

# UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS International General Certificate of Secondary Education

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## FIRST LANGUAGE ENGLISH

0500/13

Paper 1 Reading Passage (Core)

May/June 2013

READING BOOKLET INSERT

1 hour 45 minutes

## **READ THESE INSTRUCTIONS FIRST**

This Reading Booklet Insert contains the reading passage for use with **all** questions on the Question Paper.

You may annotate this Insert and use the blank spaces for planning. This Insert is **not** assessed by the Examiner.

# Read the following passage carefully and then answer all the questions on the Question Paper.

In this passage the writer, John Collee, describes a hotel high in the Himalayan mountain range and some of the problems that may result from staying there.

## **Mountain Madness**

Before they built it 10 years ago, the highest-placed hotel in the world must have seemed like a good idea. Situated on a ridge in the Himalayas, the Everest View is tastefully constructed in stone and natural wood. Those tourists who can afford to do so fly straight in, stroll uphill from the airstrip and gaze out from their rooms at a picture-postcard view of the world's highest peak. The hotel suffers, however, from some practical drawbacks. One of these is that it has no piped water, so that every drop has to be carried up by Sherpas. This would be almost justifiable if the place were a simple mountain lodge, but the hotel Everest View has baths and flush toilets.

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A major problem is the hotel's location – 4,000 metres above sea level, a height at which people who have not adjusted are likely to suffer from altitude sickness. This is a strange condition in which a combination of low pressure and lack of oxygen causes fluid to accumulate in the lungs and tissues of the brain. In the mild form you develop a cough and headache and have difficulty sleeping, but in the worst cases you become rapidly and severely breathless, with mental confusion and loss of co-ordination. This condition can progress with frightening rapidity.

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The risk of altitude sickness increases with the speed of ascent – which is why professional Everest-climbers spend time getting acclimatised at lower altitudes rather than flying directly and staying at the Everest View. The hotel management confess that about 30 per cent of their guests will become ill after 24 hours there, which is probably a conservative estimate. To be fair, they do make some provision for this: altitude sickness can, to a degree, be prevented and treated with oxygen. The Everest View is the only hotel in the world I've found which provides it, as a matter of course, via room service.

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In the past, most high-altitude mountaineers carried oxygen in their rucksacks, but the fashion nowadays is for the fast, lightweight ascents. Such expeditions often leave the heavy oxygen cylinders behind, and a few seem to leave their common sense in the same rucksack. Of a total of 40 climbers who attempted Everest's summit in 1988, nine died, seven of them climbing without oxygen. The confusion and disorientation associated with altitude sickness probably contributed to this.

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The standard drug treatment for altitude sickness includes the powerful drugs used to relieve lung congestion in severe heart failure. But the only definitive treatment is to get the sufferer back down the mountain as quickly as possible, into a normal atmosphere. An ingenious new treatment is the Gamow bag – a portable, pressurised tent, operated by a foot pump, which can create a sea-level atmosphere around the victim. After a few hours in the Gamow bag, the victim has usually recovered sufficiently to manage the arduous descent.

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On the same principle, maybe the only solution to the problems of the Everest View is to install airtight doors and windows and then pressurise the whole place like an aeroplane. This would of course confine the wealthy guests to spending most of their stay indoors but, reading the hotel's brochure, it seems that this is what the management already expects.

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Above an artist's impression of the hotel lounge it says: 'There are no planned activities at Everest View, yet many facilities are available to make your stay interesting and rewarding. You can spend hours watching the ever-changing lighting and cloud formations on the mountains and watching great birds circling overhead. You can sit around the hotel's fireplace and discuss the day's happenings with other guests.'

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This particular quotation illuminates the hotel's central problem. The delight of being within sight of Everest is surely proportional to the time and effort spent in getting here. If you simply hop on a private plane in Kathmandu you'll have a pretty superficial appreciation of the Everest region, and as a result you won't have much to talk about.

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To my mind, to travel without sparing the time to take in what you can see is to defeat the purpose of going anywhere. Flying half-way up Mount Everest for a day to look at cloud formations through a Perspex oxygen mask seems to me symptomatic of a form of sickness which affects fast-lane tourism everywhere, and can only be relieved by a change of attitude.

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