高校英语泛读教材

英语阅读技巧与实践

刘金玲编著

湖南师范大学出版社

ENGLISH READING SKILLS AND PRACTICE BOOK 4

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编 者 的 话

《英语阅读技巧与实践》是一套供英语专业学生在基础阶段使用的泛读教材。教材的编写目的是教给学生阅读技巧，并在技巧的指导下进行实践。

本套教材有助于培养学生细致观察语言的能力和假设判断、推理验证等逻辑思维能力，培养学生的阅读兴趣，使他们在较短的时间里尽快扩大词汇量，扩大知识面，提高阅读速度和理解能力。书中各种练习都是围绕这些目的而设计编写的。

本套教材共四册，每周上课 2—3 学时，可在两年内学完。教材除供普通高校英语专业学生在基础阶段使用外，还可作教师进修学院、夜大、函大学员的泛读教材，也可供较高水平的自学者自学，那些想顺利通过英语四级、六级、EPT 及 TOEFL 考试的应考者阅读本教材也将会获益匪浅。

本套教材第一册分四个单元，集中介绍各种重要的阅读技巧，并在技巧指导下进行大量实践。1. Word Study（如何根据上下文猜测词义；如何按构词法猜测词义及扩大词汇量）。2. Sentence Reading（如何按上下文、语法等理解难句）。3. Paragraph Reading（如何找中心思想，如何正确判断，如何得出正确结论等）。4. Article Reading（如何略读、跳读）。从第二册起，每册编有 30—40 篇文章，文章之后不仅配有各种练习，而且标明了单词数，这样便于学生综合运用已学的各种技巧，进行计时阅读。教师可按大纲要求及学生的水平规定每分钟应读的单词数。

本套教材还配有一册快速阅读材料，每周一篇，供教师用来测试学生的阅读速度和理解率。此乃我国英语专业泛读教材之首创。

使用本套教材时，要求学生不进行预习，否则很多练习将失去意义，此外教师也无法真正了解学生运用技巧的能力及确切的阅读速度和理解率。

在编写本套教材的过程中，我们得到了周定之教授和廖世翘教授的指导，我们在此深表谢意。湖南省各高校的英语泛读课负责教师对本套教材的修改提出了许多宝贵建议，我们也在此一并表示感谢。

由于水平有限，书中一定会有不妥之处，望广大读者，特别是使用本套教材的教师们提出宝贵意见，以便再版时修正。

编者于湖南师范大学

一九九〇年二月

CONTENTS

Passage 1
Yellow Fever

1 Hopes for victory over the disease of yellow fever were raised still further when one of a team of Rockefeller doctors, studying yellow fever in Ghana, scored a major victory in the summer of 1927. Visiting a village where there was an outbreak, the doctor took blood from a goodlooking young African, Asibi by name, who had a mild touch of fever. The doctor now injected some of his blood into four animals including one monkey that had just arrived from India. Only the monkey went down with yellow fever. For the first time the virus of the disease had been passed on to an animal other than man. Having animals that could be given the disease opened the way to new lines of experiments.

2 The Asibi virus was kept going from monkey to monkey. In this way they gradually developed a virus whose power to make people ill had been greatly lowered. But still it had enough strength to develop resistance in human beings. So from the blood of a West African a

vaccine was finally developed that now protects millions of people from yellow fever.

3 Such, then, was the point reached in 1932. Yellow fever appeared to be on the way out, at least in the Americas. Then there occurred an outbreak in a country district in Brazil. This was strange, since yellow fever had always been believed to be a disease of the city, one that people caught by being bitten in their own homes by the city type of mosquitoes, bred within a hundred yards of their houses. Something much more surprising, however, was in store for the members of the Brazilian Yellow Fever Service, when they reached the area. There was yellow fever in the district, without doubt. The Service found it was present by all the standard tests. But there were no city-type mosquitoes, not one.

4 One morning a doctor went into the jungle with some woodcutters. He wanted to collect mosquitoes, but they weren't biting. The doctor was just ready to leave, when one of the men shouted that a tree was about to fall. He stood back and watched the great mass come down. Sunlight streamed through the hole made in the roof of the jungle and from the upper branches of the fallen tree rose a cloud of blue mosquitoes which circled around the men.

5 So it was learned that these blue mosquitoes, relatively rare on the floor of the jungle, exist in great numbers

in the treetops. There too, the monkeys live. This discovery completed a chain of facts about the way jungle yellow fever is caught and spread. It is mainly a disease of monkeys in the jungle treetops. They are infected by the bites of sevoral kinds of mosquitoes, blue mosquitoes being one of the most common attackers. The pattern is carried on from monkey to mosquito and back to monkey. But men going into the jungle may also get the disease, particularly if their work disturbs the roof of the jungle. If the man bitten by an infected mosquito then returns to a city where there are mosquitoes of the city type, he may start again the pattern of man to mosquito to man.

(550 words)

Exercises

I. Tick off the best choice according to the information given in this passage.

1. A further advance in the fight against yellow fever was made when it was discovered that the disease could be passed from____.

a. man to mosquito b. animal to man

c. animal to mosquito d. man to animal

2. The vaccine for yellow fever that is used today is developed from the original sample of blood from ____.

a. experimental monkeys b. American doctors
c. a West African d. infected mosquitoes

3. Up to 1932 yellow fever had been mainly a disease of ___.
a. the city b. the country
c. the jungle d. inland places

4. In the jungle the doctor found ___.
a. the city type of mosquitoes b. blue mosquitoes
c. all types of mosquitoes
d. very few mosquitoes

5. Jungle yellow fever can only exist where there are ___.
a. any type of mosquitoes b. blue mosquitoes
c. monkeys d. animals and mosquitoes

6. Men going into the jungle are especially likely to get yellow fever if their work ___.
a. is near water
b. disturbs the roof of the jungle
c. involves handling wood
d. keeps them there after dark

7. The doctors in this story were interested in discovering ___.
a. the pattern of the disease
b. the signs of yellow fever
c. the kind of people who get the disease
d. how monkeys stay healthy

8. An interesting finding in this story is that ___ .
   a. only one type of mosquitoos carries yellow fever
   b. at least two types of mosquitoes carry yellow fever
   c. any mosquito can carry the disease
   d. monkeys are necessary in keeping yellow fever going
9. An important thought you might get from reading this story is that doctors studying disease must ____.
   a. be ready for unexpected things
   b. always go into the jungles
   c. work mostly with animals
   d. be interested only in humans
10. The use of monkeys in the virus experiments was____.
   a. bad
   b. very fortunate
   c. a pure accident
   d. not necessary

II. In the paragraph, find the word that best fits the meaning below. Write the word.

1. achieved (1)
2. part or area (3)
3. flew freely (4)
4. swarm (4)

III. Fill in the blank with a suitable word of its correct form.

1. victor, victory, victorious

a. The army won its first ___ .

b. The ___ team had a celebration.

c. The ___ won by a score of seven to two.

2. resist, resistant, resistance, resistor

a. Some insects have become ___ to DDT.

b. The enemy's ___ was completely detroyed.

c. This instrument needs a ___ .

d. That nation was unable to ___ the invasion.

3. protect, protector, protection, protective

a. This is a chest ___ .

b. They have invented a ___ device on the machine.

c. This child needs ___ .

d. It's my duty to ___ my sister.

4. infect, infection, infectious

a. Cholera is an ___ disease.

b. The disease is usually spread by ___ .

c. The wound was ___ with germs.

IV. Cloze test

The food we eat seems to have profound effects on our health. Although science has __1__ enormous steps in __2__ food more fit to eat, it has, at the __3__ time, made many foods __4__ to eat. Some research has shown that perhaps eighty __5__ of all human illnesses are related __6__ diet and forty percent cancer is related to the __7__ as well, especially __8__ of the colon. Different cultures are more prone to contract certain __9__ because of the food

_10_ is characteristic in these cultures. That food is 11_ to illness is not a new discovery. In 1945, government researchers 12 that nitrates and nitrites, commonly used to preserve color in meats, and other food additives, 13 cancer. Yet, these carcinogenic additives 14 in our food, and it becomes more difficult 15 the time to know which things 16 the packaging labels of processed food are helpful 17 harmful. The additives which we eat are not 18 so direct. Farmers often give penicillin 19 beef and poultry, and because of this, penicillin has been found in the milk of treated 20 . Sometimes similar 21 are administered to animals not 22 medicinal purposes, but for financial reasons. The farmers are simply trying to fatten the animals in 23 to obtain a higher price 24 the market. Although the Food and Drug Administration (FDA) has tried repeatedly to control these procedures, the practices continue.

Passage 2
The Tooth Trade

1 Jim lost three teeth in an accident. His dentist replaced them with false ones. Jim's new teeth look and fit almost like real teeth. And he has no trouble chewing with them. But if Jim had lived in the 1700s, he wouldn't have been so lucky. In those days many people who lost their teeth or had them pulled just had to champ their way through the rest of their lives with what they had left. Only the rich could afford false teeth. And even the most costly dentures of the time were not satisfactory.

2 False teeth were often carved from ivory. Many teeth might be shaped from a single piece of ivory. The row of teeth was then tied with gold or silk thread to the real teeth left in the wearer's mouth.

3 The early false teeth were worn mostly for the sake of the wearer's looks. Eating with them wasn't much fun. They made a loud clatter when their wearer tried to chew tough meat. If he ate sticky foods, the teeth might

come right out of his mouth. It was easier to eat without them. And one could always use a device called a "masticator." This crude, jagged pincer chewed the food right on the plate. The masticator worked with a side-to-side action. "The instrument," said the directions, "is best worked when held horizontally with both hands. To avoid chilling the food, dip the blades into hot water from time to time."

4 Carved teeth posed many problems. So dentists sometimes used real human teeth instead. Human teeth worked better. But where were they to be found? There were three answers, none of them very pleasant. Some people robbed graves and sold the teeth of the dead. Human teeth also came from soldiers who died in battle. Or teeth could be bought from the poor.

5 Many poor people made good money by selling their own living, healthy teeth. Young people's teeth were in special demand. Dentists with rich, gap-toothed patients often had several live-tooth sellers at hand ready to have their teeth pulled. The idea was to get the best match and fit for the patient. Miss Smith's second-from-the-middle tooth might be no good. But maybe Master Brown's third-left would fit Her Ladyship's socket. Some of the double extractions took place right on the spot. The bad tooth would be hauled out. Then the newly drawn live one would be popped into the socket. Strange though it may

seem, these transplants sometimes worked. At least they would last for a year or two. But they, like ivory teeth, had to be tied firmly to the real teeth next to them.

6 In some cases, neither carved teeth nor transplants worked--no matter how rich or famous the patient. Next time you see a picture of George Washington, take a good look at it. There's something strange about the president's mouth. It has a puffed look, especially under the lower lip. Washington suffered from poor teeth. He lost most of them when he was quite young. Dentist after dentist tried to fit him with suitable dentures. But none of them were really satisfactory. One set had elks' teeth in the top. In the bottom were human teeth. The set was held together by strong, coiled, steel springs. It weighed nearly a quarter of a pound. That's quite a lot of bone, lead, wax, and iron to carry round in your mouth. Yet Washington never took out his false teeth in public, even to eat. He was too proud.

7 The artist Gilbert Stuart was asked to paint Washington's portrait. But he was troubled at the way the president's lower lip jutted out. He told Washington to stuff wads of cotton between his chin and teeth. The result was the puffed-out look we see today in Washington's portrait on some American bills, coins, and stamps.

8 One set of Washington's ill-fitting false teeth is still