



PETS
全国英语等级考试

**全国英语
等级考试
标准教程**

**第四级
Level 4**

■ 教育部考试中心

(2006版)

Coursebook for PETS



高等教育出版社
Higher Education Press

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藏书章

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编写说明

全国英语等级考试 (Public English Test System, 简称 PETS) 是教育部考试中心设计并负责的全国性英语水平考试体系。作为中、英两国政府的教育交流合作项目, PETS 在设计过程中得到了英国专家的技术支持, 测试的重点是英语交际能力。它根据国际外语教学界通行的交际语言活动模式, 对语言运用能力进行分类和定义。在试卷结构上, 根据不同层次的需要, 设置了考查听、说、读、写各种技能的题型, 确保各级别都能全面考查考生的交际能力。

本教程为 PETS 五个级别中的中上级, 通过该级考试的考生, 其英语水平基本满足攻读高等院校硕士研究生 (非英语专业) 的需要, 基本符合一般专业技术人员或研究人员、现代企业经理等工作对英语的基本要求。

本书特色

1. 以《全国英语等级考试 (第四级) 考试大纲》为依据, 面向具有相当英语水平的学习者, 便于自学和教学。

2. 紧扣考试大纲中规定的交际话题和功能意念, 融功能意念于交际之中。

3. 听、说、读、写全面发展。

4. 本教程的语言素材为一般交际英语, 涉及健康与身体保养、家庭、人物与商业、历史、工作与服务、教育、人物、政府和法律、科学、业余活动、社会与文化、环境等 12 个话题。以考试大纲中规定的词汇为主, 需要时允许少量超出, 由学习者自行掌握。

5. 编写风格既严谨务实, 又生动活泼; 在教授语言的同时适当介绍社会文化和当今热点问题。

编写体例

本教程由 12 章组成, 每章为一个话题。在该话题下设有两个单元的子话题, 全教程共有 24 个单元。每单元包括:

1. 对话: 该部分由与该子话题相关的 2 段对话组成, 情景真实、语言地道、长短恰当、难度适宜, 目的是训练和提高学习者的听力水平。每段对话前, 均会有对该对话情景的简单描述, 以帮助学习者了解其发生的背景。每段对话后, 均有几个简单的问题, 以帮助学习者了解自己对对话理解程度。

2. 课文: 每单元中均有一篇与该单元的子话题密切相关的课文。课文长度一般为 700 词左右, 目的是训练和提高学习者的阅读理解能力。每篇课文后, 均有几个简单的问题, 以帮助学习者了解自己对课文的理解程度。

3. 单词和短语：单词和短语是本单元对话/独白和课文中新出现的单词和短语，这些单词和短语按在对话/独白和课文中出现的顺序排列。

4. 注释：注释是针对对话/独白和课文的，包括两方面的内容：一是从语法、词汇和语用角度解释对话/独白和课文中的语言点；二是解释或讲述对话/独白和课文中提到的文化现象，以帮助学习者了解英语国家的语言背景知识，扩大学习者的知识面。

5. 练习：练习是本单元学习内容的延伸和细化，是对学习者掌握该单元情况的检测。该部分中的题型与考试大纲完全一致，以便于学习者备考 PEST 第四级。

6. 补充阅读：每个单元的最后一部分是一篇补充阅读文章，其内容仍与该单元的子话题相关，目的是扩大学习者的阅读量，开阔其眼界。

本教程最后有 2 个附录，依次为：听力练习录音稿及练习答案。

由于时间及编者水平所限，错讹之处在所难免。欢迎广大读者提出宝贵意见，以便及时修订。

参加本教程编写的有何莲珍、蒋景阳、周颂波、黄小杨、周俐玲、王海虹和方富民。

编者

2007 年 8 月

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Health and Body Care

CHAPTER 1

Unit 1

Physical Health

▶▶ Dialogues

1

Mr Ronald is calling to make an appointment to see Dr Carter.

Receptionist: Dr Carter's Office.

Ronald: Yes, I'd like to make an appointment to see Dr Carter, please.

Receptionist: Is this your first visit?

Ronald: Yes, it is.

Receptionist: Okay. Could I have your name please?

Ronald: Yes. My name is Ronald Schuller.

Receptionist: And may I ask who referred you to our office?

Ronald: Uh, I drove past your office yesterday.

Receptionist: Okay. How about the day after tomorrow on Wednesday at 4:00?

Ronald: Uh. Do you happen to have an opening in the morning? I usually pick up my kids from school around that time.

Receptionist: Okay. Um... how about Tuesday at 8:00 am or Thursday at 8:15 am?

Ronald: Okay.

Receptionist: Could I have your phone number please?

Ronald: It's 643-0547.

Receptionist: Alright. And what's the nature of your visit?

Ronald: Well, to tell the truth, I fell from a ladder two days ago while painting my house, and I sprained my ankle when my foot landed in a paint can. I suffered a few scratches on my hands and knees, but I'm most concerned that the swelling in my ankle hasn't gone down yet.

Receptionist: Well, did you put ice on it immediately after this happened?

Ronald: Well yeah. I just filled the paint can with ice and ...

Receptionist: And so after you removed the paint can ... Sir, sir, Mr Schuller, are you still there?

Ronald: Well that's part of the problem. Uh, the paint can is still on my foot.

Receptionist: Please come in today. I don't think your case can wait.

Questions:

1. How does Mr Ronald know about Dr Carter?
2. Why does Mr Ronald want to make the appointment in the morning?
3. What's wrong with Mr Ronald?
4. What does the receptionist suggest in the end?

2

A patient is visiting a dentist.

Patient: Hi. Dr Hyde.

Dentist: So, what seems to be the problem today?

Patient: Well, I just came in for a checkup and a dental cleaning.

Dentist: Open up. Let's take a look ...

Patient: Okay.

Dentist: Wow! I've never seen one like this before. Let me try this.

Patient: Uhhh !! Ouhhhh [*Man screaming in pain ...*]

Dentist: Well, there is a major cavity in one of your back teeth. Hasn't this given you any trouble?

Patient: Well, the tooth has been bothering me, and it sometimes hurts when I drink something cold. Does it look that bad?

Dentist: Well, we're going to remove the decay, and then we'll either put a filling in, or if the decay is extensive, we can't repair it, we might have to put a crown on your tooth. Or as a last resort, we may have to extract the tooth.

Patient: Uh, well, that sounds painful!

Dentist: Don't worry. I've done this once before. Just relax.

Patient: Wait! Aren't you supposed to give me something to dull the pain?

Dentist: Oh yeah. I almost forgot. We can either use a local anesthetic to minimize the discomfort you might feel. Or you can just grin and bear it.

Patient: I can't stand pain, and I'd rather not be aware of what's going on. And, if I need a filling, can I get one that looks like my other teeth?

Dentist: If we can save the tooth with a filling, I recommend a high-strength silver alloy filling instead of a porcelain one. It'll probably last longer.

Patient: Okay.

Questions:

1. What brings the man to the dentist?
2. What problem does the dentist find when she takes her first look at the man's mouth?
3. When does the man feel the toothache?
4. How does the dentist help the patient relieve the pain during the treatment?

» **Passage**

According to practitioners of traditional Chinese acupuncture, inserting a tiny needle into the little toe can help heal eye problems because the toe and eyes are connected via the same "meridian". Not surprisingly, Western experts cast their own suspicious eye upon such a claim—until a recent high-tech imaging study supported the ancient theory¹.

"Those researchers found that activity in the visual cortex in the brain was actually stimulated by this acupuncture occurring in the toe," said Dr Lixing Lao, a licensed acupuncturist who is also fully trained in Western medicine.

Lao, an associate professor² at the Center for Integrative Medicine at the University of Maryland in Baltimore, said those findings are just one of many instances where modern science is proving the effectiveness of a millennia-old technique.

And that information is giving American patients new confidence in trying out acupuncture for themselves, he said: "Before, more patients were rather skeptical," Lao said. "Now, not only patients want to see me, but also doctors say, 'Hey, I want to

make an appointment.' There's been a big change."

That change came in large part from a 1997 National Institutes of Health³ consensus statement based on an expert panel's comprehensive review of the literature. The panel concluded acupuncture to be an acceptable treatment for the relief of a wide variety of conditions, either when used in conjunction with regular medical treatment or as an acceptable alternative therapy. The conditions listed by the NIH panel included asthma, carpal tunnel syndrome⁴, headache, lower back pain, menstrual cramps, muscle pain, osteoarthritis, tennis elbow and even stroke rehabilitation.

Some of the studies—including a recent report finding acupuncture effective against lower back pain—came from Lao's center at the University of Maryland.

How does acupuncture work? "People are still trying to figure that out," Lao said, but there are a few key theories: "First, acupuncture may trigger the brain to release chemicals called endorphins, and they're pain-relieving chemicals related to opium, which are made by the body itself. Second, people have talked about a 'peripheral' effect to acupuncture, stimulating the opening up of blood vessels in local areas. That would improve circulation and metabolism locally. Third, according to Lao, pain often originates in inflamed tissues. Acupuncture appears to lower inflammation by reducing levels of a pro-inflammatory hormone, cortisol. Fourth, studies are showing that acupuncture changes areas of the brain linked to the heart, modifying heart rate through the sympathetic and parasympathetic nervous systems."

He stressed that acupuncture does not always bring about the same level of pain relief or symptom relief as modern drugs. On the other hand, he said, "it has no side effects," meaning that it can be used safely over the long term.

According to Lao, the biggest difference between drugs and acupuncture lies in their underlying mechanism of action. "Acupuncture isn't just about symptom management—it's also addressing fundamental problems, the underlying cause of the problem," he said. "It's more about stimulation, as opposed to the suppressive effects of drugs."

Of course, acupuncture involves needles—a source of fear for many people. “Lots of people think ‘Oh, it’s like a hypodermic needle,’” Lao said. But he pointed out that the average acupuncture needle is much thinner, equivalent to the diameter of a human hair. “Lots of patients won’t feel it at all, others may feel just a tiny sting,” he said.

In the United States, all officially licensed or certified acupuncturists now use one-time-only disposable needles, so needle safety is a non-issue.

But Lao said it’s important to look for that licensing or certification when choosing a practitioner.

“About 40 states have now passed laws to monitor the practice of acupuncture,” he said, with these laws requiring anywhere from 2,000 to 5,000 hours of training before licenses are granted. Most acupuncturists have to pass a state board exam. The National Certification Commission for Acupuncture and Oriental Medicine⁵ also certifies experienced acupuncturists throughout the country.

Proper regulation makes sense for a discipline that deserves to be taken as seriously as any other medical field, Lao said. He believes there’s more and more evidence that “acupuncture helps the body respond to every system that’s not working. So whatever you’re looking at, you’re going to see some change.”



Questions

1. What has helped to remove Americans’ doubts about acupuncture, according to the passage?
2. According to Lao, what is the difference between drugs and acupuncture?
3. What is the NIH panel’s comment on acupuncture?
4. What is the source of fear for many people about acupuncture?
5. What qualifies a person to be an acupuncturist in the United States, according to the passage?

► Words and Expressions

practitioner /præk'tɪʃənə(r)/ *n.* 执业医生 / 律师

acupuncture /'ækjʊpʌŋktʃə(r)/ *n.* 针刺疗法, 针灸

insert /ɪn'sɜ:t/ *v.* 插入; 放进

toe /təʊ/ *n.* 脚趾

meridian /mə'rɪdiən/ *n.* 经脉; [术语] 子午线, 经线

cast /kɑ:st/ *v.* 投; 抛

suspicious /sə'spɪʃəs/ *adj.* 怀疑的; 可疑的

claim /kleɪm/ *n.* 声称, 断言, 主张

visual /'vɪzjuəl/ *adj.* 视觉的, 视力的

cortex /'kɔ:teks/ *n.* [术语] 皮层; 皮质; 脑皮层

stimulate /'stɪmjuleɪt/ *v.* 刺激, 促使; 激发, 激励

acupuncturist /,ækjʊ'pʌŋktʃərɪst/ *n.* 针灸师

integrative /'ɪntɪgreɪtɪv/ *adj.* 综合的, 一体化的

millennium /mɪ'lenɪəm/ [*pl.* millennia /mɪ'lenɪə/] *n.* 一千年, 千年期

try out 试用; 试验; 检验

skeptical /'skeptɪkl/ *adj.* (also sceptical) *American English* 持怀疑态度的, 不相信的

in large part / for the most part 多半, 在很大程度上; 在大多数地方

consensus /kən'sensəs/ *n.* 共同意见, 一致看法, 共识

panel /'pænl/ *n.* (由选定人员组成的) 专门小组; 专题讨论小组

acceptable /ək'septəbl/ *adj.* 可接受的; 合意的

a variety of 种种

conjunction /kən'dʒʌŋkʃən/ *n.* 连接, 联合

in conjunction with 与...共同, 连同

alternative /ɔ:l'tɜ:nətɪv/ *adj.* 可替代的; 可供选择的

therapy /'θerəpi/ *n.* (尤指不使用药物或不施

行手术的) 疗法, 治病术; 心理疗法; 精神分析

asthma /'æsmə/ *n.* [医] 哮喘

carpal /'kɑ:pl/ *n.* 腕骨

syndrome /'sɪndrəʊm/ *n.* [术语] 综合征

menstrual /'menstruəl/ *adj.* 月经的, 行经期的

cramp /kræmp/ *n.* 痉挛; 痛经痉挛; 抽筋

osteoarthritis /,ɒstɪəʊɑ:'θraɪtɪs/ *n.* [术语] 骨关节炎

rehabilitation /,ri:ə,bɪlɪ'teɪʃən,,ri:hə-/ *n.* 康复

figure (...) out 想出, 理解 [某事]; 推理

trigger /'trɪgə(r)/ *v.* 引发, 激发

endorphin /en'dɔ:fn/ *n.* 多肽, 内啡肽

opium /'əʊpjəm/ *n.* 鸦片

peripheral /pə'rɪfərəl/ *adj.* 外围的

vessel /'vesl/ *n.* [术语] 血管; 脉管

circulation /,sɜ:kjʊ'leɪʃən/ *n.* 血液循环

metabolism /mɪ'tæbəlɪzəm/ *n.* 新陈代谢

originate /ə'rɪdʒɪneɪt/ *v.* 发源; 开始; 起因

inflamed /ɪn'fleɪmd/ *adj.* [医] 红肿的, 发炎的

tissue /'tɪʃju:, 'tɪʃu:/ *n.* (动植物细胞的) 组织

inflammation /,ɪnflə'meɪʃən/ *n.* 发炎, 炎症

inflammatory /ɪn'flæmətəri/ *adj.* [医] 炎性的, 炎的

hormone /'hɔ:məʊn/ *n.* 激素, 荷尔蒙

cortisol /'kɔ:tɪsɒl/ *n.* [术语] 考的索

modify /'mɒdɪfaɪ/ *v.* 修改, 更改, 改进, 改造

parasympathetic /,pærə,sɪmpə'tetɪk/ *n.* 副交感神经

symptom /'sɪmptəm/ *n.* 症状; 征兆

underlying /,ʌndə'laɪɪŋ/ *adj.* 基本的, 根本的

as opposed to 与...对照之下, 而非

suppressive /sə'presɪv/ *adj.* 抑制的; 镇压的

hypodermic /,haɪpə(ʊ)'dɜ:mɪk/ *adj.* 用于皮下注射的多肽

equivalent /ɪ'kwɪvələnt/ *adj.* 等值的; 相等的, 相同的