

ENGLISH FOR THAI MEDICAL STUDENTS



DEPARTMENT OF WESTERN LANGUAGES  
SRINAKHARINWIROT UNIVERSITY AT PRASARNMIT  
BANGKOK

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# ENGLISH FOR THAI MEDICAL STUDENTS

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## FOREWORD

*These materials have been developed under the R & D Project of English for Medical Students of the Department of Western Languages, funded by the Office of Research Affairs, Srinakharinwirot University at Prasarnmit, Bangkok.*

*The selected readings were randomly tried out with our medical students following Courses EN 301, EN 302, and EN 303. It is designed to teach ESP reading skills within the medical professions, with special reference to EFL Thai students.*

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## Lesson One

A

# Britain allows embryo research



AP PHOTO  
British MPs were sent this life-sized plastic model of a 20-week-old fetus before a Commons debate on embryo research.

Associated Press  
London

THE HOUSE of Commons voted 364-193 Monday night to permit continued research into human embryos up to 14 days after conception.

The issue has triggered an emotional public debate, with researchers arguing their work is essential to improving test-tube baby techniques and detecting foetal abnormalities.

Opponents charge the research, which has been going on in Britain for more than 10 years, should be banned because it destroys human life. They argue that embryos deserve protection from the moment of fertilization.

Legislators were allowed a "free vote" on the provision contained in the Human Fertilization and Embryology Bill, meaning they were permitted to vote according to their conscience rather than political party lines.

During the heated Commons debate that preceded the vote, legislator Sir Bernard Braine of the governing Conservative Party, who opposed the move, said research into human embryos was comparable with Nazi medical experiments during World War II.

But another Conservative legislator, Peter Thurnham, who, supported the move, said medical progress had been made in other countries through research on human embryos.

Professor Robert Winston, who heads a leading research team at Hammersmith Hospital in west London, had said before the Commons decision that a vote against allowing the research "would be a disgraceful, medieval step."

## 1. UNDERSTANDING THE GENERAL CONTEXT

Read the headline only. Discuss what you know about:

- embryo research

## 2. UNDERSTANDING THE SPECIFIC TOPIC

Now read the first and second paragraphs only. Check your understanding.

- What was permitted by the House of Commons?
- What did the researchers argue about?





# Babies can learn language in womb

MALCOLM RITTER  
Associated Press  
Boston, Mass

1 BABIES start learning their future  
2 language even before they are born, a  
3 researcher says.  
4 Studies have discovered that begin-  
5 ning in the womb, a special sound and can  
6 psychology Professor Anthony De-  
7 Casper said. In one study, 24 newborns were  
8 exposed to a sound of a heartbeat and  
9 or a woman's voice. They were able  
10 to choose which ear would hear which sound by varying the  
intensity of which they sucked. Babies chose to hear speech in the  
right ear and the heartbeat in the left  
ear, indicating they were already  
processing speech differently from  
other sound, DeCasper said.  
DeCasper, a psychology professor at  
the University of North Carolina at  
Greensboro, presented his findings at  
the annual meeting of the American  
Psychological Association earlier this  
month.  
It is not clear whether the experience  
of hearing the mother's voice in the  
womb contributes to the development  
of the right-ear preference, he said.  
Mriganka Sur, of the department of  
brain and cognitive science at the  
Massachusetts Institute of Technology,  
said the idea that the result shows  
specialized processing of speech  
sounds "makes a lot of sense to me."  
It reflects specialization in the  
brain's two halves, called hemispheres,  
he said. That probably is driven by  
genes, although the experience of  
hearing speech before birth may also  
play a role, he said.  
DeCasper also described earlier  
research that involved a group of  
pregnant women whose fetuses were in  
their 32nd week. Researchers asked the  
women to recite a particular paragraph  
of a children's story three times in a  
row each day until the birth.  
Three different passages were used,  
but each mother recited only one.  
Babies were a special nipple and  
earphones. By altering their sucking,  
they could choose to hear a  
reciting either the story their  
mothers had recited, or one of the other  
stories.

Read the specified paragraphs. Find the original missing words.

## Lesson Two

A

**health reports****SPOT ON**

People who suffer mild acne give up using topical treatments too soon because they irritate the skin, says Dr Martin James, consultant dermatologist at the Royal Berkshire Hospital. But the treatments—descaling preparations such as tretinoin and benzoyl peroxide—are usually only irritant if they are left on too long.

Dr James recommends they should be applied for just one hour a day to start with and then washed off. Length of use should then be gradually increased until they can be left on all night without any irritation.

**BEST-FEEDING**

**B**reastfeeding mothers should avoid certain over-the-counter remedies as they may be conveyed in breast milk, says a report in the *Pharmaceutical Journal*. These include antihistamines and many cough and cold medicines. Homeopathic remedies are safe, but it is not wise to assume herbal ones are.

## UNDERSTANDING THE CENTRAL IDEA

1. What is the central idea of "Spot On" ?
2. What is the central idea of "Best-Feeding" ?

# Sex industry blamed for Aids spread

PAUL ALEXANDER  
Associated Press  
Canberra

COUNTRIES with thriving sex industries face catastrophe unless they act quickly to check the rampant spread of Aids, according to experts attending an international conference on the deadly disease.

Some nations have made inroads in convincing prostitutes to insist their customers use condoms, but acquired immune deficiency syndrome continues to multiply at alarming rates, experts say.

Dr Mahinder Watsa, who is affiliated with the Family Planning Association of India, described at the four-day Pacific how superstition, prejudice and lack of knowledge plague Aids-control efforts in his country.

Men often refuse to wear condoms, Watsa said on Tuesday. Some even believe they can get rid of venereal disease by having sex with a virgin or very young partner.

He said studies indicated up to 90 per cent of prostitutes suffer from a sexually transmitted disease.

Mechai Viravaidya, known as "Mr Condom" for his well-publicized efforts to encourage safer sex in Thailand, said yesterday that his country "has a real time bomb" on its hands.

He called for Thailand's thriving sex industry to close down temporarily to allow a major clean-up.

While he realizes his stance will be unpopular among many influential Thais because of the impact on foreign tourism, the country's highest income earner, Mechai said the alternative is far worse.

"What we're doing now is like using a small water pistol for a very large fire," he said. "I'm totally pessimistic. At this rate we'll go down gallantly, but we'll go down," go down.

He was particularly emphatic in pointing to figures showing that 13 per cent of the men visiting a venereal disease clinic in one northern province in December were infected with the Aids virus. Just six months later, the number had nearly doubled to 24 per cent.

"If it takes 10 years to find an Aids cure or vaccine, at least half the countryside will be infected," he said.

calling for Prime Minister Chatichai Choonbavan to impose the sex-industry shutdown.

"The prime minister will go down in history no matter what happens," Mechai said. "He will either be a savior or the real unwitting devil."

Mechai, who helped found Thailand's family-planning movement in 1974, has seen the birth rate drop from 3.2 to 1.4. But the figures on Aids keep rising in a country where the number of prostitutes is variously estimated at between 100,000 and 800,000. Thailand has a population of about 47 million.

He pointed to figures showing that 13 per cent of the men visiting a venereal disease clinic in one northern province in December were infected with the Aids virus. Just six months later, the number had nearly doubled to 24 per cent.

"If it takes 10 years to find an Aids cure or vaccine, at least half the countryside will be infected," he said.

## UNDERSTANDING THE TEXT

Read the text quickly. Summarize it orally or in writing either in Thai or English.

## UNDERSTANDING VOCABULARY

Work out the meaning of these words from the context:

1. prostitute
2. condom
3. superstition
4. venereal disease
5. virgin
6. partner
7. sex industry.
8. alternative
9. shutdown
10. movement



## Lesson Three

## A dose of danger

Some athletes use anabolic steroids to stimulate muscle growth and enhance performance. Researchers say athletes are risking serious side effects. Here's an overview of possible dangers athletes face:

1

**Arms, chest, legs:** Helps stimulate muscle growth; decreases time needed for recovery between workouts.

2

**Genitals:** Sterility or atrophied testicles in men; menstrual irregularities, enlarged genitals in women.

3

**Brain:** Increased hostility, leading to use of tranquilizers; hypertension, psychological dependence and "reverse anorexia" — eating compulsions; increased aggression, which can lead to injuries; depression.

4

**Face:** Facial hair growth and baldness in women; acne in men and women.

5

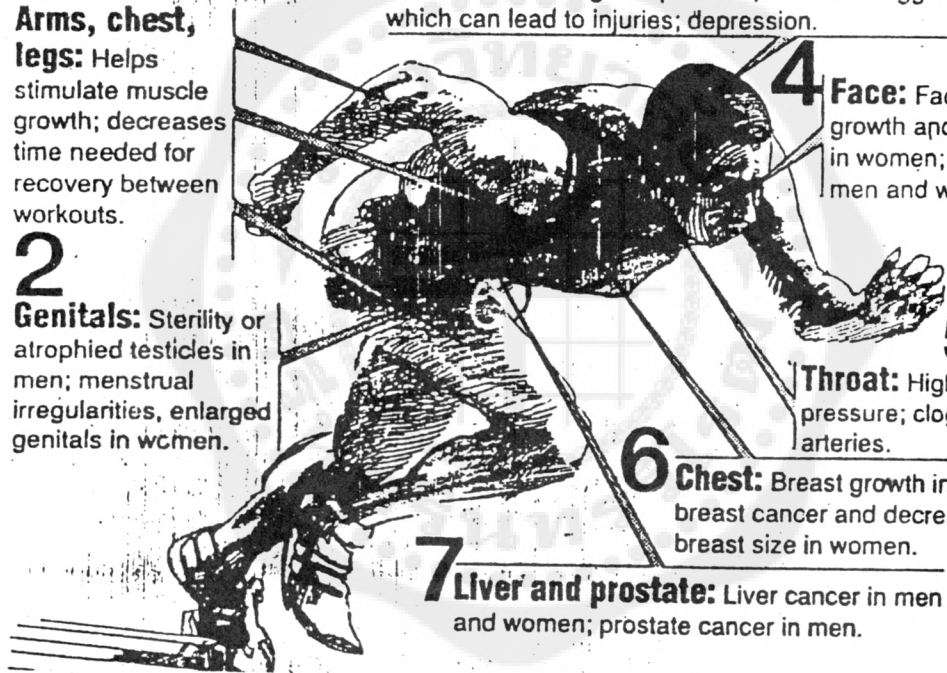
**Throat:** High blood pressure; clogging of arteries.

6

**Chest:** Breast growth in men; breast cancer and decreased breast size in women.

7

**Liver and prostate:** Liver cancer in men and women; prostate cancer in men.



1. Read the introduction of the text, and write what you know about it:

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2. Some possible dangers for athletes who used anabolic steroids are mentioned in the text. Find as many of them as you can:

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3. Read the text and complete the following table:

|        | Genitals  | Chest | Face | Liver & Prostate |
|--------|-----------|-------|------|------------------|
| Male   | Sterility |       |      |                  |
| Female |           |       |      | Liver cancer     |

4. Read 1, 3, and 5. Then make notes about the side effects for each:

Arms, Chest, Legs: 

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Brain: 

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Circle No. 69 on Reader Inquiry Card

1. People who visit Rebound, Inc. go there because they have

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2. Choose synonyms for the following words:

a. rebound

- (1) fall off
- (2) take away
- (3) bounce back

b. rehabilitation

- (1) get sick
- (2) get better
- (3) get even

c. recruitment

- (1) sign in
- (2) sign off
- (3) sign up

d. trauma

- (1) serious injury
- (2) serious break
- (3) serious help

3. Choose antonyms for the following words:

a. competitive

- (1) equal
- (2) challenging
- (3) unworthy

b. therapeutic

- (1) harmful
- (2) total
- (3) awful

c. compensation

- (1) money spent
- (2) money deserved
- (3) money undeserved

d. ongoing

- (1) terminated
- (2) started
- (3) used

4. The purpose of the Brigham and And Womens Hospital advertisement is to

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5. A person who might respond to the Brigham advertisement might be

\_\_\_\_\_

6. The Dana-Farber Cancer Institute advertisement wants to attract

\_\_\_\_\_

7. Give synonyms for the following words in the Dana-Farber advertisement:

a. recruitment

\_\_\_\_\_

b. contact

\_\_\_\_\_

c. unique

\_\_\_\_\_

d. tradition

\_\_\_\_\_

8. What is the meaning of "oncology" ?

\_\_\_\_\_

9. Most likely these advertisements come from:

a. a housekeeping magazine

b. a fashion magazine

c. a medical magazine

d. a sports magazine

10. A cancer institute is a place where

\_\_\_\_\_

\_\_\_\_\_

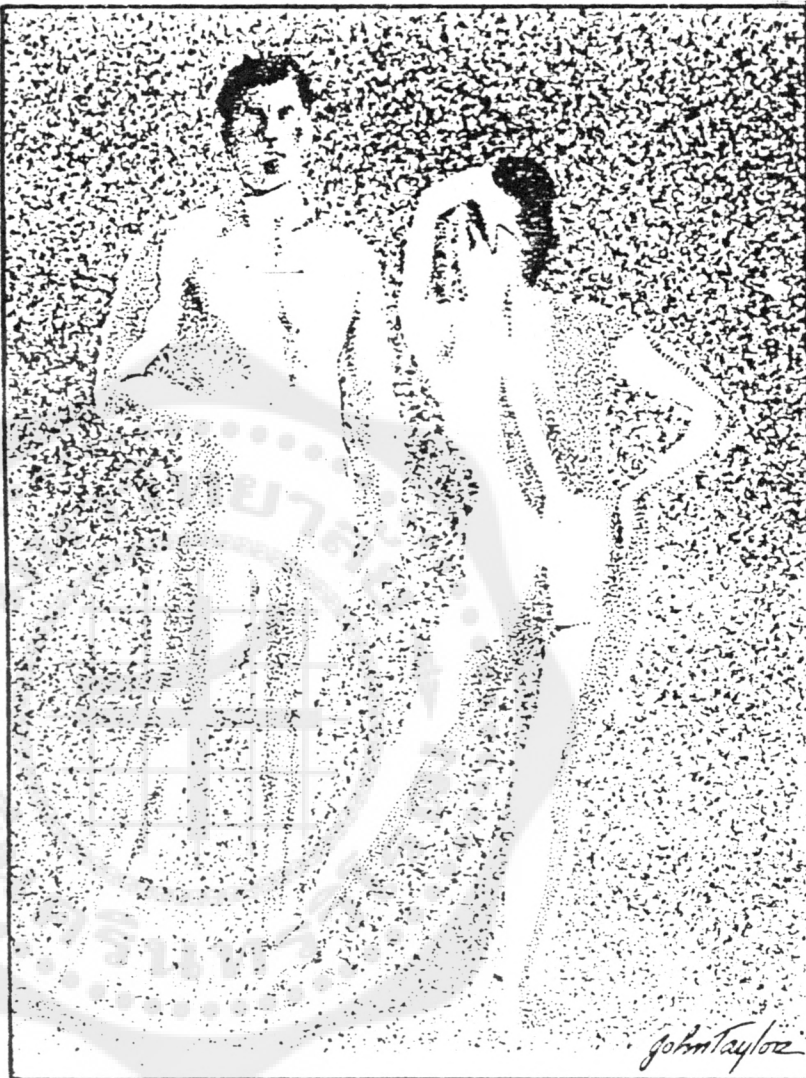
# Unhealthy male lifestyles

The following is the second of a three-part series on the health aspects of men in today's society. Story by **MAUREEN MYLANDER**, LA Times Syndicate.

**I**n "The Hazards of Being Male," Herb Goldberg wrote about destructively rigid male conditioning or living according to traditional male "blueprints." Cultural pressures, he said, have programmed many men to accept a long list of "givens": early marriage, fatherhood and hasty career choices and other major decisions that lock many men into a job, mortgage and life style without having considered the options. Unquestioning acceptance of the roles of husband, father, provider and protector has caused many men to become angry, frustrated, isolated, bored and defensive. Such men tend to be out of touch with their feelings and their bodies, to deny their weaknesses, and to engage in protest or "macho" masculinity in the form of physical violence, accident-proneness and other life-threatening behaviours. To such a man, Goldberg concludes in "The New Male," care of the body means:

- The less sleep I need,
- The more pain I can take,
- The more alcohol I can hold,
- The less I concern myself with what I eat,
- The less I ask anybody for help or depend on them,
- The more I control and repress my emotions,
- The less attention I pay to myself physically, the more masculine I am.

In the best sense, "masculine" describes a self-sufficient, strong, steady, uncomplaining, adventure-some, fearless risk-taking hunter-warrior upon whom women and children depend to feel safe, cared for and protected. The problem lies not in these traditional male virtues per se, but in what growing up as a male in today's society does to



undermine men's well-being and survival. There are signs that men are becoming aware of what the self-destructive aspects of rigid male conditioning are costing them. Increasing numbers of men are making healthier life style choices by stopping smoking, exercising more, eating more fibre and less fat, using seat belts and guarding against sexually transmitted disease. Men now need — if they're to live longer — to learn to live in harmony with other men, women and especially with themselves.

To be in harmony with themselves, men need to acknowledge their vulnerabilities, respect

tenderness in themselves and other men, and stop viewing healthful activities as primarily feminine. Men need to separate masculinity from smoking cigarettes, drinking to excess, eating steak and eggs and waiting until they are physically and emotionally disembowelled before asking for help. Above all, men must stop looking for external explanations of their physical and emotional ills and start examining what they contribute to their problems. Only then can they hope to arrive at a new and life-giving definition of masculinity.

**NEXT: ENCOURAGING GOOD HABITS** ■

1. According to this article, the main hazard of being male is:

- a. acting in a way a woman cannot understand
- b. acting according to a preconceived image
- c. acting as if tomorrow was never going to come
- d. acting in a way to put off decisions

2. The "new male" fails to take care of his body because:

- a. of repression
- b. of destruction
- c. of disease
- d. of strength

3. The role of the husband is traditionally to:

\_\_\_\_\_

However, the role of the new male is to:

\_\_\_\_\_

4. Do you think the role of the female is different from the role of the male? Why?

\_\_\_\_\_

\_\_\_\_\_

5. Harming the body in the following ways may lead to what?

a. smoking may lead to \_\_\_\_\_

b. drinking may lead to \_\_\_\_\_

c. no sleep may lead to \_\_\_\_\_

d. repressed emotions may lead to \_\_\_\_\_

6. How would you define the following words? Use English.

- a. mortgage \_\_\_\_\_
- b. blueprint \_\_\_\_\_
- c. virtues \_\_\_\_\_
- d. life threatening \_\_\_\_\_
- e. protector \_\_\_\_\_
- f. accident-prone \_\_\_\_\_
- g. harmony \_\_\_\_\_

7. List five ways a male can make his life healthier:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

8. How might the female help the male to make his life healthier?

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9. Make comparatives and superlatives from the following words:

|                |           |            |
|----------------|-----------|------------|
| a. healthy     | healthier | healthiest |
| b. weak        | _____     | _____      |
| c. destructive | _____     | _____      |
| d. protective  | _____     | _____      |
| e. steady      | _____     | _____      |

10. What does the word "masculine" mean to you?

\_\_\_\_\_

\_\_\_\_\_

11. List five foods considered healthy and five foods considered unhealthy for the male:

|         |           |
|---------|-----------|
| healthy | unhealthy |
| _____   | _____     |
| _____   | _____     |
| _____   | _____     |
| _____   | _____     |
| _____   | _____     |





# HOW IS AUTOTRANSFUSION DONE?

BY CAROLE BIRDSALL/KATHARINE CARPENTER/RITA CONSIDINE

**A**utotransfusion, the reinfusion of a patient's own blood, can be achieved in three ways: first, by preoperative "harvesting" of blood one to two weeks before elective surgery; second, by intraoperative "salvage" via specialized reservoirs followed by rapid cell washing and then reinfusion; and third, by collection from chest tubes of trauma or selected surgical patients for reinfusion within four hours. Which method to use depends on equipment available, preference of the surgeon, and the type of surgery or trauma.

## WHAT ARE THE BENEFITS?

**A**utotransfusion reduces the risks of potentially fatal transfusion reactions and transmission of blood-borne diseases. The immediate availability of autologous blood without typing and cross-matching saves time and money. For some patients, autotransfusion may quell religious objections to banked blood. When carefully collected from surgical

sites, the quality of the blood surpasses that of banked blood because, despite manipulation of the cells, both platelets and clotting factors remain intact. The salvaged blood's pH is the same as the patient's pH, and the blood retains its 2,3-diphosphoglycerate (DPG) levels. (DPG enhances oxygenation by increasing hemoglobin's affinity for oxygen.)

## WHY IS IT SO WIDELY USED?

**A**rrational fear about contracting AIDS while donating blood has markedly limited the availability of banked blood. Further, many more potential donors are now screened out either voluntarily or through more sophisticated lab tests. As the blood shortage escalates, costs rise and the need to conserve existing stores of banked blood for emergencies becomes imperative. Surgeons are now more conservative about transfusing small volumes of banked blood postop. But because autologous transfusion is relatively safe, it has become popular.

## WHAT IS "BLOOD HARVESTING"?

**A**When a short-term volume loss presents no risk, a unit of blood is removed from the patient before surgery and held in the blood bank. Predepositing one or more unit(s) of autologous blood is possible because the blood's bank-life is longer than 40 days, and

within a week the body recovers its predonation blood cell levels. Some centers store the blood in liquid form for the life of the unit; others freeze it whole after a certain length of time; still others take blood every week, retransfusing the previous week's unit and storing a fresh unit.

## CAN EVERYONE UNDERGO PREOP HARVESTING?

**A**No. Patients at risk for cardiovascular compromise from rapid volume shifts, the very elderly and weak, those with preexisting blood-transmitted diseases such as hepatitis, and those cancer patients at risk for reinfusion of live tumor cells are not candidates for preop harvesting.

## WHAT ABOUT INTRAOPERATIVE SALVAGE?

**A**Some autotransfusion systems are reservoirs for blood collected during surgery. This blood is taken to a blood handling site for rapid cell washing. Opponents of this system find equipment complicated to use, training too extensive, and costs too high. Proponents believe it is safer because the cells are washed and spun

*Carole Birdsall, RN, MSN, certified in emergency, medical-surgical, and critical care nursing, is clinical instructor, adult acute-care graduate program, Columbia University School of Nursing, New York, NY. Katharine Carpenter, RN, BSN, is a graduate student in critical care at Columbia University. Rita Considine, RN, BSN, is an assistant clinical coordinator for surgery at New York (NY) University Medical Center.*

*Do you have unresolved technical questions or problems in clinical practice? Send them to "Clinical Savvy," AJN, 555 West 57th Street, New York, NY 10019.*

1. Why would someone choose auto-transfusion?

2. The prefix 'auto' means 'self'. Fill in the table below:

|         |       |                |
|---------|-------|----------------|
| a. auto | matic | self-operating |
| b. auto |       |                |
| c. auto |       |                |
| d. auto |       |                |
| e. auto |       |                |

3. The prefix 'trans' means across. Complete this table as in the above:

|          |      |             |
|----------|------|-------------|
| a. trans | late | cross sides |
| b. trans |      |             |
| c. trans |      |             |

4. List five advantages of auto-transfusion:

|                |                |
|----------------|----------------|
| a. <div></div> | d. <div></div> |
| b. <div></div> |                |
| c. <div></div> | e. <div></div> |

5. Do you believe the risk of AIDS would be reduced by auto-transfusion? Why?

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6. The word below are used in the article. Put the proper part of speech in the empty spaces:

| noun       | verb  | adjective | adverb      |
|------------|-------|-----------|-------------|
| a. _____   | cost  | _____     | _____       |
| b. blood   | _____ | _____     | _____       |
| c. patient | _____ | _____     | _____       |
| d. _____   | _____ | _____     | religiously |
| e. _____   | _____ | careful   | _____       |
| f. trauma  | _____ | _____     | _____       |

7. What kind of person is not suited for auto-transfusion?

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8. Most likely, auto-transfusion will become more and more popular. Why?

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9. How long can blood be stored in a blood bank?

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10. Match the following words with their correct meanings:

- |                |                         |
|----------------|-------------------------|
| a. affinity    | 1. selected choice for  |
| b. transfusion | 2. close association    |
| c. intact      | 3. cross blending       |
| d. complicated | 4. difficult            |
| e. reservoir   | 5. holding area or tank |
| f. candidate   | 6. in one piece         |

# Asthma in children

## Peter D Phelan

Peter D Phelan is Stevenson Professor of Paediatrics at the University of Melbourne and Chief Thoracic Physician at the Royal Children's Hospital, Melbourne, Australia. He graduated from the University of Queensland and trained in paediatrics and paediatric thoracic medicine in Melbourne and in Boston, USA. His research interests include respiratory physiology, the epidemiology of respiratory illness in children and adolescents, and the management of childhood chest disorders. He is actively involved in the teaching of undergraduate and postgraduate paediatrics.

### Prevalence and natural history

Asthma is the most common form of long-term respiratory disease in children. At some stage of childhood, at least 20% of individuals wheeze as a result of asthma. In approximately 60% of affected children, wheezing is relatively trivial; in many cases, medical advice is not sought and the asthma remains undiagnosed. Many children at this mild end of the asthma spectrum are described as having 'wheezy bronchitis', which for many years was erroneously classified as a separate disorder. Children aged 3–7 years are particularly susceptible to wheezing and most episodes are associated with viral infections. This has led to the false conclusion that all such symptoms are due to infection of the lower respiratory tract. Consequently, inappropriate treatment with antibiotics has often been the sole therapy. In fact, the lower respiratory component consists of bronchial narrowing caused by a triad of factors characteristic of asthma:

- bronchial muscle spasm
- hypersecretion of mucus
- mucosal oedema.

Approximately 5% of children experience more than 20 episodes of wheezing over a number of years. About 1 in 200 children (i.e. 1 in 40 asthmatic children) has serious airways obstruction which may persist for several months or, occasionally, years. Many of these children are disabled and require intensive long-term therapy to ensure a reasonably normal life-style.

For therapeutic purposes it is useful to classify children into three categories:

- those who experience asthmatic episodes at intervals greater than 2–3 weeks
- those who are affected more than once during each 2–3-week period, but who are asymptomatic between episodes
- those with chronic asthma (Figure 1), who wheeze almost every day or night.

### Clinical features of chronic asthma

- Wheezing almost every day or night
- Widespread wheezes, which may be inaudible without a stethoscope
- Retarded growth – usually confined to severely affected patients
- Barrel or pigeon chest in those with severe disease
- Evidence of moderate to severe airways obstruction obtained in lung function tests

1

A record card completed by parents over a 4–8-week period with details of day and night symptoms is often informative.

**Age:** asthmatic children usually wheeze before the age of 7 years and many present within the first 2 years of life, particularly those affected by chronic asthma. However, most children with early onset wheezing do not develop troublesome asthma.

Approximately 50% of mildly asthmatic children are asymptomatic by early adolescence though bronchial hyper-reactivity to histamine may be demonstrated in approximately 60% of this group during early adult life (Figure 2). The significance of this finding in terms of later adult lung disease has yet to be established. A trivial wheeze which originates in childhood and persists into adult life seldom develops into troublesome asthma; much of this wheezing is induced by physical activity. Only 25% of children with frequent episodic asthma are free from wheeze during adolescence. Most patients continue to experience episodic wheezing but, in general, it gradually decreases in severity.



Virtually all children with chronic asthma continue to wheeze during adult life, though many experience some improvement. During late childhood and early adolescence chronic asthmatics tend to be below average for weight and height, primarily as a result of delayed puberty, though most patients eventually attain normal stature.

**Sex:** although the incidence of asthma in boys and girls is similar, there is a marked male predominance for chronic asthma. During adolescence, however, girls show less improvement than boys, so that by early adult life the sex difference no longer exists.

**Mortality:** most deaths from asthma occur in children with severe chronic asthma who develop sudden acute distress and die before medical attention can be obtained; occasionally, a hospitalized child may die because inadequate treatment was given.

### Clinical patterns and diagnosis

There are few disorders other than asthma which cause recurrent wheezing in children. The diagnosis therefore seldom presents difficulty if a good clinical history is taken, even if the child is not seen during an acute episode.

The possibility of an inhaled foreign body should be excluded in a toddler who presents with a first episode of wheezing. If there is a history suggesting inhalation, or any inequality of breath sounds over the two sides of the thorax, inspiratory and expiratory chest radiographs are essential.

Certain clinical patterns may cause diagnostic difficulty.

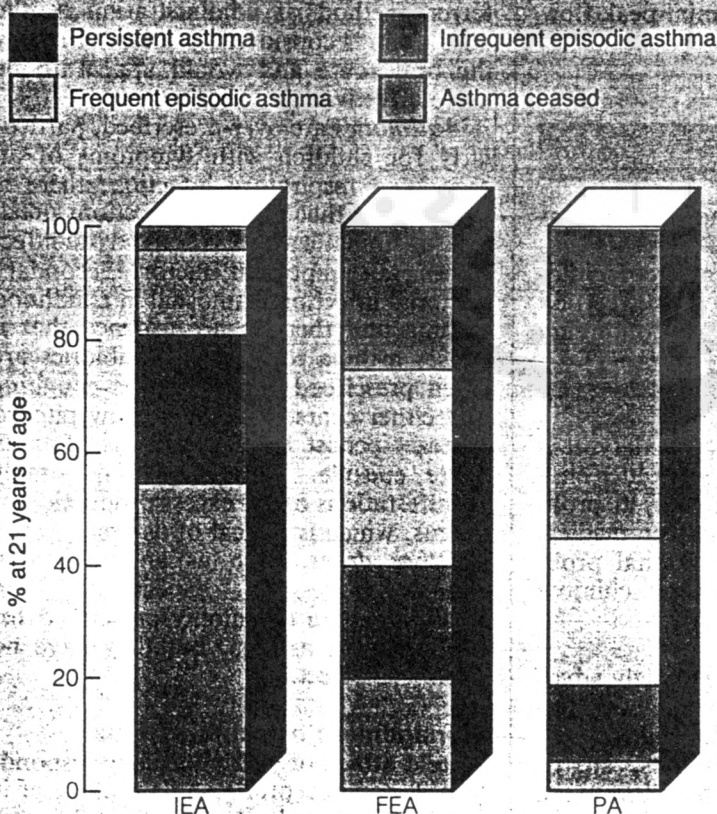
- Episodes invariably associated with viral infections may be misdiagnosed as recurrent bronchitis, but a history of wheeze in association with the episodes indicates asthma.

- Occasionally, in some cases, the wheeze is inaudible; if widespread wheezes are detected on auscultation of the chest, asthma is probable.

- A recurrent, dry, hacking cough at night is usually a manifestation of mild asthma which, unfortunately, does not respond very well to therapy.

- Occasionally, children with cystic fibrosis present with symptoms suggestive of asthma; such children should be referred to a paediatric unit for further investigation, including a sweat test (page 1513).

Patterns of wheezing at age 21 years in patients who experience infrequent episodic asthma (IEA) frequent episodic asthma (FEA) and persistent asthma (PA) to age 14 years



<sup>1</sup>Adapted with kind permission from Phelan P. Olinsky T. Landau L. Respiratory illness in children. Oxford: Blackwell Scientific Publications, 1982: 150.

### Investigations

**Radiography:** one set of anteroposterior and lateral chest radiographs are indicated in children with more than the occasional episode of wheeze, in order to exclude other causes of bronchial obstruction. It is seldom necessary to take further radiographs during acute episodes unless complications are suspected. Pneumonia is highly unusual and pneumothorax is extremely rare in childhood asthma.

**Blood examination:** Complete blood analyses are seldom necessary.

**Skin allergy tests** are generally uninformative and should not be ordered routinely. A careful history will reveal a particularly important allergen, whereas a battery of skin tests will almost inevitably yield positive results for substances unrelated to the patient's asthma. Occasionally, however,

1. A "wheeze" is a sound made when breathing. If you hear a child wheeze it could mean that the child has \_\_\_\_\_ .

2. Translate these words into simpler English

a. bronchial muscle spasm \_\_\_\_\_

b. hypersecretion of mucus \_\_\_\_\_

c. mucosal oedema \_\_\_\_\_

3. What percent of children experience more than 20 wheezing episodes?

\_\_\_\_\_

4. List 3 asthmatic signs from the box number one:

\_\_\_\_\_

5. Which sex is most likely to be asthmatic?

\_\_\_\_\_

How long may chronic asthma last?

\_\_\_\_\_

6. Some of the situations of asthma are described below. Put a check next to the correct symptoms:

- |                         |                                  |
|-------------------------|----------------------------------|
| a. spitter _____        | f. bronchial blockage _____      |
| b. poor sight _____     | g. infection _____               |
| c. wheezing _____       | h. bronchial muscle spasms _____ |
| d. eating _____         | i. barrel chest _____            |
| e. hypersecretion _____ | j. retarded growth _____         |

7. Name one way to check for asthma?

\_\_\_\_\_

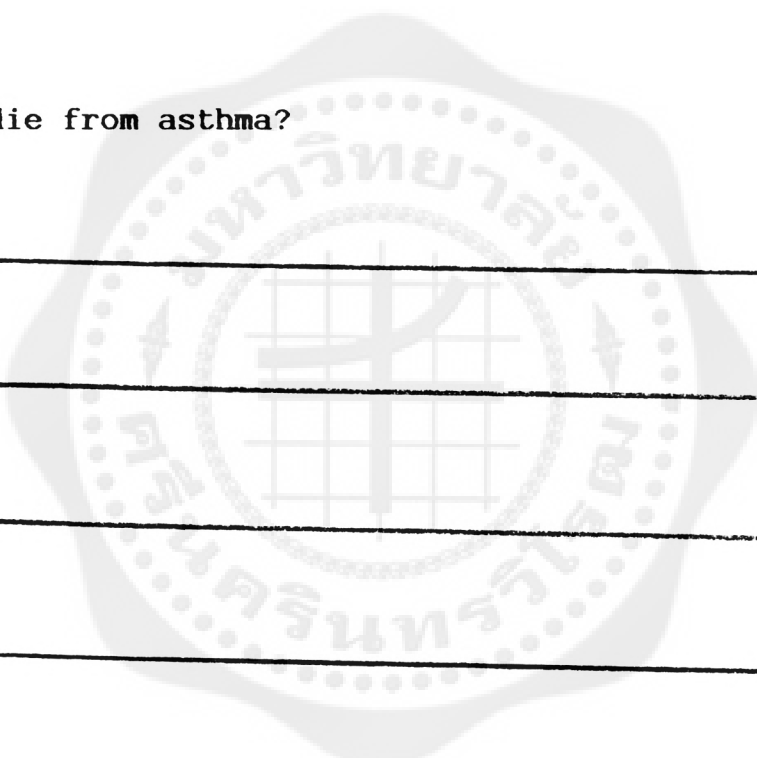
8. Explain the following words from thhe story:

- |                |       |
|----------------|-------|
| a. trivial     | _____ |
| b. obstruction | _____ |
| c. episodes    | _____ |
| d. chronic     | _____ |
| e. histamine   | _____ |
|                | _____ |

9. Asthma can be labeled as:

- a. an infectious disease
- b. a respiratory disease
- c. an acrimonious disease

10. Who may die from asthma?



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## CONSUMING INTEREST

BY KAREN FREIFELD

# SMOKE-FREE FOREVER?

**M**argaret Morris had been trying since she was 17. The first time she almost made it. "But after I gained 10 pounds I said, 'This is not good,' and went back," recalls the 34-year-old New York newspaper reporter. She quit again when she came down with bronchitis seven years ago, but started back as soon as she got well. Finally, this summer Morris gave it her best shot. "I geared up for a year," she says, proud that five months later she can still call herself an ex-smoker.

Ninety percent of the estimated 53 million smokers in this country say they'd like to kick the habit. But quitting—as anyone who's tried it knows—isn't easy. Some heroin addicts, in fact, say it's tougher to give up cigarettes than dope. And it seems to be harder for women than men. "Women are less successful, although we don't know why," says Thomas Novotny, PhD, a medical epidemiologist at the U.S. Office of Smoking and Health in Rockville, Maryland.

Studies show that we crave nicotine, the substance that makes cigarettes addictive, for powerful reasons. It has been shown to improve memory and concentration, increase pain tolerance, reduce anxiety and curb appetite. Unfortunately, the benefits aren't nearly worth the risks. We clearly know that smoking causes lung and other cancers, heart disease, bronchitis, emphysema and other life-threatening conditions. If you're between 30 and 35 and smoke two packs a day, you can expect to die eight to nine years earlier than a non-smoker.

If you want to quit, you'll find there are more ways to do so today than ever before. Commercial programs and aids are a \$100-million industry, and over 400 free or low-cost programs are offered through synagogues, churches, hospitals and schools. Nationally, the Great American Smokeout (held this year on November 19) encour-



Stop-smoking  
programs  
demand  
a strong  
commitment  
from you.

ages smokers to stop for at least 24 hours.

As for quitting for good, however, there's no panacea. Of the methods available, no single one is best for all smokers. There's a consensus, though, that the greatest success may be obtained through a combination of

methods. Says Jerome Schwartz, DPH, a health care research specialist in Davis, California and author of *Review and Evaluation of Smoking Cessation Methods* for the U.S. Department of Health and Human Services, "A multiple program is probably best."

Success rates—which should be based on quitting for at least a year—average 20 to 25 percent. "If a program claims [a success rate of] more than 40 percent, watch out," warns John Pinney, executive director of the Institute for the Study of Smoking Behavior and Policy at Harvard University in Cambridge, Massachusetts.

Here is a consumer's guide to the current methods for kicking the habit:

- **Self-help programs.** The American Lung Association (ALA) offers a behavior modification program outlined in its "Freedom From Smoking in 20 Days" booklet, followed by "A Lifetime of Freedom From Smoking." Contact your local ALA for copies. Another helpful booklet is the American Cancer Society's (ACS) "Seven Day Plan to Help You Stop Smoking," available

KAREN FREIFELD is a contributing editor of HEALTH. Her work is frequently syndicated in major newspapers throughout the country.

1. What are the meanings of the following idioms used in the article?

a. best shot

(1) best gun

(2) best try

(3) best bargain

b. geared up

(1) got ready for

(2) fixed the car

(3) planned to stop

c. dope

(1) stupid person

(2) real good stuff

(3) drug, like marijuana

2. People smoke because \_\_\_\_\_

\_\_\_\_\_

3. What ingredient in cigarettes makes people want to keep smoking?

\_\_\_\_\_

4. Why did Margaret Morris begin smoking again after she tried to quit? \_\_\_\_\_

\_\_\_\_\_

5. What was the "Great American Smokeout" ?

\_\_\_\_\_

\_\_\_\_\_



6. Fill in table with the correct parts of speech:

| noun         | verb     | adjective | adverb       |
|--------------|----------|-----------|--------------|
| a. consumer  | _____    | _____     | _____        |
| b. <u>X</u>  | _____    | _____     | availability |
| c. cause     | _____    | _____     | <u>X</u>     |
| d. addiction | _____    | _____     | <u>X</u>     |
| e. <u>X</u>  | <u>X</u> | current   | _____        |

7. List three bad effects from smoking:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

8. Match the following words with their meanings:

- |                |                  |
|----------------|------------------|
| a. consensus   | 1. group opinion |
| b. executive   | 2. head          |
| c. tolerance   | 3. put together  |
| d. benefit     | 4. nervousness   |
| e. combination | 5. good result   |

f. anxiety

6. cure all

g. panacea

7. ability to withstand

9. Smoking appears to have some small benefits. What are they?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

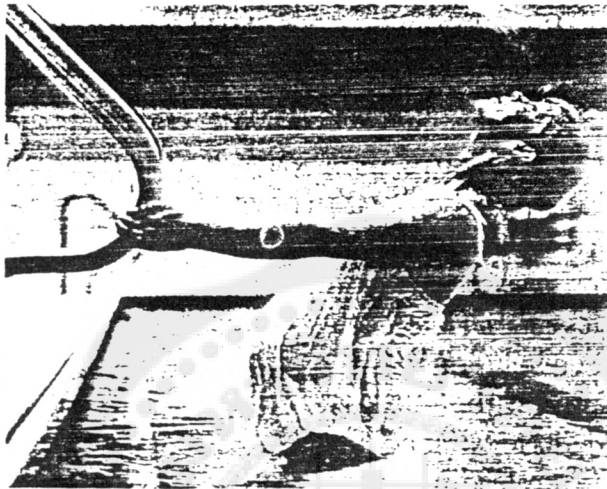
10. Smoking is a bad habit. What other bad habits can you list?

What is the negative effect?

|    |                |                      |
|----|----------------|----------------------|
| a. | <u>smoking</u> | <u>causes cancer</u> |
| b. | _____          | _____                |
| c. | _____          | _____                |
| d. | _____          | _____                |

# breakthroughs

## POWER



CAROL GEEZY/LADIES IN WADING INC.

### You Two Can Stay in Shape

*A heart-to-heart message for pregnant women*

The evidence keeps mounting: It's safe to exercise—in moderation—during pregnancy. Researchers at the University of Idaho in Moscow had eight women walk briskly on a treadmill for 20 to 45 minute periods three days a week throughout their pregnancies while the scientists monitored the heartbeats of both the fetuses and moms-to-be.

According to Dennis Dolny, PhD, and Jennifer Beller, who led the study, the concern for pregnant women is that vigorous exercise will use blood that should be going to the fetus, slowing down its heartbeat. However, although exercise raised the women's heart rate to 150 beats per minute—well above their target heart rate—the fetuses' heart rates didn't change at all.

In another study of 115 pregnant women at the University of California, Los Angeles, School of Medicine, doctors found no significant differences in gestational age, duration of labor or birthweight in babies born to active and to sedentary women.

Based on these and previous findings, Dolny says that women should feel free to exercise moderately throughout their pregnancies, although they should take their pulse frequently and avoid overheating and dehydration, which may hurt the fetus. Activities that require balance and stress the joints, such as running and high-impact aerobics, may be less comfortable than a non-weight-bearing sport such as swimming. "Swimming is ideal," says Dolny. "It removes the stress of excess body weight, and you're less likely to get overheated or dehydrated."

In short, a healthy pregnancy is no excuse to let your muscles turn to mush. If you're sensible, your baby should be as healthy as you are.

—RANDI HUTTER

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1. Pick the synonym for the following words:

a. monitored

(1) devolved

(2) observed

(3) uncontrolled

b. ideal

(1) utopian

(2) factual

epidemic

c. excess

(1) too little

(2) too used

(3) too much

d. vigorous

(1) lazy

(2) strong

(3) weak

e. sedentary

a. standing

b. sitting

c. motion free

2. The subject of this article is \_\_\_\_\_

\_\_\_\_\_

3. If a woman exercises during pregnancy what happens to the heart-beat of the unborn child inside her?

\_\_\_\_\_

\_\_\_\_\_

4. Give an opposite meaning, in English, for the following words:

- a. walk briskly \_\_\_\_\_
- b. remove \_\_\_\_\_
- c. slow down \_\_\_\_\_
- d. moderation \_\_\_\_\_
- e. high impact \_\_\_\_\_

5. The message of this article is that exercise  
is \_\_\_\_\_ for pregnant women.

6. Find words in the article that mean the same as the words below:

- a. water loss \_\_\_\_\_
- b. reasonable \_\_\_\_\_
- c. very soft \_\_\_\_\_
- d. facts \_\_\_\_\_

7. An ideal exercise for women is \_\_\_\_\_

A poor exercise for women would be \_\_\_\_\_

8. The two countries which did pregnancy exercise research  
were: \_\_\_\_\_ and \_\_\_\_\_

9. Make your own sentences with the following words from the article:

a. feel free \_\_\_\_\_

b. safe to \_\_\_\_\_

c. sensible \_\_\_\_\_

d. avoid \_\_\_\_\_

e. sedentary \_\_\_\_\_

10. Name three aerobic exercises:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



# breakthroughs

## KIDS

■ Young teenagers living with pregnant sisters were 1.8 times more likely to bear children than other teenaged girls, says the Centers for Disease Control. ■ Tap water at 150° F. can cause a second-degree burn in 1.5 seconds, according to the American Burn Association.

### Breathing for Two

*Pregnant? Stop smoking—you're poisoning your baby's body*

You may have come a long way, baby, but according to a recent report by the U.S. Public Health Service, about one-third of all women still smoke at the beginning of their pregnancy. Only 20 to 25 percent of these women quit sometime during the nine months. As a result, many children are born with respiratory and cardiovascular problems that often lead to death.

"Tragically, many women do not understand the serious health hazards of smoking while pregnant," says *Good Morning America* co-host Joan Lunden, spokeswoman for the American Lung Association (ALA)'s smoking and pregnancy education



PAUL FUSCO/ALAC/NHM

campaign. As part of this program, the ALA has created the first self-help kit exclusively for pregnant women who want to kick the habit. This 10-day, step-by-step behavior modification plan includes a booklet, "Freedom From Smoking for You and Your Baby," a diagrammed exercise chart and an audio tape that teaches breathing and relaxation techniques designed to make quitting—and pregnancy—a little less stressful. To get a kit, contact your local ALA affiliate or write to the American Lung Association, P.O. Box 596-HM, New York, NY 10001.

—DAWN WELCH

Smoking is the leading cause of low birthweight in the U.S.—the more you smoke, the lower baby's weight may be.

### Social Security

*Family-centered can take the risk out of siblinghood*

Not unlike parents, kids at become part of family may feel a bit insecure. In fact, research shows that becoming a sibling in early childhood can have a lasting impact on cognitive, social and emotional development—and left out of nancy can resentment jealousy new baby.

Based on, Jud nurse-pr Luke's in New ling-To class for 5 years lum des volve p birth pre their sens security. C the two se long sessi

1. The word respiratory refers to \_\_\_\_\_  
and the word cardiovascular refers to \_\_\_\_\_
2. Why is smoking dangerous? \_\_\_\_\_  
\_\_\_\_\_
3. Why is it particularly dangerous for pregnant women to smoke?  
\_\_\_\_\_  
\_\_\_\_\_
4. ALA stands for (means):  
\_\_\_\_\_
5. With the self help plan do you need to see a doctor? Why?  
\_\_\_\_\_  
\_\_\_\_\_
6. Make questions using the following groups of words:
  - a. Why, dangerous, smoking ?  
\_\_\_\_\_
  - b. What, respiratory, problems ?  
\_\_\_\_\_
  - c. Where, self-help kit ?  
\_\_\_\_\_

7. What is the leading cause of low birth weight in  
thhe USA? \_\_\_\_\_

\_\_\_\_\_

8. Complete the following sentences:

a. The self help kit is designed to \_\_\_\_\_

\_\_\_\_\_

b. Somking is unwise because \_\_\_\_\_

\_\_\_\_\_

c. Many women do not understand \_\_\_\_\_

\_\_\_\_\_

d. When a pregnant woman smokes, her body \_\_\_\_\_

\_\_\_\_\_

e. The ALA will \_\_\_\_\_

\_\_\_\_\_

9. What is one way to stop smoking? \_\_\_\_\_

\_\_\_\_\_

10. What percentage of women quit smoking during their pregnancy?

\_\_\_\_\_ What percentage should quit during pregnancy?

\_\_\_\_\_

## Smokers drinking coffee have higher cancer risk

LOS ANGELES — Scientists searching for the cause of pancreatic cancer have found a possible link between heavy coffee consumption and cigarette smoking, a researcher said Sunday.

Past studies have indicated heavy coffee drinkers have a higher risk of pancreatic cancer, but the new study of more than 70 deaths in a rural community near San Diego is the first that shows a higher risk among people who both drink coffee and smoke cigarettes.

"I don't want people to get the idea that coffee drinking is all right if you don't smoke because there are other studies that show a risk (of developing pancreatic cancer) in non-smoking coffee drinkers," said epidemiologist Edward Gorham of the Naval Health Research Centre in San Diego in a telephone interview.

"This is the first study to show a cancer effect that is related to both coffee and cigarettes."

Writing in this month's issue of the Western Journal of Medicine, Gorham and a team of researchers say they chose Imperial County as the target of their study because of a large number of deaths there due to cancer of the pancreas.

An investigation of death certificates between 1978 and 1984 revealed 51 pancreatic

cancer deaths, a rate significantly higher than the national norm and one that suggested to public health officials that the disease might be developing in a cluster.

Gorham said all the 51 people who died of pancreatic cancer were smokers and drank more than three cups of coffee a day. They were matched for age and other factors with other people who died in the county from 1978 to 1984, and researchers found there were 19. Gorham said they drank only one cup or less of coffee a day and none of them smoked.

The investigation showed that smokers who drank three or more cups of coffee per day were four times as likely to develop cancer of the pancreas than the non-smokers who drank one cup or less of coffee a day.

Gorham also noted that his study — titled Coffee and Pancreatic Cancer in a Rural California County — showed a risk for pancreatic cancer development among smokers who drank either caffeinated or decaffeinated coffee.

"There are a lot of chemicals in coffee, at least 200 have been identified. But we know that the effects were not only in caffeinated coffee. So whatever the chemical is (that poses the risk), it isn't the caffeine." — UPI

1. Where is the pancreas in the body?

---

---

2. According to this article, all patients who died from 1978 to 1984 were people who

---

3. According to this article there is a possible link between

\_\_\_\_\_ and \_\_\_\_\_

4. Give an opposite meaning for the following words:

a. link

---

b. related

---

c. rural

---

d. caffeinated

---

e. identified

---

5. How many cups of coffee per day make a person a heavy coffee drinker?

---

6. The main subject of paragraph number 2 is:

---

The main subject of paragraph number 5 is:

---

The main subject of paragraph number 6 is:

---

7. According to this article people should not

---

---

8. Make questions about the article that begin with the following question words:

a. Can

---

b. Would

---

c. Do

---

d. Were

---

9. How do researchers know that it is not simply caffeine in coffee that is dangerous?

---

---

10. How many packs of cigarettes per day qualifies a person to termed a "heavy" smoker?

\_\_\_\_\_





# How to deal with painful heels

**M**iddle-age spread appears as the pounds creep up on the scales, first 10, then 20. You undertake a rigid exercise programme only to be stopped by extreme heel pain — a condition affecting as many as three million Americans each year.

Painful heel syndrome primarily affects overweight people in their 40s and 50s. Excruciating pain occurs when first putting weight on the heel in the morning. The person stands after sitting for any length of time. Sufferers often are told the pain is caused by a "bone spur" and surgery is recommended, at times unnecessarily.

There may be a bone spur, but the cause of the pain more often than not is from tiny stress fractures in the bones of the foot, reports Dallas surgeon Charles Graham. "If someone recommends surgery for a heel spur, be cautious and seek a second, even a third opinion," said Graham, clinical associate professor of surgery at the University of Texas Health Science Centre at Dallas. "There is a lot of unnecessary surgery going on in this respect."

In a study of 400 patients with heel pain, Graham found 80 per cent of the patients had a

stress fracture — a weakened area in the bone or muscle. Although heel spurs were found in many patients, their presence or size had no relationship to the patient's pain, he said. "The formation of the spur is a result of the trauma. But of those patients with stress fractures, 95 per cent recovered without surgery with mild stretching exercises and over-the-counter anti-inflammatory medication. Most of the patients were middle aged and had a fairly rapid weight gain over the previous six months, he said. Then suddenly they decided to change their sedentary life style with walking, jogging or aerobic exercises.

"They're carrying more poundage, then decide to get fit," said Graham. "They get a little gung-ho and double to amount of exercise." Others had undergone coronary bypass surgery and after recovering were placed on exercise programmes by their physicians. "They tried to do too much too soon," he said. "They had been inactive several weeks. Their bones weren't strong enough to take that extra stress that soon."

That sudden and prolonged stress causes the flexor brevis — the muscle extending from the bottom of the heel bone to the underside of the toes — to pull loose from the heel, he said. The muscle pulls on the bone, causing a hairline stress fracture in the bone, causing a develops from multiple small injuries.

To avoid painful heel syndrome, middle-aged persons ought to start with a 10-minute daily exercise programme and only increase it at about 10 per cent per week, he advised.

For those with the syndrome, Graham recommends mild stretching exercises. Place your hands on the wall in front of you with your good foot flat on the floor in front of you with your foot behind. Stretch the foot in front and the injured foot touching the injured heel to the floor.

The exercises should be done for five to 10 minutes in the morning and again at bedtime. Stretching the muscles in the foot and calf promotes healing and prevents further injury when weight is applied to the heel.

Graham also recommends a mild exercise programme of walking or swimming for chronic heel pain sufferers. "Rarely does the bone spur have to be removed to get rid of the pain," he said. "Only one out of 1,000 heel spurs needs to be surgically removed."

1. What do the following words mean?

a. bone spur \_\_\_\_\_

b. stress fracture \_\_\_\_\_

c. flexor brevis \_\_\_\_\_

2. Most people who get painful heels are about how old?

\_\_\_\_\_

3. If a patient has a bone spur is surgery recommended? Why?

\_\_\_\_\_

\_\_\_\_\_

4. Why did people who "tried to do too much too soon" get heel pain?

\_\_\_\_\_

\_\_\_\_\_

5. Give a synonym for the following words:

a. rigid

(1) easy

(2) strict

(3) lazy

b. stress

(1) pressure

(2) elevation

(3) release

- c. jogging

(1) dancing

(2) recurring

(3) running
- d. syndrome

(1) face

(2) recurring

(3) dome

6. What can middle age people do to prevent bone spurs?

\_\_\_\_\_

7. In paragraph number 6, what happened to 95% of the people who had stress fractures?

\_\_\_\_\_

\_\_\_\_\_

8. Fill in the proper parts of speech:

|    | noun | verb    | adjective | adverb |
|----|------|---------|-----------|--------|
| a. | life |         |           |        |
| b. | X    | stretch |           |        |
| c. |      | X       | clinical  |        |
| d. |      |         | strong    |        |
| e. |      | X       | third     |        |
| f. |      |         | injured   | X      |

9. To those with heel pain, Dr. Graham recommends

\_\_\_\_\_

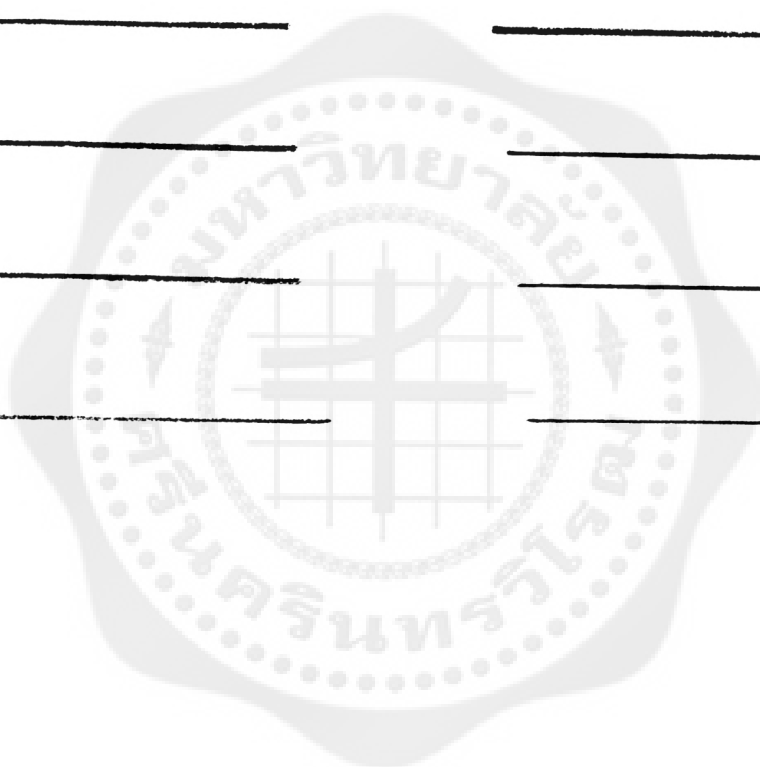
10. How many different tenses can you find in this article? List them below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Saving your eyesight

**T**he retina is a thin, transparent membrane in the back portion of your eye. Behind the retina is a layer of tiny blood vessels. This layer supplies oxygen and nutrients, which are essential for your eye to function properly. "Retinal detachment" occurs if your retina separates from this layer.

Each year, about one in 10,000 persons in the United States suffers a retinal detachment. If this happens to you, serious and sometimes total loss of vision in the affected eye can result. Today, advanced diagnosis and surgery make it possible to preserve vision in many cases.

Most cases are associated with a tear or hole in the retina. This defect allows of retinal detachment fluid from the vitreous to leak under the retina and lift it off the underlying layer. The vitreous is a clear, firm, jelly-like structure that fills much of the back portion of your eyeball. Normal aging may soften the vitreous so that it collapses and sags forward. In the process, it may pull on your retina and produce a tear or hole.

About 10 per cent of detachments result from trauma to the eyeball. This is the major cause in children, especially boys. Less often, a tumour or inflammatory disorder affecting the back portion of the eye is responsible.

## RISKS

Nearsightedness (myopia) is a major risk factor. Retinal detachment also is more common in persons who have had a cataract removed (modern surgery that preserves the back part of the lens capsule has reduced this hazard). The condition is more common in men than in women and is more common in Caucasian than in black people. The reasons for these sexual and ethnic differences are poorly understood.

The problem occasionally affects several members of the same family, so there may be a genetic factor.

## SYMPTOMS

Retinal detachment is painless. However, visual symptoms almost always appear before the retina detaches. As the vitreous shrinks and sags, it may tug on the retina and cause the sensation of flashing lights. If the tugging is strong enough and causes a retinal tear, small retinal blood vessels may be torn as well. Blood then seeps into the vitreous and may cause hazy vision and the sudden appearance of new "floaters." The sudden onset of flashing light, especially in association with the sudden appearance of new "floaters" (dark or light spots or specks or lines in the field of vision), is a possible warning symptom of a retinal detachment. You should see a physician/eye specialist immediately.

Not all tears or holes progress to a retinal detachment. But if it does occur, the portion of your visual field corresponding to the detached part of the retina becomes lost. You'll perceive this vision loss as a shadow or curtain moving over your eye. Straight-ahead or reading vision is lost when the central part of the retina, the macula, becomes detached.

Modern instruments and techniques for examining the entire surface of the retina allow the eye surgeon to plan appropriate treatment.

## SURGERY

Surgery is the only effective therapy. If a tear or hole is treated before a detachment develops, or if a retinal detachment is treated before the macula has detached, your vision probably can be spared.

When a retinal tear or hole has not yet progressed to a

detachment, doctors apply intense cold (cryopexy) over the outer surface of the portion of the eye that covers the defect. This produces an inflammation, which leads to formation of a scar. The scar usually holds the retina firmly to the underlying tissue and prevents its detachment.

There is another way to create such a bonding effect in the area that surrounds a retinal hole or tear. In this alternative method, doctors use a laser beam. The process is known as photocoagulation.

A major advantage of cryopexy and photocoagulation is that neither method requires admission to a hospital. If your retina does become detached, however, the hole or tear must be sealed. You will have to be admitted to the hospital.

Sealing generally is accomplished by indenting (buckling) the wall of the eye (sclera) over the defect. Sclera buckling is performed by suturing a piece of soft silicone sponge or solid silicone to the outer surface of the sclera. When there are several tears or holes or an extensive retinal detachment, scleral buckles sometime are placed round the entire circumference of the eye.

Occasionally scar tissue forms in the vitreous, either prior to or after surgery, and prevents reattachment of the retina. In these cases, removal of the vitreous and the scar is necessary in addition to the scleral buckling operation. In some complicated retinal detachments, injections of air or other gases or silicone oil into the vitreous cavity helps push the retina back against the wall of the eye.

The patient often is able to leave the hospital two or three days after the operation. Strenuous activities are limited for three to four weeks. LA — Times Syndicate

1. Why are blood vessels important in the eye?

\_\_\_\_\_

2. What is retinal detachment?

\_\_\_\_\_

3. Name three possible causes of retinal detachment?

a. \_\_\_\_\_

c. \_\_\_\_\_

b. \_\_\_\_\_

4. What procedure is used to fix retinal detachment?

\_\_\_\_\_

5. Describe the symptoms of retinal detachment:

\_\_\_\_\_

6. Explain the following words:

a. cryopexy \_\_\_\_\_

B. photo coagulation \_\_\_\_\_

c. sealing \_\_\_\_\_

7. Match the following words:

- |               |                 |
|---------------|-----------------|
| a. detachment | 1. jelly-like   |
| b. vitreous   | 2. fall apart   |
| c. collapse   | 3. separation   |
| d. especially | 4. particularly |
| e. symptom    | 5. sight        |
| f. surgery    | 6. sign         |
| g. visual     | 7. operation    |

8. What kind of person is likely to get retinal detachment?

---

---

9. Make questions with the following words:

- a. When \_\_\_\_\_
- b. What \_\_\_\_\_
- c. Why \_\_\_\_\_

10. What percent of retinal detachments result from trauma?

---



# breakthroughs

ts · looks · kids · power · brainwaves · frontiers

## Say Cheese

Low sodium diets to fight high blood pressure can be groundbreaking for people who love cheese, since most cheeses are loaded with sodium—and the low-sodium versions often leave a bad taste in your mouth. There's something to that: Food scientists are working on a better way to make low-sodium



## Can Garlic Lick Cancer?

There may be more substance than we think to the old wives' tale that garlic is a cancer fighter.

The proof? *Natural killer cells* in blood taken from volunteers who ate one to four *bulbs* (not cloves) of raw garlic a day killed 140 to 160 times more cancer

cells in laboratory dishes than natural killer cells in blood taken from volunteers who ate no garlic, report Panama City, Florida researchers. Natural killer cells, part of your disease-fighting immune system, attack tumor cells but leave normal cells unscathed.

Garlic capsules—those made from garlic that's been dried under cold temperatures for two years—also boosted immunity, says Tariq Abdullah, MD,

staff physician of the Akbar Clinic and Research Institute, where the study was conducted.

Even though no one's sure yet what's in garlic that fights cancer, Dr. Abdullah says it doesn't hurt to eat more—as long as it's raw garlic. Cooking may destroy garlic's cancer-protecting effect. (Likewise, heat-dried capsules may not work, either.)

But how do you handle the only side effect—garlic breath? "Eat a few fresh parsley sprigs" after a garlic-seasoned meal, suggests Abdullah, since parsley is a natural breath freshener.

—MONA SUE BOYD

WILLIAM L. LUTHE



the

## The Name Game

cholesterol label!

say what they  
Food

- Le Zinc Against Le Sun (p. 14)
- Child's

1. Why should people eat garlic? \_\_\_\_\_

\_\_\_\_\_

2. What are the meanings of the following words used in the article:

a. substance

(1) playground

(2) matter

(3) drug

b. side effect

(1) reaction

(2) distress

(3) disease

c. few

(1) technician

(2) some more

(3) a dozen

d. researcher

(1) technician

(2) artist

(3) explorer

e. volunteer

(1) candidate

(2) free aid

(3) farce

3. What is one bad result from eating garlic?

\_\_\_\_\_

4. What is "an old wives tale"?

\_\_\_\_\_

\_\_\_\_\_

5. Make a question from the answers given below:

Example: a cancer fighter

What is garlic?

a. killed 140 to 160 more cancer cells

b. Tariq Abdullah, M.D.

c. breath freshener

d. the Akbar Clinic and Research Institute

6. Complete the following sentences:

a. Dr. Tariq Abdullah

b. Taking freeze dried garlic capsules

c. Cooking garlic may

d.

is a natural cancer cell killer.

e. Volunteers who ate

7. The subject of ¶ (paragraph) one is: \_\_\_\_\_

The subject of ¶ two is: \_\_\_\_\_

The subject of ¶ three is: \_\_\_\_\_

The subject of ¶ four is: \_\_\_\_\_

8. In the title "Can Garlic Lick Cancer" what does the word 'lick' mean here?

\_\_\_\_\_

9. How much garlic do you eat in one week?  
Is this enough?

\_\_\_\_\_

\_\_\_\_\_

10. What is cancer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# How to Treat Children With Glue Ear

(Adapted from an editorial article, *Drug & Ther Bull* 1986;24:22-24. (c) 1986. Consumers Association, London).

Glue ear, one of the most frequent causes of childhood deafness, can seriously interfere with patterns of normal speech and learning. This disease, also known as secretory otitis media, serous otitis media or non-suppurative otitis media, has been estimated to affect at least one preschool-age child out of every ten.<sup>1</sup>

Children with a cleft palate or Down's syndrome are particularly susceptible, but the aetiology of glue ear is still controversial. Poor ventilation of the middle ear via the eustachian tube may be involved, in addition to recurrent tonsillitis and adenoiditis. The middle ear effusion is usually mucoid but may be serous. *Staphylococcus epidermidis* is the organism most commonly isolated from mucoid effusions and *Haemophilus influenzae* from serous effusions.<sup>2</sup> The effusion-induced hearing loss improves on resolution of the infection, although some effusions do not resolve while other children develop recurrent secretory otitis media. Prolonged periods of deafness are reported in about 10% of children with ear effusions.<sup>1</sup> Glue ear is often extremely painful as the ear drum is repeatedly drawn and stretched by negative pressure. On examination, a dull, lustreless membrane, which may be retracted or scarred, is frequently seen. Glue ear is most common in children under the age of six years.<sup>3</sup> Half of those who develop this condition between the ages of one and four improve spontaneously, as do about 25% of those who develop it in their first year of life. Improvement usually occurs in the summer, but patients often relapse during the following winter.

The management of this childhood condition aims to clear the middle ear effusion and to control middle ear infection. Concomitant sinusitis or allergic rhinitis also need treatment. There are four major modes of treatment: surgery, antibiotics, mucolytic drugs, and decongestants and anti-histamines.

Considering drug therapy, antibiotics appear the most useful agents. They are often prescribed for children with painful ears and abnormal ear drums in case acute suppuration is present; in cases where acute infection seems highly probable, many physicians think it is difficult to justify withholding antibiotic therapy, although this is still a con-

troversial point. In a double-blind trial, Marks and co-workers treated 51 children for four weeks with either co-trimoxazole (5 ml paediatric suspension three times daily) or Dimetapp (brompheniramine, phenylephrine and phenylpropanolamine, 5ml three times daily).<sup>4</sup> Two weeks after the end of treatment, hearing in approximately 67% of those children taking co-trimoxazole had improved significantly compared with 25% of those on Dimetapp. Twelve months after cessation of treatment, the outcome in the two groups was similar.<sup>5</sup> Tympanocentesis and middle ear fluid culture were not performed, so the anti-bacterial effect of co-trimoxazole could not be correlated to its clinical success rate.

The use of mucolytic drugs attempts to reduce the viscosity of the middle ear effusion or to alter the type and volume of the secretion, so allowing more efficient drainage through the eustachian tube. Bromhexine acts by fragmenting acid mucopolysaccharide fibres in mucus,<sup>6</sup> but this agent did not improve the hearing at a dose of 8 mg twice daily in a double-blind, placebo-controlled trial in 52 children. It was also ineffective when used after myringotomy.<sup>7</sup> Carbocisteine breaks the disulphide bonds of glycoproteins in mucus but *in vitro* has no effect on the viscosity of middle ear effusions. Several double-blind and open-label studies treating glue ear with carbocisteine alone, or in combination with Actifed (triprolidine and pseudoephedrine) compared with placebo, did not show a consistent reduction in the need for eventual surgery, and the outcome after several months' follow-up was similar between the different groups.<sup>8, 9, 10</sup> However, carbocisteine did speed the resolution of post-operative effusion, and a study by Taylor and Dareshani did show positive results with carbocisteine.<sup>11</sup> Forty-six patients with bilateral glue ear were treated with oral carbocisteine (2.5 to 10 ml three times daily for four weeks) or placebo. Hearing improved or returned to normal in 16 ears of the 23 drug-treated patients compared with only three ears of the 23 placebo-treated patients.

Decongestants, often with vasoconstrictory activity, and anti-histamines attempt to treat glue ear by reducing the local inflammation. Several studies have compared the effects of ephedrine nose drops, Dimetapp elixir and modified nose-blowing in children, but after a few weeks of therapy none of the treatments produced significant

benefit. The use of pseudoephedrine, either combined with an antibiotic or with chlorpheniramine proved no more effective than treatment with placebo for this condition,<sup>12,13</sup> and these decongestants may have side-effects such as irritability, sleep disturbance and even hallucinations.

In conclusion, the antibiotic co-trimoxazole gives short-

term but useful improvement in about 30% of children with glue ear, but the effect of other antibiotics is as yet unproven. The mucolytic drug carbocysteine has a modest effect on effusion resolution and avoidance of surgery, but decongestants and anti-histamines do not appear to have any beneficial effect.

#### References

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1. Is glue ear a common disease?

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2. Explain the following words from the story:

a. aetiology

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b. ventilation

---

c. effusion

---

d. membrane

---

e. retracted

---

f. scarred

---

g. relapse

---

3. How is "glue ear" treated?

---

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4. Where does "glue ear" present secretions?

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5. Name some drugs in the treating of "glue ear":

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6. Give synonyms for the following words:  
Match the following:

- |                   |                   |
|-------------------|-------------------|
| a. post operative | (1) meaningful    |
| b. oral           | (2) pouring out   |
| c. acute          | (3) by mouth      |
| d. effusion       | (4) after surgery |
| e. significant    | (5) severe        |

7. How effective is the antibiotic co-trimoxazole?

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8. What is the formal name for 'glue ear'?

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9. What percentage of children report prolonged periods of deafness?

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10. What are the symptoms of 'glue ear'?

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แบบเสนอโครงการวิจัย  
เพื่อขอรับทุนอุดหนุนการวิจัยจากเงินรายได้ของมหาวิทยาลัยศรีนครินทรวิโรฒ  
2531

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1. ชื่อโครงการ ภาษาไทย: "โครงการวิจัยและพัฒนาสำหรับนิสิตแพทย์ มศว : รายวิชา  
ปฏิบัติการอ่านภาษาอังกฤษเป็นภาษาต่างประเทศ"
- ภาษาอังกฤษ: "The R & D Project for SWU Medical Students:  
A Course in EFL Reading Skills."

2. ขอรับทุนอุดหนุนการวิจัยประเภท สนับสนุนนโยบายของคณะ ประจำปี 2531
3. ทำการวิจัยในกลุ่มวิชาการ สาขาภาษาอังกฤษ ภาควิชาภาษาตะวันตก
4. ที่ปรึกษาโครงการ หัวหน้าโครงการ และคณะวิจัย

4.1 ที่ปรึกษาโครงการ

1. นายแพทย์ปราโมทย์ วีรานุวัตร  
คณบดีแพทยศาสตรบัณฑิตวิทยาลัย
2. นางสาวสระรัช บุญรัตพันธุ์  
คณบดีคณะมนุษยศาสตร์

4.2 หัวหน้าโครงการ

ชื่อ นางสาวนิตา อินทรภักดิ์

คุณวุฒิ อ.บ. (เกียรตินิยม) M.A. (Eng.)

อาชีพ รับราชการ ตำแหน่ง รองศาสตราจารย์ และหัวหน้าภาควิชาภาษาตะวันตก  
หน่วยงานที่สังกัด และรหัสไปรษณีย์

คณะมนุษยศาสตร์

มหาวิทยาลัยศรีนครินทรวิโรฒ

สุขุมวิท 23 กรุงเทพมหานคร 10110

หมายเลขโทรศัพท์ 2584118

## ผลงานวิจัยที่ได้รับการพิมพ์เผยแพร่

"Comparative Study of Jane Austen's and the Thai Novelists"

"How to Teach Poetry to Thai Students"

### 4.3 คณะวิจัย

1. นางสาวกรรณิการ์ ยุกศิริพันธ์ ป.ม., กศ.บ.  
M.S. in Ed.
2. นางเพ็ญณี คิสกะประกาย  
กศ.ม., Dips in TESOL Cert in Ling Research.
3. นายประพาศน์ พงษ์พิริยะภา ป.ม., กศ.บ.,  
Dip. in ESL, Cert in TEFL, M.A. in Psycholinguistics,  
Ph.D. in Educational Linguistics.

### 5. รายละเอียดเกี่ยวกับโครงการวิจัยที่เสนอขอรับทุนอุดหนุนการวิจัย

#### 5.1 ความสำคัญและที่มาของหัวข้อการวิจัย

เนื่องจากทาง มศว ประสานมิตร ได้เปิดคณะแพทยศาสตร์ขึ้นในมหาวิทยาลัยเมื่อเร็ว ๆ นี้ ทางภาควิชาภาษาตะวันตกซึ่งรับผิดชอบในการสอนภาษาอังกฤษยังไม่มีเอกสารที่เหมาะสมเพื่อใช้ประกอบการสอนรายวิชาปฏิบัติการอ่าน 1, 2, 3 (อก 301, 302 และ 303) ให้แก่นิสิตแพทย์ ด้วยเหตุนี้จึงได้เสนอโครงการวิจัยนี้ขึ้นเพื่อพัฒนาสื่อที่เหมาะสมสำหรับสอนนิสิตแพทย์ของมหาวิทยาลัย

#### 5.2 วัตถุประสงค์ของโครงการวิจัย

เพื่อพัฒนาเอกสารประกอบการสอนรายวิชาปฏิบัติการอ่านภาษาอังกฤษ 1, 2, 3 สำหรับสอนนิสิตแพทย์ของมหาวิทยาลัย

#### 5.3 ประโยชน์ที่คาดว่าจะได้รับจากการวิจัย

1. มีเอกสาร (ฉบับร่าง) ประกอบการสอนรายวิชาปฏิบัติการอ่านภาษาอังกฤษ 1, 2, 3 สำหรับนิสิตแพทย์ของมหาวิทยาลัย

2. หลังจากทีมนิสิตแพทย์ได้เรียนรายวิชาปฏิบัติการอ่านภาษาอังกฤษ 1, 2, 3 จากเอกสารที่พัฒนาขึ้นจะทำให้สามารถนำความรู้ไปใช้ในการอ่านตำราพื้นฐาน และบทความเบื้องต้นเพื่อประกอบการศึกษาค้นคว้าต่อไปได้

#### 5.4 งานวิจัยที่เกี่ยวข้องและเอกสารอ้างอิง

1. English for the Medical Professions (1982)
2. Time Medical Reference Library (Vols. 1-4, 1983)
3. English in Medicine : A Course in Communication Skills.(1987)

#### 5.5 ระเบียบวิธีวิจัย

ใช้วิธีวิจัยเอกสารโดยวิเคราะห์ศัพท์ (Lexical Analysis) วิเคราะห์โครงสร้าง (Structural Analysis) และวิเคราะห์เนื้อความ (Text Analysis) ตามหลักภาษาศาสตร์ โดยวิเคราะห์จากบทความเบื้องต้น ในวารสารทางการแพทย์และตำราพื้นฐานด้านแพทยศาสตร์ ที่คัดเลือกมาใช้ทดลองสอนในโครงการวิจัยนี้

#### 5.6 ขอบเขตของการวิจัย

การศึกษาค้นคว้าครั้งนี้ จะวิเคราะห์เฉพาะบทความเบื้องต้นทางการแพทย์ และตำราพื้นฐานด้านแพทยศาสตร์ที่ใช้กันแพร่หลายอยู่ในปัจจุบัน และเห็นว่าเหมาะสมกับนิสิตแพทย์ ของ มศว ประสานมิตร เท่านั้น

#### 5.7 ระยะเวลาทำการวิจัย

ระหว่างเดือนมิถุนายน 2531 - พฤษภาคม 2532

## 5.8 แผนดำเนินงานตลอดโครงการ

|                                                                                         | 2530     |         |         |         |        |           | 2531    |        |            |        |        |         |
|-----------------------------------------------------------------------------------------|----------|---------|---------|---------|--------|-----------|---------|--------|------------|--------|--------|---------|
|                                                                                         | มิถุนายน | กรกฎาคม | สิงหาคม | กันยายน | ตุลาคม | พฤศจิกายน | ธันวาคม | มกราคม | กุมภาพันธ์ | มีนาคม | เมษายน | พฤษภาคม |
| 1. สํารวจและรวบรวมข้อมูล<br>ที่จะวิเคราะห์                                              | ←→       |         |         |         |        |           |         |        |            |        |        |         |
| 2. วิเคราะห์ข้อมูลและสร้าง<br>แบบฝึกหัด                                                 |          | ←→      | ←→      | ←→      | ←→     |           |         |        |            |        |        |         |
| 3. ทดลองใช้สื่อ                                                                         |          |         |         |         |        | ←→        | ←→      |        |            |        |        |         |
| 4. ประเมินผลการใช้สื่อ                                                                  |          |         |         |         |        |           |         | ←→     | ←→         |        |        |         |
| 5. พิมพ์เอกสาร (ฉบับร่าง)<br>ประกอบการสอนรายวิชา<br>ปฏิบัติการอ่านภาษาอังกฤษ<br>1, 2, 3 |          |         |         |         |        |           |         |        |            |        | ←→     | ←→      |

## 5.9 สถานที่ที่จะทำการวิจัยทดลองและเก็บข้อมูล

1. ภาควิชาภาษาตะวันตก มศว ประสานมิตร
2. หอสมุดกลาง มศว ประสานมิตร
3. ห้องสมุดคณะแพทยศาสตร์วชิรพยาบาล มศว
4. ห้องสมุดคณะแพทยศาสตร์ของมหาวิทยาลัยอื่น ๆ

## 5.10 อุปกรณ์ที่จำเป็นต่อการวิจัย

ไม่จำเป็นต้องใช้อุปกรณ์ในการวิจัย

5.11 รายละเอียดงบประมาณค่าใช้จ่ายตลอดโครงการ แยกประเภทตามหมวดเงิน  
งบประมาณในแต่ละปี

| รายการ                                                                                                                    | รายวิชาปฏิบัติการอ่าน 1,2,3 |         |         | รวมทั้งสิ้น   |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------|---------|---------------|
|                                                                                                                           | อก 301                      | อก 302  | อก 303  |               |
| <u>ค่าตอบแทน</u><br>ค่าตอบแทนนิสิตปริญญาโทจำนวน 6 คน<br>ในการสำรวจข้อมูลและรวบรวมเอกสาร<br>รายวิชาละ 40 ฉบับ คนละ 800 บาท | 2 + 800                     | 2 + 800 | 2 + 800 | 4,800         |
| <u>หมวดค่าใช้สอย</u>                                                                                                      |                             |         |         |               |
| 1. ค่าถ่ายเอกสารรายวิชาละ 1000 บาท                                                                                        | 1,000                       | 1,000   | 1,000   | 3,000         |
| 2. ค่าพิมพ์รายวิชาละ 2000 บาท                                                                                             | 2,000                       | 2,000   | 2,000   | 6,000         |
| 3. ค่าเช่าปกและเย็บเล่มรายวิชาละ<br>50 เล่ม เล่มละ 10 บาท                                                                 | 50 + 10                     | 50 + 50 | 50 + 10 | 1,500         |
| <u>หมวดค่าวัสดุ</u><br>ค่าวัสดุสำนักงาน (กระดาษไขพิมพ์ กระดาษ<br>โรเนียว หมึกโรเนียว ฯลฯ)<br>รายวิชาละ 1,700 บาท          | 1,700                       | 1,700   | 1,700   | 5,100         |
|                                                                                                                           |                             |         |         | <u>20,400</u> |

(ลงชื่อ).....หัวหน้าโครงการ

(นางสาวนัฏฐา อินทรภักดี)

(ลงชื่อ).....

(น.ส.สุระรัช มุขยรัตพันธุ์)

คณบดี/ผู้อำนวยการสถาบัน/สำนัก



