

LESSON 13

Hospital Admission



Conversation

DOCTOR: I'll arrange for you to be admitted to hospital.

PATIENT: Admitted! As an in-patient! How long for? Can't I go there as an out-patient?

DOCTOR: It's only overnight, Mr. Wilson. Please don't be alarmed. While you're in, all they'll do is offer you an endoscopy and - just to make sure, just to be able to reassure you that everything really is fine - I should think they'll offer you a colonoscopy, as well.

PATIENT: What are they? Never heard of them.

DOCTOR: Well, they're both inserting a tiny TV camera on a flexible tube, one into your stomach to have a good look round, and the other into your colon or bowel. You won't need to be anesthetized for either, though they might give you a tranquilizer just to relax you. Nothing major, nothing painful - just a slight discomfort, that's all.

PATIENT: O my God! Don't keep saying that, doctor! Nothing major! You've been saying 'nothing serious' for months - and now I'm going into hospital for these -oscopy things, whatever they are! Who knows where it'll all end up?

DOCTOR: I give you my word it won't hurt and that - ten-to-one - you'll be fine. And honestly, it is a routine, they do it every day, and nine times out of ten, the treatment is perfectly straightforward with a positive result. The hospital will be sending for you in a few days time to go in for an overnight stay in order to carry out the tests. You'll be out the day after you go in, right as rain. I promise.

Key Vocabulary

admitted to hospital

colonoscopy

in-patient

tranquilizer

out-patient

anesthetized

endoscopy

right as rain

Activity

Fill in the gaps with correct answers from the box. What is wrong with each statement?

down her numb

"She is from toes

skin dry

"The [] was moist and []."

about alphabetical collected diseases one without

Hungry Joe [] lists of fatal [] and arranged them in [] order so that he could put his finger [] delay on any [] he wanted to worry []. Joseph Keller

afford buttons for kept open parents seven think thumb t wenty up

Dr Krugman: so we [] the kid [], and what do you [] we find? Three [], a [] tack, and twenty- [] cents in change ... They [] couldn't [] to pay [] the operation, so I [] the [] - seven cents. Billy Wilder & I.A.L. Diamond

Reading & Discussion

A Word with the DOCTOR
by: Dr. John Winsor

Children on the Go

I DON'T THINK our family doctor liked me very much when I was a youngster. I cannot really blame him.

Whenever he had to come to see me he used to say as he came in: "Where is Robert the Devil?" That was not even my name. He always kicked my bricks down, **trod** on my favorite railway engine, put me to bed - and prescribed castor oil and a milk diet.

He said he was not going to hurt me - but usually did, with a variety of shiny, evil-looking instruments which he produced from **bulging** pockets.

Judging by the children I treat, very few of them these days seem to object to a doctor examining them.

I may be a bit of a **nuisance**, but that is all. I think this is largely because youngsters these days are far more used to seeing a doctor.

And, of course, children are much healthier than they were. They are protected against so many complaints by **inoculations**. They are better fed and housed, too.

It is very important to get on well with children. Contact with them should be free from fright or fight. If, during the interview, you have to examine them to the accompaniment of yells and screams, you are very likely to overlook some signs of importance and make a wrong diagnosis.

Children have four main fears when seeing the doctor: "What will he do? Will it hurt? Am I very bad? Will he send me to hospital?"

Doctors and parents should never tell a child that "it will not hurt" if it is going to be a bit painful or uncomfortable. To do so will destroy all confidence in the 'medicine man'!

If a child does know he is to go into hospital, the modern attitude has changed for the better in most hospitals. The young patient should be visited as much as it is allowed.

Mothers and fathers can often be a help in the nursing too. A child **dumped** in a vast ward, who does not know what is going to happen to him, may suffer for years from the effects.

If a child is ill at home, try to do the nursing downstairs. It may be a bit difficult, but it can make life much happier for the **invalid** and it may even make nursing easier.

Do not imagine that because a poor child is off his food, he will **starve** to death. Do not go on at him about eating.

Taking plenty of fluids is easier and more important. Make sure the youngster gets enough fresh air, and do not try to get a 'greenhouse', temperature in the room.

Finally, avoid odd jobs when you have got a sick child in the house to nurse. Give him or her plenty of your company - some quality time if you like. The patient will be better for it.

Vocabulary

- **trod** - To walk on, over, or along
- **bulging** - To curve outward; To swell up; To stick out; protrude
- **nuisance** - One that is inconvenient, annoying, or vexatious; a bother
- **inoculations** - vaccinations or immunization
- **dumped** - left alone
- **invalid** - One who is incapacitated by a chronic illness or disability.
- **starve** - be hungry; go without food



Reference:

<http://www.englishmed.com/>