

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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У збірнику представлені матеріали 100 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м.Чернівці, 11, 13, 18 лютого 2019 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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peculiarities of prescriptive genres; continuous sampling method that we used in order to distinguish particular examples of different types of prescriptive genres; and comparative for comparison the different prescriptive subgenres.

The attempt to characterize systematically prescriptive speech genres in the modern English discourse, mainly in the artistic one, to determine their grammatical features was made for the first time. The theory of speech genres in particularly topical nowadays, therefore we provide the wide description of prescriptive genres in the modern texts.

Prescriptive dialogues may also be called imperative. They may contain the following speech genres: an order, request, advice, threat, persuasion and so on. These speech genres are realized through such linguistic devices as the use of imperative sentences, subjunctive mood, future and future-in-the-past tenses and modal verbs (should, mustn't, etc.).

In the novel "Atonement" by Ian McEwan the examples of the following prescriptive (imperative) speech genre can be seen: a request, e.g. "*I was wondering if you'd do me a favor,*" he said as he came up to her. "*Will you run ahead and give this note to Cee?*"; a proposal, e.g. "*You really ought to come and stay with me and look around.*"; a persuasion, e.g. "*Leon was saying to her, 'How about this? I'm good at voices, you're even better. We'll read it aloud together.'*"; a prohibition, e.g. "*No secrets at the dinner table, boys...*"; an order: "*...You'll apologize, or go now to your room.*"; a threat, e.g. "*Darling, if this continues, I must ask you to leave the table.*"; advice, e.g. "*You could be a little less expressive toward your sister.*"; direction, e.g. "*Nurse, you'll go and help apply the Bunyan bags to Corporal MacIntyre's arms and legs. You'll treat the rest of his body with tannic acid. If there are difficulties, you'll come straight to me.*"

According to the analyzed examples we can define the prescriptive genres peculiarities. At the lexical level, for example, the use of such verbs as *wonder, insist, mind, do a favor*, adverbs *really, one more time, now, straightaway* (especially for giving strength to the statement), and also the words *please*. Regarding grammatical features, we allocated some features of prescriptive speech genres: 1) the use of modal verbs: *would, should, could, ought to, must, might, need*, and modal expressions *had better*; 2) the use of questions using the modal verb *will*, especially for requests; 3) the use of the Past Continuous to give the effect of politeness; 4) the wide use of Future Simple, in the sentence independently, and as part of the subjunctive mood (First Conditional); 5) the use of the subjunctive mood (First Conditional and Second Conditional); 6) the use of auxiliary verbs to strengthen the statements; 7) the use of negative particles *no, not*, for prohibitions; 8) the use of nominal sentences; 9) the use of imperative and exclamatory sentences.

Based on the described above, prescriptive genres are a set of specific linguistic phenomena specific to the situation. Their features depend on the distinctive communicative purpose. Extralinguistic conditions of the situation (the intention of the addresser, dictum) are implemented by using certain language clichés, phenomena and concepts. Prospect of further researches we see in the detailed study of other types of speech genres and comparing them with each other.

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**PSYCHIATRIC TOPONYMIC MEDICAL TERMS BASED
ON PRECEDENT SITUATIONS**

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In the contemporary world of unstable and volatile time, time of political changes and political events when there are great opportunities to move from one country to another for both with political goals and for the purpose of travel, the social sphere is an inexhaustible source for the field of psychiatry. The aim of this study is the investigation of origin of toponymic terms, based on precedent situations. The task is to find out the most popular and wide spread of them.

In the sphere of medicine the precedent situations containing toponyms in their name are well-known geographical names that are used in the text not so much to refer to concrete areas, cities or countries, but rather as a kind of symbol of certain qualities that are used to form medical



terms, designating the syndromes of various mental abnormalities. As a rule doctors rely on diagnoses that are generally accepted and are taken into account in the differential diagnostics of the patient. But there are a number of rare psychiatric syndromes that doctors rarely encounter in everyday practice.

Most of the psychiatric terms contain antroponymic names. Toponymic terms are the second frequent eponymous terms used in medical terminology of psychiatry. As an example of the disorder of unstable nervous system may be the Paris syndrome. It is manifested most often in quiet and polite Japanese tourists. The image of Paris as the ultimate locus of style, taste, and sophistication portrayed in the Japanese media creates damagingly high expectations.

But the objective reality of Paris does not coincide with their high expectations about this city, in which people are rude, aggressive and unfriendly. The city is filled with crowds of immigrants, and the streets are filled with thieves.

The objective reality which calm, quiet and polite Japanese tourists face, causes an unusual mental disorder. The main symptoms of this phenomenon are characterized by psychosomatic manifestations like the acceleration of heart beats (tachycardia), causing dizziness and shortness of breath, which result in the obsession by delusions of persecution and suffering from hallucinations. This condition was first diagnosed by the Professor Hiroaki Ota, a Japanese psychiatrist working in France. The only way to treat the Paris syndrome is to send an affected person back home to Japan.

Significant changes in the way of life, political situation in the world gave an impetus to the emergence of one more toponymic syndrome, the so called Stockholm syndrome, which is described as "friendship of hostages with the invader". The hostages become emotionally attached to the invaders and defend their captors. This state can be regarded as a form of reaction due to severe physical or emotional stress. Researchers consider it a psychological paradox – a normal reaction to a highly traumatic event. The authorship of the term "Stockholm syndrome" belongs to forensic scientist Nils Beyerot who first introduced this phrase into speech during the analysis of the tragic situation in 1973 in Stockholm, Sweden. But the mechanism of psychological defense, underlying the Stockholm syndrome, was first described by Anna Freud in 1936, when it was called "identification with the aggressor." The existence of this syndrome is confirmed by many well-known cases.

The Lima syndrome is the complete opposite of Stockholm one. In this case, the kidnapers are imbued with sympathy for their victims and their needs. The name of the syndrome was given by the case of the seizure of the Japanese Embassy in Lima (Peru) in 1997 when hostages were released by their invaders.

As the result of studying it is noteworthy that though these syndrome are not recognized as real psychiatric disorders and they are not included in the list of any of the existing international classification systems of psychiatric diseases they are common and widespread among people and may be included into classification system in future.

Шутак Л.Б.

ПРІОРИТЕТНІ ПІДХОДИ

ЩОДО ВИВЧЕННЯ СУЧАСНОГО УКРАЇНСЬКОГО МЕДИЧНОГО ДИСКУРСУ

Кафедра суспільних наук та українознавства

Вищий державний навчальний заклад України

«Буковинський державний медичний університет»

Невід'ємною частиною лікарської професіограми, неосдінним атрибутом особистості медичного працівника є уміння спілкуватися у різноманітних комунікативних ситуаціях, адже від того, чи вдалий мовленнєвий контакт, нерідко залежать результати лікування. До того ж, лікар – це не лише фахівець, який займається лікуванням і профілактикою хвороб, а й вихователь своїх пацієнтів і колег, організатор заходів охорони здоров'я, громадський діяч, науковець. Метою нашого дослідження є з'ясування особливостей сучасного українського медичного дискурсу, зокрема безпомилкового використання фахової термінології, точності наукових формулювань, зваженості, доречності й логічності викладу в різних