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Кафедра латинского и иностранных языков

**СБОРНИК МЕТОДИЧЕСКИХ УКАЗАНИЙ**

**ДЛЯ ОБУЧАЮЩИХСЯ К ВНЕАУДИТОРНОЙ (САМОСТОЯТЕЛЬНОЙ) РАБОТЕ**

**по дисциплине «Иностранный язык» (английский)**

**направление подготовки** 060301 – Фармация I и II курс(заочная форма обучения)

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Сборник методических указаний для обучающихся внеаудиторной (самостоятельной) работе по дисциплине «Иностранный язык» (английский) направления подготовки 060301 - Фармация (заочная форма обучения)

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КрасГМУ

2014

**Оглавление**

**1 курс 1 семестр**

**I.** Вводно-коррективный курс.

1. Пр. занятие № 1. «My visiting card. Introducing myself»

2. Пр. занятие № 2. «My nearest and dearest. About my family»

3. Пр. занятие № 3. «My Future profession»

**1 курс 2 семестр**

**II.** Основы медицины: обучение чтению и переводу специальной литературы

4. Пр. занятие № 4. «Medical University. My department»

5. Пр. занятие № 5. «Practice of Pharmacy»

6. Пр. занятие № 6. « Main Medicinal Forms »

**2 курс 3 семестр**

7. Пр. занятие №7 « At the Chemist’s»…………………………………..

8. Пр. занятие №8 «Proper Storage of Drugs»……………………………

9. Пр. занятие №9 «General Rules for Drug Taking»……………………

**2 курс 4 семестр**

10. Пр. занятие №10 «Structure of Annotation to Medical Preparations»…….

11. Пр. занятие №17 «Written Translation / Annotation »………………..

12. Пр. занятие №20 «Lexical and Grammatical Test/ Discussion on the Topics »

Список литературы………………………………………………………..

**1. Занятие №1**

**Тема «My Visiting card (Introducing myself)»**

**2. Формы работы:**

- Подготовка к практическим занятиям.

Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

What is your name? How old are you? When were you born? Where were you born? Where are you from? Are you married? What is your profession? What is your favorite subject? What are your hobbies? Are you interested in medicine?

Are you fond of literature and music? What are you fond of?

Grammar:

множественное число существительных. Исключения. Спряжение глаголов to be, to have; личные местоимения. Выполнение упражнений (см Приложение1).

Введение тематической лексики: to be interested in; to be fond of; to be a good (bad) mixer; (to be sociable/unsociable); to be easy to deal with; to be a couch- potato; to be a stay-at-home; to be a slow- coach; to be a lazy-bones; a hacker; a good organizer;

competent, demanding, logical, industrious (hard-working), practical, optimistic, reasonable, responsible.

**4. Самоконтроль по тестовым заданиям данной темы:**

Выберите правильный вариант:

1. TAKE SOME …, PLEASE.
2. potato
3. potatoes
4. potatoeis
5. potatos
6. LOOK AT THESE FUNNY…!

1. babies

2. babys,

3. babyes

4. baby

1. PUT THESE …..ON THE TABLE!
2. boxes

2. boxis

3. box

4. a box

1. THESE ……..ARE STRONG.
2. mans
3. men
4. man
5. mens
6. CAN YOU SEE THOSE….?

1. woman

2. woman

3. womens

4. women

1. THESE ARE FUNNY… .
2. childs
3. childrens
4. children
5. child
6. THIS OLD DOG HASN’T GOT… .

1. toothes

2. teeth

3. teethes

4. tooth

1. THESE PEOPLE ARE… .
2. policemen
3. policemans
4. policeman
5. policemens
6. SHE HAS GOT LITTLE… .
7. foots
8. a foot
9. feet
10. feets

Key: 1- 2; 2- 1; 3- 1; 4- 2; 5-4; 6- 3; 7 -2; 8 – 1; 9 – 3.

**5. Самоконтроль по ситуационным задачам:**

1. They are students. They like Anatomy best of all. At the end of the first term they have a credit test in English. At the end of the academic year they have exams in Latin, Biology, Chemistry and Physics. На каком курсе учатся эти студенты?

Key: on the 1-st course

1. My friends study, too. They want to become doctors. They like Anatomy and Physiology best of all. They also have such subjects as Geography, Chemistry, Mathematics, Literature and others. В каком учебном заведении учатся мои друзья?

Key: a secondary school

**6. Перечень практических умений по изучаемой теме:**

* уметь грамотно употреблять в речи глаголы to be, to have, множественное число существительных;
* уметь находить в тексте запрашиваемую информацию;
* уметь грамотно задавать и отвечать на вопросы по теме;
* уметь построить монологическое высказывание и изложить свои мысли в письменной форме по изучаемой теме.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендуемая тема:

составить ассоциограмму о себе; написать портфолио.

Приложение 1

Входной контроль:

1. MARY SPEAKS ENGLISH, BUT .....

1. speaks Bill.
2. does Bill.
3. Bill speaks.
4. Bill does not.

Правильный ответ -4

2. DO YOU DRAW OR SING? .....

1. I’m drawing and singing.
2. I do draw and singing.
3. I draw and sing.
4. I drawing and singing.

Правильный ответ -3

3. KEN’S BEHIND MARY. MARY’S ..... KEN.

1. In front of
2. between
3. beside
4. next

Правильный ответ -1

4. WHAT ..... ON SATURDAY?

1. does John usually do
2. usually does John
3. John usually does
4. does John usually

Правильный ответ -1

5. THEY TOLD ..... NEXT WEEK.

1. him coming back
2. him to come back
3. to him come back
4. he could come back

Правильный ответ -2

6. MY YOUNGER DAUGHTER ..... LATE FOR SCHOOL.

1. is never coming
2. comes never
3. never is coming
4. has never been

Правильный ответ -4

7. MONDAY IS THE FIRST DAY.

1. Tuesday is the fourth.
2. The second is Tuesday
3. The second is Thursday.
4. Thursday is the fourth.

Правильный ответ -2

1. Look at my garden, Susan!
2. Look my garden, Susan!
3. Susan looks my garden.
4. Susan is look at my garden.

Правильный ответ -1

9. SHALL I GET ANYTHING FOR YOU AT THE SHOP? YES, ..... APPLES.

1. bring a little
2. take any
3. take a few
4. bring some

Правильный ответ -4

10. WHOSE IS THIS HOUSE? IT’S .....

1. our
2. ours
3. our one
4. ours one

Правильный ответ -2

11. ..... CLEVER IDEA!

1. What
2. What a
3. So
4. How

Правильный ответ - 2

12. ARE THE BICYCLES IN THE GARAGE? NO, THERE ..... IN THE GARAGE.

1. is anything
2. isn’t nothing
3. isn’t something
4. is nothing

Правильный ответ -4

13. ..... TO GET RICH.

1. Not every young man try
2. No every young man try
3. Not every young man tries
4. No every young man tries

Правильный ответ -3

14. PAT’S A GIRL ..... LONG EYELASHES.

1. with some
2. with her
3. with
4. with the

Правильный ответ -3

15. HOW’S JOHN’S SISTER?

1. This is her.
2. She’s fine.
3. That’s she.
4. She’s good.

Правильный ответ- 2

### Личные местоимения

|  |  |  |  |
| --- | --- | --- | --- |
| **Именительный падеж** | | **Объектный падеж** | |
| I | я | me | мне, меня |
| you | ты | you | тебя, тебе |
| he | он | him | его, ему |
| she | она | her | ее, ей |
| it | оно | it | его, ему, ей, ее |
| we | мы | us | нас, нам |
| you | вы | you | вас, вам |
| they | они | them | их, им |

**Спряжение глагола to be** 1.быть, являться 2.находиться

|  |  |  |
| --- | --- | --- |
| лицо | Ед.ч. | Мн.ч. |
| 1л. | **I *am*** | **WE *are*** |
| 2л. |  | **YOU *are*** |
| 3л. | **He *is***  **She *is***  **It *is*** | **They *are*** |

To be fine- быть в прекрасном состоянии, самочувствии

(fine-прекрасный)

1л I am fine – we are fine

2л you are fine

3л He is fine She is fine It is fine they are fine

**Множественное число имён существительных:**

А) Латинские имена существительные:

Е д. число Мн. Число

calculus calculi

fibula fibulae

erratum errata

analysis analyses

bacterium bacteria

Б) Греческие имена существительные:

Е д. число Мн. Число

crisis crises

phenomenon phenomena

oedema oedemata

diagnosis diagnoses

**Спряжение глагола to have**

|  |  |  |
| --- | --- | --- |
|  | Ед.число | Мн.число |
| 1л | I have got | We have got |
| 2л | You have got | You have got |
| 3л | He has got  She has got  It has got | They have got |

EXERCISES:

**1. Поставьте существительные во множественное число**:

toe, city, hero, chief, Negro, belief, shelf, foot, boot, ox, fox, German, wom­an, mouth, mouse, child, goose, deer, cheese, ship, sheep, crisis, phenomenon, datum, nucleus, formula, room-mate, fellow.

**2. Поставьте все члены предложения во множественном числе**:

1. A man is a doctor. - *men are doctors.*

1. The patient is in the ward.
2. He is a student.
3. A child is a patient.
4. That woman is a nurse.

**3. Замени существительные подходящим местоимением:**

a boy, a girl, a cat, a bird, mother, a tree, books, dictionaries, a doctor, a case history, a tablet, a pharmacist, flowers, University, a sister, a cousin, an injection.

**4. Поставьте следующие предложения:**

**а) в отрицательной форме**

**б) в вопросительной форме и дайте краткие положительные и отрицательные ответы:**

1. He has a brother. – *He hasn’t got a brother. Has he got a brother? Yes, he has. No, he hasn’t.* 2. They have a son. 3. My niece has many friends. 4. You have a good room. 5. We have a large flat.

**5. Составьте предложения, используя глагол to be. What have you got?**

**6. Put *have* or *has*:**

He…….a country house. We……an English lesson on Mondays.The cat….three kittens. I…….an English dictionary. Jessica & Emily…. got many friends. …….you got a driving licence? …..he an EU passport? I…. . a new e-mail. She …..got an old car. They…..a Japanese tonometre.

**7. Поставьте предложения в отрицательную и вопросительную форму**.

They have got many roses in the garden. He has got foreign currency.

You have got these keys. She has got a collection of coins. We have got three English classes a week. He has got a pure-bred dog.

**8. Употребите have/has got, используя слова в рамке:**

|  |
| --- |
| A job, a lot of friends, a high temperature, much money, a garden, problems, cookery, a sandwich, an umbrella, a new car. |

1. She is ill and she… … … .
2. It is a nice house but it … … … .
3. He is fond of cars and he … … … .
4. Tom is a good mixer and he … … … .
5. It is rainy today. … you … ….. ?
6. I’m hungry. ….. you …. ……. ?
7. Sarah is good at cooking and she ……. …. a lot of books on………..
8. ……..he …………………….? .
9. Charles isn’t lucky. He …….. …… a lot of ……… ………..
10. They are rich people, they …………………..

**9. Постройте вопросы:**

You/books on medicine? He/ many problems? Carol/in her garden/many flowers?

Mike/ a new job? You/sunglasses? You/many discount cards? Tina/ a digital camera? They/a motor-bike? You/ a colour printer?

10. Закончите предложения:

1.Your mother’s brother is your… 5.Your father’s sister is your …

2.Your brother’s daughter is your… 6.Your sister’s son is your…

3.Your uncle’s son is your… 7.Your aunt’s daughter is your…

4.Your father’s mother is your… 8.Your mother’s father is your…

Key: 1-uncle; 2-niece; 3-cousin; 4-grandmother; 5-aunt; 6-nephew; 7-cousin; 8-grandfather.

**b**) Guess the riddle: the grandson of my grandmother, but it's not my cousin, the son of my mother, but not my brother.

Key: it’s me!

Приложение 2

**А. Read and tell what you’ve learnt from this text:**

First name My name is Arkady.

Last name My last name is Naishuler.

Age I am 41 years old.

Birthday My birthday is in winter, in February. I was born in 1971.

Place of birth My homeland is Russia, I’m from Siberia. But now I live in

Finland.

Marital status I am married, I am head of my family.

(family state)

Profession I’m a doctor by profession.

Position (post) I am a managerof pharmaceutical company.

Hobby My hobbies are fishing, travelling and poetry.

Likes/dislikes I’m fond of arts, I respect creative people and dislike boring

people.

Interests I’m interested in politics in Russia.

I about myself In my opinion, I am a good mixer!

Words:

To be a good (bad) mixer – легко(трудно) сходиться с людьми

(to be sociable/unsociable); to be easy to deal with

To be a couch- potato - лежебока (couch [‘kauʧ]-диван)

To be a stay-at-home – домосед

To be a slow- coach – «резинщик», медл-ый (coach [‘kǝuʧ]-экипаж, вагон)

To be a lazy-bones – лентяй

A hacker – хакер

A good organizer [‘o:gǝnaizǝ] – организатор

Competent, demanding, logical, industrious (hard-working), practical, optimistic, reasonable, responsible.

**В. Расскажите о себе по схеме.**

**С. Задайте вопросы своему соседу о себе.**

**D. What are you good at?**

*I am good at* English! And you?

Physics [‘fiziks]- Mathematics [mæƟǝ’mætiks]-

Sports (swimming, skiing, skating, tennis, badminton, biathlon, basketball, cycling, biking, rally, diving, wrestling, karate, figure skating, football, hockey)

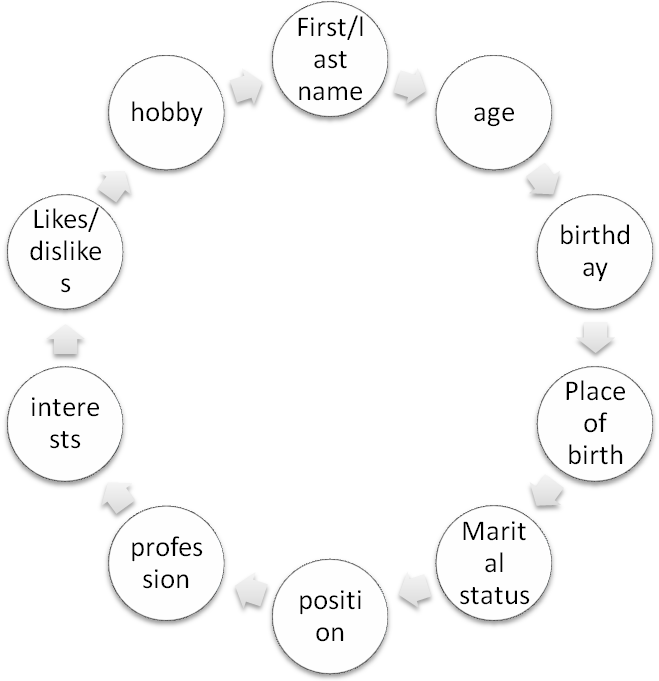
Bicycle – bike, cycle Moto race/auto race – rally

Karate [kǝ’ra:ti] Driving a car

Playing music (playing the guitar/the piano/violin) - [gi’ta:], [‘pjænou], [‘vaiǝlin]

Playing cards/ computer games/ chess/ draughts [‘dra:fts]-шашки; Painting, Cooking.

**E. Запишите предложения о себе, о своём друге и о коллеге.**



**F. Read and translate the text:**

My name is Ann, I’m 25 years old. I was born in summer in 1985, my birthday is on the 3-rd of July. I am from Achinsk. I am not married. I’m a pharmacist by profession and I work in the chemist’s. I am interested in medicine that is why I am a student of the Medical University, besides I want to get a higher education. When I was a schoolgirl my favourite subjects were Chemistry and Biology. I am fond of sports and computer games; in addition I’m good at knitting. I like to spend my free time in the open air with my friends. My hobby is reading and I enjoy reading detectives.

My family isn’t large; we are four all in all: my mother, father, my sister and me. My mother is a housewife; my father is an engineer and my younger sister is a student of the Federal State University.

My mother keeps the house, she is fond of gardening and she is good at cooking. My father is interested in **cold steel\*** and **fire arms\*,** he often reads magazines about them so he is always in the know of new products. In his free time he likes hunting.

As for my sister, she is a verysociableperson: she has got a lot of friends.

In summer she climbs the mountains, goes down the caves and goes on hikes. Her lifestyle is active, she’s sporty.

Our family is very united, we are happy to be together.

\*cold steel – холодное оружие

\*fire arms – огнестрельное оружие

**Find the following words and expressions from the text:**

Интересоваться медициной; получить высшее образование; увлекаться; вести домашнее хозяйство; быть в курсе; общительный; спортивный; дружный.

**Prove truthfulness of the following sentences**:

Mother is a good housewife. Father is interested in cold steel and fire arms. My sister is a verysociableperson. My sister is sporty.

**Read and answer:**

Ann is from Achinsk. Where are you from?

Ann was born in summer in 1985. When were you born?

Ann is not married. What about you?

Have you got a profession? What are you by profession?

What are you interested in? What are you fond of? What is/are your hobby/hobbies?

What are you good at?

What were your favorite school subjects?

Ann’s family isn’t large. Is your family large or small?

How many members are there in your family?

What does your father do? What are his interests?

What does your mother do? What are her interests?

Do you spend much time together?

**G. Read about professor Smirnov’s views. Ask the questions:**

What’s important for Prof. Smirnov, in his opinion?

Why is English necessary for him? What does he do to know English?

What’s his opinion about person’s luck and success?

Is Prof. Smirnov optimistic?

What’s your opinion about importance of learning English?

What kind of people do you respect?

It’s very important for me to keep up to date\*. I can get much information from Internet, for this I should know English. English is also necessary for communication with my foreign colleagues and reading scientific articles. That’s why I’ve got down to\* English (I attend English courses). I often go abroad on business\* to take part in conferences, symposiums and I should keep up the conversation\* and understand my interlocutors\*.

I respect intelligent, competent and hard-working people and I can’t stand narrow-minded but ambitious people.

I believe in success and I consider that luck and success depend on\* person’s abilities\* and every person should do his best to accomplish goals himself\*.

Words:

keep up to date – идти в ногу со временем;

got down to… - взялся за…;

go abroad on business – ездить заграницу в командировку;

keep up the conversation – поддержать разговор;

interlocutors – собеседники;

depend on – зависеть от…;

abilities – способности;

to accomplish goals himself – самому добиваться целей.

Приложение 3

For independent study

Read, translate and tell what you have learned from this text:

**Text 1**

**The United Kingdom of Great Britain and Northern Ireland**

The UK is situated north-west of the European continent between the Atlantic Ocean and the North Sea. It has a total land area of 244,100 square kilometers. The UK part of Europe and is a member of the European Union (EU).

Great Britain is washed by the North Sea in the east, by the Irish Sea. and by the English Channel in the south. The Strait of Dover separates Great Britain from the Continent. The French call it La Manche. It is very narrow, only 32 km wide.

The British Isles consists of the following islands: Great Britain and Ireland. The United Kingdom of Great Britain and Northern Ireland consists of: Great Britain and Northern Ireland. Great Britain is made up of England, Scotland and Wales.

Symbols of the parts of Britain: England- red rose (красная роза), Scotland-thistle(чертополох), Wales- daffodil (нарцисс), Ireland-shamrock (трилистник)

Each country in Britain has its own patron saint and floral emblem:

England- [St. George](http://www.woodlands-junior.kent.sch.uk/customs/questions/nationalday.html) and the Rose. The national flower of England is the rose. The flower has been adopted as England’s emblem since the time of the Wars of the Roses - between the royal house of Lancaster and the royal house of York.

Scotland - [St. Andrew](http://www.woodlands-junior.kent.sch.uk/customs/questions/nationalday.html) - The national flower of Scotland is the thistle.

Wales - [St. David](http://www.woodlands-junior.kent.sch.uk/customs/questions/nationalday.html) and the Daffodil The national flower of Wales is the daffodil.

Northern Ireland - [St. Patrick](http://www.woodlands-junior.kent.sch.uk/customs/questions/nationalday.html) The national flower of Northern Ireland is the shamrock. An Irish tale tells of how Patrick used the three-leafed shamrock to explain the Trinity.(Троица)

The Union Flag, popularly known as the \*Union Jack, is the national flag of the United Kingdom. It is called the Union Flag because it symbolizes the administrative union of the countries of the United Kingdom. It is made up of the individual Flags of three of the Kingdom's countries all united under one Sovereign - the countries of 'England and Wales', of 'Scotland' and of Ireland.

[The Queen Elizabeth](file:///D:\разные%20презентации%20уроков\The%20Making%20of%20the%20UK.files\queen.avi) II is the head of State, but her power is limited by Parliament.

Buckingham Palace is the London home of the Queen. When the flag is flying

on the top she is at home. Buckingham Palace is one of the most popular landmarks in London. It is the London home of the [British Royal family](http://www.woodlands-junior.kent.sch.uk/customs/questions/royal/index.htm).

Big Ben is one of the most famous landmarks in the world. The clock tower is situated on the banks of the river Thames and is part of the Palace of Westminster.

St Paul’s Cathedral The rebuilt cathedral was again burnt down in the Great Fire of London in 1666. The present St Paul's Cathedral was built between 1675 and 1711.

THAMES It is 334 km long and it runs into the sea. The English people call it “the Father of London”. There is a museum of old ships on the Thames.

Trafalgar Square was built in honour of Admiral Lord Nelson after his victory in 1805 at the [Battle of Trafalgar](http://www.woodlands-junior.kent.sch.uk/Homework/trafalgar/).

Westminster Abbey is one of the oldest buildings in London and one of the most important religious centres in the country. Many kings and Queens and famous people are buried there.

The Tower of London has been one of the capital's most famous sights. Throughout its long history, the Tower has served as a royal palace and fortress, prison and place of execution. Now it is a museum.

Text 2

London is the capital of Great Britain or the United Kingdom of Great Britain and Northern Ireland. It is an old city, its history counts more than two thousand years. London is both the capital of the country and a huge port. London is situated upon both banks of the Thames, about forty miles from the mouth and is divided into two parts by the river: north and south. There are 17 bridges that cross the river. The population of London is more than 9 million people.

The history of London goes back to Roman times. Due to favourable geographical position, soon after the Roman conquest, a small town became an important trade centre. Actually, London can be divided into several parts: the City or Downtown of London, Westminster, the West End and the East End. The City is the oldest part of London with narrow streets and pavements. There are many offices, companies and banks in this part of London. The City of London is the financial centre of the United Kingdom. Only a few thousand people live there, but in the day-time it is full of people: as about half a million people come to work there. The biggest Banks and offices are concentrated in the City. The West End is the centre of London. It is full of richest hotels, largest supermarkets, best cinemas and concert halls. There are a lot of beautiful houses and gardens. Only well-to-do people can live there.

Another important district of London is Westminster, where most of Government buildings are situated. Westminster Palace is the seat of the British Parliament. Westminster Palace was founded in 1050. It is situated in the centre of London. Many great Englishmen were buried in the Abbey: Newton, Darwin and others.  
The Towers of the Houses of Parliament stand high above the city. On the highest tower there is the largest clock in the country which is known to the whole world as Big Ben. One can hear Big Ben strike every quarter of an hour. The clock «Big Ben» came into service in 1859. Big Ben is the biggest clock bell in Britain. The official London residence of the Queen is Buckingham Palace. It was built in the 18th century.

There are many nice squares in London. Trafalgar Square is one of them and it is in the centre of the West End. One can see a statue of Lord Nelson in the middle of this square. There are many museums, libraries and galleries in London. The Tate Gallery is one of the well-known galleries in London. Henry Tate was a sugar manufacturer. He was fond of paintings and collected many pictures. The British Museum is a very interesting place in London. It was founded in 1753. The library of this museum has lots of books.

The East End of London is the industrial area and the place where the working people live. There are many factories, workshops and docks there. The East End, lying eastwards from the City is very large and crowded. There are many cars and buses in London. There is the Tube (an underground) in London too. The underground, constructed in London, was the first underground in the World.

Answer the questions:

A.

1. Is London a young city?  
2. Where is London situated?  
3. How many bridges cross the river Thames?  
4. What was that favourable feature which made London to be an important trade centre soon after the Roman conquest?  
5. What is the oldest part of London?  
6. What is situated in the West End?  
7. Can poor people afford to live in the West End?  
8. Where are most of Government buildings situated?  
9. Where is the largest clock in the country located?  
10. How often does Big Ben strike?  
11. When did the clock «Big Ben» come into service?  
12. What is the official London residence of the Queen?  
13. What square is in the centre of the West End situated?  
14. When was the British Museum founded?  
15. How is the area where most working people live called?

16. How is London underground called?

B.

1. What are the parts of the U.K.? (Scotland, Wales, England, Northern Ireland.)  
2.What river is London situated on? (The Thames.)  
3.What people live in Wales? (The Welsh.)  
4.Where is Scotland situated? (In the north of Great Britain.)  
5.What is the famous drink in Great Britain? (Tea.)  
6.What is the capital of England? (London.)  
7. Where is the U.K. situated? (On the British Isles, in the North Sea.)  
8. What is the name of the island which is made up of England, Scotland and Wales? (Great Britain.)  
9. What country is not a part of the U.K.? (Republic of Ireland.)

Guess the word:

1. It’s a medium-sized country; London is the capital of this country. (England.)  
   2. This large country includes the three parts: Scotland, Wales, England. (Great Britain.)  
   3. This country is not part of the U.K. (Republic of Ireland.)  
   4. This country is situated in the north of Great Britain. (Scotland.)  
   5. This country is situated in the west of Great Britain. (Wales.)  
   6. Great Britain is situated on these islands. What are they? (The British Isles.)   
   7. Northern Ireland, Scotland, Wales and England have a common name. They are part of the large and very big country which is situated on the British Isles. (The U.K.)

ONE DAY OF QUEEN ELIZABETH II

Look! Here’s a schedule of the Queen. But everything is mixed here. Your task is to make a correct schedule.

|  |  |
| --- | --- |
| 7 am 8 am 1 pm 2 pm 4 pm 7 pm 8 pm 10 pm 11 pm | to watch TV news, to phone to some members of the Royal Family. to get up, have a cup of tea. to listen to the BBC news, have breakfast. to leave the Palace to open a new hospital. to have lunch with Prince Philip. to go to St. James Palace for a party. to go to bed. to work in her office. to have dinner. |

1. **Занятие №2**

**Тема занятия «My nearest and dearest. (About my family)»**

**2. Формы работы:**

- Подготовка к практическим занятиям.

Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

How many members are there in your family? Is your family united?

Do you have much in common with your spouse? What is your spouse fond of?

Do you have the same hobbies &interests?

Do you spend much time together? What is your favorite pastime?

Do you have any children? Do you have many relatives in Krasnoyarsk?

Do you often visit them? On what occasion? Do you live with grandparents?

Grammar:

Указательные местоимения; Числительные (количественные, порядковые);

Оборот There is/there are в утвердительных, отриц-ых и вопрос-ых предложениях. Понятие о прямом и обратном порядке слов.

**4. Самоконтроль по тестовым заданиям данной темы:**

1. MOTHER OF ONE’S HUSBAND OR WIFE IS…

1. mother-in-law
2. grandmother
3. step-mother
4. former-mother

2. A DAUGHTER OF ONE’S BROTHER OR SISTER OR OF ONE’S BROTHER-IN-LAW OR SISTER-IN-LAW IS…

1. a cousin
2. a sister-in-law
3. an aunt
4. a niece

3. A MAN WHO IS MARRIED TO ONE’S MOTHER AFTER THE DIVORCE OF ONE’S PARENTS OR THE DEATH OF ONE’S FATHER IS…

1. a grandfather
2. an uncle
3. a cousin
4. a step-father

4. A WOMAN WHO HAS LOST HER HUSBAND BY DEATH AND HAS NOT MARRIED AGAIN IS …

1. a step-mother
2. a god-mother
3. a widow
4. mother-in-law

5. A SON OF ONE’S BROTHER OR SISTER OR OF ONE’S BROTHER-IN-LAW OR SISTER-IN-LAW IS…

1. an uncle
2. a cousin
3. a niece
4. a nephew

6. THE BROTHER OF ONE’S WIFE OR HUSBAND OR A MAN WHO IS MARRIED TO THE SISTER IS…

1. an ex-brother
2. a brother-in-law
3. a cousin
4. an uncle

7. A WOMAN WHO TAKES RESPONSIBILITY FOR THE CHILD’S RELIGIOUS EDUCATION DURING A CHRISTIAN CEREMONY AT WHICH A BABY IS CHRISTENED IS…

1. a tutelar saint
2. a reverend mother
3. a god-mother
4. a step- mother

Key: 1) 1; 2) 4; 3) 4; 4) 3; 5) 4; 6) 2; 7) 3.

**5. Самоконтроль по ситуационным задачам:**

**a**) В одном из заданий на конкурсе вам необходимо установить родственные связи, кто кому приходится.

1.Your mother’s brother is your… 5.Your father’s sister is your …

2.Your brother’s daughter is your… 6.Your sister’s son is your…

3.Your uncle’s son is your… 7.Your aunt’s daughter is your…

4.Your father’s mother is your… 8.Your mother’s father is your…

Key: 1-uncle; 2-niece; 3-cousin; 4-grandmother; 5-aunt; 6-nephew; 7-cousin; 8-grandfather.

**b**) Вам позвонил друг из передачи «Кто хочет стать миллионером» Помогите ему ответить на задание правильно! The grandson of my grandmother, but it's not my cousin, the son of my mother, but not my brother.

Key: It’s me

**6. Перечень практических умений по изучаемой теме:**

* уметь грамотно употреблять в речи оборот there is/there are,числительные, указательные местоимения;
* уметь находить в тексте запрашиваемую информацию;
* уметь грамотно задавать и отвечать на вопросы по теме;
* уметь построить монологическое высказывание и изложить свои мысли в письменной форме по изучаемой теме.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендуемая тема:

«Семейное дерево», «Историческая справка вашей фамилии».

Приложение 1

**NUMERALS**

Ознакомьтесь со следующей информацией:

|  |
| --- |
| **13 - 19 …-teen (2stresses) 20 -90 ….ty (1 stress)** |

**Сообщите свой номер телефона.**

-What is your phone number?

- 0 9 7 3 7 2 4 8 5 1 6. And what is your number?

- My number is 0 4 9 6 8 0 2 **5 5** 3.

Her phone number is **double two** three five eight six nine. [‘dᴧbl]-двойной

His telephone number is two one three five o **double seven.**

**1. Соотнесите цифры и слова:**

0 Eighteen

1. Fourteen
2. Eleven
3. Nineteen
4. Thirteen
5. Twenty
6. Seventeen
7. Fifteen
8. Twelve
9. Zero
10. Sixteen

**2. Напишите существительные во мн. числе:**

**а)** 5(apple); 10(glass); 2(house); 8(woman); 4(sheep); 3(street); 9(child); 6(city); 11(dish); 13( Negro); 12(plate); 14(worker); 18(lesson); 15(page).

**б) Ответьте на вопросы:**

How old are you? **- I am….years old**.

How old is she? How old is he? How old are they?

Are you 20 years old? – No, I am not. I am not 20 years old. -Yes, I am. I am 20 years old.

**в) Скажите в каком году родились Вы и Ваши родственники.**

When were you born? - I **was born** in … I was born in 1975.

**3. Прочитайте и напишите по порядку:**

A) Eleven six twenty eight zero sixteen two thirteen five nineteen one seventeen nine twelve three fourteen ten eighteen four fifteen seven.

B) A hundred twenty ninety sixty forty thirty seventy fifty eighty.

**Запомните:** 25 – twenty-five; 34-thirty-four; 162- one hundred **and** sixty two ( and- перед десятками); 207- two hundred **and** seven (and-перед единицами, если нет десятков)

**READ:**

21- twenty-one 32- thirty-two 43 – forty –three 54 – fifty – four

65 - 76 –

87 - 98 –

29 - 38 –

47 - 56 –

**4. Прочитайте примеры:**

15+35=50 fifteen **plus** thirty-five **is** fifty

63+11=74 sixty-three **plus** eleven **is** seventy-four

24+45=69 47+69=116 12+78=90

36+44=80 51+82=133 99+66=165

98- 72=26 ninety-eight **minus** seventy-two **is** twenty-six [‘mainǝs]

126-17=109 a hundred and twenty six **minus** seventeen **is** a hundred and nine

333-33=300 286-135=151 128- 12=116

499-73=426 167-41=126 245-134=111

**5. Продолжите числовой ряд и произнесите все числительные:**

2, 4, 6,…………….16. 3, 6, 9,………….15.

25,24,…………….17. 22, 24,…………….40.

30, 40,50, ………..100. 99, 100, 101,………110.

41, 52,.…………96 . 76, 65,………10.

**6. Образуйте порядковые числительные:**

2, 5, 15, 21, 34, 47, 1, 43, 59, 83, 100.

**7. Заполните пропуски количественными или порядковыми числительными:**

There are four months in a year. The … day of a week is Saturday. March is … month of a year. There are … summer months. Half an hour has …minutes. There are … weeks in a year. A year has … days. There are … seconds in a minute.

**8. Употребите порядковые числительные.**

This is their **3** joint project. Next month she is going to celebrate her **50** anniversary. The English celebrate Saint George’s Day on the 23 of April. The Welsh celebrate Saint David’s Day on the 1 of March they began to mark their holiday in the 18 century. The Scots celebrate Saint Andrew’s Day on the 30 of November. The Irish celebrate Saint Patrick’s Day on the 17 of March. Independence Day is celebrated on the **4** of July. The day of Medical worker is celebrated on the **3** Sunday of June.

**9. Dates**

International/British dates: American dates:

day/month/year month/day/year

5/3/07 – the 5-th of March 2007 5/3/07 – May 3-rd 2007

**Заполните таблицу:**

|  |  |  |
| --- | --- | --- |
| DATE | International/British | American |
| 2/7/06 | 2nd July 2006 | February 7th 2006 |
| 12/9/05 |  |  |
| 4/8/08 |  |  |
| 11/1/09 |  |  |
| 8/2/10 |  |  |

**10. Напишите предложения во мн.числе:**

1.**This** hotel *is* very nice. – **These** hotels *are* very nice.

2. Who is that girl? 3. This apple is tasty. 4.That picture is nice. 5. This is a new clock. 6.That is an old watch. 7. This is a clean plate. 8.That is a clever student.

9.This is a skilled nurse. 10. That is a long street.

**11. Используйте соответствующие обороты there is/there are:**

Model: A car is in the yard. – There is a car in the yard.

* Two books are on the table. – There are two books on the table.

A big tree is in the garden. A good film is on TV. Money is in the purse. 11 players are in a football team. A hospital is near our University. A lot of hotels are in the centre of the city. An interesting photo is in the newspaper. 14 students are in the group. 2 interesting stories are in this magazine. An interesting article is in that journal.

**12. Напишите предложения с оборотом there are, используя следующие слова:**

|  |  |  |
| --- | --- | --- |
| ~~Seven~~ twenty-six  nine thirty  fifteen fifty | letters ~~days~~  players days  planets states | September the solar system  the USA ~~a week~~  a rugby team the English alphabet |

*Model: There are seven days in a week.*

**13. Употребите оборот there is или there are:**

1. ……… a chair in the room.
2. ……… some books on the bookshelf.
3. ……… a lot of people in the centre of the city.
4. ……… a big car in the garage.
5. ……… a vegetable-garden behind the house.
6. ……… three rooms in the flat.
7. ……… twelve floors in that house.
8. ……. many places of interest in London.
9. ……. a telegram from Moscow.

**14. Translate into Russian:**

В году 12 месяцев. В году 4сезона. В каждом сезоне 3 месяца. В 1 месяце 4 недели. В 1неделе 7 дней. В сутках 24 часа. В 1часе 60 минут. В 1минуте 60 секунд.(second)

**15.Ответьте на вопросы:**

*Model: Yes, there is/there are. No, there isn’t/there are not.*

Is there a whiteboard in the classroom? Are there 3 rooms in your flat? Is there a computer in your study? Is there a TV-set in your bedroom? Are there pictures on the walls of your living-room? Is there a kitchen extractor fan in your flat? Is there a chute in your house? Are there flowers on the windows of the classroom?

**16. Поставьте следующие предложения в вопросительной и отрицательной форме:**

1. There is a student in the room*. - Is there a student in the room? There is no student in the room.* 2. There are some students in the corridor. 3. There is a case report on the table. 4. There are some large hospitals in the town. 5. There is a child in the ward. 6. There is a doctor in the operating room.

Приложение 2

Text 1

Read and translate the text: **My family**

a. My name is Ann. My family isn’t large; we are four all in all: my mother, father, my sister and me. My mother is a housewife; my father is an engineer and my younger sister is a student of the Federal State University.

My mother keeps the house, she is fond of gardening and she is good at cooking. My father is interested in **cold steel\*** and **fire arms\*,** he often reads magazines about them so he is always in the know of new products. In his free time he likes hunting.

As for my sister, she is a verysociableperson: she has got a lot of friends.

In summer she climbs the mountains, goes down the caves and goes on hikes. Her lifestyle is active, she’s sporty.

Our family is very united, we are happy to be together.

\*cold steel – холодное оружие

\*fire arms – огнестрельное оружие

**Find the following words and expressions from the text:**

вести домашнее хозяйство; быть в курсе; общительный; спортивный; дружный.

**Prove truthfulness of the following sentences**:

Mother is a good housewife. Father is interested in cold steel and fire arms. My sister is a verysociableperson. My sister is sporty.

**Read and answer:**

Ann’s family isn’t large. Is your family large or small?

How many members are there in your family?

What does your father do? What are his interests?

What does your mother do? What are her interests?

Do you spend much time together?

b. My family is large. I have a mother, a farther, a sister and a brother. There are five of us in our family. My mother is a doctor, she is a physician. My mother is a good-looking\* woman with brown hair. She is forty -seven, she is tall and slim. Her hobby is music.

My father is a computer programmer. He is very experienced. He is a broad- shouldered\* tall man with fair hair and grey eyes. He is forty-nine. My father is fond of singing.

My parents have much in common\*, but they have different views on books, films and sports. My father is fond of horror films and my mum - "soap-operas". My father's hobby is tennis but my mum is not interested in sports. But my parents have the same opinion about our education and upbringing\*. My parents are hard­ – working\* people. My mum is good at cooking, and she is clever with her hands\*. She is very practical.

My sister Helen is twenty-five. She is married and has a family of her own. She is an accountant. Her husband is a scientist. They have twins: a daughter and a son. My brother Boris is eleven. He is a schoolboy. His hobby is football. He is good at football.

We have many relatives: aunts, uncles and cousins. We have a very good time together. Our family is very united. We are always happy to be together.

Words:

1. good-looking- симпатичный, приятный
2. broad-shouldered- широкоплечий
3. to have much in common- иметь много общего
4. education and upbringing- образование и воспитание
5. hard- working- трудолюбивый
6. to be clever with hands-иметь умелые руки
7. united- дружный, крепкий, сплочённый

Text 2. **Meet the Browns**

The Browns live in a large flat in the centre of Manchester. They are 4 in the family. Mr. Brown is a businessman. He is a tall handsome man rather talkative. He's in his early 40-s but he doesn't look his age, he turned grey very early. He has always the hands full but he does his best to spend weekend as interesting as possible. He is fond of sports, he is good at tennis and swimming and the family tries to spend free time out of doors.

His wife Mary is a pretty woman; she is under 40 and looks younger than her husband and shorter than he is. Mary comes of a good family, well-educated; she is fond of classical music and plays the piano very well. Mary works at the University, she teaches English and American Literature. Besides she knows French, German and reads, writes these languages very well. Mr. Brown is proud of his wife as she's kind, clever and cooks very well.

The Browns have 2 children-a son John and a daughter Chris. Chris is a nice girl with dark blue eyes and fair hair. She looks like her mother. She's fond of books too. Her favourite book is "Uncle Tom's Cabin". She's good at languages and dreams to be a translator. Chris is hard-working enough and she is one of the best students in her class.

John is a dark haired boy of 13. He is taller and stronger than his sister. John is a member of the school football team. He is a good footballer. John is interested in computing. He can write computer programs and he is good at it.

The Browns are a friendly family. They enjoy walking together in the country or watching TV or video. The Browns like to spend free time together when it's possible. Their most popular hobby is gardening.

Words and word-combinations:

to look one's age- выглядеть на свой возраст

to look like - быть похожим to turn grey - поседеть

to be good at - быть способным to be fond of - увлекаться

to have the hands full - иметь много дел

hard-working -трудолюбивый

out of doors - на открытом воздухе

to be under40 - нет еще и40 лет

to be in one's early 40-s -немного за 40

to be proud of -гордиться

to be interested in - интересоваться

Text 3. **Read about Prof. Smirnov’s family:**

My family isn’t large, we are four in the family: my wife (her name is Olga), son (his name is Maxim), daughter –Liza and me. Olga is in her late forties\* but she doesn’t look her age, she looks much younger. My wife comes of a good family, she’s well-educated and I consider she’s a real professional. My wife’s favourite saying is “Better unborn than untaught, but better untaught than ill taught”. Olga is fond of classical music and she’s good at playing the piano. Her favourite composers are Chopin, Mozart and Beethoven. Besides she likes to listen to songs of singer-poets\*.

She is a lecturer at the University, she teaches English and American Literature. Her hobby is foreign languages and she’s got a lot of English, American, French and German books, magazines and dictionaries, of course. We have much in common\*. We have lived in marriage more than 30 years. I’m proud of\* my wife as she is kind, clever and very careful.

Becoming a doctor was my son’s dream\* since his childhood and now he’s a post-graduate student\* at the Medical University. Maxim is going to write a thesis\* based on his original work. In his spare time\* especially in summer he climbs the mountains\*, goes down the caves\*, goes on hikes\*, goes cycling. His lifestyle is rather active, he’s sporty and a very sociable young man and he has a lot of friends.

As for\* my daughter, Liza is a 25years’ modest girl. She graduated from the Pedagogical University Informatics and Foreign Languages Department. Now she works as a programmer at the IT\* firm. Liza is the direct opposite\* of her brother. She spends hours at the computer; we all name her “our hacker” as a joke. Liza seldom goes out; she’s so-called \*“a stay-at-home\*”. But she’s got a lot of pen-friends. Our family is very united, we are happy to be together.

Words:

\*in her late 40-s – нет и 50 лет; singer-poets – барды; have much in common – иметь много общего; I’m proud of – горжусь; dream – мечта; a post-graduate student – студент-аспирант; a thesis – диссертация; spare time=free time; climb the mountains – лазить по горам; caves – пещеры; goes on hikes – ходит в походы; as for – что касается…; IT – information technology; the direct opposite – прямая противоположность; so-called – так называемый, так сказать; a stay-at-home – домоседка.

**Read and answer**:

Nick Smirnov’s family isn’t large. Is your family large or small?

The Smirnovs are four in the family. How many members of the family have you got?

Olga Smirnova graduated from the University. What education has your wife?

Olga is fond of foreign languages and classical music. What are your wife’s hobbies?

Olga Smirnova is a lecturer at the University, she teaches foreign literature. What kind of work does your wife do?

Nick Smirnov has two children. Have you got any children?

Maxim is a post-graduate student and Liza is a programmer. What are your children?

Maxim is very sociable and Liza is “a stay-at-home”. What are your children like?

Nick Smirnov’s family is friendly. What can you say about your family?

Приложение 3

For independent study

Health is above wealth

Our health depends on many things: the food we eat, our good or bad habits, our physical activity and environmental influence.

Obesity and physical inactivity are known from ancient times. Besides such bad habits as smoking and drinking too much alcohol, the surprising “danger” of sleeping too much or too little, eating between meals and skipping breakfast can double the chance of dying or lead to different diseases.

Of course sleeping too much or too little, snacking and skipping breakfast are not quite as deadly as smoking, obesity and drinking. But they are indicative dangerously chaotic lifestyles.

Some people worry about their weight and follow a calorie-controlled diet. They eat a low-fat food and more fibre. Eat is thought to be the cause of disease. Besides, people believe that they should exercise more not to be fat. Some people have started counting the calories they eat every day. So, that they can try to take in less calories and lose weight. This is called a calorie-controlled diet.

Such bad habits as smoking, drinking too much alcohol can cause a cough, a headache, some diseases, slow reactions and even loss of memory. Bad habits make teeth yellow, skin unhealthy, speech unclear and brain centers sleep.

The role of sports is significant as it gives good physiological results on the body. Good exercises increase heart action and blood circulation. They strengthen the nerves. Taking long walks in the open air is also important. The sun and the air are good medicines. It’s interesting to know that bus drivers who sit all day have heart diseases twice as more than conductors who move all day. Physically inactive people get old earlier than those who exercise. If a man does daily exercises he feels refreshed and has good posture. And good posture lifts spirits. Poor posture often causes fatigue.

Everyone should remember the Latin saying “Mens sana in corpore sano”. A healthy lifestyle is “a good remedy” for the protection of our organism against diseases. It’s well known that it’s easier to prevent a disease than to cure it. Doctors must promote a healthy lifestyle and serve an example for other people.

Ситуационные задачи:

1. You have to participate in the conference "Save the World!" as a listener. Ask questions to the lecturer on the environmental situation in the city, work of the Ecological Society and the most common diseases in hazardous industries.

Key: I heard that ecological situation isn’t safe in our city. Is it true? Is water clean enough in our rivers? What do experts report about air pollution in Krasnoyarsk? In what part of our city is there the most unfavorable ecological situation? (What districts are the most polluted in our city?)

What is the response of our authorities?

When was the ecological society formed? How many members are there? Is the society a success? What measures do they take? (What measures does the ecological society take to make our city cleaner?) How to join the society? What are the most spread diseases in our city? Where is hazardous employment?

2. Imagine that you are speaking at a symposium on the protection of the environment. Suggest a number of measures to improve the environmental situation in the city. Use the following words and expressions: to rise level of activity in population, sewage, industrial wastes, discharge, purify, purification,sewer system, to control, to monitor, to supervise, filters, treatment facilities (очистные сооружения), to make regular reports, discharge / dismiss from work, severe reprimand and warning (строгий выговор с предупреждением), rebuke (делать выговор).

Key: I suggest a number of steps that would make our city safe. They are: to renew treatment facilities, to set industrial filters where necessary, to establish control over fulfillment of these measures, to listen to regular reports about ecological condition in the city, to make severe reprimand and warning to those who break the laws or even discharge them from work.

3. Match the questions and answers:

1. What does environmental pollution lead to?

2. How does the discharge of dust and gas into the atmosphere affect the nature?

3. What is the role of ozone for the life on the Earth?

4. What are the consequences of the atomic explosion on the health?

5. Is international cooperation necessary to create a system of ecological security?

а. Serious joint measures to create a system of ecological security are taken. A lot of countries – members of UNO – have set up environmental protection agencies.

b. Environmental pollution increases the cases of disease, raises the cost of medical services, reduces the life-span of a man.

c. Life on the Earth is impossible without ozone. This gas creates an “ozone shield” which protects life on the planet from the deadly impact of harsh ultraviolet radiation from the Sun.

d. A great increase in children cancer and leukemia.

e. It returns to the Earth in the form of acid rain and affects crop, the quality of forests, the amount of fish, birds and animals.

Key:1) b; 2) e; 3) c; 4) d; 5) a.

Text А Air and Health

Air pollution is producing harmful effects in man. Many studies reveal that air pollution may cause reduced visibility, eye irritation, and respiratory irritation. Some medi­cal studies link air pollution with lung cancer, emphysema and other

diseases.

The severity of symptoms of illness increases proportionately with concentration of pollutants in the air. The first effects of air pollutants are likely to lead to discomfort. Though not associated with the devel­opment of disease, even in sensitive groups, these effects are capable of disturbing the comfort of the population in residential or industrial ar­eas. This level is the one at which eye irritation occurs. Also in this category are levels of pollutants that damage vegetation and reduce vis­ibility. A more serious level of pollutants, or possibly combination of pollutants, is likely to lead to insidious or chronic diseases or to signif­icant alteration of important physiological function in a «sensitive group» such as the aged or sufferers from chronic respiratory or heart disease.

Pollution would not necessarily be a risk for persons in good health. But under conditions of intense pollution, this «sensitive group» may die.

Three general types of substances are known to pollute the atmo­spheres of all industrial environments: chemical, radioactive and bio­logical. Chemical pollutants are the major concern because of expand­ing industrial, automobile and domestic wastes. However, radioactive pollutants add to the total radiation exposure in both urban and rural air. Biological dusts and pollens likewise may cause effects, especially in persons who react to them with hay fever, asthma, and other allergies.

* Просмотрите текст А еще раз и назовите факторы, способствующие загрязнению воздуха.
* Найдите в тексте А ответы на следующие вопросы и зачи­тайте их.

1. What effect is air pollution producing in man? 2. What are the first effects of air pollution? 3. What substances are known to pollute the atmospheres of industrial environments?

Text В. Air Pollution

A man can live without food for weeks and without water for days, but he can live without air for only a few minutes. Accordingly, air is the most immediately vital resource.

Since the amount of contamination until recent years was small in relation to the vastness of the atmosphere, little trouble resulted. In the last few decades, however, continuing contamination is producing con­centrations that are harmful to men, animals and plants.

Air pollution is produced by different air contaminants in different areas. By generaldefinition, air pollution is the introduction of hazard­ous materials into the atmosphere as the result of man's activities.

Some pollutants, such as smoke from forest fires, may stem from either natural or human causes. Pollution, as discussed here, will imply the possibility of control.

In order to understand the problem of air pollution more fully, let us briefly examine the nature and size of our atmosphere. «Риге» air is, of course, a mixture of many kinds of gases, including about 78 per cent nitrogen, 21 per cent oxygen, less than 1 per cent argon, 0,03 per cent carbon dioxide, traces of several other gases and varying amounts of water vapour. So far, contrary to popular belief, the percentage of oxy­gen in the air has not been reduced significantly with the advent of air pollution. However, man's activities are reducing the world supply of green plants which are the only sources of oxygen at an alarming rate. An acre of foodcrop plants produces far less oxygen than the acre of forest it may have replaced. An acre of pavement produces no oxygen at all. Thus, some scientists feel we may eventually run into oxygen deple­tion problems with the elimination of green plants, though other air problems are more pressing at this time.

The problem of air pollution is further complicated by the existence of inversion layers over many of the world's major cities. An inversion layer is a layer of warmer air over a cooler surface layer of air, and results from an area's topographical character and proximity to water. The inversion layer acts as an air trap, preventing air pollutants from mixing with upper layers of air. Thus, instead of pollutants being diluted through twelve miles of atmosphere, they may be held within several hundred feet of the ground.

The problem of air pollution is of great social importance. Russian research workers have established, after analysing the results of hun­dreds of medical checkups that there is a definite correlation between the degree of air pollution and rates of incidence and death from bron­chitis, pneumonia and lung cancer. The researchers believe that if air pollution were decreased by 50 per cent then the incidence of these diseases would go down by 25 per cent.

An adequate number of facts has now been established which prove that there is a connection between air pollution and the death-rate from all types of cancer.

Noise Pollution

From almost every health-related standpoint, we can say that there are disadvantages in intense urbanization. Environmental problems in­clude air pollution, sewage disposal, acquisition of safe waters, noise abatement, space for outdoor recreation, emotional stress and a host of other problems.

One of the more recently «discovered» pollutants in the modern en­vironment is noise. For the city dweller noise may be the most signifi­cant environmental pollutant. He is constantly buffeted by the noise of aircraft, trains, motorcycles, buses, machinery when he is at home and at work, his neighbour's stereo, and his neighbour's toilet flushing. One study showed that the average noise level in residential areas rose as much as 9 decibels between 1984 and 1987.

Some of the effects of noise have been known or suspected for years. Fatigue, emotional stress, and permanent loss of hearing acuity are well-documented effects. Other studies have shown that noise, either pro­longed or sudden, produces involuntary responses by the circulatory, digestive and nervous systems. Noise can cause adrenalin to be shot into the blood as during stress and anxiety periods; it can cause the heart to beat rapidly, the blood vessels to constrict, the pupils to dilate, and the stomach, esophagus, and intestines to be seized by spasm. A three-year study of university students showed that noise of only 7 decibels consis­tently caused constriction of the coronary arteries which supply oxygen to the heart muscle. Permanent hearing loss occurs with prolonged ex­posure to sounds of over 90 decibels.

Probably the most damaging effect of noise on the quality of human life is its disruption of our psychic balance. Loud, harsh, or persistent noise puts our nerves «on edge» so that our personal relationships are strained and often explosive, interferes with our concentration, and impairs the efficient functioning of our minds. Noise must not be re­garded as no more than just an annoyance because it is a serious threat to the quality of our lives.

In our concern with other forms of environmental decay, we have largely overlooked the importance of noise control, and noise levels continued to creep upward.1 Like any other form of pollution control, noise control will require legislated limits on noise levels, strict enforce­ment of those limits, and a personal concern2 for the rights of others to live in a decent environment.

Answer the questions:

1. What are the causes of noise pollution?

2. What are the consequences?

**1.Занятие №3**

**Тема: «My future profession»**

**2. Формы работы:**

- Подготовка к практическим занятиям.

Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

1. What is pharmacist’s work connected with?
2. What are technologists responsible for?
3. What work do analysts do?
4. What are pharmacists’ duties?
5. What knowledge is necessary to perform all the duties?
6. What other features should a pharmacist possess?
7. It’s important to be in the know of all achievements in pharmacy, isn’t it? Why?

Grammar:

Повторение образования множественного числа существительных. Исключения. Понятие о прямом и обратном порядке слов. Употребление оборота there is/are в утвердительных, отрицательных и вопросительных предложениях.

Выполнение грамматических упражнений ex-s 1-5 (см. Приложение 1,3)

Введение тематической лексики: indications- показания к применению;

to be in the know of- быть в курсе; to be released from – освобождаться от; to be responsible for – быть ответственным за ; to maintain quality audit – осуществлять контроль качества; wholesaling – оптовая торговля; to possess - обладать; skills - навыки; to manage a team – управлять командой; computer literacy –компьютерная грамотность ; to keep fit сохранять здоровье

**4. Самоконтроль по тестовым заданиям данной темы:**

Выберите правильный вариант:

1. FUTURE PROFESSION:

1) colleague

2) responsibility

3) self-education

4) petrol

2. PHARMACY:

1) chemist

2) cook

3) technologist

4) analyst

3. CHARACTER:

1) maternal,

2) attentive

3) careful

4) serious

4. EDUCATION:

1) knowledge

2) credit test

3) scholarship

3) immunity

5. VISITING A DOCTOR:

1) disease

2) nurse

3) ambulance

4) students’ hostel

6. THESE ARE FUNNY… .

1. childs
2. childrens
3. children
4. child

7. THIS OLD DOG HASN’T GOT… .

1. toothes
2. teeth
3. teethes
4. tooth

8. THESE PEOPLE ARE… .

1. policemen
2. policemans
3. policeman
4. policemens

9. SHE HAS GOT LITTLE… .

1. foots
2. a foot
3. feet
4. feets

Key: 1) 4; 2) 2; 3) 1; 4) 4; 5) 4; 6) 3; 7) 2; 8) 1; 9) 3.

**5. Самоконтроль по ситуационным задачам:**

**a)** Вы фармацевт. Дайте рекомендации пациенту как применять мазь, чтобы облегчить боль в спине. Используйте следующие слова:

burning ointment, to rub into the tender spot, to avoid contact with eyes, to cover the sore spot with smth in order to warm it, thoroughly.

Key: It is a burning ointment that’s why you should avoid contact with eyes…..

**b)** Одногруппник испытывает трудности в выполнении задания по английскому языку, попытайтесь ему объяснить, как правильно исправить ошибки в предложениях.

There is a lot of vitamins on sale.

There are a pharmacist and a customer in the room.

Are there aspirin available for sale?

There is no vacancies in this pharmacy.

This preparation has a natural source.

There are suntan preparations and sun protection lotions in this glass-case.

Key: 1-are; 2- is; 3- is; 4- are; 5- right; 6- right.

**6. Перечень практических умений по изучаемой теме:**

- уметь грамотно употреблять в речи обороты, множественное число существительных;

- уметь находить в тексте запрашиваемую информацию;

- уметь грамотно задавать и отвечать на вопросы по теме;

- уметь построить монологическое высказывание и изложить свои мысли в письменной форме по изучаемой теме.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендуемая тема:

“Profession or vocation?”. “The history of the profession”

Приложение 1

Оборот **there is, there are.**

1. Если мы указываем местонахождение определенного, известного собеседнику предмета (лица), т. е. когда мы как бы отвечаем на вопрос: **Где** находится данный предмет? **(Где книга?** Книга на столе.), то в английском языке употребляется предложение типа **"The book is on the table".**

Если же мы сообщаем о наличии какого-то неизвестного собеседнику предмета (лица) в определенном месте, т. е. когда мы как бы отвечаем на вопрос: **Что** имеется в данном месте? **(Что на столе?** На столе книга.), то в английском языке употребляется оборот **there is, there are** со значением **имеется, есть, находится.** В этих предложениях **to be** является сказуемым, а предмет (лицо) — подлежащим. В русском языке такие предложения обычно начинаются с обстоятельства места:

There is a book on the table.  **На столе** есть книга.

There are two patients in the **В палате** двое больных.

ward.

There’s ice on the lake. **На озере** лед.

Подлежащее в предложении с оборотом **there is, there are** употребляется либо без артикля, либо с неопределенным артиклем.

**2. Вопросительная** форма строится путем постановки личной формы глагола **to be** перед **there:**

Is there anybody at home? Кто-нибудь есть дома?

Is there a book on the table? На столе есть книга?

Are there patients in the ward? В палате есть больные?

**3. Отрицательная** форма строится при помощи отрицательного местоимения **nо,** которое ставится после личной формы глагола **to be.** Употребление **nо** исключает употребление артикля:

**There is no** book on the table. На столе нет книги.

**There are no** patients in the В палате нет больных.

ward

**4. Краткий утвердительный** ответ на вопрос, содержащий оборот **there is, there are,** состоит из слов **yes, there** и глагола **to be** в соответствующем числе:

Is there a book on the table? **Yes, there is.**

На столе есть книга? Да.

Are there books on the table? **Yes, there are.**

На столе есть книги?Да.

**5.** В кратком отрицательном ответе добавляется отрицание **not:**

Is there a table in the room? В комнате есть стол?

No, there is **not.** Нет.

В разговорной речи употребляется сокращенная отрицательная форма: **there isn't** ['iznt], **there aren't** ['a:nt].

**1. Род и число имен существительных.**

1. В отличие от русского языка большинство английских имен существительных не имеют грамматической категории рода, т. е. все существительные, обозначающие неодушевленные предметы и отвлеченные понятия, заменяются, как правило, местоимением it, а существительные, обозначающие живые существа, по смыслу, по естественному полу, относятся либо к женскому, либо к мужскому роду, т. е. заменяются соответственно местоимениями she — она, и he — он.

2. В английском языке, как и в русском, имена существительные имеют два числа — единственное и множественное.

В английском языке множественное число образуется прибавлением к существительному единственного числа буквы -s, которая после глухих согласных звуков произносится как [s], а после звонких согласных и гласных звуков — как [z]:

student студент students [s] студенты

patient больной patients [s] больные

doctor врач doctors [z] врачи

ward палата wards [z] палаты

3. Имена существительные единственного числа, оканчивающиеся на s, ss, ch, x и др. (т. е. на шипящие и свистящие звуки), образуют множественное число прибавлением окончания - es, которое произносится как [iz]:

mass масса masses [ ́mæsiz] массы

box коробка boxes ['boksiz] коробки

crash поломка crashes [‘kræ∫iz] поломки

Если после шипящих или свистящих звуков стоит немое -e, то прибавляется только -s:

face лицо faces ['feisiz] лица

size размер sizes ['saiziz] размеры

4. Если имена существительные оканчиваются на -y, перед которой стоит согласная буква, то множественное число образуется прибавлением окончания -es, причем буква у меняется на i:

city город cities ['sitiz] города

family семья families ['fæmiliz] семьи

baby малыш babies [’beibiz] малыши

ferry паром ferries [‘feriz] паромы

Если перед буквой у стоит гласная буква, то прибавляется только -s, и буква у не меняется на i:

boy мальчик boys [boiz] мальчики

day день days [deiz] дни

5. Некоторые имена существительные образуют множественное число не по прави-лу, путём изменения основы, например:

man [mxn] мужчина men [men] мужчины

woman ['wumqn] женщина women [‘wimin]́ женщины

child [tSaild] ребенок children ['Cildrqn] дети

tooth [tu:θ] зуб teeth [ti: θ] зубы

foot [fut] нога feet [fi:t] ноги

6. В английском языке есть ряд имен существительных, заимствованных из латинского и греческого языков, которые сохранили форму множественного числа, характерную для этих языков. У таких существительных окончание единственного числа -us меняется на -i; -um, -on - на -а; -а — на -ае; -ma на -ata; -is на -es. Иноязычные имена существительные, имеющие в единственном числе окончание –es, во множественном числе сохраняют то же окончание.

А) Латинские имена существительные:

Е д. число Мн. Число

calculus ['kælkjulqs] calculi ['kxlkjulai]

fibula ['fibjulq] fibulae ['fibjuli:]

erratum [q'ra:tqm] errata [q'ra:tq]

analysis [q‘nælqsiz] analyses [q‘nælqsi:z]

bacterium [ bæk’tiqriqm] bacteria [ bæk’tiqriq]

Б) Греческие имена существительные:

Е д. число Мн. Число

crisis ['kraisis] crises ['kraisi:z]

phenomenon [fi'nominqn] phenomena [fi'nominq]

oedema [i'di:mq] oedemata [i'di:mqtq]

diagnosis [ ,daiqg’nqusis] diagnoses [,daiqg’nqusi:z]

Приложение 2

**My future profession**

Medicine is a respected sphere of life. Being a doctor is a noble job and it is required in all times. Pharmacists are very helpful in medicine. It's interesting to know that in Peter I's times pharmacists were released from taxes.

A pharmacist is a specialist whose work is connected with manufacturing, preservation and selling of medical preparations. There are technologists who are responsible for preparation of medicines and analysts who maintain quality audit.

Besides pharmacist's duties are control of selling activities especially narcotic substances and they also organize and coordinate wholesaling. It's impossible to perform all these duties without medical and economic knowledge and abilities to supervise, i.e. a pharmacist must possess communication and management skills, in other words, strong interpersonal skills, ability to manage a team and nowadays computer literacy.

A pharmacist is a doctor, a chemist, a psychologist, a seller and an economist taken as a whole. Like doctors they help people to treat their diseases to keep fit. They must know all medicines, their **indications** and **contraindications**, proper dosage and similar preparations. Pharmacology is making progress now and a good specialist should **be in the know of** all achievements in this field of science.

**Answer the questions:**

When did you begin making plans for the future? Did anybody help you to make the choice? What reasons helped you to choose the profession?

What traits are necessary for your chosen profession?

What are the difficulties in this profession? Are you ready to cope with them?

Tell about your future profession and the reasons of your choice:

Helpful words and word combinations:

to attend optional courses – посещать факультативы

to be keen on - увлекаться

to earn a living – зарабатывать на жизнь

a post-graduate course – аспирантура

responsible – ответственный

noble – благородный

attentive – внимательный

kind – добрый

reasonable –благоразумный; honest –честный

to do one’s best – делать всё возможное, что в силах

to develop good traits – развивать хорошие черты характера

well-educated – хорошо образованный

well-informed – хорошо информированный

an example of competence – пример компетентности

to suit – подходить (о профессии)

to take into consideration – принимать во внимание

unemployment – безработица

up-to-date – актуальный

to bring satisfaction – приносить удовлетворение

Приложение 3

**1.** Поставьте существительные в множественное число:

toe, city, hero, chief, Negro, belief, shelf, foot, boot, ox, fox, German, wom­an, mouth, mouse, child, goose, deer, cheese, ship, sheep, crisis, phenomenon, datum, nucleus, formula, room-mate, fellow.

(heroes, chiefs, Negroes, oxen, the Germans, crises, phenomena, data, nuclei, formulas)

**2.** Напишите предложения во множественном числе:

Model: The man is a doctor. – *The men are doctors.*

The patient is in the ward. 2. He is a student. 3. A child is a patient. 4. That woman is a nurse. 5. A case history is on the shelf. 6. A box of medicine is in the cabinet. 7. A pill is in the vial. 8. A lecture in Biochemistry is in the timetable. 9. A flowerbed is in front of the University.

**3.** Напишите предложения, используя обороты there is/there are:

Model: A car is in the yard. – There is a car in the yard.

Two books are on the table. – There are two books on the table.

A big tree is in the garden. A good film is on TV. Money is in the purse.

11 players are in a football team. A hospital is near our University.

Two customers are in the chemist’s. An interesting photo is in the newspaper.

14 students are in the group. 2 interesting stories are in this magazine.

An interesting article is in that journal.

**4.** Поставьте следующие предложения в вопросительной и отрицательной форме:

Model: There is a student in the room*. - Is there a student in the room? There is no student in the room.*

1. There are some students in the corridor. 2. There is a case report on the table. 3. There are some large hospitals in the town. 4. There is a child in the ward. 5. There is a doctor in the operating room. 6. There is a polyclinic in this street. 7. There is a dining-room on the second floor. 8. There is an assembly hall on the ground floor.

**5**. Ответьте на вопросы по образцу:

Model: Yes, there is/there are. No, there isn’t/there are not.

Is there a whiteboard in the classroom?

Are there 3 rooms in your flat?

Is there a computer in your study?

Is there a TV-set in your bedroom?

Are there pictures on the walls of your living-room?

Is there a kitchen extractor fan in your flat?

Is there a chute in your house?

Are there flowers on the windows of the classroom?

Домашние упражнения для закрепления грамматических навыков:

**1.**Напишите предложения с оборотом there are, используя следующие слова:

|  |  |  |
| --- | --- | --- |
| ~~Seven~~ twenty-six  nine thirty  fifteen fifty | letters ~~days~~  players days  planets states | September the solar system  the USA ~~a week~~  a rugby team the English alphabet |

Model: There are seven days in a week.

**2.**Употребите оборот there is или there are:

1. ……… a chair in the room.
2. ……… some books on the bookshelf.
3. ……… a lot of people in the centre of the city.
4. ……… a big car in the garage.
5. ……… a vegetable-garden behind the house.
6. ……… three rooms in the flat.
7. ……… twelve floors in that house.
8. ……. many places of interest in London.
9. ……. a telegram from Moscow.

Приложение 4

For independent study

Read the texts and answer the questions:

Text A

The Man Who Discovered Chloroform

Many years ago nobody knew about chloroform. And when the doctor operated on a patient, the patient suffered1 great pain. A young doctor in Edinburgh could not see how patients suffered during operations and he tried to find some medicine to help the patient to overcome the pain. The doctor's name was James Simpson.

Once he came home from the hospital with two other doctors. When he was looking for3 some papers on his desk he saw a little bottle. He remembered that one of his friends had sent him the bottle with chloroform. At that time people knew very little about chloroform.

James Simpson opened the bottle. Chloroform had a strong but not an unpleasant4 smell.6 He decided to breathe chloroform in6 and see the results. The two doctors who were in the room decided to do the same. And so they did. As they breathed in the chloroform they became sleepy and soon fell into a deep sleep.

After the experiment Dr. Simpson began to use chloroform during his operations. It was a very important discovery.' Doctors could operate on people without hurting8 them and it was easier for the surgeon to operate because the patient was calm and didn't move during the operation.

1. to suffer страдать 5. smell запах
2. to overcome победить, возмочь; 6. to breathe in вдох
3. to look for искать 7. discovery открытие
4. unpleasant неприятный 8. to hurt причинить боль

Answer the questions:

1. What was the name of the doctor who discovered chloroform? 2. Where did he live? 3. How did he discover the possibilities (возможности) of chloroform? 4. Do you think it was a brave action? Why? 5. Why was the discovery of chloroform very important? 6. How did Dr. Simpson help the patients?

Text B

**The Discovery of Cholera Bacterium**

In 1883 Koch went to Egypt to study cholera. At that time there was a wide-spread epidemic of cholera in Egypt. Nobody knew the origin of this disease; there were not any protective measures against it.

The disease spread very rapidly from one place to another and thousands of healthy people died. But sometimes some people who were in a constant contact with the diseased person did not catch cholera.

As soon as Koch came to Alexandria he and his two assistants began their investigations. In the blood, kidneys, spleen, liver and lungs of the people who died of cholera Koch found many microorganisms but all of them were not the agents of cholera. However in the walls of the intestines and in stools Koch always found a microorganism which looked like a comma. Many times Koch tried to grow this bacterium on gelatin but he failed to do it. Many times Koch inoculated this bacterium to the experimental animals but none became ill with cholera. As the epidemic of cholera became less in Egypt, Koch went to India to continue his investigations there. In Calcutta Koch often walked along its muddy streets where the poor lived. Once Koch saw some muddy water on the ground near a small house. Koch looked into that water and thought he saw those “commas” there. He took some of this water, analyzed it under the microscope many times and found there the same bacteria which he had so many times revealed in the people with cholera. Koch also established that animals could not catch this disease. The source of the disease was the water which people drank.

Text C

**Edward Jenner**

Edward Jenner was born in 1749. He was an English physician, the discoverer of vaccination. Jenner studied medicine in London. He began practice in 1773 when he was 24 years old.

Edward Jenner liked to observe and investigate ever since he was a boy. His persistent scientific work resulted in the discovery of vaccination against smallpox. For many years every infant when it was about a year old was vaccinated against this disease. The vaccination was effective for a prolonged period of time. Now vaccination against smallpox is not carried out because this disease has been stamped out (искоренять) in our country.

In Jenner’s days one out of every five persons in London carried the marks of this disease on his face. But there were few people who recovered from the disease, because in the 18th century smallpox was one of the main causes of death.

The disease had been common for centuries in many countries of Asia. The Turks had discovered that a person could be prevented from a serious attack of smallpox by being infected with a mild form of the disease.

One day Jenner heard a woman say:”I cannot catch smallpox, I’ve had the cowpox (телячья оспа)”. That moment led to Jenner’s continuous investigations and experiments.

The first child whom Jenner introduced the substance from cowpox vesicles (пузырёк) obtained from the wound of a diseased woman was Jimmy Phipps. It was in 1796. For the following two years Jenner continued his experiments. In 1798 he published the report on his discovery. He called his new method of preventing smallpox “vaccination”, from the Latin word ‘vacca’ that is “a cow”.

At first people paid no attention to his discovery. One doctor even said that vaccination might cause people to develop cow’s faces.

But very soon there was no part of the world that had not taken up vaccination. Thousands of people were given vaccination and smallpox began to disappear as if by magic.

Answer the questions:

What great scientists who made great contribution to the development of the science do you know?

Who was James Simpson? What is he famous for? What was the aim of his discovery? Why was the discovery of chloroform very important?

Do you know that Robert Koch got the Nobel Prize for Physiology in 1905?

What was Robert Koch? How did microorganisms look like in Robert Koch’s judgment? Where was the source of cholera?

Who was Edward Jenner? What did his scientific work result in? What were the consequences of smallpox in London in Jenner’s days? What does a Latin word “vacca” mean?

Make annotations of the texts:

**From the history of pharmacy**

**№1**

Sir Alexander Fleming (6 August 1881 – 11 March 1955) was a Scottish biologist and pharmacologist. Fleming published many articles on bacteriology, immunology and chemotherapy. His best-known achievements are the discovery of the enzyme lysozyme in 1923 and the antibiotic substance penicillin from the fungus Penicillium notatum in 1928, for which he shared the Nobel Prize in Physiology or Medicine in 1945 with Howard Walter Florey and Ernst Boris Chain.

Fleming served throughout World War I as a captain in the Army Medical Corps, and was mentioned in dispatches. He and many of his colleagues worked in battlefield hospitals at the Western Front in France. In 1918 he returned to St. Mary's Hospital, which was a teaching hospital. He was elected Professor of Bacteriology in 1928.

After the war Fleming actively searched for anti-bacterial agents, having witnessed the death of many soldiers from septicemia resulting from infected wounds. Unfortunately antiseptics killed the patients' immunological defenses more effectively than they killed the invading bacteria. In an article he submitted for the medical journal The Lancet during World War I, Fleming described an ingenious experiment, which he was able to conduct as a result of his own glass blowing skills, in which he explained why antiseptics were actually killing more soldiers than infection itself during World War I. Antiseptics worked well on the surface, but deep wounds tended to shelter anaerobic bacteria from the antiseptic agent, and antiseptics seemed to remove beneficial agents produced that actually protected the patients in these cases at least as well as they removed bacteria, and did nothing to remove the bacteria that were out of reach.

**№2.**

Sir Almroth Wright strongly supported Fleming's findings, but despite this, most army physicians over the course of WWI continued to use antiseptics even in cases where this worsened the condition of the patients.

"When I woke up just after dawn on September 28, 1928, I certainly didn't plan to revolutionize all medicine by discovering the world's first antibiotic, or bacteria killer," Fleming would later say, "But I guess that was exactly what I did."

By 1928, Fleming was investigating the properties of staphylococci. He was already well-known from his earlier work, and had developed a reputation as a brilliant researcher, but his laboratory was often untidy. On 3 September 1928, Fleming returned to his laboratory having spent August on vacation with his family. Before leaving he had stacked all his cultures of staphylococci on a bench in a corner of his laboratory. On returning, Fleming noticed that one culture was contaminated with a fungus, and that the colonies of staphylococci that had immediately surrounded it had been destroyed, whereas other colonies further away were normal. Fleming showed the contaminated culture to his former assistant Merlin Price who said "that's how you discovered lysozyme”. Fleming identified the mould that had contaminated his culture plates as being from the Penicillium genus, and—after some months' of calling it "mould juice"— named the substance it released penicillin on 7 March 1929.He investigated its positive anti-bacterial effect on many organisms, and noticed that it affected bacteria such as staphylococci, and many other Gram-positive pathogens that cause scarlet fever, pneumonia, meningitis and diphtheria, but not typhoid fever or paratyphoid fever—which are caused by Gram-negative bacteria—for which he was seeking a cure at the time. It also affected Neisseria gonorrhoeae, which causes gonorrhoea although this bacterium is Gram-negative.

**№3.**

Fleming published his discovery in 1929, in the British Journal of Experimental Pathology, but little attention was paid to his article. Fleming continued his investigations, but found that cultivating penicillium was quite difficult, and that after having grown the mould, it was even more difficult to isolate the antibiotic agent. Fleming's impression was that because of the problem of producing it in quantity, and because its action appeared to be rather slow, penicillin would not be important in treating infection. Fleming also became convinced that penicillin would not last long enough in the human body (in vivo) to kill bacteria effectively. Many clinical tests were inconclusive, probably because it had been used as a surface antiseptic. In the 1930s, Fleming’s trials occasionally showed more promise, and he continued, until 1940, to try to interest a chemist skilled enough to further refine usable penicillin.

Fleming soon abandoned penicillin, and not long after Florey and Chain took up researching and mass producing it with funds from the U.S and British governments. They started mass production after the bombing of Pearl Harbor. Then they had made enough penicillin to treat all the wounded allied forces.

Соотнесите информацию с именами учёных: Alexander Fleming, James Simpson, Robert Koch, Edward Jenner.

1. He served in the world war i as a captain in the army medical corps.

2. This doctor was from edinburgh.

3. He was a scottish biologist and pharmacologist.

4. This scientist went to egypt.

5. He went to india to continue his investigations.

6. At first people paid no attention to his discovery.

7. This scientist discovered the effect of penicillin on bacteria.

8. He was an english physician, the discoverer of vaccination.

9. This doctor couldn’t see how patients suffered during operations.

10. His laboratory was often untidy.

11. This scientist found microorganisms which looked like commas.

12. He began practice when he was 24.

13. He is called the man who discovered chloroform.

Key: Alexander Fleming – 1, 3, 7, 10.

James Simpson – 2, 9, 13.

Robert Koch – 4, 5, 11.

Edward Jenner – 6, 8, 12.

Ситуационные задачи по теме:

**a**. Read the passages and answer the questions. Explain your answers.

1. Fred is in the dissecting room. He is prepаring for his Anatomy class. He is dissecting the corpse.

Boris is in the dissecting-room. There he prepares for his Anatomy classes. He dissects corpses. *Кто из них в данное время готовится к занятиям по анатомии?*

2. On Fridays Nick went to the clinic. He helped the nurse. He took the patients’ temperature. He gave patients some remedies.

It was Friday yesterday. George was at the clinic for the whole day. He was helping the nurse. He was taking the patients’ temperature. He was giving patients some remedies. *Кто из них обычно ходил в клинику по пятницам?*

**b**. Вы – преподаватель английского языка медицинского ВУЗа. Найдите ошибки в следующей работе студента:

Aristotle (384-322 B.C.) was the first to lay foundation of microbiology.

Auenbrugger (1722-1809) was the first to describe the signs of inflammation.

Harvey (1578-1657) was the first to discover blood circulation.

Fleming (1881-1955) was the first to discover penicillin.

Freud (1856-1939) was the first to found the analytical school of psychiatry.

Celsus (1st century A.D.) was the first to invent the scientific method.

Lister (1827-1912) was the first was the first to use percussion of the chest as a method of diagnosis.

Pasteur (1822-1895) was the first to use antiseptics.

Roentgen (1845-1923) was the first to discover X-rays.

Jenner (1749-1823) was the first to invent vaccination.

Key: Aristotle - to invent the scientific method.

Auenbrugger - to use percussion of the chest as a method of diagnosis.

Harvey – right!

Fleming – right!

Freud – right!

Celsus - to describe the signs of inflammation.

Lister - to use antiseptics.

Pasteur - to lay foundation of microbiology.

Roentgen – right!

Jenner – right!

\*The student has made 5 mistakes.

**1.Занятие № 4**

**Тема занятия «The Medical University. My Department»**

**2. Формы работы:**

- Подготовка к практическим занятиям.

Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

How was KrasSMU founded?

How many departments are there at the University at present and what are they?

Who works at the University?

How do young people enter the University?

How many periods is the state programme divided into?

What happens at the end of the six year course?

What does а person who cares for science do?

What are the so-called pre-clinical subjects?

What do the students do during the first and the second practical training?

What knowledge do the students gain in five (or six) years?

What main clinical subjects do you know?

Who is an intern?

When does a student apply to medical school?

What is the most important factor in the selection of students?

What exams do medical students take?

What do students study for the first two years?

What can you say about medical practice?

What does a final state exam include?

What degree do students receive at the end of study?

What facilities do our doctors have for specialization?

Grammar:

Неопределённые местоимения в утвердительных, вопросительных и отрицательных предложениях. Производные неопределённых местоимений. Выполнение упражнений (см Приложение 1).

Theme vocabulary:

Applicants - абитуриенты;

to conduct research – проводить исследования;

to master - овладевать, усваивать;

promotion - продвижение, повышение (по службе);

higher-ranking – высокопоставленный;

non-resident – иногородний;

it is required – требуется;

to complete secondary education – закончить среднее образование;

to be allowed – позволяется, допускается;

attendance – посещение;

to apply to a medical school – подать заявление о поступлении в медицинский вуз;

competitive examinations – конкурсные экзамены;

entrance examinations – вступительные экзамены;

compulsory – обязательный;

voluntary – свободный;

instruction, training – подготовка, обучение;

scholarship, stipend, grant – стипендия;

a first-year student – первокурсник;

to be in the 1-st year/to be in the second year – учиться на 1-ом курсе;

through lectures, seminars, practical classes – через лекции, семинары, практикумы;

undergraduates – выпускники;

to do a practicum – проходить практику;

to carry on research – вести научно-исследовательскую работу, проводить исследования;

under the supervision – под руководством;

to focus on – сосредоточиваться, концентрироваться;

basics of medical terminology – основы мед. терминологии.

highly qualified specialists – высококвалифицированные специалисты

students’ scientific society – студенческое научное общество

to devote one’s time to research – посвящать своё время исследованиям

to develop one’s abilities – развивать свои способности

annual students’ scientific conferences – ежегодные студенческие научные конференции

to be held – проводить, осуществлять

hostel accommodation – место в общежитии

facilities for sports and recreation – возможности(условия) для спорта и отдыха

to master – совершенствовать, овладевать

to follow the traditions of… – соблюдать традиции

junior students/senior students – студенты младших(старших) курсов

final state exam– итоговый государственный экзамен

internship/ residency course – интернатура, ординатура

narrow specialists – узкие специалисты

a thesis - диссертация

to obtain an academic degree - получить учёную степень

**4.Самоконтроль по тестовым заданиям данной темы:**

a. Выберите нужное слово и переведите предложения.

1. EVERY DEPARTMENT HAS А ...PROGRAMME FOR STUDENTS.

* 1. research
  2. relevant
  3. complete
  4. interesting

2. AFTER THE ENTRANCE EXAMINATIONS THE STUDENT ... TO А BASIC PROGRAMME.

* 1. gains
  2. completes
  3. applies
  4. look

3. AT THE UNIVERSITY THE STUDENTS STUDY THE ... OF DISEASES.

* 1. departments
  2. experiences
  3. courses
  4. organs

4. DURING THE FIRST TWO YEARS THE STUDENTS ... KNOWLEDGE OF PRE-CLINICAL SUBJECTS.

* 1. gain
  2. carry out
  3. last
  4. learn

5. А LOT OF EXPERIMENTS ... AT THE LABORATORIES OF THE UNIVERSITY.

* 1. are relevant
  2. are carried out
  3. are divided
  4. are taught

Key: 1-2; 2-3; 3-3; 4-1; 5-2.

b. Complete these sentences using the proper verbs:

1. ANY CITIZEN OF OUR COUNTRY WHO HAS А COMPLETE SECONDARY EDUCATION MАУ ... TO А MEDICAL SCHOOL.

1. 1.visit
2. attend
3. apply
4. enter

2. ТHЕ THIRD YEAR STUDENTS ... THE DUTIES OF NURSES.

1. perform
2. apply
3. prepare
4. listen

3. STUDENTS ... DEFINITE NUMBER OF MEDICAL AND DIAGNOSTIC PROCEDURES.

1. 1.obtain
2. 2.master
3. 3.defend
4. 4.are afraid of

4. ТHЕ GRADUATES HAVE ... THEIR PRACTICAL SKILLS.

1. 1.get
2. 2.study
3. 3.demonstrated
4. 4.obtain

5. FOR 3 YEARS POST GRADUATES DO RESEARCH, ... А THESIS, ... IT AND ... AN ACADEMIC DEGREE OF C.M.S.

1. learn, receive, defend
2. 2.defend, write, prepare
3. 3.obtain, defend, prepare
4. prepare, defend, obtain

Key: 1- 3; 2-1; 3-2; 4-3; 5 –4.

**5.Самоконтроль по ситуационным задачам:**

**a**. Puzzles

1. The science of living matter in аll its forms and phenomena. (Biology)

2. The science dealing with or investigating the composition, properties and

transformation of substances and various elementary forms of matter. (Chemistry)

3. The science dealing with the function of living organisms or their parts.

(Physiology)

4. The science dealing with matter, energy, motion and force. (Physics)

**b**. Why was Krasnoyarsk State Medical Institute founded on the base of 2 Institutes in 1942? Give reasons.

Key: Great Patriotic War took place in the USSR & the Institutes were evacuated to the home front/rear to avoid destruction and continue fruitful work in for a good cause of our country.

**c.** Очередная встреча с иностранцами-первокурсниками. Расскажите о факультете, на котором вы учитесь. Используйте данные вопросы в качестве плана.

What faculty do you study at? How many students study at the faculty? What specialists are trained at the faculty? What is the course of study? Who is the dean of your faculty? Students carry on research work in the Students’ Scientific Society, don’t they? How many students of your faculty take part in the annual students’ scientific conferences? A great number of graduates of the University work as doctors or pharmacists in various parts of our country, don’t they?

**d.**  Puzzle (Загадки)

1. Тhe aggregate of courses of study given in а school, college, etc. (Curriculum)

2. Тhе science of dealing with the preparation, uses, and especially the effects of

drugs. (Pharmacology)

3. А recent medical - school graduate serving an apprenticeship under

supervision in а hospital. (Intern)

4. Тhе process of determining the nature and circumstances of а diseased condition bу examination and analysis. (Diagnosis)

5. Тhе science of treating diseases, injures, or deformities bу operation оn the

body, usually with instruments. (Surgery)

6. The branch of medicine dealing with the diagnosis and nonsurgical treatment

of diseases. (Internal Medicine)

7. Моnеу awarded to а student to help pursue his or her studies. (Scholarship)

**6.Перечень практических умений по изучаемой теме:**

- уметь переводить со словарем;

-иметь навыки монологического высказывания;

- уметь находить нужную информацию в тексте;

-уметь переводить и употреблять грамматический материал по теме: неопределённые местоимения.

**7.Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендованная тема:

«Higher schools abroad», «KrasSMU. Historical background», “History of discovery…”

Приложение 1

**Неопределённые местоимения**

Some – некоторое количество, несколько

|  |  |  |
| --- | --- | --- |
| **+** | **?** | - |
| SOME | ANY | 1. NO 2. NOT ANY |

(+) There are **some** German books in the bookcase.

(?) Are there **any** German books in the bookcase?

1. There are **no** German books in the bookcase.
2. There are **not** (aren’t) **any** German books in the bookcase.

Exercise **1**. Use **some, no/not any, any**.

There are ………pictures on the wall.

Are there………garages in the yard?

There isn’t ……milk in the refrigerator.

There is ……..money in the purse.

There are ……chairs in the sitting-room.

There aren’t……arm-chairs in the bedroom.

Is there…..money in the purse?

There aren’t……bathrobes in the bathroom.

Are there……towels in the bathroom?

There are not… tablets in the bag.

Is there ….paper in the packet?

Are there … foreign dictionaries in the bookcase?

Exercise **2.** Make the sentences negative and interrogative:

Model: There is some cheese in the fridge. – There isn’t any cheese in the fridge. (There is no cheese in the fridge.) Is there any cheese in the fridge?

There are some post-offices in this street.

She has got some foreign pen-friends.

There is some shampoo in the bathroom.

There are some her photographs in the album.

They have some foreign firms.

There is some sugar in your coffee.

**Производные неопределённых местоимений**

одушевл. …. -body (human body) неодушевл. ….- thing

|  |  |  |
| --- | --- | --- |
| + | somebody | something |
| ? | anybody | anything |
| - | 1.nobody  2.not anybody | 1. nothing  2. not anything |

Examples: There is **some**body in the garden. Is there **any**body in the garden?

There is **no**body in the garden. There is**n’t any**body in the garden.

There is **some**thing in your pocket. Is there **any**thing in your pocket? There is **no**thing in your pocket. There is**n’t** **any**thing in your pocket.

Exercise **1.** Make the sentences negative and interrogative:

There is somebody in the corridor.

There is something in the table.

There is somebody under the tree.

There is something serious at the meeting.

There is somebody behind the door.

They have got something interesting for you.

Exercise **2.** Use “nobody” or “nothing”:

There isn’t anything in the bag. There isn’t anybody in the office.

I haven’t got anything to do. There isn’t anything on TV.

There wasn’t anybody at home. There isn’t anything in the fridge.

Exercise **3**. Use “anybody” or “anything”:

There is nobody at home. I have got nothing to read.

They have got nobody to help. We have got nothing for dinner.

I have got nothing interesting for you. There is nobody in the yard.

Приложение 2

Remember the new words and word combinations:

Applicants - абитуриенты;

to conduct research – проводить исследования;

to master - овладевать, усваивать;

promotion - продвижение, повышение (по службе);

higher-ranking – высокопоставленный;

non-resident – иногородний;

it is required – требуется;

to complete secondary education – закончить среднее образование;

to be allowed – позволяется, допускается;

attendance – посещение;

to apply to a medical school – подать заявление о поступлении в медицинский вуз;

competitive examinations – конкурсные экзамены;

entrance examinations – вступительные экзамены;

compulsory – обязательный;

voluntary – свободный;

instruction, training – подготовка, обучение;

scholarship, stipend, grant – стипендия;

a first-year student – первокурсник;

to be in the 1-st year/to be in the second year – учиться на 1-ом курсе;

through lectures, seminars, practical classes – через лекции, семинары, практикумы;

undergraduates – выпускники;

to do a practicum – проходить практику;

to carry on research – вести научно-исследовательскую работу, проводить исследования;

under the supervision – под руководством;

to focus on – сосредоточиваться, концентрироваться;

basics of medical terminology – основы мед. терминологии.

Read the text and answer the questions: **Pharmaceutical Department**

I’m a student of Pharmaceutical Department. Our Pharmacy Department started its work in 2005. It’s one of the newest departments of our University. It has Distance Learning Department.

The academic year is divided into 2 terms, each of 17-19 weeks duration. At the end of each term, there is an examination session when students have a number of credit tests and exams.

A course of training lasts for 5 years. During the first 2 years the students study general subjects, they are: Higher Mathematics and Computer Science, Study of Culture and History of Homeland, Philosophy and Ethics, Latin and Foreign Languages, the basis of theoretical medicine, Biophysics and Biology, History of Medicine and Pharmacy. In the third year seniorstudents begin to learn Clinical Pharmacology, Pharmacognosy, the basics of accounting and management. Besides they have management practice in the chemist’s shops to gain knowledge and work experience necessary for a pharmacist and they also have field practice in Botany. During the last years of study the students spend most of their time in pharmacies and laboratories.

At the end of their studies they get the Diploma.

Active work in the student's scientific societies makes it possible to achieve great success in the regional and All-Russian competitions among students. And those students who care for science and conduct research have an opportunity to advance their knowledge taking post-graduate courses. They write and defend a thesis based on their original research and obtain the degree of a Candidate of Pharmaceutical Science.

Answer the questions:

When does the Pharmaceutical Department start its work?

It’s one of the newest departments of our University, isn’t it?

What entrance exams do the applicants take?

How long is a course of training?

What subjects do the students study during the 1-st two years?

What subjects do the students study in the senior courses?

What practice do they have? Where? When?

Is there a Distance Learning Department?

What do graduates do if they care for science?

Where can graduates work after final exams?

Match the words:

|  |  |
| --- | --- |
| secondary | specialists |
| competitive | anatomy |
| gold | classes |
| excellent | procedure |
| practical | subject |
| compulsory | mark |
| academic | language |
| clinical | department |
| preventive | education |
| pediatric | examination |
| organic | disease |
| human | medal |
| foreign | attendance |
| infectious | year |
| surgical | medicine |
| diagnostic | faculty |
| narrow | chemistry |

Key: secondary education, competitive examination, gold medal, excellent mark, practical classes, compulsory attendance, academic year, clinical subject, preventive medicine, pediatric department, organic chemistry, human anatomy, foreign language, infectious disease, surgical faculty, diagnostic procedure, narrow specialists.

Приложение 3

**Prelate Luke**

In 2005 it was decided to open a temple in the main building of Krasnoyarsk State Medical University and to name it in honour of the outstanding doctor – surgeon and archpastor of the Orthodox Church - Prelate Luke, Krasnoyarsk archbishop, (Valentin Feliksovich Voino - Yasenetsky) who is canonized nowadays.

Archbishop Luke (in the world — Valentin Feliksovich Voino-Yasenetsky) was born in Kerch on the 27th of April, 1877. After finishing gymnasium he decided to devote himself to the work useful for suffering people and he chose medicine. On graduating from the university the future prelate was engaged into practice and theoretical researches in the field of medicine. In the 1920-s he worked as a surgeon in Tashkent, he actively participated in the church life as well, for example, in sessions of the church brotherhood. He apprehended the words of bishop of Tashkent and Turkestan Innokenty :” Doctor, you should be a priest ", —as the Divine appeal. After three-year service Father Valentin took monastic vows under the name of St. Apostle, evangelist and doctor Luke. Since then he began his Christ's road of passion. Numerous arrests, tortures and banishments did not weaken his diligence in performing the archpastor`s duties and medical service to people.

Being in the third banishment near Krasnoyarsk, already at the beginning of the Great Patriotic War, Bishop Luke offered authorities his experience and skills for treatment of wounded Soviet soldiers. Since October, 1941 he was appointed as a consultant of all hospitals of Krasnoyarsk region and a chief surgeon at the evacuated hospital. Inspection check showed that in other hospitals there were no so brilliant results of treatment of the most complicated infectious joint wounds. Thousand military men were rescued from death or lifelong physical disability.

Luke made a number of discoveries. One of them is a well-known work - "Sketches of Purulent Surgery" which were published in November, 1944. Till now it is the desk book and the manual for many surgeons.

Banishment`s term ended in the middle of 1942, and the same autumn bishop Luke was elevated to the rank of archbishop and appointed to Krasnoyarsk cathedra. At the beginning of March, 1943 after strong efforts the Prelate insisted on opening of a small cemeterial church in a village of Nikolaevka, a suburb of Krasnoyarsk.

Prelate Luke worked fruitfully, combining church and medical activity, discrediting a myth about science and religion opposition. In this world he connected two services both to God and to people. He served as an archpastor and as a surgeon as well.

In December, 1945 the Prelate was awarded with a medal "For valorous work in the Great Patriotic War of 1941-1945". For outstanding achievements in medicine he received Stalin award of the first degree which he donated to the needs of orphans. All it meant an official recognition of selfless work of the Prelate.

The Right Reverend Luke died on June, 11th, 1961 on All Saints’ Day in Russia. By appointment of the Moscow Patriarchy of November, 22nd, 1995 the archbishop of Simferopol and Crimea Luke was canonized. His commemoration day is marked on the 11-th of June and on the day of the Crimean Saints on the 28th of December, as well.

Words and word combinations:

Priest – священник

Prelate – ['prelət] ; прелат (титул, присваиваемый высокопоставленным духовным лицам в католической и англиканской церквах), святитель

Bishop – епископ, Archbishop – архиепископ

Archpastor – архипастырь

Orthodox Church – православная церковь

To canonize – причислить к лику святых

To take the vows – принять монашеский постриг

Tortures – пытки

Banishments – изгнания

Elevate to the rank – возвести в сан

The Divine appeal – Божий призыв

Lifelong – пожизненный

“Sketches of Purulent Surgery” – «Очерки гнойной хирургии»

Passion – зд.: мучение, страдание

Manual - руководство

selfless ['selfləs] - самоотверженный, бескорыстный, неэгоистичный

The Right Reverend - его преосвященство (титул епископа)

Приложение 4

For independent study

**“The Diseases of the Respiratory Tract. (General Characteristics)”**

* 1. Письменный перевод.

Acute Bronchitis

Acute bronchitis, like other inflammatory affections of the chest, generally arises as the result of exposure to cold, particularly if accompanied with damp, or of sudden change, from a heated to a cool atmosphere. It may also arise as the result of inhaling irritating dust or vapours. Great numbers of bacteria are commonly found in the expectoration, and the formed by these are presumably responsible for aggravating the condition.

**Symptoms.**The symptoms vary according to the severity of the attack, and more especially according to the extent to which the inflammatory action spreads in the bronchial tubes. The disease usually manifests itself at first in the form of a catarrh, or common cold. A short, painful, dry cough, accompanied with rapid respiration, pain in the throat and behind the breastbone, a feeling of tightness throughout the chest and discharge from the bronchial mucous membrane mark the early stages of the disease.

When the ear or the stethoscope is applied to the chest of a person suffering from the attack there are heard in the earlier stages snoring sounds, mixed up with others of wheezing or fine whistling quality, accompanying respiration.

As the disease progresses these sounds become to a large extent replaced by bubbling character, which are termed moist sounds or râles.

Acute bronchitis must at all times be looked upon as a severe and serious ailment but there are certain circumstances in which its occurrence is a matter of special anxiety the physician. It is preeminently dangerous at the extremes of life, and mortality statistics show it to be one of the most fatal diseases of those periods. This is to be explained only by the well-recognized fact that all acute diseases tell with great severity on the feeble frames alike of infants and aged people, but more particularly by the tendency which bronchitis undoubtedly has, in them, to assume the capillary form, and when it does so to prove quickly fatal. The importance, therefore, of early attention to the slightest evidence bronchitis among the very young or the aged can scarcely be overrated.

**Treatment** Abed regimen in a warm room for a few days and the use of light diet, together with warm drinks, warm milk being especially beneficial.

Additional measures are, however, called for when the disease is more markedly developed. Medicines to allay fever and promote perspiration are highly serviceable in the earlier stages. Some tablets and cough mixtures are administered.

During the whole course of any attack of bronchitis special attention must be paid to the elderly persons and children.

* 1. Найдите эквиваленты следующим словосочетаниям:

Воздействие холода, тяжесть приступа, учащенное дыхание, ранняя стадия заболевания, статистика смертельных случаев, смертельное заболевание, младенцы и пожилые люди, микстура от кашля.

**Lobar Pneumonia**

Lobar pneumonia is an acute medical emergency, and the advent of the newer specific therapeutic measures requires that the diagnosis be made as soon as possible so that treatment may be commenced early in the disease. Lobar pneumonia is a specific acute infectious disease which involves an entire lung or part of a lung. Sometimes both lungs are completely involved in the pneumonic process.

It has been customary to recognize four stages of pneumonia and in the clinic diagnosis it is very important to have these various phases of the disease in mind:

1. Engorgement of the lung.
2. Early consolidation.
3. Complete consolidation.
4. Resolution.

*Signs and symptoms.*  Pneumonia does not always begin according to the classical textbook description with chills, fever, pain in the chest, and expectoration of bloody or rusty sputum, but it frequently does. It is well to remember that pneumonia is a disease that sets in abruptly. There may or may not be a preceding upper respiratory infection with a cough. Frequently the first evidence of pneumonia is a feeling of prostration which is due to the early bacteremia. Then coughing begins, and there may be bloody expiration. Even at this early stage, the sputum may contain the pneumococcus. When the patient has a chill with a rapid, bounding pulse, fever, and pain in the side of the chest, the diagnosis is easily made.

While lobar pneumonia is a term applied to consolidation of an entire lobe, a lung, or both lungs, bronchopneumonia is a term applied to areas of consolidation disseminated throughout both lungs. The isolated small patches of consolidation may at times become confluent, and make the diagnosis difficult.

There are some other types of pneumonia. For example, Aspiraton Pneumonia**.**

It’s inflammation, usually accompanied by resulting infection, of the lungs following the aspiration (inhalation) of irritating substances, especially stomach contents.

Bacterial Pneumonia **–** lung infection caused by any of a variety of bacteria.

Viral Pneumonia – lung infection caused by a virus.

* 1. Answer the questions:

What diseases of the respiratory system do you know?

What organs are involved in the inflammatory process in pneumonia/TB/pleurisy/bronchitis/tracheitis?

What symptoms are common in the diseases of the respiratory system?

What kind of sputum can be brought up?

What kind of rales can develop in the diseases of the respiratory tract?

3. Choose the correct word:

1. THE COUGHING BEGINS, AND THERE MAY BE (ОТХАРКИВАНИЕ).

1) attention

2) prostration

3) breathing

4) expectoration

2. (ВОСПАЛЕНИЕ) OF THE LUNG, WITH OR WITHOUT INFECTION IS ALSO CALLED PNEUMONITIS.

1) complications

2) cause

3) inflammation

4) infection

3. THE ORGANISMS THAT (ВЫЗЫВАЮТ) MOST PNEUMONIAS ARE ALREADY PRESENT IN THE ENVIRONMENT.

1) form

2) do

3) lead

4) cause

4. THERE ARE MANY POSSIBLE CAUSES OF LUNG INFLAMMATION, INCLUDING (ИНФЕКЦИЮ).

1) infection

2) cause

3) hypersensitivity

4) condition

5. THE PATIENT HAS (ДВУСТОРОННЮЮ) PNEUMONIA.

1) chronic

2) clear

3) lobular

4) bilateral

6. THE (ПРИЧИНА) OF THE DISEASE IS UNKNOWN.

1) condition

2) cause

3) signs

4) attack

7. A VARIETY OF (ОСЛОЖНЕНИЙ) MAY OCCUR WITH LOBAR PNEUMONIA.

1) inflammation

2) cases

3) complications

4) rates

8. THE LUNGS ARE MAIN ORGANS OF (ДЫХАТЕЛЬНОЙ СИСТЕМЫ).

1) respiratory surface

2) respiration

3) respiratory rate

4) respiratory system

9. PATIENTS OFTEN (ЖАЛУЮТСЯ) PAIN IN THE THROAT.

1) suffer from

2) complain of

3) try to

4) breathe out

10. THIS MEDICINE (ОБЛЕГЧАЕТ) AN ASTHMA ATTACK.

1) causes

2) is given

3) takes

4) relieves

11. SHE HAD (СУХОЙ КАШЕЛЬ) TWO DAYS AGO.

1) dry cough

2) persistent cough

3) purulent sputum

4) acute attack

Key:1) 4; 2) 3; 3) 4; 4) 1; 5) 4; 6) 2; 7) 3; 8) 4; 9) 2; 10) 4; 11) 1.

**4. Ситуационные задачи:**

**a.** Match the following word combinations with the Russian ones. One line is extra.

1. shallow respiration а) отхаркивать мокроту

1. to swallow the secretions b) поверхностное дыхание
2. to produce expectorations c) скрытое начало
3. insidious onset d) влажные хрипы
4. moist râles e)стимулировать дыхание
5. to induce respiration f) заглатывать мокроту
6. to assess the condition g) оценить состояние
7. bubbling râles

Key: 1-b; 2-f; 3- a; 4- c; 5- d; 6- e; 7- g; 8- no translation (пузырчатые хрипы).

**b.** You are examining a patient with a disease of the respiratory tract. Ask him about his condition.

Key: What do you complain of? Is breathing painful? Is it more painful when you breathe? Does deep breathing cause pain? Is your cough persistent? When did you start coughing? How long have you been coughing? Does cough interfere with your sleep? Have you ever coughed up blood? Do you bring up sputum? When did you have your last attack? How much sputum do you bring up daily? Is your cough productive or dry? When does your condition deteriorate?

Are there daily fluctuations of the temperature?

**“Infectious Diseases. General Characteristics”**

* 1. Письменный перевод.

Infectious illness that can be very slow and silent in appearing. Most often involves lungs (pulmonary tuberculosis).

***Symptoms:*** There may be no symptoms at first, then gradual start of cough, fatigue, loss of both appetite and weight. Cough may produce bloody sputum. Low-grade fevers, especially in the afternoon, and night sweats may occur later. General feeling of not being well.

***Severity of Problem:*** Without treatment, the patch of infection forms a cavity of pus in the lung. Severe forms leave lung scars and chronic progressive lung disease.

***Contagious?*** Yes, by contact with sputum and secretions of a person with untreated ТВ. People with ТВ who are not coughing and have been taking anti-TB medication for over two weeks are not contagious.

***Treatment:*** Depends on type and severity of disease but consists of drug treatment for at least one year, often longer. Depending on location and severity of disease, one to three anti-TB drugs are used. Hospitalization may or may not be needed. Rest and good, balanced nutrition are very important. People in contact with persons with untreated ТВ or those who show a positive ТВ skin test but no other signs of disease are treated preventively for at least one year with the drug isoniazid.

***Prevention:*** Screening of all children periodically to detect and treat those with positive tests is important. Adults with positive skin tests or those who have contact with people likely to have ТВ need routine chest X-rays to detect ТВ lung disease. A vaccination called BCG is available but is used only in areas where risk of ТВ is very high.

***Discussion:*** Certain factors can make a person susceptible toТВ: general weakness and illness; malnutrition; alcoholism; measles; diabetes; the occupational disease silicosis; and chronic use of steroid (cortisone-related) drugs. Children and much debilitated, chronically ill adults are at risk for ТВ.

* 1. **Answer the questions:**

What are the infecting agents (disease-producing germs) of infectious diseases?

What infectious diseases do you know?

How can a person catch a disease?

What preventive measures do you know?

What stages of disease do medical experts distinguish?

Have you ever been ill with any infectious disease?

What symptoms did you have?

* 1. **Самоконтроль по тестовым заданиям данной темы:**

a. Choose the right variant:

1. INFECTIOUS DISEASES …. TO OTHERS BY DIRECT OR INDIRECT CONTACT.

1) are communicated

2) are recognized

3) are contagious

4) are hard

2. WITH THE USE OF … MANY ACUTE CHILDHOOD INFECTIONS HAVE BEEN SUCCESSFULLY COMBATED.

1) germ

2) vaccine

3) offspring

4) injections

3. THE CAUSATIVE AGENT OF MEASLES … THROUGH RESPIRATORY TRACT DURING SNEEZING.

1) prevent

2) suspects

3) penetrates

4) appears

4. GRIPPE IS HIGHLY … AND RAPIDLY SPREADING DISEASE.

1) infections

2) capable

3) communicable

4) communicated

5. IMMUNITY MAY BE NATURAL AND … .

1) reliable

2) respiratory

3) acquired

4) recognized

Key: 1) 1; 2) 2; 3) 3; 4) 3; 5) 3.

* 1. **Самоконтроль по ситуационным задачам:**

1. You are present at the lecture on the infectious diseases. Ask your lecturer some questions about types of infection and sources of contamination. Use the following words and word combinations: to get/become infected; a carrier of an infecting agent; to be inoculated against …; to have a direct contact with a sick infected person; to avoid contacts with …; to isolate; to carry out prophylactic disinfection; to do wet cleaning; wipe … using disinfectant solution.

Key: What are the infecting agents? Is inoculation always helpful? What infectious diseases are incurable? What groups are infectious diseases classified into according to the ways of penetration? Is contamination due to indirect contacts common?

**b.** Find and correct mistakes:

|  |  |
| --- | --- |
| 1.The patient | a. was always and still is one of the most common and fatal diseases of the tropics. |
| 2.Malaria | b..is characterized by persisting temperature which varies slightly during the night. |
| 3.Continuous fever | c. in children, the weak and the aged is influenced more favourably by warm, moist air. |
| 4.Bronchitis | d. who had injured his right arm and had several deep wounds on it was injected 1 500 units of antitetanic serum. |

Key: 1- d; 2- a; 3- b; 4- c.

* 1. Письменный перевод текста и выполнение упражнений по тексту.

Infectious Diseases

**infection:** acute infection; viral infection; gonococcus infection; childhood infection; acquired infection by direct contact; acquired infection by indirect contact; chronic infection;

**microorganism:** infecting microorganism; pathogenic microorganism; causative microorganism;

**vaccine:** live vaccine; dead vaccine; modified vaccine; virus vaccine;

**inoculation:** prophylactic inoculation; artificial inoculation; inoculation against infectious diseases; full course of inoculations;

**immunity:** natural immunity; acquired immunity; temporary passive immunity; immunity against a contagious disease; active immunity; innate immunity;

**test:** serological test; precipitation test; hemagglutination inhibition test; complement-fixation test.

Translate the following sentences:

1. With the use of vaccines and antibiotics many acute childhood infections have been successfully combated. 2. Chronic maternal viral infections may cause severe infectious disease in neonates. 3. There are animal and vegetable pathogenic microorganisms which cause different diseases. 4. Multiplication of pathogenic microorganisms within the body causes a morbid state. 5. Vaccines may be helpful in prognosis and treatment of infectious diseases. 6. Vaccines consist of dead cultures, while true vaccine is a living virus. 7. Only a full course of prophylactic inoculations is effective. 8. Children who have recovered from a mild form of the disease do not always acquire immunity after being administered antimeasles inoculations. 9. In some months innate immunity disappears and the child may fall ill with the communicable disease if he comes into contact with somebody who has it. 10. Inoculations with cowpox given by Jenner in 1796 created immunity against smallpox. 11. To identify the virus causing human influenza serologic tests are made.

Match the following English word combinations:

A**.** to have a harmful effect on smb/smth; the chief source of infection; direct contact; indirect contact; the mode of infection; to remove a quarantine; to penetrate through an abrasion or wound; pyogenic bacteria; filtrable virus; intestinal discharges; the pathological material withdrawn from the body; to prove of great diagnostic value; clearly defined stages; period of decline; a temporary passive immunity; a modified virus.

B.вид инфекции; снять карантин; модифицированный вирус; оказать вредное влияние на кого-то/что-то; основной источник инфекции; косвенный контакт; прямой контакт; испражнения; четко определенные фазы; период спада; проникать через ссадину или рану; гноеродные бактерии; фильтрирующийся вирус; временный пассивный иммунитет; оказаться ценным в диагностике; патологический материал взятый из организма.

Remember the following words:

|  |  |
| --- | --- |
| to multiply размножать(ся) | offspring потомство |
| germ микроб, зародыш | reliable надежный |
| capable способный | latent скрытый, латентный |
| to communicate сообщать, передавать | measles корь |
| communicable заразный | whooping cough коклюш |
| to recognize распознать | mumps свинка |
| abrasion ссадина | quinzy ангина |
| to suspect подозревать | contageous заразный |
| to devise разрабатывать | сhickenpox ветряная оспа |
| exposure подвергание, выставление |  |

Give the English equivalents of the words in brackets:

1. Contagious diseases (передаются) to others by direct or indirect contact. 2. The idea that (корь) is a disease that affects only children has formed because most people suffer it in childhood. 3. (Ветряная оспа) is very contagious, but the contagion is transmitted only directly by the patient to the healthy child. 4. The British physician Jenner (разработал метод) of vaccination. 5. (Коклюш) begins like ordinary coughing, sometimes with a rise in temperature. 6. Children who have had contact with the patients ill with (свинкой) are subjected to 21-day quarantine. 7. (Ангина) is one of the forms of tonsillitis marked by the formation of an abscess in the peritonsillar area. 8. Knowledge of the duration of the incubation period of a particular infectious disease proves (ценным в диагностике). 9. The causative agent of measles (проникает через дыхательные пути) during sneezing and coughing.

**Тексты для аннотирования.**

a) **Infectious Diseases**

Infectious diseases are caused by pathogenic bacteria or other microorganisms that multiply in the body and have a harmful effect on it. These organisms (germs and viruses) are capable of producing poisonous substances, or toxins, that poison the body. The chief source of infection is direct or indirect contact with the patient himself. According to the mode of infection contagious diseases may be classified as:

**I.** Infectious diseases in which the infecting organism penetrates through an abrasion or wound of the skin or mu­cous membranes.

**II.** Infections caused by the pathogenic microorganisms through the respiratory tract.

**III.** Infections, generally bacterial, disseminated prin­cipally by the intestinal discharges, such as typhoid fever, dysentery, cholera.

In order to identify the causative microorganism bacteri­ological studies are performed which help to detect such microorganisms by direct examination under the microscope of the patient's blood, urine, stools, sputum or any patholog­ical material withdrawn from the body. The examination of the exudate on the tonsils, for example, may reveal the presence of the diphtheria bacillus; examination of the spu­tum may show the tubercle bacillus.

The direct identification of infecting agent being impossible, the serologic method is used. The latter depends upon the demonstration in the patient's serum of antibodies specific to the suspected disease. Special serologic tests have been devised for demonstrating the presence of these antibodies. The method of immunofluorescence consisting of detecting specific antigens in the material studied by means of luminescent microscopy has proved of great diagnostic value.

The characteristic feature of acute infectious diseases is their cyclic course.

There are clearly defined stages in the course of infectious diseases: incubation (latent period), prodromal period, invasion period, active period, period of decline, convalescence.

Incubation periodmeans the interval between exposure to an infection and the appearance of the first symptoms. Prodromal period – a period of time between the appearance of the first symptoms of an infectious disease and the development of a rash or fever (a period of precursors). Invasion period – a beginning of a disease (an attack of a disease). Active period – a course of a disease with some symptoms and signs. A period of decline - decrease in strength, a gradual and continuous loss of strength of a disease. Convalescence **-** a recovery period.

There are some characteristic symptoms of infectious diseases.

Since infection by inhalation is common, symptoms referable to the respiratory tract are frequent. The commonest are: sore throat, coryza (running nose and eyes) and cough. Many diseases begin with one or more of these; but sore throat is particularly a feature of such diseases as scarlet fever and diphtheria; coryza appears in the common cold, measles and rubella; and cough in whooping cough and measles.

Certain common groupings of prodromal and local symptoms occur, of which headache, vomiting and sore throat are an example.

**b) Influenza**

Influenza - a highly contagious virus infection that affects the respiratory system. Sudden appearance of high fever, chills, headache, aches and pains, congestion and cough. There might be mild intestinal symptoms of nausea, loss of appetite, vomiting and diarrhea, but the symptoms of congestion and cough are most prominent. The fever lasts for 3 to 4 days, with the cough going from dry and hacking to loose and mucousy.

The influenza virus tends to infect people in epidemic proportions during the winter months. This disease disappears within a week for people who are usually healthy. In eledery people, or those with chronic problems, it tends to be a more severe disease with many complications, some leading to death.

**Symptoms and diagnosis**

In humans, influenza's effects are much more severe and last longer than those of the [common cold](http://en.wikipedia.org/wiki/Common_cold). Recovery takes about one to two weeks. Influenza, however, can be deadly, especially for the weak, old or chronically ill. The flu can worsen chronic health problems. People with emphysema, chronic bronchitis or asthma may experience shortness of breath while they have the flu, and influenza may cause worsening of [coronary heart disease](http://en.wikipedia.org/wiki/Coronary_heart_disease) or [congestive heart failure](http://en.wikipedia.org/wiki/Congestive_heart_failure). [Smoking](http://en.wikipedia.org/wiki/Tobacco_smoking) is another [risk factor](http://en.wikipedia.org/wiki/Risk_factor) associated with more serious disease and increased mortality from influenza.

**Symptoms**

Symptoms of influenza can start quite suddenly one to two days after infection. Usually the first symptoms are chills or a chilly sensation, but fever is also common early in the infection, with body temperatures ranging from 38-39 °C (approximately 100-103 °F). Many people are so ill that they are confined to bed for several days, with aches and pains throughout their bodies, which are worse in their backs and legs. Symptoms of influenza may include:

body aches, especially joints and throat, extreme coldness and [fever](http://en.wikipedia.org/wiki/Fever), [fatigue](http://en.wikipedia.org/wiki/Fatigue_(medical)), irritated watering eyes, reddened eyes, skin (especially face), mouth, throat and nose, abdominal pain (in children with influenza B) .

It can be difficult to distinguish between the common cold and influenza in the early stages of these infections but flu can be identified by a high fever with a sudden onset and extreme fatigue.

Найдите эквиваленты в тексте:

|  |  |
| --- | --- |
| Influenza Symptoms | Резкое повышение t°  Сильный озноб  Головная боль  «Ломота» в теле  Заложенность носа  Кашель (сначала сухой, «лающий», затем  - с отделением слизи и мокроты) |
| Cause | Инфицирование одним из вирусов гриппа |

Answer the questions:

1. What is this disease characterized by?

2. How may the disease be transmitted?

3. What are the measures to reduce epidemics?

4. What complications can arise?

5. What is the regime of treatment in complications?

6. What must the patient do to minimize the severity of the disease?

Текст для письменного перевода.

**Diphtheria**

1. Compare definition of the disease in English and in Russian:

Diphtheria - an acute infectious disease caused by Corynebacterium diphtherial and its toxin, primarily affecting the membranes of the nose, throat, or larynx, and marked by formation of a gray-white pseudomembrane, with fever, pain, and, in the laryngeal form, aphonia and respiratory obstruction.

Дифтерия (diphtheria; греч. diphthera кожа, пленка) — острое инфекционное за­болевание, характеризующееся особым (с образованием плотных налетов в виде пленок) воспалением слизистых оболочек рото- и носоглотки, гортани, а также явле­ниями интоксикации организма и поражением сердечно-сосудистой, нервной и мочевыделительной систем. Повреждающее действие на органы и ткани обусловлено токсином, выделяемым возбудителем в месте его внедрения.

2.Read the text and find equivalents given in the table below:

Diphtheria

Infection that usually starts as a throat or respiratory infection, but with serious, life- threatening consequences.

**Symptoms:** Usually begins in throat and respiratory tract with sore throat, swelling of the throat. A very thick membrane forms on the tonsils, in the nose and along the windpipe, leading to breathing difficulty and airway obstruction. Later, weakness, heart failure, delirium and progressive nervous system deterioration can occur.

Cause: Infection with the bacteria Corynebacterium diphtheriae.

**Severity of Problem:** Life-threatening both from airway obstruction and from effects on the heart and nervous system.

**Contagious?** Yes, by contact with contaminated respiratory secretions.

**Treatment:** Requires vigorous medical treatment in a hospital intensive care unit.

Penicillin must be administered along with antitoxin to halt the disease. Recovery is slow.

**Prevention:** Can be totally prevented by immunization. Children are immunized in early infancy and should receive booster injections. Adults should receive booster immunizations every 10 years (they can be given along with tetanus booster).

**Discussion:** Initial illness with diphtheria is the respiratory infection. When the bacteria multiply in the throat and respiratory tract, they produce a toxin that causes local paralysis of nerves (and swallowing problems), as well as damage to distant organs, especially the heart muscle, the kidneys and the nervous system. Antitoxin can be given to halt the poisonous effects of the toxin, and penicillin can kill the bacteria. Both must be administered early in the disease to be effective. Diphtheria is still found and has not been eliminated with vaccine.

**“Bronchial asthma”**

Письменный перевод текста и выполнение упражнений.

Bronchial asthma represents a state of hypersensitivity of the respiratory tract to airborne and blood born excitants. The lungs react by an outpouring of fluid and the setting up of an acute non-bacterial inflammatory reaction. This disease is characterized by the increased responsiveness of the trachea and bronchi to various stimuli.

One of the most complex questions is why individuals show susceptibility to definite substances such as: immunologic reactions, infections, drugs intolerance, irritant inhalation, atmospheric change, emotional upset, associated disease or a combination of these factors.

In acute attack there is an increase in oxygen demand due to the increased work of breathing. This factor is called hypoxia.

The treatment usually has threefold purpose for the removal of the factors contributing to bronchospasm:

1. To relax accessory muscles of respiration and decrease the oxygen demand by the body.

2. To facilitate artificial ventilation.

3. To allow time by any means for the therapy to become effective.

The characteristic symptom of asthma is wheezing, which is the particular type of dyspnea resulting from narrowing of the bronchi and bronchioles either by spasm of the smooth muscle. The narrowing increases the resistance of the bronchial tree and the effort required for respiration. The effect is more marked during expiration.

There are two distinct types of asthmatic patients. In one, the onset is in childhood and in the other in middle age. Early onset asthma is allergic and occurs in patients who develop other allergy-related disorders such as eczema or hay fever. There is a strong familial tendency. In the older onset type, there is no allergic cause and the etiology is obscure. Both types may be aggravated by the same factors, namely dust (household dust, hair of cats, dogs, etc.), food (eggs, citrus fruits, fish, milk, etc.), drugs (aspirin, analgin, etc.), mechanical and chemical substances (metal, wood, silicate and cotton dust; vapors of acids and alkali; smoke), physical and meteorological factors (air temperature and humidity variation, fluctuation of barometric pressure, the Earth’s field, etc.), infections in the respiratory tract, allergens of ticks, insects, or animals as well as various nervous and psychological effects. That’s why bronchial asthma has become a real problem in polluted cities.

Bronchial asthma treatment methods are based on the earliest termination of contacts with allergens. If allergen’s nature is known and it relates to home commodities (carpets, flowers, etc.), domestic animals (“cat’s asthma”, allergy to dog’s hair), food (eggs, milk, citrus fruits) or “professional” factors (furriers’ ursolic asthma), than elimination of the said contacts allows to completely get rid of bronchial asthma attacks. However, allergy on a pollen of flowers growing in the neighborhood, or allergy on specific substances suspended in the air (gas, smoke, specific odors) appears more frequently. To treat this kind of allergy, moving to another place (moving to another district of the city, another type of building (for instance, from a wood house to a brick house, or vice-versa) or another climate zone is only recommended. Given the fact that ordinary citizens typically have permanent address registration and their jobs are in the vicinity of the place they live in, people subjected to allergy decease can hardly follow this advice. In these cases anti-allergenic drugs are typically ordered.

Since contacts of patients with allergy-initiating sources continue, patients have to continuously search for new anti-allergenic drugs: as a matter of fact, in the course of time people get used to drugs they consume and these drugs don’t help them any longer. As a result, bronchial asthma soon passes into a chronic phase that can’t practically be treated. So, at an early stage of allergy development it’s very important to break up your lifestyle and avoid further contacts with allergens for a month at least. It’s advised to take a vacation and go to a specialized sanatorium where physiotherapeutic treatment, namely, inhalation, electric current treatment or acupuncture, is practiced. After passing such a treatment, allergy doesn’t return, even if patients restore contacts with allergens.

Answer the questions:

1. What is bronchial asthma usually preceded with?
2. What is bronchial asthma characterized by?
3. What condition do we call “hypoxia”?
4. How can bronchial asthma be detected?
5. What kinds of therapy are used in case of bronchial asthma?
6. How to prevent bronchial asthma?
7. Why has bronchial asthma become a real problem in polluted cities?

Текст для аннотирования. What is asthma?

In many people, asthma appears to be an allergic reaction to substances commonly breathed in through the air, such as animal dander, pollen, or dust mite and cockroach waste products.

The catch-all name for these substances, allergens, refers to anything that provokes an allergic reaction. Some people have a genetic predisposition to react to certain allergens. When these people breathe in the allergen, the immune system goes into high gear as if fighting off a harmful parasite. The system produces a molecule called immunoglobulin E (IgE), one of a class of defensive molecules termed antibodies. The IgE antibody is central to the allergic reaction. For example, it causes mast cells, a type of specialized defensive cell, to release chemical "weapons" into the airways. The airways then become inflamed and constricted, leading to coughing, wheezing, and difficult breathing - an asthma attack. Without treatment, such as inhaled corticosteroids to reduce the inflammation, asthma attacks can be deadly. The overall death rate for asthma, however, is low.

Although several theories exist about why asthma rates have risen during the last two decades, there probably is no simple answer, says Calman Prussin, M.D., head of the clinical allergy and immunology unit at Royal Brompton Hospital.

One theory is that people today, especially in developed countries, are spending more time indoors, Dr. Prussin says. We are therefore exposed to more indoor allergens, such as dust mite allergen, that cause asthma. "Our houses are now hermetically sealed to save heating and cooling energy," he notes, "and unfortunately this causes more indoor allergen exposure."

Another reason may be that people today live in cleaner, more sanitary conditions than they did before the industrial revolution, relatively free of disease-causing viruses and bacteria, he says. This clean living affects our immune system. The immune system's defensive white blood cells, called T cells, have two basic "settings," he explains. Th1 cells fight infectious viruses and bacteria. Th2 cells fight parasites but are also involved in allergic reactions. "We are exposed to fewer viruses and bacteria than people were 100 years ago, so perhaps our immune systems have not learned to make Th1 cells as well," Dr. Prussin says. "That means we have a greater proportion of Th2 cells in our bodies, which might lead to more allergies and asthma." Other theories point to increased levels of air pollutants, a decline in the amount of exercise people get, or rising obesity as factors in the increase of asthma.

1. Answer the questions:

1. What is the definition of asthma?

2. What are the most characteristic features of bronchial asthma?

3. What factors contribute to the allergic origin of asthma?

4. What condition is called status asthmaticus?

5. What are the main methods of treating asthma?

2. Самоконтроль по тестовым заданиям данной темы:

1. CONCERNING THE ETIOPATHOGENESIS OF BRONCHIAL ASTHMA, THE "EXCITORY FACTORS'' INCLUDE EACH OF THE FOLLOWING, EXCEPT… .

1) allergy to some foreign substances

2) respiratory infection

3) heredity

4) not getting enough sleep

2. CHARACTERISTICS OF ETIOPATHOGENESIS OF BRONCHIAL ASTHMA INCLUDE EACH OF THE FOLLOWING, EXCEPT… .

1) the basic lesion is the spasm of the smooth muscles of bronchi

2) inspiratory wheezing

3) progression of disease results in collapse and emphysema

4) bronchiectasis is a rare squelae or association.

3. CONCERNING ONSET OF AN ASTHMATIC ATTACK, EACH OF THE FOLLOWING IS CORRECT, EXCEPT… .

1) usually insidious

2) often occurs at night

3) occasionally preceded by the so-called asthmatic aura.

2) inspiratory wheezing

4. A TYPICAL ATTACK OF BRONCHIAL ASTHMA MAY CONSISTS OF EACH OF THE FOLLOWING, EXCEPT… .

1) marked dyspnea

2) bouts of cough

3) expiratory wheezing

4) bradycardia

5. MEASURES RECOMMENDED FOR CONTROLLING A PAROXYSM OF BRONCHIAL ASTHMA THROUGH RELIEF FROM BRONCHOSPASM INCLUDE EACH OF THE FOLLOWING, EXCEPT… .

1) adrenaline

2) aminophyline

3) ephedrine sulfate

4) penicillin

6. ADDITIONAL MEASURES RECOMMENDED FOR CONTROLLING A PAROXYSM OF BRONCHIAL ASTHMA INCLUDE EACH OF THE FOLLOWING EXCEPT… .

1) sedation with morphia

2) expectorants to remove excessive secretions

3) antibiotics

4) oxygen inhalation in case of marked respiratory embarrassment and cyanosis

Keys: 1) 4; 2) 3; 3) 3; 4) 4; 5) 4; 6) 3.

3. Самоконтроль по ситуационным задачам:

1. After the test your teacher asked you to cross check the task. Find the mistakes if there are any.

1. alveolus- a) throat
2. bronchus- b) swelling, fluid in the tissues
3. edema c) branch of the trachea which acts as
4. internal respiration a passageway in the lung air spaces
5. trachea- d) air sac in the lung
6. pharynx e) gas which passes into the bloodstream at

the lungs

f) windpipe

g) exchange of gases at the tissue cells.

Key: 1- d, 2- c, 3 - b, 4- g, 5- f, 6 - a

**Занятие № 5**

**Тема: «Practice of Pharmacy»**

**2. Формы работы:**

- Подготовка к практическим занятиям.

Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

What does the word “Pharmacy” mean?

What does the official description consist of?

What physical properties does the official description include?

The Pharmacopoeia describes the proper method of packaging and storing the drug, doesn’t it?

What is necessary to become a pharmacist? / for the pharmacist to know?

to prescribe drugs? /to compound medicines?

Grammar:

Степени сравнения прилагательных и наречий (см. Приложение 1)

Theme vocabulary: Pharmacy • Pharmacognozy • Pharmacology • Pharmacopoeia • Medicinal substances • Dispensing • Prescription container

**4.Самоконтроль по тестовым заданиям данной темы:**

Вставьте вместо пропусков определения к существительным. Подберите их

из текста.

1. BOTH SERVICES DEMAND ... KNOWLEDGE AND HIGH PROFESSIONAL STANDARDS.

1. special
2. specialty
3. interesting
4. amising

2. GENERAL CHEMISTRY DEALS WITH BASIC PRINCIPLES AND ... SUBSTANCES.

difficult

different

inorganic

unknown

3. PHARMACOGNOZY EMBRACES THE HISTORY AND PRESERVATION OF DRUGS OF … ORIGIN.

1. vegetable
2. vegetable and animal
3. animal
4. historical

4. THE ... NAMES OF CHEMICAL SUBSTANCES DO NOT ALWAYS REPRESENT THEIR CHEMICAL  
COMPOSITION.

1. first
2. brand
3. scientific
4. pharmacopoeial

5. THE OFFICIAL DESCRIPTION USUALLY INCLUDES ITS ... PROPERTIES.

1. organic
2. inorganic
3. physical
4. scientific

6. THE REACTION TO LITMUS IS AN ... TEST OF IDENTITY OR PURITY.

hard

important

funny

necessary

Key: 1) 1; 2) 3; 3) 2; 4) 4; 5) 3; 6) 2.

**5.Самоконтроль по ситуационным задачам:**

**a**. Вы беседуете с преподавателем, ваша задача согласиться с ним, либо возразить!

Pharmacy and chemist’s shop are the same. (right)

Pharmacist and pharmacologist are synonyms. (wrong, there is some difference)

Pharmacology is the science which embraces the history, source, cultivation, collection, preparation, distribution, identification, composition, purity and preservation of drugs. (wrong)

Pharmacognozy is the field of medicine which studies drugs, their nature, origin and effect in the body. (wrong, it’s pharmacology)

Pharmacopoeia is a book containing a list of medicinal substances with description, tests and formulas for preparing the same. (right)

**b**. You are playing the role of a teacher of Pharmaceutical Department. Explain your students the difference between such terms as Pharmacology and Pharmacognozy.

Key: The field of medicine which studies drugs, their nature, origin, and effect in the body is called “pharmacology”.

Pharmacognozy is the science which embraces the history, source, cultivation, collection, preparation, distribution, identification, composition, purity and preservation of drugs of vegetable and animal origin.

**6. Перечень практических умений по изучаемой теме:**

- уметь читать с целью извлечения детальной информации.

- уметь переводить со словарем

- уметь переводить и использовать в речи степени сравнения прилагательных и наречий.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендованная тема:

“Pharmacy of the future”, “ Is there difference between Pharmacology and Pharmacognozy”.

Приложение 1

**Степени сравнения прилагательных.**

1. Качественные прилагательные в английском языке, также как и в русском, имеют три степени сравнения: положительную, сравнительную и превосходную.

2. Односложные прилагательные и некоторые двусложные прилагательные образуют сравнительную степень путем прибавления к положительной степени суффикса **-еr** [q], а превосходную степень — путем прибавления суффикса **-еst** [qst].

3. При образовании степеней сравнения при помощи суффиксов **-еr, -est** соблюдаются следующие орфографические правила:

а) Если прилагательное в положительной степени оканчивается на немую букву **-е,** при прибавлении суффиксов **-er и -est** эта буква отпадает:

**pale** бледный, **paler** бледнее, **palest** самый бледный.

б) Если прилагательное в положительной степени оканчивается на -**у** с предшествующей **согласной** буквой, то в сравнительной и превосходной степени -**у** меняется на **-i: easy** (легкий), **easier** (легче), **easiest**  (самый легкий).

Однако, если букве -**у** предшествует **гласная,** то -**у** остается **без** изменения:

**gay** веселый, **gayer** веселее, **gayest** самый веселый.

в) Если прилагательное в положительной степени оканчивается на согласную букву с предшествующей гласной, имеющей **краткое** чтение, то в сравнительной и превос-ходной степени эта конечная согласная **удваивается:**

**big** большой, **bigger** больше, **biggest** самый большой

4. Многосложные прилагательные и большинство двусложных прилагательных образуют сравнительную степень при помощи слова **more** [mo **:]** - более, а превосходную степень - при помощи слова **most** [moust] - самый, наиболее. Само прилагательное при этом остается без изменения:

**dangerous more dangerous most dangerous**

опасный более опасный самый опасный

**difficult more difficult most difficult**

трудный более трудный самый трудный

5. Некоторые прилагательные образуют степени сравнения от других корней:

|  |  |  |
| --- | --- | --- |
| Положительная степень | Сравнительная  степень | Превосходная  степень |

**good** хороший **better** ['betq] лучше **best** [best]

(наи) лучший

**bad** плохой **worse** [wq**:**s] хуже **worst** [wq**:**st**]**

(наи) худший

**little** маленький **less** [les] меньше **least** [li**:**st]

(наи)меньший

**many** много **more** [mo:] больше **most** [moust]

**much** много больше всего

6. Существительные с определением, выраженным прилагательным в превосходной степени, употребляются с определенным артиклем, если по смыслу не требуется никакого местоимения:

The first ward is **the largest** in Первая палата самая боль-

our hospital. шая в нашей больнице.

Но:

Peter is **my best** friend. Петр - мой лучший друг.

**Наречия**

1. Наречие — это часть речи, которая обычно употребляется для определения глагола, а также прилагательного или другого наречия:

Он работает хорошо.

Она очень опытная сестра.

Я чувствую себя значительно лучше.

2. Существуют наречия места **(здесь, где-нибудь),** наречия времени **(поздно, завтра),** наречия степени **(очень, едва),** наречия образа действия **(хорошо, быстро)** и другие.

3. Наречия делятся на простые и производные.

Простые наречия: **now** сейчас, **here** здесь, **often** часто и т.д.

Производные наречия образуются главным образомотприлагательных путем прибавления суффикса наречия **-ly:**

**usual** обычный **usually** обычно

**slow** медленный **slowly** медленно

У прилагательных, оканчивающихся на букву **-у** с предшествующей согласной, эта буква при прибавлении суффикса -**ly** меняется на **–i:**

**happy** счастливый

**happily** счастливо

**Степени сравнения наречий.**

1. Степени сравнения могут иметь в основном наречия **образа действия.**

Наречия образуют степени сравнения так же, как и прилагательные.

Односложные наречия образуют сравнительную степень путем прибавления суффикса **–er,**  а превосходную степень - путем прибавления суффикса **-est** к положительной степени прилагательного:

**late** поздно **later** позднее **latest** позднеевсего

**soon** скоро **sooner** скорее **soonest** скореевсего

2. Большинство наречий, образованных при помощи суффикса **-1у,** образуют сравнительную степень при помощи слова **more,** а превосходную степень - при помощи слова **most:**

**attentively more attentively most attentively**

внимательно более внимательно внимательнее всего

3.Следующие наречия, как и соответствующие прилагательные, образуют степени сравнения от других корней:

|  |  |  |
| --- | --- | --- |
| Положительная степень | Сравнительная степень | Превосходная степень |

well хорошо better лучше best лучше всего

badly плохо worse хуже worst хуже всего

many много more более most больше всего

much много more более most больше всего

little мало less меньше least меньше всего

Приложение 2

**Practice of Pharmacy**

Pharmacy is the science which concerns the study of medical substances. It involves not only medicines, compounding and **dispensing** them but their combination, analysis and standardization as well. The word “pharmacy” is also used to define the place where medicines are compounded, dispensed, stored and sold. A person who is scientifically and professionally capable of engaging in the practice of pharmacy is called a “pharmacist”. The compounding of medicines usually requires the scientific combination of 2 or more ingredients but dispensing may only require the transfer of manufactured products to **a prescription container**. Both services demand special knowledge, experience and high professional **standards**. A pharmacist should have knowledge of different subjects such as physics, chemistry, botany, etc.

The field of medicine which studies drugs, their nature, origin, and effect in the body is called “pharmacology”. Pharmacology is broadly defined as the science of drugs. Pharmacognozy is the science which embraces the history, source, cultivation, collection, preparation, distribution, identification, composition, purity and preservation of drugs of vegetable and animal origin.

A Pharmacopoeia is a book containing a list of medicinal substances with description, tests and formulas for preparing the same. The pharmacopoeial names of chemical substances do not always represent their chemical composition. The **official description** consists usually of physical characteristics, the structure of the drug when sectioned or powdered. The official description usually includes its physical properties such as colour, crystalline and other forms, odour, taste and the result of **exposure to air**. It’s important for the pharmacist to know if chemicals are stable or if they **lose to attract moisture**. The reaction to litmus or other indicators is also indicated unless the reaction is an important test of identity or purity. The Pharmacopeia describes also the proper method of packaging and storing the drug to prevent or **retard deterioration**.

Words and word combinations:

Dispensing- расфасовка

standard **-** уровень

official description – фармакопейное (официальное) описание

a prescription container – ёмкость, предусмотренная рецептом

exposure to air - воздействие воздуха

to lose to attract moisture – терять свойства, притягивая влагу

retard deterioration – замедлять, задерживать, тормозить ухудшение (состояния или качества)

Упражнения:

**1.** Дайте определения следующих понятий:

Pharmacy, pharmacist, pharmacognozy, pharmacology, pharmacopoeia

**2.** Найдите эквиваленты в тексте:

Способ составления лекарственных веществ; способ расфасовки; заниматься фармацевтической практикой; готовые продукты; высокий профессиональный уровень; знание разных предметов; воздействие на организм; растительного и животного происхождения; физические характеристики.

**3.** Вставьте подходящие слова:

The official description usually includes its ….properties.

The reaction to …. or other indicators is an important test of … or … .

Both services demand … knowledge and … … standards.

A Pharmacopoeia is a book containing a list of …….. .

Pharmacognozy embraces the history and preservation of drugs of … origin.

“Pharmacy” is the place where medicines are …, …, … .

…….describes the proper method of packaging and storing the drug.

**4.** Переведите предложения на английский язык:

1.Фармация- это наука, которая занимается изучением лекарств.

2.Аптека-это место, где смешиваются, расфасовываются и продаются лекарства. 3.Составление лекарств требует научного соединения нескольких компонентов. 4.Фармацевт должен иметь знания по различным дисциплинам. 5.Фармакология – это наука о лекарствах.

**5.** Ответьте на вопросы:What does pharmacy treat of? What does the word “pharmacy” also define? Does the pharmacist compound and dispense medicines? What is necessary to compound medicines? What is necessary to become a pharmacist? Does pharmacopoeia contain a list of medicinal substances?

Are you a student of pharmaceutical department? When did you begin to study pharmacy? What interests you most in pharmacy?

Приложение 3

**COMPARISONS**

Разговорный стиль: Нейтральный стиль:

You’re younger than me. You’re younger than I am.

I’m a more careful driver than him. I’m a more careful driver than he is.

They‘ve got more time than us. They’ve got more time than we have.

We’re busier this week than them. We’re busier this week than they are.

1. Перефразируйте в разговорный стиль.

*Model:* Peter is taller than I am. – Peter is taller than me.

My sister is 2 years older than I am.

Her boss is 5 years older than she is.

We are 5 minutes earlier than they are.

She is 10 minutes later than he is.

Ann is better at languages than I am.

Is Jane better at cooking than you are?

He’s more well-read than she is.

2. Используйте сравнительную степень:

*Model:* London/Leads/large-small. – London is larger than Leads.

Leads is smaller than London.

Europe/Asia/small-large

[‘juǝrǝp] [‘eiʃǝ]

France/England/big-small

The bed-room/the sitting-room/warm-cool

The book/the film/interesting-boring

A meal in a restaurant/a meal in a café/expensive-cheap

The English language/the Japanese language/difficult-easy

3. Используйте превосходную степень:

*Model:* it/fast/plane/in the world. – It is the fastest plane in the world.

1. This/beautiful/monument/in Moscow.
2. The library of the British Museum/rich/in England.
3. The Caspian Sea/large/lake/in the world.
4. Peter/quick/player/in the team.
5. He/good/specialist/in the company.
6. January/cold/month/of the year.
7. It/happy/moment/in his life.
8. He/talented/scientist/in the Institute.

4.

a)Употребите оборот **as…..as** .

*Model*: Helen is as tall as Kate.

Harry/I/strong; Bill’s car/Tim’s car/fast.

Julie/her friend/old. This knife/that one/sharp.

This street/that one/noisy. She/her mother/pleasant.

This sofa/that one/expensive. This exercise/that one/easy.

This text/that one/difficult.

b) Употребите оборот **not as…as** или **not so….as** .

Model: Helen is not as tall as Kate. Или Helen is not so tall as Kate.

5. Исправьте ошибки:

Chris is more cleverer than Scott. This ice-cream is tastier of all.

Jill is prettier from Sylvia. She’s a very taller woman. His car isn’t fast as that one.

**READ**: The more we learn the more we forget; the more we forget the less we know; the less we know the less we forget; the less we forget the more we know; the more we know the more we forget. Why to study?

Приложение 4

For independent study

**“AIDS”**

Текст для аннотирования. Human Immunodeficiency Virus Infection

1. General

HIV is an infection caused by retroviruses resulting in a lot of clinic manifestations: varying from asymptomatic carrier states to fatal disorders, related to defective cell-mediated immunity.

AIDS is disorder of cell-mediated immunity characterized by opportunistic infections, malignancies, neurologic dysfunction and a variety of other symptoms.

Almost all untreated HIV-infected persons will develop AIDS.

According to the CDC’s definition patients are classified as:

A (asymptomatic)

B (symptomatic with conditions attributable to HIV)

C (true AIDS)

According to CD-4 count patients are classified as:

1st category>500 cells/ml

2nd category 200 to 499 cells/ml

3d category<200 cells/ml

1. Transmission

HIV transmission requires contact with body fluids containing infected cells or plasma. HIV may be present in any fluid or exudate that contains plasma or lymphocytes, specifically blood, semen, vaginal secretions, breast milk, saliva or wound exudates. The most common means of transmission is both through sharing contaminated needles, sexual relations (homosexually and heterosexually) and via blood. HIV may be transmitted transplacentally or perinatally.

3) Pathogenesis

HIV infects helper cells and also nonlymphoid, e.g. macrophages and so on. There are three evidences of decreased cell-mediated immunity:

1. markedly reduced number of circulating CD-4 lymphocytes (CD-4 count)
2. increased level of HIV-1 RNA in plasma (viral load)
3. loss of delayed hypersensitivity to intradermally injected antigens such as PPD skin test for TB.

4) Such Opportunistic Infections are prevalent in the presence of HIV: TB, Kaposi’s sarcoma, and Toxoplasmosis.

5) Epidemiology

AIDS was first recognized in 1981 and in 1984 the human retrovirus was identified as the cause of AIDS.

6) Symptoms and signs

There are several stages of HIV infection:

1. a brief antibody-negative carrier state, just after infection, is characterized by rapid virus reproduction.
2. The condition of primary HIV infection or acute retroviral syndrome begins within I to 4 weeks after infection, lasts for 3 to 14 days and is characterized by fever, malaise, rash, arthralgias, generalized lymphadenopathy.
3. The state of seroconversion for antibody to HIV lasts within days to 3 months, when acute manifestations disappear and patients become antibody-positive asymptomatic HIV carriers. Some of these patients develop thrush, zoster, diarrhea, fatigue, fevers, leucopoenia, anemia, and thrombocytopenia.
4. Laboratory diagnosis

Detection of HIV RNA in blood provides a sensitive and specific diagnosis of HIV infection in patients in the very early stages of infection when antibodies may not yet be detectable. Tests of detecting antibody to HIV include ELISA and Western blot.

1. Prognosis

Opportunistic infections have remained the immediate cause of death for nearly all AIDS patients.

1. Prevention:
2. Education to avoid unsafe sexual practices by reducing the number and frequency of sexual contacts, avoiding high-risk practices (e.g. anal intercourse), using condoms.
3. Termination of pregnancy may be an alternative for many HIV- infected pregnant women, as the risk of transmission in utero, intrapartum or postpartum transmission to the fetus is 30 to 50%

! All pregnant women should be offered a test for antibody to HIV.

1. Confidential testing to HIV to anyone requesting it, especially for paraenteral drug users and who have the risk to sharing needles, and treatment of drug dependence.
2. Teaching of Medical and dental professionals to avoid needle-stick accidents.
3. Post exposure prophylaxis with immediate antiretroviral therapy after penetrating injuries involving HIV-infected blood or heavy mucous membrane (ever or mouth) contamination is believed to reduce transmission.
4. Treatment

Several new principles of treatment for HIV infection emerged in the 1990s. Combinations of drugs usually targeting 2 enzymes are now the standard. Treatment with 2 to 4 drugs can promptly halt viral reproduction, preserve immune function and decrease the likelihood of emergence of drug-resistant viral mutants.

Most expert recommend the patient at any stage of HIV infection with more that 5000 HIV RNA copies/ml of plasma and with relatively high CD-4 counts (>500 cells/ml) be treated with combination therapy.

The antiretroviral therapy may have the adverse effects (anemia, pancreatitis, hepatitis, glucose intolerance), but drugs should be taken only for as the antiretroviral benefits outweigh adverse effects and costs.

In case of inadequate numbers of doses of drugs drug resistance may occur.

1. End-of-life care

Even with combined therapy, AIDS remains a terminal disease.

1.Answer the questions:

1. What infectious diseases are especially widespread all over the world?
2. Why are infectious diseases dangerous for people?
3. What is the main method of preventing infection?
4. Is it possible to exclude infectious diseases at all?
5. What virus causes AIDS?
6. When was the first AIDS case identified?
7. How is HIV reproduced?
8. Why is HIV called a retrovirus?
9. How is HIV transmitted from one person to another?
10. What are the early symptoms of HIV?
11. When do severe symptoms appear?
12. What are the main symptoms of opportunistic infections in people with AIDS?
13. How is HIV infection treated?
14. Why is it necessary to use a combination treatment?

Текст для письменного перевода.

AIDS: THE NEW EPIDEMIC

Knowledge is the key to preventing this fast-spreading disease. AIDS, Acquired Immune Deficiency Syndrome, weakens the body's ability to fight off infection and disease. It was first reported in the United States in 1981 (according to official data).

More than 70 per cent of all AIDS cases prove fatal within two years of diagnosis. While doctors are learning more about treating the infections affecting AIDS victims, little can be done to restore the body's immune system to normal.

The number of AIDS cases continues growing at a rapid rate. The number of reported cases doubles every nine lo 15 months. This trend continuing, AIDS gains increasing recognition as an epidemic.

Scientists believe that a virus known as Human T-Lymphotropic Virus, Type III (abbreviated HTLV-III) causes AIDS. While much has been learned about the virus since its discovery in 1984, many 4 questions remain. It appears, that HTLV-III, like other viruses, may remain latent in the body without ever causing AIDS disease. HTLV-III, the AIDS virus, passes from person to person through the exchange of body fluids. Currently, however, nothing indicates that transmission is possible through sneezing, touching or other casual contact.

Before transmission of AIDS was understood donating blood and receiving blood transfusions created some fears. But donor's giving blood transfusions is a safe activity. In early 1985, blood banks in the United States began using a screening test for HTLV-III antibody, Beyond screening in the USA, the World Health Organization (WHO) has begun plans of co-ordinating a global surveillance of AIDS. A positive HTLV-III test does not mean that an individual has AIDS. .

No cure has yet been found for AIDS. Several drugs which have been found to have some action against the AIDS virus are now being tested on a small number of patients.

AIDS is a serious public health problem. Until a cure is discovered prevention is the only way of fighting it. By knowing the facts about AIDS taking personal precautions, and supporting efforts to find a cure everyone can help fighting AIDS.

1.Answer the questions:

1. How does AIDS affect a person?
2. When was the disease first reported?
3. Is the disease curable?
4. Why does AIDS gain increasing recognition as an epidemic?
5. Is casual contact dangerous?
6. Are there any cases of medical personnel being infected?

7.Does a positive HTLV-III test mean that an individual has AIDS?

1. What plan has the World Health Organization undertaken?
2. What other dangerous diseases are widespread nowadays?

2. Самоконтроль по тестовым заданиямданной темы:

Choose the correct word:

1.HIV is not fully ... yet.

1) understood

2) mistaken

3) remembered

2.HIV can only be transmitted by ....

1) body fluids

2) air

3) casual contact

3.An HIV- infected pregnant woman can pass the ... to her child.

1) appearance

2) features

3) virus

4.... remain the most common cause of HIV transmission.

1) drinks

2) unsafe sexual practices

3) environment

5..... is the most severe manifestation and the last stage of HIV.

1) measles

2) appendicitis

3) AIDS

Key:

1) 1; 2) 1; 3) 3; 4) 2; 5) 3.

3. Самоконтроль по ситуационным задачам:

1. You are on a meeting with the senior students of the secondary school. You ask them to fill in the table with the main ideas of your report about the risks of spreading HIV.

Use the following words: blood, urine, feces, vaginal fluid, saliva, vomit, semen, breast milk, tears, sweat.

|  |  |
| --- | --- |
| Proven to spread HIV |  |
| Minimal risk of spreading HIV |  |
| No risk at all |  |

Key:

|  |  |
| --- | --- |
| Proven to spread HIV | blood, vaginal fluid, saliva, semen, breast milk |
| Minimal risk of spreading HIV | urine |
| No risk at all | feces, vomit, tears, sweat |

2. Imagine you are making a report at the student’s scientific conference on HIV problems. Comment the following figures:

* 3.1 million people lost their lives in 2004.
* 39.4 million people around the world are living with AIDS/ HIV in 2004;
* Approximately 11 of every 1,000 adults (ages 15 to 49) are HIV infected.
* Over 27 million people have died since the first AIDS case was identified in 1980.

Read the text: **«Immunity»**

The human organism is known to have a specific capacity of resistance against infection, which is called immunity, it being natural and artificial. Under various conditions it may be entirely lacking, it may be relative, rarely it may be absolute. A previous attack of an infectious disease produces a more or less permanent protection against its subsequent infection.

In the course of their growth in the body many pathogenic microorganisms produce virulent poisons or toxins, their causing the characteristic symptoms of a particular disease. To meet the infection the cells of the body produce a chemical antidote which is specific for this particular infection and is known as antitoxin. If the patient can produce a sufficient amount of this antidote to neutralize the toxins before the vital organs are injured recovery occurs. If the human body had not this capacity we should suffer from all infectious diseases.

If the toxin can be isolated from bacterial cultures and injected into men an artificial immunity can be produced which results from the formation of antitoxin.

The cellular elements of the tissues also take an active part in the protection of the organism against the infection. The presence of any infection usually produces leucocytosis and bacteria in the tissues are surrounded by white cells or phagocytes which prevent the spread of bacteria destroying them.

If the reaction against invading bacteria is insufficient, vaccines may be injected subcutaneously to produce a more active resistance of the protective mechanisms of the body. Vaccines are employed not only to contribute to the treatment of a disease, but to establish an active artificial immunity.

Текст для аннотирования: **Vitamins.**

Vitamin means life. The story of vitamins actually begins in 1911, when a Polish chemist by the name of Kazimir Punk extracted from rice polishing acrystalline substance. This substance was capable to cure beri-beri. Analyses of these crystals revealed the presence of nitrogen in basic combination, i.e. the “amino”- nitrogen; Punk therefore called this substance “vita – mine”. The root “vita” indicates that the substance is essential to life and health. In this way, the word vitamin was born. For four years before Punk’s discovery a series of studies had begun in the USA to determine the value of cereals such as wheat, corn and oats as a cattle diet. Eventually it was found necessary to resort to rats to solve the problem of cereal differences.

Today the successful isolation and synthesis of many of the substances has proved that vitamins are organic chemical compounds to be present in the diet for the maintenance of growth and health.

Vitamins are substances to be found in certain foods which are necessary for the growth, development and general health of the body. There are several different kinds of these protective substances to be provided in the diet. To make sure our bodies get all the vitamins they need, it is best to include several different vitamin-containing foods in the diet. Such foods include milk and many of the products made from it, all the green leafy vegetables like spinach, cabbage, lettuce, other fresh vegetables, fruit and fruit juices, whole-grained cereals, eggs and a number of others.

When we plan a nutrition program for any person, young and old, well and ill, we must know certain foods are the best sources each body requires.

1. Vitamin A: fruits and vegetables, cream, butter or margarine, eggs and liver.
2. The B vitamins: yeast, liver, whole-grained breads and cereals, milk, meat.
3. Vitamin C: orange or grapefruit juice, any fresh raw fruit or vegetable, ascorbic acid tablets if needed.
4. Vitamin D: fish-liver oil or vitamin-D capsule.
5. Vitamin E: soy-bean oil, vegetable oils.
6. Vitamin K: is produced by intestinal bacteria. The diet must be adequate in milk and unsaturated fatty acids and low in refined carbohydrates; intestinal bacteria are increased by eating yogurt.
7. Vitamin P (rutin): citrus fruits, especially lemons.
8. Calcium: milk, yogurt.
9. Phosphorus: milk, eggs, cheese, meat.
10. Iron: liver, yeast, bread and cereals.
11. Proteins: yeast, milk, yogurt, cheese, meat, fish, eggs.
12. Liquids: milk, fruit juices, soup, water.
13. Experts in the study of foods are constantly conducting experiments. They are making their discoveries public from time to time for such knowledge enables us to select the proper foods in order to protect us against the diseases.

**1.Занятие №** **6**

**Тема:** «Main Medicinal Forms.Medicines»

**2. Формы работы:**

- Подготовка к практическим занятиям.

Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

1) What kinds of the medicinal forms do you know?

2) What is a solution?

3) How do we call most common form of medication in a dry state?

4) What kinds of capsules do you know?

5) Are the hard capsules for semi-solid preparations or for liquids?

6) What is a powder?

7) What is a mixture?

8) What is a suppository?

Grammar:

Modal verbs (приложение № 2).

Введение нового лексического материала, изучающее чтение текста «Main medicinal forms» (приложение № 1)

**4.Самоконтроль по тестовым заданиям данной темы:**

Match definitions and the names.

1. Alcoholic or hydro alcoholic solutions prepared from animal or vegetable drugs or from chemical substances.

2. Semi-solid preparations for external application.

3. The most common form of medication in a dry state.

4. Any chemically and physically homogeneous mixture of 2 or more substances.

5. A dosage unit of a liquid medication.

6. A combination of two or more substances without any chemical reactions.

7. Dry homogeneous mixture of fine particles of one or more substances.

8. Dried parts of herbs infused in hot water.

9. A synonym of a tablet and dragee.

10. A medicinal preparation in solid form suitable for insertion into a body cavity.

a. Decoction b. mixture c. drop d. pill e. powder f. solution g. tablet h. suppository i. ointment j. tincture

Key: 1) j ; 2) i ; 3) g ; 4) f ; 5) с ; 6) b ; 7) e ; 8) a ; 9) d ; 10) h.

**5.Самоконтроль по ситуационным задачам:**

1. В Вашей аптеке отсутствует то лекарство, за которым обратился покупатель. Дайте совет посетителю, выбрав один из предложенных модальных глаголов.

You \_\_\_\_\_\_ take these drugs in the nearest Chemist’s shop.

a) must

b) can

c) may

d) have

Key: b

2. Прочтите ситуацию и дополните диалог, дав совет другу с использованием одного из предложенных модальных глаголов.

- Oh, I have a bad toothache!

- You \_\_\_\_\_\_\_\_\_\_\_\_ see the dentist.

a) are allowed to

b) are able to

c) had to

d) should

- Yes, but it’s late. I think the clinic is already closed.

- Let’s drop into the nearest Chemist’s shop. At the chemist’s you \_\_\_\_\_\_\_\_ buy medicines of all kinds.

a) can

b) must

c) may

d) have to

Key: 1b, 2d,a.

**6. Перечень практических умений по изучаемой теме:**

- уметь работать в микро-группе и самостоятельно при решении ситуационных задач.

- уметь переводить со словарем

- уметь выявлять и употреблять в речи модальные глаголы

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как

Рекомендованная тема:

«Etymology of medicinal forms», “Types of medicinal forms (shapes, sizes)”

Приложение 1

**Main medicinal forms**

There are the following medicinal forms: tablets, pills, capsules, powder, solution, decoction, mixture, tincture, drops, suppositories, ointments.

Any chemically and physically homogeneous mixture of 2 or more substances is a solution.

A tablet is the most common form of medication in a dry state. (a synonym is a pill).

There are two forms of capsules, hard capsules and soft capsules. Hard capsules are for powders or semi-solid preparations and soft capsules for liquids.

Ointments are semi-solid preparations for external application.

Alcoholic or hydro alcoholic solutions prepared from animal or vegetable drugs or from chemical substances are tinctures.

A drop is a dosage unit of a liquid medication.

Powder is dry homogeneous mixture of fine particles of one or more substances.

Decoction is dried parts of herbs infused in hot water.

A combination of two or more substances without any chemical reactions is a mixture.

A medicinal preparation in solid form suitable for insertion into a body cavity (rectum or vagina) is called a suppository.

A suspension is obtained when comparatively large particles are mixed in water.

Besides you can find the following forms at the pharmacy:

dragee- драже

infusion- раствор для капельного введения

dust -присыпка

liniment -линимент emulsion -эмульсия plaster-пластырь

infusion, extract -настой

spray, aerosol- аэрозоль

pessaries -пессарий

lotion -лосьон

cream- крем

syrup –сироп

bolus - лекарственное средство в форме шарика, болюс

**Active words**

1) аптека- **pharmacy, chemist's (shop)**

2) отдел ручной продажи- **chemist's department**

*3) провизор,* фармацевт- **pharmacist**

4) рецепт- **prescription**

5) рецептурный отдел- **prescription department**

6) отпускать лекарства- **to dispense drugs** (medicines)

7) побочное действие лекарственного средства- **adverse effect of a drug**

8) терапевтическое действие лек-го средства- **therapeutic action of a drug**

9) лекарственное средство для внутреннего (наружного) применения- **drug for internal (external) use**

10) принимать лекарство- **to take a drug**

каждый час - every hour

натощак - on an empty stomach

перед едой- before meals

после еды - after meals

по одной столовой ложке *2* раза в день- a tablespoonful twice a day

11) капли – **drops накапать семь** капель- to drop seven **drops**

12) мазь- **ointment намазать мазь-** to put the ointment **on**

13) микстура- **mixture**

встряхнуть бутылку с микстурой перед использованием - to shake the bottle with the mixture before use

14) настойка- **tincture** принять 10 капель настойки- to take ten drops of the tincture

15) отвар- **decoction** давать отвар 3 раза в день после еды- to decoction three times a day after meal

16) пилюля- **pill** обезболивающая пилюля- pain-relieving pill

17) порошок- **powder** сложный порошок- compound powder

18) присыпка- **dust, powder**

19) раствор- **solution**

давать раствор в соответствии с предписанием врача- to give solution according to the doctor's instruction

20) свеча- **suppository**, применять свечи- to use suppositories

21) таблетка- **tablet**, полтаблетки- a half tablet

принимать таблетки 3 раза в день- to take tablets three times a day

таблетка, покрытая оболочкой- coated tablet

22) растирать лекарство в порошок- to powder drug.

23) настой - **infusion**, настой из трав — herbal potion

Приложение 2

**Modal Verbs**

Модальными называются глаголы, выражающие не действие, а отношение к нему: возможность, необходимость, способность, вероятность и т. д. совершения действия, выраженного инфинитивом смыслового глагола, следующего за модальным. Модальные глаголы всегда употребляются ***с инфинитивом*** смыслового глагола, образуя составное глагольное (модальное) сказуемое.

Эти глаголы называют еще недостаточными, так как у них отсутствует ряд грамматических форм, присущих другим глаголам:

**1**. Они не изменяются по лицам и не имеют окончания **–s** в 3-м лице ед. числа (кроме эквивалентов модальных глаголов).

**2**. У них нет неличных форм инфинитива, причастия и герундия, а потому не имеют сложных видовременных форм (будущего времени, длительных и перфектных форм).

**3**. За исключением глаголов **can (could)** и **may (might)** модальные глаголы имеют только одну форму настоящего времени.

**Они имеют следующие особенности:**

**1**. Инфинитив смыслового глагола, следующий за модальным глаголом употребляется без частицы **to**. Но модальный глагол **ought**, глаголы **to have** и **to be** в роли модальных, а также эквиваленты **to be able** и **to be allowed** требуют после себя инфинитива с частицей **to**. Эти глаголы далее сопровождаются круглыми скобками с частицей to внутри **(to)**.

**2**. В вопросительном и отрицательном предложениях они употребляются без вспомогательного глагола (кроме глагола **to have**). В вопросительном предложении модальный глагол (точно также, как и первый вспомогательный) ставится перед подлежащим.

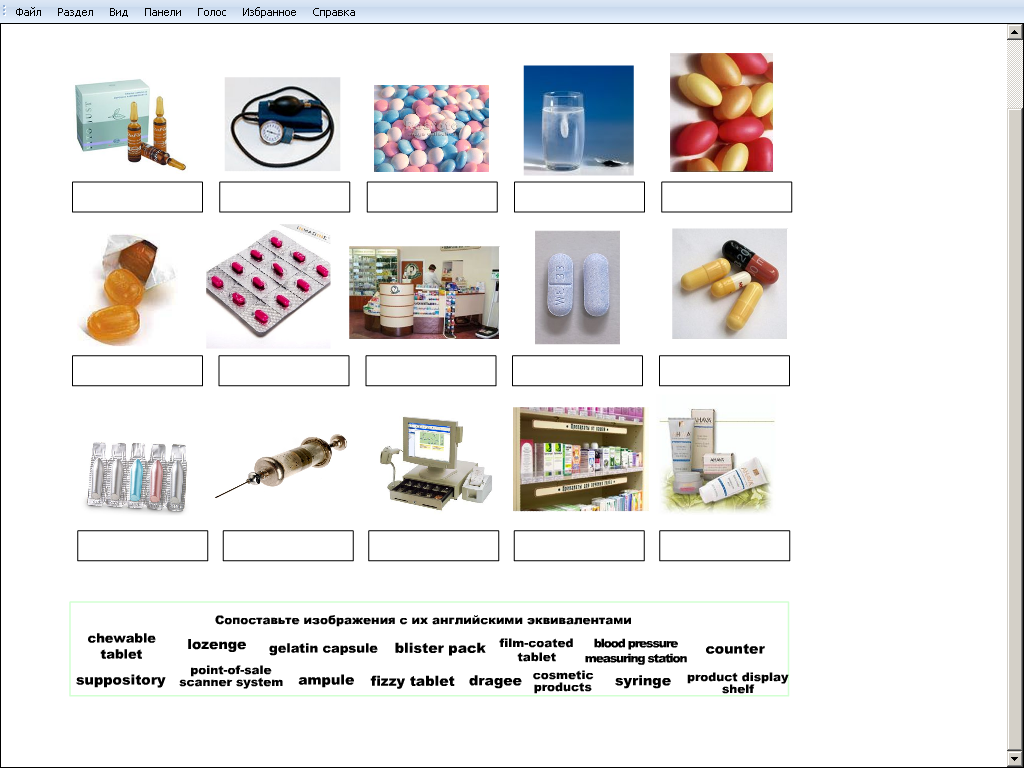
**3**. Отрицательная форма образуется при помощи частицы **not**, которая ставится после модального глагола.

**В группу модальных глаголов входят:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Модальный глагол и его эквивалент | **Выражает** | **Present** | **Past** | **Future** |
| **Чисто модальные глаголы (4) и их эквиваленты (2)** | | | | |
| **can** | *мочь, уметь, быть в состоянии* | **can** | **could** | **---** |
| **to be able (to)** | am/is/are able (to) | was/were able (to) | shall/will be able (to) |
| **may** | *мочь, иметь разрешение* | **may** | **might** | **---** |
| **to be allowed (to)** | am/is/are allowed (to) | was/were allowed (to) | shall/will be allowed (to) |
| **must** | *быть должным* | **must** | **---** | **---** |
| **ought (to)** | *следует, следовало бы* | **ought (to)** | **---** | **---** |
| **Эквиваленты глаголов долженствования** (must, ought, shall, should) **- 2** | | | | |
| **to have (to)** | *вынужден, приходится* | **have/has (to)** | **had (to)** | **shall/will have (to)** |
| **to be (to)** | *должен* (по плану) | **am/is/are (to)** | **was/were (to)** | **---** |
| **Многофункциональные глаголы в роли модальных (6)** | | | | |
| **shall** | *обязан, должен* | **---** | **---** | **shall** |
| **should** | *следует, следовало бы* | **should** | **---** | **---** |
| **will** | *желать, намереваться* | **---** | **---** | **will** |
| **would** | *желать; вероятно; бывало* | **---** | **would** | **---** |
| **need** | *нуждаться* | **need** | **---** | **---** |
| **dare** | *сметь* | **dare** | **dared** | **---** |

Приложение 3

**1) E-Book “English for pharmacists” (Introductory part-check yourself-ex1)**



**2) Найдите модальные глаголы в следующих предложениях. Переведите предложения на русский язык.**

1. The lesson is over, you may go home. 2. The character of the joints distinguishes the degree of the motion which we can perform. 3. Smooth muscles can contract slowly. 4. We may divide animals into vertebrates and invertebrates. 5. Comrade Petrov should stay at home as his leg still aches. 6. Future doctors must know human anatomy very well.

**3) Заполните пропуски модальными глаголами can, must, may.**

1. You ... come for consultations on physics any time from 5 to 8. 2. We ... know all the functions of the lungs. 3. ... I ask a question? 4. She ... come as she is ill. 5. Who ... describe the tones of the trunk? 6. The joints ... move by the contraction of muscles.

Приложение 4

For independent study

Письменный перевод текста. ”The diseases of the cardiovascular system”

Cardiovascular diseases

The cardiovascular system consists of the heart, which is a pump and the vast network of vessels, which are the transport system for the blood. Together, they supply all the body’s tissues with nutrients and carry away wastes. This theme will help students to understand its structure, the functions of the heart and the different types of blood vessel, and the control of blood pressure.

Cardiovascular diseases cannot be cured, but it can often be controlled or prevented from the getting worse. For this reason, early detection and treatment are important. Preventing cardiovascular disease is better than going through the pain.

Studying this theme students learn the terms which describe the anatomy, physiology, major pathological conditions affecting the heart and blood vessels. Students will be able to trace the pathway of blood through the heart and associated blood vessels: and build and analyze medical terms.

The cardiovascular system consisting of a fluid called blood, vessels to carry the blood and a hollow, muscular pump called the heart, transports food and oxygen to all organs and cells of the body.

Rheumatic Endocarditis

The patient complained оf а general malaise, early fatigue оn exertion, cardiac discomfort and palpitation.

The physician found him to have been having аn increase оf body temperature to а subfebrile level for а prolonged period оf time. The patient stated that the onset оf the disease had been preceded bу tonsillitis. The patient's pulse rate had bеcоmе irregular and accelerated оn physical exertion.

The blood analysis revealed moderate leucocytosis and an elevated ESR. Thе electrocardiogram showed the changes in the most important readings. Оn percussion the doctor determined the heart to bе slightly enlarged. These findings of the physical examination were confirmed bу the X-ray examination.

While listening to the patient's heart the doctor found а soft systolic murmur to bе heard at the heart арех. These symptoms were accompanied bу diastole murmur heard at the арех and base of the heart. Тhе doctor estimated the murmurs to bе varying in their intensity and duration. It was evidence оf an inflammаtоry process in the valves. Тhе doctor determined the organic changes in the mitral, aortic and tricuspid valves to bе clearly marked.

The physician considered the patient to bе ill with rheumatic endocarditis and insisted оn his following а strict bed regimen at the in-patient department.

1. Answer the questions:

1. What are the most characteristic clinical manifestations in rheumatic endocarditis?

2. What readings does the electrocardiogram show in case оf rheumatic endocarditis?

3. How саn а therapeutist determine the enlargement of the heart?

4. How саn systolic and diastolic-heart murmurs bе revealed in patients with rheumatic endocarditis?

5. What regimen must а patient with I rheumatic endocarditis follow?

6. Do you think only life style and heredity should be considered to work out measures for cardiovascular disease prevention? Or are there any other factors to be taken into account?

7. Do you believe that giving up cigarettes, taking up low fat diet, controlling blood pressure and obesity can eliminate the risk of cardiovascular disease?

**2.** Choose the appropriate word:

1. As the condition of the patient had bееn gradually improving his temperature considerably... .

1) reduced

2) rose

3) the same

2. Severe attacks of аnginа pectoris IS accompanied bу ... pain radiating down the arm.

1) sharp

2) dull

3) moderate

3. If the patient is suffering from rheumatic endocarditis his pulse becomes ... оn physical exertion.

1) slow

2) unchanged

3) accelerated

4. Partial arrest of blood circulation often resuLts to ….. OF brain cells.

1) the recovery

2) discoloration

3) the damage

Key:

1) 1, 2) 1, 3) 3, 4) 3.

3. Самоконтроль по ситуационным задачам:

1. Your friend has high blood pressure. He was keeping it under control by being careful about his diet. But lately he seems to be using more salt and eating more fatty foods than he should, especially when he is with his friends. Instead of considering his special condition, he orders what everyone else does. When you spoke to him about cutting down on salt and fat, he got angry and said that a real friend wouldn’t nag him. You are concerned however, that he could be seriously damaging his health.

What would you do in this situation?

Explain your reasons for making this decision.

Explain to a patient why you are referring (her, him) for an electrocardiogram (ECG) and what (she, he) can expect to happen during the procedure.

2. Тhе young cardiologist has bееn investigating the character of heart effects since the beginning of the year. Doctor Sviridov is investigating the character of heart defects. Which of them started investigation earlier?

Key: Тhе young cardiologist

Make annotation of the texts:

Atherosclerosis

High blood pressure is one cause of the initial damage of the inner walls of the arteries that leads to atherosclerosis. The increased blood pressure causes microscopic cracks in the inner lining of the arteries. These cracks provide fertile ground for the buildup of fat deposits. So atherosclerosis is a buildup of fatty deposits on the inside of the arteries that narrows the vessels and slows down blood flow. Every organ and tissue in the body needs a supply of fresh, oxygen-rich blood. That blood is pumped to all parts of the body through tubes called arteries. It is crucial that these vessels stay in good working order for you to survive. A healthy artery is like a clean pipe. It has smooth lining and is free of blockages that interfere with blood flow. Many forces can cause damage, including high blood pressure, cigarette smoke, diabetes, elevated levels of cholesterol and triglyceride, possibly elevated levels of a substance called homocysterine, conditions that cause blood to clot more easily, drugs such as cocaine and androgens, and possibly infections of the inner linings of the arteries.

The first signs of damage are fatty streaks called plaque in the wall of the arteries. These fatty streaks begin early in the life and even occur in young adults. Whatever causes the initial damage, the result is that platelets from the bloodstream gather at the site, soon to be joined by a gruel –like mixture of fats, calcium deposits, and cell debris.

Gradually, cells from the wall of the artery surround the mixture. There is inflammation in the wall of the artery. Immune system white blood cells become activated, race to the injured area, and try, unsuccessfully, to heal it. A fibrous cap forms over the fatty deposit. The deposit can grow, progressively blocking blood flow and ultimately causing chest pain (angina). The fibrous cap can also rupture, causing a heart attack.

*Symptoms.*

When the blood flow is obstructed beyond a certain critical point, symptoms develop. If atherosclerosis develops in the coronary arteries, you may develop chest pain or have a heart attack. Blockages in the arteries that feed blood to the brain can cause a stroke. Blockages in the arteries that serve the legs result in a painful condition called intermittent claudication. The vessels that feed the heart are coronary arteries. When the blood supply cannot provide enough energy to meet the needs of the heart muscle bad things can happen. The heart muscle may strain, start to pump less effectively, develop abnormal heart rhythms, and even suddenly stop pumping blood; this is cardiac arrest.

Treatment Options.

The first step is to limit progression of the disease. You can do this through lifestyle changes. Limit salt consumption, keep to a low-fat and potassium rich diet, quit smoking, do regular exercises, take a tablet of aspirin daily.

Atherosclerosis and Its Treatment

Atherosclerosis is оnе of the diseases of the cardiovascu1ar system which is due to mаnу causes. There is а number of factors which mау determine its development.

Atherosclerosis of the blood vessels results from metabolic disturbance and particularly from disturbances of cholesterol exchange. These disturbances bеgin long before there is аnу external evidence of the disease. Therefore the doctor must prevent its арpearanсе beginning preventive measures and treatment as early as possible.

Prevention and treatment of atherosclerosis consist mainly of а certain regimen for the patient, which bе must strictly followed. Тhе patient must get up, eat, work, and go to bed at exactly the same time every day. Sound sleep is very important since it enables the nerve cells to rest. Patient with the signs of atherosclerosis must sleep not less than 7-8 hours and walk before going to bed. Mental and physical overstrain must bе excluded.

Тhе incidence of atherosclerosis is high in professional groups with insufficient physical activities. So physical exercises must bе part of the prescribed regimen for such persons.

Smoking affects unfavourably the walls of the blood vessels and саn lead to their spasm, that is why patients suffering from atherosclerosis must not smoke.

Тhе diet of the patients with atherosclerosis must contain sufficient proteins, but fats and carbohydrates must bе taken in very limited doses.

Vitamins are widely used in the treatment of atherosclerosis because of them metabolic processes improve. Other drugs administered in treating atherosclerosis are the so-called lipotropic substances, which prevent fat from accumulating in the organism.

Since the nervous system affects the metabolic processes in the human body the patients with atherosclerosis are prescribed such drugs as bromide and valerian to improve its general condition.

**“The diseases of the gastrointestinal tract”**

* 1. Письменный перевод текста

The gastrointestinal tract (GI tract), also called the digestive tract, alimentary canal, or gut, is the system of [organs](http://en.wikipedia.org/wiki/Organ_(anatomy)) within [multicellular animals](http://en.wikipedia.org/wiki/Multicellular_animal) that takes in [food](http://en.wikipedia.org/wiki/Food), [digests](http://en.wikipedia.org/wiki/Digestion) it to extract energy and [nutrients](http://en.wikipedia.org/wiki/Nutrient), and expels the remaining waste. The major functions of the GI tract are [digestion](http://en.wikipedia.org/wiki/Digestion) and [excretion](http://en.wikipedia.org/wiki/Excretion). The human digestive system is a series of hollow organs joined in a long, twisting tube from the mouth to the anus. Inside this tube is a lining called the mucosa. In the mouth, stomach, and small intestine, the mucosa contains tiny glands that produce juices to help digest food. Two solid organs, the liver and the pancreas, produce digestive juices that reach the intestine through small tubes. In addition, parts of other organ systems (for instance, nerves and blood) play a major role in the digestive system.

|  |
| --- |
|  |

The …….. system is a series of organs which………. . The major functions of the …….. system are …… . The main organs are …… ,…………..,………….,and ........... .

….… lies…….. . It’s capacity ……. (*the organ)*

It weighs …….. . It serves for….. / produces…..

There are some related organs which aid in ………. . They are ………. , ……….. , ……… and ……. .

.

All these organs help ……………………………….. . The …… system is very important for …….. …… /

The …… system plays a major role in…………….... .

* 1. Say true or false:

1. Every cell of the human body takes certain chemical nutrients from the air that surrounds it.
2. The passing of the molecules through tissues is called digestion.
3. The human digestive tract is a muscular tube up to 8-10 meters in length.
4. Digestion involves the mixing of food, its movement through the digestive tract, and the chemical breakdown of the large molecules of food into smaller molecules.
5. The glands include the salivary glands, bladder and the spleen.
6. Each gland produces secretions.
7. The salivary glands are connected by ducts to the stomach.
8. Water is absorbed in the esophagus.
9. Drugs are absorbed in the stomach.
10. Bacterial decomposition takes place in the stomach.

Key:1) false 2) false 3) true 4) true 5) false 6) true 7) true 8) false 9) true 10) false

3. Name the factors contributing to the development оf gastritis. Say about what symptoms оf gastritis уоu have learned from the text:

**Chronic Gastritis**

Тhе term chronic gastritis must bе limited to those cases in which evidences оf inflammation оr catarrhal changes in the stomach аrе clear.

Chronic gastritis is known to оcсur as а separate disease оr it mау bе associated with other diseases, particularly chronic liver and kidney disease. In these diseases chronic impairment of the mucous membrane of the stomach is an important factor in causing the catarrhal condition.

Тhе most important causes of chronic gastritis proved to bе alcohol, inadequate food and, а bad diet regimen. Тhе characteristic clinical manifestations of gastritis are an inсrеasеd secretion of mucus and а diminished secretion of acid and pepsin. In severe forms of gastritis secretion is observed to bе completely reduced and even absent due to the lesion of the mucus membrane.

Тhе most frequent symptoms of chronic gastritis are loss of appetite, slight pain and general epigastric discomfort after meals. In severe cases nausea and vomiting of mucus, particularly in the mоrning, аrе often observed. Frequently the stomach becomes moderately enlarged. .

The course of the disease is chronic and the symptoms are сontinuоus.

Тhеy mау bеcomе worse from time to time if а sick person does not follow the diet regimen strictly.

4. Read the text: Gastric and Duodenal Ulcers

Тhе Soviet scientists N. Burdenko, L. Koreisha, А. Speransky and В. Mogilnitsky proved the existence of аn association between а lesion of the central and peripheral nervous systems and the development of ulcer.

The neurogenous theory of the pathogenesis of ulcer was developed further into the corticovisceral theory bу К. Bykov and I. Kurtsin. According to this theory gastric and duodenal ulcers were found to result from disturbances in the central nervous system, i.е. the brain cortex.

The brain cortex under the influence of external and internal stimuli sends Impulses to the stomach and the duodenum, which cause а spastic contraction оf vessels. Such а spastic contraction results in local trophic disturbances rol1owed bу erosion of the affected аrеа bу the gastric juice.

In the majority of cases ulcer is observed to develop in particularly nervous persons, often after emotional overstrain. But an irregular diet in combination with an emotional overstrain is often observed to contribute to the onset of ulcer development. .

Gastric and duodenal ulcers аге found to develop тоге frequently in men than in women, mainly at ages of 25 to 40 years. This disease is characterized by pains, haemorrhages, nausea, vomiting, etc. At the onset of the disease раin is usually dull in character. In gastric ulcers pain is found to grow worse after meals. Acute pain in the stomach is known to bе characteristic of perforated ulcers. Раin due to ulcer is well known to occur periodically and bе intermittent in occurrence.

The course оf ulcer has proved to vary with age and sex, location of ulcers. At а young age its course has nо characteristic clinical manifestations. In old persons the incidence of ulcers is known to bе саusе. But they аrе often complicated bу considerable haemorrhage resulting to sclerotic changes in the stomach.

Ulсers аrе known to have а chronic, cyclic course, with remissions from 6 to 12 months. Exacerbation (обострение) of ulcers, particularly that of duodenal ulcers, has been found to оссur in spring and аutumn.

5. Самоконтроль по тестовым заданиям данной темы:

a. Complete the following sentences:

1. CHRONIC GASTRITIS MAY BE CAUSED BY ....

1) physical exercises

2) correct diet

3) bacteria

4) sleepless nights

2. THE COURSE OF THE DISEASE IS ....

1) mild

2) fast

3) chronic

4) spontaneous

3. THE CHARACTERISTIC CLINICAL MANIFESTATION OF GASTRITIS IS

1) abdominal pain

2) headache

3) rash

4) nocturia

4. THE MOST FREQUENT SYMPTOMS OF CHRONIC GASTRITIS ARE ....

1) frequent urination

2) epigastric pains

3) dizziness

4) discoloration of the nails

Keys:

1) 3; 2) 3; 3) 1; 4) 2.

6. Самоконтроль по ситуационным задачам:

1. Your patient is suffering from constipation. Explain the possible causes of such condition and give your recommendations. For example: following irregular diet, eating unhealthy food, etc.

2. If you were a doctor how would you examine а postoperative patient. Describe using the following word expressions: an abdominal operation, to put a stitch, take out а stitch, postoperative condition, to hea1, to complain of, to calm down, а suture, to discharge а patient.

**“The Diseases of the liver and bile ducts”**

* + 1. Remember the following words:

cholecystitis – холецистит

intrahepatic – внутрипечёночный

extrahepatic - внепечёночный

hypochondrium – подреберье

umbilical- пупочный

peritoneum – брюшина

chemotherapy – химиотерапия

constipation – запор

irritation – раздражение

approximately – примерно, приблизительно

emergency – срочный, неотложный

frequent -частый

to occur – произойти, случаться

intense pain - жгучая боль

to complain of – жаловаться

overstrain - чрезмерное напряжение

* + 1. Письменный перевод текстов:

Text A. Hepatitis

Inflammation of the liver due to infection with one of a number of viruses is known to cause this problem. There are several distinct types of viral hepatitis.

The early phases of hepatitis seem similar to any other viral illness, including "flu." There is fever, general aches and pains, nausea and vomiting, sometimes sore throat and headache. Loss of appetite is very severe, often way out of proportion to the amount of illness, and cigarettes taste especially bad; after about a week the fever falls, and jaundice appears, along with abdominal discomfort, especially in the right upper abdomen. *The* stools may appear light in color and the urine dark yellow or brown. There is profound fatigue and weakness, often accompanied by weight toss because of the loss of appetite and vomiting.

This type of hepatitis is caused by infection of the cells of the liver by certain viruses. There are several distinct types of hepatitis, based on both the course of the disease and *the* viruses that are found. *Hepatitis A,* previously called "infectious hepatitis," appears about two to six weeks after contact with someone who has it and lasts for several weeks to several months. *Hepatitis B,* previously called "serum hepatitis," appears six weeks to six months after contact and can last much longer, with a person carrying the virus for months to years. A recently recognized type of hepatitis, called *non-A, non-B hepatitis, is* known to be caused by a virus, but not by the previously indentified kinds. Hepatitis can also be caused by viruses that produce other diseases, such as infectious mononucleosis and cytomegalovirus disease.

Hepatitis is always a potentially serious disease that can progress to chronic hepatitis or permanent liver damage. It is also a public health hazard, because it is quite contagious and is often transmitted to others before a person knows he or she is ill. All forms of viral hepatitis are contagious.

Text B. Acute cholecystitis

Among inflammatory diseases of bile ducts the most frequent is cholecystitis or the inflammation of the gallbladder. Cholecystitis is known to occur rarely in isolated condition, inflammatory processes both in the intrahepatic and extrahepatic ducts, sometimes with the involvement of the liver being associated with it. The main forms of cholecystitis are the following: catarrhal, purulent and gangrenous.

The patient with cholecystitis is known to complain of intense pain, it being localized in the right hypochondrium and in the umbilical area. An attack of pain is usually preceded by physical and mental overstrain, sharp physical movements or abnormalities in diet, fatty food and alcohol being responsible for the onset of pain. But sometimes pain is observed to appear suddenly in quite healthy persons. Pain may radiate to the right shoulder, right arm, sternum, and lumbar area, its intensity depending on the form of cholecystitis and the patient’s sensitivity. The pain grows much worse when the patient is lying on his right side.

Dryness in the mouth, vomiting, nausea, and constipation are the characteristic clinical manifestations of the disease.

During the attack of pain the face is moist with cold perspiration, the skin is pale, the tongue and lips are dry. Even a slight palpation reveals severe tenderness, it being due to irritation of the peritoneum. Approximately in 40-50% of cases there is slight jaundice of sclerae. The biochemical blood analysis is known to reveal some changes, they resulting from the effect of toxic substances in the liver.

Purulent form of cholecystitis is highly dangerous to life and requires an emergency operation. An even more severe course is observed in gangrenous cholecystitis. Recovery is achieved by surgical treatment, it being followed by prolonged antibiotic therapy and chemotherapy.

3. Answer the questions:

a)

1. What is hepatitis?

2. What types of hepatitis do you know?

3. What is the source of virus?

4. How can infection be spread?

5. Is it a contagious disease?

6. When is the disease particularly virulent?

7. What can the disease cause?

b)

1. What are the main forms of cholecystitis?

2. Where does the pain localize?

3. Where may the pain radiate?

4. What are the characteristic clinical manifestations of the disease?

5. What does blood analysis usually reveal?

6. What form of cholecystitis is highly dangerous?

3. Самоконтроль по тестовым заданиям данной темы:

Choose the right variant:

1. CHOLECYSTITIS IS…

1) inflammation of the gallbladder

2) inflammation of the stomach

3) inflammation of the lungs

2. THE PAIN GROWS MUCH WORSE WHEN THE PATIENT IS…

1) standing up

2) lying on his right side

3) sitting

3...................OF CHOLECYSTITIS IS HIGHLY DANGEROUS TO LIFE AND REQUIRES AN EMERGENCY OPERATION.

1) gangrenous form

2) catarrhal form

3) purulent form

4. THE PAIN IS LOCALIZED IN THE RIGHT HYPOCHONDRIUM AND....

1) in the umbilical area

2) in the stomach

3) in the heart

5. AN ATTACK OF PAIN IS USUALLY PRECEDED BY PHYSICAL AND MENTAL OVERSTRAIN AND ....

1) sharp physical movements

2) abnormalities in diet

3) influenza

6. PAIN MAY RADIATE TO THE RIGHT SHOULDER, RIGHT ARM AND.....

1) back

2) lumbar area

3) right foot

7. DRYNESS IN THE MOUTH, VOMITING AND ... ARE THE CHARACTERISTIC CLINICAL MANIFESTATIONS OF THE DISEASE.

1) increased appetite

2) headache

3) constipation

Key: 1) 1; 2) 2; 3) 1, 3; 4) 1; 5) 1, 2; 6) 2; 7) 3.

4. Самоконтроль по ситуационным задачам:

1.You are studying liver diseases. The teacher gave you the task to compare the definition of the disease "Hepatitis" in English and Russian languages.

Hepatitis - inflammation of the liver caused bу viruses, toxic substances, оr immunological abnormalities. Н.А (epidemic h.) is transmitted bу contaminated food оr drink. Symptoms include fever, sickness, jaundice. Н.В. is transmitted bу infected blood оr blood products, contaminating hypodermic needles, blood transfusions, оr bу sexual contacts. Symptoms include headache, fever, chills, gеnеral weakness, and jaundice.

ГЕПАТИТЫ ВИРУСНЫЕ (греч. hepar, hepatos печень + -itis) - инфекционные болезни, характеризующиеся преимущественным поражением печени, протекающие с интоксикацией и в части случаев с желтухой.

Различают вирусный гепатит А (син. инфекционный гепатит), вирусный гепатит В (син. сывороточный гепатит), вирусный гепатит С (син. вирусный гепатит ни А, ни В с парентералъным механизмом передачи), вирусный гепатит D (син. дельта-вирусная инфекция) и вирусный гепатит Е (син. вирусный гепатит ни А, ни В с фекально-оральным механизмом передачи). Вирусные гепатиты имеют самостоятельное значение; их не следует смешивать с гепатитами, которые вызываются вирусами желтой лихорадки, инфекционного мононyклеоза, герпеса, цитомегалии, энтеровирусами и др.

Key: inflammation of the liver caused bу viruses, toxic substances оr immunological abnormalities. There are several types of H., they are hepatitis A (epidemic hepatitis), hepatitis B (serum hepatitis), hepatitis C (non-A, non-B hepatitis), hepatitis D, hepatitis E.

**Н.А** (epidemic h.) is transmitted bу contaminated food оr drink. After an incubation period of 15-40 days, the patient develops fever, sickness, jaundice. Yellow discoloration of the skin appears about a week later and persists for up to 3 weeks. The patient may be infectious throughout this period.

**H.B** (serum hepatitis) is transmitted bу infected blood оr blood products contaminating hypodermic needles, blood transfusions or tattooing needles, bу sexual contacts or by contact with any other body fluid (e.g. milk, sweat). Incubation period lasts for 1-6 months and symptoms include headache, fever, chills, gеnеral weakness, and jaundice.

**H.C** has a mode of transmission similar to that of H.B. (parenteral way); symptoms include fatigue, sore bones, and dryness of the eyes.

**H.D** is a defective virus and occurs only with or after infection with H.B. Patients usually have severe chronic hepatitis.

**H.E** (oral- fecal way of transmission) is transmitted by infected food or drink and can cause acute hepatitis.

2. Preparing for the test with your friend you decided to make a table with words describing diseases and their treatment. Distribute these words and phrases in the columns:

|  |  |  |
| --- | --- | --- |
| Название заболевания | Патологические симптомы | Лечебные процедуры |

Gastric ulcer; serum transfusion; continuous hemorrhage; carcinoma; anaemia; intermittent fever; prophylactic vaccination; profuse external bleeding; chemotherapy; chronic gastritis; dryness in the mouth; acute cholecystitis; parenteral injections; severe nausea.

Key: names: Gastric ulcer, carcinoma; chronic gastritis; acute cholecystitis.

Symptoms: continuous hemorrhage; anaemia; intermittent fever; profuse external bleeding; dryness in the mouth; severe nausea.

Procedures: serum transfusion; prophylactic vaccination; chemotherapy; parenteral injections.

**1. Занятие 7**

**Тема “At the Chemist’s”**

**2. Формы работы:**

- Подготовка к практическим занятиям.

- Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

1. How many departments are there at the chemist’s? What are they?

2. What do white labels indicate?

3. What is it necessary to know for chemists?

4. What mау the overdosage cause?

5. What must the patient know before using the medicine?

6. Where are drugs kept?

7. What information is indicated on a label?

8. What other medical goods can a consumer buy at the chemist’s?

Grammar:

Participle II, Perfect Tenses. Образование утвердительной, вопросительной и отрицательной форм. Наречия частотности. См Приложение 1.

Theme vocabulary:

medication on the prescription; powerful; follow the doctor's prescription strictly; after meals; cough mixture; effective nasal drops; order medicines; indicate; to prevent confusing different remedies; poisonous; overdosage; to cause unfavorable reactions; intramuscular and intravenous injections; oral administration; medical devices; hygiene items.

**4. Самоконтроль по тестовым заданиям данной темы:**

Insert the necessary word –заполните пропуски словами по смыслу:

1. A person can buy a medicine immediately…

1. at the pharmacy booth;

2. at the prescription department;

3. at the chemist's department;

4. at the emergency station.

2. All the drugs are kept …

1. in the fridge;

2. in drug cabinets;

3. in the showcases;

4. in the boxes.

3. One can order a drug ….

1. at the prescription department;

2. at the chemist's department;

3. at the emergency station;

4. at the pharmacy booth.

4. …. labels indicate drugs for internal use.

1. yellow;

2. blue;

3. white;

4. green.

5. Yellow labels indicate drugs for…. use…

1. external;

2. injections;

3. internal.

6. …. labels are for injections.

1. blue;

2. red;

3. green;

4. yellow.

Keys: 1-3; 2-2; 3-1; 4-3; 5-1; 6-1.

**5. Самоконтроль по ситуационным задачам:**

**a.** Find in the dialogue "At the Pharmacy" English equivalents of the following words and words combinations:

лекарство в рецепте; сильнодействующий; строго соблюдать пред­писания врача; после еды; микстура от кашля; эффективные капли в нос; принимать микстуру; одна столовая ложка; полоскание; полощите ваше горло каждые два часа; почувствовать облегче­ние; через пару дней.

“At the Pharmacy”

Caroline: Can I have the medication on my prescription?

Chemist: Yes, certainly. But remember, it is a powerful medicine. Follow the doctor's prescription strictly. Take it after meals.

Caroline: Can I also have some cough mixture and nasal drops?

Chemist: Yes, we've got a good cough mixture and effective nasal drops.

Caroline: How should I take the mixture?

Chemist: Take one tablespoonful 3 times a day after meals.

Caroline: And the nasal drops?

Chemist: Use 2-3 drops 3-4 times a day. Besides, you may have a mouthwash if your throat is sore.

Caroline: Oh, yes. I need it badly. How should I use it?

Chemist: Gargle every two hours and you'll feel relief in a couple of days.

Caroline: Thank you very much!

Key: medication on the prescription; powerful; follow the doctor's prescription strictly; after meals; cough mixture; effective nasal drops; to take the mixture; one tablespoonful; a mouthwash; gargle every two hours; feel relief; in a couple of days.

**b.** Read and answer the questions:

Yesterday my mother went to the chemist's and bought a small box of medicine with a blue label on it.

Yesterday my friend was at the chemist's and ordered the medicine at the prescription department. In an hour he received a small bottle with a white label on it. *Which of them had the medicine for infections?*

Key: mother did.

**c.** Read and answer the questions:

Last month my sister was admitted to the in-patient department of our city hospital because she was ill with an acute form of lobar pneumonia. She was treated with intramuscular injections of antibiotics.

Last month I fell ill with lobar pneumonia. We called in a doctor who prescribed to me home treatment. Every day the nurse came to give me intramuscular injections of antibiotics. *Which of them had to order the medicine at the chemist's?*

Key: it’s me.

6. **Перечень практических умений по изучаемой теме:**

- уметь переводить со словарем;

- уметь читать с целью извлечения конкретной информации;

- уметь выявлять и употреблять в речи Participle II and Perfect tenses;

-владеть тематической лексикой;

- иметь навыки монологического высказывания по теме.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендуемые темы:

“Pharmacies abroad”

Приложение 1

Check yourself. Are you a good pharmacist?

Match the following commonly used directions for appropriate drug use to the pictograms\* intended to reinforce printed instructions.

1) Read the label.

2) Shake well.

3) Store in refrigerator.

4) Take by mouth.

5) Take with glass of water.

6) Take with milk.

7) Take with meals.

8) Take in the morning.

9) Take at bedtime.

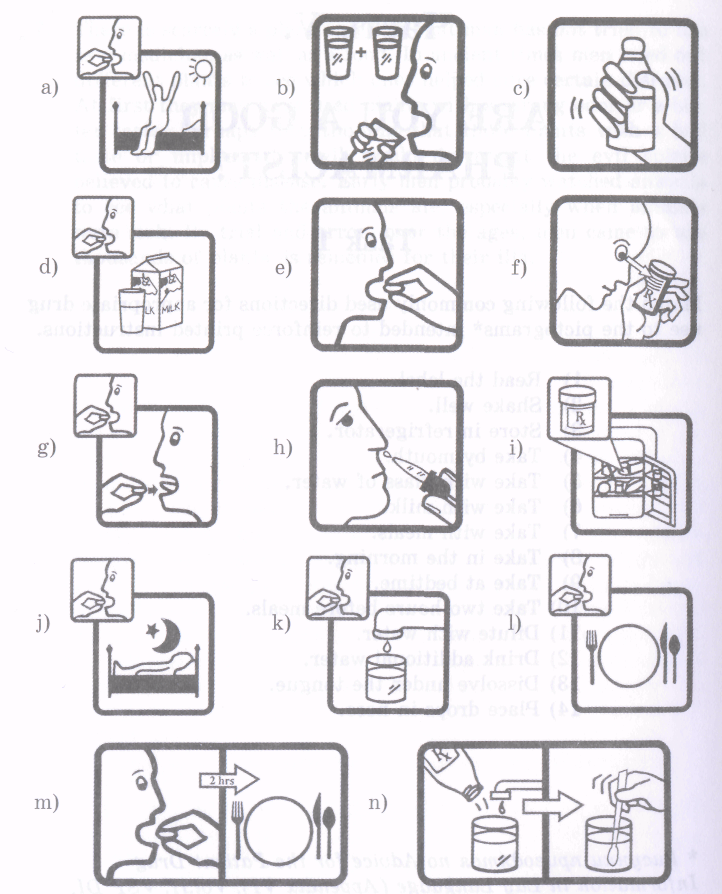
10) Take two hours before meals.

11) Dilute with water.

12) Drink additional water.

13) Dissolve under the tongue.

14) Place drops in nose.



Приложение 2

Exercises:

**1. (**Входной контроль)Образуйте причастия II от следующих глаголов и переведите их на русский язык:

a) to prescribe, to return, to discharge, to study, to ask, to discuss, to apply, to form, to stop.

b) to give, to take, to say, to catch, to begin, to eat, to drink, to send, to know, to forget, to bring, to find, to put, to show, to do, to read.

**2.** Переведите на английский язык следующие сочетания слов:

вскрытый нарыв, зашитая рана, удаленный зуб, пораженная область, спасенный ребенок, улучшенное состояние, прописанное лекарство, забытая книга.

**3**. Переведите следующие предложения на русский язык:

1. The sputum tests made on the following day revealed bacilli. 2. When asked about the condition of the patient admitted last night, he could not provide any additional information. 3. The patient being treated with large doses of a new drug is getting better. 4. Sudden pain followed by weakness of the right arm occurred every day. 5. The rash, noticed on the face, disappeared on the following day. 6. Assisted by two of our students, I performed that small operation rather well. 7. Prescribed in due time, the medicine helped the patient. 8. He told us about some new techniques used at their clinic. 9. The swelling revealed on the first examination is increasing. 10. The patient, discharged from the hospital two weeks ago, came in for a check up.

**4.** Подчеркните слова, которые являются причастием II и переведите предложения на русский язык:

The drug **prescribed proved** very effective. The new treatment **used saved** the patient. The medicine **injected improved** the patient’s condition. The patient **operated on complained** of pains in his stomach. The new instrument **developed** at our clinic **helped** us to perform that difficult operation. The tumour **removed turned** **out** to be cancerous.

**5.** Put in the verbs in brackets as Past Participle into the gaps.

Example: \_\_\_\_\_\_\_ politicians (shock) Answer: shocked politicians

1) watches (repair); 2) computers (steal); 3) fans (fascinate); 4) students (bore); 5) boys (confuse); 6) umbrellas (forget); 7) girls (disappoint); 8) comics (swap); 9) doctors (worry); 10) queens (amuse).

**6.** Fill in each blank space with the correct past participle for each verb.

ex: give-->given:

1. bring: 2. say: 3. tell: 4. drive: 5. take: 6. walk: 7. come: 8. paint: 9. go:

10. finish:

**7.** Choose the correct form.

1. At our University there are several subjects (studied, studying) optionally.

2. Students (taking, taken) exams next week should come to the dean’s office.

3. The engineer (represented, representing) this factory is a good specialist.

4. Scientists (applied, applying) new methods will obtain interesting results.

5. (Having graduated, graduating) from the Institute, he began to work at an of-

fice.

6. The problems (discussing, discussed) at the conference are of great impor-

tance for future research.

7. Students (studying, studied) foreign languages should read special literature

in the original.

8. Specialists (training, trained) at our University work in various fields of the

national economy.

9. (Having written, writing) the letter, she posted it.

10. (Building, having built) a new house they used all modern methods of con-

struction.

**8.** Paraphrase the following sentences.

Model: The equipment which was installed at the plant is quite new.

The equipment installed at the plant is quite new.

1. The experiment which was made in the laboratory is very important. 2. The

students who were examined last week got good marks. 3. All elements consist of

tiny particles which are called atoms. 4. Specialists who are trained at higher schools work in various fields of the national economy. 5. The equipment which was tested required some improvement.

**9.** Translate the following phrases. Mind the position of Participle II:

the materials tested possessed…

the work performed showed…

the results obtained showed…

the equipment tested required…

the problem solved proved…

the equation obtained resulted in…

the experiment discussed proved … .

**10.**  Translate the following sentences. Pay attention to Participle II.

1. The temperature of the liquid obtained remained constant. 2. The method ap-

plied improved the quality of production. 3. The tools used showed good results. 4.

The machine tool developed required some improvement. 5. The device tested

showed the desired results. 6. The techniques applied increased the rate of produc-

tion. 7. The progress achieved resulted in a remarkable technical improvement. 8.

The theory formulated is of great importance for our research. 9. The results dis-

cussed supported the significance of the experiment. 10. The equipment tested re-

quired some improvement.

**11.** Translate the Russian words and word combinations given in brackets. Use

Participle I or II.

1. The research work (производимая) at the laboratory is of great importance.

2. The engineer (который проводит) this research is a talented physicist.

3. The students (посещающие) these lectures are from various faculties.

4. The lecture (которую посетили) by these students was on mathematics.

5. The substance (называемое) ‘water’ consists of two gases: hydrogen and

oxygen.

6. The students (обсуждающие) this problem will take part in the scientific con-

ference.

7. The problems (обсуждаемые) at the conference are very complicated.

PERFECT

**№1.** Complete the sentences with a verb from the list.

break buy decide finish forget go go invite see not/see take tell

1. 'Can I have this newspaper?' - 'Yes, I have finished with it.'
2. I some new shoes. Do you want to see them?
3. 'Where is Liz?' - 'She out.'
4. I'm looking for Paula. you her?
5. Look! Somebody that window.
6. 'Does Lisa know that you're going away?' - 'Yes, I her.'
7. I can't find my umbrella. Somebody it.
8. I'm looking for Sarah. Where she ?
9. I know that woman but I her name.
10. Sue is having a party tonight. She a lot of people.
11. What are you going to do? you ?
12. 'Where are my glasses?' 'I don't know. I them.'

**№2.** Употребить глаголы в Present Perfect:

1) My mum (grow) beautiful roses. I (meet) Jack on my way home. Tom (lose) his keys and now he is trying to get inside. They (see) the film «War and Peace» several times. I (notice) only two mistakes in the test. They (clean) the windows in the room. They (meet) me at the railway station. She (learn) a lot from her mistakes.

He (keep) his promises.

**№3.** Исправить ошибки:

Kim hasn't done many work. Has you been to London? I have got a letter from my cousin just. She has read this article? Mike hasn't yet written his test in Maths. Ann and her sister has arrived in time. Prof. Smirnov have just delivered the lecture. Have you yet prepared the report?

**№4.** Вставить already, yet, just:

I have seen this film twice. Hasn't she cleaned her room? Have you walked our dog? She has got her test results. They have returned from Brighton. She hasn’t taken her exams. Have you started your new job? He hasn’t decided where to work. I have had dinner.

**№5.** Образовать вопросы:

1. Не has sent her flowers on her birthday.

Has... ? What... ? Why... ? Who...? Whom...?

1. They have bought a new digital video recorder.

Have…? What….? What recorder….? They have bought a new digital video recorder,…?

3. It has taken 3 months to install the new equipment.

Has….? How much time…? What…..? It has taken 3 months to install the new equipment,….?

Приложение 3

**Chemist's Shop**

Text A

When you are unwell or ill you need medicines. A doctor prescribes you the treatment and writes out a prescription. You can buy or order medicines at a chemist's. There are usually two departments in a large chemist's. At the chemist's department one can have the medicine immediately; at the prescription department a patient can order medicines which aren’t on sale at the moment. At any chemist's all the drugs are kept in drug cabinets. Every small bottle, a tube or a box of medicine has a label on it. Green labels indicate drugs for internal use, yellow (or orange) ones indicate drugs for external use and blue ones indicate drugs for injections. The dose to be taken and the directions for the administration are also indicated on a label. The dose indicated on the label and the name of any medicine is necessary for chemists, nurses, doctors and patients themselves. It prevents confusing different remedies, some of which are poisonous. Their overdosage may cause unfavorable reactions and sometimes even death.

In some chemist’s shops a person can measure his blood pressure.

Text В

**At the Chemist's**

At a chemist's a patient can buy different drugs for intramuscular and intravenous injections, for oral administration and for external use. Before using the medicine the patient must know well that he takes the proper drug and in the necessary dosage. At the chemist's a patient can get patent medicines of all kinds: ampoules of glucose and camphor for injections, different pills, tablets and powders, cough mixtures, heart drops, nasal drops, vitamins, cod liver oil, ointments, suppositories, sleeping pills, laxatives and obstipants, sedatives, bandages, adhesive plasters, mustard plasters, bottles of iodine. Here you can get antifertility agents (condoms and other contraceptives), hygiene items - sanitary napkins, panty liners, tampons and others. One can also buy hot-water bottles, medicine droppers, ice-bags, sponges, tooth-brushes and tooth-pastes, perfumes - soap, shampoo, cream, lotions, bath salts and many other useful things.

In the chemist’s you also can buy some medical devices – tonometres, thermometers, glucometers, orthopedic footwear (corrective insoles) etc.

Приложение 4

For independent study

**№1**. Read the text and do exercises to the text:

The tablet is the most common form of medication in a dry state. Tablets have a great variety of shapes and sizes. The most common shape is a circular body with flat or slightly convex sides. There are also rectangular, triangular and many other shapes. The selection of particular shapes and sizes of the tablets is essentially ethical. A pleasing appearance of the tablets is very important for a patient. There are a number of features which are helpful for better use. Tablets which are to be dissolved as quickly as possible are thin. They are for making solutions. These tablets have a large diameter than average tablets of the same weight. Tablets which are to be dissolved slowly in the mouth are flat for convenience of the user and thick enough to have a lasting effect. Efficiency of the tablet depends on these peculiarities. Coated tablets have convex shape and they are harder than other tablets.

Tablets have a variety of action. Anti-inflammatory drugs are used in the treatment of various infections. Antibiotics compose a large group. Sulfa drugs are also in majority. In addition, there are cardiacs, sedatives, laxatives, analgetics. Cardiacs include drugs that affect the heart, drugs that affect blood pressure, and drugs that prevent blood clotting. Analgetics are also called pain-killers. Sleeping pills make a separate group of tablets. Narcotics are drugs which in moderate doses can suppress the central nervous system and relieve pain. Central nervous system drugs are of two main types: those which stimulate the nerves in the brain and spinal cord, stimulants, and those which depress the nerves in the brain and spinal cord, depressants.

One should remember that all tablets must be taken only according to the doctor’s recommendations.

Active words and word combinations:

circular- круглый, округлый

convex- выпуклый

rectangular- прямоугольный

triangular- треугольный

to dissolve- растворять

average- средний, средняя величина

blood clotting- сгустки крови

according to- согласно, в соответствии

for convenience- для удобства

in addition- кроме, в дополнение

**Complete the sentences**:

A tablet is a common medication in ...... .

The most common shape is ... .

........... of the tablets is very important for a patient.

Thin tablets are for making ... .

Coated tablets have ....... shape.

There are cardiacs that prevent ... ... .

The other name of analgetics are ... .

**Answer the questions:**

What shapes and sizes have the tablets?

Have you ever used tablets of the shape not mentioned in the text?

What peculiarities have the tablets for solutions?

What peculiarities have the tablets for dissolving in the mouth?

What groups of tablets do you know?

What drugs are used to manage the heart problems?

What is the action of stimulants?

What is the action of depressants?

What rule of taking drugs must every patient follow?

**№2.** Прочитайте текст и выполните к нему упражнения:

**ASPIRIN**

*Description and properties.* White crystals of a slightly acid odour and taste. Sparingly soluble in water, readily soluble in alcohol, so­lutions of sodium hydroxide and sodium carbonate.

*Tests for identity.1* Boil 0.5 gm of the preparation in 5 ml of sodium hydroxide solution for 3 minutes, cool and acidify with dilute sulphuric acid. A white crystalline precipitate appears. The solution possesses the odour of acetic acid.

The melting point is 133—136 (the rate of the rise of temperature is 4—6° per minute).

*Tests for purity.* Dissolve 0.3 gm of the preparation in 5 ml of alcohol and add 25 ml of water (test solution). Place 15 ml of this solution in a cylinder, 5 ml of the same solution in another cylinder. Add to the latter 1 ml of 0.01 per cent aqueous solution of salicylic acid, 2 ml of alcohol, and make up with water to 15 ml (standard solution).2 Add to both cylinders 1 ml of a 0.2 per cent acid solution of ammonium ferric alum.3 The colouration of the tested solution should not be more intensive than that of the standard solution what corresponds to a free salicylic acid content in the preparation of not more than 0.1 per cent. Shake 1 gm of the preparation with 20 ml of water during 1 minute and filter. 10 ml of this filtrate should not contain more chlorides than 10 ml of this standard solution, i. e. not more than 0.004 per cent in the preparation. The sulphate content of 10 ml of the same filtrate should not be more than in 10 ml of the standard solution, i. e. not more than 0.02 per cent in the pre­paration. The contents of sulphate ash of the preparation should not exceed 0.1 per cent and should not contain more heavy metals than in 10 ml of the standard solution, i. e. not more than 0.001 per cent in the preparation.

*Assay.* Dissolve 0.5 gm of the preparation accurately weighed in 10 ml of alcohol neutralized against phenolphthalein4 and titrate with 0.1 N solution of sodium hydroxide to pink colouration using the same indicator.

1 ml of 0.1 N solution of sodium hydroxide is equivalent to 0.01802 gm of acetyl-salicylic acid. The preparation should contain not less than 99.5 per cent of acetyl-salicylic acid.

The assay is to be made at a temperature not above 20 °C.

*Storage.* In well stoppered jars.

Words:

1. test for identity — проба (испытание) на идентичность

2. make up with water to 15 ml (standard solution) —доводить во­дой до 15 мл (стандартный раствор)

3. ammonium ferric alum — двойная соль сернокислого аммония и сернокислого железа (железо-аммониевые квасцы)

4. neutralized against phenolphthalein- нейтрализованный по фе­нолфталеину

**А.** Вместо пропусков вставьте соответствующие слова:

acid, a cylinder, minutes, colouration, sodium carbonate, solution, water

1. Aspirin is sparingly soluble in water, readily soluble in... . 2. The solution possesses the odour of acetic.... 3. The colouration of the tested solution should not be more intensive than that of the standard.... 4. Let's place 15 ml of this solution in.... 5. 0.5 gm of the preparation is boiled in 5 ml of sodium hydroxide solution for 3.... 6. We shake 1 gm of the preparation with 20 ml of.... 7. The preparation is titrated with 0.1 N solution of sodium hydro­xide to pink ....

**В.** Найдите в тексте эквиваленты следующих словосочетаний:

содержание свободной салициловой кислоты; белый кристалли­ческий осадок; слегка кислый вкус; легко растворим в спирте; водный раствор; хорошо закрытые банки; тяжелые металлы; разбавленная серная кислота; точно взвешенный.

**С.** Ответьте на следующие вопросы:

1. In what substances is aspirin readily soluble? 2. What precipi­tate appears when testing aspirin for identity? 3. What odour does the solution possess? 4. What is the melting point of aspirin? 5. What substances are taken to carry out tests for purity? 6. Is the total •solution placed in the same cylinder? 7. What is added to both cylin­ders? 8. What can you say about the colouration of the tested solu­tion? 9. How much acetyl-salicylic acid should the preparation con­tain? 10. At what temperature is the assay to be made?

**№3.** Прочитайте текст и выполните к нему упражнения:

**ANTIBIOTICS**

Antibiotic substances are chemical compounds produced as a result of the metabolic activities of living 'cells which inhibit, in very low concentrations, the growth of microorganisms.

Penicillin was the first antibiotic to be produced and it still assu­mes a position of major importance in this field.

Antibiotic-producing organisms can be obtained by: testing pure cultures of organisms available in culture collections or isolated from natural sources, and selection from the vast heterogeneous mixed populations of the soil 1 or other natural habitations of micro­organisms.

Once detected, 2 the antagonist is isolated in pure culture and identified, and the conditions for maximum production of the anti­biotic substance produced by it are investigated. Generally, this involves finding the optimum temperature, pH, and age of the cul­ture. Important also is the composition of the medium.

Different organic and inorganic nitrogenous substances are tested, with and without various carbohydrates, minerals, heavy metals, etc.

Antibiotics are complex, rather large molecular weight substanc­es whose synthesis may be extremely difficult.

Chloramphenicol is believed to be the first naturally occurring compound which contains a nitro group or which is a derivative of dichloroacetic acid.

Chloramphenicol can be obtained from the filtrate of a Strepto-myces culture by extraction with ethyl acetate.

Chloramphenicol is rapidly absorbed from the gastrointestinal tract; significant serum levels are obtained in 30 minutes and peak blood concentrations3 of 40 to 60 mg/ml4 are reached in about 2 hours. The drug is no longer detectable in the blood after 12 to 18 hours.

Chloramphenicol is marketed in capsules (50, 100, 250 mg) for oral use, as an ophthalmic ointment and solution (25 mg in a spe­cial buffer to be diluted with distilled water), and an injection for parenteral use.

The drug is ordinarily administered by the oral route, but it can be injected intramuscularly or intravenously.

The initial oral dose is 3 to 5 gm followed by 0.25 to 0.5 gm every 3 hours. The intravenous dose is 1 gm — every 12 hours.

1. heterogeneous mixed populations of the soil — разнородные сме­шанные почвенные популяции

2. once detected — как только обнаруживается

3. peak blood concentrations —• максимальная концентрация (ве­щества) в крови

4. mg/ml = milligram per millilitre

**А.** Закончите следующие предложения словами из текста.

1. The drug is ordinarily administered by .... 2. The initial oral dose is ... . 3. Chloramphenicol is rapidly absorbed from ... . 4. Antibiotic substances inhibit .... 5. Penicillin is .... 6. Antibio­tic-producing organisms can be obtained by ... .

**В.** Ответьте на вопросы по тексту**.**

1. How are antibiotic substances generally described? 2. How can antibiotic-producing organisms be obtained? 3. What property of antibiotics is the most important in medical practice? 4. What is very important for maximum production of the antibiotic substanc­es? 5. What antibiotic has been first produced by man? 6. What antibiotic has been first found in nature? 7. How is Chloramphenicol marketed for oral use? 8. How is Chloramphenicol ordinarily admin­istered?

**№4.** Сделайте письменный перевод текста:

**ANTIBIOTICS**

Modern medicine makes extensive use of various antibiotics which are powerful agents in combating infections. The research for new antibiotics is a complex scientific problem. This problem can be most successfully solved at special research institutes which usually have a small experimental plant that produces preparations of new antibiotics.

Most of the useful antibiotics are formed by microorganisms called Actinomyces. The methods of early identification of the new varieties of Actinomyces are therefore of great practical importance. The research has produced a series of new effective drugs. Albomycin is one of them. This practically non-toxic preparation has found wide applica­tion in the treatment of pneumonia in newborn and small children. Albomycin is also successfully used in obstetric and gynecological practice and in surgery during the treatment of the septic processes caused by staphylococci which resist penicillin and other antibiotics.

Albomycin is not only of practical but also of theoretical interest. The composition of its molecule includes iron and it has a peculiar mechanism of affecting the bacteria.

Gramicidin, another antibiotic, has of late found a new and unexpected field of application. It is successfully used as a contraceptive of the new therapeutic preparations developed at the Academy of Medical Sciences in Moscow.

Mention must also be made of colimycin: this preparation, wide­ly applied in medical practice, is very effective. By its chemical nature colimycin belongs to the group of neomycin antibiotics successfully used in a number of countries. Administered per os, colimycin ensures the sterilization of the contents of the gastro­intestinal tract and thus promotes safety of surgical operations in this area. Colimycin frequently saves children's lives in so grave a disease as colibacillosis. It is also successfully used in surgery .and dermatology.

**№5.** Write annotation of the text:

Why is this medication prescribed?

**Amoxicillin** is used to treat certain infections caused by bacteria, such as pneumonia; bronchitis; gonorrhea; and infections of the ears, nose, throat, urinary tract, and skin. It is also used in combination with other medications to eliminate H. pylori, a bacteria that causes ulcers. Amoxicillin is in a class of medications called penicillin-like antibiotics. It works by stopping the growth of bacteria. Antibiotics will not work for colds, flu, and other viral infections.

**How should this medicine be used?**

Amoxicillin comes as a capsule, a tablet, a chewable tablet, a suspension (liquid), and pediatric drops to take by mouth. It is usually taken every 12 hours (twice a day) or every 8 hours (three times a day) with or without food. To help you remember to take amoxicillin, take it around the same time every day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take amoxicillin exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

Shake the liquid and pediatric drops well before each use to mix the medication evenly. Use the bottle dropper to measure the dose of pediatric drops. The pediatric drops and liquid may be placed on a child's tongue or added to formula, milk, fruit juice, water, ginger ale, or other cold liquid and taken immediately.

The chewable tablets should be crushed or chewed thoroughly before they are swallowed. The tablets and capsules should be swallowed whole and taken with a full glass of water.

Take amoxicillin until you finish the prescription, even if you feel better. Stopping amoxicillin too soon may cause bacteria to become resistant to antibiotics.

Amoxicillin also is used sometimes to prevent anthrax infection after exposure and to treat anthrax infection of the skin and chlamydia infections during pregnancy. Talk with your doctor about the possible risks of using this medication for your condition.

This medication may be prescribed for other uses; ask your doctor or pharmacist for more information.

**What special precautions should I follow?**

Before taking amoxicillin,

* tell your doctor and pharmacist if you are allergic to amoxicillin, penicillin, cephalosporins, or any other medications;
* tell your doctor and pharmacist what prescription and nonprescription medications, vitamins, nutritional supplements, and herbal products you are taking. Be sure to mention any of the following: chloramphenicol (Chlormycetin), other antibiotics, and probenecid (Benemid). Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
* tell your doctor if you have or have ever had kidney disease, allergies, asthma, hay fever, hives, or phenylketonuria.
* tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking amoxicillin, call your doctor.

**What special dietary instructions should I follow?**

Unless your doctor tells you otherwise, continue your normal diet.

**What should I do if I forget a dose?**

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

**What side effects can this medication cause?**

Amoxicillin may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away: upset stomach, vomiting, diarrhea.

Some side effects can be serious. The following symptoms are uncommon, but if you experience any of them, call your doctor immediately: severe skin rash, hives, seizures, yellowing of the skin or eyes, unusual bleeding or bruising, pale skin, excessive tiredness, lack of energy.

**What storage conditions are needed for this medicine?**

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store the capsules and tablets at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. The liquid medication preferably should be kept in the refrigerator, but it may be stored at room temperature. Throw away any unused medication after 14 days. Do not freeze. Talk to your pharmacist about the proper disposal of your medication.

**In case of emergency/overdose**

In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?

Keep all appointments with your doctor and the laboratory. Your doctor may order certain lab tests to check your body's response to amoxicillin.

If you are diabetic, use Clinistix or TesTape (not Clinitest) to test your urine for sugar while taking this medication.

Do not let anyone else take your medication. Your prescription is probably not refillable. If you still have symptoms of infection after you finish the amoxicillin, call your doctor.

It is important for you to keep a written list of all of the prescription and nonprescription (over-the-counter) medicines you are taking, as well as any products such as vitamins, minerals, or other dietary supplements. You should bring this list with you each time you visit a doctor or if you are admitted to a hospital. It is also important information to carry with you in case of emergencies.

**№6.**

**SULFANILAMIDE AND ITS DERIVATIVES**

The most important development in the history of chemotherapy was the discovery of the antibacterial powers of p-aminobenzene sulfonamide and its derivatives. This compound is better known as sulfanilamide, which is a perfectly proper chemical name, since it is the amide of sulfanilic acid.

*Synthesis.* The fundamental intermediate common to all the de­rivatives of sulfanilamide .is N-acetylsulfanilyl chloride.' On treatment with 'excess ammonia and hydrolysis of the acetyl group with excess mineral acid or base, sulfanilamide is produced.

The choice of base or acid for hydrolysis depends on the nature of the compound.

Sulfanilamide is a white, odourless, crystalline compound with a slightly sweet taste, melting range 164.5° to 166.5°, soluble in water. It is readily soluble in boiling water, hot alcohol, cold hydro­chloric acid, cold dilute sodium hydroxide, and cold acetone. It is soluble in ether, chloroform, and benzene. It is assayed by solution in hydrochloric acid and diazotization with standard sodium nitrite solution, using starch-iodine to determine the end point. This same method of assay is used for all N-substituted sulfanilamides.

Sulfanilamide is usually given in the form of tablets. In both mild and severe infections, the usual dose is calculated as 0.1 gm per kilogram of body weight per day, divided into six parts and given at intervals of 4 h, day and night until the temperature of the patient is normal for 5 days. The drug exhibits a number of toxic reactions .such as dizziness, cyanosis, hemolytic anemia, psy­chosis, acidosis, fever, and rash. Adequate care by a physician is, therefore, essential in the use of the drug. Sodium bicarbonate is commonly given to counteract acidosis. It has been found that p-aminobenzoic acid in relatively small amounts overcomes the antibacterial action of Sulfanilamide and its derivatives.

The administration of local anaesthetics derived from this com­pound, such as procaine, monocaine, etc., therefore, must be avoid­ed.

**А.** Прочтите и определите, какие предложения не соответст­вуют содержанию текста**.**

1. Sulfanilamide is one of the derivatives of the sulfonamide group. 2. It is considerably less toxic than other amides of sulfanilic acid though it may exhibit a number of toxic reactions. 3. Sulfanilamide is prescribed orally before meals. 4. It may be used in hospitals and in outpatient conditions. 5. The duration of treatment depends on the peculiarities of the diseases in each case. 6. It has been found that Sulfanilamide overcomes all other deri­vatives of the group in its antibacterial action.

**В.** Ответьте на вопросы по тексту.

1. What was the most important discovery in the history of chemotherapy? 2. Why is p-aminobenzene sulfonamide better known as Sulfanilamide? 3. What derivatives of Sulfanilamide do you know? 4. How is Sulfanilamide produced? 5. What does the choice of base or acid for hydrolysis depend on? 6. What are the physical and chemical properties of Sulfanilamide? 7. What methods of the assay of Sulfanilamide and its derivatives are used? 8. How is the usual dose of Sulfanilamide calculated? 9. What action does the drug exert on the organism? 10. Is Sulfanilamide widely used in medicine?

**1. Занятие №8**

**Тема «Proper storage of drugs»**

**2. Формы работы:**

- Подготовка к практическим занятиям.

- Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

What is the negative influence of light and heat?

How can moisture affect a medicine?

What medical preparations can be kept in the refrigerator?

Why is it prohibited to keep drugs near the freezer?

You must keep the medicine out of the reach of children and away from pets, mustn’t you? Why?

Where can you find a date of manufacture?

Grammar:

Passive Voice – revision, exercises (см Приложение 1)

Theme vocabulary: Windowsill – подоконник; Decomposition – разложение; Eliminate – аннулировать, исключать; Humidity – сырость, влажность; Vapour – пар, испарения; source of vapour- источник пара ; Moisture – влага, влажность; Evaporate – испаряться; To be subject – подлежать чему-либо; Expired – с истёкшим сроком действия; to harm health – наносить вред; Influence - влияние; acceptable - приемлемый; lose effectiveness – потерять эффективность.

**4. Самоконтроль по тестовым заданиям данной темы:**

1. DO NOT USE THE MEDICINE AFTER THE … … SHOWN ON THE PACK.

1. meals;

2. expiry date;

3. drinking alcohol;

4. 6 o’clock.

2. DO NOT … ABOVE 25ᵒ.

1. heat;

2.freeze;

3. store;

4. put.

3. STORE IN THE ORIGINAL … .

1. packaging;

2. description;

3. prescription;

4. form.

4. KEEP ALL THE MEDICINES … … …. AND SIGHT OF CHILDREN.

1. in the special place;

2. in the special box;

3. in the original packaging;

4. out of the reach.

5. STORE IN A WELL-CLOSED CONTAINER IN A … PLACE AT A TEMPERATURE NOT EXCEEDING 25ᵒC.

1. light;

2. dry;

3. humid;

4. good.

6. DO NOT USE THE TABLET IF IT IS … OR DISCOLOURED.

1. not tasty;

2. bitter;

3. of bright color;

4. powdery.

Key: 1 -2; 2 -3; 3 –1; 4 -4; 5 -2; 6 – 4.

**5. Самоконтроль по ситуационным задачам:**

**A.** A two-year old kid required emergency help as he took some medicines that had been found in the granny’s bed-side table. What rule of storage of drugs had been broken? Give explanations.

Key: Keep the medicine out of the reach of children and away from pets because they may get poisoned.

**B.** Give me a proper answer. I keep my medicines in the fridge. Am I right?

Key: some medicinal forms such as suppositories, ointments, eye drops and solutions for injections are subject to be kept in the refrigerator to prevent change of their properties. It’s not acceptable to keep drugs next to the freezer otherwise they can freeze and lose their effectiveness.

**C**. My son’s mother-inn-law keeps her medicines in the special box on the windowsill. Is it right?

Key: influence of light and heat from the radiator(in winter) may lead to decomposition of some ingredients of the drugs thus eliminating positive effect of the treatment.

**D**. In the family of my acquaintances there are little children so they keep drugs in the place out-of-reach for children i.e. on the top shelf above the stove. How can you comment this?

Key: it’s not acceptable for some reasons. Vapour and as a result increased humidity and besides a high temperature influence the medicines badly, they lose effectiveness. Moisture evaporates (in the liquid forms) and concentration of the active ingredients increases and overdosage may occur. A patient may get unfavourable reactions.

**E**. Some people keep their medicines in the bathrooms. Is it right?

Key: some tablets are in the paper packing. Humidity influences medical effect badly. Medicines kept in the bathroom may have less therapeutical effect.

**6.** **Перечень практических умений по изучаемой теме:**

- уметь переводить и употреблять Passive Voice;

- уметь находить ключевую информацию в тексте;

- уметь высказываться на заданную тему;

- знать и уметь употреблять тематическую лексику.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендуемые темы:

“Proper storage of drugs at the chemist’s. Control over shelf life”

Приложение 1

**I.** Put the verbs in brackets in the correct tense, Active or Passive.

NYLON.

Nylon (invent) in early 1930s by an American chemist, Julian Hill. Other scientists (work) with his invention and finally on 27 October 1938, Nylon (introduce) to the world. It was cheap and strong and immediately (become) successful. It (use) to make ladies' stockings, parachutes and tyres.

Today, Nylon (find) in many things: carpets, ropes, seat belts, furniture, computers and even spare parts for human body. It (play) an important part in our lives.

**II.** Use the Passive Voice.

1. The helicopter (construct) in Russia.
2. The pop singers arrived at airport and (welcome) by thousands of fans.
3. The papers (deliver) usually at 8 in the morning.
4. Dresses (make) preferably of cotton in hot countries.
5. We (give) a lot of advice by our parents.

**III.** Turn the sentences from Active into Passive.

1. We always invite him to our place.
2. People don't use this road very often.
3. The bill includes service.
4. They locked the door every night.
5. She recited the poem again and again.
6. They spoke much about the incident.
7. They listened to the speaker attentively.
8. People think highly of the young poem.

**IV.** Make up passive sentences out of following words.

1. a group of tourists/ the guide/some pictures/to show
2. to ask/I/to help/in the garden
3. they/a warm welcome/to give
4. meet/at the station/usually/she/by her relatives

**V.** Поставьте следующие предложения в страдательный залог:

Model: A nurse fills in a patient’s temperature chart. *– A patient’s* temperature *chart is filled in by a nurse*.

1.The doctor asks his patient about his complaints.

2. Professor Smirnov delivers lectures at the University.

3. This drug produces a favourable effect.

4. Nurses keep all the drugs in special cabinets.

5. Everybody respects him.

**VI.** Поставьте следующие предложения в форме Future Simple Passive:

Model: The teeth are extracted under local anaesthesia*.- The teeth will be extracted under local anaesthesia.*

1. I am asked at every lesson.

2. The temperature is taken three times a day.

3. We are invited to his lecture.

4. Roses are grown in this park.

**VII.** Поставьте следующие предложения в вопросительной форме:

1. The patients are discharged in the morning.

2. The patient is accompanied by his brother.

3. The operation will be performed in two hours.

4. They will be invited to the conference.

* Поставьте данные предложения в отрицательной форме.

**VIII.** Переведите предложения:

From the left heart the blood is pumped into the aorta. The blood from the aorta is distributed throughout the body. Theses textbooks will be distributed among all the students of our group. Those who have been in close contact with the infected patients must be quarantined for a time. Numerous questions were being discussed at the lesson. Those patients have been taken care of by the nurses. This lecture has long been waited for.

Test.

**1.** Change into Passive.

The gardener planted some trees. Someone broke the vase yesterday. Fleming discovered penicillin. Da Vinci painted the Mona Lisa. He invited 30 people to his parry.

**2.** Put the verbs in brackets into Present Simple Passive or Past Simple Passive.

There is a monkey which (call) Bubble. 2 men (see) into a house last night. The car (own) by Mr. Jones. The police (call) and they arrived very quickly. The great collection (keep) in his house.

**3.** Rewrite the following text using Passive instead of Active.

Some people saw a UFO in the sky above London last night. They reported into police. The army sends a helicopter to look at it more closely. The UFO shot the helicopter down and killed both men in it. People gave photos of the UFO to the police.

**4.** Ask questions to the underlined words using Passive.

Columbus discovered America. We keep money in a safe. A bee stung my brother.

They speak Italian in Italy.

**5.** Translate into English using Passive.

Учащихся экзаменуют 1 раз в год. Письмо напечатали вчера. Это здание было построено в 19 веке. Много домов строится в Москве каждый год. Эти вопросы обсуждались на собрании.

**6.** Translate into Russian.

Paper was invented in China in 105. The first car was built in Germany by Karl Bens in 1886. The first photograph was taken in 1877. The tooth was extracted yesterday.

Приложение 2

Proper storage of drugs

It’s very important to keep medicines properly, otherwise they can harm health. So everyone should know some simple rules.

**Store the medicine away from heat and direct light.** You shouldn’t keep your medicines on the windowsill. Influence of light and heat from radiators (in winter) may lead to decomposition of some ingredients of the drugs thus eliminating positive effect of the treatment.

**Store in a dark, cool, dry place.**

Some tablets are in the paper packing. Humidity influences medical effect badly. Medicines kept in the moist room may have less therapeutical effect.

It’s not acceptable to keep drugs near the source of vapour. Increased humidity, vapour and besides a high temperature influence the medicines badly, they lose effectiveness. Moisture evaporates (in the liquid forms) and concentration of the active ingredients increases and overdosage may occur. A patient may get unfavourable reactions.

Mind that not all of them should be stored in the refrigerator. Some medicinal forms such as suppositories, ointments, eye drops and solutions for injections are subject to be kept in the refrigerator to prevent change of their properties. It’s not acceptable to keep drugs next to the freezer otherwise they can freeze and lose their effectiveness. **Do not refrigerate.**

**Keep the medicine out of the reach of children and away from pets.**

They may get poisoned and a lot of problems concerning the health may occur.

Keep medicines in special place in a special box. If a tablet is powdery or discoloured, don’t use it!

Don’t take expired\* medicines (i.e. after the expiry date).

* Finish the sentences:
* Everyone should store the medicine away from heat and direct light because … .
* You should not store medicines in the bathroom because … .
* It’s not acceptable to keep drugs in the kitchen near the stove because … .
* There are some medicinal forms that are subject to be kept in the refrigerator; they are … … … .
* It’s not acceptable to keep drugs next to the freezer otherwise they … .
* Keep the medicine out of the reach of children and away from pets because they may … .
* Write out key words and expressions from the text.
* Answer the questions:

Do you observe the rules of proper storage of drugs?

Where do you keep your medicines at home?

How often do you clear your first-aid kit?

Do you always pay attention to the date of manufacture?

What drugs are subject to be kept in the refrigerator?

* Use the proper word:

Do not use the medicine after the … … shown on the pack.

Do not … above 25ᵒ.

Store in the original … .

Keep all the medicines … … …. and sight of children.

Store in a well-closed container in a … place at a temperature not exceeding 25ᵒC.

Do not use the tablet if it is … or discoloured.

(Powdery, expiry date, store, packaging, out of the reach, dry.)

Приложение 3

For independent study

**Text E.** Read the text and answer the questions: CARDIAC GLYCOSIDES

Cardiac glycosides include crude drugs and their preparations which possess cardiotonic properties by virtue4of their glycosidal content5 .The important drugs are: Digitalis, Strophanthus, their preparations, and purified6 glycosides obtained from them.

Digitalis has been the subject of long investigation. The consti­tuents which are now recognized as being of the greatest importance cardiovascular agents are digitoxin, gitoxin, digoxin and lantoside. Digitoxin is the most active principle. Other constituents of digitalis are digitoflavin, digitophyllin, etc.

The chief therapeutic use for digitalis is in the treatment of congestive heart failure.1 It is of value regardless of whether the failure is predominantly of the right or left side of the heart. The type of rhythm exhibited by the decompensated heart is secondary in importance, and digitalis exerts its salutary7 effects on the failing heart*2* with normal sinus rhythm as well as on the failing heart exhibiting ventricular fibrillation

The mechanism by which digitalis and all allied cardiac gly­cosides exert beneficial effects on the failing heart is identical, namely, a direct cardiotonic action on the myocardium to increase the force of contraction**3** and to increase cardiac tone. Slowing of the cardiac rate occurs only when the rate was originally rapid due to the failure.

The signs and symptoms of heart failure are in large measure abolished by digitalis, but bed rest, sedatives, and often diuretics and restriction of fluid intake may be required to obtain best results.

Two types of digitalis dosage are recognized, initial dose for digitalization, and maintenance dose for chronic therapy.

Digitalization is usually complete when the patient has ingested the equivalent of a total of 1.2 gm of powdered digitalis in a perio~3 of 48 to 96 hours. This amount can be divided into several equal daily doses, and the total daily dose is usually divided into two or three equal amounts.

By maintenance dose is meant that daily dose which will give optimal digitalis effects and replace the glycoside which is con­stantly being destroyed or excreted. Optimal effects can be obtained without toxic effects, and the optimal dose is not necessarily the largest tolerated dose.

Words:

1. congestive heart failure - сердечная недостаточность с рас­стройством кровообращения

2. failing heart — сердечная недостаточность

3. force of contraction – сократительная способность

4. by virtue – действие, достоинство

5. glycosidal content – содержание гликозидов

6. purified - очищенный

7. salutary – благотворный

1. What drugs do cardiac glycosides include? 2. What action о digitalis constituents exert on the heart? 3. In what cases is digitalis administered? 4. Why does digitalis exert beneficial effects on the failing heart? 5. How many types of digitalis dosage are recognized? 6. Can optimal effects be obtained without toxic effects? 7. When is digitalization usually complete? 8. What are the chief constituents of digitalis? 9. Are digitalis preparations mainly used in the treatment of congestive heart failure?

**Text F.** Read and translate the text:

HOW TO USE THE GINSENG ROOT

Ginseng is a perennial herbaceous plant. It grows in the Eastern parts of Russia. It contains substances of the glycoside series: saponin, panaquilene; in addition to these its roots contain other oils — panacene and also panaxic acid, ginsenin, a small amount of alkaloids of unknown composition, cane-sugar, phytosterols, res­ins, ferments (amylase and phenolase), the vitamins bi and B2. It has been established experimentally that ginseng preparations have a very low toxicity and possess a wide therapeutic activity. They excite the nervous system, particularly the cortex, acting upon the stimulating and inhibitory process, increase the reactive pro­cesses of the organism, stimulate cardiac activity, increase blood pressure, reduce the sugar content of the blood, and excite the endo-112 crine apparatus. Besides this, they render a positive effect in case of inflammatory and wound processes.

Various publications contain numerous indications of the use of ginseng in the treatment of various diseases. Yet, it should be noted that ginseng is not a specific remedy for any particular disease. One of the first indications for the administering ginseng as a tonic is hypotension, physical and mental fatigue, overstrains, neurasthenia and recently endured exhausting disease. Ginseng is also used in the treatment of nervous and mental diseases. In these cases it completely removes general weakness, headache, high irri­tability, insomnia and poor appetite. Under the effect of ginseng, depression and headaches decrease and an increase in activity is observed.

The positive effect of ginseng was marked also in functional disturbances of the cardio-vascular system: the heart tones of the patient become clearer, the heart contractions — rhythmical, hypotensive symptoms disappear, the blood pressure rises, general con­dition improves and pains in the region of the heart disappear.

The positive effect of ginseng has been established in the treat­ment of vegetative dystonia, general neurosis with symptoms of progressive emaciation, vasomotor lability. There are indications of the use of ginseng also in the treatment of diabetes, tuberculosis, malaria, Botkin's disease; in this case a more rapid restoration of the function of the liver is obtained.

Ginseng is prescribed after consulting the physician and is administered orally in the form of an alcohol tincture, 15—25 drops 3 times a day or in powder form by 0.25—0.3 gm.

Read and translate the text:

Sedative preparations

A sedative or tranquilizer (or tranquilliser, see American and British English spelling differences) is a substance that induces [sedation](http://en.wikipedia.org/wiki/Sedation) by reducing [irritability](http://en.wikipedia.org/wiki/Irritability)[[1]](http://en.wikipedia.org/wiki/Sedative#cite_note-urlJohns_Hopkins_Colon_Cancer_Center_-_Glossary_S-0) or [excitement](http://en.wikipedia.org/wiki/Psychomotor_agitation).[[2]](http://en.wikipedia.org/wiki/Sedative#cite_note-1)

At higher doses it may result in slurred speech, staggering [gait](http://en.wikipedia.org/wiki/Gait_%28human%29), poor judgment, and slow, uncertain [reflexes](http://en.wikipedia.org/wiki/Reflex). Doses of sedatives such as [benzodiazepines](http://en.wikipedia.org/wiki/Benzodiazepines), when used as a hypnotic to induce sleep, tend to be higher than amounts used to relieve anxiety, whereas only low doses are needed to provide a peaceful and calming sedative effect.[[3]](http://en.wikipedia.org/wiki/Sedative#cite_note-2)

Sedatives can be misused to produce an overly-calming effect ([alcohol](http://en.wikipedia.org/wiki/Alcoholic_beverage) being the classic and most common sedating drug). In the event of an overdose or if combined with another sedative, many of these drugs can cause [unconsciousness](http://en.wikipedia.org/wiki/Unconsciousness) (see [hypnotic](http://en.wikipedia.org/wiki/Hypnotic)) and even [death](http://en.wikipedia.org/wiki/Death).

There is some overlap between the terms "sedative" and "[hypnotic](http://en.wikipedia.org/wiki/Hypnotic)". The terms describe distinct effects, but medications that cause one of these effects often also cause the other.

Advances in pharmacology have permitted more specific targeting of receptors, and greater selectivity of agents, which necessitates greater precision when describing these agents and their effects:

* [Anxiolytic](http://en.wikipedia.org/wiki/Anxiolytic) refers specifically to the effect upon [anxiety](http://en.wikipedia.org/wiki/Anxiety). (However, some benzodiazepines can be all three: sedatives, hypnotics, and anxiolytics).
* [Tranquilizer](http://en.wikipedia.org/wiki/Tranquilizer) can refer to anxiolytics or [antipsychotics](http://en.wikipedia.org/wiki/Antipsychotic).
* [Soporific](http://en.wikipedia.org/wiki/Soporific) and sleeping pill are near-synonyms for [hypnotics](http://en.wikipedia.org/wiki/Hypnotic).

Therapeutic use

[Doctors](http://en.wikipedia.org/wiki/Physician) often administer sedatives to patients in order to dull the patient's anxiety related to painful or anxiety-provoking procedures. Although sedatives do not relieve pain in themselves, they can be a useful adjunct to [analgesics](http://en.wikipedia.org/wiki/Analgesic) in preparing patients for [surgery](http://en.wikipedia.org/wiki/Surgery), and are commonly given to patients before they are [anaesthetized](http://en.wikipedia.org/wiki/Anaesthesia), or before other highly uncomfortable and invasive procedures like [cardiac catheterization](http://en.wikipedia.org/wiki/Cardiac_catheterization), [colonoscopy](http://en.wikipedia.org/wiki/Colonoscopy) or [MRI](http://en.wikipedia.org/wiki/MRI). They increase tractability and compliance of children or troublesome or demanding patients.

Patients in [intensive care](http://en.wikipedia.org/wiki/Intensive_care) units are almost always sedated (unless they are unconscious from their condition anyway).

Sedative dependence

Some sedatives can cause physiological and psychological dependence when taken regularly over a period of time, even at therapeutic doses.[[4]](http://en.wikipedia.org/wiki/Sedative#cite_note-3)[[5]](http://en.wikipedia.org/wiki/Sedative#cite_note-4)[[6]](http://en.wikipedia.org/wiki/Sedative#cite_note-5)[[7]](http://en.wikipedia.org/wiki/Sedative#cite_note-6) Dependent users may get withdrawal symptoms ranging from restlessness and insomnia to convulsions and death. When users become psychologically dependent, they feel as if they need the drug to function, although physical dependence does not necessarily occur, particularly with a short course of use. In both types of dependences, finding and using the sedative becomes the focus in life. Both physical and psychological dependence can be treated with therapy

Dangers of combining sedatives and alcohol

Further information: [Combined Drug Intoxication](http://en.wikipedia.org/wiki/Combined_Drug_Intoxication)

Sedatives and alcohol are sometimes combined recreationally or carelessly. Since alcohol is a strong depressant that slows [brain](http://en.wikipedia.org/wiki/Brain) function and depresses respiration, the two substances compound each other's actions and this combination can prove fatal.

Answer the questions:

1. What relieves the attack of headache?
2. Do you feel at times dizzy or unsteady?
3. Do you hands shake, tremble?
4. Do you fall asleep at once?
5. Do you take sleeping pills at night?
6. What causes your pain to come on?
7. How does the patient speak and express himself?

Самоконтроль по тестовым заданиям данной темы:

Подберите соответствующий перевод:

|  |  |
| --- | --- |
| 1. Dizziness | 1. Заикание, логоневроз |
| 1. Tremor | 1. Речевая спутанность, бессвязность |
| 1. Cramps | 1. Поверхностный сон |
| 1. Impaired speech, aphasia | 1. Снохождение, сомнамбулизм |
| 1. Stammering | 1. Потеря чувствительности |
| 1. Confused speech, incoherence | 1. Судороги |
| 1. Superficial sleep | 1. Пониженная чувствительность |
| 1. Sleep walking, somnambulism | 1. Афазия, расстройство речи |
| 1. Sensory loss, loss of sensation | 1. Повышенная болевая чувствительность, гипералгезия |
| 1. Hyperalgesia, increased sensitivity to pain | 1. Дрожание |
| 1. Hypoesthesia | 1. Головокружение |

Key: 1- k; 2- j; 3-f ; 4- h; 5- a; 6- b; 7- c; 8-d; 9-e; 10 – i; 11-g

**Самоконтроль по ситуационным задачам:**

Find the meaning of the following:

* Seeing things that are not there or hearing voices
* Talking about one's own experiences with a therapist
* The opposite of minor
* Understanding a disease
* Strange, unusual
* Branch of medicine concerned with mental illness
* Accepting others with different behavior
* Mental illness which probably has both social and physical causes
* A synonym to 'weakness'
* A gland which can cause very severe anxiety , confusion or depression (overactive or underactive)

(hallucinations,psychotherapy, major, insight, bizarre, psychiatry, tolerant, schizophrenia, fatigue, thyroid gland)

**1. Занятие №9**

**Тема “General rules for drug taking”**

**2. Формы работы:**

- Подготовка к практическим занятиям.

- Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

What information does a prescription contain?

Why are some medicines impossible to take with meals or just after meals?

How should a patient take medicines having an organic structure?

What medicines are impossible to take with acidic juices?

How does alcohol influence medicines?

What should a patient do in case he misses a dose?

Grammar:

model verb “should” (см Приложение 1);

Theme vocabulary:

принимать лекарство- to take a drug

каждый час - every hour

натощак - on an empty stomach

перед едой- before meals

после еды - after meals

по одной столовой ложке 2 раза в день- a tablespoonful twice a day

накапать семь капель- to drop seven drops

намазать мазь - to put the ointment on

встряхнуть бутылку с микстурой перед использованием - to shake the bottle with the mixture before use

принять 10 капель настойки- to take ten drops of the tincture

давать отвар 3 раза в день после еды- to give decoction three times a day after meal

обезболивающая пилюля- pain-relieving pill

сложный порошок- compound powder

давать раствор в соответствии с предписанием врача- to give solution according to the doctor's instruction

применять свечи- to use suppositories

полтаблетки- a half tablet

принимать таблетки 3 раза в день- to take tablets three times a day

таблетка, покрытая оболочкой- coated tablet

растирать лекарство в порошок- to powder a drug.

настой из трав — herbal potion

**4. Самоконтроль по тестовым заданиям данной темы:**

**a.**

1. SOME PATIENTS BREAK…
2. Bed regimen
3. rules for drug taking
4. regulations of the hospital
5. diet
6. FOLLOW THE DOCTOR’S ORDERS AND…
7. Directions on the labels
8. road rules
9. friends’ advice
10. ethnoscience
11. ALCOHOL HAS A VERY NEGATIVE INFLUENCE ON…

1. Patient’s behavior

2. nutrition

3. the effect of medicines

4. brain

1. TAKE MEDICINES HAVING AN ORGANIC STRUCTURE ONE-HALF HOUR TO ONE HOUR…
2. After meal
3. before morning exercises
4. after walk
5. before meal
6. THE EFFECT OF SOME DEPRESSANTS IS INTENSIFIED …

1. In a proper way

2. very much

3. by alcohol

4. after walk

1. MEDICINES TAKEN INCORRECTLY MAY LOSE…
2. Their effect
3. attractiveness
4. price
5. nutrition
6. EVERYONE SHOULD TAKE MEDICINES…

1. after walk

2. in a proper way

3. after meal

4. before meal

Key:1- 2; 2- 1; 3- 3; 4- 4; 5- 3; 6- 1; 7- 2.

**b**.

1. IF MEDICINE IS TAKEN INCORRECTLY, IT MAY CAUSE … .

1. Side effects
2. dizziness
3. loss of consciousness
4. diarrhea

2. AS A RULE, … CONTAINS INFORMATION ABOUT DOSAGE AND DOSES.

1. Telephone directory
2. annotation
3. regulations of the chemist’s shop
4. doc’s notebook

3. SOME PATIENTS DON’T ALWAYS STRICTLY … INSTRUCTIONS.

1. Watch
2. look for
3. follow
4. break

4. EFFECT DECREASES BY … IN THE STOMACH AND INTESTINAL TRACT.

1. Water
2. milk
3. depressants
4. meals

5. NON – ACID – RESISTING ANTIBIOTICS SHOULD NOT BE TAKEN WITH … … .

1. mineral water
2. acidic juices
3. meals
4. hot tea

Key:1- 1; 2- 2; 3- 3; 4- 4; 5- 2.

**5. Самоконтроль по ситуационным задачам:**

**a**. In spring my friend's brother took a tincture of the ginseng root. Ginseng is known to overcome general weakness, headache, irritability, poor appetite, in short- to raise tone and improve mood. Instead, insomnia developed and in the morning he had a splitting headache.

What rules of taking drugs might he break?

Key: time of taking (it’s preferably to take stimulants in the first half of the day) and dose.

**b**. Explain why some medicines are not recommended for children, the elderly, pregnant and nursing mothers.

Key: Some medicines are not advisable for this category of patients to avoid complications and unfavorable reactions.

**c.**  An old woman bought a pack of herbal tea. But the way of preparation of the infusion is written in small print. Help to read recommendations.

Use the following words:

2 tablespoonfuls; an enamel dish; to pour boiled water; to heat; to cool; water bath; to filter; to wring out – отжать.

Key:

Take 2 tablespoonfuls of herbs, place them into the enamel dish, pour some boiled water, wait for a while, make a water bath for it for some minutes, cool, filter and wring out. Take 3-4 times a day 30 minutes before meals.

**d.** Explain how to take stimulants.

Key: A stimulant is a substance that raises levels of physiological or nervous activity in the body, it’s a drug that makes your body work faster, often increasing your heart rate and making you less likely to sleep that’s why it is recommended to take them in the 1-st half of the day to avoid insomnia.

**6. Перечень практических умений по изучаемой теме:**

- вести беседу по изучаемой теме;

- владеть тематической лексикой;

- уметь задавать вопросы по теме;

- уметь употреблять и переводить Complex Object, модальный глагол should.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендованные темы:

**«**Consequences of violating the rulesof drug intake»;

«Influence of ways of taking drugs on the effectiveness of the treatment»

Приложение 1

**Should** Следовало бы

You should work more seriously. - Вам следовало бы работать серьезнее.

Сравните:

You should do it. - Вам следовало бы сделать это (теперь).

You should have done it. - Вам следовало бы сделать это (раньше).

You should not do it. - Вам не следовало бы делать этого (теперь).

You should not have done it. Вам не следовало бы делать этого (раньше)

Обратите внимание:

You should have done it. - следовало сделать (а вы не сделали).

You should not have done it. - не следовало де­лать (а вы сделали).

**Упр.1**. Дайте совет, используя модальный глагол should и слова, данные в скобках.

E.g. Her diction is not very good. (to read aloud) She should read aloud.

1. The boy is a little pale. (to play out-of-doors) 2. I am afraid you will miss that train. (to take a taxi) 3. There is no one in. (to try the room next door) 4. I have a slight irritation in my throat. (to smoke less) 5. This child doesn't want to eat soup. (not to give her sweets before dinner) 6. She makes a lot of spelling mistakes. (to copy passages out of a book) 7. The dog is afraid of him. (not to shout at the dog) 8. The students are unable to follow what I am saying. (not to speak so fast)

**Упр.2**. Скажите автору нижеследующих предложений, что надо (не надо) было делать.

E.g. 1)I bought that book spending a lot of money.

You should not have bought the book.

2) I did not buy that book.

You should have bought the book.

1. So I took the child to the cinema. 2. We forgot to leave a message for her. 3. We did not wait for them because it was beginning to rain. 4. I did not put down her address and now I don't know how to find her. 5. I did not explain to her how to get here. 6. I bought a pair of red shoes to go with my new dress. 7. So I told her frankly what we all thought about her idea. 8. I have not seen the film, and now it is too late because it is no longer on. 9. My pen was leaking, so I wrote with a pencil. 10. I am afraid I ate too much cake with my tea.

**Упр.3.** Переведите на английский язык, употребляя модальный глагол should в сочетании с требующейся формой инфинитива (Indefinite Infinitive - Perfect Infinitive).

1. Вы бы сказали ей об этом. 2. Не следует вам так поздно там оставаться. 3. Ей надо сейчас же пойти к врачу. 4. Лучше наденьте шерстяные носки. 5. Им лучше начать пораньше. 6. Не следует говорить с ней по-английски. 7. Вам нужно повернуть направо. 8. Лучше скажите кому-нибудь об этом.

Приложение 2

GENERAL RULES FOR DRUG TAKING

It’s very important to take medicines in a proper way. If medicine is taken incorrectly, it may actually cause harm. As a rule, a prescription contains information about dosage and doses, time for taking it and the way of taking. But some patients do not always strictly follow the prescribed instructions. To protect patients from possible harm basic suggestions are given.

Many medicines taken after a meal can completely lose their effect or their effect decreases by their interaction with food in the stomach and intestinal tract. Hence pharmacological therapy fol­lows this general rule:

* medicines having an organic structure should be taken one-half hour to one hour before meal-time.
* Non-acid-resisting antibiotics, such as ampicillin, erythromycin, penicil­lin and other medicines should not be taken with acidic juices or drinks containing alcohol as alcohol has a very negative influence on the effect of medicines. It intensifies the effect of histamines, barbiturates, and tricyclic antidepressants. Alcohol increases the toxicity of barbiturates by more than 50%.
* Do not miss any doses. Do not suddenly stop taking medicines without checking with your doctor even if you feel much better. Side effects may occur. If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.
* Make and use a fresh solution each day. Do not boil the solution.
* Do not give the medicine to anyone else.
* Follow the doctor’s orders or directions on the label. Read it carefully.

Words and word combinations:

Proper – правильный, надлежащий

Cause harm – причинить вред

Decrease – уменьшить, понизить

Non-acid-resisting antibiotics – некислотоустойчивые антибиотики

Answer the following questions:

What information does a prescription contain?

Why are some medicines impossible to take with meals or just after meals?

How should a patient take medicines having an organic structure?

What medicines are impossible to take with acidic juices?

How does alcohol influence medicines?

What should a patient do in case he misses a dose?

Match the sentences:

1. Some patients break…
2. Follow the doctor’s orders and…
3. Alcohol has a very negative influence on…
4. Take medicines having an organic structure one-half hour to one hour…
5. The effect of some depressants is intensified by…
6. Medicines taken incorrectly may lose…
7. Everyone should take medicines…
8. In a proper way. b. The effect of medicines.
9. Rules for drug taking. d. Their effect.

e. Directions on the labels. f. Before meal.

1. Alcohol.

Translate the sentences:

Вы хорошо переносите новокаин?

Взбалтывайте эту микстуру перед употреблением.

Принимайте эту настойку по столовой ложке два раза в день до еды.

Принимайте эти таблетки по одной каждые четыре часа.

Запивайте эту пилюлю молоком.

Не принимайте эти капли натощак.

Не принимайте лекарство без назначения врача.

Приложение 3

For independent study

**№1 «Cancer and Carcinolitica»**

**Text A. Read the text and answer** **the questions:**

Cancer takes one of the first places in the statistic of the cases of death directly after cardiac and circulatory diseases. About half of the deaths from cancer is distributed to only six organ localizations: respiratory tract with lungs, mammary gland, colon and rectum, stomach, cervix uteri, body of the uterus and prostate gland. Among these localizations we can observe a continuous steep rise in cancerous diseases of the respiratory tract and with both sexes. In women, cancer of the mammary glands is on the increase. There are no direct relations between death and incidence. Cancer is actually a general name for an entire group of diseases. In reality there are presently 100 different cancers known to man and each is unique. That is why it is so very difficult to find a cure for cancer, since that entails finding the answer to at least 100 diseases – not simply one disease. Progress, however, has been made in many cancers, and research continues in all cancers.

Cancer is the uncontrolled proliferation of abnormal cells (called cancer cells). These abnormal cells often form a mass or tumor. However, not all tumors found in the body are cancerous – they can be benign. Cancerous cells are capable of multiplying rapidly, invading tissues and organs, destroying healthy cells and tissues; spreading all over the body, a process called metastasis. Today, the most widely methods of cancer treatment include surgery, chemotherapy and radiation therapy.

Terminal care is the branch of medicine which deals with incurable diseases. Doctors cannot prevent death, but they can help patients to spend the last months of their lives comfortably and to die with dignity. One important aspect of terminal care is pain control. The strongestpainkillers are opiates such as morphine and diamorphine (heroin). These drugs are very addictive. But when the patient is dying, it is absurd to worry about addiction to the painkillers. There are other ways of relieving pain. The doctor can inject a local anestheticinto the nerve that supplies a painful part of the body. This is called a nerve block. A nerve block is useful if the pain is confined to one part of the body such as an arm or a leg. Patients who are dying of cancer can be very uncomfortable even when they are not in pain. Nausea is a common problem. There are now many effective drugs for nausea. The most powerful drugs would be dangerous in healthy patients because they can cause damage to the liver and kidneys. But the doctor should use the strongest anti-nauseadrugs if the patient with terminal cancer needs them. The doctor can help the patient by giving him oxygen and drugs to make breathing easier.

Answer the questions:

What is cancer? What are the causes of cancer? What are risk factors?

What are the most common symptoms? What do common tests include?

What does treatment depend on? Why is cancer a dangerous disease?

Is it curable?

Самоконтроль по тестовым заданиям данной темы:

Insert the necessary words:

1. CANCER IS… … OF ABNORMAL CELLS.

1. a disease

2. appearance

3. the uncontrolled proliferation

4. existence

2. THESE CELLS OFTEN FORM… .

1. healthy cells

2. a tumor

3. proliferation

4. a disease

3.NOT ALL TUMORS FOUND IN THE BODY ARE CANCEROUS, THEY CAN BE…

1. malignant

2. benign

3.multiplying

4.uncurable

4.CANCEROUS CELLS ARE CAPABLE OF … RAPIDLY.

1. multiplying

2. cure

3. convalescence

4.illness

5.CANCEROUS CELLS … HEALTHY CELLS AND TISSUES.

1.include

2.contain

3.prevent

4. destroy

6.CANCER SPREADS … …

1. only within one organ

2. all over the body

3. proliferation

4.once during the life time

7.CHEMOTHERAPY IS …….

1. the use of high doses of radiation

2. metastasis

3. the use of potent drugs

4. cutting

Key: 1-3; 2- 2; 3- 2; 4- 1; 5- 4; 6- 2; 7- 3.

**Самоконтроль по ситуационным задачам:**

**a.** Tell about the drug treatment of cancer. Use the active vocabulary.

Key: The most widely methods of cancer treatment include surgery, chemotherapy and radiation therapy. Chemotherapy is the use of potent drugs. Radiation therapy is the use of high doses of radiation.

**b.** Tell why it’s difficult to cure cancer and if it’s possible to cure it.

Key: Cancer is actually a general name for an entire group of diseases. In reality there are presently 100 different cancers known to man and each is unique. That is why it is so very difficult to find a cure for cancer, since that entails finding the answer to at least 100 diseases – not simply one disease.

Progress, however, has been made in many cancers, and research continues in all cancers. It’s possible to cope with the disease on condition a patient examines his health regularly and consults a doctor at the first suspicion of disease when it is in an early stage, until the disease is not running.

**№2 «Self-treatment»**

**Text B.** Read and answer the questions:

If you are unwell you should consult a doctor. Never take medicines without doctor’s administration. A person who thinks he can cure himself without the doctor’s consultation makes a mistake. He can stop his symptoms but he doesn’t cure the cause of them. The illness may become more serious and chronic. A prescription is usually written for a certain person. Never use medicines prescribed not for you.

A lot of drugs have adverse effects such as headache, insomnia, nausea, vomiting, high blood pressure, rapid pulse rate and some others. Besides every drug has some contraindications which a patient may ignore. When you take medicines following your own way you may fail to take interaction of different drugs into consideration. Some drugs may lessen therapeutical effect of certain drugs and so make the treatment helpless. On the other hand, there are drugs that strengthen effect of medical preparations.

Your doctor treats you individually, he appoints you a course of treatment depending on the state of your health, age, family history, past history and some other data. A doctor observes attentively any changes in a patient’s condition.

You should remember that overdosage is harmful. Dosing errors are common. A lot of hospitalized patients suffer an adverse drug event every year. In every case a patient needs proper medical care.

1. Why should a person avoid self- treatment?
2. What adverse effects may occur if a patient takes medicines according to his own choice?
3. What data does a doctor take into consideration when he treats a patient?
4. What errors are common when a person refuses to consult a doctor and prefers to undergo treatment on his own?
5. What are the other causes of patient’s sufferings who get treatment without doctor’s assistance?
6. Do you always consult a doctor when you feel unwell?
7. Did you happen to feel unwell on account of self-treatment?

**Ситуационные задачи по теме:**

**a.** Imagine you are a pharmacist. A patient asks to sell him some kind of medicine for hypertension. What would you say in response?

Use the following words:

Avoid self-treatment; to consult a doctor; dangerous; according to the prescription.

Key: You should consult a doctor; he will prescribe you a necessary drug according to the state of your health, he is responsible for the treatment and the results (consequences).One mustn’t practice self-treatment, it may lead to unwanted effects and do you some harm. Avoid self-treatment, it’s very dangerous. We can sell you a medical preparation only by a prescription.

**b.** During the flu epidemic I have bought a pack of face masks. Unfortunately I’m poor in English. Help to translate the inscription: surgical disposal, 3-ply with earloops, without glass fibers, hypoallergenic, nose bar adaptable, very low resistance to breathing, high filtration capacity, perfect fitting.

Key: маски медицинские с резиновыми петлями для ушных раковин, 3-х слойные, без стекловолокна, гипоаллергенные, с носовым фиксатором, обеспечивает свободное дыхание, высокий уровень фильтрации, мягкие и комфортные.

Answer the questions:

Why should a person avoid self- treatment?

What adverse effects may occur if a patient takes medicines according to his own choice?

What data does a doctor take into consideration when he treats a patient?

What errors are common when a person refuses to consult a doctor and prefers to undergo treatment on his own?

What are the other causes of patient’s sufferings who get treatment without doctor’s assistance?

Do you always consult a doctor when you feel unwell?

Did you happen to feel unwell on account of self-treatment?

**Самоконтроль по тестовым заданиям данной темы:**

1. THE DOCTORS … RESPONSIBLE FOR THE PROTECTION OF OUR HEALTH AND LIVES.

1. are being
2. were
3. are
4. will be
5. have been.

2. THE RESEARCHER … HIS EXPERIMENT IN A WEEK.

1. finishes
2. is finishing
3. has finished
4. finished.

3. WE … JUST … SOME INTERESTING FINDINGS AFTER OUR EXPERIMENTS ON ANIMALS.

1. got
2. have got
3. will get
4. are getting

4. THE SURGEON … AT THE CLINIC FOR THE WHOLE DAY YESTERDAY.

1. worked
2. was working
3. will be working
4. works

5. HE … ENTER THE INSTITUTE LAST YEAR.

1. cannot
2. must not
3. may not
4. couldn’t

6. THE RESULTS OF EXPERIMENT IN OUR GROUP UNDER THE SUPERVISION OF PROFESSOR D. WERE … THAN IN OTHER GROUPS.

1. the most successful
2. less successful
3. more successful
4. the least successful

7. HE WILL OBTAIN THE DEGREE IF HE … THESIS BASED ON HIS ORIGINAL RESEARCH.

1. defend
2. will defend
3. defends
4. defended

8. THE … INFORMATION WAS VERY IMPORTANT.

1. receiving
2. being received
3. received
4. having received
5. having been received

9. SHE WILL MAKE A DIAGNOSIS WHEN SHE … ALL FINDINGS ON HER HANDS.

1. has

2. will have

3. have

4. had

1. WHEN HE … ALL NECESSARY TREATMENT, HE WILL BE DISCHARGED FROM THE CLINIC.

1.get

2.got

3.will get

4.gets

Key: 1- 3; 2- 2; 3- 2; 4- 2; 5- 4; 6- 3; 7- 3; 8- 3; 9- 1; 10- 4.

**№ 3 «Herbal Remedies»**

**Text С.** What have you learnt from the text?

Herbal Medicine sometimes referred to as Herbalism or Botanical Medicine, is the use of herbs for their therapeutic or medicinal value. An herb is a plant or plant part valued for its medicinal, aromatic or savory qualities. Herb plants produce and contain a variety of chemical substances that act upon the body.

Herbalists use the leaves, flowers, stems, berries, and roots of plants to prevent, relieve, and treat illness. From a "scientific" perspective, many herbal treatments are considered experimental. The reality is, however, that herbal medicine has a long and respected history. Many familiar medications of the twentieth century were developed from ancient healing traditions that treated health problems with specific plants. Today, science has isolated the medicinal properties of a large number of botanicals, and their healing components have been extracted and analyzed. Many plant components are now synthesized in large laboratories for use in pharmaceutical preparations. For example, vincristine (an antitumor drug), digitalis (a heart regulator), and ephedrine (a bronchodilator used to decrease respiratory congestion) were all originally discovered through research on plants.

Rather than using a whole plant, pharmacologists identify, isolate, extract, and synthesize individual components, thus capturing the active properties. This can create problems, however. In addition to active ingredients, plants contain minerals, vitamins, volatile oils, glycosides, alkaloids, bioflavanoids, and other substances that are important in supporting a particular herb's medicinal properties. These elements also provide an important natural safeguard. Isolated or synthesized active compounds can become toxic in relatively small doses; it usually takes a much greater amount of a whole herb, with all of its components, to reach a toxic level. Herbs are medicines, however, and they can have powerful effects. They should not tee taken lightly. The suggestions for herbal treatments in this book are not intended to substitute for consultation with a qualified health care practitioner, but rather to support and assist you in understanding and working with your physician's advice.

What is Herbal Medicine? What are herbs valued for? What parts of plants are used in treatment? What drugs of vegetable origin do you know?

In what forms are herbs available? Why are wild-grown herbs dangerous for treatment? What advantages have farm-grown herbs? What should be taken into account during herb gathering?

**Ситуационные задачи по теме:**

**a.** My doctor administered me a mixture of herbs to gargle a sore throat. I decided to use chamomile. What else is chamomile used for?

Key: Chamomile is one of the most widely used flowers for herbal tea. Chamomile Tea is so popular, it is found in most grocery stores in the tea aisle. It is used as a mild sedative, and is good for insomnia as well as many other nervous conditions. It is nervine and sedative especially suited to teething children and those who have been in a highly emotional state over a long period of time. Except for the small risk of allergy, Chamomile is also one of the safest herbs to use.

Chamomile flowers are used in alternative medicine as an anodyne, anti-inflammatory, antispasmodic, nervine, stomachic, tonic, vasodilatory. The anti-inflammatory properties make it good for rheumatism, arthritis, and other painful swellings. Additional uses in herbal medicine include an antispasmodic for intestinal and menstrual cramps, relieving gas pains, and a very mild but efficient laxative. Milder tea in large doses is given throughout the day for fevers, sore throats, the aches and pains due to colds, flu, and allergies.

An infusion of Chamomile flowers is used as a hair shampoo, especially for fair hair. The flowers are sometimes added to cosmetics as an anti-allergenic agent or made into a salve for use on hemorrhoids and wounds. The dried herb is made into potpourri and herb pillows, and is burned for aromatherapy. Applied externally as a wash or compress for skin inflammations, sunburn, burns, and added to bath for relaxing tired, achy muscles and feet, and softening the skin.

**b**. Imagine that you are having a rest in the country. Unfortunately your friend injured his leg. You haven’t got medical preparations with you. How would you help your friend? What herbs would you use?

Key: The most common and widely used is Plantain. Everyone can find it in the garden, along forest paths. It is effective on any kind of skin disorder when the leaves are bruised and simply rubbed on the skin. This is an amazing plant and it will help with a long list of skin complaints, including rashes, wounds, ulcerations, cuts, swelling, sprains, bruises, burns, eczema, cracked lips, poison ivy, mosquito bites, diaper rash, boils, hemorrhoids, and blisters. It is also effective as an agent that draws out the poison for bee stings, snake bites, and spider bites, and it effectively draws out splinters or thorns and reduces the risk of scarring with more severe cuts and scrapes. Placed in the shoes, the leaves will help prevent blisters on the feet.

Answer the questions:

1. What is Herbal Medicine?
2. What are herbs valued for?
3. What parts of plants are used in treatment?
4. What drugs of vegetable origin do you know?
5. In what forms are herbs available?
6. Why are wild-grown herbs dangerous for treatment?
7. What advantages have farm-grown herbs?
8. What should be taken into account during herb gathering?
9. **Самоконтроль по тестовым заданиям данной темы:**

1. HERBS ARE AVAILABLE IN………..

1. Tinctures
2. Tea
3. Capsules
4. A variety of forms

2. THE DISADVANTAGE OF WILD-GROWN HERBS IS THAT THERE IS NO GUARANTEE THE PLANTS……

1. Are not dusty
2. Are not dirty
3. Haven’t been exposed to chemicals and pesticides
4. Haven’t been gathered by well-informed people
5. All HERBS ARE HARVESTED …………
6. At the optimum moment
7. All the year round
8. Only in autumn
9. Only in summer
10. …………ARE APPLIED IN MEDICINE.
11. Berries
12. Leaves
13. Stems and roots
14. Leaves, flowers, berries, stems, roots
15. A HERB IS A PLANT VALUED FOR ITS MEDICINAL, AROMATIC AND …..QUALITIES.
16. Savory
17. Pleasant
18. Fresh
19. Necessary

Key: 1- 4; 2- 3; 3-1; 4- 4; 5-1.

**1.Занятие № 10**

**Тема занятия** **«**“Structure of Annotation to Medical Preparations”

**2. Формы работы:**

- Подготовка к практическим занятиям.

Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

1) What information does a Structure to annotation to medical preparation contain?

2) Why is it necessary to read an annotation to medical preparation?

3) How do you think, May the structure of annotation vary, if it is published – in the directory of medical products, medical magazine or advertising brochure?

Grammar: повелительное наклонение. См. приложение 1,2

Введение тематической лексики: indications, contraindications, warnings, precautions, use in pregnancy, nursing mothers, geriatric use, susceptibility test, adverse effects, drug interactions, special considerations, routes of administration, supplied, dosage form.см. приложение 3

**4. Самоконтроль по тестовым заданиям данной темы:**

1. Распределите данные повелительные предложения в соответствии с типом:

|  |  |  |  |
| --- | --- | --- | --- |
| Приказ; совет, указание | Предупреждение; запрет: | Просьба; приглашение: | Предложение; пожелание; ругательство: |
|  |  |  |  |

Key: Приказ; совет, указание:

|  |
| --- |
| **Wake up**! |
| **Sit down**! |
| **Go on** reading. |
| **Switch on** the light, Mary. |
| **Don’t worry**! |
| **Turn** right. |
| **Buy** some bread. |
| **Go** straight ahead. |

Предупреждение; запрет:

|  |
| --- |
| **Be** careful. |
| **Don’t do** it! |
| **Don’t talk**! |
| **Mind** your head! |

Просьба; приглашение:

|  |
| --- |
| **Don’t forget** me! |
| **Help** me, please. |
| **Do come in**! |
| **Come in**, children. |
| **Help** yourself! |
| **Have** some more coffee. |

Предложение; пожелание; ругательство:

|  |
| --- |
| **Let’s** walk. |
| **Have** a nice trip! |
| **Go** to hell! |

2. Расположите разделы аннотации в требуемом порядке:   
 Name of the medicinal preparation  
 Supplied  
 Over dosage  
 Precautions  
 Pharmacology  
 Contraindications  
 Warnings  
 Adverse effects  
 Indications

3. Divide the words into 2 groups “Taking medicines” and “Drug dose”:

With fluid, age – dependent, to use a drug topically, preferably in the morning, a heavy dose, to apply an ointment, to overdose, without regard to meals, with food, once a day, to crush a tablet, average dose.

**5. Самоконтроль по ситуационным задачам:**

1. Insert the necessary information:

-I have some medicines at home but unfortunately I have lost a prescription to them.

-Read.....! It gives information to the minutest detail. Pay attention to... Otherwise it may cause harm. Read about.... attentively as well. Time and way of taking drugs is very important. Besides find..... and......on the package. One shouldn't use medicine when the time expires.

(Dosage and administration, a date of production, annotation, a period of validity, contraindications)

**Ключ:** (Annotation, contraindications, dosage and administration, a date of production, a period of validity)

2. Вы - сотрудник аптеки. Объясните покупателю-иностранцу, для которого английский –не родной язык, на английском языке значение слова. Для этого соотнесите слово и его объяснение, данное справа:

|  |  |
| --- | --- |
| **prenatal** *adj* | a section of a hospital or health facility where patients stay |
| **prescription** *noun* | discharge of a person stomach contents through the mouth |
| **radiation** *noun* | the time period leading up to giving birth |
| **side effects** *noun* | the correct amount and type of medication needed to cure an illness or relieve symptoms |
| **sore** *adj* | injury to body |
| **vomit** *noun/verb* | other symptoms that might occur as a result of a certain medication or procedure |
| **ward** *noun* | a chair on wheels used for transporting patients from place to place |
| **wheelchair** *noun* | high energy X-rays that destroy cancer cells |
| **wound** *noun* | painful |

**Ключ:**

|  |  |
| --- | --- |
| **prenatal** *adj* | the time period leading up to giving birth |
| **prescription** *noun* | the correct amount and type of medication needed to cure an illness or relieve symptoms |
| **radiation** *noun* | high energy X-rays that destroy cancer cells |
| **side effects** *noun* | other symptoms that might occur as a result of a certain medication or procedure |
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| **vomit** *noun/verb* | discharge of a person stomach contents through the mouth |
| **ward** *noun* | a section of a hospital or health facility where patients stay |
| **wheelchair** *noun* | a chair on wheels used for transporting patients from place to place |
| **wound** *noun* | injury to body |

**6. Перечень практических умений по изучаемой теме:**

- вести беседу по изучаемой теме;

- владеть тематической лексикой;

- уметь задавать вопросы по теме;

- уметь употреблять и переводить Present Participle Passive, модальный глагол should.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендуемая тема:

«Алгоритм структуры аннотации зарубежом», «Открытие и исследование антибиотиков»

Приложение 1

Imperative Mood

Глагол в повелительном наклонении выражает побуждение к действию в виде приказания, предложения, совета, предостережения, просьбы и т.п.

**Утвердительная форма** повелительного наклонения совпадает по форме с инфинитивом без частицы **to** (словарная форма):

|  |  |
| --- | --- |
| **to go** *идти*  **to stop** *останавливаться*  **to read** *читать*  **to translate** *переводить*  **to speak** *говорить* | **Go**! *Иди(те)!*  **Stop**! *Стой(те)!*  **Read**! *Читай(те)!*  **Translate**! *Переводи(те!*  **Speak**! *Говори(те)!* |

Подлежащие в таких предложениях отсутствует. Просьба, приказание, совет и т.д. обычно бывают обращены ко **2-му лицу** единств. и мн. числа. Предложение произносится с понижением тона на последнем ударном слоге.

|  |  |
| --- | --- |
| **Tell** me about it. | ***Расскажи(те)*** *мне об этом.* |
| **Go** to the blackboard! | ***Иди(те)*** *к доске!* |
| **Come** to see us tonight. | ***Приходи(те)*** *к нам сегодня вечером.* |

**Отрицательная форма** выражающая запрещение совершить действие, образуется при помощи вспомогательного глагола **do** и отрицательной частицы **not**. Вместо **do not** обычно употребляется сокращение **don’t** [dount]:

|  |  |
| --- | --- |
| **Don’t talk**! | *Не разговаривай(те)!* |
| **Don’t open** the door. | *Не открывай дверь.* |
| **Don’t listen** to him. | *Не слушай(те) его.* |
| **Don’t smoke** here! | *Не курите здесь!* |
| **Don’t be** angry with me. | *Не сердись на меня.* |
| **Don’t cross** the street here! | *Не переходите улицу здесь!* |

**Усиленная форма.** Вспомогательный глагол **do** может употребляться и в утвердительной форме повелительного наклонения для эмоционального усиления просьбы:

|  |  |
| --- | --- |
| **Do sit** down. | *Да* ***садись*** *же.* |
| **Do come** to see us tonight. | *Непременно* ***приходи*** *к нам вечером.* |
| **Do come** and **help** me. | *Ну,* ***придите*** *же и* ***помогите*** *мне!* |
| **Do turn** the TV set **off**. | *Да* ***выключите*** *же телевизор!* |
| **Do forgive** me, I didn’t mean to hurt you. | *Ну* ***простите*** *меня, я не хотел вас обидеть.* |

**Вежливая форма.** Если в конце или начале повелительного предложения стоит слово **please** *пожалуйста*, то приказание смягчается и превращается в вежливую просьбу:

|  |  |
| --- | --- |
| **Come** here, please! | ***Подойди(те)*** *сюда, пожалуйста!* |
| **Close** the door, please. | ***Закройте*** *дверь, пожалуйста.* |
| **Follow** me, please! | ***Идите за*** *мной, пожалуйста.* |
| **Don’t tell** anyone, please. | *Пожалуйста,* ***не рассказывай*** *никому.* |

**Употребление you.** Предложение адресовано 2-му лицу. Хотя местоимение **you**, указывает на это лицо, обычно в побудительном предложении не упоминается; его наличие придает побудительному предложению оттенок эмоционального раздражения:

|  |  |
| --- | --- |
| You **stop** talking! | *А ну-ка,* ***прекрати(те)*** *болтовню!* |
| You **leave** me alone! | *Да* ***оставьте*** *же вы меня в покое!* |
| You **take** your hands **off** me! | *Ну-ка* ***убери*** *от меня свои руки!* |

Если употребляются два глагола, то между ними ставится **and**:

|  |  |
| --- | --- |
| **Go** and **buy** some milk. | ***Иди купи*** *молока.* |
| Now **collect** the dictionaries and **take** them to the library. | *Теперь* ***соберите*** *словари и* ***отнесите*** *их в библиотеку.* |

Наречия **always** *всегда* и **never** *никогда* ставятся перед смысловым глаголом.

|  |  |
| --- | --- |
| Always **remember** your mistakes. | *Всегда* ***помни*** *свои ошибки.* |
| Never **say** that again! | *Никогда больше этого не* ***говори(те)****.* |

В тексте форму повелительного наклонения обычно узнают по отсутствию подлежащего, словарной форме (инфинитив) глагола и обычно следующему за ним прямому дополнению:

|  |  |
| --- | --- |
| **Air** the room! | ***Проветри(те)*** *комнату!* |
| **Book** these seats for today. | ***Закажите*** *эти места на сегодня.* |

Приложение 2

**Повелительное наклонение** выражает побуждение к действию,

приказание, запрещение, просьбу.

Ореn your books оn page 5. Откройте книги на пятой странице.

Don 't take those pills. Не берите эти таблетки. Let’s go. Пойдемте.

|  |
| --- |
| **Употребление форм с глаголом let.** |

При обращении к **3-му лицу** используется глагол **let.** Между **let** и инфинитивом глагола ставится существительное в общем падеже или личное местоимение в объектном падеже (him, her, them, и т.д.), указывающее на лицо, которое должно совершить действие. Глагол **let** произносится без ударения:

|  |  |
| --- | --- |
| **Let** him **do** it himself. | *Пусть он сам это* ***сделает****.* |
| **Let** her **stay** here. | *Пусть она* ***останется*** *здесь.* |
| **Let** them **speak**. | *Пусть они* ***скажут****. Дайте им сказать.* |
| **Let** Victor **open** the window. | *Пусть Виктор* ***откроет*** *окно.* |

При обращении к **1-му лицу** множественного числа (*мы*), то есть тогда, когда речь идет о призыве или приглашении к совместному действию, употребляется форма **let us**, которая обычно сокращается до **let’s**, что переводится как "*давайте*" (в переводе это слово может вообще опускаться):

|  |  |
| --- | --- |
| **Let**’s **go**. | ***Пойдем****.* ***Пошли****.* |
| **Let**'s **hurry**. We are late. | ***Поспешим****. Мы опаздываем.* |
| **Let**’s **go** to the cinema tonight. | ***Пойдёмте*** *сегодня вечером в кино.* |

 При выражении говорящим желания самому совершить действие после **let** употребляется местоимение **me** (хотя нужно отметить, что эта форма вообще не имеет повелительного значения):

|  |  |
| --- | --- |
| **Let** me **come** in. | *Позвольте мне* ***войти****.* |
| **Let** me **think**. | *Дай(те)* ***подумать****. (Дайте я подумаю)* |
| **Let** me **do** it myself. | *Разрешите мне* ***сделать*** *это самому.* |

Отрицательная форма образуется либо при помощи постановки отрицательной частицы **not** перед смысловым глаголом, либо при помощи **do not (don’t)** - тогда отрицание направлено на глагол **let**, который в этом случае полностью сохраняет свое значение как "*разрешать, позволять*":

|  |  |
| --- | --- |
| **Let** him **not** do it.  **Don’t let** him do it. | ***Пусть*** *он* ***не*** *делает этого.*  ***Не позволяйте*** *ему делать этого.* |
| **Don’t let** him smoke here. | ***Не разрешайте*** *ему курить здесь.* |
| **Let**’s **not** argue about it. | ***Давайте не будем*** *спорить об этом.* |

Приложение 3

**Structure to annotation to medical preparation**

Analyzing medical preparations in English the rule is to keep to the established order:

Name of the medical preparation;

supplied Pharmacodynamics, Pharmacokinetics;

Pharmacologic classification;

Administration;

Dosage;

Indications;

Contraindications;

Adverse effects;

Precautions;

Warnings.

After the name of the medical preparation the following information may be indicated: a firm – manufacturer, pharmacologic classification (reactant), therapeutic classification, risk category.

It’s necessary to remember the following medicinal forms:

Tablets. They may be film – coated, enteric coated, sugar coated, sublingual, buccal, chewable, multilayered, scored, biconvex; with delayed, extended, prolonged, action;  
suppositories, solution, capsule, dragee, ointment, drops, suspension, mixture, decoction, infusion;  
The routes of administration may be: per os, by injection, subcutaneously, intramuscularly, intravenously, inhalation, rectal administration, topical (local) administration;

All the drugs are supplied: ampoule, bottle, capsule, container, phial and vial.

Structure of annotations may vary depending on that on whom it is intended for – a doctor, a pharmacist or a patient, besides where it is published – in the directory of medical products, medical magazine or advertising brochure.

**Words and word combinations:**

To take a medicine: daily, hourly, at bedtime, without regard to meals, with extreme caution, preferably in the morning, divided, with fluid;

Drug dose: safe, heavy, age – dependent, permissible, initial, single, median/average, total, to use topically, to increase, reduce a dose by … to … grams, to crush a tablet.

available by prescription - выдаётся только по рецепту

excretion, elimination - выведение из организма

life time - срок действия

alleviate - смягчать

assure - обеспечивать

inhibit - тормозить

monitor - контролировать

delay - задерживать

discontinue - прекращать

exacerbate - обострять

precipitate - ускорять течение

promote - способствовать

rotate - чередовать

suppress – подавлять

To understand a part “Side effects” one should know the following words:

belching, constipation, cramp, diarrhea, discolored nails, dizziness, drowsiness, somnolence, edema, eruption, excitement, fainting, heartburn, hives, blurred vision, insomnia, irritation, numbness, purities.

Приложение 4

For independent study

№1 «**Medical Education in Great Britain»**

Medical Education in Great Britain

In Great Britain physicians are trained in either medical schools or faculties of Universities. They have medical schools in the Universities of London, Oxford, Birmingham, Bristol and Edinburgh. There are faculties of medicine in the Universities of Liverpool, Manchester, Glasgow and Aberdeen. And there is the School of Clinical Medicine in the University of Cambridge. Entry to a medical school is highly competitive and usually the number of candidates is much higher than the number of the places.

To enter a medical school in Great Britain candidates must pass entrance examinations. Entrance examinations are both oral and written. Students take these examinations at the end of their 6-year secondary school course, generally at the age of 18-19 years. For entrance to a faculty of medicine or a medical school, it is required that the subjects of chemistry, physics and biology or mathematics should be taken at advanced level.

Tuition fees are charged. Most students receive financial assistance in the form of grants, which cover their expenses wholly or in part.

The academic year is divided into 3 terms, each of 10-11 weeks’ duration. The terms run from October to December, from January to March and from April to June. Clinical students, however, attend for 48 weeks of the year. The undergraduate education occupies five years, consisting essentially of two years of basic sciences and three years of clinical work. Two pre-clinical years are occupied by human anatomy and biology, physiology and biochemistry. They also study statistics and genetics. Students attend lectures, do dissections and practical work in labs. Unlike Russia Latin is not taught in all medical schools. English and Latin spellings are similar and it is possible to write out prescriptions in English too.

Beginning with the third year the students study the methods of clinical examinations and history taking, general pathology, microbiology, pharmacology and community medicine. Medical students have practical training in teaching hospitals. These hospitals consist of in-patient and out­patient departments. Sometimes these departments are called units. Senior students and especially undergraduates spend most of the time in teaching hospitals. Daily bedside instruction in hospital wards and out-patient departments is given by teachers and doctors. Students follow up their patients and attend ward rounds. Besides the work in the wards the students attend demonstrations and clinical conferences as well as lectures in clinical subjects which are being studied.

The examinations in the medical schools are held at the end of each term. It is three times a year. At the end of each term and after each special course students take final exams. They are called sessionals. Most of the exams are written. They include academic and practical problems. The final examinations or finals are in Medicine, Surgery, Obstetrics and Gynecology and Pathology. Finals also include history taking and diagnosing. Before finals in Surgery students assist in operations. Before finals in Obstetrics and Gynecology they must assist during the delivery of at least 20 babies. These examinations are both written and oral. Written test includes short and long questions and questions of multiple choice. Oral tests include diagnosing a case.

So three years are spent in clinical studies to obtain degrees of Bachelor of Medicine (B.M.) and Bachelor of Surgery (B.S.). The degrees of B.M and B.S. give the right to register as a medical practitioner.

After the finals graduates work in hospitals for a year. This period is called internship. The newly qualified doctor must serve for six months as a house physician and six months as a house surgeon under the supervision of his medical school. House physicians and surgeons are on call every second or third night. The work of interns is very difficult but their salary is very small. Interns work al least 6 hours a week. After internship a young doctor obtains a "Certificate of Experience" from the medical school and he or she may work as a medical practitioner.

Further specialization requires training in residency. It takes 1 or 2 years of work in a hospital in some field. Residency trains highly qualified specialists in a definite field: gynecologists, urologists, neurologists and others. The salary of residents is higher than the salary of interns. After residency a specialist gets rather a high salary.

This degree is a postgraduate qualification obtained by writing a thesis based on original work. It is not required for practice. Such a degree in surgery is termed a mastership (M.S.).

Answer the questions:

1. Is the entry to a medical school highly competitive?
2. What exams are required to pass?
3. They are taken at advanced level, aren’t they?
4. How many terms is the academic year divided into?
5. Is Latin obligatory in all medical school?
6. What degrees do the medical graduates receive?
7. In what forms do they have exams?
8. What peculiar about final exams in Britain?
9. What is an internship? How long is it?
10. What document does a doctor obtain after the internship?
11. What is residency? How long is it?
12. In what fields of Medicine does residency train specialists?
13. What’s the highest degree of Medicine?
14. What must a specialist do to obtain this Degree?
15. How long does complete medical education last in Great Britain?
16. What periods does modern medical education consist of?
17. What is the aim of premedical training? How long does it last?
18. What sciences do students study during the second (preclinical) period of medical education?
19. How long does this period last?
20. When do students begin to get practical experience in the care of patients?
21. What subjects do medical students learn in the third (clinical) period of studying?
22. How long does internship last?
23. What is the aim of internship?

**Самоконтроль по тестовым заданиям данной темы:**

Insert the necessary information:

* They have to take entrance exams…
* Some students get... … in the form of grands.
* The entrance to a medical school is … … .
* The stipend … … partly.
* Senior students gain work experience at … … .
* … … are charged in Great Britain.
* After final exams students get a degree of … … .

(Bachelor of Medicine, to cover expenses, at advanced level, financial assistance, highly competitive, teaching hospitals, tuition fees).

**Самоконтроль по ситуационным задачам:**

1) В дискуссионном клубе международного лагеря вы познакомились с Дональдом Эдвардсом, студентом 2 курса медицинского факультета университета Глазго. Попросите Дональда рассказать, какие экзамены сдают студенты - медики в Англии, используя в диалогах следующие словосочетания:

Methods of clinical examination, history taking, clinical subject, teaching hospitals, to attend a ward round, final exams, sessionals, question of multiple choice, oral and written tests, written exams.

2. How do you become a specialist in your country? List the stages.

2**)** Спросите о недостатках информации. Начните вопрос с вопросительного слова, данного в скобках. Ответьте на вопросы.

1. Premedical training of students will take … years. (How many years…)
2. We shall study clinical subjects in … years. (When …)
3. In pathology classes the students will learn about … . (What …)
4. We shall have medical practice … . (Where …)
5. During the period of internship an intern will … . (What …)
6. … will make a diagnosis after a thorough examination of the patient. (Who …)

**№2 «Medical Education in the USA»**

**Medical Education in the USA**

Primary school education generally takes the pupil from the age of 6 to the age of 14 years, and secondary school - to the age of 18. After finishing his secondary studies the candidate for medical school must complete at least three years of higher education in a college or university.

This period of college or university studies is called "the premedical phase". The students who are taking this course of studies preparing them for a medical school are called "premeds". A student applies for admission to a medical school when he has completed premedical studies. The application costs approximately 50 dollars .

Academic achievement is the most important factor in the selection of students. In most medical schools candidates are required to pass the admission test. This is a national multiple choice test. The test lasts about eight hours over a one day period and includes questions in biology, chemistry, physics, mathematics and English. Then special admission committees have personal in­terviews with the candidate in order to assess the candidate’s general qualities, his character and his ability to study medicine.

The competition is very difficult and only about half of the students who apply to a medical school are accepted and begin their medical education.

The basic medical sciences are presented largely during the first two years of medical studies. For instance, in the first year at Johns Hopkins students study anatomy, biophysics, bio­chemistry, physiology, bacteriology, histology and other subjects. In the second year they study microbiology, pathology, physical diagnosis, pharmacology and laboratory diagnosis. At the end of four years all students receive the Degree of Doctor of Medicine, that is M.D.

Then they must work for one year as interns. This course of work at the hospital or clinic is called internship.

The period of residency is obligatory for all medical graduates. This period varies, depending on the specialty of the doctor. Generally, the period of residency is three or four years. For instance, residency in surgery and neurosurgery in the Johns Hopkins School of Medicine lasts for four years. Residency in internal medicine, preventive medicine and radiology lasts for three years.

After the residency the graduate is granted a license to practice and he may work either in government service or private practice.

Medical schools are gradually increasing their tuition fee in all the universities of the USA. Only a small part of students receive scholarships. The majority of the students have to work to pay for their studies. The tuition of the private colleges and universities is extremely high. For instance, tuition for the full course in medicine for one academic year at the Cornell University Medical College, New York, which is privately endowed is: Tuition - 9.100 dollars; books, instruments etc, 60 dollars; food - 1.800 dollars; lodging and utilities -1.400 dollars; health service fee - 200 dollars; hospital insurance -143 dollars; per­sonal - 1,200. All in all it amounts to 14,443 dollars. These figures represent a typical budget for an academic year.

Active Words and Word Combinations

primary school - начальная школа

secondary school - средняя школа

higher education - высшее образование

medical school - медицинский институт

premeds - студенты младших курсов медицинского института

resident - врач, проходящий специализацию

residency – специализация врача в системе американского здравоохранения

Answer the questions:

1. Does the curriculum in America much differ from the Russian system of medical education?
2. At what age can an American graduate practice medicine?
3. Is medical education paid?
4. What do students pay for?
5. Is the cost of education high?
6. Is residency obligatory in America?
7. What does the duration of residency depend on?
8. Do the students receive scholarships?
9. When may a graduate work as a practitioner?

**Самоконтроль по тестовым заданиям данной темы:**

which statements concern the American system of medical education? (Read)

1. Only a small part of students receive stipend.

Most students receive stipend.

1. Education occupies five years in a medical school.

Education occupies four years in a medical school.

1. Students obtain degrees of Bachelor of Medicine and Bachelor of Surgery.

Students obtain degrees of Doctor of Medicine.

1. A student may work as medical practitioner after the internship.

A student may work after the residency.

e) The period of residency is three – four years.

The period of residency is one - two years.

f) Residency is obligatory.

Residency isn’t obligatory.

1. Applicants can enter a medical school after the secondary school.

Applicants can enter a medical school after the premedical studies during three years in a college or university.

2. Подберите определения к данным терминам.

1. Science that studies the structure of human body. a pharmacology
2. Science of diseases and diseased tissues b physiology
3. Brunch of medicine which deals with children’s illness c anatomy
4. Science of mind and its processes d pathology
5. Brunch of medicine which deals with childbirth e psychology
6. Science and practice of treating diseases by operations f pediatrics
7. Science of normal functions of a living organism g surgery
8. Science of drugs and their effects on an organism h internship
9. (A period off) completing medical education by living I obstetrics

at a hospital and acting as an assistant physician or surgeon

**№3 “Health Service in Great Britain”.**

**Health Service in Great Britain**

The National Health Service Act was passed through Parliament in 1946 and in 1948 this Act received the Royal assent and was brought into operation. Further administrative changes were introduced by a number of other Health Service Acts.

Most medical treatment in Great Britain is free, but charges are made for drugs, spectacles and dental care. Free emergency medical treatment is given to any visitor from abroad who becomes ill while staying in our country. But those who come to England specifically for treatment must pay for it.

The National Health Service provides free medical care both in hospital and in the out-patient clinic. People may use the NHS or they may go to doctors as private patients. In big cities there are some private hospitals which people may use. Many people who have enough money still prefer to be private patients because they think that they can in that way establish a closer relationship with the doctor or because they do not want to be put in a large room with other patients.

A patient in G.B. can choose between NHS or private treatment at any time. Moreover he can take some of his medical care through the NHS, and some privately. If a patient is dissatisfied with his NHS family doctor or dentist, he may change to another one. In fact, 97 per cent of the population use the NHS.

The role of the family doctor (General Practitioner) is very important. Not all patients need highly specialized attention and the GP does invaluable work by filtering off 90 per cent or so of the total medical work.

Doctors and dentists can choose whether they want to join the NHS or not, and whether they will have NHS patients or private ones. In fact, the majority work in the NHS.

They have modern hospitals but half of the buildings are over 100 years old. 70 per cent of their hospitals are small, with only about 200 beds. Such hospitals are not economical and cannot provide a full range of service, which requires a district hospital of 800 beds or more. Now they have more than 150 health centers in the U.K. The first Scottish health centre was opened in Edinburgh in 1953. These health centers are an integral part of a unified comprehensive health service. Health centers provide all the special diagnostic and therapeutic services which family doctors may need, such as electrocardiography, X-ray, physiotherapy and good administrative and medical records systems. Family doctors work in close cooperation with the hospital doctors. Health centers are the basis of primary care.

There are centers which provide consultant services in general medicine and surgery, ear-nose-throat diseases, obstetrics and gynecology, ophthalmology, psychiatry and orthopedics. All consultations in the centre are by appointment only. The patient is given a definite time at which to attend. This is recorded on a card for him. Each doctor decides for himself how many patients he can examine in one hour. They believe that the patient is the most important person in the health centre and that they would direct all their energy towards helping him as much as possible.

Answer the questions:

1. Is medical treatment free?
2. Is emergency free or paid?
3. How do the British call private hospitals?
4. What do patients have to pay for?
5. Is a foreigner given free emergency medical treatment?
6. Has a patient a right to change his doctor or dentist?
7. Why can’t some hospitals provide a full range of medical services?

**Самоконтроль по тестовым заданиям данной темы:**

1. Prove that these sentences are right. Read the proper sentences from the text to confirm them:

* Medical treatment in Great Britain is free.
* A foreigner is given free emergency treatment.
* A lot of hospitals are very old.
* A consultation is by appointment only.
* Health Centres can provide a full range of medical services.
* A patient has a right to change his doctor.
* Doctors have their rights as well.

**Самоконтроль по ситуационным задачам:**

1. Вы ведете прием, составьте беседу врача и пациента с подозрением на стенокардию. Используйте слова и выражения.

Where does it hurt? Can you describe the pain? What makes it worse? complaints; to complain of; to have troubles with the heart; to have pain in the heart; the character of the pain; dull pain; sharp pain; to have pain on physical exertion; arterial pressure; angina pectoris; cardiac failure.

2. Составьте диалог между врачом и пациентом, используя план беседы и описание случаев заболеваний.

План беседы.

* приветствие;
* предложение войти и сесть;
* выяснение причины посещения врача;
* уточнение жалоб;
* осмотр больного (указание, что делать пациенту);
* формулирование диагноза;
* назначения;
* слова благодарности;
  + прощание

**A case of a broken arm.**

The patient complains of a severe pain in the arm. He/she can’t move the fingers. The doctor palpates the arm and tries to bend it. The patient screams with pain. The doctor does an X-ray examination which reveals a fracture (перелом). The doctor puts the arm into plaster of Paris (гипс) and prescribes an analgesic. The patient is to come for a check-up in a month.

**A case of common cold.**

The patient is feverish, has a blocked nose, a sore throat, a bad headache, a cough. His/her temperature is 37, 4. The patient has no appetite and is thirsty all the time. He/she is not quite himself/herself, weak and sleepy.

The doctor feels the patient’s pulse, listen to the lungs, takes his/her temperature, has a look at the throat.

The prescription: nasal drops, to gargle (полоскать) the throat with a saline solution (солевой раствор) every hour, aspirin when the temperature is high, a lot of tea with lemon, liquid diet.

2. Martin Thomas lives with his mother (85). He is offered a job abroad, which he really wants. He cannot take his mother with him, so he looks for a care home for her. They don’t have the money for a private care home. The government-run care home is free, but understaffed and depressing. When Mr. Thomas visits the care home, he sees the residents all sitting in silence around a TV set.

а) Should Mr. Thomas give up his plans and stay at home to take care of his mother?

б) Is it wrong that people with money should get better health care than those who are poor?

2. Explain. Why did you choose a career in medicine?

3. Драматизация диалога. Врач и пациент, подозрение на стенокардию. Действия врача.

4. What is the difference between “housemen or residents” and consultants.

**№4 “Health care system in the USA”.**

**“Health care system in the USA”.**

The second meeting of Dr. Nelson and his colleagues with the Pro­fessors and students of the Medical Faculty of the Moscow Medical Academy was devoted to problems of medical service in the USA.

Dr. Nelson: Dear colleagues, it is a great pleasure for all of us to meet you again. Today we'll speak about medical service in our country.

As for the health care system in my country, it exists on three levels: the level of the family doctor, the medical institution or hospitaland the United States Public Health Service.

Dr. Kruglov: Do many Americans seek medical help from private doctors?

Dr. Haddow: Not many, I should say. A private doctor, we call him a family doctor, gives his patients regular examinations and inoculations. In case professional care is needed,the familydoctor arranges or the patient to see a specialist or to go to a hospital. The family doctor receives pay directlyfrom the patient. Most physicians have private practices. They make use of the hospital's facilities whenever necessary. A family doctor either has his own private office or works with several other doctors in a so-called group practice.

Sasha Nikiforov: Dr. Haddow, what is characteristic of American hospitals? Do all patients pay for their treatment at hospitals?

Dr. Haddow: I should like to point out first that many Americans have no family doctor and they come directly to the hospital for all their medical needs. The hospital provides health care to the sick and injured. We have government-financed and private hospitals. Thepatients..§ admitted to hospitals or clinics staffed by consultingphysicians, residents, interns and highly skilled nurses. The nursing staff is very important. Nurses and patients are in close contact throughout the patients' stay in the hospital. Social services are available to the patients and families regarding personal, emotional, and financial problems that may arise from continued illness or disabilities.

Most hospitals have at least the following major departments or units: surgery, obstetrics and gynaecology, pediatrics and general medicine. They may also have trauma and intensive care units, neurosurgical and renal care units, and a psychiatric unit. The Emergency Room (unit) is a very special area in the hc1spital. The emergency patients receive immediate attention.

Dr. Nelson: Let's not forget about the high cost of medical care in our country. Two thirds of the population have private health insurance. Some people have health insurance, life insurance (financial assistance for the relatives in case of death), disability insurance and retirement benefits at their place of employment. Most employees and their fam­ilies now pay more than 50 per cent of the costs of health insurance. The great cost of medical care in the country and the great number of people who could not pay for it forced the federal government to develop two health insurance programs - Medicaid and Medicare. Medic­aid, started in 1966, is a federal program providing free medical care for low-income people, the aged, the blind and for dependent children.

Dean of the Faculty: Dr. Kendall, I've read that Medicare is a health insurance program for the elderly and disabled. What age group does the Medicare program provide for?

Dr. Kendall: Medicare, started in 1967, is a federal program providing free medical care for\_aged Americans over 65, for those who ill the past had the greatest medical expenses.

Dr. Kruglov: Dr. Nelson, what are the scientific problems facing American medicine?

Dr. Nelson: Well, in my opinion, the chief scientific problems facing American medicine are the same as those facing Russian medicine, they are heart disease and cancer. The chief causes of suffering and death today are cancer and cardiovascular diseases, including hypertension, stroke and atherosclerosis. Also much medical research is done on illnesses of aging, disabilities caused by arthritis, mental illness, drug addiction, and genetic problems.

The Dean of the Faculty: Dear colleagues, you've given us a clear picture of the American health care system. We all want to thank you and wish you the best of luck in your work.

Answer the questions:

What doctor is called a family doctor?  
What are the duties of a family doctor?  
What are his rights?  
Do many Americans have a family doctor?  
What types of hospitals are there in America?  
What medical workers are American hospitals staffed by?  
What units are there in hospitals?  
Why are social services available to the patients and their families?  
What example can you give to show that social service is available?  
Why are emergency units special areas in the hospital?  
Why is the nursing staff very important?

**Самоконтроль по тестовым заданиям данной темы:**

Make a scheme of the Health Service in the USA.  
How many parts is it divided into? What are they?

Вставьте слова в данный текст.

*treatment, day, tests, referred, discharged, admitted, clinic/ hospital, department*

**Information for outpatients**

When you arrive at the (1)………………, please tell the receptionist who will welcome you, check your details, and direct you to the waiting area. The length of your visit will depend on the (2)……………….. you’re going to have. You may need to have some (3)……………… , such as an X-ray, which could mean going to another (4)………………. . Or you may be (5)…………… to other professionals, such as a physiotherapist or dietician. You may need to revisit the clinic. If staff at the clinic want to see you again, another appointment will be arranged for you. If you need to be (6)………………… to hospital for more treatment, either as an inpatient or for (7)…………………. surgery, you will be told when this is likely to happen. If you do not need further treatment you will be (8)……………….. to your GP’s care.

**Самоконтроль по ситуационным задачам:**

А). Вы были на стажировке в Америке, расскажите о работе частного врача в США. Выделите разницу с нашими врачами. Используйте в своем сообщении новые словосочетания:

private doctor, family doctor, to give regular examinations, to arrange for the patients to see a specialist, to make use of hospitals facilities, private office, group practice.

Б). Обсудите данную ситуацию. На ваш взгляд, какие преимущества и недостатки имеет данная проблема

1. The physician assistant in the USA carries out some of the functions of a medical practitioner, such as history taking and examination and diagnosis and treatment of certain illnesses, without having a medical degree.

2. Если вы главный врач больницы, сделайте ваш выбор.

Choose one of these things which you want to spend the money on, and think about why it is important.

***A new kitchen; One newly – trained doctor*.**

С).Составьте диалоги, задавая вопросы, указанные ниже, и ответьте на них, используя следующие словосочетания.

What’s troubling you? What’s the matter (with you)?

What’s your problem? What’s wrong (with you)?

frequent headaches heartburn stuffy nose

a high temperature nausea a sore throat

pain in the chest vomiting stomach ache

pain in the heart constipation dizziness

pain in the abdomen diarrhea cough

shortness of breath

**1. Занятие № 11**

**Тема «Medicines Under Control »**

**2. Формы работы:**

- Подготовка к практическим занятиям.

- Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

Answer the questions:

What does WHO mean?

Were there any measures taken against drug abuse?

Why are the measures so important?

Why is it necessary to maintain control over the distribution of narcotic and psychotropic substances in pharmacies?

Does a free market in the sphere of pharmacy always serve tasks (purposes) of the public health system?

What medicinal substances are intended for selling by prescription only?

Why are some medicinal substances in popular demand in drug addicts?

Аннотация текста “Control over the distribution of narcotic and psychotropic drugs” (см. Приложение 1);

2. Работа с текстом (чтение, перевод) “False Drugs” (см. Приложение 2). Groups of false drugs;

Введение тематической лексики: to draft state policy, legal, precursor, preliminary investigation, trafficking, enforcement authorities, mosque, drug den, clergyman, to combat, illicit, consumption, lethal, addict.

**4. Самоконтроль по тестовым заданиям данной темы:**

Find unnecessary word in every group:

1. TYPE OF DRUGS

1.counterfeit drug

2. over-the-counter drug

3. fake drug

4. false drug

2. CATEGORY OF DRUGS

1. dangerous

2. risky

3. courageous

4. hazardous

3. THERAPEUTICAL ACTION

1. conditions

2. results

3. effects

4. consequences

4. RISK CATEGORY

1. fatal

2. mortal

3. lethal

4. fetal

5. MEDICAL INSTITUTION

1. pharmacology

2. pharmacy

3. chemist’s

4. drugstore

Key: 1- 2; 2- 3; 3 – 1; 4 – 4; 5 – 1.

**5. Самоконтроль по ситуационным задачам:**

**a.** Используя следующие слова и выражения, убедите своих коллег в необходимости использовать общегосударственные стандарты фармацевтической практики: to avoid medication errors, counterfeit products, to assess, to evaluate, to be in the know of all achievements, a single source of information, to combat.

Key: National standards are needed for evaluation of data on the use of medicines, contacts with physicians, educational programs for medical experts, reporting of adverse events, medication errors, defects in product quality and detection of counterfeit products.

**b.** Используя модальный глагол Should, составьте перечень условий, при которых данные требования будут выполняться.

1. Good pharmacy practice requires that a pharmacist’s first concern is the welfare of patients.

2. Good pharmacy practice requires that the core of the pharmacy activity is the supply of medication and other health care products of assured quality.

3. It’s a pharmacist’s duty to provide appropriate information and advice for a patient.

4. An integral part of the pharmacist’s contribution is the promotion of rational and economic prescribing and of appropriate use of medicines.

5. It’s a pharmacist’s duty to help a consumer to read an annotation to a medical preparation.

6. It’s a pharmacist’s duty to be in the know of all scientific achievements.

7. Good pharmacy practice requires a pharmacist’s occupation with self-education.

Key: 1- should be concerned about…; 2- …should be the core of the pharmacy activity; 3- a pharmacist should provide…; 4- … should be the promotion of…; 5- a pharmacist should help…; 6- a pharmacist should be…; 7- a pharmacist’s occupation with self-education should be a good pharmacy practice.

**6. Перечень практических умений по изучаемой теме:**

- владеть навыками ознакомительного, изучающего чтения текстов;

- читать со словарем текст с передачей содержания на родном или иностранном языке;

- владеть тематической лексикой.

**7. Рекомендации по выполнению НИРС:**

Для выполнения НИР студента необходимо:

- определить цели и задачи работы;

- продумать и запланировать этапы выполнения работы;

- провести поиск информации, включая электронные источники;

- провести анализ источников информации;

- провести исследовательскую часть работы;

- оформить работу в соответствии с требованиями, разработанными и утверждёнными кафедрой, соблюдая такие критерии оценивания работы как научность, актуальность, новизна, логичность изложения, наглядность и доступность;

- оформить рисунки, схемы, таблицы, подготовить презентацию доклада;

- сделать выводы, в которых излагаются результаты работы;

- указать библиографию;

- при необходимости оформить приложения.

Рекомендованная тема:

“The supervising organizations in Pharmacy”, “How to avoid buying false drugs”

Приложение 1

**Text A**

**The Federal Drug Control Service of the Russian Federation** or FSKN is a federal law enforcement agency of executive authority responsible for drafting state policy, legal regulation, control and monitoring in combating trafficking drugs, psychotropic substances, and their precursors. The Federal Drug Control Service of the Russian Federation is specially authorized to address and solve problems relating to traffic in narcotic drugs, psychotropic substances, and their precursors; the Federal Drug Control Service is also authorized to combat the illicit drug trafficking.

The FSKN shares concurrent jurisdiction with the Federal Security Service of Russia and MVD. The FSKN also has sole responsibility for coordinating and pursuing Russian drug investigations abroad, especially in Central Asia.

The first Anti-Drugs Independent Russian Agency was born in 24 September, 2002 under the name "The State Committee for Combat the Illicit Trafficking in Narcotic Drugs and Psychotropic Substances under the Ministry of Internal Affairs of the Russian Federation" (UNON MVD).

In March 11, 2003 the State Committee for combat the illicit trafficking in narcotic drugs and psychotropic substances under the Ministry of Internal Affairs of the Russian Federation was transformed into the State Committee of Russian Federation to Monitor the Trafficking of Narcotic Drugs and Psychotropic Substances (GOSNARCOCONTROL). That organization eventually became the Federal Drug Control Service of Russia. The Committee began its operations on July 1, 2003.

On June 6, 2003, the Duma approved the Regulations on the State Committee of Russian Federation for the control of narcotic drugs and psychotropic substances. On March 9, 2004, The Russian Federal Drug Control Service was renamed the Federal Service of the Russian Federation for the control of narcotic drugs and psychotropic substances and on July 28, 2004, the Russian Federal Service for Control over Traffic in Narcotic Drugs and Psychotropic Substances was renamed the Russian Federal Service for Drug Control.

The main tasks of Russian Federal Drug Control Service are:

monitoring the trafficking of drugs;

detection, prevention, suppression, detection and preliminary investigation of crimes attributed to the investigative jurisdiction of Federal Drug Control Service of Russia;

coordination of enforcement authorities to combat drug trafficking;

establishment and maintenance of a unified data bank on issues related to drug trafficking, as well as to combat their illegal trafficking.

Day of Drug Control Authorities

In February 16, 2008 the Decree of Russian President Vladimir Putin, the day on March 11 announced the official professional holiday - the Day of Drug Control Authorities.

**Text B**

**Meet Desomorphine**, also known as “**crocodile**”. Desomorphine consumption has increased threefold over the last three years and continues to grow exponentially. “In November, 6% of our drug addicts were on Desomorphine. In April, the figure was 22%,” says Yevgeny Roizman, head of the group” Cities without drugs”. “We busted 7,000 drug dens in 2010, and Desomorphine accounted for 60%–70% of them,” says General Nikolai Kartashov, Deputy Head of the Federal Drug Control Service (FDCS).

Crocodile has three special features. The first is that it’s extremely lethal. A crocodile addict doesn’t live more than two years and literally rots to death. The chemicals used to manufacture crocodile eat away at the body from the inside and the outside – both the blood vessels and the skin – and a crocodile user typically has awful sores all over the body, holes in what’s left of yellow rotting teeth and holes in the jaw where the teeth have fallen out. They are walking zombies. There aren’t any separate mortality statistics for crocodile. Officially, people don’t die from an overdose; they die from venous ulcers, heart attacks or they simply forget to breath.

Second, crocodile is a collective narcotic. The drug den, particularly in small, depressing cities, becomes the social centre in place of a church, mosque or club, and all the local young people immediately get pulled into its orbit. “We go into a den,” Royzman says, “and there are seven to ten people there, all aged 20–25, all convicts, all rotting. Stuff from pharmacies is being boiled. The pharmacies already have a ‘drug addict’s kit’ ready for them that offers Codelac and iodine and they also throw a syringe in the bag. The most frightening thing is that there are always children at the drug dens. And there’s an insane amount of crime in the area. They can have some 50 mobile phones confiscated.”

Heroin keeps people high for eight hours, while crocodile lasts only for an hour and a half. Sergei Kanev, a Novaya Gazeta correspondent whose son died from codeine-containing tropicamide, can attest: his son ran to the pharmacy every three hours. Heroin addicts have breaks when their brains switch on, while crocodile addicts do not. As soon as they inject, they have to run and get more.

Third and finally, crocodile is a cheap drug. It’s a drug for the poor, who boil it with iodine, petrol, matches and acid from cheap codeine-containing products such as Codelac, Terpincod, Tetralgin, Pentalgin, Sedal-M, etc.

The top codeine-containing drugs, whose consumption grows 5% –7% each year, are Terpincod, Codelac and Pentalgin.

HOW TO SOLVE THE PROBLEM?

Words and word combinations:

FSKN - ФСКН России (Федеральная служба Российской Федерации по контролю за оборотом наркотиков);

To draft state policy – разработка государственной политики

legal ['liːg(ə)l]- правовой, юридический;

precursor [ˌprɪ'kɜːsə] предшественник; предтеча, предвестник

investigation [ɪnˌvestɪ'geɪʃ(ə)n]- расследование, следствие

preliminary [prɪ'lɪmɪn(ə)rɪ]- подготовительное, предварительное мероприятие

trafficking - торговля запрещённым товаром (наркотиками, оружием, людьми и т. д.)

enforcement authorities –правоохранительные органы

mosque [mɔsk] мечеть

drug den – притон

clergyman ['klɜːʤɪmən] – священник

consumption – потребление

lethal ['liːθ(ə)l] смертельный; летальный; смертоносный

addict ['ædɪkt] – наркоман

mortality statistics - статистика смертности

Приложение 2

**FALSE DRUGS**

A counterfeit medication or a counterfeit drug is a medication or pharmaceutical product which is produced and sold with the intent to deceptively represent its origin, authenticity or effectiveness. A counterfeit drug may contain inappropriate quantities of active ingredients, or none, may be improperly processed within the body, may contain ingredients that are not on the label (which may or may not be harmful), or may be supplied with inaccurate or fake packaging and labeling. Medicines which are deliberately mislabeled to deceive consumers—including mislabeled but otherwise genuine generic drugs—are counterfeit. Counterfeit drugs are related to pharma fraud. Drug manufacturers and distributors are increasingly investing in countermeasures, such as traceability and authentication technologies; try to minimize the impact of counterfeit drugs.

Counterfeit medicinal drugs include those with less or none of the stated active ingredients, with added, sometimes hazardous, adulterants, substituted ingredients, completely misrepresented, or sold with a false brand name. Otherwise, legitimate drugs that have passed their date of expiry are sometimes remarked with false dates. Low-quality counterfeit medication may cause any of several dangerous health consequences, including side effects or allergic reactions, in addition to their obvious lack of efficacy due to having less or none of their active ingredients.

According to statistics, during the last 40 years in the world 200 thousand people died from taking fake drugs. In our country the first fake drug was detected in1997. Since then, their number is increasing. According to the World Health Organization (WHO) fakes on the Russian market compose 12%, 38% of which are antibiotics, 7% - antispasmodics and 6% - anti-inflammatory drugs, and many others.

Fakes can be divided into three groups.  
First - drugs that contain neutral fillers (for instance, glucose or starch) instead of the active substance.

  The second group - a fake with a low content of active substances or other, less efficient agent.

Third - fakes, in which all components are present in its entirety. These drugs don’t usually differ from the original, but the manufacturer does not have a license for their production.

Fourth - a fake, which contains another active substance, possibly with the opposite effect. These drugs often cause death. So it happened with the drug "Mildronat," which action instead of strengthening the heart resulted in a respiratory arrest.

In addition, fake drugs may contain the dangerous impurities - brick dust, pesticides and heavy metals. With the help of the impurities criminals are trying to make drugs of the similar color. For these purposes toxic industrial dye, inks for printers and even mastic are used.

The falsifiers preferred a forged (false) well-known, frequently used and not too expensive medications. Often, massive release of fakes occurs after an advertising campaign of some medications.

Nevertheless, the pharmacy chain detected fake cheap drugs: brilliant green, with 3% solution of hydrogen peroxide, streptocidal ointment.

Here is a small list of those drugs, false copies of which are often met in pharmacies:  
Allohol, Ascorbic acid with glucose, Asparcam, Ampicillin, Biseptol, Bromhexine, Valerian (tablets), Valokordin, vitamins, mustard, Hematogen, Insulin, Indomethacin, Kloforan, Chloramphenicol, Mezim-forte, Miramistin, Naphazoline, Propolis tincture, New pass, Nootropil, Nystatin, 5-NOK, Pentalgin, Prednisolone, cough syrup, Smectite, Sofradeks, Suprastin, Sumamed, a solution of sodium sulfatsila - eye drops, Rulid, Trihopol, Trental, cerebrolysin, Tsiprolet,Cinnarizine, Cefazolin sodium salt, Tsefamezin, Tserukal, Festal, Enam, Essential forte.

Приложение 3

For independent study

№ 1. **«New Tendencies in Pharmacy. State Policy»**

**A)** Поисковое чтение Text A – найти ответ на вопрос: What are the four major reasons to develop pharmaceutical industry?

Read the text attentively and tell about 4 major reasons for an intensive development of a Russian pharmaceutical industry.

SUMMARY

The majority of experts believe that Russia needs a fully developed pharmaceutical industry. **What are the main arguments for an intensive development of a Russian pharmaceutical industry?** There are four major reasons.

The provision of national security is one of the most important arguments to develop a domestic pharmaceutical industry. Most importantly, it will serve to provide the country with pharmaceutical drugs in case of an emergency. Our pharmaceutical industry can provide simple drugs for our people no matter the situation. According to statistical data and inquiries of leading clinics the share of Russian-made drugs on the market is about 70 %; but Russian companies have a tendency to use foreign-made raw materials instead of domestic ones.

It is true that we produce hardly any cutting-edge or very innovative drugs, but that is not a crucial factor of national security in case of a natural or military disaster.

However, national security has not only a military and political dimension, but also an economical one. Import-substitution, especially when there is instability in foreign currency markets, is an obvious priority of the state’s social policy, because it is directly related to basic constitutional values.

The pharmaceutical industry is believed to be one of the most high-tech-intensive industries. The innovation that drives progress in pharmacy is the achievement in biological and medical sciences. Progress in the pharmaceutical industry helps develop chemistry, physics, mathematics etc., and that will stimulate demand for the universities to train more highly qualified specialists. Pharmaceutical companies receive orders from the medicine branch to produce certain drugs, acquire information on new research and investigations, and, on the other hand, these companies can stimulate such investigations and propose new ideas to scientists.

At the level of the state, the pharmaceutical industry is a mediator between the state and people.

One of the most important social functions of the state is to lengthen and improve the quality of life of the Russian population. These functions cannot be realized if we lack the technologies and the creative energy that would push us to do more and more research! Without the development and use of technologies, without the infrastructure for permanent innovation in this area, it is impossible to achieve a serious improvement in the quality of our health care sector. Even when we have new knowledge, new research in Russia, the widespread foreign innovations hold back the development of an infrastructure for the production of new drugs and the development of new treatment methods.

The absence of a mediator-a fully developed Pharmacia industry will result in low-quality of medical services.

During the last several years Russia has lost practically all its positions on the international market of pharmaceuticals and biotechnology. A return into this market could be an important step in the effort to move from a “row material economy” to the fundamentally different participation in international trade.

The state must invest resources into development of Pharmacy and the primary goal - to create conditions for a “transition to an innovation-based model of development” of the Russian pharmaceutical industry.

Words and word combinations:

domestic – домашний, отечественный

in case of an emergency – в случае критического/ военного/ чрезвычайного положения

share – часть, доля

raw materials – сырьё

cutting-edge - современный, передовой

crucial - ['kruːʃ(ə)l] - ключевой; критический, решающий

dimension - [daɪ'men(t)ʃ(ə)n] - сторона, аспект

a mediator - ['miːdɪeɪtə]- посредник, примиритель

hold back – задерживать, тормозить

(Key: 1.National Security; 2.Technological development and the economy;

3. Improving people’s quality of life; 4. Access to the international pharmaceutical and biotechnology market)

**B)** Аннотация текстов по вариантам: Text B, C

**Text** B. **Drugs of the future will be computer-designed**

Digital health: Professor Hideaki Fujitani, a bio-computing expert at the University of Tokyo, shows an all-atom simulation video used in drug development. The "machine," occupying a small room in a building on the University of Tokyo's research campus in Tokyo's Meguro Ward, is a computer system. It's not like any other computer system, though: equipped with those powerful cooling fans and a ventilation system, it is a supercomputer, which Fujitani believes will save people's lives.

Fujitani, professor at the university's Laboratory for Systems Biology and Medicine (LSBM), is part of an interdisciplinary group of scientists working to develop drugs for people with recurrent or advanced cancer. The group is currently working on the development of drugs from antibodies. An antibody is a protein produced by the body's B cells, and it circulates in the blood. As part of the immune system, antibodies recognize and stick to antigens, which are foreign molecules that form part of viruses and bacteria. Once bound to an antigen, an antibody can neutralize it. A modified antibody could "dock" with an antigen specific to cancer cells and prevent the cancer cells from growing, and in the most desired scenario, it could kill them. Kodama's group has already identified the target proteins and strategies for how to attack them. With the help of supercomputers, the scientists say they can make antibody-based drugs far more effective and less harmful to patients than other cancer drugs, which often attack healthy cells as well and result in severe side effects.

"In the future, many people in advanced stages of cancer will be able to have their illnesses cured, and live longer," the scientist says confidently. His job, in particular, is to simulate exactly how the antibody and antigen interact and stick to each other at an atomic level. He also wants to find out in what situations they can be bound together most powerfully, like finding the right key to fit a keyhole, he says.

To do that, he has calculated, using molecular dynamics, the three-dimensional moves of 30,000 to 40,000 atoms that make up the antigen, antibody and water around them. "Even when the proteins (in the antigen and antibody) bind, they are easily blown apart, as they are affected by the movement of the water around them. So we need to calculate the dynamics involved in all of them."

The size of molecules he studies is about 20 angstroms (one angstrom is one 10 billionth of a meter) and atoms move in about a femtosecond**,** or one millionth of one billionth of a second. To understand what is really going on, though, computers must work really fast and hard.

"A molecule moves in about 1 femtosecond, gradually changing the shape of proteins over microseconds," he says. "To see the dynamics, you need to solve about one billion equations. If one CPU is able to solve one equation per second, it would still take 32 years to solve all the problems. That's why we need the fastest supercomputer with lots of CPUs." Fujitani says his research would have been impossible without the support of the national government, as private-sector drugmakers do not have the resources to invest a huge amount of money in supercomputers. Fujitani gives an example of forward-thinking approaches.

Fujitani says that Japan must be more strategically-minded in creating new fields and new industries. Otherwise, it has no chance of survival.

Words: femtosecond - фемтосекунда (миллиардная доля микросекунды)

CPU от central processing unit - центральный процессор

**Text** C**. Scientists warn that drugs of the future will be designed specifically to control the human mind**

It may sound like something out of a science fiction plot, but Oxford researchers say that modern conventional medicine is gradually developing ways to change the moral states of humans through pharmaceutical drugs, and thus control the way people think and act in various life situations. These new drugs will literally have the ability to disrupt an individual's personal morality, and instead reprogram that person to believe and do whatever the drug designer has created that drug to do.

Science has ignored the question of moral improvement so far, but it is now becoming a big debate. Studies show that certain drugs affect the ways people respond to moral dilemmas by increasing their sense of empathy, group affiliation and by reducing aggression.

While this may sound good in theory, mind control is already a very dangerous side effect of existing drugs. Take the antidepressant drug Prozac, for instance, which has been known to cause those taking it to lash out in violent rages. One young boy murdered his father by beating him and stabbing him in the head, and hit his mother with a crowbar and stabbed her in the face, shortly after starting to take Prozac.

But the kinds of drugs designer drugs specifically designed to not only alter one's mental state, but also to change the way that person thinks about situations from a moral perspective. The end result is literally a type of drug-induced mind control where human subjects will be controlled by someone else, and unable to make conscious decisions for themselves.

Research on the subject, of course, tries to paint the idea of mind-control drugs in a positive light, suggesting that they could be used to help make the world a better place. Just imagine less violence, more trust, and more love, they say. This rhetoric, though, is really just a ploy to further numb the already mind-numbed masses into accepting the idea as a good thing.

Words:Stab - колоть, ранить кинжалом, ножом

**Answer the questions:**

What’s the name of the Development of the Pharmaceutical Industry Program in Russia?

What period of time does the Program embrace?

What aims does the Program define?

Innovation is a key in the creation of a full-fledged pharmaceutical industry, isn’t it?

Why is national security one of the main reasons for developing domestic pharmaceutical industry?

How does development of pharmacy connect with the other branches of science?

What two Ministries are responsible for the Pharmacy development?

**Самоконтроль по тестовым заданиям данной темы:**

Составьте предложения, соблюдая правильный порядок слов:

1. a. IN CASE, b. HAS, c. A HIGH, d. A PATIENT, e. OF, f. TEMPERATURE, g. THE GRIPPE

1. a e g d c f b

2. c f a e g d b

3. d b c f a e g

4. c f b d a e g

2. a. SLEEPLESSNESS, b. OF, c. COMPLAINS, d. PATIENT, e. THE

1. e d c b a

2. b a c e d

3. c e d b a

4. a c b e d

3. a. HE, b. A BED, c. LAST, d. FOLLOWED, e. REGIMEN, f. MONTH

1. c f d a b e

2. b e c f a d

3. a b e d c f

4. a d b e c f

4. a. THE PATIENT, b. ADMINISTERED, c. THE PHYSICIAN, d. INJECTIONS, e. STREPTOMYCIN

1. a b c e d

2. c b a e d

3. c b d e a

4. a b e d c

5. a. FOR; b. PREPARATIONS; c. OINTMENTS; d. EXTERNAL; e. ARE; f. SEMI- SOLID; g. USE

1. a b c e f d g

2. f b a d g c e

3. c e f b a d g

4. f c e a d g b

Key: 1- 3; 2- 1; 3- 4; 4- 2; 5- 3.

**Самоконтроль по ситуационным задачам:**

**a.** Give some instructions to the customer using the following verbs:

dissolve, chew, rub, lay, take, carry, apply, wear.

1. ….a little of this ointment on your chest every evening.

2. … two of these tablets twice a day.

3. … the cream to the affected area every day.

4. Don’t … these tablets. Swallow them whole.

5. I advise you to … these stockings until you’re able to become a bit more active.

6. You should always … this insulin kit with you.

7. Just … the lozenge under the tongue and allow it to … slowly.

Key: 1-rub; 2 –take; 3 –apply; 4 –chew; 5 –wear; 6 –carry; 7 –lay, dissolve

**b.**An elderly person has forgotten the name of drug he/she was going to buy. Find out using the following WH-words: What? What form? How often? What color? What dosage? When? Where?

Key: What do you suffer from?

What medicinal form is your drug?

How often do you take the drug?

What color was the drug’s packing?

What dosage did you buy?

When did your doctor prescribe you this medicine?

Where is your drug made?

**№2 «Drug production and advertisement»**

**A) Изучающее чтение текста. Drug Manufacturing Development Process**

Drug Manufacturing Development Process

Few people are aware of the vast amount of time and money invested in getting a drug from the laboratory to the drugstore shelf. Drugs undergo exhaustive testing before being approved for use by the general population, with the whole process often taking 10 to 12 years. It takes millions of dollars for a drug to reach the market, with more than half of the money being spent on clinical trials.

**Early Development**

Once a potentially useful drug has been identified in the laboratory, initial testing is usually done on animal models in order to assess for toxic effects. Once results from the initial testing are known, an application, known as the investigational new drug application, or IND, is submitted to the FDA for approval. Approval from the FDA means that the drug can then be tested on humans, a process referred to as clinical trials.

**Clinical Trials**

The aim of clinical trials is to determine both the effectiveness and toxicity of the drug. This is generally done in three phases. In phase I, the drug is tested on a small number of healthy volunteers. The main aim of this phase is to assess the level at which the drug becomes toxic. In phase II, the drug is then tested on larger numbers of volunteers with the target disease, not only to determine if the drug is effective but at what level it can be given with minimum side effects. In phase III clinical trials, the drug is tested on very large numbers of volunteers with the disease, comparing its effectiveness with existing medications or a placebo, which is a sugar pill that contains no medication.

**FDA Review**

Once the drug is considered safe and effective, a new drug application, or NDA, must be submitted to the FDA, detailing the results from the animal and human studies and all other relevant information associated with the drug such as dosage and product labelling. If the FDA approves, the drug then becomes available to the general population.

**Postmarketing Surveillance**

Also referred to as phase IV, postmarketing surveillance is the continuous monitoring of the drug after it has become available for widespread use. Postmarketing surveillance allows less common but significant side effects to be detected and reported to the FDA. If severe side effects occur, the FDA may withdraw the drug from the market. This was the case with Vioxx, an anti-inflammatory drug that was withdrawn from the market in 2004 due to an increased risk of heart attack and stroke.  
**Prescription Drug Advertising**

Your healthcare provider is the best source of information about the right medicines for you. Prescription drug advertisements can provide useful information for consumers to work with their health care providers to make wise decisions about treatment. The example ads below show the correct and incorrect versions of different types of drug ads.

If you think a prescription drug ad violates the law, [contact](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/PrescriptionDrugAdvertising/ssLINK/UCM076768.htm#law_violation_who) FDA's Office of Prescription Drug Promotion.

|  |  |  |
| --- | --- | --- |
| **Product Claim Ad** | **Reminder Ad** | **Help-Seeking Ad** |
|  |  |  |

**B) Аннотация текста «Direct-to-consumer advertising»**

Direct-to-consumer advertising

Direct-to-consumer advertising (DTC advertising) usually refers to the marketing of [pharmaceutical products](http://en.wikipedia.org/wiki/Pharmaceutical_product) but can apply in other areas as well. This form of advertising is directed toward patients, rather than healthcare professionals. The Food and Drug Administration holds responsibility of regulating DTC advertising. The FDA’s latest version of guidelines, though still in draft form, for pharmaceutical drug advertising was updated in 2009.[[1]](http://en.wikipedia.org/wiki/Direct-to-consumer_advertising#cite_note-1) Forms of DTC advertising include TV, print, radio and other [mass](http://en.wikipedia.org/wiki/Mass_media) and [social media](http://en.wikipedia.org/wiki/Social_media). There are [ethical](http://en.wikipedia.org/wiki/Marketing_ethics) and regulatory concerns regarding DTC advertising, specifically the extent to which these ads may unduly influence the prescribing of the [prescription medicines](http://en.wikipedia.org/wiki/Prescription_medicine) based on consumer demands when, in some cases, they may not be medically necessary.

**Digital and the evolution of direct-to-consumer advertising**

Emerging media channels are causing the consumer channel mix to become increasingly fragmented. Individuals are no longer limited to just the television or newspaper to obtain their entertainment, news, and information, but can access content via websites, online video, social networks, mobile devices, and a variety of other ways. Consumers are especially shifting to new media sources for health and pharmaceutical information – over 145 million U.S. adults looked up health information online in 2008.

The pharmaceutical industry as a whole has not been as quick as other sectors to jump on the digital marketing bandwagon, in part due to unclear guidelines from the FDA. Nonetheless, many direct-to-consumer (DTC) marketers are beginning to recognize the opportunities that new media offers for reaching consumers. Though the vast majority of DTC budgets are still allocated to traditional offline media such as television, newspaper, magazine and radio, marketers are beginning to shift some of their spending to digital activities such as product websites, online display advertising, search engine marketing, social media campaigns, and mobile advertising. Regardless of the advertising channel, pharmaceutical drug advertisers are continuing to increase the amount of money spent on DTC advertising with an increase of 330% from 1996 to 2005.[http://en.wikipedia.org/wiki/Direct-to-consumer\_advertising - cite\_note-9](http://en.wikipedia.org/wiki/Direct-to-consumer_advertising#cite_note-9)

**C) Answer the questions:**

1. What do the drugs undergo before being approved for use by the general population?

2. Whom is initial testing usually done in order to assess for toxic effects?

3. What is the aim of clinical trials?

4. What is the function of FDA?

5. What is the Direct-to-consumer advertising (DTC advertising)?

**D) Самоконтроль по тестовым заданиям данной темы:**

**1.** По предложенным рекламным плакатам определите, на устранение какого состояния направлено действие рекламируемого препарата:

{



*allergy, cough, headache, stomachache, toothache, lightheadedness, mental depression, excessive sweating.*

**Ключ:** mental depression

**E. Самоконтроль по ситуационным задачам:**

1. Подготовьте рекламное сообщение на английском языке об открытии аптеки для аудиотрансляции в большом медицинском центре:

«Для удобства пациентов на территории медицинского центра открыт аптечный пункт. У нас всегда в наличии широкий ассортимент лекарственных средств хорошего качества, гигиенических товаров, лечебной косметики, необходимых для поддержания здорового образа жизни всей Вашей семьи. Квалифицированные фармацевты проведут с Вами все необходимые консультации по всему спектру лекарств, биологически активных пищевых добавок, рецептурных препаратов и других товаров, поддерживающих Вашу красоту и здоровье».

**Ключ:**

«For the patients’ convenience there is a chemist’s shop open on the territory of the medical centre. We always have a large assortment of medications of good quality, hygiene products, medicating cosmetics, necessary for the healthy life style of your whole family.  
Qualified pharmaceutical chemists will give you all the necessary consultations concerning the wide choice of medications, biologically active food supplements, products of medical prescription, other beauty and health products».

**Ситуационная задача**

По предложенным рекламным плакатам определите, на устранение какого состояния из указанных ниже направлено действие рекламируемых препаратов.

*Headache, backache, stomachache, toothache, indigestion, sore throat, vomit, running nose, temperature, cough.*



Выскажите свое мнение о качестве и эффективности данной рекламы. Используйте выражения:

*First… is very important – Во первых, очень важно…*

*You know… – Видите ли…*

*I would… – Я бы…*

*I believe… – Я полагаю, считаю…*

*I think… – Я думаю…*

*In my opinion… – По моему мнению…*

*To tell the truth… – По правде говоря…*

*I’m not sure… – Я не уверен…*

*I am sure… – Я уверен…*

*I never thought… – Никогда не думал / Никогда не предполагал…*

*I feel… – Я чувствую/У меня такое ощущение/Мое отношение…*

**Ключ:** **1 -** *backache,* **2-** *stuffiness in nose ( running nose),* **3 -** *indigestion*

**Ситуационная задача**

На основе серии рекламных плакатов расскажите о деятельности фармацевтической организации FIP.

|  |  |  |
| --- | --- | --- |
| **News and Publications** | | |
| **News**  FIP re-launches Pharmacy Education - now online! | **Publications**  FIP comprises a global communications infrastructure via printed publications, e-mail lists and the website. | **FIP in the Media**  Browse through articles published by or about FIP leaders and contributors. |
| **FIP Programmes and Projects** | | |
| Through the work of various individuals, working groups and taskforces, FIP initiates and implements numerous projects and programmes that are making a significant impact within global pharmacy practice, pharmaceutical sciences and community health. | | |
| **Good Pharmacy Practice**  Ongoing programm To strengthen pharmaceutical services and pharmacy education in developing and transitional countries ... | **Pharmabridge**  Ongoing programm To strengthen pharmaceutical services and pharmacy education in developing and transitional countries ... | **Pharmacy Education Taskforce**  Coordinating Education Taskforce Coordinating and catalysing actions to develop pharmacy education |
| **Human Resources**  Completed Read the 2009 Global Pharmacy Workforce and Migration Report | | |
| Public Health | | |
| **Patient Safety**  Ongoing programm: Focus on approaches to prevent harm to patients. In Cooperation with WHO and WAPS ... | **Counterfeit Medicines**  Ongoing: Implement the updated FIP Policy Statement on Counterfeit Medicines with WHO | **Previously Completed Projects**  Browse previous FIP projects and initiatives. |

**Ключ:** FIP makes it a priority to publish the latest developments in pharmacy practice, pharmaceutical sciences, related global news and prominent events.

**Ситуационная задача**

По предложенной рекламе препарата определите, для какой категории покупателей он предназначен. *teenagers, children, elderly persons, pregnant women, disabled,*



**Ключ:** pregnant women

**№3 «Business in Pharmacy»**

**A). Resume and CV – теория**

**B). Чтение образцов. Составление своего резюме по образцу**

Resume & Curriculum Vitae (CV)

Резюме и жизнеописание

Резюме является кратким изложением данных о Вашем образовании и профессиональном опыте и включает, в том числе, краткие биографические справ­ки. Объем резюме не должен превышать одной стра­ницы.

Составляя резюме, Вы должны помнить о том, что Ваша цель - создать у потенциального работодателя бла­гоприятное впечатление о себе.

Жизнеописание отличается от резюме объемом и пи­шется кандидатами на высокие посты. В нем следует дать более подробную, чем в резюме, информацию о себе, своем образовании и квалификации.

Как правило, резюме и жизнеописание включают сле­дующую информацию:

1. Личные данные: полное имя (фамилия, имя, отче­ство), полный адрес проживания в настоящее время, кон­тактный и домашний телефоны, дата рождения и возраст, семейное положение (если есть дети, то сведения о детях), национальность, иммиграционный статус.

2. Цель поиска работы (очень кратко).

3. Сведения о полученном образовании: (в хронологи­ческом порядке) названия и адреса средних школ, даты посещения, полученная Вами квалификация в средних учеб­ных заведениях; названия и адреса колледжей и универси­тетов, даты учебы и полученная Вами квалификация,

4. Сведения о дополнительном образовании (в хро­нологическом порядке): названия курсов и их продол­жительность, даты посещения вами данных курсов и по­лученная квалификация.

5. Информация о Ваших умениях и навыках: уро­вень владения иностранными языками, наличие водитель­ских прав, навыки работы на компьютере, машинопис­ная скорость и т. п.

6. Данные об опыте работы (в хронологическом по­рядке): даты работы в каждой должности, имена и адре­са работодателей, должность, краткое описание обязан­ностей, количество людей в Вашем подчинении, успехи, достигнутые за время работы в данной должности, при­чина увольнения.

7. Информацию о личных интересах: работа на доб­ровольных началах, игра на музыкальных инструмен­тах, чтение определенного жанра книг, увлечение конк­ретным видом спорта, приготовление блюд, увлечение искусством.

8. Наличие рекомендательных писем: имена в пол­ной форме и адреса людей, которые согласились дать Вам рекомендации; если по требованию потенциального ра­ботодателя могут быть предоставлены рекомендатель­ные письма, на это следует указать отдельно, сделав сле­дующую пометку: References are available upon request.

При составлении резюме желательно использовать следующие фразы:

I developed; I created; I took responsibility for; I managed; I devised; I controlled; I initiated; I negotiated.

**Model № 1 RESUME**

Name: Emily Alison Biggins

Address: 47 Putney Hill London SW16 4QX

Tel: London 475 78 65

Date of birth: 15 July 1970

Age: 27

Marital status: Single

Nationality: British

Objective

To secure a part-time position that offers a variety of tasks, in which to use my secretarial skills and knowledge of foreign languages.

**Education**

Dates: 1987-1992

College: South Thames College, London.

Qualifications: Secretarial Courses; Shorthand Grade 2; Typing Grade 3.

Dates: 1993-1994

College: Oxleigh Secretarial College,

College Road, Oxleigh.

Qualifications: Secretarial Skills Refresher

Course: Shorthand (90 w.p.m.);

Typing (60 w.p.m.). Book-keeping

Grade One. Word-processing.

**Employment**

Dates: 1995- to present

Company: Philip Wilson Publishers Ltd.

Position: Secretary to the Sales Manager.

Responsibilities:

Taking shorthand; typing and filing correspondence, maintaining diaries, office support, etc.

**Other Skills & Occupations**

I now work regularly as a volunteer for the Red Cross. I also have a clean driver's license and a good knowledge of Spanish and French. My personal interests include classical literature reading, independent travel, modern jazz and swimming.

**References** References are available on request.

**Model № 2 CURRICULUM VITAE**

Name: Maria Ivanova

Address: ul. Tverskaya, dom 55, kv. 134

Moscow Telephone: Home: (095) 292 52 22

Objective - To obtain a position that will enable me to use my strong organizational skills, educational background, and ability to work well with people.

**Education & Training**

December 1991 - April 1994

Moscow State Linguistic University, Department of English Lexicology.

Qualifications: Linguistic Researcher; PhD diploma was

obtained in April 1994.

September 1981 - June 1986 Moscow State Linguistic

University, Department of German Languages.

Qualifications: Higher education diploma:

teacher of English and German.

April 1997

Computer training courses in Xylos (Microsoft Authorised Training Centre in Moscow).

**Employment**

July 1996 to present Price Water House, Translating & Interpreting Department.

Position: Translator from/to English and German.

Responsibilities: Interpreting, audit documents translation from/to English and German.

August 1995- July 1996 British Petroleum.

Position: Translator and Administrative Assistant.

Responsibilities: Translating from/to English, administrative duties performance.

August 1994 - August 1995 Norton Rose.

Position: Translator and interpreter.

Responsibilities: Translation from/to English and German (commercial contracts, legal documents, etc.)

**Skills** Good typing skills, strong organizational skills, ability to work under pressure, customer-oriented, good time management.

**Computer literacy** Word Perfect, MS Word for Windows, Lotus Ami-Pro З.1., Lotus 1-2-3, e-mail, Internet user.

**Languages** Native Russian, professional level of English and German.

**Interests** Travelling, classical literature, world history, jazz music.

Social/Cultural

**Sporting** Swimming, skiing.

**Countries visited** UK, USA, Spain, Japan, Australia, New Zealand.

**Sample Resume Objective Statements**

* Obtain a position at XYZ Company where I can maximize my management skills, quality assurance, program development, and training experience.
* Account executive trainee at ABCD advertising agency.
* Position as clinical practice assistant for health maintenance organization, utilizing writing, research, and leadership skills.
* Elementary education teacher at small independent school.
* Customer service management where my experience can be utilized to improve customer satisfaction.
* Create integrated strategies to develop and expand existing customer sales, brand/product evolution, and media endorsement.
* Management position where I can effectively utilize my expertise in human relations, project management, and staff recruitment and retention.
* Marketing position that utilizes my writing skills and enables me to make a positive contribution to the organization.
* Search engine optimization position where I can use my SEO skills and experience to increase site traffic and search engine placement.
* To secure a position with a well established organization with a stable environment that will lead to a lasting relationship in the field of finance.
* To obtain a position that will enable me to use my strong organizational skills, educational background, and ability to work well with people.
* Experienced HR Coordinator who enjoys challenge seeking opportunity to learn and improve skills.
* Licensed pharmacist in Pennsylvania with PharmD degree and nine years of experience providing top-notch pharmacy services in a retail setting. Outstanding interpersonal skills with a track record of establishing positive relationships with customers, pharmaceutical representatives/manufacturers, medical professionals, healthcare organizations and insurance providers. Respected leader, able to train and manage diverse teams to deliver peak performance. Dedicated to providing quality patient care and fast and accurate medication dispensing.

**Model № 3**

**Mindy Markwith**

pharmacystudent@email.com

**Present Address: Permanent Address:**

111 Ross Lane 323 Blue Lake View

Toledo, OH 43606 Fremont, OH 43420

419.478.5555 419.334.0000

**Career Target: Pharmaceutical Management Technology**

**Education**

**Bachelor of Science, Pharmaceutical Sciences: Pharmacy Administration**

The University of Toledo, Toledo, OH, Expected date of graduation: May 2005

• Minor: Business Administration/Professional Sales

• Academic Highlights: Dean’s List, Success Award, Dearce-Koch Scholarship

**Related Experience**

**Pharmacy Administration Internship**

**Rite Aid Corporation, Anytown, OH; Summer 2004**

• Trained in Profit Loss, Management Techniques, and Inventory Control

• Developed screening questions for part-time positions and created online application process

• Assisted with implementation of new Inventory Control software

**Pharmacy Technician**

**Walgreen’s Pharmacy, Nearby, OH; 2001-2002**

• Launched new patient information campaign about antibiotic resistance and a “Customer of

the Month” recognition program

• Filled prescriptions accurately and efficiently

**Pharmacy Technician**

**Wal-Mart Pharmacy, Springtown, OH; 2000-2001**

• Answered phones and assisted customers with product and prescription questions

**Additional Experience**

**Residential Specialist**

**Sunshine Children’s Home, Maumee, Ohio; 2003-Present**

• Supervise four clients: bathing, feeding, changing, and teaching basic life skills

• Develop and instruct basic technology courses for 10-12 clients weekly

• Streamlined weekly client data collection and administrative paperwork submission

**Campus Assistant Specialist**

**The University of Toledo Police, Toledo, Ohio; 2002-2003**

• Tracked daily requests/complaints, tabulated monthly statistics, and published online reports

**Campus Activities/Leadership**

**Lambda Kappa Sigma**, Toledo, OH; 2001-Present

• President, 2004-2005

**Academy of Student Pharmacists**, Toledo, OH; 2002-Present

**Pharmaceutical Sciences Organization**, Toledo, OH; 2003-Present

• Treasurer, 2004-2005

**Campus Crusade for Christ**, Toledo, OH; 2001-Present

• Women’s Team, 2002-2003

• Partnership Team, 2003-2004

**Real Life**, Toledo, OH; 2001-Present

• Secretary 2003-2004

**Model № 4**

**LEAH BROWN**

1222 Key Street • Maumee, Ohio 43537 • 419-222-2222 • [lbrown25@hotmail.com](mailto:lbrown25@hotmail.com)

**HIGHLIGHTS**

High-energy, dependable individual focused on continued professional development

Extensive experience in long term, ambulatory, and hospital care

Dedicated to improving the health and wellness of others

Committed to overcoming daily challenges leading to positive patient outcomes

**EDUCATION**

The University of Toledo, Toledo, OH

***Doctor of Pharmacy Candidate***, May 2005

The University of Toledo, Toledo, OH

***Bachelor of Science in Pharmaceutical Sciencse***, May 2003

Cum Laude

Ohio Academic Scholarship, Leadership Scholarship, UT Academic Scholarship

Dean’s List: Spring 2003, Fall 2002, Fall 1999

**LICENSURE**

*Ohio State Board of Pharmacy Intern License*, January 2001 – present

*American Red Cross Association CPR Certification*, May 2004

**DOCTOR OF PHARMACY CLINICAL CLERKSHIPS**

Medco Pharmacy, Dublin, OH

**Managed Care** – Marilyn Wollett, PharmD, April 2005

Healthcare Pharmacy, Covington, OH

**Long Term Care** – Chris Harshbarger, PharmD, March 2005

Wright Patterson Air Force Base Pharmacy, Fairborn, OH

**Internal Medicine** – David Streeter, PharmD, February, 2005

Parkview Hospital, Fort Wayne, IN

**Surgery/Pain Management** – Jarrod Brubaker, PharmD, January 2005

St. Charles Hospital, Oregon, OH

**Emergency Room** – Lauryl Kristufek, PharmD, November 2004

Hu Hu Kam Hospital, Phoenix, AZ

**Ambulatory Care** – Michelle Garland, PharmD, October, 2004

Presented “Migraine headaches” disease state discussion to pharmacy staff on two separate

occasions

Developed a patient leaflet about gatifloxacin

Properly trained to give erythropoiten SQ injections to patients with chronic renal insufficiency

Counseled patients on medications

Answered pharmacist drug information questions including: severity of QTc prolongation

between quinolone antibiotics and other drugs, warfarin use in patients with femoro-politeal

bypass grafts, erythropoiten administration when ferritin levels are increased

L. Brown – 1

**C). Оформление конверта. Выполнение упражнений.**

Если Вы отправляете письмо в одну из западных стран, то помните, что адрес получателя пишется **в обратном порядке,** нежели у нас в стране:

Nick Petrov

21,Sadovy Lane

Monastyrshchina

216130 Smolensk Reg.

Mary Smith

Russia

15, Green Street

Chislehurst Kent

BR7 6ED England

stamp

- на первой строке пишутся имя и фамилия получателя,

- на второй строке – номер квартиры, дома и название улицы; если дом имеет персональное имя, то оно располагается на отдельной строке, перед названием улицы,

- на третьей строке пишется название города или деревни, после него (иногда перед ним) – почтовый индекс, затем идёт название страны, (для США перед ним необходимо писать название штата),

- адрес получателя нужно писать **в нижней правой части** конверта, а адрес отправителя (обратный адрес) в некоторых странах принято писать **в верхнем левом углу** (независимо от того, является ли письмо личным или официальным); часто зарубежные корреспонденты пишут свой (обратный) адрес на обратной стороне конверта

Nick Petrov

21,Sadovy Lane

Monastyrschina

216130 Smolensk Reg.

Russia

Exercises:

**№1.** Перед вами конверт. Соотнесите информацию под определенным номером на конверте с тем, что она обозначает:

(**1**) Gary J. Marshal

Pacific Electronics

1325 Ocean Boulevard

(**2**) Santa Monica, CA (**3**) 90415

(**4**) Ms. Eleanor R. Fleming

246 Shasta Avenue

(**5**) Redding, CA (**6**) 96001

Укажите соответствие для каждого нумерованного элемента задания:

(1) the ZIP Code in the mailing address

(2) the addressee’s name

(3) the addresser’s city name

(4) the addresser’s name

(5) the ZIP Code in the return address

(6) the addressee’s city name

**№2.** Перед вами конверт. Соотнесите информацию под определенным номером на конверте с тем, что она обозначает:

(**1**) Midtec Cable Ltd

Cotton Road

(**2**) Exeter

(**3**)EX4 9DT, England

(**4**) Mrs. L. Ruth

(**5**) Golden Holidays

12 Cambridge Court

London, (**6**) WC2H 8HF

Укажите соответствие для каждого нумерованного элемента задания:

(1) the ZIP Code in the return address

(2) the addressee

(3) the ZIP Code in the mailing address

(4) the addressee’s company name

(5) the sender

(6) the town the letter comes from

**Keys: №1.** 4, 3, 5, 2, 3, 1; **№2.**  5, 6, 1, 2, 4, 3.

**D). Answer the questions:**

What’s the difference between a CV and a resume?

How long are CVs and resumes?

Why is it important to have a good and well- structured CV?

What information is included into the resumes and CVs?

What’s the order in the structure of a CV?

How to address an envelope?

What is an addresser/addressee?

Where is a sender’s address written?

**E). Самоконтроль по тестовым заданиям данной темы:**

Find the proper word:

1. RESUME IS A SHORT DESCRIPTION OF PROFESSIONAL EXPERIENCE AND THE ABILITIES, DIRECTED TO THE … .

1. investigative bodies;

2. embassy to obtain a visa;

3. potential employer;

4. recruitment center.

2. THE SENDER OF A LETTER, PACKAGE, OR RADIO MESSAGE IS THE PERSON WHO SENT IT, HE IS ALSO CALLED… .

1. an addresser;

2. an addressee;

3. an employer;

4. an employee.

3. … .IS THE RECIPIENT OF THE LETTER.

1. post box;

2. an addresser;

3. post office;

4.an addressee;

4. REFERENCES IN CV ARE … .

1. footnotes in the article;

2. recommendations;

3. a mention or citation of a source of information in a book or article;

4. manual.

5. THE MOST IMPORTANT FACTOR IN CV IS … .

1. marital status;

2. skills;

3. career experience;

4. interests.

Key: 1-3; 2-1; 3-4; 4-2; 5-3.

**F). Самоконтроль по ситуационным задачам:**

**a.** Read the following resume and find shortcomings.

**JOHN SALLER**

1009 Arapahoe Avenue

Boulder, CO 80302

Contact Number (Telephone Number): 720-561-0192

Email ID: johns@teleworm.com

**Skills** Possessed That Are Relevant to the Job at Hand

8 years of experience in dealing with pharmaceutical products (including the preparation and mixture of different chemical compounds to attain potent, side-effect free medicinal combinations

Ability to completely comprehend prescriptions assigned by doctors and to assign the same to patients according to the prescribed doses

Extremely comfortable with juggling different functions like the dispensing of medicines, distribution of medical products, assigning correct dosages to patients et cetera

Sharp memory and brilliant cataloging skills. Comes in handy while trying to locate medicines stored in different sections of the store

**Previous Work Experience**

Worked at St. Mary Mead Hospital, Alberquerque, New Mexico in the dispensary section of the hospital from January 2008 to July 2011. I was the chief pharmacist/ druggist in the dispensary/ drug store section of the hospital and my chief job was to hand out medicines (in the correct dosages) to various patients after reading their prescriptions.

**Educational Qualifications**

Diploma in Pharmaceutical Sciences, North Western University

Bachelor of Medical Sciences (Pharma.), North Western University

**Affiliations**

National Society of Pharmacists, Pittsburgh- Member since October 2008

On the organizing committee of the World Drug Fair since February 2011

Contact for further information and reference information.

**b.** Here is an envelope. Relate the information on the envelope to a certain number so that it stands for:

(**1**) Design Plus

55 (**2**) Stevenson Road

(**3**) San Francisco, CA 94015

(**4**) Mr. P.T. Vitale

(**5**) Mutual Insurance Company

33 South Street

New York, (**6**) NY 3476

(1) the ZIP Code in the mailing address

(2) the addressee

(3) the town the letter comes from

(4) the sender’s name

(5) the street name in the return address

(6) the addressee’s company name

Key: **a**- there is no objective in the resume; the structure is broken.

**b**- 4, 5, 3, 2; 6, 1

**1.Занятие №11**

**Тема занятия «Credit test, annotation, written translation»**

**2. Формы работы:**

- Подготовка к практическим занятиям.

- Подготовка материалов по НИРС.

**3. Перечень вопросов для самоподготовки по теме практического занятия:**

**1.** Обзор грамматических времён, порядок слов в английском предложении - фронтальный опрос.

Обзор грамматического материала:

а)времена группы Simple, Continuous, Perfect;

б) порядок слов в английском предложении. Оборот there is-there are;

в) Active – Passive Voice;

c) Modals;

d) Степени сравнения прилагательных и наречий.

**2.** Подготовка к итоговому занятию (рекомендации по выполнению письменного перевода)

Алгоритм выполнения письменного перевода

* Бегло просмотрите текст и постарайтесь понять, о чём идёт речь.
* При вторичном чтении определите тип непонятного предложения и функции всех его составляющих по внешним признакам.
* Если в предложении есть служебные слова, используйте их для членения предложения на смысловые группы.
* В каждом отдельном предложении сначала найдите сказуемое или группу сказуемого, затем подлежащее или группу подлежащего. Если значение этих слов неизвестно, обращайтесь к словарю.
* Глагол (сказуемое) обычно стоит на 2-ом месте. Сказуемое можно найти:

а. по личным местоимениям;

б. по вспомогательным и модальным глаголам в личной форме;

в. по неправильным глаголам;

г. по суффиксам.

* Подлежащее стоит слева от сказуемого. Помните, что существительные употребляются в функции подлежащих, только без предлогов.
* Найдя подлежащее и сказуемое, проверьте, согласуются ли они в лице и числе. Поняв значение главных членов, выявляйте последовательно второстепенные члены предложения, сначала в группе сказуемого, а затем в группе подлежащего.
* Если предложение длинное, определите слова и группы слов, которые можно временно опустить для выяснения основного содержания предложения. Не ищите в словаре сразу все незнакомые слова, а заменяйте их вначале неопределёнными местоимениями и наречиями (кто-то, какой-то, как-то, где-то и др.).

Слова, оставшиеся непонятными, ищите в словаре, соотнеся их значение с контекстом.

**3. письменный перевод текста и аннотация текста (по вариантам)**

Тексты для контрольного письменного перевода

Text A Tobacco and its Effects

Tobacco smoking is probably the most widespread and dangerous drug usage. The cigarette consumption has generally been subject to certain factors. For example, the greatest increases in smoking have occurred during wars.

The main reason for this increase during wartime was that young soldiers were being introduced to smok­ing as a tension reliever. Minor ailments directly related to smoking compete with the com­mon cold1 as major causes of the time lost from work and studies.

Recently, studies of large groups of people have shown that cigarette smokers are more likely to die of certain cardiovascular diseases than non-smokers. A cause and effect association has theoretically been es­tablished between cigarette smoking and incidence of coronary attacks in humans, especially men between 35 and 55 years of age. The risk of death in male cigarette smokers in relation to non-smokers is greater in middle age than in old age. Smoking is being increasingly linked to the development of respiratory diseases, such as bronchitis and emphysema. Air pollution and respiratory infections as well as smoking cause and aggravate chronic bronchitis and emphysema.

Text B Tobacco and its Effects

Smokers are not only polluting their own air with their cigarettes but are subjecting non-smokers, who make up three quarters of the popula­tion, to nearly the same health risk. Subjected to the effects of side- stream smoke, non-smokers may breathe in many of the toxic chemi­cals of the cigarette from the environment they are in and are, in fact, «passively smoking». «Side-stream smoke» produced from the burning end of the cigarette contains very high concentrations of toxic chemi­cals which are usually perceived as unpleasant by both smokers and non-smokers.

Allergic reaction to smoke is common. Asthma, chronic bronchitis, emphysema or ischemic heart disease sufferers experience reactions to passive smoking that range from mild nasal congestion and eye irrita­tion to headache, dermatitis and even a few life-threatening asthmatic attacks. People with advanced respiratory and cardiac breath literally fight for life.

Tobacco contains more than hundred known chemical compounds including nicotine. Some of the substances found in tobacco remain in the ashes of a burned cigarette; others are greatly changed during the burning process.

Text C Tobacco and its Effects

Tobacco contains more than hundred known chemical compounds including nicotine. Some of the substances found in tobacco remain in the ashes of a burned cigarette; others are greatly changed during the burning process. Moreover, additional compounds are being produced during combustion, and it is some of these materials that are of great concern to scientists and physicians. The composition of the cigarette smoke that enters the human body has been the primary aim of most analytical studies.

Nicotine and at least 15 other compounds found in cigarette smoke are known to be cancerogens — cancer-causing substances. When a person inhales cigarette smoke, the smoke is passing down the trachea (windpipe) to the bronchial tubes and into the lungs. Autopsies of hundreds of human lungs have shown that it is precisely in these areas of maximum exposure that precancerous changes are most likely to appear.

Thus there are some relationships between smoking, lung cancer, and many other respiratory conditions. Furthermore, cigarette smoke is it­self an irritant. Heavy smokers feel this irritation in their throats and will be developing «smoker's cough» after a few years of smoking.

Text D **History of medicine**

Medicine is among the most ancient of human occupations. It began as an art and gradually developed into a science over the centuries. There are 3 main stages in medicine development: Medicine of Ancient Civilizations, Medicine of Middle Ages and Modern Medicine.

Early man, like the animals, was subject to illness and death. At that time medical actions were mostly a part of ceremonial rituals. The medicine-man practiced magic to help people who were ill or had a wound. New civilizations, which developed from early tribes, began to study the human body, its anatomic composition. Magic still played an important part in treating but new practical methods were also developing. The early Indians, e.g., set fractures and practiced aromatherapy. The Chinese were pioneers of immunization and acupuncture. The contribution of the Greeks in medicine was enormous. An early leader in Greek medicine was Aesculapius. His daughters, Hygeia and Panacea gave rise to dynasties of healers (curative medicine) and hygienists (preventive medicine). The division in curative and preventive medicine is true today. The ethic principles of a physician were summarized by another Greek, Hippocrates. They are known as Hippocrates Oath.

The next stage of medicine’s development was the Middle Ages. A very important achievement of that time was the hospital. The first ones appeared in the 15-th century in Oriental countries and later in Europe. Another advance of the Middle Ages was the foundation of universities during the 13-14 centuries. Among other disciplines students could study medicine. During the 18-th century new discoveries were made in chemistry, anatomy, biology and other sciences. The advances of that time were invention of the stethoscope (by Rene Laennec), vaccination for smallpox, discovery of anesthetics and development of immunology and scientific surgery.

The next century is rise of bacteriology. Important discoveries were made

by Louis Pasteur and Robert Koch. The development of scientific bacteriology made possible advances in surgery: using antiseptics and control of wound infection.

Medicine in the 20-th century made enormous contribution in the basic medical sciences. These are discovery of blood groups and vitamins, invention of insulin and penicillin, practice of plastic surgery and transplantation.

Text E **Sage**

"Why should anyone die who has sage in their garden?" This old saying speaks to the many conditions that can be treated with sage.

The botanical name Salvia is from the Latin for "to save or to heal," as in the word "salvation." The Arabs associated sage with immortality. The praise for sage is not unfounded: It is often used as an herbal remedy for afflictions including gas, bloating, poor appetite and excessive sweating.

People have been cooking with sage for thousands of years: Recipes for sage pancakes have been dated to the 5th century B.C. Like most culinary herbs, sage is thought to be a digestive aid and appetite stimulant. You can use it to reduce gas in the intestines and, as it also is antispasmodic, to relieve abdominal cramps and bloating.

Sage contains phytosterols, reported to have a cooling action. In one study, using an infusion of the leaf reduced sweating by as much as half. Early and modern herbals list sage as a treatment for bright red, abundant uterine bleeding and for cramps that feel worse with heat applications and better with cold applications. You may also use sage to stop breast-milk production when weaning a child from breast-feeding. The properties that help dry up milk, as well as sage's reported cooling action, also make it useful for treating diarrhea, colds, and excessive perspiration. It may be of value for menopausal hot flashes accompanied by profuse perspiration. Sage can dry up phlegm, and you can gargle with the tea to treat coughs and tonsil or throat infections.

Sage also has been recommended as a hair rinse for dandruff, oily hair, or infections of the scalp. The herb reportedly restores color to gray or white hair. The essential oil of sage contains alpha- and beta-thujone, camphor, and cineole, which are antioxidant and antimicrobial agents. The volatile oils in sage kill bacteria, making the herb useful for all types of bacterial infections. Sage can be used as an herbal remedy for a variety of health ailments, often taken in a tea form.

Sage leaves may be dried for use in teas. The leaves are best infused, and most people prefer them mixed with mint, lemongrass, chamomile, or other herbs to cut the strong, pungent flavor of sage.

Herbal Tea: Drink several cups of sage tea each day for a period of weeks to dry up milk flow or reduce perspiration or other secretions, such as excessive mucus in the throat, nose, and sinuses. Gargling with sage tea or taking small sips throughout the day is good for throat and upper respiratory congestion.

Tincture: Take 1/8 to 1/2 teaspoon in a sip of water once or twice a day.

Sage Precautions and Warnings: Significant amounts of sage may trigger seizures in people with epilepsy. Although using sage as a cooking spice is considered safe, avoid large amounts of sage as a medicinal preparation during pregnancy.

Side Effects of Sage: Headaches and irritability can occur in individuals who consume excessive amounts of sage.

Text F. LOBAR PNEUMONIA

Lobar pneumonia is a specific acute infectious disease which involves an entire lung or part of a lung. Sometimes both lungs are completely involved in the pneumonic process.

Lobar pneumonia may occur at any time of the year, but it is most frequent in the months from December until May. It occurs before the age of 10 and after the age of 50 years. Cold weather, draughts, loss of sleep, and contact with patients who have infections, are the chief predisposing factors. The specific cause of pneumococci pneumonia, of course, is the pneumococcus, but recently more than 40 kinds have been identified.

There are four stages of pneumonia.

Pneumonia does not always begin according to the classical textbook description with chills, fever, pain in the chest, and expectoration of bloody sputum. It is well to remember that pneumonia begins abruptly. There may or may not be a preceding upper respiratory infection with a cough. Frequently the first evidence of pneumonia is a feeling of prostration. Then coughing begins, and there may be bloody expectoration. Even at this early stage, the sputum may contain the pneumococcus. When the patient has a chill with a rapid pulse, fever, and pain  
in the side of the chest, the diagnosis is easily made. The early recognition of pneumonia is accomplished by careful attention to the history of onset and by a skillful examination of the chest. Sometimes the pain may extend as low in the abdomen as the area of the appendix, simulating acute appendicitis. This is common in children than in adults.

Usually the mistakes in diagnosis of pneumonia consist in failure to recognize the presence of the disease in its earlier stages. Diagnoses such as bronchitis, influenza, pleurisy, or grippe are occasionally made instead of pneumonia.

If lobar pneumonia remains uncomplicated, the disease runs its course in from 7 to 12 days. It usually terminates by crisis, when the temperature drops, and the pulse and respiratory rates suddenly approach normal. At other times, the resolution takes place more slowly and recovery is by lysis. A variety of complications may occur with lobar pneumonia. Otitis media and  
mastoiditis, pericarditis and meningitis are complications of pneumonia.

**Тексты для аннотации:**

Text A

What is Alka-Selzer XS and what is it used for Alka-Seltzer XS are effervescent tablets which dissolve in water to give a sparkling solution. The active substances are: aspirin (acetylsalicylic acid), paracetamol, caffeine, sodium hydrogen carbonate and citric acid.

Aspirin belongs to a group of medicines known as non-steroidal anti-inflammatory' drugs (MSAIDS). Aspirin and paracetamol are both used for the treatment of pain and reduction of fever. Aspirin also has anti-inflammatory properties. Caffeine acts as a mild stimulant, whilst citric acid and sodium hydrogen carbonate help relieve an upset stomach.

**Alka-Seltzer XS can be used for the:**

* Treatment of headache with an upset stomach, particularly when caused by too much to eat or drink.
* Treatment of mild to moderate pain including headache, migraine, backache (including lumbago), nerve pain (neuralgia and sciatica), period pain, toothache and sore throat.
* Symptomatic relief of colds and influenza.
* Relief of rheumatic pain (arthritis), muscle tenderness and stiffness (including fibrositis), muscular aches and pains.
* Effective reduction of high temperature.

**If you take more Alka-Seltzer XS than you should:**

If you think you have taken too many tablets you should go to your nearest Accident and Emergency Department or contact your doctor immediately. Take this leaflet with you and any packaging to show what you have taken.

Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage.

**Possible side effects.**

Like all medicines Alka-Seltzer XS can cause side effects although not everybody gets them.

If you experience any of the following side effects, **stop taking** Alka-Seltzer XS and go to your nearest Accident and Emergency Department or doctor immediately:

* An allergic reaction. Signs of allergic reaction may include: difficulty in breathing or swallowing, swelling of the face, lips, throat or tongue, skin rashes, large or itchy wheals on the skin, attacks of sneezing, runny nose and itching eyes or water retention.
* Stomach bleeding, which may result in black or tarry stools.
* Nausea or vomiting.
* Dizziness or ringing in the ears.
* Diarrhoea.

Increased bleeding/blood thinning (if you cut or injure yourself).

An asthma attack if you are asthmatic and sensitive to aspirin.

Changes in normal liver activity in blood tests (very rare).

If you have unusual stomach pains or react badly to this medicine in any other way, stop taking Alka-Seltzer XS and tell your doctor or pharmacist immediately.

Text B

By the early 20th century, Americans could not get enough of the confection called chewing gum invented by Thomas Adams.

Timeline

The ancient Greeks chewed mastiche - a chewing gum made from the resin of the mastic tree.

The ancient Mayans chewed chicle\* which is the sap\* from the sapodilla tree\*.

North American Indians chewed the sap from spruce trees and passed the habit along to the settlers.

Early American settlers made a chewing gum from spruce\* sap and beeswax.

In 1848, John B. Curtis made and sold the first commercial chewing gum called the State of Maine Pure Spruce Gum.

In 1850, Curtis started selling flavored paraffin gums becoming more popular than spruce gums.

On December 28 1869, William Finley Semple became the first person to patent a chewing gum - U.S patent #98,304.

In 1869, Antonio Lopez de Santa Anna introduced Thomas Adams to chicle.

In 1871, Thomas Adams patented a machine for the manufacture of gum.

In 1880, John Colgan invented a way to make chewing gum taste better for a longer period of time while being chewed.

By 1888, an Adams' chewing gum called Tutti-Frutti became the first chew to be sold in a vending machine. The machines were located in a New York City subway station.

In 1899, Dentyne gum was created by New York druggist Franklin V. Canning.

In 1906, Frank Fleer invented the first bubble gum called Blibber-Blubber gum. However, the bubble blowing chew was never sold.

In 1914, Wrigley Doublemint brand was created. William Wrigley, Jr. and Henry Fleer were responsible for adding the popular mint and fruit extracts to a chicle chewing gum.

In 1928, an employee of the Frank H. Fleer Company, Walter Diemer invented the successful pink colored Double Bubble, bubble gum. The very first bubble gum was invented by Frank Henry Fleer in 1906. He called it Blibber-Blubber. Fleer's recipe was later perfected by Walter Diemer, who called his product Double Bubble.

**\*** chicle чикл (натуральный каучук), жвачка, жевательная резинка

\* sap сок (растений) ; живица

\* саподилла (Anglophile); сапотовое дерево

\* ель Syn: fir хвойное дерево

Text C

In 1905, the first scientist to determine that if special factors (vitamins) were removed from food disease occurred was Englishmen, William Fletcher. Doctor Fletcher was researching the causes of the disease Beriberi when he discovered that eating unpolished rice prevented Beriberi and eating polished rice did not. William Fletcher believed that there were special nutrients contained in the husk of the rice.

In 1906, English biochemist Sir Frederick Gowland Hopkins also discovered that certain food factors were important to health. In 1912, Polish scientist Cashmir Funk named the special nutritional parts of food as a "vitamine" after "vita" meaning life and "amine" from compounds found in the thiamine he isolated from rice husks. Vitamine was later shortened to vitamin. Together, Hopkins and Funk formulated the vitamin hypothesis of deficiency disease - that a lack of vitamins could make you sick.

Elmer V. McCollum and M. Davis discovered vitamin A during 1912–1914. In 1913, Yale researchers, Thomas Osborne and Lafayette Mendel discovered that butter contained a fat-soluble nutrient soon known as vitamin A. Vitamin A was first synthesized in 1947.

Casimir Funk discovered B1 in 1912. D. T. Smith, E. G. Hendrick discovered B2 in 1926. Max Tishler and Robert Williams - Inventors of Synthetic Vitamins; Max Tishler invented methods for synthesizing the essential vitamin B2. Lucy Wills discovered Folic acid in 1933. Paul Gyorgy discovered B6 in 1934.

In 1747, Scottish naval surgeon James Lind discovered that an nutrient (now known to be vitamin C) in citrus foods prevented scurvy. It was rediscovered by Norwegians, A. Hoist and T. Froelich in 1912. Vitamin C was the first vitamin to be artificially synthesized in 1935. A process invented by Dr. Tadeusz Reichstein, of the Swiss Institute of Technology in Zurich. In 1922, Edward Mellanby discovered Vitamin D while researching a disease called rickets. In 1922, University of California researchers, Herbert Evans and Katherine Bishop discovered vitamin E in green leafy vegetables.

Text D **Antibiotics. Probiotic & Prebiotic.**

Abdominal bloating is usually associated with PMS, menstruation, constipation, over-eating, food intolerances and intestinal gas when the abdomen feels uncomfortable, full and tight. When digestion is poor, waste materials and the gases they produce can remain in the intestines for long periods of time – often at night temperatures and pressures – and stretch the intestinal walls beyond their comfortable limits.

Imbalances of bad pathogenic bacteria over friendly bacteria in the intestines can result in poor digestive health, production of smelly and uncomfortable gases and sluggish bowel function. A one-week course of *AntiBloat* re-balances the good bacteria in the small and large intestines to support healthy digestion and good intestinal passage.

**Direction**

As a food supplement AntiBloat can be given to adults with the following recommendations: take one sachet daily with breakfast for a 7 day course once a month or as professionally directed.

For best results when mixing:

1. Pour an inch of cold water into a tall glass, shake and gently sprinkle in a powder.
2. Leave powder to settle on the surface of the water – it will dissolve naturally.
3. Swirl the water around in the glass.
4. If necessary, mix with a teaspoon to disperse any remaining powder.

**Safety**

It is not recommended to give probiotics to severely immunosuppressed patients, post cardiac surgery patients, patients with pancreatic dysfunction or patients with blood in the stool unless under a doctor’s care.

Background Information

Did you know that each of us has around 100 trillion bacteria in our intestines? Than is 10 times the number of cells in our body, and can weigh around 1,5 kg! This microflora consists of both friendly probiotic bacteria and bad pathogenic bacteria that co-exist in a complex ecosystem. Having a healthy balance of probiotics over pathogens plays an important role in digestion and immunity.

Probiotics support digestion in several capacities. A healthy balance of friendly bacteria in the intestines provides specific enzymes needed in the digestion of particular substances, produces B complex vitamins and vitamin K, and aids the absorption and uptake of minerals and nutrients in the diet.

A healthy balance of friendly bacteria also helps maintain overall immunity as to two-thirds of the body’s immunity is managed in the intestines. Where there is a healthy balance of friendly bacteria in the intestines, acidity is high which hinders the growth and survival of bad bacteria, and enables the growth of friendly bacteria to multiply.

However, the balance of bacteria in the intestines is fragile and can easily be disrupted by several factors such as antibiotics, ageing, diet, environment and the menstrual cycle.

*AntiBloat* is an advanced formulation of unique probiotic strains and probiotics that helps maintain a healthy balance of friendly bacteria in the intestines throughout the month to support digestive health, aid natural digestive transit and promote a comfortably flat stomach.

**4. Самоконтроль по тестовым заданиям данной темы:**

**Примерные варианты тестовых заданий:**

1. **Use the proper word:**

1. THERE ARE MANY … AMONG THE DOCTORS.

1). woman;

2).nurses;

3). women;

4).children

2. HER … IS TWO YEARS OLD.

1). daughters;

2). child;

3). children;

4). colleague

3. HIS SISTER’S … ACHE.

1).foot;

2). feet;

3). problem;

4). head

4. DOES YOUR … ACHE?

1). tooth;

2).teeth;

3).skeleton;

4).intestines

5….. ARE OUR PATIENTS.

1).This;

2). that;

3). these;

4). we

6. LOOK AT … NURSE.

1). these;

2). that;

3). Those;

4. ) they

Key – 1с, 2b, 3b, 4a, 5c, 6b

1. **Choose the right pronoun:**

1. DID YOU SEE … AT THE CONFERENCE YESTERDAY?

1. 1.he;
2. his;
3. 3.him;
4. I

2. … RELATIVES LIVE IN ANOTHER TOWN.

1. I;
2. my;
3. me;
4. mine

3. … UNIVERSITY IS LARGE.

1. Ours;
2. we;
3. our;
4. it

4. THE TEXTBOOK IS … .

1. her;
2. hers;
3. she;
4. my

5. IS IT … DICTIONARY?

1. your;
2. yours;
3. you;
4. this

6. ARE THERE … PATIENTS IN THE WARD?

1. no;
2. any;
3. some;
4. somebody

7. THERE ISN’T … INTERESTING IN THE PROGRAM OF THE CONCERT.

1. something;
2. 2.nothing;
3. anything;
4. nobody

8. THERE ARE … HOSPITALS IN OUR STREET.

1. something;
2. any;
3. no;
4. someone

9……. OF THESE STUDENTS GET A STIPEND.

1. Many;
2. much;
3. no;
4. little

10…….IN THIS WORK WAS TOO DIFFICULT FOR ME.

1. Many;
2. much;
3. somebody;
4. a few

11. ……OF HIS ANSWERS WERE EXCELLENT.

1. Much;
2. something;
3. many;
4. a little

12. I HAVE … TIME, SO I CAN’T GO WITH YOU.

1. much;
2. little;
3. a few;
4. few

13. HE HAD…. FRIENDS IN THIS TOWN.

1. little;
2. much;
3. few;
4. a little

14. THIS MAN HAS …. EXPERIENCE IN LIFE.

1. many;
2. few;
3. a few;
4. much.

Key: 1c, 2b, 3c, 4b, 5a, 6b, 7c, 8c, 9a, 10b, 11c, 12b, 13c, 14d

**III.** **Put the right preposition:**

1. OUR DOCTORS ARE RESPONSIBLE … THE PROTECTION OF PEOPLE’S HEALTH AND THEIR LIVES.

1. at;
2. in;
3. for;
4. on

2. I AM GOING TO THE SOUTH … NEXT SUMMER.

1. in;
2. no preposition;
3. on;
4. at

3…… THE 4-TH OF NOVEMBER WE HAD A REST.

1. In;
2. on;
3. at;
4. till

4…… SPRING IT OFTEN RAINS IN OUR PLACE.

1. In;
2. on;
3. at;
4. from

Key: 1c, 2b, 3b, 4a

**IV. Use the proper degree of comparison:**

1. THE LONDON UNDERGROUND IS THE …. IN THE WORLD.

1. old;
2. older;
3. oldest;
4. the oldest

2. ST. PETERSBOURG IS ONE OF THE… CITIES IN THE WORLD.

1. beautiful;
2. more beautiful
3. most beautiful;
4. beautifulest.

3. THIS NICE LOOKING GIRL IS THE … STUDENT IN OUR GROUP.

1. good;
2. goodest;
3. better;
4. best

4. OIL IS … THAN WATER.

1. lighter;
2. more light;
3. lightest;
4. hard

5. MY SISTER SPEAKS ENGLISH ….. THAN I DO.

1. bad;
2. badder;
3. worse;
4. the worst.

6. THE LONGER SUGAR STAYS IN TOUCH WITH YOUR TEETH, THE ….. DAMAGE IT CAN DO.

1. more;
2. the most;
3. much;
4. many.

7. THE ….. THE TEMPERATURE, THE GREATER THE AVERAGE MOLECULAR MOTION.

1. high;
2. higher;
3. highest;
4. more high.

8. ALL DRUGS AFFECT THE BODY IN …. THAN ONE WAY.

1. many;
2. the most;
3. more;
4. a few

Key: 1c, 2c, 3d, 4a, 5c, 6a, 7b, 8c.

**V. Use the proper verb**:

1. TOMORROW I … FAR AWAY.

1. was;
2. am;
3. will be;
4. have
5. THEY … AT THE THEATRE YESTERDAY.
6. are;
7. will be;
8. were;
9. went

3. WHAT … YOU DOING NOW?

1. are;
2. were;
3. am;
4. will
5. I … BUSY NEXT WEEK.
6. am;
7. was;
8. will;
9. will be
10. THEY …LEARN LATIN IN ALL MEDICAL SCHOOLS IN GB.
11. don’t;
12. doesn’t;
13. are;
14. didn’t
15. PROF. NIKITIN …… LECTURES IN PATHOLOGY.
16. deliver;
17. delivers;
18. is deliver;
19. delivering
20. HE …. AS A SURGEON.
21. work;
22. working;
23. works;
24. is
25. ….. YOU ATTEND LECTURES REGULARLY?
26. Do;
27. does;
28. are;
29. have
30. MY GRANNY … DECOCTIONS VERY WELL.
31. makes;
32. make;
33. is making;
34. cooks
35. SHE … TAKE PENICILLIN AS SHE SUFFERS FROM ALLERGY.
36. don’t;
37. isn’t;
38. doesn’t;
39. is
40. ….. HE RECEIVE PATIENTS BY APPOINTMENT ONLY?
41. Does;
42. do;
43. is;
44. will be
45. I …. COFFEE NOW. I DRINK IT ONLY IN THE MORNING.
46. don’t drink;
47. am not drink;
48. am not drinking;
49. wasn’t drinking
50. LOOK! HE …THE ROAD.
51. cross;
52. crosses;
53. is crossing;
54. crossed
55. THIS TIME YESTERDAY HE … AN ARTICLE.
56. was writing;
57. is writing;
58. wrote;
59. writes
60. THEY ….. AN EXPERIMENT FROM 3 TILL 5 TOMORROW.
61. will carry out;
62. will be carrying out;
63. carry out;
64. carried out

Key: 1c, 2c, 3a, 4d, 5a, 6b, 7c, 8a, 9a, 10c, 11a, 12c, 13c, 14a, 15b.

**a.**Выберите правильный вариант.

1. HER FATHER WILL COME AT 8 O’CLOCK .....

1. in this afternoon
2. in this evening
3. this afternoon
4. this evening

2. LAST SUNDAY ..... THOUSANDS OF PEOPLE ON THE BEACH.

1. it was
2. there was
3. there were
4. they were

3. NANCY WORKS IN A SHOP AND .....

1. Alan does not
2. does Alan
3. Alan do
4. Alan not

4.

1. Was the big car expensive?
2. Was the expensive car big?
3. Was expensive the big car?
4. Was the expensive a big car?

5. WHAT IS YOUR COUSIN?

1. That’s she.
2. This is her.
3. I haven’t got any.
4. She’s a doctor.

6. IN THE FUTURE SCIENTISTS ..... A LOT OF MONEY,” HIS PARENTS SAID.

1. shall earn
2. will earn
3. going to earn
4. are earning

Key: 1-4; 2-3; 3-1; 4-1; 5-4; 6- 2.

**5.**  **Вопросы для самоподготовки:**

Собеседование по темам:

**“English-speaking countries”:**

How many parts does the Island of Great Britain consist of and what are they called? What’s the official name of the country?

What city is the capital of the U. K.? What are the parts of the U.K.? What river is London situated on?

What is the famous drink in Great Britain?

What is the official London residence of the Queen?

“**A Profession of a Pharmacist**”:

What is pharmacist’s work connected with?

What are technologists responsible for?

What work do analysts do? What are pharmacists’ duties?

What knowledge is necessary to perform all the duties?

What other features should a pharmacist possess?

It’s important to be in the know of all achievements in pharmacy, isn’t it? Why?

**“Medicine and Health”:**

What bad habits do you know? What does our health depend on?

What is a calorie-controlled diet?

What is thought to be a cause of many diseases?

What do people do to lose weight?

What effects are caused by smoking and drinking alcohol?

How does sport influence our health?

What is a doctor’s role?

**“Environment and Health”**:

Has man’s interference in nature increased with the development of civilization? What has it led to?

Why did some species of animals, birds, plants disappear from the Earth?

What’s the result of man’s careless interaction with nature?

Do you know about the consequences of the Chernobyl ecological disaster?

Why are people concerned about air and water?

What are the consequences of air pollution?

What should people do if they want to live on the Earth?

What could happen if we don’t learn to use the environment carefully?

“**The Medical University**”:

How was KrasSMU founded?

How many departments are there at the University?

What are they? Who works at the University?

How do young people enter the University?

How many periods is the state programme divided into?

What happens at the end of the six year course?

What does а person who cares for science do?

“**Practice of Pharmacy**”:

What is necessary to become a pharmacist?

What is necessary to compound medicines?

What is necessary for the pharmacist to know/to prescribe drugs?

What does pharmacy treat of?

What does the word “pharmacy” also define?

What document contains a list of medicinal substances?

What interests you most in pharmacy?

**“Main Medicinal Forms”:**

What is the most common form of medication in a dry state?

What is a solution? What kinds of solutions do you know?

What is the name of semi-solid preparations for external application?

What is difference between decoctions and tinctures?

What is the name of a medicinal preparation in solid form suitable for insertion into a body cavity?

How is decoction prepared?

What other forms of medical preparations do you know?

“**At the Chemist’s**”:

How many departments are there at the chemist’s? What are they?

What do white labels indicate?

What is it necessary to know for chemists?

What mау the overdosage cause?

What must the patient know before using the medicine?

Where are drugs kept?

What information is indicated on a label?

What other medical goods can a consumer buy at the chemist’s?

“**Proper Storage of Drugs**”:

Do you observe the rules of proper storage of drugs?

Where do you keep your medicines at home?

How often do you clear your first-aid kit?

Do you always pay attention to the date of manufacture?

What drugs are subject to be kept in the refrigerator?

Why should the medicines be kept away from heat and direct light?

Why is it important to keep medicines in special place in a special box?

**“Tablets”:**

What is a tablet characterized by when brought into contact with water?

What substances are used for tablet making?

Are any auxiliary substances added?

To what drugs is it necessary to add auxiliary substances?

Why are some difficulties experienced in the process of tabletting?

What is necessary to do in order to avoid unnecessary complication during tabletting?

**“General Rules for Drug Taking”:**

What information does a prescription contain?

Why are some medicines impossible to take with meals or just after meals?

How should a patient take medicines having an organic structure?

What medicines are impossible to take with acidic juices?

How does alcohol influence medicines?

What should a patient do in case he misses a dose?

**“Structure of Annotation to Medical Preparations”:**

What is the established order in the annotation to medical preparations?

May the structure of annotations vary? What may it depend on?

What information goes after the name of the medical preparation?

What medicinal forms is it necessary to remember?

What kinds of tablets do you know?

What routes of administration do you remember?

What side effects can appear while taking medicines?

**“Antibiotics. Anti-inflammatory Preparations”:**

What substances are named antibiotic substances?

How do they act in the body?

Do they have any negative influence on the organism?

Is it reasonable to take antibiotics every time you undergo treatment?

What negative features do antibiotics possess?

What adverse effects can be caused by antibiotics?

What names of scientists are connected with the discovery of penicillin?

**“Sulfanilamide and Its Derivatives”:**

What substances are called sulfa drugs?

What are characteristic features of sulfa drugs?

What kinds of diseases do sulfa drugs treat? What do they prevent?

What side – effect can sulfanilamide produce?

**“Emotional Stress and Health”:**

How does the nervous system respond in stressful situations?

What stress poses little risk?

What happens when stressful situations go unresolved and last for a long time?

What are the early signs of stress related problems?

What is the role of stress in chronic health problems?

How can you reduce the intensity of you emotional reactions to stress? How can you maintain one’s emotional reserve?

**“Sedative Preparations”:**

What preparations are called sedatives?

What should a patient remember concerning doses of sedatives?

Can some sedatives cause dependence?

What reactions may occur if the drugs are taken with alcohol?

What herbs that reduce anxiety do you know?

“**Self-treatment”:**

Why should a person avoid self- treatment?

What adverse effects may occur if a patient takes medicines according to his own choice?

What data does a doctor take into consideration when he treats a patient?

What errors are common when a person refuses to consult a doctor and prefers to undergo treatment on his own?

Did you happen to feel unwell on account of self-treatment?

**“Immunity. Vitamins”:**

1. What are sources of vitamins?
2. What kind of substances are vitamins?
3. What diseases does the deficiency of vitamins cause?
4. Why are vitamins very important for the organism?
5. What vitamins are called “winter vitamins”? Why?
6. What is the role of vitamin D for our health? Where is it found?
7. What vitamins are necessary for our nervous system?

**Medicines under Control**

Why is it necessary to maintain control over the distribution of narcotic and psychotropic substances in pharmacies?

Does a free market in the sphere of pharmacy always serve tasks (purposes) of the public health system?

What medicinal substances are intended for selling by prescription only?

Why are some medicinal substances in popular demand in drug addicts?

What can pharmacists make to protect buyers from counterfeit drugs which can become lethal for them?

What are the obligatory requisites of the certificate?

How long are the documents to obtain narcotics and psychotropic substances of lists II and III stored in pharmacies and clinics?

What else should a pharmacist pay attention to?

What are the signs of falsification?

Where can the chemical analysis of medicine be made?

How long is period of validity of the power of attorney?

**New Tendencies in Pharmacy**

Innovation is a key in the creation of a full-fledged pharmaceutical industry, isn’t it?

Why is national security one of the main reasons for developing domestic pharmaceutical industry?

How does development of pharmacy connect with the other branches of science?

What two Ministries are responsible for the Pharmacy development?

What are biologically active food additives?

Do you need a prescription to buy them? Why?

Why are they necessary? What are their benefits? Do they do any harm?

What are anabolic steroids?

What properties do steroids possess?

Are there any adverse effects in taking steroids?

In what health problems are steroids applied?

**Drug Production and Advertisement**

What’s the 1-st step in testing?

What’s the aim of clinical trials?

Are drug ads always objective?

Do you pay attention to the ads while buying medicines?

Is a drug advertisement a crucial point for you to buy a medicine?

What shortcomings may be met in the ads?

**Business in Pharmacy**

What is CV?

What’s the difference between a CV and a resume?

How long are CVs and resumes?

Why is it important to have a good and well- structured CV?

What information is included into the resumes and CVs?

What’s the order in the structure of a CV?

How to address an envelope?

What is an addresser/addressee?

Where is a sender’s address written?

What types of business letters do you know?

What phrases and constructions are used in these letters?

What is a memo?

What is the Format of a Business Letter?

What special features are there in the writing of dates?

What special features are there in the writing of introductory greeting?

What is the difference in “Yours sincerely” and “Yours faithfully”?

**6. Перечень практических умений по изучаемой теме:**

- владеть тематической лексикой;

- владеть навыками изучающего и ознакомительного видов чтения;

- иметь навыки письменного перевода;

- уметь работать со словарём;

- иметь навыки аннотирования текста.

- знать и уметь употреблять грамматический материал.

- уметь высказываться на заданную тему;

- уметь отвечать на вопросы.

**Рекомендованная литература**

**обязательная:**

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