

МИНИСТЕРСТВО ОБРАЗОВАНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ  
САМАРСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ  
Кафедра английской филологии

**УЧЕБНО-МЕТОДИЧЕСКИЕ МАТЕРИАЛЫ  
ПО ТЕМЕ  
«HEALTH AND MEDICAL SERVICE»**

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Учебно-методические материалы содержат аутентичные тексты к теме «Health and medical service», задания, направленные на развитие и формирование грамматических и лексических навыков, разнообразные упражнения творческого характера, ориентированные на развитие коммуникативных навыков, на основе овладения наиболее употребительными речевыми образцами коммуникативной лексики и идиоматическими выражениями современного английского языка.

В разделе **Supplement** содержится материал для самостоятельного изучения, что расширяет возможности работы над темой, активизирует формирование языковых навыков и развитие речевых умений.

Данные учебно-методические материалы могут быть использованы для работы, как в аудитории, так и для самостоятельной работы студентов.

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# HEALTH AND MEDICINE

## 1.1. Pre-reading: SKIM Text 1.2 to answer the questions:

1. What is the main idea?
2. Services of what kind does National Health Service provide?

## 1.2. Read the text; do the tasks given below:

### 1. National Health Service

**National Health Service (NHS)** provides almost free of charge for every resident (and for any visitor taken ill during his stay in Britain) the following services:

**Family Practitioner services** – Every individual has a free choice of his own family doctor, dental and ophthalmic practitioner. Pharmaceutical service is also provided through local chemists.

**Hospital and Specialist services** – These cover all forms of hospital investigation and treatment for both in-patients and outpatients.

**Local Health Authority services** – These include health centres, maternity and child health clinics, vaccination and immunisation facilities, nurses to attend sick people in their own homes, midwives who assist women in childbirth in their own houses.

**The Family Practitioner services** are those given to patients by doctors, dentists, opticians and pharmacists. Under the NHS each patient is free to choose a family doctor in the area where he lives and to be registered with him. He must go to the doctor with whom he is registered or to one of his partners. About four fifths of family doctors in England work in partnership or group practices. They share the surgery where the patients come to see them and they share duties to provide round-the-clock services for patients and off-duty and holiday relief for themselves.

The average London practitioner has about 2.000 people on his list; the maximum is around 3.500. Family doctors provide the first diagnosis in the case of illness and either prescribe a suitable course of treatment or refer the patient to the more specialised services and hospital consultants.

Each patient must now pay a proportional part of the cost for a course of dental treatment and also towards the cost of any false teeth supplied.

Anyone who needs his eyes tested may go to an eye specialist, but charges are made for spectacles and they vary according to the type of lens and frame chosen.

Medicines were originally provided free of charge by NHS but this is no longer the case. A charge is made for each item on the prescription, which is presented to the chemist for dispensing. The charges for medical prescriptions do not apply to some categories as, for instance, children under 16 years and expectant mothers.

**The NHS provides hospital treatment** for out-patients and in-patients. The NHS patient will almost certainly share a ward with other patients.

The NHS hospital provides not only medical and nurse care, but a wide variety of other services – medical and surgical specialists, physiotherapy, pathological laboratories – which are part of modern medical practice. All kinds of hospital care and treatment are available though not necessarily all in the same hospital. Some hospitals and clinics specialize in different illnesses and mental defects, cancer, infectious diseases and many others. Convalescent care, rehabilitation centres, the blood transfusion services are also organized through the hospital service.

Where necessary on medical grounds free transport to hospital or clinic is provided. The work of the ambulance service is emergency work, dealing with sudden illnesses, urgent maternity care and accidents of all kinds and non-urgent work, providing transport for people needing out-treatment at hospitals, clinics and day-hospitals.

**Private sector.** In its original conception the NHS was intended to provide equal medical care for all but a clause was inserted in the 1946 by the Act of Parliament, which allowed the consultants to treat private patients in “pay beds” in NHS hospitals.

It is not obligatory to use the NHS service and people may go to doctors as private patients if they wish and can afford to do so. In most towns there are some private and financially independent hospitals (known as nursing homes) which people with money use rather than the hospitals, which are within the Health Service. The patient in the private nursing home is able to choose the specialist or surgeon he wishes to be treated by and often without delay.

Some NHS hospitals have a number of “pay beds” in private rooms so that the specialists can attend to their private patients along with their NHS patients under the same roof. The “pay beds” question became the centre of sharp political controversy and in 1975 the Labour Government announced that there must be an end to the pay beds in NHS hospitals. However, pay beds exist today and divert resources, nursing staff and consultants and give an opportunity for people who can pay skip queues thus aggravating the situation for everyone else.

**Medical education.** Some universities have medical schools with teaching hospitals and many medical students obtain their qualifications at universities.

Medical training to become a doctor requires 5 or 6 years training in a medical school and hospital with an additional year’s experience in a hospital. The student decides whether he wants to be a family doctor or to specialize for higher qualifications. Trying to become a dentist requires 4 or more years at dental school. The minimum period of hospital training required to qualify as a nurse is normally 3 years.

**1.3. Transcribe the following words; make sure you know their meaning:**

ophthalmic, pharmaceutical, maternity, vaccination, immunisation, diagnosis, a ward, physiotherapy, defects, infectious, convalescent, rehabilitation, controversy.

**1.4. Find in the text equivalents of the following:**

медицинское обслуживание, доступное для всех; обеспечивать нужды населения; этим объясняется тот факт, что; теперь это уже не так; отпуск лекарств; срочная акушерская помощь; охотнее чем; безотлагательно; внезапное заболевание (приступ)

**1.5. Explain the meaning of the following words and phrases:**

in-patients and outpatients; to work in partnership; to share the surgery; to provide round-the-clock services; off-duty; to be no longer the case; emergency work; 'pay beds'; without delay; sharp controversy; to divert resources; to skip queues; to aggravate the situation.

**1.6. Answer the following questions on the text:**

1. What kinds of services does the NHS provide to all residents and visitors of the country?
2. What are the functions of Local Health Authority Services?
3. What are the Family Practitioner Services meant for?
4. Why is it convenient for family doctors to work in partnership?
5. Is medical treatment in Great Britain free of charge?
6. How is the hospital treatment organized in England?
7. Are there any specialized clinics in Great Britain? What are they meant for?
8. What is peculiar about Private clinics?
9. Do 'pay beds' exist only in private hospitals?
10. How and where do they train medical specialists?

**1.7. React to the following statements:**

1. National Health Service provides different kinds of medical services to every resident and guest of Great Britain, but they are very expensive.
2. The family practitioner services are given to patients by general practitioners only.
3. British doctors don't like to work in partnership and not by chance.
4. Medications are free of charge for everybody.
5. The NHS Hospital Service provides treatment and a wide variety of other works and services only for in-patients.
6. Private sector is available for everybody.
7. NHS patients have nothing against private patients or the so-called 'pay beds'.

## 1.8. Communication techniques:

### a) asking for advice:

- What would you advise me to do?
- What would your advice be?
- Would you advise me to ...?
- What should I do?
- Should I ...?
- Do you think I should ...?
- I'd like your advice on ...?
- Can you give me some advice about ...?
- What would you do in my position?
- Which one would you ...?
- What would you do if you were me?
- What would you do if you were in my shoes?
- How do you see ...?
- Can you help me sort ... out?
- ... I would appreciate your advice on ...?
- Could I ask for your advice?
- Would you recommend...?
- What course of action (treatment) would you recommend...?

### b) advising someone to do something:

- Take my advice and ....
- The way I see it, you should ....
- ... my advice would be ....
- I think you should ....
- ... if I were you, I'd ....
- I'd ..., if I were you.
- If I were in your shoes, I'd ....
- You'd better ....
- I think you ought to ....
- It mightn't be a bad idea....
- Why don't you ...?
- If you follow my advice, you'll ....
- I would advise ....
- If I were in your position, I would ....

### c) advising someone not to do something:

- I wouldn't recommend ....
- I wouldn't advise ....
- You'd better not ....
- Don't go that way / Go the other way.
- I don't reckon you should ....
- If I were you, I wouldn't ....
- I don't think you ought to ....

- ... I wouldn't ... if I were you, ....
- I don't think you should ....
- If I were you, I'd think twice about ....
- It's up to you but I wouldn't ....
- I wouldn't ... if I were in your shoes.
- Why don't you ...?
- The way I see it, you shouldn't ....
- If you follow my advice would be ....
- I would advise against ....
- If I were in your position, I wouldn't ....

**d) how to give an opinion:**

- (Speaking) personally I think that ....
- In my opinion ....
- From my point of view ....
- My view is....
- If you ask me,....
- If you want my opinion....
- As I see it....
- As far as I'm able to charge....
- It would seem to me that....
- I reckon....

**1.9 Points for discussion:**

1. The state should pay for all medical care. There should be no private medical care.
2. The tax on cigarettes should be increased to pay for the health care needed by smokers.
3. Doctors should always give patients all the information about their illness and chances of recovery.

**Make use of the phrases from COMMUNICATION TECHNIQUES.**

**2.1. Get ready to read**

What do you know about the human body? Do this quiz and find out.

1. Which of these things is in human body?

- |  |               |                  |
|--|---------------|------------------|
| a) carbon  | b) steel      | c) wood          |
| 2. How much of the water is water?               |               |                  |
| a) 20 percent                                    | b) 50 percent | c) 60 percent    |
| 3. How many times a day does the heart beat?     |               |                  |
| a) 50 000  | b) 100 000    | c) 70 000        |
| 4. Blood travels through the body in the :       |               |                  |
| a) bones   | b) ligaments  | c) blood vessels |
| 5. Circulation of blood through the lungs takes: |               |                  |
| a) 1 hour  | b) 5 minutes  | c) 6 seconds     |

6. Which of these is called the “river of life” ?

- |  |              |              |
|--|--------------|--------------|
| a) blood   | b) water     | c) tears     |
| 7. How much blood is in the average body?        |              |              |
| a) 6 litres                                      | b) 12 litres | c) 25 litres |
| 8. Who has the most bones?                       |              |              |
| a) babies  | b) teenagers | c) adults    |
| 9. Which of these is not one of the five senses? |              |              |
| a) vision  | b) touch     | c) anger     |
| 10. The largest organ in the human body is:      |              |              |
| a) the heart                                     | b) the lungs | c) the skin  |

## 2. The Incredible Human Body

An athlete can run a kilometre in 4 minutes, jump over a fence that is 5 metres high, or swim across a river that is 8 kilometres wide. Feats like these are amazing, yet even simple everyday activities such as walking, writing your name and getting dressed are coordinated by complex systems that even the most advanced robot cannot duplicate. Engineers have designed many wonderful machines, but no machine in the world comes close to the most incredible one of all: the human body.

The human body is made up of many complex systems. Your body can grow, repair itself, heal wounds and fight infection. Every minute of the day, your heart beats, sending blood containing oxygen and nourishment to every cell of the body. Your brain receives messages from your senses, and send messages to your muscles and bones. All of these systems work together, so that you can do things such as learning a new language, designing a computer or even flying to the moon

You may know that body is made of many components, such as bones, muscles, blood, skin, a heart, a brain and a nervous system. Did you know that 60 percent of the human body is water? Every minute that we live, our hearts beat about 70 times. In a single day, the heart beats about 100000 times, and pumps about 13640 litres of blood. The blood is pumped through about 97000 kilometres of blood vessels. If you live to be 70 years old, your heart will have pumped about 174 million litres of blood through your body. The lungs are in the chest. They help us breathe by taking in oxygen and releasing carbon dioxide. In a lifetime, we will breathe over 500 million times. The lungs need blood all the time. Did you know that the circulation of blood through the lungs takes only 6 seconds.

Some people call blood “the river of life.” Blood is very important. It carries oxygen to every part of the body – in less than a minute! It supplies the cells of the body with water and nourishment. It takes oxygen to lungs, and removes carbon dioxide. The average body has about 6 litres of blood.

To stand, walk or do any physical activity, we need bones and muscles. Babies have 305 bones at birth, but some of the bones fuse together as we grow.



An adult has about 206 bones. The bones are moved by muscles. We have about 650 muscles, which make up 40 percent of the body's weight. To make a single step involves over 200 muscles. Did you know that frowning takes twice as many muscles as smiling? There are more than 30 muscles just in the face. It takes 34 muscles to frown, but only 15 muscles to smile.

Our five senses tell us about the world. Our ears bring us words and language, and help us distinguish over 1500 musical sounds. Our eyes let us see the world, and have colour perception so sensitive that we can differentiate as many as 300 000 different shades. Did you know that the eye muscles are our most active muscles? They move an incredible 100 000 times a day or more! Three thousand taste buds tell us whether our food is sweet, sour, salty or bitter. Even our least developed sense, smell, helps us identify thousands of different odours. Through touch, our skin gives us information about temperature and texture. It even helps us stay alive through its warning system-pain.

All of these messages speed along a network of nerves, at a rate of up to 320 kilometres an hour. The information goes to the brain, which has 14 billion nerve cells ready to process information and act on it. The brain, nerves and senses are the control and communication system of the body. The weight of an average brain is only about 1.4 kilograms, yet its small organ is the most remarkable part of the human body. The human brain controls everything from breathing and feeling to intelligence, learning and creativity.

In order to function, the body needs fuel. We get this fuel from the foods we eat. The digestive system, which measures about 9 metres in total, is the fuel processing plant for the body. Here, food is broken down to be used to build and repair the body and to give us energy. During an average lifetime, a person eats as many as 50 tonnes of food and drinks as many as 50 000 litres of liquid.

All of the body systems are held together by another system. This system bends, grows and is even waterproof. It is our skin, the largest organ in the human body. The average person has almost 2 square metres of skin. Each piece of skin 2 centimetres square has more than 3 million cells, a metre of blood vessels, 35 nerve-endings and 80 sweat glands. Every few weeks, the skin wears away and is replaced by new skin.

The human body has many separate parts that work together in a miraculous way. What a wonderful machine!

### 3. Progress check

3.1. What is the speciality of each doctor? Work with a partner. Match the doctor to the speciality.

#### The doctor directory

- a) old age
- b) the eyes
- c) the skin
- d) the mind
- e) bones and muscles
- f) the teeth
- g) allergies
- h) pregnancy
- i) children
- j) X-rays
- k) the heart
- l) the blood

Doctor Directory	
1.	orthopaedist
2.	paediatrician
3.	radiologist
4.	allergist
5.	dermatologist
6.	cardiologist
7.	dentist
8.	gerontologist
9.	psychiatrist
10.	abstetrician
11.	haematologist
12.	ophthalmologist

3.2. Use these words to complete the paragraphs.

shower                      soap                      shampoo                      year                      health  
faces                      breath

#### Soap and water

Today, people in many countries are obsessed with cleanliness. We bath or \_\_\_\_\_ every day, sometimes twice a day. We have special soaps for our faces, and other soaps for our bodies. We use deodorants for our underarms, mouthwash for fresh \_\_\_\_\_ and \_\_\_\_\_ for our hair. We even have an expression about being clean: "Cleanliness is next to Godliness."

People did not always have these beliefs, however. Did you know that at certain times in history, people thought that bathing the body was dangerous to the \_\_\_\_\_? During the Middle Ages in Europe, people did not wash very often. In fact, they feared \_\_\_\_\_ and water. People thought that it was dangerous to wash too often – that is, more than once a month, or even once a \_\_\_\_\_. Most people did not even wash their \_\_\_\_\_ for weeks on end!

Did You Know?	The ancient Greeks knew that it was important to keep the body clean, and that soap especially useful for cleaning wounds. So in Greece, soap was used not only for personal cleanliness, but was actually considered a medicine.
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### 3.3 Match the diseases with their symptoms.

- |               |   |
|---------------|---|
| 1. flu        | swollen glands in front of ear, earache or pain on eating |
| 2. pneumonia  | burning pain in abdomen, pain or nausea after eating      |
| 3. rheumatism | rash starting on body, slightly raised temperature        |
| 4. chickenpox | dry cough, high fever, chest pain, rapid breathing        |
| 5. mumps      | headache, aching muscles, fever, cough, sneezing          |
| 6. an ulcer   | swollen, painful joints, stiffness, limited movement      |

### 3.4 Choose the right word. Explain your choice:

#### Ill, sick

1. He is seriously ... with pneumonia.
2. If you're ..., see a doctor.
3. After the large dinner, I feel positively ... .
4. Val was out of sorts, ... and tired of everything.
5. She was taken ... at midnight and driven to the hospital in an ambulance.
6. Jane hasn't been around for quite a while; she must be ... again. She is a very ... person.
7. Are they really ..., or are they just malingering?

#### Shiver, tremble, shake

1. Mary was so excited that her voice ... when she began to speak.
2. Joyce was so weak and faint that her hands ... as she opened the letter.
3. Feeling June's slender body ... with sobs, old Jolyon was terribly alarmed.
4. At night poor Henry would lie ... in bed under his thin blanket.
5. With ... fingers Hurstwood counted the money Carrie had given him.
6. At the mention of Mr. Dodd's name poor Jane began to ... with dread.
7. The classroom at Lowood was so cold that the little girls sat ... all through the lesson.

#### Discover, find out, learn

1. When Mary ... the price of the necklace she was in despair.
2. I don't know what his telephone number is and I can't think of a way of ... it.
3. Can you ... when the train is arriving?
4. There hundreds of new things to be ... every day.
5. We haven't yet ... whether the plane had landed safely.
6. Soon the whole village ... that he had brought his wife from Kentucky.
7. She won't tell lies again. She has ... what suffering lies can lead to.

#### Treat, cure

1. Children's diseases are ... by a pediatrician, specializing in pediatrics.
2. Fresh air, sunshine wholesome food may ... the patient of tuberculosis.

3. She was genuinely grateful to the doctor who had ... her hands of some skin trouble.
4. The doctor said there was no need to hospitalize him. He might as well be ... antibiotics at home.
5. After the grippe, complications developed which had to be ... for a month before she was completely ...
6. Take this medicine, it will ... your cold.
7. The noisy and crowded sea resort was precisely the place to provoke rather than ... a nervous breakdown.

### Vocabulary notes

**Ill** adj – a) not well, sick, b) bad. In the sense of ‘unwell’ used predicatively. She has been ill now for two weeks.

Collocations: to fall ill, to look ill, to feel ill, to be taken ill.

Syn. **Sick** means ‘ill’ or ‘ailing’ if used attributively (in BE)

In American usage **sick** has this meaning also if used as a part of the predicate.

Mr Dodd is a sick man.

Collocations: sick diet, on sick leave, to be seasick/homesick, sick pay.

**Shivery** adj. – trembling, esp. with fever.

**To shiver** – to tremble (with cold/fear/fever). Shivering is generally the result of cold; **trembling** is the result of some emotional reaction.

**Shaking** is generally the result of more violent and intense emotions; e.g.: to shake with horror/terror/dread.

**To shake** is always used in the combination ‘to shake with sobs’ and is more often used than **to tremble** in the combinations ‘to shake with age/weakness.

**Giddy** adj. – dizzy; feeling as if everything is spinning around.

**To discover** – to get to know something; to get knowledge of something that existed before but which was unknown.

**To ache** – to hurt, to be in continuous pain.

My ear aches.

Compare: It hurts the eyes to look at the sun.

### 3.5 How many synonyms to the following do you know?

To lie in bed; to run a temperature; to feel ill; to fall ill; to hurt; painful.

### 3.6. Supply the missing prepositions and adverbs where necessary.

1. The doctor isn't likely to prescribe any special medicine ... your headaches.
2. During the recent epidemic ... the grippe many children stayed ... .. school, being laid ... .. the disease.
3. The boy was shivering ... cold.
4. To recover quickly a patient must follow ... all the doctor's instructions.
5. Here are two prescriptions, one ... some pills and one ... a tonic.
6. Unfasten your jacket and your shirt, please. I'll listen ... your heart.

7. You'd better keep ... bed for a day or two.
8. Take ... this mixture, it will help to bring your temperature ... .
9. Roy complained ... pains in the stomach.
10. If you don't take care ... yourself, you may have a nervous breakdown and have to go ... hospital.
11. Jane is down ... a bad cold.
12. Philip hated the very idea ... going ... hospital.
13. Who nursed ... you when you were ill?
14. Health is worth taking care ...
15. He was treated ... scarlet fever.
16. Adam was taken ... hospital and operated ... .. appendicitis.
17. There is nothing really the matter ... me, I just feel ... .. sorts.
18. After Barbara had some injections ... tonic she felt quite cured ... all her ailments.
19. He wouldn't hear ... his mother's sitting ... with him all the night.

**3.7. Supply the required articles for nouns in the following sentences, paying special attention to those denoting diseases:**

1. She suffered from ... bronchitis.
2. Sheila who had recovered from ... measles was also there.
3. She had been absent less than ... week when ... operation for ... appendicitis was performed on her.
4. "Were you sick?" "I had ... fever."
5. ... boy sat upright against ... two pink pillows; ... mumps had not noticeably increased ... fatness of his face.
6. Mr March always expressed. ... gloomy concern if any one of his children had ... sore throat.
7. In January I had ... diphtheria, with ... complications.

**3.8. Listening Activity**

**Get Ready to Listen**

**What does the doctor prescribe?**

- a) Take one three times a day after meals
- b) Take a teaspoonful last thing at night
- c) You'll need to have some injections
- d) You'll have to have your leg put in plaster
- e) Rub a little on before going to bed each night
- f) We'll get the nurse to put a bandage on
- g) I'll ask the surgeon when he can fit you in for an operation
- h) I think you should have total bed rest for a week

**3.9. Find the information**

**The medicine cabinet**

Read the labels for these medications. Then work with a partner to answer the questions.

# HURTS

## Pain Relief Tablets

**SAFETY SEALED:** If glued carton end flap is broken, do not use  
For relief of headaches, aches and fever from colds, muscle aches and pains, arthritic and rheumatic pain, toothache, menstrual pain.

**ADULT DOSE:** 1 or 2 tablets with milk or water every 4 hours. Maximum daily dosage is 12 tablets. It is hazardous to exceed the maximum recommended dosage unless by a physician. If pain or fever persists for more than five days, consult a physician.

**CAUTION:** Keep safely out of reach of children. This package contains enough medication to seriously harm a child. Children and teenagers should not use this medicine for chicken pox or flu symptoms without consulting physician about Reyes Syndrome, a rare but serious illness. Allergic reactions, side effects and drug interactions are rare but if you are uncertain, consult your physician. Women in the last three months of pregnancy or nursing a baby should consult a physician before using this product.

# GRAVEL

## Motion Sickness Tablets

**For prevention of nausea, dizziness and vomiting, take tablets 30 minutes before departure.**

**DOSAGE: Adults:** For relief of nausea, vomiting or dizziness, 1 to 2 tablets every 4 hours as needed, up to 8 tablets in 24 hours. **Juniors 6 to 12 years:** ½ to 1 tablet 6 to 8 hours as needed, up to 3 tablets in 24 hours. **Children 2 to 6 years:** ¼ to ½ tablet 6 to 8 hours as needed, up to 1 ½ tablets in 24 hours. **Infants 0 to 2 years:** as directed by physician.

**CAUTION:** Do not exceed recommended dosage. **THIS PRODUCT MAY CAUSE DROWSINESS. DO NOT DRIVE A MOTOR VEHICLE OR PERFORM TASKS REQUIRING MENTAL ALERTNESS OR CONCENTRATION.** Prolonged use on physician's advice only.

Avoid alcoholic beverages. Do not take if you have glaucoma, chronic lung disease, difficulty in urination due to an enlargement of the prostate gland, or if you are pregnant or breast-feeding unless directed by a physician. Do not take with other antihistamines, tranquilizers or any other sedatives without consulting your physician. **Note:** This medication may cause excitability, especially in children.

**KEEP OUT OF THE REACH OF CHILDREN.**

# ACH-00000

## COLD MEDICINE

### Cold Medicine

#### FOR RELIEF OF COLD/FLU SYMPTOMS

Relieves sniffles and sneezing, calms and quiets coughing, eases head and body aches, relieves nasal and sinus congestion, reduces fever, relieves minor sore throat pain.

**DOSAGE:** Adults (ages 12 and over) take one capsule every 12 hours.

**CAUTION:** Do not exceed recommended dosage. Do not take this product for more than 7 days. Consult a physician if symptoms do not improve or are accompanied by high fever, or if cough worsens. Children under 12, elderly persons, pregnant or nursing women, persons with high blood pressure, thyroid problems, chronic lung disease or shortness of breath, heart disease, diabetes, glaucoma, depression, prostate gland enlargement, asthma, or persons under treatment for depression or using antidepressant medications should use only under the direction of a physician.

May cause marked drowsiness. Alcohol may increase the drowsiness effect. Avoid alcoholic beverages. Do not drive or engage in activities requiring alertness until response is determined. As with any drug, if pregnant or nursing a baby, consult a health professional before using this product.

**KEEP THIS AND ALL DRUGS OUT OF REACH OF CHILDREN. THIS PACKAGE CONTAINS ENOUGH MEDICINE TO SERIOUSLY HARM A CHILD.**

1. What are the symptoms of a cold or flu? Which medications are recommended for these symptoms?
2. Which medications can you take for pain?
3. If pain or fever persists, how long should you wait before consulting your physician?
4. What does "Do not exceed recommended dosage" mean?
5. Name some health conditions under which a person should not take cold medicine.
6. At what age does a person begin to take an adult dose of medicine?
7. Can children under two years of age take medication for motion sickness?
8. Which medications can cause sleepiness?
9. What kind of food or drink should be avoided when taking medications that can cause drowsiness?
10. What activities should be avoided when taking medications that cause drowsiness? Why?
11. Which medications contain enough drugs to seriously harm a child?
12. Which medication can cause excitability in children?
13. Which medications should not be used by women who are pregnant or nursing a baby?
14. What should you do if the end flap or the carton is open? Why?
15. Which medications should not be taken if you are already taking another medication?
16. Complete the information for Reyes Syndrome
  - a) What is Reyes Syndrome?
  - b) Who can get it?
  - c) Which medication should be avoided in connection with this disease?

**3.10. Foreigners taken ill or involved in accidents while in the UK are entitled to free medical treatment under the British National Health Service. The following conversation may take place at a doctor's surgery. Read them, pick out vocabulary on the topic, act them out:**

— I've got a sore throat and my chest hurts.

— How long have you been like this?

— Two or three days now.

— I should think you've got flue; there's a lot of it about.

— What do you advise?

— Take this prescription to the chemist's and then go straight to bed.

— I feel shivering and I've got a pain in my stomach.

— How long have you had it?

— The best part of a week.

— By the sound of it you've caught a chill.

- What should I do?
- I'll give you something for it, and come to see you in couple of days.
- I keep feeling dizzy, and I've got a headache.
- How long has this been going on?
- It came on yesterday.
- I should say you're generally run down.
- What ought I to do?
- It's nothing serious but you'd better stay in bed for a day or two.
- I am running a temperature and I feel sick.
- Since when have you been feeling like this?
- It all started the day before yesterday.
- You seem to have picked up a sort of infection.
- What do you think I should do?
- Stay away from work till Monday and don't overdo things.

**Richard Hunt a University student hasn't been feeling too well recently. He rings up a Students' Health Centre.**

- Nurse:* (Answers telephone) Students' Health Centre.  
*Richard:* I'd like to make an appointment to see a doctor.  
*Nurse:* Is this an emergency?  
*Richard:* I'm not sure. I've had stomach cramps for two days. They're getting worse.  
*Nurse:* Any vomiting?  
*Richard:* No, but I don't have any appetite.  
*Nurse:* Do you have other symptoms?  
*Richard:* A bad headache, but I think that's from not eating.  
*Nurse:* I don't think it's anything serious. Probably just the flu. But let's not take a chance. Why don't you come in half an hour?  
*Richard:* I'll be there.  
*Nurse:* We'll see you then.

**Complete the interaction about the reporting an emergency to the health service. Use any appropriate answer**

- I'd like to make ...
- Is this ...
- ...
- Do you have any other symptoms?
- Yes, ...
- Can you come to the health service in ...?
- Fine.



**Robert Harper fell off his bicycle. He's in casualty department at the local hospital. Doctor Williams is examining him. Read the dialogue, reproduce it in indirect speech.**

- Doctor:* Hello, Harper, isn't it? You've had a bit of a fall. What were you doing? Going too fast?
- Harper:* Yes, Doctor. I fell off going round a corner.
- Doctor:* You'd better get undressed then, and we'll take a look at you. Mm ... that's a nasty cut. I'll have to put a couple of stitches in that.
- Harper:* I've got a cut here too, Doctor.
- Doctor:* It looks, worse than it is. It's only a graze. The nurse will clean it up for you. It'll sting, but that's all. Now, does it hurt anywhere else?
- Harper:* I've got a pain in my arm. It's very sore, and it feels stiff.
- Doctor:* Well there's nothing broken, but you've bruised your shoulder. It'll be sore for a few days. Now, did you bang your head at all?
- Harper:* Yes, I did. I fell onto the bike. But it doesn't hurt now.
- Doctor:* Did you feel dizzy?
- Harper:* No, not at all.
- Doctor:* Look up there, I'm just going to shine this light in your eye. No, that's fine. I'll do the stitches, and the nurse will put a dressing on it. Then you can go home.

#### 4. Vocabulary work

##### 4.1. Interclass check. Ask your classmate:

###### What's the English for?

1. Оперировать
2. воспаление
3. инфекционная болезнь
4. жаловаться на боль в желудке
5. коклюш
6. вызвать скорую помощь
7. ставить горчичники
8. высокое кровяное давление
9. выписать рецепт
10. поставить временную пломбу
11. заказать лекарство по рецепту
12. осложнение после болезни
13. пройти рентгеноскопию
14. бюллетень о нетрудоспособности
15. аптека
16. лекарство от головной боли
17. запустить болезнь
18. раздеться до пояса
19. острая зубная боль
20. больничная палата

###### What's the Russian for?

1. a sore throat
2. to feel sick and giddy
3. disease prevention
4. to be laid up with scarlet fever
5. a syringe
6. to undergo a treatment
7. a blood test
8. vaccination
9. to inoculate
10. insomnia
11. to go through necessary analyses
12. to be discharged from the hospital
13. to catch mumps
14. a nervous breakdown
15. to feel feverish
16. to nip a disease in its bud
17. to sneeze
18. to keep the temperature down
19. tonsils
20. to put a dressing (on)

#### 4.2. How many English equivalents for the following do you know?

болезнь, недуг; боль; удалить зуб; чувствовать недомогание; лекарство; полоскать горло; осложнение (после болезни); запломбировать зуб; сбить температуру; выздороветь

#### 4.3. Give the most suitable Russian equivalents for the following.

sore – throat, subject, spot, eye, foot;  
pain – sharp, dull, growing, constant, annoying, sudden;  
bitter – medicine, words, thoughts, taste, experience, moment, cold;  
delicate – operation, health, features, situation, colours;  
urgent – call, case, message, measures, request, need

#### 4.4. Insert prepositions or adverbs where necessary.

1. What are you complaining ... ?
2. The best remedy ... a headache is fresh air.
3. If you want to get well you must keep ... bed and follow doctor's advice.
4. She says that she is subject ... coughs.
5. Snake the mixture carefully ... use.
6. You have all the symptoms ... the flu.
7. The first thing to do is to keep the temperature ... .
8. You can have this prescription made ... the chemist.
9. I shall make you a compress ... your throat.
10. My father is ... sick-leave.
11. Whooping cough is frightening disease to nurse a child ... .
12. Cancer is hard to detect ... its early stage.

#### 4.5. Translate into English.

1. У тебя совершенно больной вид. Почему бы не измерить температуру?
2. Она очень больна и ей придется лечь в больницу.
3. У меня, наверное, начинается грипп, у меня все тело болит.
4. Ирина совсем не спала сегодня. У нее заболел сын, и она всю ночь просидела около него.
5. Случай был очень сложный, и врачам не сразу удалось поставить диагноз.
6. Вы можете поговорить с врачом, когда он закончит обход.
7. Говорят, Артур на днях выписывается из больницы.
8. Бабушке уже лучше, но она еще не окончательно поправилась.
9. Его положили в больницу, так как дома за ним некому было ухаживать.
10. Я страдаю от бессонницы.
11. Принимайте это лекарство три раза в день по столовой ложке.
12. Врач попросил пациента раздеться до пояса и прислушал его сердце и легкие.

13. Я не могу читать вслух, у меня болит горло.
14. Мне нравится этот врач, потому что он не прописывает слишком много лекарств.
15. В детстве мой сын перенес корь, воспаление легких, свинку. Я просиживала ночи у его кровати.
16. Он жалуется, что у него болит желудок. Я думаю, ему надо обратиться к врачу.
17. Если у тебя температура, выпей таблетку аспирина, чтобы сбить жар.
18. Вот рецепт. Нужно принимать эту микстуру три раза в день по столовой ложке после еды.
19. Она не в состоянии разговаривать, у нее ужасно болит зуб.
20. У меня болит горло, и я сильно кашляю. – Вы что-нибудь принимаете? – Вечером я выпила стакан горячего молока с маслом и медом и сделала компресс на горло. Но это не очень помогает.
21. У меня очень болит нижний зуб справа. Боюсь, что там большое дупло. – Да, дупло очень большое. Нужно сделать рентгеновский снимок.
22. Что тебе сказал врач? – Он сказал, что ничего страшного, но гланды воспалены, с ними что-то надо делать.

**4.6. On your paper, list the words that are misspelled in the following paragraph, correcting their spelling, if necessary, use a dictionary for reference.**

It takes a long time and a lot of hard work for a doctor to akquire sound sergical judgement. Every time he sees a patient he has to be able to assess and evaluate the history of the patient's illness, the findings on phisical examination, the chemical studyes of the blood, the results of X-rays and a multitude of other factors, and after weighing all this factors, he has to decide whether to operate or not, what procedure to use, whether to do operation immidiately or later.

4.7 List the symptoms of some infections childhood diseases beside the ones given in the table. Compare your list with other students.

**Childhood Diseases**

	<i>Scarlet fever</i>	<i>Measles</i>	<i>Whooping cough</i>	<i>Mumps</i>
headache high temperature cough red rash red spots sore throat swelling on either side of the neck nausea vomiting ..... ..... .....				

**5. Speaking**

**5.1. Talk it over with your classmates.**

I. 1. Are you subject to colds/coughs/sore throats/headaches? 2. What is the best remedy for a sore throat/headache/cold in your opinion? 3. Are had colds catching? 4. What do you do when you fall ill? 5. What is generally done on urgent occasions? 6. In what cases is hospitalization necessary? 7. Have you ever called an ambulance? 8. Some people hate consulting a doctor in cases of colds, don't they? And you? 9. What does a doctor do when he comes to examine you? 10. Do you always keep to bed when you are unwell? 11. What are you supposed to do to avoid complications?

II. 1. Should you ever consult a dentist, if your teeth are quite sound? 2. Do your teeth cause you any trouble? 3. Is it painful to treat an infected tooth? 4. Does the doctor give you an injection before filling a tooth cavity? 5. Why do many people put off going to the doctor's till they develop really bad toothache? 6. Do you happen to know any possible remedy for an acute toothache? 7. Do you think diet to be an important factor in keeping teeth sound?

III. 1. What infections childhood diseases could you possibly name? 2. Why are they called catching? 3. What are the symptoms of scarlet fever/?mumps/?whooping cough/?measles? 4. What diseases did you suffer from in childhood? 5. Can measles and scarlet fever be contracted from a

third person? 6. Why is whooping cough considered to be a frightening disease to nurse a child through? 7. Are various inoculations and vaccinations effective? Why? 8. What is a commonest childhood disease nowadays?

IV. 1. What do you feel when you have flu? 2. How does a sick person look? 3. Do you lose appetite when you are unwell? 4. Is a person ill with the flu usually put on a diet? 5. Do people in this country get their pay when they are on sick-leave? 6. Who is treated at the polyclinic, and who is treated at the hospital? 7. What measures are usually taken to check the spread of an epidemic of grippe? 8. What disease is thought to be a most fatal nowadays?

V. 1. What must one do to keep fit? 2. A regular check-up helps to prevent an illness, doesn't it? 3. Have you ever got through the procedure yourself? When? 4. Does your institute have a special medical service of its own or do you have to visit the local clinic in case of illness? 5. Do you think sports should be part of our lifestyle? Why?

### **5.2. Roleplay with your classmates**

1. You are on tour in Great Britain. One of the tourists has a very bad cold. A doctor is called and you have to act as interpreter.
2. You meet an acquaintance of yours, a young doctor. Yesterday she/he had her/his first patient.
3. You drop in at your friend's and find her/him in a pretty bad state.
4. You are running a high temperature. The physician comes to your place to examine you.

### **5.3. Discuss with a friend what you would do about the following ailments. Check that your friend has understood you.**

a headache; a cold; indigestion; a cat finger; chapped lips; sunburn

### **5.4. Comment on the following proverbs and sayings (explain their meaning, give their Russian equivalents). Say under what circumstances you would use them in speech.**

1. Good health is above wealth.
2. An apple a day keeps a doctor away.
3. Health is not valued till sickness comes.
4. What can't be cured must be endured.
5. He who has health has hope, and he who has hope has everything.
6. Time is the great healer./Time cures all things.
7. Time works wonders.

**5.5. When do people go to see a dentist? Yes, when they have a toothache or just for a check up. Read the following dialogue, do the tasks corresponding to it.**

- I'm very sorry, doctor. I'm afraid I'm a little late for my appointment.
- It's all right. The last patient left just a moment ago.
- What seems to be the trouble? Sit down, won't you? Let me have a look at it. Open your mouth wide, please. On which side of your mouth did you say it hurts you?
- Ouch! Ouch!
- But, Mrs. Riggs, I haven't even touched you yet.
- I know, Doctor; but I'm so afraid of a dentist, that I feel pain even before you touch me.
- I am sorry you feel that way, but let's see what the trouble is.
- It's on the left side – just above my eye tooth. The pain seems to skip around; sometimes it is in one place and sometimes in another.
- Does the tooth itself ever ache or become sore to the touch? Is it sensitive to heat or cold?
- No, only the gum above the tooth seems to get sore.
- It may be a little neuralgia, but we'd better take an X-ray just to be sure none of the teeth is abscessed. Do you mind moving over here to the X-ray machine? Now let's see that loose filling. It's surprising it didn't fall out. There's a good deal of decay around it. There's also a slight cavity on the other side of the tooth which you probably didn't know you had.
- Oh, dear, I do hope you won't have to pull the tooth.
- I don't think so. It's not quite as serious as that. But it may take considerable drilling. The decay has gone deeply into the tooth.
- One's teeth are such a problem, aren't they? I dread coming to see you; but of course I mean nothing personal, Dr. Kane.
- I understand. Now open your mouth wide please. Wider, please. By the way, Mrs. Riggs, how is your husband feeling these days?
- Ugh! Ugh!

**5.6. Choose the correct form:**

1. A dentist refers to those who visit him as his (customers, clients, patients, victims).
2. What is the noun form of the adjective 'sore'?
3. Which of these words is often a synonym for the word 'jump' (beg, seem, skip, stop )?
4. The section of the mouth just above the teeth is the (roof, gum, larynx, palate).
5. The opposite of 'loose' is (open, wide, tight, large).
6. 'Considerable' means (some, very little, a great deal, a bit).
7. To 'dread' something is to (enjoy it, love it, fear it, recognize it).

**5.7. Use these in sentences:** take a look at, pull out, drop out, skip around, by the way, sore to the touch, take a seat.

## **6. Communication techniques**

### **6.1. How to express sympathy and consolation:**

- I'm (very) sorry to hear ...
- (Oh dear,) I am sorry (to hear that).
- (Oh dear,) I'm (most) awfully / dreadfully sorry...
- (Oh) that's / what (terribly / extremely) bad luck.
- How upsetting /annoying!
- You must be very upset / annoyed (about...)
- Take it easy. Things will come right in the end.
  
- Oh, that's awful. (I'm ever so sorry.)
- (Oh,) how / that's dreadful / rotten / ghastly
- Oh no! (I am ever so sorry).
- Oh dear...
- Poor old you.
- (Oh,) hard luck.
- Don't let it worry you.
  
- I'm extremely sorry to hear that.
- I am deeply sorry to hear / learn (about)...
- What a terrible situation for you. I do sympathize,...
- Don't let it upset / distress you.
- It could be a lot worse.
- Let's hope for the best.
- There, there, it might've been worse.

### **6.2. Work in pairs or small groups. Express sympathy or consolation:**

I have an awful headache that I can't get rid of. They say Helen was taken to hospital this afternoon for an emergency removal of her appendix. I caught an awful cold last week. Judy, my younger sister, is seriously ill. My Granny has got a terrible backache. She can hardly walk sometimes. Janet slipped in the street and fell down, breaking her arm. Nicholas is no better at all. His fever is worse and he is out of his senses most of the time.

**6.3. Florence Benson wants to take out a life insurance policy. This insurance company has sent her to see a doctor for a check up. This is part of the form the doctor has to complete. Practise their conversation. Use**

Can I take your ... ? Have you ever had ... ? Have you been vaccinated against ... ?

FRIARY INSURANCE		CONFIDENTIAL
Name .....	Children.....	Address.....
Marital status.....	Occupation.....	
Date of birth .....		
Measurements		
Height.....	Pulse rate .....	
...		
Weight .....	Vision .....	
Blood pressure .....	Chest	(a) normal .....
		(b) expanded .....
Medical history (please give approximate dates where possible)		
Measles .....	Vaccinations and inoculations	
Mumps .....	Polio .....	
Chicken-pox .....	Scarlet fever .....	
Whooping cough .....	Diphtheria .....	
Other serious illnesses (give detail below)	Whooping cough .....	
.....	Measles .....	
.....	Tetanus .....	
Please give detail of any hospital treatment or operations		
.....		
.....		
.....		

**6.4. Conversation practice**

**«Alcohol and You». Group work. Intermediate Role Play. Guidelines on the role play:**

1. Act out a 20-minute opinion poll to find out how people feel about alcohol and a drinking problem. The information may be of some help to you.
2. Attitudes: formal, business-like, friendly.
3. Main roles:

*Role 1:* You are Susan Harper, a research psychologist. You conduct an opinion poll, summarize the information you have collected and prepare an oral report. Be sure to include an introduction to your



sion. The conclusion should include your own interpretation of the information you collected.

*Role 2:* You are Tom Hill, a science student and a social drinker. Alcohol is an accepted part of your life-style. It is not interfering with your college work, health or relationships. You know your limits; you decide ahead of time how much you will drink and stick to this decision.

*Role 3:* You are Ruth Bantry, a neurologist at a Student Assistance Centre. You strongly object to alcohol drinking. Alcohol is a drug and it affects a person both mentally and physically.

*Role 4:* You are David Armstrong, an engineer. Once you were a problem drinker. You hurt yourself physically while intoxicated, missed work because of hangovers. Your friends persuaded you to undergo a course of treatment at a mental health clinic. For two years you haven't had a single drink and you are quite optimistic about your future. Life is great!

The other members of the class express their own attitude to alcohol drinking.

### **Did You Know? Why Do People Drink?**

Research studies show that most people drink:

- to feel "high" or to have a good time
- to enhance social occasions
- to get "drunk"
- to escape from problem
- to relieve stress and promote relaxation
- to enjoy the taste of alcohol

### **How Does Alcohol Affect the Body?**

Alcohol enters the bloodstream and circulates to all body tissues and organs within a few minutes. It is carried directly in the brain and depresses almost every brain function.

The effects of two much alcohol include:

*physical*

- increased heart rate, increased heart muscle function
- elevated skin temperature
- slurred speech
- lack of coordination

- headache, fatigue
- nausea and vomiting
- stomach ulcers

*mental*

- poor concentration
- confusion, disorientation, stupor
- impaired judgement
- feeling of fear and anxiety

<b>Alcohol Myths</b>
----------------------

*Myth:* GETTING DRUNK IS FUNNY.

*Fact:* Maybe in the films ... but not in real life. Drunkenness is no more funny than any other illness.

*Myth:* PEOPLE ARE FRIENDLIER WHEN THEY ARE DRUNK.

*Fact:* Maybe. But they're also more hostile, more dangerous, more criminal, more homicidal, more suicidal. 64 % of all murders are alcohol-related. And 60 % of all suicides.

*Myth:* IT'S IMPOLITE TO TELL A FRIENDS HE'S DRINKING TOO MUCH.

*Fact:* Maybe if we weren't all so polite, we wouldn't have so many friends with drinking problems.

*Myth:* IT'S RUDE TO REFUSE A DRINK.

*Fact:* Nonsense. What's rude is trying to push a drink to someone who doesn't want it. Or shouldn't have it.

*Myth:* ALL THAT PUBLICITY ABOUT DRINKING AND DRIVING IS ...

*Fact:* True. At least half the road accidents involve drinking.

### 6.5. Who is the best person to see if you want to have

Your eyes examined? A bad tooth pulled out? A photo taken? A coat made? Your hair done? Your watch fixed? A car serviced?

### 7. Building up language competence:

7.1. Give a synonym for each of the verbs on the left; choice from the words on the right:

1. to pronounce	rather	notify
2. talk	.....	appeal
3. shout	.....	counsel
4. stammer	.....	affirm
5. jot down	.....	reiterate
6. break in	.....	guarantee
7. state	.....	refuse
8. admit	.....	put out

9. support	.....	utter
10. approve	.....	notice
11. reject	.....	communicate
12. communicate	.....	pronounce
13. assert	.....	back
14. address	.....	type
15. advise	.....	butt in
16. repeat	.....	express
17. accept	.....	mail
18. publish	.....	confess
19. brief	.....	agree
20. print	.....	chat
21. remark	.....	scream
22. declare	.....	shutter
23. post	.....	note down
24. promise	.....	contact
25. get in touch (with)	.....	adopt

**7.2. Underline two of the words on the right which are associated with or a part of the word on the left:**

- |              |   |
|--------------|---|
| 1. tree      | brim, trunk, car, climb, cabbage              |
| 2. bicycle   | speak, saddle, town, pump, green              |
| 3. orchestra | go, needle, conductor, score, break           |
| 4. Christmas | pastime, decorations, lose, mistletoe, salmon |
| 5. football  | mole, corner, empire, hornet, penalty         |
| 6. wedding   | bride, blink, confetti, storm, soap           |
| 7. sleep     | tongue, nightmare, cheeks, cushion, petal     |
| 8. church    | money, congratulation, cough, feet, aisle     |
| 9. car       | ran, basket, clutch, boot, head               |
| 10. England  | light, Thames, garlic, street, Edinburgh      |

**7.3. Put in the missing preposition in the following sentences:**

- |   |         |        |         |
|---|---------|--------|---------|
| 1. I'm very keen ... tennis.  | a) in   | b) for | c) on   |
| 2. Is Mary married ... George?  | a) by   | b) to  | c) with |
| 3. Would you like some soft drink ... the meal?                           | a) to   | b) for | c) with |
| 4. We never liked him. He grew suspicious ... all people surrounding him. | a) with | b) of  | c) to   |
| 5. You're quite right. I approve of his response ... this.                | a) to   | b) on  | c) for  |



## Supplement

### The welfare state

Every British citizen who is employed is obliged to pay a weekly contribution to the national insurance and health schemes. An employer also makes a contribution for each of his employees, and the Government too pays a certain amount. This plan was brought into being in 1948. Its aim is to prevent anyone from going without medical services, if he needs them, however poor he may be; to ensure that a person who is out of work shall receive a weekly sum of money to subsist on; and to provide a small pension for those who have reached the age of retirement.

Everyone can register with a doctor of his choice and if he is ill he can consult the doctor without having to pay for the doctor's services, although he has to pay a small charge for medicines. The doctor may, if necessary, send a patient to specialist, or to a hospital; in both cases treatment will be given without any fee being payable. Those who wish may become private patients, paying for their treatment, but they must still pay their contributions to the national insurance and health schemes.

During illness the patient can draw a small amount every week, to make up for his lost wages. Everyone who needs to have his eyes seen to may go to a state-registered oculist and if his sight is weak he can get spectacles from an optician at a much reduced price. For a small payment he may go to a dentist; if he needs false teeth, he can obtain dentures for less than they would cost from a private dentist. Various other medical appliances can be obtained in much the same way.

When a man is out of work, he may draw unemployment benefit until he finds work again; this will probably do by going to a Job Centre. If he is married, the allowance he receives will be larger. Obviously, the amount paid is comparatively small, for the State does not want people to stop working in order to draw a handsome sum of money for doing nothing!

When a man reaches the age of sixty-five, he may retire from work and then he has the right to draw a State pension. For women the age of retirement is sixty.

Mothers-to-be and children receive special benefits such as free milk or certain foodstuffs for which only a minimum charge is made. The state pays to a mother a small weekly sum for each child in the family. There is also an allowance for funerals, for the State boasts that it looks after people 'from the cradle to the grave'! There are special benefits for certain people, such as the blind and handicapped.

The amount of money needed to operate these schemes is enormous and a large part of the money comes not from the contributions but from taxation.

Most people agree that there still many improvements to be made in the national insurance, but it is also true that they have become a social institution that the great majority of the population wishes to see maintained.

It is this social insurance scheme, together with the Government's determination to see that there is full employment (or as near as can be), that constitutes what we call the "Welfare State".

1. Explain the meaning of the following words and phrases: A fee, to bring into being, o boast, to subsist, a cradle, retirement, hand-some sum of money.
2. Explain the meaning of 'obliged' in the following sentences:
  - a. The bandits obliged the travellers to dismount.
  - b. I am much obliged to you for your help.
3. What is the difference between the business terms 'insurance' and 'assurance'?
4. Find in the text another word for 'amount'.
5. What verb corresponds to the noun 'choice'?
6. Give the opposites of 'minimum' and 'majority'.
7. Explain the meaning of 'to draw' in the following sentences:
  - a. The artist drew something on the paper
  - b. The cart was drawn by a horse.
  - c. The cowboy drew his revolver.
  - d. From an early age he was drawn to crime.

#### **Answer the following questions on the text:**

1. To what welfare schemes must an employed British citizen contribute?
2. Who else must also contribute?
3. What is the purpose of these contributions?
4. Why doesn't the State pay an unemployed man a large unemployment benefit?
5. At what age do men generally retire?
6. What is the attitude of most people in Britain to social insurance?
7. What is meant by the term 'Welfare State'?

#### **Under the weather**

Ana: David, you look tired out and *out of sorts* today. How do you feel?

David: I think I've *caught cold*. I have a sore throat and a severe headache.

Ana: Let's see if you're *running a temperature*.

David: Probably. I ache *from head to toe* and feel as if I'm on my last legs.

Ana: I guess you're really *under the weather* today. Do you think you're *coming down with* the flu?

David: I'm not sure. But I made an appointment with the doctor for this afternoon. I want to talk my condition over with him.

- Ana:* Make sure you tell him to take your allergies into account when he writes out a prescription for your illness.
- David:* I will. But first I want to have a thorough *check-up*.
- Ana:* I'm sure he'll tell you to *take care of yourself* and to *take it easy* so you can get back to work soon.
- David:* I'll certainly pay attention to what the doctor tells me to do, and *before long*, I'll be *on the mend*.

### Definitions

- out of sorts:* unhappy, grouchy, depressed, slightly ill  
Why is he out of sorts today? Why is he grouchy?
- to catch out:* to get a cold, to suffer from a cold, to become ill with a cold  
She catches cold every winter. She becomes ill with a cold.
- to run a temperature:* to have a fever, to suffer from a fever  
The child ran a temperature when he was ill. He had a fever.
- from head to toe:* the complete body, throughout the entire body  
Why do you ache from head to toe? Why does your complete body ache?
- under the weather:* ailing, feeling ill, depressed  
He's rarely under the weather. He rarely feels ill.
- to come down with:* to get sick with, to become sick with  
The doctor came down with the flu. He became sick with the flu.
- to make sure:* to verify, to confirm, to be certain  
Make sure the pharmacy is open before you go there. Verify that it is open.
- check-up:* examination, inspection, investigation  
When did you have a complete check-up? When did you have an examination?
- to take care of:* to watch, to attend, to something or someone, to observe  
Who took care of him when he was ill? Who attended to his needs?
- to take it easy:* to relax, to rest, to enjoy leisure  
When you are ill, you must take it easy. You must rest.
- before long:* soon, shortly, within a short period of time  
Before long, he was too dizzy to stand. Within a short period of time, he was too dizzy to stand.
- on the mend:* feeling better, recovering, improving  
She's finally on the mend! She's finally feeling better.  
None of these idioms may be separated by the object.

### Answer these questions from the dialogue orally.

1. Who is out of sorts today?
2. Why does David think he's caught cold?
3. Why does Ana wonder if David's running a temperature?
4. How does David feel when he aches from head to toe?

5. Why does Ana say that David's under the weather?
6. Is David coming down with the flu? Explain.
7. What must David make sure to tell the doctor?
8. Why does David want a complete check-up?
9. Why will the doctor tell him to take care of himself?
10. Will David have to take it easy? Explain.
11. If David pays attention to the doctor, how will he feel before long?
12. When will David be on the mend? Explain.

**Write the idioms from the dialogue that correspond to the words in parentheses.**

1. David looks tired out and (depressed) ..... today.
2. He think he has (become ill with a cold) .....
3. He might be (suffering from a fever) .....
4. David aches (throughout his entire body) .....
5. He is really (feeling ill) .....
6. Is he (becoming sick with) ..... the flu?
7. He must (be certain) ..... to tell the doctor about his allergies.
8. David wants a thorough (examination) .....
9. The doctor will tell him (to watch) ..... himself.
10. He must also (rest) .....
11. (Soon) ....., he'll be better.
12. He'll be (feeling better) ..... shortly.

**Answer these questions orally.**

1. Do you frequently feel under the weather? Explain.
2. When did you last catch cold?
3. What do you do when you come down with a severe cold?
4. How do you feel when you run a temperature?
5. Do you make sure to drink a lot of fluids? Why?
6. How do you feel when you ache from head to toe?
7. What do you do when you feel out of sorts?
8. Why do you go to the doctor for a check-up when you are ill?
9. Who takes care of you when you are sick?
10. How do you take it easy?
11. How long does it usually take you to be on the mend?
12. Do you get back to work before long? Explain.



**Match the idioms to its definition by writing the letter of the definition on the line next the idiom number.**

- |                              |                              |
|------------------------------|------------------------------|
| 1. .... before long          | a. to have a fever           |
| 2. .... on the mend          | b. to verify                 |
| 3. .... from head to toe     | c. to become ill with a cold |
| 4. .... check-up             | d. to rest                   |
| 5. .... to run a temperature | e. feeling better            |
| 6. .... to catch cold        | f. to become sick with       |
| 7. .... to take care of      | g. shortly                   |
| 8. .... out of sorts         | h. the complete body         |
| 9. .... under the weather    | i. examination               |
| 10. .... to take it easy     | j. to attend to              |
| 11. .... to come down with   | k. unhappy                   |
| 12. .... to make sure        | l. feeling ill               |

**Respond to these statements orally.**

1. Name one doctor who gave you a general check-up.
2. Name two diseases with which a person can be under the weather.
3. Name two people who take care of you when you are ill.
4. Give two ways to take it easy when you are ill.
5. Give one time you ached from head to toe.
6. Give the last time you caught cold.
7. Give the last time you felt out of sorts.
8. Give one way to come down with a cold in the cold winter months.

**Underline the words in parentheses that best correspond to the italicized idioms.**

1. He *took it easy* when he was sick. He (continued working, rested, failed to relax).
2. Who *took care of* her after her operation? Who (attended to, forgot about, didn't observe) her needs?
3. She is finally *on the mend!* She is (becoming ill, improving, not recovering).
4. The doctor said, "*Make sure* you rest!" She said, "(Don't, Be sure to, You don't have to) rest!"
5. All the children *came down with* the same disease. They (failed to get, got, didn't get ill with) the same disease.
6. Are you *under the weather* again? Are you (ill, in perfect health, feeling better) again?
7. *Before long*, he was back at work. (Immediately, After a long time, Soon), he was back at work.
8. He has a general *check-up* once a year. He has (refused to visit his doctor, a physical examination, never been examined).

9. The flu caused her to ache *from head to toe*. (Only her head, Only her toe, Her entire body) ached.
10. When he is overly tired, he feels *out of sorts*. He feels (good, grouchy, relaxed).
11. You should rest when you *run a temperature*. You should rest when you (have a normal temperature, have a fever, feel well).
12. The child *caught cold* after playing in the rain. After playing in the rain, he (improved, got a cold, was not ill).

**Repeat the dialogue. Tell the story in your own words using the idioms.**

**Complete the second sentence by substituting idioms for the italicized words.**

1. He was *ill* all day long.  
He was ..... all day long.
2. She *became ill with a cold* after the ice skating party.  
She ..... after the ice skating party.
3. The child *became sick with* the mumps.  
The child ..... the mumps.
4. His mother *watches* him when he is sick.  
His mother ..... him when he is sick.
5. He was covered with poison ivy *on his complete body*.  
He was covered with poison ivy .....
6. *Be sure* you arrive at noon.  
..... you arrive at noon.
7. She was *grouchy* all afternoon.  
She was ..... all afternoon.
8. If you are *feeling better*, Ill prepare a meal for you.  
If you are ....., Ill prepare a meal for you.
9. *Within a short period of time*, the children were running around again.  
..... , the children were running around again.
10. Children often *have a fever* when they are ill.  
Children often ..... when they are ill.
11. The *examination* was perfect!  
The ..... was perfect!
12. He loves *to relax* all the time!  
He loves ..... all the time!

Tell the class about the last time you were under the weather. Use as many idioms as possible.

Change the verbs in these sentences to contractions.

Example: *He is* off to the doctor office.

***He's*** off to the doctor office.

1. *I would like* to have a check-up.  
\_\_\_\_\_ like to have a check-up.
2. *Did you not take care of yourself.*  
\_\_\_\_\_ you take care of yourself.
3. *He is running* a temperature.  
\_\_\_\_\_ running a temperature.
4. *She is on the mend.*  
\_\_\_\_\_ on the mend.
5. *If he had taken it easy, he would have felt better.*  
If \_\_\_\_\_ taken it easy, \_\_\_\_\_ have felt better.
6. *They can not move* when they ache from head to toe.  
They \_\_\_\_\_ move when they ache from head to toe.
7. *The child has not caught cold* all winter.  
The child \_\_\_\_\_ caught cold all winter.
8. *You should not feel so out of sorts.*  
You \_\_\_\_\_ feel so out of sorts.
9. *They were not under the weather* for long.  
They \_\_\_\_\_ under the weather for long.
10. *If they come down with the flu, they will not be able to go with us.*  
If they come down with the flu, they \_\_\_\_\_ be able to go with us.
11. *Let us make sure the doctor is in.*  
\_\_\_\_\_ make sure the doctor is in.
12. *He will be returning to work before long.*  
\_\_\_\_\_ be returning to work before long.

Write sentences with the idioms given.

1. to come down with  
\_\_\_\_\_
2. under the weather  
\_\_\_\_\_
3. to make sure  
\_\_\_\_\_
4. from head to toe  
\_\_\_\_\_
5. before long  
\_\_\_\_\_
6. to take care of  
\_\_\_\_\_

- 
7. to take it easy
- 
8. to run a temperature
- 

**Circle the letter of the sentence that corresponds to the idiom used in the numbered sentence. The idioms are used in situations that are different from those in the lesson.**

1. He must make sure to bring his camping gear.  
a) He doesn't have to bring his camping gear.  
b) He must not bring his camping gear.  
c) He must definitely bring his camping gear.
2. He loves to take it easy on the beaches of Puerto Rico.  
a) He loves to lie in the sun.  
b) He loves to swim all day.  
c) He loves to chase the girls.
3. The doctor told us that visitors frequently come down with the disease.  
a) Visitors develop resistance to the disease.  
b) Visitors get the disease.  
c) Visitors are immune to the disease.
4. He feels under the weather when he climbs to high places.  
a) He feels good.  
b) He feels full of energy.  
c) He feels dizzy and weak.
5. He catches cold when he is exposed to changes in temperature.  
a) He doesn't suffer from a cold.  
b) He begins to sneeze.  
c) He enjoys perfect health.
6. The hot sun made them feel as if they were running a temperature.  
a) The hot sun made them feel good.  
b) The hot sun made them want to run.  
c) The hot sun made them feel feverish.
7. Her relationship with her husband is on the mend.  
a) It is at a standstill.  
b) It is becoming worse.  
c) It is improving.
8. The movie will end before long.  
a) The movie will end shortly.  
b) The movie will end eventually.  
c) The movie will end later.
9. Whenever it rains, she's out of sorts.  
a) She's in a good mood.

- b) She's in a bad mood.
- c) She's in relatively happy.
- 10. The clown was covered with paint from head to toe.
  - a) Only his head was covered with paint.
  - b) Only his toe was covered with paint.
  - c) His entire body was covered with paint.
- 11. She took the car to the mechanic for a check-up.
  - a) The mechanic wrote out an insurance policy.
  - b) The mechanic issued a driver's license.
  - c) The mechanic inspected the car.
- 12. They took care of the house while their friends were away.
  - a) They took things from the house.
  - b) They left the doors and windows unlocked.
  - c) They made sure the house remained safe.

**Insert prepositions where necessary.**

### **How to be a doctor**

*(After Stephen Leacock)*

The point I want to develop is that the modern doctor's business is a very easy one, which could be learned \_\_\_\_\_ about two weeks. This is the way it is done.

The patient \_\_\_\_\_ enters the consulting room. "Doctor," he says, "I have a bad pain."

"Where is it?"

"Here."

"Stand up," says the doctor, "and put your arms \_\_\_\_\_ your head."

Then the doctor goes \_\_\_\_\_ the patient and gives \_\_\_\_\_ him a powerful block \_\_\_\_\_ the back. "Do you feel that?" he says. "I do," says the patient. Then the doctor turns suddenly and gives him another blow under the heart. "Can you feel that?" he says as the patient falls over on the sofa. "Get up," says the doctor, and count ten. The patient rises. The doctor looks \_\_\_\_\_ him over very carefully without speaking, and then suddenly gives him a blow \_\_\_\_\_ the stomach that makes him speechless. The doctor walks \_\_\_\_\_ to the window and reads the morning paper \_\_\_\_\_ a while. Then he turns and begins to speak, more \_\_\_\_\_ than \_\_\_\_\_ patient. "Hum!" he says, "there's some anaesthesia \_\_\_\_\_ the tympanum." "Is that so?" says the patient. "What can I do about it, Doctor?" "Well," says the doctor, "I want you to keep very quiet, you'll have to go \_\_\_\_\_ bed and stay \_\_\_\_\_ there and keep quiet." \_\_\_\_\_ reality, of course, the doctor hasn't the least idea what is wrong with the man, but he does know that if he will go \_\_\_\_\_ bed and keep quiet, very quiet, he'll either get quietly well again or else die a quiet death. Meanwhile, if the doctor calls every morning and thumps and beats him, he can make the patient tell him what a wrong with him.

«What about diet, Doctor?» says the patient.

The answer \_\_\_\_\_ this question depends \_\_\_\_\_ how the doctor is feeling and whether it is long since he had a meal himself. If it is late \_\_\_\_\_ the morning and the doctor is hungry, he says: «Oh, eat well, don't be afraid \_\_\_\_\_ it; eat meat, vegetables; anything you like.»

But if the doctor has just had lunch, he says: «No, I don't want you to eat anything at all; absolutely nothing; it won't hurt you.»

And yet, isn't it funny?

You and I and the rest of us – even if we know all this – as soon as we feel a pain run \_\_\_\_\_ a doctor as fast as we can.

## **An expensive bill of health**

*(from «Financial Times», July 2 1998)*

On July 5 1948 – 50 years ago this Sunday – the brass band from the Yorkshire Main Colliery trooped up to the doctor's surgery in Edlington, South Yorkshire, and began to play. The doctor a union flag out of the window and gave them all a drink.

Down in London, Alice Law's mother went to the optician's and had herself tested for new glasses. She went further down the road to the chiropodist and then back to the doctor who fixed her up with the hearing aid she had long needed. On the way out, she quipped: «Well, the undertaker is on the way home. Everything is going on, I might as well call in there.»

Up in Manchester at Trafford Park hospital, Aneurin Bevan, the health minister, handed over a symbolic set of keys. The National Health Service had arrived.

It had been a long time – almost 50 years – coming. It was the result of two great failures and one great triumph. The failures were those of charity and the free market in medicine. The triumph was that of an idea – that good quality healthcare should be available to all, regardless of the ability to pay.

The first suggestion that there be a «state medical service» is generally attributed to Beatrice Webb, co-founder of the Fabian Society, who in a minority report to the 1909 Royal Commission on the Poor Law argued the case for a «public medical service».

Her call came as Lloyd George, the Liberal Chancellor of the Exchequer, was working on the first state health and unemployment insurance schemes the famous «ninepence for fourpence». For the workers' fourpence, employers had to contribute threepence and the state twopence for a scheme which provided the services of a «panel» doctor to lower-earning workers. By 1939, it covered about 43 per cent of the population. What it did not provide, however, was medicine or hospital care. And there was no cover for non-working wives, children, the self-employed, those of higher incomes or many of the elderly, all of whom either paid direct, took out widely varying forms of private insurance, or went without.

From the 1920s on a whole string government-commissioned and other reports had called for a broader and more comprehensive system of healthcare.

Huge pressure for change was at work. Medicine, in the shape of what doctors could do that actually worked, was advancing. But free family doctor cover remained limited, and the hospital system was a mess. It was divided into two warring factions.

On the one side the so-called municipal hospitals, almost 1.800 of them, run by local authorities and providing means-tested access to care. They included a limited number of new institutions created in the 1930s in big cities such as Birmingham, Bristol, Sheffield and London which were among the best in the land. The great hulk, however, were vastly less impressive, many having grown up as appendages to the 19<sup>th</sup> century workhouses and many still carrying the name and the district stigma of the “workhouse infirmary” – places patients would much rather not be and where family doctors, and specialist consultants, provided most of the care.

Alongside them were 1.300 voluntary hospitals. These charitable foundations ran from the 20 great teaching hospitals to tiny cottage hospitals of 10 beds or fever where, again. GPs provided all the treatment, including surgery. In the teaching hospitals and grander foundations, consultants held honorary, unpaid, appointments, making their income from private patients while treating the less well-off for free.

The voluntary hospitals aim was neatly encapsulated by the name of the Royal Free – hospitals founded to treat the poor. By the late 1930s, however, they were in deep financial trouble. Where once gifts and investments had accounted for the great bulk of their income, by the approach of the Second World War only a third of their income came that way.

Patient payments, which 40 years before had accounted for only 11 per cent of their income now made up almost 60 per cent of it, and the voluntaries acquired a reputation for dumping patients for whom they could do little on municipal system.

Even the great teaching hospitals repeatedly teetered on the edge of bankruptcy while the growing need to charge, either in whole or on a means test, increasingly repudiated the charitable inspiration that had led to their foundation. “It was said,” one historian of the period had recorded, “that a hospital need never despair as long as it was bankrupt. But the plaintive cry of ‘funds urgently needed beds closed’ led in a belief that the voluntary system was not only insolvent, but might not be worth saving.”

They were saved, briefly, by the Second World War, as government funds flowed to treat the ever increasing proportion of the population who became entitled to free treatment – first the troops, then child evacuees, bomb victims, war workers, and so on, until most of the population was covered. It was the war that demonstrated that the state could indeed run a rational health service.

But while there was now widespread agreement that a comprehensive service free at a point of use should be created, there was precious little consensus about how it should be funded and operated. Huge battles were fought – not least with the British Medical Association and the voluntary hospitals – before Bevan, armed with the mighty majority that Labour's 1945 general election landslide had through, won his favoured course of nationalising all the hospitals, paying for the NHS from general taxation, and producing a deal that “stuffed the consultants' mouths with gold”, rewarding them with both a salary and the right still to do private practice. It was a key decision which meant they no longer only practised in places with enough wealthy patient to earn a living in time it spread their specialist skills right across the country – one of the most significant changes the NHS brought. It also, however, confirmed them as kings of the castle, and meant that the way practised medicine, and their accountability for the resources they used, did not come under serious challenge until a decade or so ago.

The NHS, as Rudolf Klein, one of its historians, has put it, was a triumph for the values of rationality, efficiency and equity. But there are other values – differentiation rather than uniformity, responsiveness, self-government – all of which were to be expressed later in the service's history.

Its arrival uncovered a vast well of unmet need – women with prolapsed uteruses, men with high increased hernias, massive demand for dental and optical services. Within a year, Bevan himself was saying: “I shudder to think of the ceaseless cascade of medicine which is pouring down British throats at the present time.” Early estimates of the cost of the service proved wildly optimistic, producing within a year in first great financial crisis. And medical advance provided as big an immediate headache as it does today. Within its first 18 months new penicillins and other antibiotics were discovered, as was cortisone and the first muscle relaxants which helped transform surgery. All were initially expensive and difficult to fund.

Within four years, the first (and so far as only) charges had been introduced – for prescriptions and dental treatment. It would be the mid-1950s before economists convincingly demonstrated that the NHS was indeed good value for money, and was if anything underfunded, rather than bottomless, money-consuming pit. But a noble goal – healthcare for all, regardless of the ability to pay – had in any case already been delivered.

## **New pill to treat a recurring headache**

The perennial problems of spiralling costs are being looked at afresh by Labour ministers

“Administration will be the biggest headache for years to come,” Aneurin Bevan remarked with considerable prescience at the foundation of the NHS. Since then, with ever increasing frequency, the NHS has been through at least five big reorganisations, all aimed at increasing its efficiency and effectiveness.



It is celebrating its 50<sup>th</sup> anniversary with another which is arguably as large as any that has gone before.

British's Labour government claims to be abandoning the "internal market" introduced by the Conservatives in 1992. That turned the former directly managed hospitals into self-governing NHS trusts, provided GPs with cash with which to buy hospital care and saw both fundholding GPs and health authorities contract with hospitals for care, relying, at least in theory, on competition to lower price and increase quality. Critics argued instead that it drove up management costs and produced vast numbers of invoices for treatment, while reducing co-operation and fragmenting of service.

In changing the system now however the government is retaining the purchaser/provider split, a key feature of the last reform, which separates the purchasing of commissioning of care from its provision. Hospitals will remain free-standing, but from next April, with varying degrees of sophistication, 500 primary care groups, led by GPs and nurses with input from managers and social services, will commission NHS care, operating in the main, the government hopes, on longer-term rather than annual contracts, with much less billing.

In place of relatively simple price competition, hospitals will be benchmarked for their costs, and required to introduce "clinical governance" – demonstrating that their doctors follow best practice, using treatments, procedures and drugs that work and avoiding those that do not of dubious value.

They will also be expected to start to measure the outcome of treatment against national standards. To help achieve that, a National Institute for Clinical Excellence will produce guidelines on effective treatment, while a new Commission for Health Improvement will act as a form of NHS inspectorate, checking that Trusts are following best practice.

Meanwhile, national service frameworks will help set the pattern of services – as is already happening with cancer, for example, where the treatment of more difficult cases is being deliberately concentrated to specialist centres which have links with district general hospitals where more routine treatment is provided. The aim is to use performance management.

At the same time, the NHS will, for the first time, have a single cash-limited budget for both hospital and family doctor care, in place of separate pots for each. At least in theory, that should break down barriers between hospital community and GP treatment, making it easier to move care between the different settings as medical technology and patterns of service change.

On all levels, according to Professor David Hunter of Leeds University's Nuffield Institute of Health, this is "a huge change of culture" and one which NHS managers say is being introduced at breakneck speed.

In place of limited numbers of like-minded groups of GPs banding together to purchase NHS care, all family doctors will have to become involved or have other GPs decide for them which services will be available where.

Over time, the individual performance of doctors will come under much closer scrutiny. And over the longer term the new system of clinical governance has the potential not just to set priorities but effectively to ration care, according to Professor Trevor Sheldon, until recently director of the NHS Centre of Reviews and Dissemination at York. That centre has been providing guidance to the NHS on whether treatments are clinically effective – work, for example, which has discouraged health authorities and hospitals from performing D&Cs, the scraping of the lining of the womb, on women under 40 on the grounds that it offers medical benefit.

Under the government's plans, however, the new national institute will examine not just whether treatments are clinically effective but, critically, whether they are cost-effective. Depending on the procedure and what it costs, the institute "might well decide that while a treatment is sometimes clinically effective, it is not cost effective – and therefore that the NHS should not provide it," Professor Sheldon says. Such issues could arise critically with costly new drugs such as Beta-interferon which appears to help a limited number of multiple sclerosis sufferers. In time, such decisions are bound to be the subject of serious controversy.

These changes are part of worldwide trend – seen in the US with the introduction of managed care – to make doctors more accountable for the treatments they provide in an attempt both to control rising health care costs and to improve quality.

Chris Lovelace, head of health for the World Bank's Europe and Central Asia Region, says the shift a way from overt competition to league tables and other measures of quality and cost "may be overstating the case for what you can achieve simply by using comparative performance".

As with the introduction of the internal market, "it is leaping to a solution on the basis of not a lot of evidence that it will work", although "intuitively it makes a great deal of sense". Given the quantity and the quality of the data needed to make such a system work well, however, Mr Lovelace is sceptical that it will save administrative costs.

With this major redesign comes the government's drive to shorten the waiting lists for treatment which it allowed to explode as it came into office – and generally to provide quicker access to care in a country that still spends less on health as a percentage of GDP than most other industrialised countries. The latest OECD figures, however, suggest that the UK's smaller health spend is now chiefly due to less private spending on health than to much smaller public spending than in comparable countries.

"There's a great deal of interest in the low cost of the NHS, how that is achieved, and what it is seen to buy," says Dr Richard Feacham, head of the World Bank's Health, nutrition and population programme and former dean of the London School of Hygiene and Tropical Medicine. But given the rising ex-

pectations of healthcare, “the question remains whether it is enough. The jury is still out on that”.

Nonetheless, the gap in total health spending between the UK and most other developed countries suggests a need either to spend more or “to increase the flow of private funds into the UK health system in a way that does not distort social priorities but does bring in extra resources,” Mr Feacham says.

## REFERENCES

1. Doff A., Jones Chr. «Language in Use» Cambridge University Press, 1997.
2. Rovey J., Walshe I. An English Teacher's Handbook. - M, 1982.
3. Maslyko E.A. Communicative English for Intensive Learning.- Minsk, 1989.
4. Soars John and Liz Headway (Advanced).-Oxford University Press, 1994.
5. Английский язык для студентов педагогических вузов. 2 курс: Учебник / Л.Д.Кашукова, Т.А.Бойцова и др.-М.: Высшая школа, 1995.
6. Выборова Г.Е., Махмурян К.С., Мельчин О.П. Учебник английского языка для гуманитарных факультетов вузов (II этап).- М.: Наука, 1997.

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