

# 2017 年全国医学博士外语统一考试英语试卷

## Part I Listening Comprehension (30%)

### Section A

**Directions:** In this section you will hear fifteen 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 possible answers marked A, B, C and D. Choose the best answer and mark the letter of your choice on the **ANSWER SHEET**.

1. M: Good morning, Mrs. Evans, how are you today?

W: Awful, doctor. They haven't brought me my morning coffee yet. I don't talk to anyone until I have had my morning coffee.

M: Well, can you talk with me?

W: Nope. I'm just a bear until I have my coffee.

Q: What does the woman desperately want to do now?

A. To have a coffee.

B. To hold her teddy bear.

C. To take her medicine.

D. To talk with the doctor.

2. W: So, you don't like doctors.

M: Well, you may say so. You know, I have yet to meet a doctor who listens to me. And I think most of my troubles come from the medicines.

Q: What is the man complaining about the doctors he has met?

A. They are ill-tempered.

B. They rarely listen to him.

C. They often give a wrong diagnosis.

D. They always prescribe wrong medications.

3. W: I saw that nice doctor Matteredally again this morning.

M: Oh, I do like him. He's lovely.

W: Very handsome. And what impressed me most is that he always takes his time with you not like some of the others. And lovely voice. Italian, you know.

Q: What does Dr. Matteredally impress the woman most with?

A. His lovely voice.

B. His Italian background.

C. His attractive appearance.

D. His patience with patients.

4. W: Hmm.. Doctor Harris is off tomorrow, do you think it can wait until Wednesday?

M: Oh, I was really hoping to get in today or tomorrow in case I need some antibiotics, maybe I'll have to go to the Wall King Clinic instead.

W: Actually we had a cancellation for two pm today if you can get away from the office.

M: Ge.. it's almost one pm already! I think I can make it if I leave right now.

W: We're running a bit behind schedule, so you can probably count on seeing the doctor around two thirty.

M: That's great! Thanks for fixing me in.

Q:What time could the doctor probably see the man?

A.2:30 p.m.today.

B. 2:00 p.m. today.

C. 2:30 p.m.tomorrow.

D.2:00 p.m. tomorrow.

5.M: How often should I take the medicine?

W:Just take one pill about 30 minutes before you go to bed.

M: How long should I take them?

W: The prescription is for thirty days,if you're not sleeping wellafter thirty days. I'd like you tocome back in.

Q: How should the man take the medicine?

A. He should take one pill 13 minutes before sleep for 30 days

B. He should take one pill 13 minutesbefore sleep for 13 days.

C. He should take one pill 30 minutes before seep for 13 days

D.He should take one pill 30 minutes before sleep for 30 days.

6.M: Hi, Jenny!Are you doing anything tonight?

W: Err, I don't know. Why?

M:Well,we could have a bite to eat or we could take in a film. What do you fancy?

W:Well,that would be really nice. Wecould met at the new bar on the high stret and take it from there. What do you think?

M: Oh, that's nice. What time then?

Q: What are they going to do first?

7.M:Reservations, Robert speaking. I understand that you would like to book a room.

W: That's right. Four nights starting from Thursday, the 16th of this month.

Q:When is the woman supposed to check out at the hotel?

A. Go to the cinema.

B. Eat out in a restaurant.

C. Have a drink or bite in a bar.

D. Take a walk down the High Street.

8. W:Could I have your frst name please?

M:It's Marc. That's"Mar",and then"c"for"Charlie",not"k"for"kilo"W: And your surname?

M: De Weck.

W: Could you spell that for me?

M: Yes, it's two words. First, De.

W:Is that "" for"tango"?

M:No,"d"for"delta"and"e"for"echo".And then a separate word Weck.

W:Is that"V"for "Victor"?

M: No,it""W"for"whiskey", and then"eck".

Q:What is the spelling of the man's name?

A. Mark De Weck

B. Mark Te Weck

C. Marc De Weck

D. Marc Te Weck

9. W: How long do we normally have to wait till they give us an answer?

M: How long is a piece of string. It could be three days or three months.

Q: What does the man mean?

- A. It could be three days.
- B. It could be three months.
- C. That's an easy question to answer.
- D. That's an impossible question to answer.

10. M: Does your son now use a brown inhaler?

W: Yes he uses it regularly

M: Is there anyone else in the family with hay fever, eczema or asthma?

W: Oh yes, my mother had eczema all her life. I had eczema as a child. On my husband's side several people including his sister have hay fever.

Q: Who else has got hay fever in the family?

- A. The woman herself.
- B. The woman's mother.
- C. The woman's husband.
- D. The woman's sister-in-law.

11. W: I notice you've got this small bump on your shoulder.

M: I've had that for years. The GP says it's a fatty tumor

W: Your left eyelid is lower than your right.

M: Yes, that seems to run in our family.

Q: What is true about the lump on the man's shoulder?

- A. It's a benign tumor.
- B. It's a malignant tumor.
- C. It's an inherited disease.
- D. It's on the man's right shoulder.

12. M: Good morning, Mrs. Beca Stump. I'm your doctor, Brown. Your GP asked me to see you at short notice because the blood test he did was abnormal. Did he explain this to you?

W: I didn't understand what he was saying. I'm very frightened because he told me to come here so quickly. It must be serious.

M: Yes, well, we're not yet certain about the diagnosis, but the blood test did show that you were very anemic and there seemed to be some abnormal white blood cells, We'll need to do some more tests and I'll explain about them later.

Q: What does the man do?

- A. He is a hematologist.
- B. He is a hepatologist.
- C. He is a psychologist.
- D. He is a neurologist.

13. W: Well, is there any particular reason you feel you need to have an HIV test?

M: Yes, I am being sent by my company to Australia to head up a new subsidiary there it's a great opportunity.

W: Sounds good. Congratulations!

M: Thanks. Yes, me and Sally, that's my wife, We've been wanting to emigrate there for a couple of years,so anyway, we filled in all the paperwork, just on the last hurdle now—might need proof of a negative HIV test. So I was wondering if you could arrange this for me.

Q: Why does the man ask for an HIV test?

- A. Because his wife,Sally, wants him to do so.
- B. Because his company has asked him to do so.
- C. Because he suspects that he might be infected.
- D. Because he is applying for emigration to Australia.

14. M:Would you like me to help you get your bags into the car?

W:Don't bother I need to be used to hauling these bags around myself.

Q: What does the woman mean?

- A. She used to handle her own luggage, but not anymore.
- B. She wants to take her luggage to the car by herself.
- C. She loves hauling her luggage around herself.
- D. She needs a hand from the man.

15. W: Jack doesn't like his birthday present.

M:he's starting to get on my nerves.It's one thing to not like it, but it's another to complain about it. We tried our best to get him a good present.

Q: Which of the following can best describe the man's feeling towards Jack?

- A. Shocked.
- B. Nervous.
- C. Annoyed.
- D. Contented.

## Section B

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

### Dialogue

M: Thanks for seeing me on short notice,doc.I wouldn't come in ifl wasn't nearly dead

W: Oh? How are you feeling bad?

M: I've been sickall week and I've scheduled to fly to Portland this weekend.

W: What sort of symptoms?

M: Mostly a sinus infection.Ican' breathe and I've got this yellow stuff.Ikeep blowing out my nose.

W: How is it with your mouth open?

M: That'sfine, but I can't go around like some kind of fish,you know.

W: OK, then, stuffy head, nasal drainage. What else?

M: That's it That's enough Usually Iget these colds and they've gone in one or two days. This one I've had all week.

W: I see, and any other symptoms? Cough, fever, anything else?

M: Ah,maybe a tickle in my throat.I cough once or twice. No big deal, though.

W: OK,let's take a look at you.Hop up here on the examination table and slip off your shirt. Hmm. Well, Mr. George, the exam is entirely normal.All you've got is a cold. Take one of the over-the-counter decongestant, Dristan or Contac for example,maybe a couple of Aspirins. Well see you for your physical in six months.

M: You mean you aren't going to give me something for this? I'm got to go out of town in three days and I can't be sick then.

W: Yes, sometimes we use an antibiotic, but you aren't sick enough to make that worthwhile.

M: What? I am sick as I want to be. What is this? I'm not sick enough? What's going on? Is this because I'm capitation in Compicare? They tell you to save a few bucks by not prescribing penicillin.

W: That doesn't have anything to do with it. I treat you just like patients who pay right up front.

M: Hey, I pay plenty for this insurance, doc. And I don't see how I'm getting my money's worth.

**Questions 16-20 are based on the following dialogue:**

16. How would you describe the man's illness?

- A. A difficult case.
- B. A trivial illness.
- C. A deadly disease.
- D. A serious condition.

17. What is the worst symptom of the man?

- A. Cough.
- B. Fever.
- C. Stuffed nose.
- D. Sore throat.

18. What is the doctor's diagnosis of the man?

- A. A cold.
- B. Allergy.
- C. Sinusitis.
- D. Pneumonia.

19. What are the man and the doctor quarelling about?

- A. Whether the man should seek a second opinion.
- B. Whether the doctor's diagnosis is correct or not.
- C. Whether the doctor should prescribe an antibiotic.
- D. Whether Compicare should cover the man's expenses.

20. Which of the following can best describe the doctor's attitude and manner?

- A. Nice and patient.
- B. Rushed and impatient.
- C. Rational and eloquent.
- D. Conservative and stubborn.

**Passage One**

Teenagers who text more than 100 times a day tend to be more shallow, image-obsessed and driven by wealth—not to mention pretty bad at spelling. The study from the University of Winnipeg suggests that a lot can be learned about a person's personality simply from the number of texts they send. The most incessant texters often turn out to be a slightly more racist than others.

The data was gathered over a period of three years from 2,300 psychology students at the University of Winnipeg. The theory the university study tried to test was that constant use of twitter and texting for communication results in a world where people have quick and shallow thoughts. The results indicate that students who text frequently placeless importance on moral aesthetic and spiritual goals

and greater importance on wealth and image. Strikingly the study states those who text more than 100 times a day were 30 per cent less likely to feel strongly that leading an ethical, principled life was important, in comparison to those who texted 50 times or less a day. In the most extreme cases, 30 per cent of the survey takers texted more than 200 times a day and 12 per cent texted at least 300 times a day.

**Questions 21-25 are based on the following passage:**

21. According to the study how can we learn about a person's personality?

- A. Simply from the contents of their texts.
- B. Just from the number of texts they send.
- C. Merely from the books they read at leisure.
- D. Right from the way they spell certain words.

22. Who are the participants of the study?

- A. 2,030 sociology students.
- B. 2,300 sociology students.
- C. 2,030 psychologist students.
- D. 2,300 psychologist students.

23. As indicated by the study what do the students who text frequently value most?

- A. Spiritual life.
- B. Image and wealth.
- C. Academic success.
- D. Morality and aesthetics.

24. About the most extreme cases mentioned in the study which of the following is true?

- A. 30% of the survey-takers texted more than 300 times a day.
- B. 30% of the survey-takers texted more than 400 times a day.
- C. 12% of the survey-takers texted at least 300 times a day.
- D. 12% of the survey-takers texted at least 400 times a day.

25. What is the main idea of this talk?

- A. Too much texting can make you shallow.
- B. Texting is nothing but a wonder of technology.
- C. Texting has more disadvantages than advantages.
- D. Too much texting results in poorly performing students.

**Passage Two**

Many, if not most, people start exercising because they want to lose weight. But very often they abandon exercise when the expected pounds fail to fall off. Study after study has found that, without major changes in eating habits increasing physical activity is only somewhat effective for losing weight though it helps people maintain weight loss. And shedding even a few pounds, especially around one's middle, can improve health.

For example, researchers in Brisbane, Australia, studied 58 sedentary overweight or obese men and women who participated in a closely monitored 12-week aerobic exercise program. Weight loss was minimal, but nonetheless the participants' waistlines shrank, their blood pressure and resting heart rate dropped, and their aerobic capacity and mood improved.

Exercise should be encouraged and the emphasis on weight loss reduced, the researchers concluded. "Disappointment and low self-esteem associated with poor weight loss could lead to low exercise adherence and a general perception that exercise is futile and not beneficial."

I walk three miles daily, or bike ten miles and swim three-quarters of a mile. If you ask me why, weight control may be my first answer, followed by a desire to live long and well. But that's not what gets me out of bed before dawn to join friends on a morning walk and then bike for my swim. It's how these activities make me feel: more energized, less stressed, more productive, more engaged and, yes, happier—better able to smell the roses and cope with the inevitable frustrations of daily life.

**Questions 26-30 are based on the following passage:**

26. According to the research findings on exercise what can you achieve from increasing physical activity?

- A. Effective weight loss.
- B. Enhanced appetite.
- C. Improved health.
- D. Brain fitness.

27. What kind of program did the participants of the study attend?

- A. A 12-week weight loss program.
- B. A 12-month weight loss program.
- C. A 12-week aerobic exercise program.
- D. A 12-month aerobic exercise program.

28. What is the conclusion that the researchers of the Brisbane study reached?

- A. Exercise sometimes is just futile and not beneficial.
- B. Exercise should be encouraged. weight loss less emphasized.
- C. Aerobic exercise can do good to people both mentally and physically.
- D. Poor weight loss can inevitably result in disappointment and low self-esteem.

29. What is the real reason that the speaker exercises every day?

- A. To control weight.
- B. To live well and long.
- C. To be together with friends.
- D. To enjoy the marvelous feeling of exercise.

30. What can be the best topic of this talk?

- A. Exercise: Value beyond Weight Loss.
- B. Exercise: the Way to Well-being.
- C. Exercise for a Better Life.
- D. Exercise for Weight Loss.

## **Part II Vocabulary (10%)**

### **Section A**

**Directions:** 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 sentences. Then, mark your answer on the **ANSWER SHEET**.

31. Chronic high-dose intake of vitamin A has been shown to have \_\_\_\_\_ effects on bones
- A. adverse
  - B. prevalent
  - C. instant
  - D. purposeful
32. Drinking more water is good for the rest of your body, helping to lubricate joints and \_\_\_\_\_ toxins and impurities.
- A. screen out
  - B. knock out
  - C. flush out
  - D. rule out
33. Rheumatologist advises that those with ongoing aches and pains first seek medical help to \_\_\_\_\_ the problem.
- A. affiliate
  - B. alleviate
  - C. aggravate
  - D. Accelerate
34. Generally, vaccine makers \_\_\_\_\_ the virus in fertilized chicken eggs in a process that can take four to six months.
- A. penetrate
  - B. designate
  - C. generate
  - D. Exaggerate
35. Danish research shows that the increase in obese people in Denmark is roughly \_\_\_\_\_ to the increase of carbon dioxide in the atmosphere.
- A. equivalent
  - B. temporary
  - C. permanent
  - D. Relevant
36. Ted was felled by a massive stroke that affected his balance and left him barely able to speak \_\_\_\_\_.
- A. bluntly
  - B. intelligibly
  - C. reluctantly
  - D. ironically
37. In a technology-intensive enterprise, computers \_\_\_\_\_ all processes of the production and management.
- A. dominate
  - B. overwhelm
  - C. substitute
  - D. Imitate



38. Although most dreams apparently happen\_\_\_\_\_,dream activity may be provided by external influences.

- A. homogeneously
- B. instantaneously
- C. spontaneously
- D. Simultaneously

39. We are much quicker to respond,and we respond far too quickly by giving\_\_\_\_\_to our anger.

- A. vent
- B. impulse
- C. temper
- D. Offence

40.By maintaining a strong family\_\_\_\_\_, they are also maintaining the infrastructure of society.

- A. bias
- B. honor
- C. estate
- D. Bond

### Section B

**Directions:** Each of the following sentences has a word or phrase underlined. There are four words or phrases beneath each sentence. Choose the word or phrase which can best keep the meaning of the original sentence if it is substituted for the underlined part. Mark your answer on the **ANSWER SHEET**.

41. Inform the manager if you are on medication that makes you drowsy.

- A. uneasy
- B. sleepy
- C. guilty
- D. Fiery

42. Diabetes is one of the most prevalent and potentially dangerous diseases in the world.

- A. crucial
- B. virulent
- C. colossl
- D. Widespread

43.Likewise,soot and smoke from fre contain a multitude of carcinogens.

- A. a matter of
- B. a body of
- C. plenty of
- D. sort of

44.Many questions about estrogen's effects remain to be elucidated,and investigations are seeking answers through ongoing laboratory and clinical studies.

- A. implicated
- B. implied
- C. illuminated

D. Initiated

45. A network chatting is a limp substitute for meeting friends over coffee.

- A. accomplishment
- B. refreshment
- C. complement
- D. replacement

46. When patients spend extended periods in hospital, they tend to become overly dependent and lose interest in taking care of themselves.

- A. extremely
- B. exclusively
- C. exactly
- D. Explicitly

47. Attempts to restrict parking in the city centre have further aggravated the problem of traffic congestion.

- A. ameliorated
- B. aggregated
- C. deteriorated
- D. Duplicated

48. It was reported that bacteria contaminated up to 80% of domestic retail raw chicken in the United States.

- A. inflamed
- B. inficted
- C. infected
- D. Infiltrated

49. Researchers recently ran the numbers on gun violence in the United States and reported that right-to-carry-gun laws do not inhibit violent crime.

- A. curb
- B. induce
- C. lessen
- D. Impel

50. Regardless of our uneasiness about stereotypes, numerous studies have shown clear difference between Chinese and western parenting.

- A. specifications
- B. sensations
- C. conventions
- D. conservations

## Part II 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**.

It was the kind of research that gave insight into how flu strains could mutate so quickly. The same branch of research concluded in 2005 that the 1918 flu started in birds before passing to humans. Parsing (分析) this animal-human 51 could provide clues to 52 the next potential super flu which already has a name: H5N1, also known as avian flu or bird flu.

This potential killer also has a number: 59%. According to WHO, nearly three-fifths of the people who 53 H5N1 since 2003 died from the virus, which was first reported 54 humans in Hong Kong in 1997 before a more serious 55 occurred in Southeast Asia between 2003 and 2004. Some researchers argue that those mortality numbers are exaggerated because WHO only 56 cases in which victims are sick enough to go to the hospitals for treatment. 57, compare that to the worldwide mortality rate of the 1918 pandemic; it may have killed roughly 50 million people, but that was only 10% of the number of people infected, according to a 2006 estimate.

H5N1's saving grace—and the only reason we're not running around masked up in public right now—is that the strain doesn't jump from birds to humans, or from humans to humans, easily. There have been just over 600 cases (and 359 deaths) since 2003. But 58 its lethality, and the chance it could turn into something far more transmissible, one might expect H5N1 research to be exploding, with labs 59 the virus's molecular components to understand how it spreads between animals and 60 humans, and hoping to discover a vaccine that could head off a pandemic.

51. A. rejection      B. interface      C. complement      D. Contamination
52. A. be stopped      B. stopping      C. being stopped      D. having stopped
53. A. mutated      B. effected      C. infected      D. Contracted
54. A. in      B. on      C. with      D. From
55. A. trigger      B. launch      C. outbreak      D. outcome
56. A. counts      B. amounts to      C. accounts for      D. accumulates
57. A. Thereafter      B. Thereby      C. Furthermore      D. Still
58. A. given      B. regarding      C. in spite of      D. speaking of
59. A. parses      B. parsed      C. parsing      D. to parse
60. A. potentially      B. absolutely      C. potentially to      D. epidemiologically

#### 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

If you are reading this article, antibiotics have probably saved your life—and not once but several times. A rotten tooth, a knee operation, a brush with pneumonia; any number of minor infections that

never turned nasty. You may not remember taking the pills, so unremarkable have these one-time wonder drugs become.

Modern medicine relies on antibiotics—not just to cure diseases, but to augment the success of surgery, childbirth and cancer treatments. Yet now health authorities are warning, in uncharacteristically apocalyptic terms, that the era of antibiotics is about to end. In some ways, bacteria are continually evolving to resist the drugs. But in the past we've always developed new ones that killed them again.

Not this time. Infections that once succumbed to everyday antibiotics now require last-resort drugs with unpleasant side effects. Others have become so difficult to treat that they kill some 25,000 Europeans yearly. And some bacteria now resist every known antibiotic.

Regular readers will know why: *New Scientist* has reported warnings about this for years. We have misused antibiotics appallingly, handing them out to humans like medicinal candy and feeding them to livestock by the tonne, mostly not for health reasons but to make meat cheaper. Now antibiotic-resistant bacteria can be found all over the world—not just in medical facilities, but everywhere from muddy puddles in India to the snows of Antarctica (南极洲).

How did we reach this point without viable successors to today's increasingly infictual drugs? The answer lies not in evolution but economics. Over the past 20 years, nearly every major pharmaceutical company has abandoned antibiotics. Companies must make money, and there isn't much in short-term drugs that should be used sparingly. So researchers have discovered promising candidates, but can't reach into the deep pockets needed to develop them.

This can be fixed. As we report this week, regulatory agencies, worried medical bodies and Big Pharma are finally hatching ways to remedy this market failure. Delinking profits from the volume of drug sold (by adjusting patent rights, say, or offering prizes for innovation) has worked for other drugs, and should work for antibiotics—although there may be a worryingly long wait before they reach the market.

One day, though, these will all succumb to resistance too. Ultimately, we need, evolution-proof cures for bacterial infection: treatments that stop bacteria from causing disease, but don't otherwise inconvenience the little blighters. When resisting drugs confers no selective advantage, drugs will stop breeding resistance.

Researchers have a couple of candidates for such treatment. But they fear regulators will drag their feet over such radical approaches. That, too, can be fixed. We must not neglect development of the sustainable medicine we need, the way we have neglected simple antibiotic R & D.

If we do, one day another top doctor will be telling us that the drugs no longer work—and there really will be no help on the way.

61. In the first paragraph, the author is trying to \_\_\_\_\_.

- A. warn us against the rampant abuse of antibiotics everywhere
- B. suggest a course of action to reduce antibiotic resistance
- C. tell us a time race between humans and bacteria
- D. remind us of the universal benefit of antibiotics

62. The warning from health authorities implies that \_\_\_\_\_.

- A. the pre-antibiotic era will return
- B. the antibiotic crisis is about to repeat
- C. the wonder drugs are a double-edged sword
- D. the development of new antibiotics is too slow

63. The appalling misuse of antibiotics, according to the passage, \_\_\_\_\_.

- A. has developed resistant bacteria worldwide

- B. has been mainly practiced for health reasons
- C. has been seldom reported as a warning in the world
- D. has been particularly worsened in the developing countries

64. The market failure refers to\_\_\_\_\_.

- A. the inability to develop more powerful antibiotics
- B. the existing increasingly ineffectual drugs in the market
- C. the poor management of the major pharmaceutical companies
- D. the deprived investment in developing new classes of antibiotics

65. During the presentation of the two solutions, the author carries a tone of\_\_\_\_\_.

- A. doubt
- B. urgency
- C. indifference
- D. Helplessness

### Passage Two

This issue of Science contains announcements for more than 100 different Gordon Research Conferences, on topics that range from atomic physics to developmental biology. The brainchild (某人的主意) of Neil Gordon of Johns Hopkins University, these week-long meetings are designed to promote intimate, informal discussions of frontier science. Often confined to fewer than 125 attendees, they have traditionally been held in remote places with minimal distractions. Beginning in the early 1960s, I attended the summer Nucleic Acids Gordon Conference in rural New Hampshire, sharing austere (简朴的) dorm facilities in a private boy's school with randomly assigned roommates. As a beginning scientist, I found the question period after each talk especially fascinating, providing valuable insights into the personalities and ways of thinking of many senior scientists whom I had not encountered previously. Back then, there were no cellphones and no Internet, and all of the speakers seemed to stay for the entire week. During the long, session-free afternoons, graduate students mingled freely with professors. Many lifelong friendships were begun, and—as Gordon intended—new scientific collaborations began. Leap forward to today, and every scientist can gain immediate access to a vast store of scientific thought and to millions of other scientists via the Internet. Why, nevertheless, do in-person scientific meetings remain so valuable for a life in science?

Part of the answer is that science works best when there is a deep mutual trust and understanding between the collaborators, which is hard to develop from a distance. But most important is the critical role that face-to-face scientific meetings play in stimulating a random collision of ideas and approaches. The best science occurs when someone combines the knowledge gained by other scientists in non-obvious ways to create a new understanding of how the world works. A successful scientist needs to deeply believe, whatever the problem being tackled, that there is always a better way to approach that problem than the path currently being taken. The scientist is then constantly on the alert for new paths to take in his or her work, which is essential for making breakthroughs. Thus, as much as possible, scientific meetings should be designed to expose the attendees to ways of thinking and techniques that are different from the ones that they already know.

66. Assembled at Gordon Research Conference are those who\_\_\_\_\_.

- A. are physicists and biologists
- B. just start doing their sciences
- C. stay in the forefront of science
- D. are accomplished senior scientists

67. Speaking of the summer Nucleic Acids Gordon Conference, the author thinks highly of\_\_\_\_\_.

- A. the personalities of senior scientists
- B. the question period after each talk
- C. the austere facilities around
- D. the week-long duration

68. It can be inferred from the author that the value of the in-person scientific conference\_\_\_\_\_.

- A. does not change with times
- B. can be explored online exclusively
- C. lies in exchanging the advances in life science
- D. is questioned in establishing a vast store of ideas

69. The author believes that the face-to-face scientific conferences can help the attendees better\_\_\_\_\_.

- A. understand what making a breakthrough means to them
- B. expose themselves to novel ideas and new approaches
- C. foster the passion for doing science
- D. tackle the same problem in science

70. What would the author most probably talk about in the following paragraphs?

- A. How to explore scientific collaborations
- B. How to make scientific breakthroughs
- C. How to design scientific meetings
- D. How to think like a genius

### Passage Three

Back in 1896, the Swedish scientist Svante Arrhenius realized that by burning coal we were adding carbon dioxide to the air, and that this would warm the Earth. But he mentioned the issue only in passing (顺便地) for his calculations suggested it would not become a problem for thousands of years. Others thought that the oceans would soak up any extra CO<sub>2</sub>, so there was nothing much to worry about.

That this later argument has persisted to this day in some quarters highlights our species' propensity (倾向) to underestimate the scale of our impact on the planet. Even the Earth's vast oceans cannot suck up CO<sub>2</sub>, as quickly as we can produce it, and we now know the stored CO<sub>2</sub> is acidifying the oceans, a problem in itself.

Now a handful of researchers are warning that energy sources we normally think of as innocuous could affect the planet's climate. If we start to extract immense amounts of power from the wind, for instance, it will have an impact on how warmth and water move around the planet, and thus on temperatures and rainfall.

Just to be clear, no one is suggesting we should stop building wind farms on the basis of this risk. Aside from the huge uncertainties about the climatic effects of extracting power from the wind, our present and near-term usage is far too tiny to make any difference. For the moment, any negative consequences on the climate are massively outweighed by the effect of pumping out even more CO<sub>2</sub>. That poses by far the greater environmental threat, and weaning ourselves off fossil fuels should remain the priority.

Even so, now it is the time to start thinking about the long-term effects of the alternative energy sources we are turning to. Those who have already started to look at these issues report weary, indifferent or even hostile reactions to their work.

That's understandable, but disappointing. These effects may be inconsequential, in which case all that will have been wasted is some research time that may well yield interesting insights anyway. Or they may turn out to be sharply negative, in which case the more notice we have, the better. It would be unfortunate to put it mildly, to spend countless trillions replacing fossil-fuel energy infrastructure (基础设施) only to discover that its successor (替代物) is also more damaging than it needs to be.

These climatic effects may even be beneficial. The first tentative models suggest that extracting large amounts of energy from high-altitude jet streams would cool the planet, counteracting the effects of rising greenhouse gases. It might even be possible to build an energy infrastructure that gives us a degree of control over the weather: tuning off wind turbines here, capturing more of the sun's energy there.

We may also need to rethink our long-term research priorities. The sun is ultimately the only source of energy that doesn't end up altering the planet's energy balance. So the best bet might be to invest heavily in improving solar technology and energy storage—rather than in efforts to harness, say, nuclear fusion.

For the moment, all of this remains supposition (推测). But our species has a tendency to myopia. We have nothing to lose, and everything to gain by taking the long view for a change.

71. In the first two paragraphs, the author is trying to draw our attention to \_\_\_\_\_.

- A. the escalating scale of the global warming
- B. the division of scientists over the issue of global warming
- C. reasons for us to worry about extra CO<sub>2</sub> for the oceans
- D. the human tendency to underestimate the harmful effects on the planet

72. The author's illustration of wind-power extraction reflects \_\_\_\_\_.

- A. the priority of protecting the environment
- B. the same human propensity as mentioned previously
- C. the best strategy of reducing the environmental threat
- D. the definite huge uncertainties about the climatic effects

73. The author argues that it would be unfortunate to replace fossil fuels only to find out that \_\_\_\_\_.

- A. the successors are also damaging
- B. the countless billions spent are wasted
- C. the alternative energy sources don't work
- D. the research invites indifferent or even hostile reactions

74. According to the author, the best strategy is \_\_\_\_\_.

- A. to counteract the effects of rising greenhouse gases
- B. to develop a degree of control over the weather
- C. to extract large amounts of energy from wind
- D. to explore solar energy and its storage

75. It can be concluded from the passage that we need to take the long view on \_\_\_\_\_.

- A. human existence on the planet
- B. humanity's energy supplies
- C. our environmental threats
- D. our tendency to myopia

#### Passage Four

It is a well-known problem: A junior research group leader must somehow compete against the seniors, who have larger laboratories, good funding, and clout with the journals. Furthermore, in the normal grant system, preliminary data requirements make it hard to start new directions in research. Beginning scientists must build on their postdoctoral work, which forces them to continue along already-trodden paths. Once a laboratory has been established, it is reasonable for the reviewers of competitive grant applications to look for evidence of an investigator's likely success in the form of "preliminary results". But beginning group leaders should be judged only by their demonstrated excellence and their creativity in finding new directions. Such a change would greatly stimulate innovation.

I experienced the advantages of such a system 20 years ago, when moving to Germany from a postdoctoral position in the United States. A hierarchical system that emphasized seniority was rampant in Europe, and independent research positions for younger scientists were few, and I was lucky in joining the European Molecular Biology Laboratory (EMBL) in Heidelberg, which was exploring alternative ways to organize science, with the aim of promoting innovation and research excellence.

The EMBL had created a group leader system in which, apart from a few senior scientists to provide some stability, new researchers were directly funded for up to 9 years to do as they pleased, before being required to move on to a senior job elsewhere. This model was a success in large part because this type of funding encouraged a focus on innovation, but also because it provided a separate funding stream in Europe for starting scientists. The EMBL was not alone in this endeavor, as analogous thinking was beginning to take hold at other European institutions and funding agencies. But in 2007, the European system moved an important step further with the introduction of the European Research Council (ERC). The ERC currently runs a pan-European competition that in 2012 funded 536 proposals after receiving more than 4700 applications from beginning group leaders, each for 5 years for as much as 1.5 million euros per year. This grant is specifically targeted at providing additional opportunities for young investigators who are making the transition from working under a supervisor to being independent researchers in their own right. A crucial aspect of the ERC is that the reviewing criteria specifically focus on novelty, interdisciplinarity, and high-risk/high-gain research. The ERC runs other competitions to fund established investigators.

76. When it comes to the well-known problem for beginning scientists, what concerns the author is \_\_\_\_\_.

- A. how to facilitate their creativity
- B. how to motivate them to do science
- C. how to judge their grant applications fairly
- D. how to help them establish their own laboratories

77. To stimulate innovation, the author argues that the current grant system focus on \_\_\_\_\_.

- A. the excellence and creativity in exploring new directions
- B. the evidence-based preliminary result for grant application
- C. fair competition between the novel scientists and their seniors
- D. a deep commitment to postdoctoral research on the part of beginning scientists

78. From his personal experience in Germany, the author is trying to tell us that he \_\_\_\_\_.

- A. realized the universal seniority of the hierarchical grant system
- B. was lucky enough to switch to molecular biology
- C. was a victim of the current grant system
- D. benefited from the system he advocates



79. The funding model created by the EMBL was intended\_\_\_\_\_.

- A. to ensure the stability of doing science
- B. to place a focus on doing basic sciences
- C. to encourage starting scientists to be innovative
- D. to provide senior positions for qualified scientists

80. Under the grant program of the ERC, starting scientists\_\_\_\_\_.

- A. are highly recognized by their innovations and discoveries
- B. work as an interdisciplinary team without exception
- C. are independent in doing innovative science
- D. gather from different parts of the world

### Passage Five

In 2007, surgeons in Aalst, Belgium, were taken aback when part of a surgical robots arm broke off inside a patient with prostate cancer. The fracture bent the da Vinci robot's instrument so badly that it could not be removed through the original keyhole incision. That meant the urologists had to enlarge the wound to get the instrument out.

Today more than 2,500 of the \$1.7 million da Vinci robots are at work in hospitals worldwide taking part in nearly 1.5 million operations in the past decade. Most patients go home with smaller scars, and the firm that makes da Vinci, Intuitive Surgical of Sunnyvale, California, claims post-operative pain and recovery time are also reduced. But reports of adverse events have risen, recently prompting the US Food and Drug Administration (FDA) to survey surgeons about the system in January. Bloomberg Businessweek reported earlier this month that 10 product liability lawsuits have been filed against da Vinci's makers in the past 14 months.

The lawsuits, which the firm is defending, make for grisly (严重的) reading—they allege, variously, that da Vinci has caused liver and spleen punctures during heart surgery, rectal damage during a prostate operation, and a vaginal hernia after a hysterectomy. There are also a number of cases of unintended burns from the robot's cauterizing tools. The FDA's inquiry, says spokeswoman Synim Rivers, aims to "determine if the rise in reports is a true reflection of problems, or simply an increase due to other factors".

Is there cause for concern? Rates of adverse events or death for da Vinci surgery have not increased over the past several years, says Intuitive Surgical spokeswoman Lauren Burch, who refused to comment on the lawsuits. "The clinical evidence shows that da Vinci is safer than open surgical alternatives in many common procedures," she says.

The robot aims to offer minimally invasive, highly accurate surgery with a human in control at all times. The surgeon handles the instruments on the robot's four arms from a console with a stereoscopic 3D view of the operation, magnified up to 10 times.

The console has brilliant, unsurpassed 3D vision, unlike laparoscope systems with 2D screens," says Ben Challacombe, a consultant urologist at Guy's and St. Thomas' NHS Foundation Trust in London. "It also has fantastic control instruments that filter out hand tremors, whereas long laparoscopic tools only enhance tremor." As a regular da Vinci user, Challacombe says the legal issues Intuitive Surgical faces are far more likely to be down to incorrect use by surgeons rather than robot faults.

That view is backed by James Breeden, president of the American Congress of Obstetricians and Gynecologists. "Studies show there is an increased complication rate," he says. And some surgeons only get two days' training on da Vinci.

What's more, healthcare providers are pushing the benefits of robot surgery, Breedon says, advertising less pain, lower blood loss and faster recovery. That drives demand beyond the evidence, he believes. There may not even be good data, claims Breedon, showing "that robotic hysterectomy is even as good as, let alone better than, far less costly minimally invasive alternatives".

81. The increasing uses of robotic surgeries worldwide, according to the passage, \_\_\_\_\_.

- A. Reduce significantly malpractice lawsuits thanks to their safety
- B. put surgeons at a high risk of being sued for malpractice
- C. help hit the record of 1.5 million operations every year
- D. are accompanied by a rise in product liability lawsuits

82. The growing number of the lawsuits \_\_\_\_\_.

- A. leads to an enquiry by the FDA
- B. reflects the real problems with the firm
- C. has much to do with da Vinci with defects
- D. is ascribed to the improper installation of da Vinci

83. From Burch to Challacombe, we can learn that \_\_\_\_\_.

- A. such advantages of da Vinci as minimal invasion and high accuracy are questionable
- B. the lawsuits do have the real evidence to be taken seriously
- C. the issue concerning the safety of da Vinci does exist
- D. the surgical robot is not problematic but safe

84. As Breedon argues, the problem lies in \_\_\_\_\_.

- A. the wrong hands of the surgeons without any qualification
- B. the hidden faults within the instruments on the four arms
- C. the surgical benefits exaggerated by the health providers
- D. a lack of sufficient training on the part of surgeons

85. Which of the following can serve as the best title for the passage?

- A. Four Arms Better Than Two
- B. A Revolution in Surgery
- C. The True Cost of Surgery
- D. Too Good to Be True

## Passage Six

In a poor, inland, gang-infested part of Los Angeles, there is a clinic for people with type I diabetes. As part of the country's healthcare system, it serves persons who have fallen through all other safety-net options, the poorest of the poor. Although type 2 diabetes is rampant in this part of town, type 1 diabetes exists as well. Yet these latter individuals generally lack access to any specialty care — a type of treatment they desperately need due to a complexity of dealing with type 1 diabetes in the setting of poverty and psychosocial stress.

The Type 1 Clinic meets one morning per week and is staffed by four endocrinology fellows and a diabetologist, often me. I have the unique perspective of working part of the time in a county setting and the other part of the time in a clinic for people with health insurance, in Beverly Hills. I know what is possible in the treatment of type I diabetes. East Los Angeles teaches me what happens when access to care is not available. Most of our patients, in their 20s and 30s and 40s, already have complications of

their diabetes; many near end stage. Concepts about maintaining near-normal blood glucose levels often miss their mark —lack of education or money or motivation or factors I can't even imagine make the necessity of a patient acting as his or her own exogenous pancreas nearly impossible, especially when there are acute consequences to hypoglycemia and few to moderate hyperglycemia.

Historically, in spite of these barriers, we persisted and thought we made a difference. Often, teaching simple carbohydrate counting or switching therapy to long-acting insulin improved patients control and their quality of life. The fellows felt they made a positive impact in the health of their patients. Driving home I would be encouraged by what we had accomplished, although saddened by the severity of the complications suffered by many of our patients.

Yet everything changed with the recession of 2008. In Beverly Hills I heard a lot about the demise of the financial markets. Patients of mine had invested with Bernie Madoff. Some, once billionaires, were now millionaires. Personal assistants and housekeepers were laid off, vacation homes were put on the market, and parties became less lavish. But all still live in safe, clean homes, wear designer clothes, and eat high-quality food. The landscape is very different for many of my East LA patients. The temporary, part-time jobs they had cobbled together to keep food on the table and pay for housing are gone. I—naively —didn't realize how much worse poverty could get. But now many of our patients are young without food and are becoming homeless. One young man, a college student trying to work his way out of poverty by going to school, lost his job and is living in his car. He is still taking classes but is unable to afford more than a dollar meal from a fast-food restaurant once every day or two. Management of his diabetes involves simply keeping him alive with his erratic, poor eating habit.

86. At the beginning, the author describes the patients with an emphasis on\_\_\_\_\_.

- A. their financial status
- B. their living in injustice
- C. their specialty care of any kind
- D. their ignorance of type I diabetes

87. As a diabetologist working for the Type 1 Clinic, the author is quite concerned about those who\_\_\_\_\_.

- A. misunderstand the concepts on blood glucose maintenance
- B. have no ideas about what medical problems they are having
- C. don't care about acting as their own exogenous pancreas
- D. lack access to property and sufficient clinical care

88. Not until the recession of 2008 did the medical staff\_\_\_\_\_.

- A. feel proud of their dedication and persistence in clinical practice
- B. know how severe the complications of type I diabetes could be
- C. regret about more they could have done for the patients
- D. feel a sense of accomplishments in treating the patients

89. As witnessed by the diabetologist during the recession of 2008, many poor patients\_\_\_\_\_.

- A. developed poor eating habits with the progression of type I diabetes
- B. struggled with their survival, let alone with their medical care
- C. became losers in the investment with Bernie Madoff
- D. switched from full-time to part-time jobs

90. Which of the following tone does the passage most probably carry?

- A. Indifference.

- B. Sympathy.
- C. Passion.
- D. Guilt.

## 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.

#### 环境污染与肺癌

近几十年米,许多国家的流行病学( epidemiology) 调查资料都表明,不少传染病的发病率和死亡率在不断下降,而癌症的发病率和死亡率却在不断上升。大量的调查研究表明,癌症等疾病的发病率的上升都与环境污染有关。由于环境污染对人体的作用一般具有剂量小、作用时间长等特点,容易被人们所忽视。往往病发之日尚不知谁是元凶。环境污染就像邪恶的阴影,悄悄吞噬着人体的健康。

肺及呼吸道是一个开放器官,与外界直接接触,外界很多致癌因素都可以导致肺癌。环境污染就是导致肺癌的一个重要原因。

环境污染中最为重要的就是大气污染,大气污染的许多学者惊奇地发现,近 50 年来,随着工业和经济的发展、人们生活水平的提高,肺癌的发病率也显著提高,特别是世界经济发达地区的患者成倍地增加。例如,美国的病人在 50 年中,男性增加了 18 倍,女性增加了 6 倍。每 4 名癌症死亡病例中,就有 1 名是肺癌患者;每 100 名死亡病人中,有 5 名死于肺癌。就我国情况看,也有明显增加的趋势。上海市卢湾区 1971 年比 1952 年死亡率增长 9.65 倍;北京城区 1975 年比 1958 年死亡率增长 2.5 倍。从全国恶性肿瘤排列顺序来看,肺癌占第 5 位;每 100 名癌症病人中,大约有 8 名是肺癌。

肺癌是最常见的恶性肿瘤之一,据 WHO 统计,每年全球估计有 120 万以上新发肺癌病例,死亡约 110 万人,平均每隔 30s 就有人死于肺癌。近年来,我国肺癌发病率及死亡率亦不断上升。国内外流行病学研究报告称,大气污染易诱发肺癌而使死亡率增高。

在公认的大气污染物中,颗粒物与人群健康效应终点的流行病学联系最为密切。把颗粒物对健康的危害做定量评价,近年来已成为 WHO、欧盟等国际机构关注的热点之一。美国规定可吸入颗粒物(PM10)的日均值及年均值分别为 0.15 与 0.05mg/m<sup>3</sup>,我国 1996 年颁布的 GB3095-1996 规定 PM10 的二级标准为日均值为 0.15mg/m<sup>3</sup>,年均值为 0.10 mg/m<sup>3</sup>。1997 年,美国国家环境保护局(EPA)率先推 PM2.5 标准,严格规定日均值为 0.065 mg/m<sup>3</sup>,年均值为 0.015 mg/m<sup>3</sup>。

PM10 与 PM2.5 都可增加患肺癌的危险。美国的研究表明,硫酸盐、硝酸盐、氢离子、元素碳、二次有机化合物及过渡金属都富集在细颗粒物上,而 Ca、Al、Mg、Fe 等元素则主要富集在粗颗粒物上,它们对人体的影响不同。PM2.5 对人体的危害比 PM10 大,已成为环境空气控制政策的新目标。随着交通的发展、机动车辆的增加、环境的日益破坏,PM2.5 污染越来越严重。研究发现,大气中 PM2.5 在总悬浮颗粒物中的比率逐年增加,沉积在下呼吸道的 96% 颗粒物是 PM2.5。城市大气中 PM2.5 主要来自于交通废气排放(18%~54%)及气溶胶二次污染(30%~41%)。

综上,我们可以看出,环境污染与我们的健康有着重要的关系。我们必须全力以赴保护环境,因为保护环境就是保护自己。

“扫一扫”，了解新东方在线考博英语网课

