

2018年医学考博录音原文

试卷一 (Paper One)

Part I Listening Comprehension (30%)

Section A

Directions: In this section you will hear ten short conversations between two speakers. At the end of each conversation, you will hear a question about what is said. The question will be read only once. After you hear the question, read the four choices marked A, B, C and D. Choose the best answer and mark the letter of your choice on the ANSWER SHEET.

1. M: How does it look?

W: Well, there's some information of the gums. I think we should also do a new set of X-rays.

Q: Where does this conversation most probably take place?

- A. On campus.
- B. At the dentist's.
- C. At the pharmacy.
- D. In the laboratory.

2. M: I think the pain started 3 or 4 months ago. It's been getting worse recently.

W: Are you having any other problems like weakness, fatigue or headaches?

Q: What is the man's chief complaint?

- A. Pain.
- B. Weakness.
- C. Fatigue.
- D. Headache.

3. M: Can switching a child from left-handedness to right-handedness cause a learning problem?

W: No, but what is true is that left-handed people are more prone to have learning difficulties.

Q: What does the woman say about left-handed people?

- A. Their weird behavior at school.
- B. Their superior cleverness over others'.
- C. Their tendency to have learning difficulty.
- D. Their reluctance to switch to right handedness.

4. M: I want John to be mad about you, Bella, and if you wear this dress, he will surely be crazy about you.

W: Are you sure?

M: Absolutely.

Q: What does the man mean when he recommends the dress?

- A. John will be angry.
- B. John will be disappointed.
- C. John will be attracted.
- D. John will be frightened.

5.M: I was wondering if you have my test results in.

W: I didn't see anything out of the ordinary, but I want you to log onto our website for a print out for all of the details.

Q: What does the woman mean about the test results?

- A. They're quite normal.
- B. They're not available.
- C. They came unexpectedly.
- D. They need further explanation.

6. M: Who is Lady Gaga?

W: What? Have you been living under the rock?

Q: What does the woman mean about the man?

- A. He knows so little about Lady Gaga.
- B. He has met Lady Gaga before.
- C. He should have known Lady Gaga.
- D. He is a big fan of Lady Gaga.

7.M: I woke up with a rash and a temperature of 105 degrees Fahrenheit.

W: Well, I want to be able to get to you when I get there if you can unlock the backdoor right now. That will be great.

Q: Where does the conversation most probably take place?

- A. In the ward.
- B. Over the phone.
- C. In the emergency room.
- D. On their way to the hospital.

8.M: Health plans cover medically necessary care. But there is a problem.

W: What is it?

M: People often ask for treatment but has long been provided by state-funded regional centers and schools.

Q: What are they talking about?

- A. Health care.
- B. Health reform.
- C. Health education.
- D. Health maintenance.

9.M: Why should we study philosophy, professor?

W: Because we teach you to improve your ability to think critically, to analyze the situations, not just superficially.

Q: What is the course of philosophy for according to the professor?

- A. Learning to act intuitively.
- B. Learning to argue academically.
- C. Learning to be critical of oneself.
- D. Learning to think critically and reason.

10. M: How did you get started on your career path?

W: My family is very science and technology based, so it's no surprise that I ended up doing a career of Robotics, but growing up, I was more interested in medicine and pharmacy being a doctor or a pharmacologist, or a pharmacist, and that lasted pretty much in the high school.

Q: What does the woman most probably do?

- A. She is a pharmacist.
- B. She is a medical doctor.
- C. She is a scientist in robotics.
- D. She is a pharmacologist.

11. M: You have lived through two world wars and a cold war. When you look ahead into the future of mankind, are you hopeful or not?

W: I'm hopeful with the long distant future, but for the near future, I'm terribly, terribly pessimistic. I fear that many terrible things will occur around the world because mankind is in spiritual crisis.

Q: How does the woman feel about the future of mankind?

- A. She's pessimistic about the near future.
- B. She's pessimistic about the far future.
- C. She's optimistic about the far future.
- D. She's optimistic about the near future.

12. M: It was really eye-opening for me to see the reality of how difficult it was to keep a patient safe in the hospital. W: What do you mean?

M: Accidents happen occasionally. One time a stethoscope fell on a patient's face and gave her a black eye; another time a patient suffered frequent falls and preventable side-effects from drugs.

Q: What does the man imply?

- A. Negligence may put a patient in danger.
- B. Patients must listen to doctors and nurses.
- C. Qualified doctors and nurses are in bad need.
- D. Patients should be careful about choosing the right hospital.

13. M: Are you OK?

W: I have a tight chest, shortness of breath, chest pain and light headedness.

M: As a paramedic, I would say we need to drive to the nearest ER immediately and delaying treatment could lead to decreased heart function or even death.

Q: What can we infer from the conversation?

- A. The man works at the ER.
- B. The man can do nothing but wait.
- C. The woman's condition is critical.
- D. The woman is a capable paramedic.

14. M: Good afternoon, Ms. Wilkins. You've come to us from Dr. Johnson? What took you to him?

W: It's my periods. They've been paining me up.

Q: What is the man's job?

- A. A gynecologist.
- B. A psychologist.
- C. A neurologist.
- D. A nephrologist.

15. M: You must try to widen your circle of friends. I think it's a mistake to get out of touch with people and get bored.

W: Well, I used to go to a friend but she said I must get a job, or else my husband will think he was married to an invalid.

M: Well, sometimes friends can say things better heard. You must have many friends and keep the contact open.

Q: What does we learn about the woman?

- A. She has only one friend.
- B. She isolates herself from others.
- C. She suffers from a chronic disease.
- D. She is jobless and can't find a job.

Section B

Directions: In this section you will hear one dialogue and two passages. After each one, you will hear five questions. After each question, read the four choices marked A, B, C and D. Choose the best answer and mark the letter of your choice on the **ANSWER SHEET**.

Dialogue

M: As a child, what kind of work did you think you'd be doing when you grew up?

W: A jockey, a dog trainer, a composer. But the only thing I've found, what I'm really creative is in science.

M: How did you find science?

W: I was a cocktail waitress in Davis, California, in 1972. One day, two professors from university started talking about animal mimicry, and I ask them "Why has no animal ever mimicked a skunk?" They were floored, and they decided that this question asking waitress should become a scientist.

M: What happened then?

W: For 9 months, they came to the bar and brought me all kinds of scientific articles. At their urging, I applied to graduate school and I got a Ph.D. I owe them my life.

M: When did you begin questioning the ideas that are the bedrock of immunological theory?

W: In graduate school, we learn that the immune system fights anything that isn't part of your body, but that didn't make sense to me. I wondered why we didn't reject the food we eat or the stuff in the air we breathe. But my professors all said "don't worry about it."

M: So?

W: So I stopped worrying, but ten years later I met a brilliant young oncologist. He wondered about these questions, too, and we began trashing them out.

M: How does your danger model differ from the standard self/non-self model of the immune system?

W: The self/non-self-model believes that white blood cells kill anything that enters the body, but in the danger model, white blood cells wander around, waiting for an alarm, signaling that something is doing damage. And then they attack.

M: How did you arrive at your alternate model for the immune system?

W: It didn't happen in a day. First, it took us a year to realize that a truly useful immune system would fight dangerous things and ignore harmless ones. M: And the next?

W: Next we had to figure out how the white blood cells learn about the damage.

M: What is the value of your theory of the immune system?

W: Well, one of it is that I really believe we can use vaccination to cure, perhaps, eighty percent of all cancers. The danger model predicts that some simple changes could make anticancer vaccinations very effective.

M: But there is a lot of resistance to making those simple changes based on your theory, isn't there?

W: The resistance isn't really to the changes. It's to the danger model itself. It's partly fair. The danger model is new, but till, I don't understand why they won't try it on cancer in animals.

Questions 16-20 are based on the dialogue you have just heard:

16. Why did the woman end up doing a career in science?

- A. Because she couldn't do other jobs well.
- B. Because it was her dream since childhood.
- C. Because she was fed up with all her previous jobs.
- D. Because two professors found talent in her and inspired her to do it.

17. What have the woman and her colleagues developed?

- A. The Self/NonselF Model.
- B. The Danger Model.
- C. The vaccination theory.
- D. The immunological theory.

18. What are the white blood cells characterized by in the danger model?

- A. Being overactive.
- B. Being mutant.
- C. Being selective.
- D. Being resistant.

19. What does the woman say about the value of her theory?

- A. It can help cure most cancers.
- B. It can help develop new drugs.
- C. It can help most genetic diseases.
- D. It can help change the nature of medicine.

20. What does the woman suggest that we do about the changes based on the danger model?

- A. We should ignore the resistance.
- B. We should have the model improved.
- C. We should have the experiments on animals.
- D. We should move from animals to human.

Passage One

With soaring healthcare cost and long waits for medical procedures, it is becoming increasingly difficult to find quality, affordable treatment. Whether you want cosmetic surgery or lifesaving procedures, you might have to dig deep into your wallet or wait several months before receiving the medical or dental care that you require, or you could try medical tourism and receive quality care for a fraction of the price and without the long wait.

According to the National Coalition on Healthcare, more than 500,000 Americans traveled abroad to receive medical and dental work in 2006. And this is not an isolated trend. Every year, millions of patients from around the globe flock to some of the hottest medical tourism destinations in order to receive five star treatment at unbelievable prices.

Experts predict that by 2013 medical tourism will grow to be a 100 billion dollar business with more than 780 million patients traveling abroad to receive care from foreign doctors, dentists and hospitals.

These impressive figures don't necessarily include the growing alternative healing sector either. With wellness spas and Ayurvedic healing on the rise, medical tourism is clearly a global steps required for a safe, enjoyable and successful health vacation to some of the world's most popular medical tourism destination. We also invite you to participate in your growing online community by visiting the blog, forum, article and FAQ sections of the site. We realize that medical tourism can be a strange and daunting concept for many, the aim of helixm.com is to answer your questions, address your concerns and help you determine whether or not medical tourism is the best option for you. Take however long you need to explore. You absolutely do not want to rush into a decision like this. But when all is said and done, your medical ill,airfare and accommodations could end up costing less than whatever deductible than charges you would have to pay in your home country.

Questions 21-25 are based on the passage you have just heard:

21. What is the talk mainly about?
- A. The profits form medical tourism.
 - B. The trendy phenomenon of medical tourism.
 - C. The soaring health care costs around the world.
 - D. The steps to take in developing medical tourism.
22. Which of the following is not mentioned as one of the factors that make medical tourism attractive?
- A. Affordable costs.
 - B. Low pace of living.
 - C. Five-star treatment.
 - D. Enjoyable health vacation.
23. From the talk, what do we know about alternative medicine?
- A. It is a \$100 billion business already.
 - B. It is growing along with medical tourism.
 - C. Its costs are skyrocketing with medical tourism.
 - D. It offers more medical options than western medicine.
24. What is important for us to do before taking a medical trip,according to the speaker?
- A. To set up a website for blogging about medical tourism.
 - B. To modify our lifestyles and health behaviors.
 - C. To buy and affordable medical insurance.
 - D. To explore online to get well informed.
25. What is the most likely source of this talk?
- A. A travel brochure.
 - B. A lecture on medical tourism.
 - C. A chapter of a medical textbook
 - D. A webpage promotional material.

Passage Two

What's good for adults is not always best for the young,and vice versa.At least that is the case with some sparrows and how they experience the effects of climate change,according to two recent studies by scientists at the University of California, Davis and Point Blue Conservation Science Both studies show the importance of considering the various stages and ages of individuals in a species from babies to

juveniles to adults to best predict not only how climate change could affect a species as a whole, but also why. In the study, published in print today in the journal *Global Change Biology*, Climate Change had opposite projected effects for adult and juvenile song sparrows in central coastal California.

The researchers found not surprisingly, that adult survival was sensitive to cold winter weather. Even though we rarely see freezing temperatures on the coast of California, it was clear that the adult birds' chances of survival were lowest in the coldest winter. They expected a similar response from the young, however, warmer, drier winter is translated to less food for the juvenile sparrows during the following summer. Before they can get to winter, the juveniles have to survive their first summer when they're sensitive to how much food is available. So as winter gets warm, we expect adults and juveniles to respond in opposite directions.

In another recent study of song sparrows published in the journal *Ecology*, researchers found that parents provided a buffer against the weather for baby sparrows still dependent on them or food. However, independent juveniles that were newly out on their own were more sensitive to changes in the weather because they lacked the skills and experience of their parents. While that vulnerability has existed for as long as offspring have been leaving the nest, climate change is expected to worsen those already uncertain conditions. This sort of variation in juvenile survival can significantly impact a species' population growth.

Questions 26-30 are based on the passage you have just heard:

26. What is the main idea of this talk?

- A. Song sparrows take good care of their babies.
- B. Young song sparrows lack the skills and experience of their parents.
- C. There are different kinds of song sparrows in different seasons.
- D. Young and old song sparrows experience climate change differently.

27. When is the lowest chance of survival for the adult song sparrows?

- A. In the warmer spring.
- B. In the hottest summer.
- C. In the coolest autumn.
- D. In the coldest winter.

28. Why does a warmer winter make it difficult for the juvenile song sparrows to survive the following summer?

- A. Because they lack the skill and experience to find food.
- B. Because they have not developed a strong body yet.
- C. Because they cannot endure the unusual heat.
- D. Because they cannot find enough food.

29. What can we learn about the baby song sparrows?

- A. They are less sensitive to the effect of climate change thanks to their parents.
- B. They are quick to develop strong bodies to encounter climate change.
- C. They experience food insufficiency due to climate change.
- D. They are as sensitive to climate change as the juveniles.

30. In what aspects does climate change affect the species the speaker is talking about?

- A. Body size.
- B. Migration route.
- C. Food preference.

D. Population growth.

Part I Vocabulary (10%)

Section A

Direction: In this section, all the sentences are incomplete. Four words or phrases marked A, B, C and D are given beneath each of them. You are to choose the word or phrase that best completes the sentence, then mark your answer on the **ANSWER SHEET**.

31. The medical team discussed their shared _____ to eliminating this curable disease.

- A. Obedience
- B. Susceptibility
- C. inclination
- D. dedication

32. Many of us are taught from an early age that the grown-up response to pain, weakness, or emotional _____ is to ignore it, to tough it out.

- A. turmoil
- B. rebellion
- C. temptation
- D. Relaxation

33. Those depressed kids seem to care little about others, _____ communication and indulge in their own worlds.

- A. put down
- B. shut down
- C. settle down
- D. break down

34. The school board attached great emphasis to _____ in students a sense of modesty and a sense of community.

- A. diluting
- B. inspecting
- C. instilling
- D. disillusioning

35. Our brain is very good at filtering out sensory information that is not _____ to what we need to be attending to.

- A. pertinent
- B. permanent
- C. precedent
- D. prominent

36. New studies have found a rather _____ correlation between the presence of small particles and both obesity and diabetes.

- A. collaborating
- B. comprehending
- C. compromising

D.convincing

37. We must test our _____ about what to include in the emulation and at what level at detail.

- A. intelligence
- B. imitations
- C. hypothesis
- D. precautions.

38. We must _____ the problem _____, which is why our map combines both brain structure and function measurements at large scale and high resolution.

- A. set...back
- B. take...over
- C. pull...in
- D. break...down

39. Asthma patient doesn't need continuous treatment because his symptoms are rather ___ than persistent.

- A.intermittent
- B.precedent
- C.dominant
- D.prevalent

40. It is simply a fantastic imagination to _____ that one can master a foreign language overnight.

- A. conceive
- B. conceal
- C. convert
- D. Conform

Section B

Directions:Each of the olosing sentences has a word or phase underlined.There are four words or phrases beneath each sentene. Choose the word or phase which can best keep the meaning of the original sentence ifi is substiuted for the underlined part. Mark your answer on the **ANSWER SHEET**.

41. The truly competent physician is the one who st down, senses the "mystery"of another human beings, and often the simple gifts of personal interest and understanding.

- A. imaginable
- B. Capable
- C. sensible
- D. Humble

42. The physician often perceived that treatment was initiated by the patient.

- A. Conserved
- B. Theorized
- C. realized
- D. persisted

43. Large community meals might have served to lubricate social connections and alleviated tensions.

- A. facilitate
- B. Intimidate
- C. terminate
- D. Mediate

44. Catalase activity reduced glutathione and Vitamin E levels were decreased exclusively in subjects with active disease.

- A. definitely
- B. Truly
- C. simply
- D. solely

45. Ocular anomalies were frequently observed in this cohort of offspring born after in vitro fertilization.

- A. fetuses
- B. descendants
- C. Seeds
- D. orphans

46. Childhood poverty should be regarded as the single greatest public health menace facing our children.

- A. breach
- B. Grief
- C. threat
- D. abuse

47. A distant dream would be to deliberately set off quakes to release tectonic stress in a controlled way.

- A. Definitely
- B. Desperately
- C. intentionally.
- D. identically

48. Big challenges still await companies converting carbon dioxide to petrol.

- A. applying
- B. relating
- C. relaying
- D. transforming

49. Concern have recently been voiced that the drugs elicit unexpected cognitive side efcts, such as memory loss, fuzzy thinking and learning difficulties.

- A. ensue
- B. Encounter
- C. impede
- D. induce

50. A leaf before the eye shuts out Mount Tai, which means having one's view of the important overshadowed by the trivial.

- A. insignificant
- B. Insufficient
- C. substantial
- D. unexpected

Part III Cloze (10%)

Directions:In this section there is a passage with ten numbered blanks.For each blank, there are four choices marked A,B, C and D on the right side.Choose the best answer and mark the letter of your choice on the **ANSWER SHEET**.

The same benefits and drawbacks are found when using CT scanning to detect lung cancer— the three-dimensional imaging, improve detection of disease but creates hundreds of images that increase a radiologist's workload, which, 51, can result in missed positive scans.

Researchers at University of Chicago Pritzker School of Medicine presented 52 data on a CAD (computer-aided diagnosis) program they've designed that helps radiologist spot lung cancer 53 CT scanning. Their study was 54 by the NIH and the university.

In the study, CAD was applied to 32 low-dose CT scanning with a total of 50 lung nodules, 38 of which were biopsy-confirmed lung cancer that were not found during initial clinical exam. 55 the 38 missed cancers, 15 were the result of interpretation error(identifying an image but 56 it as non cancerous)and 23 57 observational error(not identifying the cancerous image).

CAD found 32 of the 38 previously missed cancers(84% sensitivity), with false-positive 58 of 1.6 per 58. A. mortalities section.

Although CAD improved detection of lung cancer, it won't replace radiologists, said Sgmuel G.Armato, PhD, lead author of the study."The computer is not perfect,"Armato said."It will miss some cancers and call some things cancer that 59.The radiologists can identify normal anatomy that the computer may 60 something suspicious. It's a spell-checker of sorts, or a second opinion.

51.A. in common B. in turn C. in one D. In all

52. A. preliminary B. considerate C. deliberate D. Ordinary

53. A. being used B. to use C. using D. Use

54. A. investigated B. originated C. founded D. funded

55. A. From B. Amid C.Of D.In

56.A. disseminating B. degenerating C. dismissing D. Deceiving

57. A. were mistaken for B. were attributed to C. resulted in D. gave way to

58.A. mortalities B. incidences C. images D. rates

59.A. don't B. won't C. aren't D. wasn't

60. A. stand for B. search for C. account for D. mistake for

Part IV Reading Comprehension (30%)

Directions: In this part there are six passages, each of which is followed by five questions. For each question there are four possible answers marked A, B, C, and D. Choose the best answer and mark the letter of your choice on the **ANSWER SHEET**.

Passage One

When Tony Wagner, the Harvard education specialist, describes his job today, he says he's "a translator between two hostile tribes"—the education world and the business world, the people who teach our kids and the people who give them jobs. Wagner's argument in his book *Creating Innovations: The Making of Young People Who Will Change the World* is that our K-12 and college tracks are not consistently "adding the value and teaching the skills that matter most in the marketplace".

This is dangerous at a time when there is increasingly no such things as a high-wage, middle-skilled job—the thing that sustained the middle class in the last generation. Now, there is only a high-wage high-skilled job. Every middle-class job today is being pulled up, out or down faster than ever. That is it either requires more skill or can be done by more people around the world or is being buried—made obsolete—faster than ever. Which is why the goal of education today, argues Wagner, should not be to make every child "college ready" but "innovation ready"—ready to add value to whatever they do.

That is all task. I tracked Wagner down and asked him to elaborate. "Today," he said via e-mail, "because knowledge is available on every Internet-connected device, what you know matters far less than what you can do with what you know. The capacity to innovate—the ability to solve problems creatively or bring new possibilities to life—and skills like critical thinking, communication and collaboration are far more important than academic knowledge. As one executive told me, We can teach new hires the content. And we will have to because it continues to change, but we can't teach them how to think—to ask the right questions— and to take initiative."

My generation had it easy. We got to "find" a job. But, more than ever, our kids will have to "invent" a job. Sure, the lucky ones will find their first job, but, given the pace of change today, even they will have to reinvent, re-engineer and reimagine that job much more often than their parents if they want to advance in it.

"Finland is one of the most innovative economies in the world," Wagner said, "and it is the only country where students leave high school 'innovation-ready'. They learn concepts and creativity more than facts, and have a choice of many electives—all with a shorter school day, little homework, and almost no testing. There are a growing number of 'reinvented' colleges like the Olin College of Engineering, the M.I.T. Media Lab and the 'D-school' Stanford where students learn to innovate."

61. In his book, Wagner argues that _____.

- A. the education world is hostile to our kids
- B. the business world is hostile to those seeking jobs
- C. the business world is too demanding on the education world
- D. the education world should teach what the marketplace demands

62. What does the "tall task" refer to in the third paragraph?

- A. Sustaining the middle class.
- B. Saving high-wage, middle-skilled jobs.
- C. Shifting from "college ready" to "innovation ready".
- D. Preventing middle-class jobs from becoming obsolete fast.

63. What is mainly expressed in Wagner's e-mail?

- A. New hires should be taught the content rather than the ways of thinking.
- B. Knowledge is more readily available on Internet-connected devices.
- C. Academic knowledge is still the most important to teach.

D. Creativity and skills matter more than knowledge.

64. What is implied in the fourth paragraph ?

- A. Jobs favor the lucky ones in every generation.
- B. Jobs changed slowly in the author's generation.
- C. The author's generation led an easier life than their kids.
- D. It was easy for the author's generation to find their first job.

65. What is the purpose of the last paragraph?

- A. To orient future education.
- B. To exemplify the necessary shift in education.
- C. To draw a conclusion about the shift in education.
- D. To criticize some colleges for their practices in education.

Passage Two

By the end of this century, the average world temperature is expected to increase between one and four degrees, with widespread effects on rainfall, sea levels and animal habitats. But in the Arctic, where the effects of climate change are most intense, the rise in temperature could be twice as much.

Understanding how Arctic warming will affect the people, animals, plants and marine life and economic activity in Canada's North is important to the country's future, says Kent Moore, and atmospheric physicist at University of Toronto Mississauga who is participating in a long-term, international study of the marine ecosystem along the Beaufort Sea, from Alaska to the Mackenzie delta.

The study will add to our knowledge of everything from the extent of sea ice in the region to how fish stocks will change, to which areas could become targets for oil and gas exploration, to the impact on the indigenous people who call this part of the country home.

Moore, who has worked in the Arctic for more than 20 years, says his research has already found that thinning sea ice and changes in wind patterns are causing an important change in the marine food chain; phytoplankton (浮游植物) is blooming two to three weeks earlier. Many animals time their annual migration to the Arctic for when food is plentiful, and have not adapted to the earlier bloom. "Animal behavior can evolve over a long time, but these climate changes are happening in the space of a few decades, rather than hundreds of years," says Moore. "Animals can't change their behavior that quickly."

A warmer Arctic is expected to have important effects on human activity in the region, as the Northwest Passage becomes navigable during the summer and resource extraction becomes more feasible. Information gained from the study will help government, industry and communities make decisions about resource management, economic development and environmental protection. Moore says the study—which involves Canadian, American and European researchers and government agencies—will also use a novel technology to gather atmospheric data: remotely piloted drones. "The drones have the capability of a large research aircraft, and they're easier to deploy," he says, showing the researchers to gather information on a more regular basis than they would be able to with piloted aircraft.

66. By the end of this century, according to the author, global warming will ____.

- A. start to bring about extreme weather events to humans and animals
- B. increase the average world temperature by four degrees
- C. cause more damages to the whole world than expected
- D. affect the Arctic more than any other parts of the earth

67. To help understand the destructive mechanism of Arctic warming, as indicated by the passage, the international study ____

- A. is conducted with every single discipline of University of Toronto
- B. pioneers in pursuing the widespread effects of climate change
- C. involves so many countries for different investigations
- D. is intended to deal with various aspects in research

68. When he says, "Animals can't change their behavior that quickly", what does Moore mean by that quickly?

- A. The migration of the animals to the Arctic.
- B. The widespread effects of global warming.
- C. The rate of the climate change in the Arctic.
- D. The phytoplankton within the marine ecosystem.

69. According to the author, to carry out proper human activities in the Arctic _____.

- A. becomes more difficult than ever before
- B. is likely to build a novel economy in the region
- C. will surely lower the average world temperature
- D. needs the research-based supporting information

70. With the drones deployed, as Moore predicts, the researchers will _____.

- A. involve more collaborating countries than they do now
- B. get more data to be required for their research
- C. use more novel technologies in research
- D. conduct their research at a regular basis

Passage Three

Skilled clinical history-taking and physical examination remain essential as the basis of the disease diagnosis and management, aided by investigations such as radiological or biochemical tests. Technological advances over the past few decades mean that such investigations now can be refined or even replaced in some cases, by the measurement of genetic or genomic biomarkers. The molecular characteristics of a disorder or the genetic make-up of an individual can fine tune a diagnosis and inform its management. These new capabilities, often termed 'stratified (分层的)' or 'personalized' medicine, are likely to have profound effect on the practice of medicine and service delivery.

Genetic medicine, which uses genetic or genomic biomarkers in this way, has, until recently, been the province of a small inority of specialized physicians who have used t to diagnose or asses risk of inherited disease. Recognition that most disease has a genetic component, the development and appication of new genetic tests to identify important disease subsets and the availability of cost-effective interventions mean that genetic medicine must be integrated more widely across healthcare services. In order to optimize benefit equitably across the population, physicians and services need to be ready to change and adapt to new ways of working.

Perhaps the greatest challenge is to ensure the readiness of physicians to use these genomic technologies for maximum effct, so that genetic medicine is incorporated into mainstream specialtes. For some clinicians, particularly those involved in clinical research, these advances are already a reality. However, a sizable majority do not yet recognize the relevance of genetics for their clinical practice, perceiving genetic conditions to be rare and untreatable. Maximizing genomic opportunities also means being aware of their limitations, media portrayals that indicate that genetic information gives clear-cut answers are often unrealistic. Indeed, knowing one's entire genomic sequence is not the crystal ball of our future that many hope it to be, and physicians will need to be more familiar with what is hype (鼓吹) and what is reality for the integration of genetics into mainstream medicine to be successful.

Finally, both the professional and public should have a realistic view of what is possible. Although the discovery of genetic risk factors in common diseases such as heart disease and cancer has led to important insights about disease mechanisms, the predictive power of individual genetic variants is often very low. Developments in bioinformatics will need to evolve considerably before the identification of a particular combination of genetic variants in an individual will have clinical utility for them.

71. Which of the following statements does the author most probably agree with?

- A. Personalized medicine will greatly change the practice of medicine.
- B. Genetic biomarkers have been largely refined over the past.
- C. Physical examination remains essential in fine tuning a diagnosis.
- D. Clinical history-taking is no longer important in the genetic era.

72. What, according to the second paragraph, can be said of genetic medicine?

- A. It can offer solutions to all inherited diseases.
- B. It has been widely recognized among the physicians.
- C. It necessitates adaptation of the healthcare community.
- D. It is monopolized by a small minority of specialized physicians.

73. The future of the genomic technologies, for the most part, lies in _____.

- A. the greater potential of treating rare diseases
- B. the greater efforts in the relevant clinical research
- C. the greater preparedness of the physicians to employ them
- D. the greater publicity of their benefits in the media portrayals

74. In the last paragraph, the author cautions against _____.

- A. underestimation of the importance of the genetic risk factors
- B. unrealistic expectation of the genetic predicative power
- C. abuse of genetic medicine in treating common diseases
- D. unexpected evolution of the bioinformatics

75. Which of the following can best summarize the main idea of the passage?

- A. Genetic medicine should be the mainstream option for physicians.
- B. Genetic medicine poses great challenges to medical practice.
- C. Genetic medicine will exert great influence on medicine.
- D. Genetic medicine is defined as "stratified" medicine.

Passage Four

Misconduct is a word that is always on professors' minds. Incidents in the news tend to describe the most serious violations of scientific standards, such as plagiarism or fabricating data. But these high-profile infractions (违法) occur relatively rarely. Much more frequent are forms of misconduct that occur as part of the intimate relationship between a faculty member and a student.

Faculty members don't need to commit egregious acts such as sexual harassment or appropriation of students' work to fail in their responsibility to their charges. Being generally negligent as teachers and mentors should also be seen as falling down on the job.

What we found most interesting was how respondents had less vehement (强烈的) reactions to a host of questionable behaviors. In particular, they said that faculty members should avoid neglectful teaching and mentoring. These included routinely being late for classes, frequently skipping appointments with advisees, showing favoritism to some students, ignoring those whose interests

diverged from their own, belighting colleagues in front of students, providing little or no feedback on students' theses or dissertations, and take on more graduate advisees than they could handle.

The vast majority of US faculty members have simply not been taught how to teach. And these responses suggest that they are subjecting young scientists-in-training to the same neglect.

To address this systemic issue, we must do a better job of exposing the current and next generations of scientists to the rules of proper mentoring through seminars. For instance, on online modules. The societies of academic disciplines, institutions and individual departments can play a big part here, by developing codes of conduct and clear mechanisms for students to report violations.

The most serious behaviors are relatively easy to spot and address, but "inadequate teaching" can be subjective. Still, if universities establish specific rules for academics to follow, real patterns of abuse will be easier to find. For instance, these rules could stipulate that professors must return substantive feedback on drafts within 15 days, provide more than just negative feedback during a student's oral defense of their thesis, or be available regularly to answer questions.

To deal with faculty members who consistently fall short, universities should establish teaching-integrity committees, similar to the research-integrity committees that handle issues of scientific misconduct. These could receive reports from students and decide what action to take, either by following a due process laid out in the faculty manual, or simply by adopting the same process as that of other committees, such as for tenure applications.

76. What is implied in the first two paragraphs?

- A. The misconducts are widely exposed in the news.
- B. The high-profile infractions are not adequately reported.
- C. The frequent minor misconducts deserve more attention.
- D. The violation of scientific standards cannot be eradicated.

77. What, in the respondents' mind, is the nature of showing favoritism to some students?

- A. It is a serious high-profile infraction.
- B. It is an interesting but avoidable behavior.
- C. It is a punishable but avoidable misconduct.
- D. It is a questionable but non-punishable behavior.

78. The occurrence of neglectful teaching and mentoring among the faculty can be ascribed to ____.

- A. their offering more courses than they can handle
- B. their paying little attention to the students' feedback
- C. their receiving inadequate education in how to teach
- D. their lacking interest in the areas other than their own

79. Which of the following is NOT suggested as a way to address the systemic issue?

- A. Development of codes of conduct.
- B. Exposure online of the misconducts.
- C. Education about the rules of proper mentoring
- D. Development of clear mechanism for reporting.

80. What is mainly discussed in the last two paragraphs?

- A. The approaches to addressing the problems of "inadequate teaching"
- B. The specific rules to punish those who consistently fall short.
- C. The different committees dealing with "inadequate teaching"
- D. The codes of conduct for the students to report violations.

Passage Five

Is the profession of medicine in retreat? I'm reminded of this with September welcoming a new influx (流入) of medical students. A handful of them may be some of the wide-eyed enthusiasts who attended a meeting at the Royal Society of Medicine (RSM) earlier this year about why they should choose a career in medicine. Choose medicine, I said, because it is a profession that allows you to pursue many different paths, catering for the diverse personalities that constitute any medical school's intake.

But I'm beginning to wonder if I misled them? Not just on the opportunities that will open up to them and only be limited by their own ambition and abilities. No, I'm questioning something more fundamental: the perception of medicine as a profession.

Doctors have traditionally embellished (润色) their day jobs with roles, for example, on medical committees, college councils, and faculties for conferences, meetings and training courses. Journal editors and associate editors are prime examples of doctors taking on an additional responsibility to their full-time role.

The advantages of these outside interests and positions have been considerable for individuals and for the organizations that employ them. The organizations gain greater influence, open themselves up to new ideas and alternative strategies, and can gain a competitive advantage. Doctors have considered that these additional responsibilities are an important differentiator between medicine as a profession and medicine as a factory job.

Yet times are changing. Clock-watching has become common place, with the European a Working Time Directive being the most obvious examples. More troublesome for many senior doctors is the issue of job planning, which is beginning to limit the additional roles and responsibilities that doctors can undertake. Organizations are becoming more corporate and less enlightened.

Most doctors will find a way round this new regime, but short-term petty-minded bosses are beginning to view doctors as factory workers. Their limited vision considers doctors to be dangerously independent, malfunctioning cogs (无足轻重的成员) in their wobbly health care machine, a species to be controlled and beaten into the shape of appropriate widget (装饰品).

Medicine was never meant to be governed by such tunnel vision, was it? Ultimately it will be the less enlightened organizations who will fail. These organizations will perceive little value in doctors spreading their wings and will treat them like factory workers, clocking on and off and filing in timesheets.

Doctors in these organizations will begin to wonder whether medicine is any longer a profession when its practitioners are forced to cower (畏缩) before number crunches and bean counters.

81. Why does the author wonder if he misled the prospective medical students?

- A. Because he misinformed them in their choice.
- B. Because he worries about medicine as a profession.
- C. Because he questions their ambition and competence.
- D. Because he is not sure about their diverse personalities.

82. Which of the following is NOT a benefit for the employers from their doctors taking on additional responsibilities?

- A. More positions.
- B. Greater influence.
- C. Greater competitiveness.
- D. More exposure to new ideas.

83. What is the most probably message from the passage?

- A. Most employers are short-term petty-minded.
- B. Medicine is becoming more like a factory job.
- C. Doctors' role and responsibilities change all the time.

D. Senior doctors are challenged with a shrinking market.

84. In the last paragraph, the author seems to warn

- A. the government against limiting the doctors to take additional roles
- B. the organizations against viewing doctors as factory workers
- C. the practitioners against taking on additional responsibilities
- D. the doctors against spreading their wings too widely

85. What is the author's purpose of writing the passage?

- A. To advise the organizations to be open-minded.
- B. To remind the readers of medicine as a profession.
- C. To question the role of taking on an additional position.
- D. To explain the advantages of taking on an additional position.

Passage Six

Scientists have a duty to talk to the public. Why? Because social policies need to be decided on the basis of rational grounds and facts. These include important issues ranging from climate change, to the goals of the space program, to the protection of endangered species, to the use of embryonic stem cells or animals in biomedical research. Both the public and policy makers need to understand not only the scientific justification for our work but also, in some cases, why we deem our studies to be morally justifiable.

The time is ripe for a more open, public and honest debate about the role of scientific experimentation in animals. What follows are some of my thoughts on this topic. I hope this perspective encourages other scientists to join the discussion and prompts opponents of animal research to create an atmosphere where civil discourse can take place, free of the threats, harassment and intimidation (恐吓) that are increasingly directed at biomedical scientists and their families.

Criticism to the use of animals in biomedical research rests on varied scientific and ethical arguments. One extreme view holds that information gathered from animal research cannot, even in principle, be used to improve human health. It is often accompanied by catchy slogans such as "If society funds mouse models of cancer, we will find more cures for cancer in mice". It is argued that the physiology of animals and humans are too different to allow results from animal research to be extrapolated (推断) to humans.

Such a blanket statement is falsified by numerous cases where experimentation on animals has demonstrably contributed to medical breakthroughs. The experiments on cardiovascular and pulmonary function in animals that began with Harvey and continued with the Oxford physiologists established the understanding of what the heart and lungs do and how they do it, on which the modern practice of internal medicine rests. Modern medical practice is inconceivable in the absence of the insights gained from these experiments. Anticoagulants were first isolated in dogs; insulin was discovered in dogs and purified in rabbits; lung surfactants were first extracted and studied in dogs; rabbits were used in the development of in vitro fertilization; mice in the development of efficient breast cancer drugs and so on.

For the sake of completeness, it must be noted that the other extreme—the notion that all medical advances are a result of animal research—is false as well. Important medical advances, such as sanitation and the discovery of aspirin, were conducted without the use of animals.

86. The scientists need to talk to the public for the purpose of _____.

- A. disseminating the findings of their research
- B. addressing a wider range of issues of the public concern
- C. justifying their work both scientifically and morally
- D. helping the public better understand their work

87. In the second paragraph, what topic is raised for discussion?
- A. The atmosphere for civil discourse.
 - B. The role of scientific animal research.
 - C. The pressure on biomedical scientist.
 - D. The opposition of scientific animal research.
88. On which of the following do the opponents of the animal research base their extreme view?
- A. The physiologic differences between animals and humans.
 - B. The catchy slogans used to oppose animal research.
 - C. The overuse of mice in cancer experimentation.
 - D. The inadequate funds in animal research.
89. To falsify the blanket statement, the author cites all the following EXCEPT _____.
- A. isolation of anticoagulants in dogs
 - B. the purification of insulin in rabbits
 - C. the extraction and studies of lung surfactants in dogs
 - D. the use of mice in the development of in vitro fertilization
90. What message does the author try to convey about the scientific experimentation in animals?
- A. It should be used with caution because of its possible false results.
 - B. It plays an irreplaceable part in biomedical science.
 - C. It can be replaced by other experimental models.
 - D. It plays a less important role than it used to.

试卷二 (Paper Two)
Part V Writing (20%)

Directions: In this part there is an essay in Chinese. Read it carefully and then write a summary of 200 words in English on the **ANSWER SHEET**. Make sure that your summary covers the major points of the passage.

未来医学发展趋势

根据现代医学的发展轨迹和社会的发展趋势, 未来 20 年或 30 年, 医学将发生很大的变化。

一、医学的任务将从以防病、治病为主逐步转向以维护和增强健康、提高人的生命质量为主。在未来寻求医学服务的, 不再仅仅是患者, 还会有相当数量的正常人; 询医问诊的人, 也不仅仅是因为躯体的缺欠或某个系统有病患的患者, 相当多的人是为得到生活指导和心理咨询而求医; 医生开出的不会全是去药房取药的处方, 还有如何提高生活质量的处方。医学的对象将从以患者为主的模式逐步转变成面向整个人群的模式。因此, 整个社会卫生资源的配置将重点分为两极, 即社区医学服务与医学中心。有相当数量的医生是从事社区服务的全科医生, 而比全科医生多得多的, 从某种意义上来说, 更直接、更有效、更节省资源的是社区护理队伍。社区护理队伍包括家庭病床服务、老年公寓服务及社区围产与婴幼儿服务等。

二、信息学、生物信息学将改变医学工作的方式。长期以来精心保存的厚厚的病历, 将被一张可以记载一个人一生的病情变化、诊疗经过甚至全部影像资料的卡片代替。病历不再只是在某医院、某时期的病情档案的记录, 而是其一生的健康与疾病变化的记载。预计在不久的将来, 作为医学咨询或医疗、预防等辅助手段, 电子医疗和网上医院一定会走向社会, 走入市场。但必须强调的是: 无论科学怎样发达, 诊断或治疗手段如何先进, 电子医疗、远程会诊都不能代替最基本的医生与患者面对面直接的诊疗。各种先进的医疗手段都很重要, 但最重要的还是医生的基本功, 而医生使用计算机的能力只是医生的基本功之一。

三、医学工作的范围将从“出生到死亡”扩展为“生前到死后”。以往，人们认为“人从生到死，总离不开医生”。如今，在人还未出生的时候（胎生期），医生就可以对某种疾病做出正确的诊断，并可进行外科治疗，从而矫正畸形、修复缺损，待手术完毕，再把胎儿还纳子宫，使胎儿正常发育，待其成熟后娩出。此时不仅畸形或缺损得以矫正，而且连瘢痕都没有，这就是所谓的胎儿外科。当今的医院儿科还只是从新生儿开始，在不久的将来，在妇产科和儿科之间，将出现一个新兴的交叉学科—胎儿学科。现在，脑死亡者是个宝贵的卫生资源，在医学领域不仅具有可供利用、造福世人的价值，更具有研究的价值，如器官保存、组织与细胞的保存与增值，都是新的研究课题和有发展前途的医学新领域。

“扫一扫”，了解新东方在线考博英语网课

