見本

医学文書独特の動詞の訳し方を例文・解説で確認したらスムーズに翻訳するためのテクニックを学習します。

consistent

：一致する

【例文】

The CSF findings of elevated protein were **consistent** with the diagnosis of Guillain-Barre Syndrome.

【解説】

診察所見から、ギランバレー症候群と診断した。髄液検査の結果をみたところ、やはりギランバレー症候群の特徴であるタンパクの増加がみられた、という状況がこの文章から考えられますね。

「一致」という言葉の使い回しは、把握するのが難しいかもしれません。辞書の全文検索などを利用して、表現をチェックしてみましょう。「臨床症状と画像所見は必ずしも一致しない」など、訳文のヒントが得られます。

【訳例】

髄液検査でタンパク増加がみられ、ギランバレー症候群の診断に一致した。

develop

：発現する、開発する

【例文 1】

Asthma is a lung disease that may **develop** as a severe allergic reaction to pollen, viruses, dust, cigarette smoke, and other "triggers" (but not everyone with allergies develops asthma and not every asthmatic has allergies).

【解説 1】

"to develop an illness or fault means to become affected by it" と辞書にあるように、人 + develop + 疾患という形で使われます。また、"If a problem or difficulty develops, it comes into existence and then becomes intense or severe" とあるように、疾患+develop としても使われます。いずれも「発現」という訳語があてられます。

【訳例 1】

喘息は、花粉、ウイルス、粉塵、タバコの煙をはじめとする「トリガー」に対する重度のアレルギー反応として発現することのある肺疾患である（ただし、アレルギー患者の全てが喘息を発現するわけではなく、また全ての喘息がアレルギー性疾患というわけではない）。

【例文 2】

Drug manufacturers are once again becoming interested in **developing** new antibiotics.

【解説 2】

New drug development となると「新薬開発」です。「創薬」という言葉もあります。Research and development は研究開発のこと。

また develop が "the act or process of natural progression from a previous, lower, or embryonic stage to a later, more complex, or adult stage" という意味で用いられる文脈では、「発生」や「発育」などと訳します。developmental toxicity とは、親動物に薬物を投与した場合に、次世代の動物が成熟するまでに誘発される障害、つまり胚または胎児期、あるいは出生後に発現する障害のことをいい、「発生毒性」と訳します。reproductive and developmental toxicity study（生殖発生毒性試験）は、新薬承認申請に必要とされる動物実験です。

【訳例 2】

製薬会社は、新規抗生剤に対して新たな関心を寄せはじめている。

課題 A-2

見出しと第2～3パラグラフ(『　　』部分)を訳出してください。

テキストの内容を理解したら添削課題に
取り組んでください。
全６回分の課題が1冊のテキストに掲載され、
課題の量は回を重ねるごとに増えていきます。

Studies of Antiretroviral Agent Use to Prevent HIV Infection in Humans

In 1995, investigators used case-control studies of health-care workers in France, Italy, the United K[ingdom] and the United States to document that ZDV use was associated with an 8[0]% reduction in the risk for HIV infection after percutaneous ex[posure]. However, this was a retrospective case-control study, rather than a prospective trial, which is the preferred method of assessing clinical drug efficacy. Additional limitations were that a) the number of case-patients was small, b) the case-patients and controls came from separate populations, c) some case-patients were reported anecdotally before formal surveillance was established, and d) some details of exposures in case-patients were obtained retrospectively, whereas information for controls was collected prospectively. Although the health-care worker study demonstrated antiretroviral effectiveness following percutaneous HIV exposure, some researchers have suggested that the magnitude of the effect might be overestimated because of the methodologic questions raised. ZDV has failed to prevent HIV infection in health-care workers in 13 reported instances.

In a prospective, randomized controlled trial of ZDV administered to HIV-infected women during pregnancy and labor and to their infants for 6 weeks postpartum, perinatal transmission was reduced 67% among those randomly assigned to the treatment group compared with those in the control group, who received no antiretroviral therapy. Results of multivariate analyses suggested that a prophylactic effect on the fetus during antenatal, intrapartum, or postpartum exposure could account for some reduction in perinatal transmission. In a prospective trial of ZDV in Thailand, perinatal HIV transmission was reduced 51% for women treated from 36 weeks' gestation until delivery. Perinatal transmission despite use of ZDV prophylaxis in pregnancy also has been reported.

Although these studies suggest that antiretroviral agents are potentially valuable for treating HIV exposures in these settings, the data might not be directly relevant to nonoccupational exposures. Health-care workers often are exposed to HIV in settings where antiretroviral therapy can begin within 1-2 hours of exposure and where the HIV status of the source patient usually can be determined quickly. These circumstances are unlikely for many nonoccupational exposures. The perinatal transmission model also might not be directly relevant to nonoccupational exposures. If most perinatal infections occur at the time of delivery, the observed effectiveness of ZDV therapy could represent a preexposure not a postexposure effect. Despite the apparent usefulness of antiretroviral agents in perinatal and occupational settings, it is unclear whether these findings can be extrapolated to other settings. Further studies are needed before one can conclude whether using antiretroviral agents to prevent HIV infection after nonoccupational exposures is effective.

＜単語＞　＊ prospective「プロスペクティブ」　　＊ ZDV「ジドブジン(zidovudine)の略」