IELTS考前冲刺

READING

阅读

- ✓ 阅读9大题型分述，各个击破
- ✓ 直接针对试题进行讲解分析，强化考生实际应考能力
- ✓ 常用词汇、经典句型分项展开，巩固考生基础知识

梁艳春　郅　红　程　怡　主编

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IELTS 考前冲刺

阅　　读

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本书可供 IELTS 考生考前冲刺使用，内容以应试为主，指导考生快速学会解答阅读题型。本书第 1 章对雅思阅读考试 9 种考试题型——进行了详细的讲解；第 2 章对雅思阅读考试所涉及的主题进行了划分，并以示例详加说明；第 3 章为了巩固考生对以上知识的学习，给出了 3 套模拟试题，以便考生自测。

本书不仅适合参加 IELTS 考试的考生使用，也适合参加其他出国考试的考生使用，因为所列入的阅读材料以历年阅读真题为蓝本，以真题机经版本回顾为依据，再现了原汁原味的国外原版材料。

IELTS 考前冲刺丛书编委会

丛 书 序

经过各位老师的辛勤努力，这套包括阅读、听力、写作和口语的 IELTS 考前冲刺丛书终于和广大读者见面了。

本丛书依据全新的学习理念，以全新的构思，用全新的素材编写而成。内容贴近现实，语言朴实易懂，分析全面透彻。相信它会使您受益无穷。

丛书特色：

➤ 编者对历年雅思考试真题的难点、重点进行了深入的讨论和分析，在系列丛书模拟题中体现了原题的真谛，正确反映了真题特点，而且实用性突出。

➤ 在理论讲解方面，内容精炼，浓缩精华，使考生在较短时间内尽快掌握解题思路，了解做题规律，提升自己的英语及实际应用水平。

➤ 编者深刻领会雅思考试规律，总结分析考试现状，依据考生的学习心理，讲解典型实例，培养考生举一反三的思维能力。

➤ 丛书既重视阅读、听力等语言输入环节，同时也关注写作、口语等语言输出环节，各分册形成一个有机整体，全方位提高考生的整体语言素质。

各分册特点：

各分册均由相关专业教师编写，具有以下鲜明特点：

《阅读》

➤ 再现原汁原味的国外原版材料。

➤ 剖析雅思 9 大题型及其应试步骤、解题高招，并设计了相应的练习，便于读者在练习中熟悉做题技巧。

➤ 在选材上力求丰富多样，包括自然、科技、社会、历史、动物、人类、教育等方面的文章。

➤ 快速扩充词汇量：结合阅读记忆单词，文章后面的单词表包含了每篇文章的雅思核心单词和专业性词汇。

《听力》

➤ 把雅思听力考试近年来，尤其是 2005 年以来的难度及内容变化趋势同广大考生在备考过程中的难点和存在的问题密切结合，紧扣常规 9 大题型和题型所常涉的情景，系统地分析了各个题型的特点及考生可能存在的问题和难点，提出雅思听力实战的做题思路

和方法。

➤ 总结了雅思听力常考场景，譬如图书馆、租房、学术知识讲座、报到注册、作业讨论、餐饮旅游等实践生活场景的词汇、术语以及常见句式表达，给考生在听力应试方面带来非凡的帮助。

《写作》

➤ 范文贴近考生，具有更强的可读性和可模仿性。

➤ 每篇范文后的结构剖析使考生很快领悟雅思写作几种常用的结构安排方式和辩论方法，以及一些内在的规律与技巧。

➤ 学完每篇书信的结构分析之后，考生只需将同样的结构套用在实际的考题中，就可以写出一篇结构完整、脉络清晰的文章。

➤ 专门开设词汇讲解单元，使考生通过阅读例句体会词汇的用法，真正学会如何使用。

《口语》

➤ 实战性和可操作性强，分析了 IELTS 口语考试各阶段的考查要点，指出了各阶段的注意事项和考试技巧，并且提供了范例供考生参考。除此之外，还提供了与话题有关的重点词汇和表达方式，为考生提供了全面、系统的训练素材。

➤ 解析答题思路。详细分析了相关的答题思路，力图为考生建立一个清晰明了的思路模型，以不变应万变，帮助考生更好地应对口语考试。并且，书中还通过范例的分析，生动地向考生介绍了考试技巧。有的问题还一问多答，展示不同的策略、不同的思路、不同的回答。相信考生会受益匪浅。

➤ 解决"哑巴英语"这一雅思口语考试的难点。

　　雅思系列丛书的编者们具有多年一线教学经验，具备中高级职称，拥有自己的研究方向，在阅读、听力、写作和口语等方面均有深入研究。相信阅读之后考生会有很大进步。

　　由于时间和编者水平有限，书中片面、错误、疏漏之处在所难免。衷心希望广大读者不吝指正，以使本书渐臻成熟、完善。

<div align="right">全体编著人员</div>

前　言

近年来，雅思考试在国内不断升温。为了使广大考生更好地适应这一考试，特别是在阅读上取得理想的成绩，我们编写了本书。

本书针对性强，书中详细地介绍了雅思阅读部分的命题规律，并提出了相应的应试策略及技巧，使学生对雅思考试产生感性的认识。书中所配的练习由浅入深，循序渐进，涉及英语国家的社会、文化、教育、历史、地理、风土人情等方面的内容。

考生可以在本书的指导下，通过训练，迅速增强应考能力。

本书特色

1．真实性强

本书所列入的阅读材料以历年阅读真题为蓝本，以真题机经版本回顾为依据，再现原汁原味的国外原版材料。这不但有助于考生熟悉真题的出题思路，而且可以扩充考生的阅读词汇量，丰富考生的英语背景知识。

2．内容翔实

(1) **按题型分类，技巧与练习紧密结合**：剖析了雅思9大题型及解题步骤和解题技巧，并设计了相应的练习，便于读者在练习中熟悉做题技巧。

(2) **按主题分类，题材广泛**：收集了近几年雅思阅读考过的题材，在选材上力求丰富多样，包括自然、科技、社会、历史、动物、人类、教育等方面的文章。

(3) **模拟测试**：提供了3套完整的阅读测试模拟题，供考生自我测试。

(4) **快速扩充词汇量**：结合阅读背单词是非常有效的记忆方法。每篇文章后面的单词表中都包含了雅思核心词汇和专业性词汇，供考生在阅读的过程中查阅和记忆。

本书内容广泛，实用性和应用性强，是广大参加雅思考试的考生的首选复习用书，也可作为同等水平人员提高阅读速度、演练阅读技巧和扩大阅读量的日常练习用书。

由于编者水平所限及时间仓促，不足之处在所难免，欢迎广大读者和同仁批评指正，我们将不胜感激。

祝大家雅思考试取得好成绩！

编　者

目　录

Unit 1　IELTS 阅读题型
分类强攻策略

判 断 题
(True / False / Not Given Statement)

题型解析

　　判断题 (True / False / Not Given Statement) 属于客观题，它要求考生根据文章所提供的信息对某一问题进行判断。这种题型是雅思阅读考试的一大特色。判断题的难度较大，在雅思阅读考试中，这种题型占总题量的四分之一。

　　判断题的类型主要有 2 种，一种是 Yes / No / Not Given 型。这种类型的提问方式是：

Do the following statements reflect the opinions of the writer in the Reading passage? In boxes X – Y on your answer sheet write

YES　　　　　　　if the statement reflects the opinion of the writer.

NO　　　　　　　if the statement contradicts the writer.

NOT GIVEN　　if it is impossible to say what the writer thinks about this.

　　这类题型要求考生根据文章所提供的信息对某一问题做出"是"、"不是"或"未提及"的判断。

另一种是 True / False / Not Given 型。这种类型的提问方式是：

Decide if each of the following statements is true or false or not given according to the information provided in the passage. Write

TRUE   if the statement is true.

FALSE   if the statement is false.

NOT GIVEN   if the information is not given in the passage.

这种题型要求考生根据文章所提供的信息对某一问题做出"对"、"错"或"未提及"的判断。

解题步骤

1. 认真分析题意，确定问题的指向。所谓问题的指向，即题目要求我们判断的东西是什么，是事实还是观点，是言内之意还是言外之音；
2. 仔细阅读题目，确定关键词；
3. 快速阅读文章，定位相关词语；
4. 全面比较题目中的关键词和文章中的相关句，确定题目中语句的正误；
5. 准确把握题目的要求，正确填写答案。

解题技巧

解答此类题的突破点在于正确定位题目中的关键词语，进而正确把握题目中语句的意思。

如何正确定位题目中的语句？我们有一套严格的判断标准。这种严格的判断标准是什么呢？就是什么叫做 True，什么叫做 False，什么叫做 Not Given。

⊃ True

只有题目中的语句与文章中的相关语句在思想内容上完全一致，才可判断题目的答案为 True。

⊃ False

当题目所表达的意思与原文所表达的意思之间存在下列情况时，其答案为 False。
1) 题目的意思与原文的意思完全相反；
2) 题目的意思与原文的意思有矛盾，但不明显，比较含糊；
3) 题目偷换了原文的概念；
4) 在原文中为并列关系，但在题目中却出现了 only 结构；
5) 原文中提供了多种可能性，但题目只限定了其中的一种或一部分，且伴随有绝对意思

的词；

6）　原文中包括条件状语，而题目中却省略了条件成分；

7）　原文为人们对某一事物的主观看法或感受，而题目却将其转化为客观事实。

⊃ Not Given

当题目所表达的意思与原文所表达的意思存在下列情况时，其答案为 Not Given。

1）　原文中没有提及题目中所表达的意思；

2）　题目将文章所涉及的事物细化，从而无从考证；

3）　原文所表达的是不确定的内容，而题目却做出了确定的结论或推理；

4）　原文所表达的是比例关系，而题目所表达的意思做了比较；

5）　原文所表达的是比例关系，而题目所表达的却是数量关系；

6）　原文所表达的意思没有做比较，而题目所表达的意思做了比较。

试题强化练习

Exercise 1:

You should spend about 8 minutes on Questions 1 – 5 which are based on the passage below.

Reassessment of the Lethal London Fog of 1952

A.　In the last half of the twentieth century, several widely publicized acute episodes of lethal smogs spurred public understanding of the hazards of air pollution. One of the earliest such events occurred from 1 December to 5 December 1930 in the Meuse Valley in Belgium. Stable atmospheric conditions and industrial pollution from steel mills, coke ovens, foundries, and smelters in Liege, Belgium, contributed to the accumulation of air pollutants including sulfur dioxide (SO_2), sulfuric acid mists, and fluoride gases. In the last 2 days of the event, more than 60 persons died, which was more than 10 times the normal mortality rate.

B.　The first publicly recognized extreme air pollution episode in the United States took place in Donora, a small town in southwestern Pennsylvania. From 27 October to 30 October 1948, an intense, anticyclonic meteorologic inversion settled on the valley town, fueled by pollution from metal works, coal-fired home and industrial facilities, coke ovens, a zinc retort refinery, and iron and steel industries. Seventeen people died on Saturday, 30 October, and three more died within the week. The death rate was more than 6 times the norm for the Donora and Webster Hollow area, which had a population of about 14,000. Pollution was so severe that

local funeral homes did not have enough coffins and many residents evacuated.

C. Long known for its foggy weather and coal-burning homes, power plants, and factories, London, England, experienced a dense smog from 5 December to 9 December 1952. According to official government reports, this lethal fog resulted in about 3,000 more deaths than normal during the first 3 weeks of December 1952. With a death rate more than 3 times the norm for this period, the London fog of 1952 is widely regarded as a catalyst for the study of air pollution epidemiology.

D. The official report on the London episode by the Ministry of Health noted morbidity and mortality remained elevated from December 1952 until March 1953 in the region of Greater London. However, the report attributed these increased rates to an influenza epidemic, while recognizing some deaths may have been due to lingering effects from the fog. In 1954 Wilkins noted this prolonged increase in mortality and suggested it could be related to air pollution. He also indicated the December 1952 fog might have impaired resistance to illness, causing higher mortality in subsequent months. No follow-up work was done to clarify this idea at the time, and official estimates attributed lingering increased rates of illness and death to influenza.

E. At the time they occurred, each of these three cases was prominent in the news, signaling in very public ways that severe air pollution could be fatal in a relatively short time. Those events spawned public health research into various impacts of air pollution and the search for mechanisms by which smog might be linked with altered death rates.

F. Immediate investigations in Donora, London, and Liege confirmed associations between short-term reductions in air quality and increased mortality during acute episodes. However, no studies were produced within the first several years that addressed persisting public health consequences after each of these episodes. More recently, Schwartz compared the daily mortality and total particulate matter (PM) concentrations for 2 – 5 December, the 4-day period preceding the episode, to those during the 6 – 9 December episode and found an increased relative risk (RR) of mortality of 1.06 per 100 μg / m^3 increase in total suspended matter (TSM).

G. Since these events, public health researchers have provided extensive documentation that acutely elevated exposures do not cause only acutely evident public health effects. These exposures also contribute to chronic health problems. By extending the period of analysis and looking at novel direct and indirect indicators of respiratory morbidity and mortality for the 3 months after the 1952 London fog, this article establishes that the original assessment was incomplete.

Questions 1 – 5

Do the following statements agree with the information given in the reading passage?
In boxes 1 – 5 on your answer sheet write

TRUE	if the statement is true.
FALSE	if the statement is false.
NOT GIVEN	if the information is not given in the passage.

1.   In the last half of the twentieth century, several widely publicized acute episodes of lethal smogs aroused public's awareness of the hazards of air pollution.

2.   One of the earliest such events occurred from 1 October to 5 October, 1930 in the Meuse Valley in Belgium.

3.   From October 27 to October 30, 1948, the most serious extreme air pollution episode in the United States took place in Donora, a small town in southwestern Pennsylvania.

4.   The study of air pollution epidemiology was triggered by the London fog of 1952.

5.   Investigations in Donora, London and Meuse Valley indicated correlations between short-term reductions in air quality and increased mortality during acute episodes.

【Glossary】

lethal	adj.	致命的	inversion	n.	倒置
reassess	vt.	再估价，再评价	zinc	n.	锌
acute	adj.	敏锐的	refinery	n.	精炼厂
episode	n.	一段情节	evacuate	vt.	疏散，撤出
spur	vt.	鞭策，刺激	epidemiology	n.	流行病学
hazard	n.	冒险，危险，冒险的事	concentration	n.	浓度
coke	n.	焦炭	elevate	vt.	举起，提升
foundry	n.	玻璃厂，铸造厂	lingering	adj.	延迟的，逗留不去的
smelter	n.	熔炉	impair	vt.	削弱
sulfur	n.	[化] 硫磺	subsequent	adj.	后来的；并发的
dioxide	n.	二氧化物	prominent	adj.	卓越的，显著的，突出的
acid	n.	[化] 酸　adj. 酸的	spawn	vt.	产生
mist	n.	薄雾	particulate	n.	微粒　adj. 微粒的
fluoride	n.	氟化物	suspended	adj.	暂停的，缓期的
mortality	n.	死亡率	chronic	adj.	慢性的，长期的
anticyclonic	adj.	反气旋的	respiratory	adj.	呼吸的
meteorologic	adj.	气象的，气象学的			

Exercise 2:

You should spend about 8 minutes on Questions 1 – 5 which are based on the passage below.

Impact of Drug Promotion on Doctors

A. Traditionally doctors report using three sources of information to find out about new drugs — materials from sales representatives, CME conferences, and journal advertisements. How these sources are used depends upon the specialities of the physicians and on the ages of the doctors. Those in practice for more than 15 years tend to rely more heavily on drug sales representatives as a source of information about new drugs while more recent grads tend to rely on CME courses. Several reports suggest that drug promotional material is often used as a primary source of information for new drugs, especially for conditions for which the doctor is uncertain. These are precisely the conditions when we would want our doctors to read a reliable source or talk with an expert (pharmacist).

B. There is no question that doctors are inadequately trained to use medications. Most medical schools under-teach clinical pharmacology, and more importantly, few of us teach medical students or residents how to appropriately use the expertise of pharmacists. From a pharmaceutical manufacturer's perspective education is about teaching the "clinically naive" how to start using its outstandingly beneficial product. Such activities are not educational in the slightest. They are pure promotion and in fact the funds for this "education" come from the companies' marketing budgets. This is contrary to how medical schools teach our trainees.

C. The mantra in medical education is "evidence-based curriculum" — in other words, teach what the independent, non-biased studies actually show about a drug's effectiveness when compared to the most commonly used alternative drugs. Medical educators are working to revise and update our teaching. But educating the huge number of practicing physicians is far more difficult. Continuing Medical Education (CME) is a requirement for doctors in nearly all states. This is because medicine is not a fixed science but an evolving art. New knowledge quickly supplants old and doctors, who would otherwise choose to see more patients, are often hesitant to take time off to study and learn new materials. CME has become an important part of doctors' professional lives and Pharma money has become the lifeline of CME. As every editor of a medical journal knows, and most providers of CME know, doctors are hesitant — some might say unwilling — to pay a fee for quality learning material. This is why journals are dependent upon advertising revenue and why professional societies such as the American Medical Association,

the American College of Physicians, the Society for Critical Care Medicine and the Thyroid Society are all beholden to drug companies. The recent prestigious American College of Physicians (ACP) annual meeting had nearly every event and every possible minute underwritten by Pharma. In fact, in contrast to their written ethical standards they chose to promote themselves to drug companies with the following claim, "… an unparalleled opportunity to meet physicians with power … prescribing power."

D. The medical profession and Pharma have an unhealthy symbiotic relationship that is pulling down the medical profession. The professional groups provide the doctors and the drug companies provide the money. Medical journals, medical societies, and even medical schools fight to woo drug company to sponsor educational events. Without their sponsorship CME activities would be more basic, less high-tech, and perhaps it would cost a bit more to attend but they would be honest, accurate, and trustworthy. Pharma maintains it is providing an "educational service" — even though Pharma provides the food, the speakers, the slides, and the agenda. But it takes two to tango and the medical profession — particularly academic medicine should be embarrassed. We've allowed our faculty to become tainted — rather than insisting they be the arbiters of goodness and truth. We've allowed our training mission to serve a dual mission — true education and Pharma promotion.

Questions 1 – 5

Do the following statements agree with the information given in the reading passage?
In boxes 1 – 5 on your answer sheet write

TRUE	if the statement is true.
FALSE	if the statement is false.
NOT GIVEN	if the information is not given in the passage.

1. Materials from sales representatives, CME courses, and journal advertisements are three sources of information to find out about new drugs used by doctors.

2. Old doctors tend to rely more heavily on CME courses as a source of information about new drugs.

3. Medical schools' teaching way is contrary to the pharmaceutical manufacturer's.

4. As the lifeline of CME, Pharma money is used for doctors' professional lives very often.

5. The relationship between medical profession and Pharma is not so healthy as before.

【Glossary】

pharmacist	*n.*	配药者，药剂师	perspective	*n.*	观点，看法
expertise	*n.*	专门技术	clinical	*adj.*	临床的，临床诊断的

curriculum	n.	课程	unparalleled	adj.	无比的，空前的
supplant	vt.	取代，替代	sponsor	vt.	赞助
ethical	adj.	与伦理/道德有关的	beholden	adj.	对……表示感谢的
prestigious	adj.	享有声望的，声望很高的			

参考答案及解析

Exercise 1:

1.　**TRUE**　段落 A 第 1 句提到，"在 20 世纪下半叶，一些具有广泛影响的致命的烟雾事件刺激了公众对于空气污染的危险性的了解。"此题 "aroused public's awareness"（引起了公众对于……的意识）与文中的 "spurred public understanding" 意思一致。

2.　**FALSE**　段落 A 第 2 句提到的时间是 "1 December to 5 December 1930"，而不是 October。

3.　**NOT GIVEN**　段落 B 第 1 句提到，"在美国，第一件公认的严重的空气污染事件发生在 Pennsylvania 西南部的 Donora 小镇"，并没有说是发生在 "1948 年 10 月 27～30 日"。第 2 句和第 4 句提到 "1948 年 10 月 27～30 日，一个强烈的反气旋的空气污染事件造成的死亡率比发生在 Donora 小镇和 Webster Hollow 地区的多 6 倍。"可见，这是两个不同的事件。前者的时间没有提到，所以此题是 "NOT GIVEN"。

4.　**TRUE**　段落 C 最后一句提到 "1952 年的伦敦雾事件被认为是空气污染流行病学研究的催化剂"，此题的意思是"空气污染流行病学研究被 1952 年的伦敦雾事件触发"。此题 "was triggered by"（被……触发）与文中的 "catalyst"（催化剂）意思一致。

5.　**NOT GIVEN**　段落 F 第 1 句提到 "在 Donora, London 和 Liege 的调查确认空气质量的短期降低与烟雾事件中增加的死亡率有联系"，文中没有提到"在 Meuse Valley 的调查"，所以此题是 "NOT GIVEN"。

Exercise 2:

1.　**TRUE**　段落 A 第 1 句提到"医生传统上通过三种来源的信息来了解新药——销售代表的资料、医学继续教育 (CME) 会议和杂志广告"。因此，此题观点是正确的。

2.　**FALSE**　段落 A 第 3 句提到"具有 15 年以上实践经验的医生更倾向依赖来自销售代表的新药信息，而更多新近的毕业生更倾向依赖 CME 课程"。此题的意思是"老的医生更倾向依赖 CME 课程来了解新药"。因此，此观点是错误的。

3.　**TRUE**　段落 B 最后 3 句提到"药物制造商的教学方式与医学校的教学方式相反"。