use a dictionary or translator. Based on statistics, it was selected phrases that will help when addressing to the medical.

We will consider the application to emergency services first. *"This is a medical emergency". This phrase can be useful in any situation where a person needs urgent intervention. According to statistics, in the United States, approximately 124 million people are sent to the Emergency Help Center each year, of whom 42 million are injured. Ask others to call a speed: "Call an ambulance!". If you need to do artificial breathing, you can ask: "Does anyone know how to do artificial respiration?". The same, but about indirect massage of heart: "Does anyone know how to do chest compressions?". And if you are looking for doctors among passers-by: "Is there a doctor here?". If you have started childbirth, it is worth to inform others: "I need to go to the maternity hospital".*

In case of an accident you can use the phrase: "We got in a car accident". The road-transport adventure can take place not only with the driver and passengers of the car – its participants also consider motorcyclists, cyclists and pedestrians. If a person got under a car, you can say: "He was hit by a car".

Study shows that wound is also one of the most common reasons why people visit the hospital. Most of them are caused by accidents with glass or knife. In this case, you can say: "I cut myself with a glass" or "I cut myself with a knife". If you were attacked and injured by a knife intentionally: "I was stabbed with a knife" or "I was attacked with a knife".

According to statistics, nearly 11 million people worldwide are receiving every year the care of such a degree of severity that appeals to medical care. If the damage is minor, you can say: "I have got a minor burn". If the injury is more serious: "I am badly burnt".

Now more details about allergies. The acute general allergic reaction is connected with the large allocation of special substances – the meditators of allergies. It is caused by, for example, medicines, food, lumps of insects, etc. You can specify what exactly you have an allergic reaction: "I have a severe allergic reaction to oranges". "I have a severe allergic reaction to a mosquito bite".

Conclusions. Studying professional vocabulary is very important in the present. Knowledge of professional vocabulary can save lives even if we abroad life is unpredictable, and therefore increase the vocabulary of this topic is very appropriate.

THE HISTORY OF ASPIRIN

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Introduction. The problem of finding new drugs for treatment and prevention of diseases is always relevant. The task of the modern scientific community is to ensure the further advancement of the pharmaceutical industry. By reviewing the history of one of the most famous medicines – aspirin, we will be able to analyze the differences in the understanding and usage of this drug at the beginning of its development and now.

The aim is to analyze the most important stages of aspirin's development, describe the conditions that contributed to its emergence. Explore the ways of its usage from ancient times to the modern ones.

Materials and methods. In the study we used such methods as generalization, subject analysis.

Research results. Analysis of materials of the researched topic showed that herbal medicine has used salicylic acid, the natural substance related to synthetic aspirin, from myrtle, willow and meadow sweet, since ancient times (at least 2500 BC). Ancient history has many examples of humans using salicylic acid for medicinal purposes; there are clay tablets from the Assyrians in the Sumerian period (around 4000 years ago) in which willow leaves are recommended for rheumatic disease, the Egyptians describe the use of willow leaves or myrtle for joint pain or inflammation and Hippocrates (460-377 BCE) recommended an extract of willow bark for fever, pain and child birth. Ancient Chinese, Roman and Native American civilizations have all long recognised the benefits of plants containing salicylic acid for their medicinal benefits.

Further analysis reveals, that Thomas Maclagan in 1876 published the first clinical trial of salicin. He investigated the effects of salicylate in relieving the symptoms of rheumatic fever. He proceeded to treat eight patients with rheumatic fever with 12 grains of salicin every 3 h, demonstrating its antipyretic and anti-inflammatory. Despite the clear antipyretic benefits of salicin, it was not taken up more widely due to complications with gastritis. Then, Dr. Felix Hoffman, a German chemist at Friedrich Bayer and Co managed on August 10th 1897 to acetylate the phenol group and produce pure stable acetylsalicylic acid (ASA) for the first time. In this work he was supported and inspired by a number of other scientists including Arthur Eichengrün, Carl Duisberg and Wilhelm Siebel. Dr. Hoffman's discovery was the first time a drug had been made synthetically and was the birth of both aspirin and the pharmaceutical industry. After recognising the importance of Hoffman's discovery Professor Heinrich Dreser, Head of the Pharmacology Institute at Bayer, tested it first on himself, then in a series of animal experiments before successful clinical trials in humans. The new compound was named and registered Aspirin on February 1st1899. The 'A' comes from acetyl and 'spir' from the first part of Spirea ulmaria (Meadow sweet) a botanical source of salicylic acid.

The data shows, that more than 160 scientific papers had been published extolling the virtues of aspirin, within 3 years of its release onto the market. It went on to become enormously successful around the world. In 1918 following World War I, the world was hit by another tragic event, a worldwide outbreak of influenza. Approximately 50 million people died from the outbreak: more than died from fighting in the whole of World War I. No cure could be found and vaccination was unsuccessful. Aspirin became widely used and was efficacious in relieving the symptoms of influenza, although it was not effective in reducing mortality. Its popularity was maintained thereafter and aspirin went on to be considered by the public and the medical profession as an effective antipyretic and analgesic, with few side effects when taken at standard doses. The development of new analgesic agents without these side effects, such as paracetamol in 1956 and ibuprofen in 1962, further dented aspirin's popularity. Further problems were identified in 1962 when aspirin was proposed to be associated with Reye syndrome in children. This condition is associated with an acute encephalopathy and fatty infiltration of the viscera and can be fatal. Over the following years, there was mounting evidence for this association and aspirin is no longer recommended for anyone under the age of 16 years.

Further processing of scientific articles showed, that 1950s Laurence Craven, a general practitioner from California, published his work using aspirin to prevent vascular events. Craven recommended aspirin for patients 45-65 years of age who were at risk of a heart attack due to weight or sedentary lifestyle. Dr. Harvey Weiss in the late 1960s reported that aspirin displayed a rapid and irreversible inhibition of platelet aggregation. It was Sir John Vane's research group who were first to discover the role of prostaglandins in haemostasis. In 1971, Vane described aspirin's inhibition of prostaglandin synthesis in a Nature publication. In 1982 he was awarded the Nobel Prize for Medicine in recognition of this work and aspirin started to become established as a drug for treating and preventing cardiovascular. Professor Richard Peto, an epidemiologist at Oxford University, published in 1980 a meta-analysis of 6 trials and showed a highly significant 23% reduction in vascular disease mortality for those taking aspirin. A 2020 publication looking at the secondary prevention of cardiovascular disease has shown that aspirin is still one of the best options.

Recent studies published in New England Journal of Medicine in 2012 examined the role of aspirin for secondary prophylaxis following initial treatment for venous thromboembolism. These studies demonstrated a 32% reduction in recurrence of venous thromboembolism compared to placebo. Although aspirin was not compared to anticoagulants, the reduction in venous thromboembolism was considerably less than would be expected with an anticoagulant and the use of aspirin in this setting is not routinely recommended.

Analysis of scientific papers showed, that Professor Gabriel Kune in 1988 had a discovery that people taking aspirin had a 40% lower risk of developing cancer of the large intestine. Other research has further supported this finding and a time dependent reduced incidence in colorectal cancer has been observed. In 2011, Sir John Burns showed the role of aspirin in helping to prevent cancer in carriers of hereditary colorectal cancer. Further studies are ongoing to fully understand aspirins role in cancer prevention including the role of aspirin in reducing the risk of metastatic spread in established cancer.

Usage in ancient times		Usage in modern times	
4000 BC	for joint pain or inflammation	1800s	from acute rheumatism
around 4000 years ago	for rheumatic disease	1950s	to prevent vascular events
430 BC	for fever, pain and child birth	1980s	prevention ischemic heart disease

And by comparing the most significant methods of aspirin use over time of the human history, we can clearly see that thanks to the development of technology and research, we have moved from the simple use of the salicylic acid for eliminating symptoms, or rather pain, as well to specific treatment and prevention of diseases with aspirin.

Conclusions. Overall, despite aspirin being more than 100 years old, it continues to occupy a prominent place in the treatment of cardiovascular disease and there are no clear signs at present of it being displaced in the near future. And it's likely that aspirin has even more benefits that just haven't been discovered yet.