



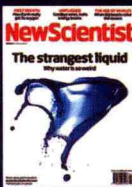
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大学英语6级考试

题源阅读

八大英美报刊100篇

LATEST ENGLISH ARTICLES FOR CET-6 READING



上海交通大学 刘萍 总主编



推敲百篇题
长度、难度

张春琴 刘小爱 主编



中国海洋大学出版社
CHINA OCEAN UNIVERSITY PRESS





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总主编：刘 萍

主 编：张春琴 刘小爱

副主编：车云宁 吴文泉



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新六级阅读攻略

大学英语六级考试从 1989 年开始实行,历经多次题型改革。在最新的 2006 题型改革后,阅读理解部分的比例变为占总分的 35%。新六级阅读理解各题型和分值如下表:

试卷构成	测试内容		测试题型	分值比例	答题时间
阅读理解	快速阅读		四项选择+句子填空 或 是非判断+句子填空	10%	15 分钟
	仔细阅读	短句回答	句子填空或回答	5%	25 分钟
		短文理解	四项选择	20%	

新六级阅读理解部分包括快速阅读(Skimming and Scanning)和仔细阅读(Reading in Depth)。其中,快速阅读部分占 10%,仔细阅读部分占 25%,考试时间共计 40 分钟。仔细阅读部分又包括 Section A 和 Section B 两部分,Section A 是一篇短句回答,Section B 是两篇短文理解。

第一讲 题型略览

一、快速阅读

选文:1200 词左右。

题型:题型一:7 道多项选择题 + 3 道完成句子题

题型二:7 道是非判断题 + 3 道完成句子题

(注:第二种题型自 2007 年 12 月以后未再出现。)

规律:

1. 题文同序。
2. 首题或末题考查主旨。相关信息可在第 1 段或各小标题中找到。
3. 题目中的专有名词,包括人名、地名、组织等以及复杂生词,在原文中一定有原词,可据此迅速定位至原文出处。

二、短句回答

选文:400—450 词。

题型:5 道题,采用句子填空或回答的方式。

规律:

1. 答案多可以在原文中直接找到。
2. 答案一般不超过 10 个单词。

三、短文理解

选文:400—450 词。

题型:5 道四项选择题。

规律:

1. 题文同序。
2. 10 大命题处:①人物观点处常考;②转折对比处常考;③例证处常考;④因果处常考;⑤段首处常考;⑥段尾处常考;⑦特殊标点处常考(破折号、冒号等);⑧插入语、同位语常考;⑨从句处常考;⑩不定式处常考。
3. 常设干扰项表现为:与常识不符、文章未提及、绝对化(如 never, all 等)、张冠李戴、文意曲解等。

第二讲 快速解题法

提升阅读能力,重在多读、多练,与此同时,掌握正确的做题往往能达到事半功倍的效果。

一、快速阅读

结合快速阅读时间紧、题目比较直接的特点,建议采用快速定位解题法,根据关键词迅速定位原文依据,得出答案。

- | | | |
|-------|--------|--------------|
| 定位解题法 | Step 1 | 速读文章,了解文意 |
| | Step 2 | 快读题干,找出定位关键词 |
| | Step 3 | 扫描文章,定位原文依据 |
| | Step 4 | 浏览选项,锁定正确选项 |

其实,定位关键词的选择也有技巧,尽量选择有特殊格式的词,例如:大写的人名、组织、地名、带有引号的单词等。

二、短句回答

短句回答部分可以同样采用定位解题法。

- | | | |
|-------|--------|--------------|
| 定位解题法 | Step 1 | 速读文章,了解文意 |
| | Step 2 | 快读题干,找出定位关键词 |
| | Step 3 | 扫描文章,定位原文出处 |
| | Step 4 | 详研原文,理解句意 |
| | Step 5 | 填入正确答案 |

三、短文理解

短文理解部分的解题方法与快速阅读基本一致。区别在于,短文理解的干扰项更具迷惑性,需要从全文的角度去把握。因此,需要掌握干扰项的一些特性,方便在做题时直接排除。本书特设避错栏目,方便学习和总结。

解 题 示 范

快速阅读

Bosses Say "Yes" to Home Work

Rising costs of office space, time lost to stressful commuting, and a slow recognition that workers have lives beyond the office—all are strong arguments for letting staff work from home.

For the small business, there are additional benefits too—staff are more productive, and happier, enabling firms to keep their *headcounts* (员工数) and their recruitment costs to a minimum. It can also provide a competitive advantage, especially when small businesses want to attract new staff but don't have the budget to offer huge salaries.

While company managers have known about the benefits for a long time, many have done little about it, skeptical of whether they could trust their employees to work to full capacity without supervision, or concerned about the additional expenses teleworking policies might incur as staff start charging their home phone bills to the business.

Yet this is now changing. When communications provider **Inter-Tel** researched the use of remote working solutions among small- and medium-sized UK businesses in April this year, it found that 28% more companies claimed to have introduced flexible working practices than a year ago.

The UK network of Business Links confirms that it too has seen a growing interest in remote working solutions from

1. What is the **main topic** of this passage?

- A) How business managers view hi-tech.
- B) Benefits of the practice of teleworking.
- C) How to cut down the costs of small businesses.
- D) Relations between employers and employees.

设题点:标题处。

定位:根据题干关键词 **main topic** 定位到文章标题。

解析:文章主要讲老板们逐渐接受让员工在家办公的做法,并论述了促成员工在家办公的因素(宽带等科技进步)和员工在家办公的好处,故选 B)项。

2. From the research conducted by the communication provider **Inter-Tel**, we learn that _____.

- A) attitudes toward IT technology have changed
- B) more employees work to full capacity at home
- C) more businesses have adopted remote working solution
- D) employees show a growing interest in small businesses

设题点:研究结果处。

定位:根据题干关键词 **Inter-Tel** 定位到第四段第二句。

解析:通讯服务商 **Inter-Tel** 的调查发现,更多的公司采取了灵活办公方案,故选 C)项。C)项中的 **adopt** 与句中的 **introduce** 为同义词,都表示“采用”。

small businesses seeking its advice, and claims that as many as 60-70% of the businesses that come through its doors now offer some form of remote working support to their workforces.

Technology advances, including the widespread availability of broadband, are making the introduction of remote working a piece of cake.

"If systems are set up properly, staff can have access to all the resources they have in the office wherever they have an internet connection," says **Andy Poulton**, e-business advisor at Business Link for Berkshire and Wiltshire. "There are some very exciting developments which have enabled this."

One is the availability of broadband, which now covers almost all of the country (BT claims that, by July, 99.8% of its exchanges will be broadband enabled, with alternative plans in place for even the most remote exchanges). "This is the enabler," Poulton says.

Yet while broadband has come down in price too, those service providers targeting the business market warn against consumer services *masquerading* (伪装) as business-friendly broadband...

3. What development has made flexible working practices possible according to **Andy Poulton**?

- A) Reduced cost of telecommunications.
- B) Improved reliability of internet service.
- C) Access to broadband everywhere.
- D) Availability of VoIP service.

设题点: 人物观点处。

定位: 题干关键词 Andy Poulton 定位到第七段末句和第八段首句。

解析: Andy Poulton 认为宽带的普及使得灵活办公方案可行, 故选 C) 项。C) 项的 access to 与句中 availability of 为近义词组, 都表示“能使用...”。

短文回答

Many countries have made it illegal to chat into a hand-held mobile phone while driving. But the latest research further confirms that the danger lies less in what a motorist's hands do when he takes a call than in what the **conversation** does to his brain. Even using a "hands-free" device can divert a driver's attention to an alarming extent.

1. Carrying on a **mobile phone conversation** while one is **driving** is **considered** dangerous because it seriously distracts _____.

设题点: 比较处 + 转折处。

定位: 根据题干关键词 mobile phone conversation, driving 定位到第一段第二句。

distract 分散

Melina Kunar of the University of Warwick, and Todd Horowitz of the Harvard Medical School ran a series of experiments in which **two groups of volunteers** had to pay attention and respond to a series of **moving tasks** on a computer screen that were reckoned equivalent in difficulty to driving. One group was left undistracted while the other had to engage in a conversation about their hobbies and interests using a speakerphone. As Kunar and Horowitz report, those who were making **the equivalent of a hands-free call** had an average reaction time 212 milliseconds slower than those who were not. That, they calculate, would add 5.7 metres to the braking distance of a car travelling at 100kph. They also found that the group using the hands-free kit made 83% more errors in their tasks than those who were not talking...

2. In the experiments, **the two groups of volunteers** were asked to handle a series of **moving tasks** which were considered _____.

设题点:定语从句处。

定位:根据题干关键词 two groups of volunteers, moving tasks 定位到原文第二段首句。

3. Results of the experiments show that those who were making **the equivalent of a hands-free call** took _____ to react than those who were not.

设题点:研究结果处。

定位:根据题干关键词 equivalent of a hands-free call, react 定位到原文第二段第三句。

1. the driver's attention

解析:开车打电话的危险来自对话对大脑的影响,使用“免提模式”也会削减司机的注意力,即开车打电话会分散司机的注意力,故答案填 the driver's attention。

2. equivalent in difficulty to driving

解析:实验参与者们被要求完成的任务难度与实际驾驶相当,句中的 reckon 与题干中的 consider 是同义词,意为“认为,看作”,故答案是 equivalent in difficulty to driving。

3. more time

解析:那些进行相当于用“免提”打电话实验的人的反应时间要比那些不打电话的人的反应时间慢,即需要更多的反应时间,所以答案是 more time。

短文理解

Crippling health care bills, long emergency-room waits and the inability to find a primary care physician just scratch the surface of the problems that patients face daily.

Primary care should be the backbone of any **health care system**. Countries with appropriate primary care resources score

1. The author's **chief** (concern about the current U. S. **health care system**) is _____.

A) the inadequate training of physicians

highly when it comes to health outcomes and cost. The U. S. takes the opposite approach by emphasizing the specialist rather than the primary care physician.

A recent study analyzed the providers who treat *Medicare beneficiaries* (老年医保受惠人). The startling finding was that the average Medicare patient saw a total of seven doctors—two primary care physicians and five specialists—in a given year. Contrary to **popular belief**, the more physicians taking care of you doesn't guarantee better care. In fact, studies show that increasing fragmentation of care results in a corresponding rise in cost and medical errors.

How did we let primary care slip so far? The key is how doctors are paid. Most physicians are paid whenever they perform a medical service. . .

- B) the declining number of doctors
- C) the ever-rising health care costs
- D) the shrinking primary care resources

设题处: 对比处。

定位: 根据题干关键词 concern about the current U. S. health care system 定位到第二段首句。

2. We learn from the passage that **people tend to believe** that _____.

- A) seeing more doctors may result in more diagnostic errors
- B) visiting doctors on a regular basis ensures good health
- C) the more doctors taking care of a patient, the better
- D) the more costly the medicine, the more effective the cure

设题处: 转折处。

定位: 根据题干关键词 popular believe 定位到第三段第三句。

1. D)

解析: 初级护理是医疗保健制度的支柱, 而美国现在反其道而行之, 不重视初级护理反而关注专家医生, 因此作者担心美国的初级护理会越来越少, 故选 D) 项。

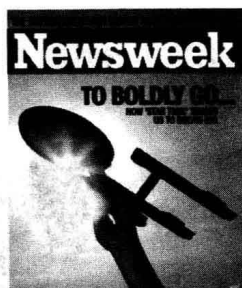
避错: A) 项“医生接受的培训不足”和 B) 项“医生数量的不断减少”文中没有直接提及; C) 项“不断增加的医疗开销”只是医疗问题的一个方面, 并不是作者担忧的重点。

2. C)

解析: 第三段第三句说, 和大众的观点相反, 看的医生多并不能保证得到的护理一定好。由此反推, 大众的观点就是看得医生越多, 得到的护理越好, 故选 C) 项。

避错: A) 项“看的医生越多, 诊断错误就越多”, B) 项“定期经常地看医生能保证身体健康”和 D) 项“药越贵, 治疗效果越好”在文中均未提及。

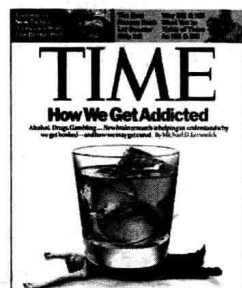
第一部分 快速阅读



4 篇



1 篇



3 篇

The Washington Post



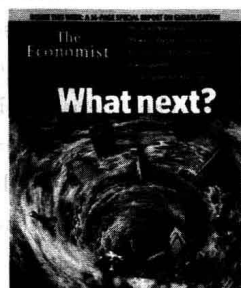
ross Region, 10,000 Rally for Obama

1 篇

The New York Times



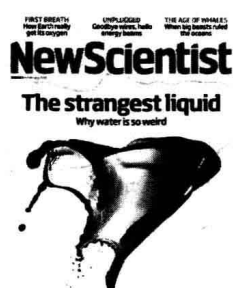
2 篇



1 篇



1 篇



2 篇

快速阅读

Skimming + Scanning

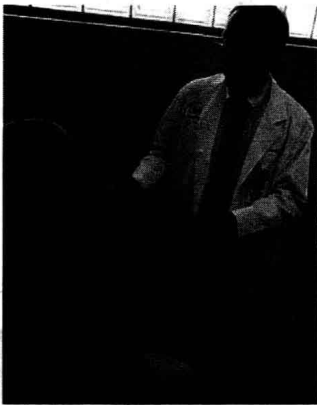


Passage 1

题源:《时代周刊》 题材:社会生活 字数:1210 词 建议做题时间:15 分钟

Teaching Doctors to Care

Claire Brickell, 25, an aspiring medical specialist in her third year at Harvard Medical School, already knows far more about health care than most of us. She can diagnose heart failure from a chest X ray. She can diagram the intricate circuits of the brain. And if she needed to, she could probably pull off a pretty decent tracheotomy (气管切开手术). But when it comes to communicating with patients, Brickell has a problem: she's too healthy. Like most of her classmates, she has spent very little time as a patient. She has never had to weigh the advice of a trusted friend against conflicting



orders given by a cold and distant doctor. She has never had to take daily injections for a disease she doesn't understand. She has rarely even gone through the most basic trial of illness in the U. S., the endless wait in a doctor's office.

Enter Santa Ocasio, 56, a Dominican immigrant who is fighting a prolonged battle with Type 2 diabetes. In a pilot program that is the leading edge of a broad curriculum overhaul (详细检查) at Harvard Medical School, Brickell has been paired with Ocasio for nearly five months. She sees her as a patient every week at the Spanish Clinic of Boston's Brigham and Women's Hospital and tags along on visits to her specialists. In fact, the goal is for Brickell to be there every time Ocasio encounters the health-care system. It's not just a way to learn about treating diabetes; it's a crash course in the numerous frustrations of a patient caught in the trap of modern medicine—confusing prescriptions, language barriers and an endless parade of strangers in white coats.

Why would the U. S.'s top medical school ask its students to spend valuable time trailing a patient instead of a doctor? At Harvard and other medical schools across the country, educators are beginning to realize that empathy is as valuable to a doctor as any clinical skill. Whether it's acknowledging that a patient was inconvenienced by

having to wait an hour before being seen or listening when someone explains why he didn't take his medicines, doctors who try to understand their patients may be the best remedy for the widespread dissatisfaction with today's health-care system.

So Harvard has built closer partnerships between students and patients into the principal clinical experience, a small but important part of its most significant curriculum reform in two decades. The University of Pennsylvania Medical School began a similar program in 1997, and other schools are following suit. As long as medical students are still getting a healthy diet of clinical learning, educators say, there's little downside.

Still, centering clinical learning on patients is a fairly radical concept for a medical-education system that is notoriously resistant to change. Medical schools operate largely on principles established in 1910. For most of the intervening century, the third year of medical school has meant total immersion in a series of clerkships in the major fields—six weeks in cardiology, six weeks in intensive care and so on. Students met patients when they were admitted into that section of the hospital, and the relationships ended as soon as the patients were discharged or moved to another ward.

Dr. Erik Alexander, who directs the new program at Brigham and Women's, says the old model prevents students from seeing the larger picture. Every patient is a complex combination of sickness and health across multiple biological systems, and patients are regularly shuttled between various parts of the hospital in the course of their treatment. The best doctors in the future, he says, will make those connections across fields and treat the patient as a whole individual, not a series of symptoms.

Cambridge Hospital, a Harvard-affiliated branch of Cambridge Health Alliance, took the patient-partnering concept even further, including group lunches and, in some cases, home visits. Dr. Barbara Ogur, who co-directs the Cambridge pilot program, says that for too long, medical students in their third year suffered what she calls "ethical erosion," in which the pace and pressure of the hospital floor paralyzed students to the physical suffering and minor indignities of being a patient.

For third-year student Rachel Bortnick, 27, a science buff from childhood, one of the lasting lessons is that patients sometimes don't want the help she is being trained to give. One cancer patient, whom she had followed from initial diagnosis through treatment, decided to quit chemotherapy (化学疗法) so that he could leave the hospital, essentially to die.

"It's hard to watch a patient at death's door," says Bortnick. "You want to do something to prevent it. But this patient really wanted peace and quiet, to be somewhere he wouldn't be intruded in by doctors every hour of the night." Bortnick eventually made peace with her patient's resignation, and after he died earlier this

year, she attended his funeral.

It's clear that experiences like that are meaningful to the students, but health-care advocates say patient-centered fine words have been around for at least as long as Health Maintenance Organizations. The fact is, even the most exquisitely ethical medical students will have to work in a health-care system that is driven by the pressure of the bottom line. Marcia Hams, program coordinator with the health-care advocacy group Community Catalyst, says Harvard has the right idea. For students from other Boston-area medical schools, her organization tries to impart a similar lesson with Walk in My Shoes, a program that asks students to simulate patient tasks like signing up for Medicaid or searching for an interpreter in a hospital. But Hams cautions that it will take more than curriculum reform to get patients the care they deserve. "If doctors only get a minute and a half with a patient," she says, "then whatever they learned in medical school about patients' needs isn't going to matter a lot."

For Dr. Guillermo Herrera, who has been running Brigham and Women's Spanish Clinic since he founded it in 1971, better patient-doctor communication is exactly what his growing Hispanic patient population needs. The close relationship between Ocasio and Brickell has helped Ocasio navigate her way to a more honest dialogue with doctors—and eventually to better health. Ocasio had resisted treating her diabetes for a dangerously long time, for example, and even after she started going to the clinic, she refused to take her medication. Only after spending a few weeks with Brickell did Ocasio open up enough to say that back in Santo Domingo, her friends had told her that insulin caused blindness and led people to have their limbs *amputated* (截肢). After Brickell heard that, she was able to convince Ocasio that those were symptoms of the disease, not the insulin. For the first time in her life, Ocasio has been taking her insulin regularly, and she's feeling much better.

Brickell says the experience taught her that learning to see the world from the patient's point of view isn't inferior science; it's a way to get the kind of results everyone wants from the medical system. "Doctors aren't supposed to feel sorry for their patients. They're supposed to fix them," says Brickell. "And I think this program will help us do that."

1. What is Claire Brickell's problem when it comes to communicating with patients?

- A) She has never taken daily injections.
- B) She can diagnose heart failure from a chest X ray.
- C) She is too healthy to know the patients' concerns.
- D) She has rarely experienced basic medical treatment in the U. S.

2. Why has Brickell been paired with Ocasio in a pilot program?
 A) She wants to learn about treating diabetes.
 B) She needs to give Ocasio descriptions of her disease.
 C) She must persuade her into accepting the treatment.
 D) She needs to help Ocasio with the health-care system.
3. The U. S. 's top medical school Harvard asks its students to spend time following a patient in order to let them know _____.
 A) empathy is as important as any clinical skill
 B) the dissatisfaction with today's health-care system
 C) a patient has to wait an hour before being seen
 D) why a patient didn't take his medicine
4. The reason that other schools are following the example of Harvard is that _____.
 A) it's too successful and there's little downside
 B) it's a small part of the significant curriculum reform
 C) medical students are still getting a healthy diet of clinical learning
 D) they want to build closer partnerships between students and patients
5. Centering clinical learning on patients is a fairly radical concept for American medical-education system because the system is _____.
 A) notoriously resistant
 B) out of date
 C) refusing to change
 D) changing rapidly
6. According to Dr. Erik Alexander, what will the best doctors in the future do?
 A) See the patient as a whole individual.
 B) Treat the patient as a series of symptoms.
 C) Move patients between various parts of the hospital.
 D) Treat the symptoms individually.
7. The reason he cancer patient of Rachel Bortnick decided to quit chemotherapy is that _____.
 A) Rachel had followed him through treatment
 B) he really wanted peace and quiet
 C) he wanted to die alone and peacefully
 D) it is hard to watch a patient at death's door
8. Marcia Hams notes that to get patients the care they deserve will take more than curriculum reform
9. The close relationship between Ocasio and Brickell has helped Ocasio guide her way eventually to better health.
10. From the experience Brickell has known that it's important to see the world from the perspective of the patient.