

<<人与世界>>

图书基本信息

书名：<<人与世界>>

13位ISBN编号：9787811363005

10位ISBN编号：7811363003

出版时间：2010-1

出版时间：中国协和医科大学出版社

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页数：208

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## 内容概要

《人与世界-医学英语阅读教程》是我们为了推进大学医学专业英语教学的改革，适应社会对高等学校医学专业学生英语能力的要求而编写的阅读教材。

本书围绕与医学相关的众多主题，突出医学的生物-心理-社会模式，摒弃了过去医学英语教材编写中枯燥的单纯生理模式。

教材内容在突出一个“泛”字的同时集中一个“医”字。

其内容和题材涉及了医学基础和临床等各个医学学科以及一部分与医学相关学科的简单知识。

不但适合医学专业学生阅读，许多其他学科的学生，甚至在职的医务界或非医务界人员，都能从中获益。

所选文章大部分从最新的权威性书刊、报章杂志以及国际互联网收录。

并经过精心挑选。

本书题材和体裁都很广泛，既有科学性强的科研论文体裁，也有文学性强的小说体裁，以科普类型的读物为主。

内容新颖，紧密结合社会发展，尽量反映当前与医学相关领域中科技前沿的发展和当前国际社会中与医学相关的热点问题，颇具时代感，可读性强。

本书另一重要特点是趣味性强，读者在学习本书的过程中，将在获取知识的同时体会到英语阅读的无穷乐趣。

教材的编写体例上，积极借鉴国内外同类教材的经验，注意点拨启发，突出英语实用技能的培养。

在练习题型设计上，我们不仅注重学生的阅读能力的提高，同时尽力启发他们的想象力。

本书共有10个单元，每个单元包含4篇阅读材料，围绕一个主题，配以不同的练习形式。

每单元的练习形式符合一定的规范，但单元内练习形式多样。

每单元的练习形式包括：阅读前的思考题、根据文章回答问题(主观题)、单选问答题(客观题)、正确错误判断、写文摘以及翻译。

前四种练习形式旨在帮助学生理解阅读材料，后两种练习形式旨在提高读者使用语言的能力。

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Unit One Disease: Global Burden, Arena of Human Miracles  
Unit Two Doctor and His Patients: Shared Values and Perspectives  
Unit Three Obesity: A Luxurious Killer  
Unit Four Brain: Seat of Soul & Sacred Diseases  
Unit Five Stress: Psychosomatic Effects of Black Moods  
Unit Six Genes: Basic Units of Life  
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Unit Eight Space-physiology: Human Body in Celestial Visits  
Unit Nine Growing Old: Crowning a Successful Life  
Unit Ten Ethics : Medicine, Law and Conscience  
Appendix I Key to Exercises  
Appendix II Vocabulary

## 章节摘录

**His Lifes Work** For nearly three decades Ive practiced medicine , treating and studying cancer , blood diseases , HIV and hepatitis C. During much of that time , I did not consider the impact of hope on my patients illnesses. In fact , the fairy-tale claims about hope caused me to flee from the subject. Then something happened that changed my attitude forever. On a summer evening in 1987 , I went to the hospital to visit an ill colleague. George Griffin - Har-vard professor , revered and beloved chairman of our department of pathology had been diagnosed with stomach cancer , the worst type that one can have. In cases like his , only two to three percent of patients live six months. At nine months , survival is less than one percent. The bitter irony was that stomach cancer was the disease that George had made his lifes work. No one knew more about the malignancy and its dire prognosis than he. Nonetheless , George had insisted on receiving aggressive treatment combining high doses of chemo-therapy with intensive radiation , despite the absence of evidence that such toxic therapy could change the fatal outcome of a cancer as advanced as his. It was clear his treatment risked hastening his demise , or at least robbing him of the last tranquil days at home with his family and friends. I would not ordinarily treat a patient with Georges prognosis this way. But I was not consulting on his case. I entered Georges room. The sheets were drawn to his neck. His eyes were closed and sunken , his skin ashen , his lips blackened from dried blood in deep ulcers. For a moment , I wondered if he had died. Then he slowly turned his head and noticed me. With tears in his eyes , George struggled to speak. "Dont talk , " I said. His eyes closed in assent. George had suffered a severe side effect of the treatment ; essentially the delicate lining tissue from his lips to his rectum was scorched , ulcerated and bleeding. I spent a few minutes with him , and as I departed , I thought how I would usually offer a patient words of encouragement , saying how vital it was to keep fighting against the cancer. I knew that in some cases if the patient could endure the harsh treatment , the cancer might be eradicated. But in Georges case , such words seemed hollow. So instead I left with platitudes , saying how much everyone missed him , how we all were thinking of him and hoping that soon he might find some relief. For days I could not get George out of my mind. I sought to replace the awful images from my last visit with memories of George Griffin in full health.

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