



Signs And Symptoms: True Stories By Doctors

医系コラム『バイタル・サイエンス』で学ぶ基本医学用語演習

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南雲堂



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はじめに

本書は、科学、自然、健康等に関する「発見」を分かりやすく説明した Discover Magazine の人気の医療コラム“Vital Signs”に掲載された記事から、9話を厳選し、テキスト化したものです。このコラムは、実話をもとに、医者が診断をくだすことが困難な病や珍しい病気を紹介しており、医療系の学生、医療関係者のみなさんに興味深い内容となっています。

本書では、テキスト化にあたり、様々な英語力の学習者に対応できるように、専門用語はもちろん、高等学校までで未習の語彙も Notes に掲載しています。また、練習問題として、本文を読む前にキーワードを学習する Preview of Key Words、本文の内容の理解度を確認する Comprehension Check、関連医療語彙を学習する Related Vocabulary を用意しています。特に、英語を英語で理解・説明したり、語の微妙な意味の違いを学習したりすることができるように、Preview of Key Words のすべて、Related Vocabulary の一部で、*Oxford Advanced Learner's Dictionary*、*New Oxford American Dictionary*、*Britannica Concise Encyclopedia*、*Collins COBUILD Advanced Dictionary of English* の定義をもとに、易しい英語の定義を付けました。

本書が、医療系の学生、および医療関係者のみなさんの医学英語力の向上に役立つことを願ってやみません。

最後になりましたが、本書の刊行にあたり、ご助言・ご尽力くださった南雲堂営業部の岡崎まち子さん、編集部の加藤敦さんに厚く御礼申し上げます。

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Preview of Key Words

■ Fill in the blanks with the following words.

<English>

arrhythmia dehydrated hypotension palpitation
physician stethoscope syncope windpipe

<Japanese>

医師 気管 失神 脱水状態の
聴診器 低血圧 動悸 不整脈

	English	Definition	Japanese
1		an instrument that a doctor uses to listen to someone's heart and breathing	
2		the air passage from the throat to the lung	
3		temporary loss of consciousness caused by a drop in blood pressure	
4		a condition in which the heart beats with an irregular or abnormal rhythm	
5		a physical condition in which the heart beats very quickly and in an irregular way	
6		abnormally low blood pressure	
7		a condition in which the body loses a large amount of water	
8		an authorized practitioner of medicine	

And Down She Goes (1)

by H. Lee Kagan

***When a woman collapses in the waiting room,
a doctor acts swiftly to diagnose and treat a potentially fatal condition.***

One morning as I looked out at the busy waiting room of my internal medicine practice, I watched a new patient, a trim, healthy-looking young woman, check in. Neatly dressed and in no obvious distress, she turned from the reception counter—and without warning collapsed onto the carpeted floor. No cry. No
5 clutching of her chest or head. No weak-kneed stagger as she tried to make it to an empty chair. She just went down on the spot.

I ran around the counter out to the waiting room, unwrapping my stethoscope from my neck as I went. “A-B-C,” I thought to myself: airway, breathing, and circulation, the first three things you check when someone collapses like this.
10 Within seconds I was kneeling next to the woman. My fingers found a regular pulse alongside her windpipe, and I saw that she was breathing without difficulty. Relieved this was not a cardiac or respiratory arrest, I released my own breath and watched as she opened her eyes. “Are you all right?” I asked.

She focused on me and said yes. But her wispy voice suggested otherwise, so I
15 observed her closely in case she started to pass out again. We were both oblivious to the audience of other patients glued to their seats watching us, each one silently deciding that his or her cough or rash could wait.

A few moments later, the young woman sat up, alert. The whole event lasted no more than a minute. Her abrupt loss of consciousness followed by rapid
20 recovery led me to the tentative conclusion that she had just experienced an episode of syncope, popularly known as a faint. My nurse and I helped our young fainter to her feet and walked her to an exam room.

The culprit in nearly all cases of syncope is an interruption in blood flow to the brain. The most common type, accounting for nearly half of all cases, is the
25 vasovagal faint, during which the vagus nerve (a cranial nerve that helps regulate heart rate and blood pressure) sends signals that dramatically slow the heart. The signals can be provoked in susceptible people by distress they feel at the sight of blood or when they experience some other upsetting or threatening event. When

your heart beats too slowly, it can't sustain the blood pressure needed to feed oxygen to the brain, and down you go. Although we don't know why some people are more susceptible than others, it occurs more often in females. 30

Cardiac rhythm disorders account for another 10 percent of all faints. Originating within the heart itself, unrelated to brain signals or emotional distress, these arrhythmias can disrupt blood flow. Whether causing the heart to beat much too quickly or far too slowly, the common denominator in these abnormal rhythms is low cardiac output, resulting in insufficient blood flow to the brain. As we walked back to the exam room, I asked my new patient if she had a history of heart problems or if she had experienced palpitations (skipping or racing of her heartbeat) prior to fainting. Her answer to both questions was no. 35

Yet another 10 percent of faints are caused by orthostatic hypotension, a precipitous drop in blood pressure that occurs when a person stands up. We all experience a mild version of this whenever we rise too quickly and feel slightly woozy. Normally we recover rapidly because evolution has equipped our bodies with a physiological control mechanism that prevents all our blood from draining into our ankles when we are standing. But if this mechanism doesn't function properly, blood deserts our heads and follows gravity into our feet. Neurological disorders like Parkinson's disease—along with certain drugs, including some anti-hypertension medications—can blunt the responsiveness of this system. Orthostatic hypotension also occurs if the circulatory system is not fully expanded, which might happen when you are dehydrated or have had serious blood loss. 40 45 50

Finally, in nearly 2 percent of cases the cause of syncope remains undiagnosed.

Seated on the end of the exam room table, the young woman seemed dull and distracted. She was nevertheless able to tell me that the night before, she had come home late and snacked on some raw sweet peppers. "They tasted odd," she said. "I thought it was because they'd been left sitting out on the kitchen counter for a few days." She noticed her lips tingling, and the next morning she awoke feeling vaguely unwell. She decided to drive to the office of a physician her girlfriend had recommended. That was me. 55

Notes

abrupt	突然の	kneel	ひざまづく
airway	気道	medication	薬物
alert	用心深い	neurological	神経疾患の
alongside	横に、近くに	oblivious	念頭にない、気にしない
ankle	足首、足関節	on the spot	その場で
anti-hypertension	抗高血圧（症）	originate	源を発する
blood pressure	血圧	orthostatic	起立性の
blunt	弱める、鈍らせる	pass out	意識を失う
cardiac	心臓の	Parkinson('s) disease	パーキンソン病
cardiac arrest	心停止	physiological	生理的な
cardiac output	心拍出量	precipitous	急激な
circulation	（血液）循環	provoke	刺激する
circulatory	（血液）循環の	pulse	脈
clutch	つかむ	rash	発疹
collapse	倒れる、卒倒する	regulate	調整する
cough	咳	respiratory arrest	呼吸停止
cranial nerve	脳神経	skip	（心臓の脈拍が）飛ぶ
culprit	原因	snack	簡単な食事を取る
denominator	共通の特徴	stagger	ふらつき
diagnose	診断する	susceptible	敏感な
disrupt	妨害する	sustain	維持する
distracted	気持ちが乱れた、うわの空で	sweet pepper	アマトウガラシ、ピーマン
distress	精神的・身体的苦痛	swiftly	素早く
episode	症状の発現	tentative	仮の、一時的な
fatal	命に関わる	tingle	ひりひりする
glue	釘づける	trim	ほっそりとした
go down	倒れる	undiagnosed	診断未確定の
gravity	重力	vaguely	漠然と
heartbeat	心拍（動）	vagus nerve	迷走神経
heart rate	心拍数	vasovagal	血管迷走神経の
insufficient	不十分な	wispy	か細い
internal medicine practice	内科診療	woozy	（失神などで）くらくら した

Comprehension Check

Choose the correct answer(s). There may be more than one correct answer.

- Which factors led the doctor to believe the patient had experienced an episode of syncope?
 - a. The episode lasted less than one minute.
 - b. She blacked out suddenly.
 - c. She regained consciousness soon after fainting.
 - d. The doctor is aware that fainting is a popular event.
 - e. The patient was young and trim.
- After the patient came around, why was the doctor reluctant to believe that she was all right?
 - a. She was unaware of her surroundings.
 - b. She spoke with a weak voice.
 - c. She began to lose consciousness a second time.
 - d. He observed a rash on her body.
 - e. The patient was unable to walk on her own.
- Which of the following events are likely to provoke a vasovagal faint?
 - a. Watching a surgical operation.
 - b. Accidentally cutting your finger with a knife.
 - c. Standing up suddenly after sitting for a long time.
 - d. Receiving the news from your doctor that that you have leukemia.
 - e. Being yelled at by a stranger in a coffee shop.
- Which of the following statements is **not** true?
 - a. Some high blood pressure medications increase the risk of orthostatic hypotension.
 - b. 10 percent of syncope episodes result from a change in body posture.
 - c. Dehydration can cause a sudden drop in blood pressure.
 - d. Dizziness is a common symptom of orthostatic hypotension.
 - e. Men are less likely to experience orthostatic hypotension than women.
- Number these events in the correct chronological order from 1 to 5.
 - _____ a. The physician saw the patient at the reception desk.
 - _____ b. The patient regained consciousness.
 - _____ c. The patient drove to the doctor's office.
 - _____ d. The patient ate sweet peppers.
 - _____ e. The patient collapsed.

Related Vocabulary (Diagnosis and Treatment Departments)

Fill in the blanks with the following words.

internal medicine	urologist	neurosurgeon
dermatology	surgery	dentist
neurology	ophthalmologist	orthopedist
pediatrics	neurologist	radiologist
psychiatry	obstetrician	surgeon
radiology	urology	anesthesiology
psychiatrist	otorhinolaryngology	neurosurgery
dermatologist	internist	ophthalmology
pediatrician	dentistry	orthopedics
otorhinolaryngologist	obstetrics	anesthesiologist

1	内科	16	内科医
2	外科	17	外科医
3	神経内科	18	神経内科医
4	(脳)神経外科	19	(脳)神経外科医
5	整形外科	20	整形外科医
6	麻酔科	21	麻酔医
7	歯科	22	歯科医
8	皮膚科	23	皮膚科医
9	産科	24	産科医
10	眼科	25	眼科医
11	耳鼻咽喉科	26	耳鼻咽喉科医
12	泌尿器科	27	泌尿器科医
13	小児科	28	小児科医
14	精神科	29	精神科医
15	放射線科	30	放射線科医