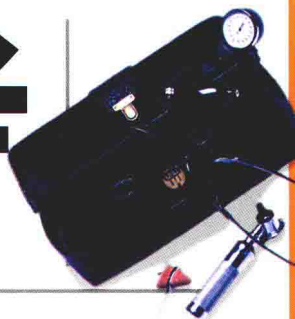


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本书是卫生部组织的全国医学博士英语统一考试辅导丛书之一。

本书共分为五章，第一章为听力理解，第二章为词汇，第三章为完形填空，第四章为阅读理解，第五章为写作。本书具有讲解内容全面、针对性强、编写质量过硬三大特点。全书紧密围绕大纲要求和历年真题这一主线进行编写，包含最新的 2015 年真题，详细讲解各种题型的命题特点和应试方法，是一本很有针对性的应试辅导用书。

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丛 书 序

这是一套由全国知名医学博士英语统考培训机构“环球卓越”策划，联手医学博士英语资深辅导专家，为众多志在考取医学博士的考生量身定做的应试辅导用书。

全国医学博士外语统一考试共设置了听力对话、听力短文、词语用法、完形填空、阅读理解和书面表达6种题型。考试时间为3个小时。为了帮助广大考生在较短的时间内系统备考，在听、说、读、写4个方面得到强化训练，全面提高英语应用和交际能力，顺利通过考试，环球卓越为广大考生倾情奉献本套“卓越医学考博英语应试教材”。本丛书紧密结合最近几年卫生部组织的医学博士英语统一考试命题情况，针对最新考试大纲编写而成。丛书在《全国医学博士英语统考词汇巧战通关》《全国医学博士英语统考综合应试教程》《全国医学博士英语统考实战演练》3个传统分册的基础上，特意增加了《医学考博阅读理解高分全解》和《医学考博听力、完形、写作高分全解》2个分册。传统分册从基础到综合再到真题实战演练，让考生在有限的时间里快速准确地把握每一个进度，新增分册则根据医学博士英语试卷模块，专攻分项。对分值较大的阅读理解，则单立分册进行详解精练，使考生在考前做好全面细致的准备，顺利攻克考试难关，力求获得高分。

本丛书的特点如下：

一、名师执笔，实用性强

策划编写本丛书的作者主要是首都医科大学等名校的教师，他们常年在环球卓越北京总校以及上海、杭州、南京、天津、郑州、广州等分校授课，是著名医学博士英语辅导专家。丛书内容是他们多年辅导经验的提炼和结晶，实用性非常强，专为医学考博考生定制，是目前市面上较全面、系统的医学考博英语应试教材。

二、紧扣新大纲，直击考试真题

本丛书紧扣最新大纲，体例设置与大纲保持一致；各部分考点紧密结合最新历年真题，完全还原真题考场，命题思路分析透彻，重点突出，讲解精确；各部分内容严格控制在大纲规定的范围之内，让考生准确把握考试的重点、难点及命题趋势。

三、内容精练，讲练结合

传统分册《全国医学博士英语统考词汇巧战通关》《全国医学博士英语统考综合应试教程》和《全国医学博士英语统考实战演练》简单精练，通过突破词汇基础关、学习各个题型应试方法以及在高质量实战中历练，考生可在有限的时间内进行全面复习，把握重点，比较系统地完成考前准备。新增的《医学考博阅读理解高分全解》和《医学考博听力、完形、写作高分全解》则是根据考生的具体情况，分模块予以详解，提升基础，总结技巧，各个击破，力争高分。

四、超值服务，锦上添花

本丛书附带超值赠送服务，由北京环球卓越在线（www.geedu.com）为每位购书读者提供专业的服务和强大的技术支持。具体为：

1.《全国医学博士英语统考词汇巧战通关》附赠内容：环球卓越“2016 医学博士统考英语

辅导语词专项班(12学时,价值380元)”网络视频课程。使用方法:2015年11月20日后,刮开封面上的账号和密码,登录 www.geedu.com,按照“图书赠送课程学习流程”进行学习。

2.《全国医学博士英语统考综合应试教程》附赠内容:环球卓越“2016 医学博士统考英语辅导阅读专项班(8学时,价值380元)”网络视频课程。使用方法:2015年11月1日后,刮开封面上的账号和密码,登录 www.geedu.com,按照“图书赠送课程学习流程”进行学习。

3.《全国医学博士英语统考实战演练》附赠内容:环球卓越“2016 医学博士统考英语辅导模考串讲班(8学时,价值500元)”网络视频课程。使用方法:2016年2月1日后,刮开封面上的账号和密码,登录 www.geedu.com,按照“图书赠送课程学习流程”进行学习。

4.《医学考博阅读理解高分全解》附赠内容:环球卓越“2016 医学博士统考英语辅导阅读专项班(8学时,价值320元)”网络视频课程。使用方法:2015年11月1日后,刮开封面上的账号和密码,登录 www.geedu.com,按照“图书赠送课程学习流程”进行学习。

5.《医学考博听力、完形、写作高分全解》附赠内容:环球卓越“2016 医学博士统考英语辅导听力及写作专项班(8学时,价值320元)”网络视频课程。使用方法:2015年12月20日后,刮开封面上的账号和密码,登录 www.geedu.com,按照“图书赠送课程学习流程”进行学习。

环球卓越技术支持及服务热线:010-51658769;环球卓越医学博士英语统考试题与学习资料请登录 www.geedu.com。本丛书脉络清晰,内容丰富,针对性强,通俗易懂。相信广大考生在学习时会有在辅导班现场一般的感受;真诚希望本丛书能大大提高众考生的应试能力和实际水平,助每位考生在考场上轻松驰骋,快乐过关!

最后,感谢北京环球卓越为本丛书提供的专业服务和技术支持,愿他们精益求精,为社会提供更多、更好、更专的服务!

编者

2015年7月于北京

本书是卫生部组织的全国医学博士英语统一考试辅导丛书之一，在结合最新考试大纲和对最新真题进行分析的基础上，于2015年7月进行了修订。

为了帮助广大考生在较短的时间内系统备考，顺利通过考试，我们为广大考生量身订制了这本《全国医学博士英语统考综合应试教程》。修订版增加了2014和2015年真题，以便考生掌握考试最新动向，2015年的部分真题将放置于随书赠送的网络课堂中，供考生下载练习。

全书共分五章：

第一章为听力理解，通过真题讲解听力理解部分的测试特点、应试技巧与方法以及听力常考用语，并配有专项练习和解析；修订版的听力部分将最新真题按照考试不同题型重新编排，解析部分更是精心制作，不仅含有听力原文和题目、选项对应的中文，还针对不同题型的解题技巧做出详细讲解，真正做到讲练结合，旨在帮助考生有效地运用应试技巧，具有极强的指导性。

第二章为词汇，通过真题演练讲解词汇部分测试内容和应试方法，并详细介绍了几种词汇记忆方法和重点的词根词缀；结合例句对常考词组进行讲解，并配有专项练习和详细解析；此外，修订版将近三年真题作为词汇测试部分中的真题演练，并根据不同题型重新编排，这样，考生在掌握了必要的解题技巧后，能够最直接地将不同的解题技巧运用到相应的真题中，可大大增加考生的应试能力。

第三章为完形填空，结合最新真题讲解了完形填空的命题特点和应试方法，通过专项练习进行训练，并给出详细解析。

第四章为阅读理解，通过真题分析了阅读理解必备语法知识、长难句结构、阅读理解各类题型应试方法，以及阅读理解整体答题方法。通过专项练习进行训练，练习部分附有详细解析，并重新修订配套练习的解析，附上题目、选项的中文详解，将答案出处清楚标明，并给予详细中文解释。考生认真练习后，能从答案、解题技巧等多方面得到有益帮助。

第五章为写作，依据真题对评卷人掌握的评分原则、写作中常见问题和对策、写作常用词语和句子、写作常用医学词汇进行一一讲解，同时配有大量练习，并根据解题要领和步骤给出详细的解析和参考范文，有助于考生解决“不知如何写、写什么”的难题，让考生真正掌握正确完成英文摘要写作的要领。

本书具备以下特点：

1. 讲解内容全面。本书根据考试题型，分专项编写，各章详细讲解了各个专项复习的要点、方法，内容全面，重点突出。

2. 配套最新真题及详解。修订版将最新真题作为各项题目的配套练习，这样考生能直接接触真题，并在真题训练中，重点演练各项解题技巧。

3. 针对性较强。本书各个部分都是在分析历年医学博士考试的基础上进行编写，紧紧

围绕考试要求进行讲解，完全为医博考生定制，是一本专业的医学博士应试教材。

4. 编写质量过硬。作者常年在医学院校任教，多年参与医学博士的阅卷工作，对医学博士英语考试的命题有比较深入的研究，对医学博士英语考试的材料来源有深入的追踪和分析。在这一背景下，作者进行了有效的选材，使本书非常适合医学博士英语考生的考前复习。

在编写过程中，本书始终围绕大纲要求和历年真题这一主线来讲解各个题型的命题特点和应试方法，提高了其作为应试教材的针对性。

由于编者水平有限，书中不妥之处在所难免。衷心希望广大读者批评指正！

— 编者

2015年7月于北京

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第一章

CHAPTER 1 听力理解

1

一、考试大纲要求、试卷结构与考试特点

(一) 考试大纲要求及试卷结构

根据《全国医学博士外语统一考试英语考试大纲》(以下简称《考试大纲》)的有关规定,试卷中的听力部分包括两个模块: **Section A** 和 **Section B**。答题时间共约 30 分钟,听力部分共计 30 分。

Section A 为简短对话,旨在测试考生的英语听力能力。考试过程中,考生会听到每个简短对话和之后的提问,对话及问题只读一遍。然后,考生有 12 秒的作答时间,根据所听题目和对话,从四个选项中选出最佳答案。此部分共 15 个小题,每题 1 分,共计 15 分。

我们先来看看 2015 年的真题的 **Section A** 部分:

1. A. How to deal with his sleeping problem.
B. The cause of his sleeping problem.
C. What follows his insomnia.
D. The severity of his medical problem.
2. A. To take the medicine for a longer time.
B. To discontinue the medication.
C. To come to see her again.
D. To switch to other medications.
3. A. To take it easy and continue to work. B. To take a sick leave.
C. To keep away from work. D. To have a follow-up.
4. A. Fullness in the stomach. B. Occasional stomachache.
C. Stomach distention. D. Frequent belches.
5. A. Extremely severe. B. Not very severe.

- C. More severe than expected. D. It's hard to say.
6. A. He has lost some weight. B. He has gained a lot.
C. He needs to exercise more. D. He is still overweight.
7. A. She is giving the man an injection.
B. She is listening to the man's heart.
C. She is feeling the man's pulse.
D. She is helping the man stop shivering.
8. A. In the gym. B. In the office.
C. In the clinic. D. In the boat.
9. A. Diarrhea. B. Vomiting.
C. Nausea. D. A cold.
10. A. She has developed allergies.
B. She doesn't know what allergies are.
C. She doesn't have any allergies.
D. She has allergies treated already.
11. A. Listen to music. B. Read magazines.
C. Go play tennis. D. Stay in the house.
12. A. She isn't feeling well. B. She is under pressure.
C. She doesn't like the weather. D. She is feeling relieved.
13. A. Michael's wife was ill.
B. Michael's daughter was ill.
C. Michael's daughter gave birth to twins.
D. Michael was hospitalized for a check-up.
14. A. She is absent-minded. B. She is in high spirits.
C. She is indifferent. D. She is compassionate.
15. A. Ten years ago. B. Five years ago.
C. Fifteen years ago. D. Several weeks ago.

录音原文:

1. M: What about the problem that I haven't been sleeping?
W: I'm going to give you a prescription ... to help you get a better night's sleep.
Question: What does the man want to know?
2. M: How long should I take them?
W: The prescription is for 30 days. If you're still feeling depressed after 30 days, I'd like you to come back in.
Question: What does the woman advise the man to do if his problem continues?
3. W: Doc, should I stay away from work?
M: No, I don't think that's necessary. Just remember to stay calm.

Question: What does the man tell the woman to do?

4. M: How long have you been having this problem?

W: It started in June, so for more than 5 months now. My stomach hurts after some meals but not always.

Question: What does the woman complain of?

5. M: How strong is the pain exactly? On a scale of 1-10, how would you describe the intensity of the pain?

W: Well, I'd say the pain is about a 2 on a scale of 1-10. Like I said, it's not really bad. It just keeps coming back.

Question: How severe is the pain?

6. W: You don't seem to be overweight.

M: No, not really. But if I run up a flight of stairs, it takes me a while to get my breath back. I need to work out more.

Question: What does the man mean?

7. M: Wow, that's cold!

W: Don't worry, it's just my stethoscope.

Question: What is the woman doing?

8. M: OK, everything looks ship-shape.

W: Great! When should I come again for a physical?

Question: Where did this conversation probably take place?

9. M: I'm so sick in my stomach!

W: That's too bad. Have you been to the toilet? Any diarrhea or vomiting?

M: I've been to the toilet twice. But no diarrhea or vomiting. Perhaps I should drink something. Can I have a cup of hot tea?

Question: What is the man suffering from?

10. M: How about allergies?

W: Not that I'm aware of.

Question: What does the woman mean?

11. M: Louise, what are you doing now?

W: Oh, just listening to music, looking through magazines.

M: Staying in the house on a nice day like this? Come on, let's go play tennis.

W: Oh great! You made my day.

Question: What is the woman going to do?

12. M: Are you having any problems like weakness, fatigue, or headaches?

W: Well, I certainly felt under the weather.

Question: What does the woman mean?

13. M: I saw Michael with his wife this morning, in the obstetrics and gynecology department. Is his wife ill?

W: No, she called me just now. Guess what? Their daughter has just had twins.
They were there for her.

Question: What can we learn from the conversation?

14. W: Here's an extra blanket. Let me tuck you in.

M: You're so sweet. What is your name?

W: My name is Alice. I'll be on shift during the day for the next few days.

Question: What can be said of the woman?

15. M: Now, I'd like to ask you about any illnesses you've had in the past. Could you tell me about this?

W: Let me think... I had my appendix out when I was 15. And I had a chest infection when I was on holiday in the USA 5 years ago. That's all.

M: Could you tell me if you've had any accidents or injured yourself at any time?

W: Well yes, I slipped on the ice and fractured my neck 10 years ago. Actually I was in hospital then for several weeks. I'd forgotten that.

Question: When did the woman have a bone fracture?

Section B 由一篇长对话和两篇短文组成, 目的在于测试考生对英语篇章的听力理解能力。要求考生能理解所听材料的中心思想和主要内容, 并能根据所听到的内容进行逻辑推理、分析概括和归纳总结。考试过程中, 考生听完每个长对话或短文后会听到 5 个问题, 且篇章及问题只读一遍。对每道题考生有 12 秒的作答时间, 要根据所听题目和篇章从四个选项中选出一个最佳答案。此部分共 15 道题, 每题 1 分, 共计 15 分。

Section B

Directions: In this section you will hear one conversation and two passages, after each of which, you will hear 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**.

Conversation

- | | |
|---|-----------------------------------|
| 16. A. A blood test. | B. A gastroscopy. |
| C. A chest X-ray exam. | D. A barium X-ray test. |
| 17. A. To lose some weight. | B. To take a few more tests. |
| C. To sleep on three pillows. | D. To eat smaller, lighter meals. |
| 18. A. Potato chips. | B. Chicken. |
| C. Cereal. | D. Fish. |
| 19. A. Ulcer. | B. Cancer. |
| C. Depression. | D. Hernia. |
| 20. A. He will try the diet the doctor recommended. | |
| B. He will ask for a sick leave and relax at home. | |

- C. He will take the medicine the doctor prescribed.
- D. He will take a few more tests to rule out cancer.



21. A. A new concept of diabetes.
B. The definition of Type 1 and Type 2 diabetes.
C. The new management of diabetics in the hospital.
D. The new development of non-perishable insulin pills.
22. A. Because it vaporizes easily.
B. Because it becomes overactive easily.
C. Because it is usually in injection form.
D. Because it is not stable above 40 degrees Fahrenheit.
23. A. The diabetics can be cured without taking synthetic insulin any longer.
B. The findings provide insight into how insulin works.
C. Insulin can be more stable than it is now.
D. Insulin can be produced naturally.
24. A. It is stable at room temperature for several years.
B. It is administered directly into the bloodstream.
C. It delivers glucose from blood to the cells.
D. It is more chemically complex.
25. A. Why insulin is not stable at room temperature.
B. How important it is to understand the chemical bonds of insulin.
C. Why people with Type 1 and Type 2 diabetes don't produce enough insulin.
D. What shape insulin takes when it unlocks the cells to take sugar from blood.



26. A. Vegetative patients are more aware.
B. Vegetative patients retain some control of their eye movement.
C. EEG scans may help us communicate with the vegetative patients.
D. We usually communicate with the brain-dead people by brain-wave.
27. A. The left-hand side of the brain.
B. The right-hand side of the brain.
C. The central part of the brain.
D. The front part of the brain.
28. A. 31. B. 6.
C. 4. D. 1.
29. A. The patient was brain-dead.

- B. The patient wasn't brain-dead.
C. The patient had some control over his eye movements.
D. The patient knew the movement he or she was making.
30. A. The patient is no technically vegetative.
B. The patient can communicate in some way.
C. We can train the patient of speak.
D. The family members and doctors can provide better care.



录音原文:

Questions 16-20 are based on the following conversation:

- W: Well, your barium meal did not show an ulcer. But it did show that you have something we call a hiatus hernia. Do you know what that is?
- M: I think my grandmother had one. But I haven't much of a clue, really.
- W: Now I'm going to explain how we can try to get rid of your stomach and heartburn problems. I think it would help if you were able to lose a bit of weight. You'll be less likely to get the pain if you can eat smaller, lighter meals regularly? helps so that your stomach is less likely to come up to your gullet than when you lie flat. Lastly, I'm going to give you some tablets that will stop your stomach from producing acid. Perhaps you could tell me what you feel about it?
- M: Well, I worry that it might be difficult to eat the meals you suggest, because I'm a lorry driver and have to be on the road most of the day. And I'm not sure if I want to take those tablets.
- W: Yes, I understand you might have some problems with the diet I'm suggesting, especially as roadside cafes usually sell meals with greasy food. However, perhaps you could keep to fish and chicken, and avoid chips and fried eggs. You say you're not keen on taking tablets. Why not?
- M: A friend of mine had them, and then got worse. And 6 weeks later they found he had stomach cancer.
- W: I see...so you were worried about having cancer?
- M: Well, I was a bit. But I suppose if my X-ray only showed a hernia, I must be clear. But are there other tests you can do to be absolutely sure?
- W: Yes, there are. But I don't think it's necessary to do them at present. We'll want to see how you get on over the next few weeks with a change of diet. What about the tablets I suggested? I don't think it's possible that they caused your friend's cancer.
- M: I think I'd rather try changing my diet first of all. Then, taking the medicine you prescribed for me last time.

W: Let's try that for the next 4 weeks. Then, I'll see you again.

16. What medical procedure has the man undergone?
17. Which of the following is NOT among the doctor's suggestions to the man?
18. According to the doctor's advice, which of the following foods should the man avoid?
19. What is the doctor's diagnosis of the man?
20. What will the man do for the next 4 weeks?

Questions 21-25 are based on the following passage:

A team of Australian chemistry students has strengthened the chemical bonds of insulin to make it stable even at warm temperatures — a breakthrough that could simplify diabetes management. The finding could shed light on how insulin works and eventually lead to insulin pills rather than injections or pumps.

Insulin needs to be kept cold because it is made of weak chemical bonds that degrade at temperatures above 40 degrees Fahrenheit, making it inactive. But using a series of chemical reactions, the research team, comprised of students from Monash University in Australia, replaced the unstable bonds with stronger, carbon based ones.

The stronger bonds stabilize the insulin's to protein chains without interfering with its natural activity. According to a story about the findings at SciGuru.

The so-called "dicarba" incidents were stable at room temperature several years, Sciguru says.

Even more promising is that the findings provide insight into how insulin works.

People with Type 1 and Type 2 diabetes do not produce enough insulin, whether it's the result of an auto-immune disorder that stops producing it entirely (Type 1), or a condition brought on by other factors like obesity, in which the body can no longer use it properly (Type 2). Insulin is the mechanism that delivers glucose from the blood to the cells, so diabetics must take a synthetic form of the hormone.

When insulin unlocks cells to allow sugar to be taken up from the blood, the hormone's shape changes — but no one is sure what the shape looks like. If researchers knew that shape, they could design smaller, less-complex versions of insulin that don't use proteins.

Then it could be administered in pill form rather than directly into the bloodstream. Understanding the molecule's chemical bonds is a step toward unlocking that shape, the researchers say.

21. What is the main idea of the talk?
22. Why does insulin need to be kept cold, according to the talk?
23. What makes the research more promising?
24. What is true about the new type of insulin?
25. What is unknown to the scientists, according to the talk?

Questions 26-30 are based on the following passage:

Brain wave scanners might make it possible to communicate with people who are considered brain-dead, according to a new study reported in the Economist.

A couple of recent studies have shown that a small minority of vegetative patients might be more aware than they seem. Now, Damian Cruse, with the Medical Research Council's Cognition and Brain Sciences Unit in Cambridge, UK, thinks EEG machines will be able to help these patients communicate.

The team asked 6 healthy volunteers to wear EEG devices which connect electrodes to a person's head. They were asked to respond to an audible tone by imagining that they were squeezing their right hands or wiggling the toes of both feet. The researchers found that the volunteers' brain responses were clearly different—the hand-squeezing activated the left-hand side of the brain, and the toe-wiggling produced a response in the center of the brain.

They then tested the procedure on a patient with locked-in syndrome, who was almost completely paralyzed but retained some control of his eye movements. His brain responses were the same. Finally, they tested the procedure on a patient who had been declared vegetative 2 years earlier. They watched the EEG signals and were able to deduce which movement the patient was imagining.

The same team had studied 23 vegetative patients over 4 years and found 4 patients were able to consistently respond to yes-or-no questions by changing their brain activity. They were asked to imagine playing tennis when they wanted to give one response, or walking around the house when they wanted to give the other.

Since the patients were responsive, they're not technically vegetative, the researchers say. Proof that they can communicate—that they're not brain-dead—would have major implications for family members' and doctors' decisions about their care.

26. What does this talk mainly tell us?
27. For the 6 healthy volunteers, which part of the brain did the hand squeezing imagination activate?
28. Of the 23 vegetative patients, how many were found to be able to consistently respond to yes-or-no questions?
29. What can we learn from the study on the patient determined vegetative 2 years earlier?
30. When EEG signals indicate that a vegetative patient is responsive, which of the following is NOT true?

答案: 1. A	2. C	3. A	4. B	5. B	6. C	7. B	8. C	9. C	10. C
11. C	12. A	13. C	14. D	15. A	16. D	17. B	18. A	19. D	20. A
21. D	22. D	23. B	24. A	25. D	26. C	27. A	28. C	29. B	30. C

（二）听力理解考试特点

通过对历年考题的分析，可以看出听力理解考试有以下特点：

1. 听力材料内容兼顾日常交际与医学背景

在 Section A 里，多数题目围绕日常对话展开，个别题目涉及医学领域，如去医院看病；有时对话材料里也会提到医学常用词汇，如常见病或症状。因而，考生应该储备一定量的医学常用词汇，但医学词汇不作为听力测试第一部分的主要考点。在 Section B 中，医学为听力材料的主要背景，涉及常见病症、医学常识等。

2. 题型较为常见且为客观选择题

无论是第一部分还是第二部分，所有题目均为选择题，这样的题型是考生较为熟悉的形式。而且考试测试点与其他重大英语考试类似：Section A 的题目以测试习惯用语、特殊句式、词组含义、细节与推断题为主，详细的分析将在本章后面阐述；Section B 主要以测试细节为主。因而，从题型上看，考生不会有完全不适应的地方。

3. 口音较为复杂、语速较快

对于考生来说，听力测试部分较为不适应的地方应该是听力材料的口音以及语速。每个考生可能对某一种英语口音较为熟悉，如英音或美音。但是医学博士英语统考听力测试中的口音不会只出现一种口音，因而，考生在平时应该多接触各种口音，这样才不至于在考试时觉得那些口音很陌生。另外，医学博士英语统考听力测试的语速也较快，连读处更是难点。因而，考生在平时听力训练时，应多加强这方面的训练，以适应考试的语速和口音，这样在正式考试时，心理上就会占一定优势。

二、考查内容及相应的应试技巧

综观听力部分各类考题，考生要重视以下方面的问题：

1. 知识储备很必要

听力中经常会出现句式、词组、习语等，而这些表达往往是解题的关键，因而，考生应在考前注重积累与听力考试相关的语言知识点。

2. 语境信息是关键

无论是 Section A 还是 Section B，听力题目均在一定的语言环境下提出，无论听力材料的长或短，都会给考生以足够的语言信息，因而抓住了关键信息或信号词（Cue Word）就等于找到了解题的密钥。

3. 预读选项有帮助

当听力录音中在播放 Direction 或者例子的时候，考生可利用这段时间预读选项。有些题目选项很有特点，考生通过预读选项可以提前知道考点，或者可以通过突出某个选项关