenthood Research Institute
计划生育联合会	Planned Parenthood Federation
计划生育指导站	Counselling Station for Family Planning
技术鉴定委员会	Technology Assessment Board
技术情报中心	Technical Information Center
技术咨询委员会	Technical Advisory Committee
寄生虫病研究所	Institute of Parasitic Diseases
监测站	Monitoring Station

检疫所	Quarantine Service; Quarantine Station
鉴定复审委员会	Accrediting Review Board
鉴定委员会	Commission on Accrediting; Council for Accreditation
健康保险局	Bureau of Health Insurance
健康调查部	Health Survey Division
矫形医院	Orthopedic Hospital
教学医院	Teaching Hospital
接生站	Station for Childbirth; Midwifery Station
街道医院	Neighbourhood Hospital
节育门诊部	Birth Control Clinic
结核病防治中心	Antituberculosis Clinic Center
戒酒协会	Temperance Association
戒毒院	Antinarcotics Hospital
精神病防治网	Network Against Psychiatric Assault
精神病院	Psychiatric Hospital; Hospital for Mental Diseases
精神卫生中心	Mental Health Center
救护协会	Ambulance Association
救护站	Aid Post
求援及急救协会	Rescue and First Aid Association
居民委员会群防站	Primary Health Care Unit of Neighbourhood Committee
军医大学	Military Medical College
军医队	Medical Corps
军医院	Military Hospital
康复医疗中心	Medical Rehabilitation Center
抗生素情报中心	Center of Information on Antibiotics
科技活动中心	Science and Technology Center
科技交流中心	Science and Technology Exchange Center
科技情报交换所	Clearinghouse for Scientific and Technical Information
科技情报研究所	Scientific and Technical Information Research Institute
科技情报中心	Science and Technology Information Center
科学技术服务中心	Science and Technology Service Center
科学基金会	Science Foundation
科学情报处理中心	Centre for Scientific Information Processing
空军医院	Air Force Hospital
空气污染控制管理局	Air Pollution Control Administration
口腔医院	Hospital for Stomatology
矿泉疗养院	Mineral Spring Sanatorium

蓝十字会	Blue Cross
劳动卫生研究所	Institute of Industrial Health
老年医学协会	Association of Gerontology
老年医院	Hospital for the Aged; Senility Hospital
理事会	Council; Board of Directors
连续医学教育网	Network for Continuing Medical Education
联合国儿童基金会	United Nations Children's Fund
联合会	Federation Union
联合诊所	Group Practice; Polyclinic
联盟	League; Union
疗养院	Sanatorium
临床调查学会	Society for Clinical Investigation
临床实验室标准委员会	Committee for Clinical Laboratory Standards
临床协作组织	Co-Operative Clinical Group
临床中心	Clinical Centre
流动性救灾医院	Packaged Disaster Hospital
流动诊疗站	Mobile Clinic
流行病情报部	Epidemic Intelligence Service
陆军医院	Army Hospital
麻风病院	Leprosy Hospital
麻药管制局	Narcotics Control Board
麻醉药品局	Bureau of Narcotics
内分泌研究所	Endocrinology Research Institute
内科急症委员会	Committee on Acute Medicine
内科学会	Society of Internal Medicine; College of Physicians
农村卫生委员会	Council on Rural Health
女医师协会	Medical Women's Association
疟疾防治所	Anti-Malaria Centre; Malarial Prevention
皮肤病防治研究所	Skin Disease Prevention and Treatment Institute
皮肤性病研究所	Institute of Dermatology and Venereology
气功研究所	Qigong Research Institute
情报服务处	Information Service
情报中心	Information Center
区幼保健院	District Maternity and Child Health Hospital
区医院	District Hospital
区中心医院	District Central Hospital
全国卫生协会	National Health Council

群防群治站	Mass Health Unit for Treatment and Prevention of Common Ailments
人民卫生出版社	People's Medical Publishing House
人民医院	People's Hospital
沙眼防治中心	Antitrachoma Clinic Center
山区卫生所	Intermountain Clinic
伤骨科研究所	Traumatology and Orthopaedics Research Institute
烧伤学会	Society for Burn Injuries
身心医学学会	Academy of Psychosomatic Medicine
神经精神科学会	Society of Neurology and Psychiatry
神经外科研究中心	Neurosurgical Research Center
肾病学会	Society of Kidney Trouble
生化试剂实验所	Biochemical Reagent Laboratory
生理研究所	Physiology Research Institute; Institute of Physiology
生物医学工程研究所	Institute of Biomedical Engineering
生物制品研究所	Institute of Biological Products; Vaccine and Serum Institute
省卫生厅	Provincial Health Bureau; Provincial Bureau of Health
省医院	Provincial Hospital
实验动物中心	Laboratory Animals Center
实验医学研究所	Institute of Experimental Medicine
食品药品监督管理局	Food and Drug Administration
世界卫生组织	World Health Organization
世界医学协会	World Medical Association
世界针灸联合会	World Federation of Acupuncture and Moxibustion Societies
市卫生局	Municipal Health Bureau; City Health Bureau
市医院	Municipal Hospital; City Hospital
输血研究所	Institute of Blood-Transfusion
顺势疗法学会	Institute of Homeopathy
私立疗养所(英)	Nursing Home
私立医院	Proprietary Hospital
疼痛研究协会	Association for the Study of Pain
体格评定委员会	Physical Evaluation Board
体育医学会	College of Sports Medicine
铁道医学院	Railway Medical College
铁路中心医院	Central Railway Hospital
图书情报研究所	Institute of Information and Library
退伍军人医院	Veterans Hospital
推拿门诊	Massage Clinic

危险物品管制委员会	Hazardous Materials Regulation Board
围产期卫生委员会	Committee on Perinatal Health
维护健康组织	Health Maintenance Organization
委员会	Commission; Committee
卫生安全处	Division of Health and Safety
卫生部	Ministry of Public Health
卫生队	Sanitary Train
卫生防疫站	Anti-Epidemic Station; Hygiene and Anti-Epidemic Centre; Health and Prevention Station
卫生服务公司	Medical and Health Service Corporation
卫生检疫所	Quarantine Service
卫生教育署	Health Education Service
卫生界代表大会	Health Congress
卫生局	Health Bureau
卫生科	Health Section
卫生事业研究局	Bureau of Health Services Research
卫生室	Health Post
卫生试验所	Hygiene Laboratory
卫生所	Health Station
卫生学校	Health School
卫生远景规划局	Long-Range Health Planning Bureau
卫生总队	Sanitary Corps
卫生纵队	Sanitary Column
温泉疗养院	Hot Spring Sanatorium
吸入治疗学家登记处	Registry of Inhalation Therapists
吸烟和健康情报交换所	Clearinghouse on Smoking and Health
细胞生物学研究所	Cell Biology Research Institute
县卫生院	County Health Centre
县医院	County Hospital
献血站	Blood Donor Centre
献血小组	Blood Donation Group
乡卫生院	Township Clinic
协和医院	Union Medical College Hospital; Union Hospital
协会	Association; Society
心血管病研究所	Institute of Cardiovascular Diseases
心脏病情报中心	Heart Information Centre
心脏病学会	Society of Cardiology

新陈代谢专科	Metabolism Specialty
行为疗法促进会	Association for Promotion of the Behavioral Therapies
性病防治所	Centre for the Prevention and Treatment of Venereal Diseases
胸科学会	College of Chest Physicians
胸科医院	Chest Hospital
休养所	Convalescence Home; Rest Home
学会	Society; Academy; Institute; College
……学会联合会	Federation of ... Societies
学术处	Academic Office
学术界	Academic Circle
学术界理事会	Council of Learned Societies
学院	Academy; Institute; College
血库	Blood Bank
血吸虫病防治所	Anti-Schistosomiasis Station; Station for Prevention and Treatment of Schistosomiasis
血液学研究所	Institute of Hematology
血站	Blood Donor Centre
巡回医疗队	Mobile Medical Team
牙病防治所	Dental Disease Prevention and Treatment Clinic
牙科医院	Dental Hospital
研究所	Institute
研究协作中心	Co-Operative Research Center
研究学会	Research Society
研究院	Academy; Research Institute
眼病防治所	Eye Diseases Prevention and Treatment Clinic
眼耳鼻喉科医院	Eye-Ear-Nose-Throat Hospital
药剂师协会	Association of Pharmacists
药局	Bureau of Drugs; Dispensary
药品管理处	Drug Enforcement Administration
药品检验所	Institute for Drug Control
药品制造业协会	Pharmaceutical Manufacturers Association
药物滥用控制局	Drug Abuse Control Bureau
药物研究所	Medical Material Research Institute
药学会	Pharmaceutical Association
药学院	College of Pharmacy
野战医院	Casualty Clearing Station; Field Hospital
业余疗养院	Spare-Time Sanatorium

一般卫生咨询处	General Health Questionnaire
医科大学	Medical University
医疗队	Medical Service Corps; Hospital Corps; Medical Team
医疗管理处	Medical Service Administration
医疗机构	Medical Establishment; Medical Institution
医疗器械厂	Medical Apparatus and Instruments Factory
医疗体育室	Therapeutical Gymnastic Room
医疗小组	Medical Care Team
医疗仪器研究所	Institute of Medical Instruments and Apparatus
医疗站	Medical Station; Health Centre
医师总公会	General Medical Council
医史文献图书馆	Library of Medical Classics; Library of Documentary (Literature) of Medical History
医史学会	Society of the History of Medicine
医士学校	Medical Assistants School
医学安全委员会	Committee on Safety of Medicines
医学保险公司	Medical Insurance Company
医学博物馆	Medical Museum
医学出版业联合会	Union of the Medical Press
医学代表团	Medical Mission
医学广播电视协会	Medical Radio and Television Institute
医学化验所	Medical Laboratory
医学会	Society of Medicine
医学计算机学会	Society for Computers in Medicine
医学计算中心	Medical Computing Resources Center
医学技术图书馆	Medical Skills Library; Library of Medical Skills
医学考试委员会	Board of Medical Examiners
医学科学院	Academy of Medical Sciences
医学情报电询处	Medical Information Service by Telephone
医学情报研究室	Medical Information Research Section
医学情报研究所	Institute of Medical Science Information
医学生物学研究所	Institute of Medical Biology
医学图书馆	Library of Medicine
医学协会	Medical Association; Association of Medicine
医学研究所	Institute for Medical Research
医学研究与发展指挥部	Medical Research and Development Command
医学研究中心	Academic Medical Center; Medical Research Center

医学仪器学会	Society of Medical Instruments
医学院	Medical College
医学专科学校	Medical School
医药工业公司	Pharmaceutical Industrial Company
医药管理局	Pharmaceutical Administration
医药局	Bureau of Medicine
医药设计院	Pharmaceutical Design Institute
医药咨询服务公司	Medical Information Consulting Company
医院管理委员会	Hospital Management Committee
医院规划协会	Association of Hospital Planning
医院联合会	Hospital Federation
英国红十字会	Royal Red Cross
英国皇家内科学会	Royal College of Physicians
婴儿门诊	Infant Clinic
营养卫生研究所	Institute of Health and Nutriology
优生学会	Eugenics Society
邮政医院	Postal Hospital
娱乐治疗学家协会	Association of Recreational Therapists
语言治疗学家协会	Speech Therapists Association
预防医学委员会	Board of Preventive Medicine
远洋医院	Ocean Shipping Hospital
运动医学联合会	Federation of Sport Medicine
针刺治疗中心	Center for Traditional Acupuncture
针灸经络研究所	Acupuncture and Meridian Research Institute
针灸推拿诊所	Acupuncture-Massage Clinic
针灸学会	Society of Acupuncture and Moxibustion
针灸学院	College of Acupuncture Medicine
针灸研究所	Institute of Acupuncture and Moxibustion
针麻协作小组	Acupuncture Anesthesia Coordination Group
诊所	Clinic
整形外科医院	Hospital for Plastic Surgery
整形医院	Plastic Surgery Hospital
职工医院	Workers' Hospital
职业病防治院	Occupational Diseases Prevention and Treatment Center
职业病研究所	Occupational Medicine Research Institute
志愿救护队	Voluntary Aid Detachment
志愿节育协会	Association for Voluntary Sterilization



制药厂	Pharmaceutical Factory
制药商	Drug Manufacturer
制药有限公司	Pharmaceutical Co. Ltd.
中成药情报中心	Center Information Station of Chinese Patent Medicine
中国残疾人福利基金会	China Welfare Fund for the Handicapped
中国传统医学仪器学会	Chinese Society of Traditional Medical Instruments
中国福利会	China Welfare Institute
中国红十字总会	Red Cross Society of China
中国人民解放军总医院	Chinese People's Liberation Army General Hospital
中国医疗队	Chinese Medical Team
中国医学科技开发中心	Chinese Medical Science and Technology Development Center
中国医学科学院	Chinese Academy of Medical Sciences
中国预防医学科学院	Chinese Academy of Preventive Medicine
中国中医研究院	China Academy of Traditional Chinese Medicine
中华护理学会	Nursing Association of China
中华全国中医学会	All-China Association of Traditional Chinese Medicine
中华人民共和国卫生部	Ministry of Public Health of the People's Republic of China
中华医学会	Chinese Medical Association
中华医学会病理学会	Society of Pathology; Chinese Medical Association
中华预防医学会	China Preventive Medical Association
中日国际针灸推拿诊所	China-Japan International Acupuncture-Massage Clinic
中日友好医院	Sino-Japan Friendship Hospital
中西医结合研究会	Association of Integration of Traditional Chinese and Western Medicine
中心图书馆	Central Library
中心血站	Blood Center
中心医院	Central Hospital
中心诊所	Central Clinic
中央爱国卫生运动委员会	Central Patriotic Public Health Campaign Committee
中央防疫总队	Central Anti-Epidemic Corps
中央理事会	Central Council
中医管理局	Administrative Bureau of Traditional Chinese Medicine
中医师分会	Association of Physicians of Chinese Medicine
中医学会上海分会	All-China Association of TCM, Shanghai Branch
中医学院	College of Traditional Chinese Medicine
中医研究所	Institute of Traditional Chinese Medicine
中医研究院	Academy of Traditional Chinese Medicine
中医药技术开发中心	Development Centre for TCM Technology

中医药研究院	Academy of Traditional Chinese Medicine
中医医院	Hospital of Traditional Chinese Medicine
中医诊所	Traditional Chinese Medicine Clinic
肿瘤防治院	Tumour Prevention and Treatment Hospital
肿瘤研究所	Cancer Research Institute
助产士学校	Midwifery School
专科学校	Training School
专科医院	Special Hospital
地区医院	Regional Hospital
……专业委员会	Committee for Careers in ...
转运医院	Evacuation Hospital
咨询服务公司	Consulting Service Company
咨询门诊	Consulting Clinic
咨询医学中心	Referring Medical Centre
自然灾害医院	Natural Disaster Hospital
自治区医院	Autonomous Region Hospital
综合癌症中心	Comprehensive Cancer Centre
综合医院	General Hospital
总部	Headquarters
总部理事会	Council of the General Office
总医院	General Hospital

## 附录五 处方常用缩写词与符号

缩写	拉丁文	英文	中文
aa	ana	of each	每, 各
AAA		apply to affected area	用于治疗部位
a.c.	ante cibum	before meals	饭前
a.d.	auris dextra	right ear	右耳
ad lib.	ad libitum	use as much as one desires; freely	随意, 任意量
admov.	admove	apply	用于
alt. h.; a.h.	alternis horis	every other hour	每隔1小时; 每2小时
a.m.	ante meridiem	morning, before noon	上午
amp		ampule	安瓿
amt		amount	数量
aq	aqua	water	水
a.l.; a.s.	auris laeva, auris sinistra	left ear	左耳
A.T.C.		around the clock	昼夜不停, 24小时连续
a.u.	auris utraque	both ears	双耳
bis	bis	twice	两次
B.d.; b.i.d.	bis in die	twice daily	每天两次
B.M.		bowel movement	排便
BNF		British National Formulary	英国国家药典
bol.	bolus	as a large single dose (usually intravenously)	大剂量给药 (通常是静脉注射)
B.S.		blood sugar	血糖
B.S.A		body surface areas	体表面积
b.t.		bedtime	就寝时间, 临睡前
BUCC	bucca	inside cheek	颊内

cap.; caps.	capsula	capsule	胶囊
c; c.	cum	with (usually written with a bar on top of the "c")	与……
cib.	cibus	food	食物
cc	cum cibo	with food (but also cubic centimetre)	与食物 (也用作表示毫升)
cf		with food	与食物
comp.		compound	复方
cr.; crm		cream	乳膏; 霜剂
CST		continue same treatment	继续同样治疗
D, d		days or doses	天; 剂
D5W		dextrose 5% solution (sometimes written as D5W)	5%葡萄糖溶液
D5NS		dextrose 5% in normal saline (0.9%)	含5%葡萄糖的生理盐水
D.A.W.		dispense as written (i.e., no generic substitution)	按所写 (医嘱) 配药
dc; D/C; disc		discharge	中断; 排出
dieb. alt.	diebus alternis	every other day	每隔一天; 每2天
dil.		dilute	稀释; 冲淡
disp.		dispersible or dispense	配药
div.		divide	分……次 (服用)
dL		deciliter	分升
d.t.d.	dentur tales doses	give ... such doses	给予同剂量
DTO		deodorized tincture of opium	去味鸦片酊剂
D.W.		distilled water	蒸馏水
elix.		elixir	酏剂
e.m.p.	ex modo prescripto	as directed	按照指示, 按处方处理
emuls.	emulsum	emulsion	乳剂
et	et	and	并且
eod		every other day	每隔一天

ex aq	ex aqua	in water	水中
fl.; fld.		fluid	液
ft.	fiat	make; let it be made	任其发生; 顺其自然
g		gram	克
gtt(s)	gutta(e)	drop(s)	滴
H		hypodermic	皮下注射
h; hr	hora	hour	小时
h.s.	hora somni	at bedtime	就寝时
h.s		hour sleep or half-strength	睡眠时 或 半强度
ID		intradermal	皮肤的
IJ; inj	injectio	injection	注射
IM		intramuscular (with respect to injections)	肌肉注射
IN		intranasal	鼻内
IP		intraperitoneal	腹膜内的
IU		international unit	国际单位制
IV		intravenous	静脉治疗
IVP		intravenous push	静脉推注
IVPB		intravenous piggyback	借道静脉输液法
kg		kilogram	千克
LCD		coal tar solution	煤焦油
lin	linimentum	liniment	搽剂
liq	liquor	solution	溶液, 液体
lot.		lotion	洗剂
MAE		move all extremities	活动四肢
mane	mane	in the morning	晨时
M.	misce	mix	混合
m, min	minimum	a minimum	最小值
mcg		microgram	微克
m.d.u.	more dicto utendus	to be used as directed	按照指示使用
mEq		milliequivalent	毫当量

mg		milligram	毫克
mg/dL		milligrams per deciliter	毫克/分升
mist.	mistura	mix	混合
mitte	mitte	send	发送
mL		millilitre	毫升
MS		morphine sulfate magnesium sulfate	硫酸吗啡; 硫酸镁
MSO4		morphine sulfate	硫酸吗啡
nebul	nebula	a spray	喷雾
N.M.T.		not more than	不超过
noct.	nocte	at night	夜里
non rep.	non repetatur	no repeats	不重复
NPO	nil per os	nothing by mouth	禁食, 禁饮水
NS		normal saline (0.9%)	生理盐水
1/2NS		half normal saline (0.45%)	半浓度生理盐水
N.T.E.		not to exceed	不超过
o <sub>2</sub>		both eyes, sometimes written as o2	双眼
od	omne in die	every day/once daily (preferred to qd in the UK)	每天
od	oculus dexter	right eye	右眼
om	omne mane	every morning	每天上午(晨时)
on	omne nocte	every night	每夜
o.p.d.		once per day	每天一次
o.s.	oculus sinister	left eye	左眼
o.u.	oculus uterque	both eyes	双眼
oz		ounce	盎司
per	per	by or through	经; 通过
p.c.	post cibum	after meals	饭后
Pig.; pigm.	pigmentum	paint	涂剂
p.m.	post meridiem	evening or afternoon	下午或晚上

p.o.	en:per os	by mouth or orally	经口，口服
p.r.	per rectum	by rectum	经直肠
PRN; prn	pro re nata	as needed	按需
pulv.	pulvis	powder	散剂
PV	per vaginam	via the vagina	经阴道
q	quaque	every, per	每，各
q.a.d.	quaque alternis die	every other day	每隔一天
q.a.m.	quaque die ante meridiem	every day before noon	每天午前
q.d.s.	quater die sumendus	four times a day	每天四次
q.p.m.	quaque die post meridiem	every day after noon or every evening	每天下午或每晚
q.h.	quaque hora	every hour	每小时
q.h.s.	quaque hora somni	every night at bedtime	每夜就寝时
q.1 h, q.1°	quaque 1 hora	every 1 hour; (can replace "1" with other numbers)	每小时（可用其他数字替换“1”）
q.d.; q1d	quaque die	every day	每天
q.i.d.	quater in die	four times a day	每天四次
q4PM		at 4pm	下午4时
q.o.d.		every other day	每隔一天；每两天
qqh	quater quaque hora	every four hours	每四小时
q.s.	quantum sufficiat	a sufficient quantity	足够量
QWK		every week	每周
R		rectal	直肠
rep.; rept.	repetatur	repeats	重复
RL, R/L		Ringer's lactate	乳酸林格氏液
s	sine	without (usually written with a bar on top of the "s")	没有……
s.a.	secundum artem	according to the art (accepted practice)	按常规

SC; subc; subcut; subq; SQ		subcutaneous	皮下
S.i.d; SID	semel in die	once a day	每天一次
sig	signa	write on label	写在标签上
SL		sublingually; under the tongue	舌下
sol	solutio	solution	溶液
s.o.s.; si op. sit	si opus sit	if there is a need	需要时
stat	statim	immediately	立即
SubQ		subcutaneously	皮下
supp	suppositorium	suppository	栓剂
susp		suspension	混悬剂
syr	syrupus	syrup	糖浆剂
tab	tabella	tablet	片剂
tblsp		tablespoon	汤匙
troche	trochiscus	lozenge	锭剂
t.d.s.	ter die sumendum	three times a day	每天三次
t.i.d.	ter in die	three times a day	每天三次
t.i.w.		three times a week	每周三次
top.		topical	局部的
T.P.N.		total parenteral nutrition	全肠外营养
tr, tinc.; tinct.		tincture	酊剂
tsp		en:teaspoon	1茶匙(约5毫升)
U		unit	度量单位
u.d.; ut. dict.	ut dictum	as directed	作为指示
ung.	unguentum	ointment	软膏
U.S.P.		United States Pharmacopoeia	美国药典
vag		vaginally	阴道的
w		with	与
w/a		while awake	醒时



wf		with food (with meals)	与食物
w/o		without	没有……
X		times	次数
Y.O.		years old	年龄
μg		microgram	微克

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处方常用符号

符号	拉丁文	英文	中文
@		at	在
>		greater than	大于
<		less than	小于
R	recipe	take, take this, or take thus	处方

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