

1&2 Revise and Check

There are two pages of revision and consolidation after every two Files. The first page revises the grammar, vocabulary, and pronunciation of the two Files. These exercises can be done individually or in pairs, in class or at home, depending on the needs of your Sts and the class time available. The second page presents Sts with a series of skills-based challenges. First, there is a reading text, which is of a slightly higher level than those in the File, but which revises grammar and vocabulary Sts have already learnt.

Then Sts can watch or listen to a short documentary film related to one of the topics of the Files and do a short comprehension task. You can find them on the *Class DVD* and *iTools*. The aim of this is to give Sts enjoyable and motivating extra listening practice. If you want Sts to watch the film at home, they can find all the films and activities on the *iTutor*.

We suggest that you use some or all of these activities according to the needs of your class.

STUDY LINK

- iTutor

Test and Assessment CD-ROM

- Quick Test 2
- File Test 2

GRAMMAR

- a 1 about 3 does 5 been
2 did 4 Have
- b 1 a 3 b 5 b 7 a 9 a
2 b 4 c 6 b 8 c 10 c

VOCABULARY

- a 1 tempered 3 fisted 5 fashioned
2 absent 4 confident
- b 1 bleed 3 bandage 5 rash
2 swollen 4 toothache
- c 1 feel 3 fainted 5 getting changed
2 sprained 4 fit
- d 1 plain (The others are a pattern.)
2 smart (The others are a type of material.)
3 collar (The others are adjectives.)
4 lycra (The others are items of clothing.)
5 scruffy (The others are positive adjectives.)
- e 1 over 3 throw 5 hang
2 down 4 up

PRONUNCIATION

- a 1 ache 3 striped 5 cough
2 suede 4 wear
- b 1 incredibly 3 antibiotics 5 fashionable
2 big-headed 4 swimsuit

CAN YOU UNDERSTAND THIS TEXT?

- a Shamans go into a trance and then try to find solutions for people's problems.
b 1 b 2 c 3 b 4 a

VIDEO CAN YOU UNDERSTAND THIS FILM?

151))

- 1 T 3 T 5 T 7 F 9 T
2 F 4 F 6 F 8 T 10 F

151)) Available as MP3 on CD1

A Short Film on the History of Surgery

Hil I'm in Southwark in London. This area used to be the site of one of London's oldest hospitals - St Thomas'. St Thomas' was here for almost 700 years and had one of the country's first ever operating theatres.

Have you ever had an operation? If you have, it was probably in an operating theatre like this. These modern theatres are clean, spacious, and bright. As you can see they are full of hi-tech equipment and they are designed to make surgery as clean and as safe as possible. They usually have an adjustable metal operating table in the centre of the room. Above the table there are several large, fluorescent lights which allow surgeons to see everything. At the head of the table there's an anaesthetic machine and around the room there are various monitors, measuring heart rate, blood pressure, and blood oxygen levels.

But what about old operating theatres? What were they like? Well, that's why I've come here. You see, St Thomas' old operating theatre used to be in the attic of this church. The hospital was moved from here in the 1860s. But when a historian decided to investigate the church's old attic he found a large abandoned room containing some old-fashioned surgical equipment.

Today this room is part of The Old Operating Theatre Museum. The museum has been teaching visitors about the history of surgery for over 50 years. The first question many people ask when they come here is, why is it called an operating theatre? Well, the answer is simple. As you can see, medical students used to stand here and watch the surgery, like an audience watching a play in a theatre. During operations the room was always cramped and crowded, and the bigger and bloodier the operation, the bigger the audience! Imagine how frightening it must have been for the poor patient. And they were usually quite poor. The rich had their operations at home, but the poor would tolerate the audience in order to receive surgery they would never be able to afford otherwise.

The patient would lie on this uncomfortable wooden bench while the surgeon worked. There was no anaesthetic, so patients were awake throughout the procedure, unless, of course, they fainted. The surgeons were quick - they could amputate a leg in less than a minute - but they had very little understanding of hygiene. There were no antiseptics and surgeons always wore the same coats, which were usually covered with blood from previous operations. They often used dirty instruments, which were kept on this old, wooden table, and they rarely washed their hands.

Below the operating table there was a wooden box filled with sawdust, or wood shavings. This collected the blood from each operation. But often there was too much blood, so in the end they built a false floor. The blood could be washed away and collected in the space between the new floor and the original floor.

In such unhygienic conditions it isn't surprising that patients often died during surgery. After the patient's death their bones and organs were kept for further study.

All of these practices seem primitive to us today. But without these techniques we might never have developed the cleaner, safer procedures we have today. That's something we can all be grateful for!