

I. [A] In each of the following groups (1)—(6), the position of the strongest stressed syllable in one word is different from the other three. Choose that word and mark the appropriate number (1—4) on your answer sheet. Count the syllables from the beginning of the word.

- | | | | | |
|-----|----------------|-----------------|-----------------|-----------------|
| (1) | 1. aesthetic | 2. redundant | 3. instructive | 4. primitive |
| (2) | 1. competitive | 2. influential | 3. inefficient | 4. unemployment |
| (3) | 1. related | 2. relation | 3. relative | 4. relate |
| (4) | 1. ignorant | 2. perspective | 3. ultimate | 4. prominent |
| (5) | 1. unanimous | 2. conspicuous | 3. conservative | 4. intimacy |
| (6) | 1. economical | 2. economically | 3. economic | 4. economist |

[B] Each of the following groups (7)—(10) contains a sentence which is NOT correct in English. Choose that sentence and mark the appropriate number (1—4) on your answer sheet.

- (7) 1. That he is honest is clear.
2. It is clear that he is honest.
3. The fact of which he is honest is clear.
4. His honesty is clear.
- (8) 1. The question over which there has been such a lot of controversy is still being discussed.
2. The question as to whom should speak first is still being discussed.
3. The way in which the question has been discussed is severely criticized.
4. The way the question is being handled is above criticism.
- (9) 1. We had been talking about him before he came.
2. He had had an idea of the topic of our conversation.
3. He had been belonging to a different class last week.
4. He had to have an idea of what we have said.
- (10) 1. A little number of students are present.
2. All students are the same in general.
3. Every student thinks students are individuals.
4. Generally, neither student studies hard.

II. In the dialogue that follows, certain words or phrases have been removed and replaced by spaces numbered (11)—(25). From the boxed lists [A], [B] and [C] below, choose the most appropriate word or phrase (0—9) to fill each of the numbered spaces. In each list, each choice can only be used once. (Note that initial capitals have been ignored.)

[A] Questions (11)—(15)				
0. I remember	1. it's short for	2. I forget	3. naturally	4. for example
5. what was it	6. aren't they	7. unfortunately	8. that can't be	
9. oh, you mean				
[B] Questions (16)—(20)				
0. maybe	1. frankly speaking	2. but I wonder	3. no, no	4. what I mean
5. this looks like	6. unfortunately	7. of course	8. what was it	
9. by contrast				
[C] Questions (21)—(25)				
0. then	1. OK, I think	2. I'm wrong	3. oh, you mean	4. originally
5. no, no	6. don't worry	7. and, hey	8. the same	9. consequently

Chris: These sweets are good, (11) ? I love the way they change flavour after you've sucked them for a while.

June: Sweets? (12) "candies"—that's what we call them in the States. When we say a "sweet" we usually mean dessert.

Chris: (13) that somebody said: "two nations divided by a common language"?

June: Ha ha, yes, I remember hearing that before.

Chris: But I wonder, what was the world's first sweet? (14), did cavemen eat sweets?

June: They had fruit and berries of course. But actually, (15) in our anthropology class we saw a reproduction of a cave painting from Spain, where you can see a caveman hanging onto vines while raiding a bee's nest for honey.

Chris: (16), honey, that must have been the first natural sweet! Animals, like bears, love it too, don't they?

June: Yes, (17) if you could call it a "sweet". Surely it has to be processed in some way by humans. Otherwise, although it's sweet, it's not "a sweet", if you see (18).

Chris: Right, it has to be made, confectioned—that's why we call sweet and cake makers "confectioners". (19) the first sweet appeared when people started mixing flour with honey to make cakes.

June: I've started to get curious about this. Let's search the Web to see what we can find.

Chris: Right, let's type in "history of sweet-making". . . . Ah ha, (20) just the article we want!

June: Let's see. It does mention honey at first, but (21) it starts talking about the sap from plants. It says that early sugar was sap from green plants dried in the sun. . . .

Chris: And then people started choosing particularly sweet grasses. It says "Botanists agree that this species, *Saccharum Officinarum*, was developed in human cultivation and carried from China in the fourth millennium B.C."

- June: All (22), they still had to learn how to refine it and process it. Look, it says here that in Persia in the sixth century B.C. they used bull's blood to take out the impurities.
- Chris: Ah, but look, it says refining sugar is still not the same as making sweets. That happened in India. Apparently the people there were famed for their liking of milk and honey, (23), this is what I said before: "their favourite sweet dish was the *apupa*, a small circular cake of barley meal or rice flour, baked in butter and sweetened with honey".
- June: And the word "sugar" (24) comes from the Sanskrit word *sarkara*, meaning "like little stones".
- Chris: But you missed out this part, the first mention of sugar associates it with amorous passion, the lover describing how he is filled with the sweetness of honey.
- June: (25) that's enough research for today!

II. Read the summary of a novel below and answer the questions that follow.

In an (33) imaginary southern African country, Gondana, Stephen Brand runs a gold mine of national importance in the province of Lacos. He is married to Adriana, a woman of charm and intelligence, whose arrival has been of most (26) to the local people. In a time of political unrest and revolution the dictator President Arriega (34) is forced to flee the country and the opposing factions struggle for control.

Cosamo is an Italian sailor, handsome, courageous, strong, and a hero to all. When the gold from the mine is in danger of being seized by the rebel forces, Brand becomes obsessed with the idea of saving it. He (27) the help of Henri, a cynical journalist, and of an older man, Dr. Murphy, who was (28) under the previous government and is a fond admirer of Adriana, and together they appeal to Cosamo. With great daring Henri and Cosamo sail off with the treasure, (29) arriving at a nearby island where they bury the treasure. Henri is (30) on guard while Cosamo returns to Lacos. Alone on the deserted island Henri loses his mind and, after shooting himself, drowns, his body weighted with gold. Cosamo learns that the woman to whom he has refused to bring a priest has died, and is filled with a superstitious dread that this offence will threaten the whole venture and his own fortune.

(35) The common assumption is that the gold was lost at sea and the temptation proves too much for Cosamo, who decides to steal it. His old friend Pepe is appointed lighthouse keeper on the island and, unknowingly, guard for the gold. Cosamo (31) frequent visits to his friend, grows rich as he gradually steals the gold, and is finally shot when mistaken for an intruder. (32) wounded, he sends for Adriana, and confesses his crime in the hope of being forgiven by God, but dies without revealing the location of the treasure. Adriana, (36) horrified by the destruction it has caused and by Cosamo's miserable subjection to his obsession, declares: "No one misses it now. Let it be lost forever."

[A] Considering that each word can only be used once, choose the word that can best be used to fill each space (26) — (32), and mark the appropriate number (0—6) on your answer sheet. (Note that initial capitals have been ignored.)

0. pays 1. obtains 2. tortured 3. left 4. fatally 5. eventually 6. benefit

[B] In the text, there are four underlined expressions (33) — (36). In each case, decide which of the following is closest in meaning and mark the appropriate number (1—4) on your answer sheet.

(33) imaginary

1. not real
2. not false
3. not correct
4. not imaginable

(34) is forced to flee

1. is compelled to bring a fleet to
2. has no choice but to escape from
3. has to hurry by plane
4. desires to fly to

(35) The common assumption is that

1. Most people believe that
2. Common sense says that
3. There are still a few people who suspect that
4. Unintelligent people think that

(36) horrified by the destruction it has caused

1. badly shocked by the tragedy caused by the gold
2. really frightened by the destruction of the location
3. badly hurt by Cosamo's confession
4. panicked because the gold is no longer hers

[C] In each of the questions (37) — (39), choose the statement that can best be derived from the text.

(37) 1. The country is still in the hands of President Arriega.

2. Adriana is loved by every one, but is really a hypocrite.
3. It is Dr. Murphy, Henri and Stephen Brand who jointly ask Cosamo for help.
4. Henri shoots himself because he is a cynical man.

(38) 1. Cosamo is a man of courage, later corrupted by his desire for women.

2. Stephen Brand is on the side of the rebels.
3. Cosamo becomes superstitious because he refuses to tell Adriana the location of the treasure.
4. Cosamo is shot by accident.

- (39)
1. This novel is a tale of man's moral weakness in the face of nature.
 2. This novel is a tale of the corrupting effect of gold.
 3. This novel is a tale of a woman of charm and intelligence who wants a courageous man but no wealth.
 4. This novel is a tale of evil dictatorship.

IV. Below is a sequence of remarks, numbered (40) — (48), made by an interviewer, Vivien Lovejoy, to a British artist, Anton Woodcock. Beneath them are the artist's replies, numbered (0—8). Choose the number of the reply that most appropriately follows each remark, and mark that number (0—8) on your answer sheet. Each number can only be used once.

〈Vivien's Remarks〉

- (40) Hello, this is Vivien Lovejoy with your favourite interview programme, "Looking into the Future". Today I am talking to you from the studio of Anton Woodcock, the winner of the Young Artist Award in 2006. Anton, thank you for being with us today.
- (41) First of all, what made you decide to live in this remote island, so far away from all other human activity?
- (42) Still, you and your partner Andrew Applecheek were working in the middle of London for such a long time, weren't you?
- (43) How do you two work together? Andrew said in one interview that he simply quit trying to be an artist himself after meeting you. He said, and I quote: "I just couldn't believe that somebody could achieve so easily the things which I had to fight tooth and nail to accomplish."
- (44) How do you get the inspiration for your work?
- (45) That's how the award-winning picture "A Library without Books" was produced?
- (46) What is the difference between words and visual stories?
- (47) So do you think your work is made from the collaboration of words, artist and audience?
- (48) Well, it was so much fun to talk to you today. Thank you very much. What's next on your schedule?

〈Anton's Replies〉

0. Andrew is a big fan of the Japanese novelist Haruki Murakami. That picture took its inspiration from one of his novels. Or, more precisely, it was born out of our conversation about the novel.
1. He is always too modest! Andrew is a wonderful manager. Without him, I couldn't manage my time or work to a schedule. Still, I don't believe meeting me smothered his ambition to be an artist. Actually his drawing ability was, and still is, superb. I mean, he can virtually cut things away from their backgrounds, giving them their own existence. He

used this ability to give me my unique position. He cut me out from my blurred background, you might say! Whenever I am struggling to turn my ideas into visual stories, he gives me clear outlines. In me he found a tool he wanted and I found one in him.

2. Thanks so much for coming all this way to see me, Vivien.
3. You need some time to read words and let them sink in. Since, in the process of your understanding them, you unconsciously connect what you perceive in them with your own memories or past experiences. This process is very important in order for the words to be understood. By contrast, visual depictions can convey the emotions, the tones, and the atmosphere all at once. They can reach you directly.
4. Well, my works are almost always based on words. I mean words I listen to or I read. I don't care what I see, what I do or what I experience. Whatever passes through my body as physical experience does not stay with me. What I do is to read and to listen to others. My imagination is fed by their stories and out of them it makes many visual images. I am stealing things from others while myself being totally invisible. It's a bit cheeky, isn't it?
5. I always wonder why so many people ask me that question. With the blessings of modern technology, you can be in touch with the world wherever you are. I just don't want to be physically in the middle of the action.
6. Andrew and I are planning to have an exhibition in a small gallery in east London next May. This is our first exhibition after the Young Artist Award. There aren't many pictures, but I don't think people will be disappointed. The details are on our Internet site and we hope many people will come to the gallery.
7. That's a beautiful way to put it, and I don't disagree with you. I strongly believe in the duty of artists to explain what they have tried to express in their works. Still, there isn't a right way to look at a piece of work. In the same way that I was inspired by words and made my own stories out of them, people should make their own stories out of my work. It is always so much more exciting to hear how others look at my pictures. The bigger the difference from what I originally tried to express, the more fun.
8. The speed of life there is getting too much and, if you are living at that speed, things pass you by without your noticing them. After I got the award, things got rather out of our hand, as you might imagine. One day Andrew and I looked into each other's eyes and said, "OK, this is it, let's get out of here!" And here we are!

V. Read the article below and answer the questions that follow.

- [A] What makes a good doctor? Physicians like to think of themselves as members of a profession. But definitions of profession and professionalism change. A century ago, a doctor was considered to be part of a social elite. He—and medicine was then very much a masculine endeavor—had a unique mastery of a special body of knowledge. He professed a commitment to levels of competence and integrity that he expected society to respect and trust. This commitment formed the basis for a social contract between the profession and the rest of the community. In return for the moral values, (50), and technical skills displayed by doctors, society awarded them the authority, independence, and privilege to regulate themselves. This version of professionalism is now dying out.
- [B] Doctors are no longer masters of their own knowledge. For a start, in many Western countries the number of women at medical schools now exceeds that of men. The public is also far more educated than it was a century ago. Patients have access to the same information as doctors. They may know more than most doctors about their own condition. Meanwhile, doctors increasingly work in teams. Their responsibilities are shared with many other professionals—nurses, therapists, and pharmacists, for instance. The medical hierarchy might still favor the doctor. And it is true that the doctor still takes final responsibility for a patient's care. But the notions of absolute mastery and control no longer hold.
- [C] Ideas of privilege, independence, and self-regulation are also out-of-date. For usually good reasons, doctors have been cut down to size in our society. Partly this worsening of their public image is because doctors are now seen as liable to error. Society is less willing to bow to a doctor's once sacred authority. As a result, doctors are being made more accountable than ever before to the public. This process has not been without pain. In some countries, such as the UK, they have finally lost the power to govern themselves. Instead, public institutions have the final responsibility for judging their performance.
- [D] The patient is a far more powerful force in a doctor's professional life today than in past generations. The patient expects to be more the equal partner of the doctor. Medicine's goal is not only to cure or relieve suffering from a disease. It is also to promote a person's well-being and dignity. Many patients want to be engaged participants in a doctor's thinking, not just its passive recipients. Whereas once doctors spoke of the doctor-patient relationship, they now increasingly talk of the patient-doctor interaction. The reversal is significant as well as symbolic. It represents a shift of power from professional to patient.
- [E] The expectations society has of medicine have changed. Doctors have duties to society, as well as to patients and themselves. They are part of an expensive system of health care which has to be managed responsibly. Doctors have to be good managers of that system and not merely physicians working with single patients. These wider responsibilities sometimes go against a doctor's well-developed sense of independent identity. The pace of change in medicine is also so fast that doctors must demonstrate their continuous ability to keep up-to-date as knowledge advances. They should be willing to accept that they are part of a multi-professional health team.

[F] Doctors seem to value this more modern description of professionalism, despite their fundamental conservatism. Physicians have also developed a strong sense of social commitment, despite their having less power and authority. In the US, for example, nine out of ten doctors rate community activity, politics, and patients' participation as important aspects of their work. Doctors seem to be adapting to changing social values. However, rather than expect doctors to somehow absorb these values randomly during the course of their training, some medical educators are now designing programs to teach professionalism, assess and evaluate it, and identify the best conditions for strengthening professional values in often highly pressured clinical settings.

[G] Good doctoring is about listening and observing, and establishing a trusting environment for the patient. Encouraging patients to tell and retell their stories is essential. Patients' fears about what might be wrong or their anxieties about the future course of their illness should be drawn (58). Whatever the doctor's own attitudes about the patient, it is a critical element of any mutually respectful therapeutic partnership that the doctor acknowledges the patient's version of the truth of his or her story. This acknowledgment may mean repeating tests or reconsidering a long and strongly held diagnosis.

[H] In their encounters with patients, regardless of the financial incentives to be more efficient and productive, doctors must try to remain systematic and thorough when they take a patient's history and conduct physical examinations. Shortcuts are dangerous. Thinking requires the investment of time. The more time a doctor takes, the fewer errors he will make. And once a decision is made, always retain an element of doubt. That tiny bit of uncertainty will leave the doctor not only better able to recognize failure early but also free to revise his opinion as new information comes to light.

[I] But while we are expecting more insight from doctors, it is also fair to ask: What makes a good patient? Posing questions to improve a doctor's thinking is certainly part of the answer. If the consultation with a doctor is going badly, the patient might ask, "I feel that we are not communicating very well with each other. What is going wrong? How can we do better?" When considering a diagnosis, the patient might suggest, "What else could it be? Is there anything you have discovered that doesn't quite fit? Is it possible that I have more than one problem? What other parts of my body are near where I am having my symptoms?" And when a treatment is being prescribed, the patient might inquire, "How well tested is this drug for the condition I have?"

(49) Which of the sentences below best summarizes the meaning of the following extract from paragraph [A], "A century ago, a doctor . . . body of knowledge"?

1. A hundred years ago, doctors were thought of as men who worked hard.
2. A hundred years ago, doctors were thought of as men who were physically and mentally fit.
3. A hundred years ago, doctors were thought of as uniquely being men.
4. A hundred years ago, doctors were thought of as men with a special status in society.

- (50) Given what is being said in paragraph [A] about the contract between patients and doctors, choose, from the list below, the word or phrase which would best fit the numbered blank (50).
- | | | | |
|-----------------------|--------------|---------------|--------------------|
| 0. ethical standards | 1. knowledge | 2. enthusiasm | 3. self-confidence |
| 4. sympathetic manner | 5. fluency | 6. hygiene | |
- (51) Which of the following is NOT being given in paragraph [B] as a reason for asserting that “doctors are no longer masters of their own knowledge”?
1. Many of them are women.
 2. They are not the only professionals involved in medical cases.
 3. The amount of medical knowledge has grown too great.
 4. Patients rival them in understanding medical issues.
- (52) Which of the following is used by the writer in paragraph [C] to explain why doctors “have been cut down to size”?
1. Doctors no longer earn as much money.
 2. As society believes less in religion it pays less respect to professionals.
 3. People no longer think that professionals have all the answers.
 4. Doctors have been shown to be poor at accounting.
- (53) In paragraph [C], which of the following statements might best express why the author approves of the doctors’ loss of status?
1. It is not a good thing for doctors to be treated like judges.
 2. It is not a good thing for doctors to be treated like partners.
 3. It is not a good thing for doctors to be treated like accountants.
 4. It is not a good thing for doctors to be treated like doctors.
- (54) Which of the following statements CANNOT be derived from paragraph [D]?
1. Doctors now have to treat patients with more respect.
 2. Doctors have to think about the patient as a person not a case.
 3. Patients want to take part in the treatment of their disease.
 4. Patients want to try as many cures as possible.
- (55) Which of the following is the basic message of paragraph [E]?
1. Doctors should stop thinking of themselves as independent and pay more attention to patients.
 2. Doctors have a duty to the system.
 3. Doctors should continually polish their technical abilities and be more independent.
 4. Doctors have a duty to their patients.

- (56) Which of the following best summarizes the contents of paragraph [F]?
1. Doctors accept that they should contribute more to society, but some think they should be taught how to do so.
 2. Doctors accept that they should contribute more to society, but they are too busy to do so.
 3. Doctors are too conservative to contribute more to society, and anyhow they are too busy to do so.
 4. Doctors could contribute more to society, but some do not accept that they should do so.
- (57) Which of the following does the writer NOT include in his definition of good doctoring in paragraph [G]?
1. paying attention to the patient
 2. proving his medical competence to the patient
 3. understanding how the patient feels
 4. making the patient feel reassured
- (58) Given the overall meaning of paragraph [G], which of the following phrases could be most suitably inserted in the blank space (58)?
0. out into the open
 1. very fine
 2. in large characters
 3. from several sources
 4. as quickly as possible
 5. over the coals
- (59) Which of the following statements can most clearly be derived from paragraph [H]?
1. Speed and thoroughness are good.
 2. Speed and shortcuts are good.
 3. Doubt and speed are good.
 4. Doubt and thoroughness are good.
- (60) Which of the following best summarizes the contents of paragraph [I]?
1. The greater responsibility enjoyed by the patient should be matched with power.
 2. Patients ought to conduct their own surveys into different kinds of medicine.
 3. The greater power enjoyed by the patient should be matched with responsibility.
 4. Patients ought to ask their doctors to take more responsibility.
- (61) Which of the following titles best expresses the contents of this article?
1. Doctors through the Ages
 2. New Challenges for Modern Doctors
 3. Patients on the Attack
 4. Doctors Are Now Mistresses