



全国英语等级考试 标准教程

第四级

Public
English
Test
System

4

教育部考试中心

全新版

 高等教育出版社
HIGHER EDUCATION PRESS

附MP3光盘

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QUANGUO YINGYU DENGJI KAOSHI B

CHENG 4

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全新版说明

随着我国改革开放的进一步深入和对外交流不断发展，各方面涉外活动日益频繁。应有关省、市的要求，经教育部批准，教育部考试中心面向全国推出了全国英语等级考试。

全国英语等级考试共设五个级别，其中第四级为中上级。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。为满足第四级考试的培训和学习需要，教育部考试中心根据该级别考试大纲（全新版）的要求编写了本教程。

本书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，注重考生听、说、读、写等技能的全面发展。本教程的语言素材为一般交际英语，涉及健康和身体保养、家庭、人物和商业、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，必要时允许少量超出。

本书由12章组成，每章为一个话题，每个话题下又包含两个单元的子话题，共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话的理解程度。

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理解课文的程度。

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/独白的和课文的，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PETS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。

教程最后有2个附录，依次为：听力练习录音稿及参考答案。

由于时间仓促及编者水平有限，本书会有错漏和缺点。欢迎广大专家、教师和使用者的宝贵意见，以便再版时修订。

编者

2011年3月

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Chapter 1

Health and Body Care

Unit 1

Physical Health

Dialogue 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?

Dialogue 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 Maryland³ in Baltimore⁴, 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 Health⁵



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 syndrome⁶, 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 Medicine⁷ 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 /'vɪʒjʊəl/ *adj.* 视觉的, 视力的

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

stimulate /'stɪmjʊleɪt/ *v.* 刺激, 促使;

激发, 激励

acupuncturist /,ækju'pʌŋktʃərist/ *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) 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:pəl/ *n.* 腕骨

syndrome /'sɪndrəʊm/ *n.* [术语] 综合症

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

cramp /kræmp/ *n.* 痉挛; 痛经痉挛; 抽筋

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

rehabilitation /,ri:ə,bɪl'reɪʃən,,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:fɪn/ *n.* 多肽, 内啡肽

opium /'əʊpɪəm/ *n.* 鸦片

peripheral /pə'rɪfərəl/ *adj.* 外围的

vessel /'vesl/ *n.* [术语] 血管; 脉管

circulation /,sɜ:kju'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 /'tɪsjʊ:, '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'θetɪk/ *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

diameter /daɪ'æmɪtə(r)/ *n.* 直径

sting /stɪŋ/ *n.* 刺, 叮

certify /'sɜ:tɪfaɪ/ *v.* 证明...合格; 证实

disposable /dɪ'spəʊzəbl/ *adj.* 用后即丢弃的, 不回收的

certification /,sɜ:tɪfɪ'keɪʃən/ *n.* 证明; 证明书

commission /kə'mɪʃən/ *n.* 委员会

oriental /,ɔ:ri'entl/ *adj.* 东方的

Notes

1. ... a recent high-tech imaging study supported the ancient theory. 近来的一次高科技成像研究支持了这一古老的理论。
2. **associate professor** 副教授
3. Maryland 马里兰州, 美国中部偏东的一个州。
4. Baltimore 巴尔的摩, 美国马里兰州的一个城市。
5. National Institutes of Health (NIH) (美国) 全国卫生研究所
6. carpal tunnel syndrome 腕管综合症 (指正中神经在腕管受压时手指与手的疼痛或刺痛感觉异常等)
7. The National Certification Commission for Acupuncture and Oriental Medicine 全美针灸和东方医学认证委员会

Exercises

Section I Listening Comprehension

Part A

For questions 1–5, you will hear a monologue about how airplane noise does harm to kids. While you listen, fill out the table with the information you have heard. Some of the information has been given to you in the table. Write only 1 word in each numbered box.

Information about the students on whom the data was collected	
The number of the students	1.
The number of the schools involved in the study	2.
Information about the study	
The report is published in the month of	3.

Exposure to loud airplane noise can hurt kids reading ability and	4.
The study is done by comparing the results of cognitive tests and noise	5.

Part B

For questions 6–10, you will hear a monologue about healthy eating for kids. While you listen, complete the sentences. Use not more than 3 words for each answer.

Preschool-aged children like eating with others because they can	6.
Parents should try their best to keep mealtimes	7.
Preschool children need 16~24 ounces of 1% or	8.
As snacks for children, parents can offer them fruit and	9.
When thirsty, children should be given water rather than	10.

Part C

Listen to the record. Answer questions 11–14 by choosing A, B, C or D.

11. How many people die from heart attack each year according to the World Heart Federation?
- [A] Seven million people. [B] Seventeen million people.
[C] Seventy million people. [D] Seven hundred million people.
12. Which of the following is NOT mentioned in the talk?
- [A] Exercise. [B] Smoking.
[C] Drinking. [D] Healthy diet.
13. Which of the following are more likely to develop heart disease?
- [A] Children who are inactive.
[B] Children who like sweets.
[C] Children who like alcoholic drinks.
[D] Children who are choosy about their food.
14. How many children are suffering from second-hand smoking?
- [A] Almost half of all children. [B] Two-thirds of all children.
[C] Seventeen million children. [D] Almost twenty-two million children.

Section II Use of English

Read the following text. Choose the best word marked A, B, C or D for each numbered blank.

Some past studies have linked caffeine to an increased risk of heart attacks—although the 1 are incomplete in part because it's not clear whether it's the caffeine itself or the other 2 in the foods that contain it that cause the problem. 3, since caffeine is a stimulant—the most widely 4 one in the world, in fact—it raises the most 5.

It's the liver that does the heavy lifting in breaking down caffeine, 6 through an enzyme (酶) called CYP1A2. Some of us 7 a gene that causes the enzyme to 8 caffeine very quickly; others carry a slower variant of the gene.

Nutritionist Ahmed El-Sohehy of the University of Toronto studied 4,028 subjects, half of 9 had had one nonfatal heart attack. In 10, he found that people with the slower version of the enzyme 11 who drank a lot of coffee appeared to have a higher risk of nonfatal heart attacks than those with the faster 12 of the gene.

The 13 from El-Sohehy's study were pretty 14. About 55% of the 15 carried the slow gene. For those people, consuming two to three cups of coffee a day seemed to increase the 16 of heart attack by 36%. Drinking four or 17 cups increase the danger by 64%. Among those with the fast gene, two to three cups actually seemed to reduce the risk by 22%, and four cups reduced it by 1%. Nobody suggests that people who like their coffee should get their CYP1A2 gene 18 before continuing to 19. Rather, moderation ought to be the 20. If you drink one large cup and one small cup at Starbucks, you've just poured down a quart of coffee.

- | | | | |
|--------------------|----------------|-----------------|-----------------|
| 1. [A] decisions | [B] solutions | [C] findings | [D] effects |
| 2. [A] ingredients | [B] fragments | [C] portions | [D] sections |
| 3. [A] Anyway | [B] Therefore | [C] Moreover | [D] However |
| 4. [A] consumed | [B] exhausted | [C] utilized | [D] conceived |
| 5. [A] refusal | [B] suspicion | [C] disapproval | [D] suspect |
| 6. [A] prevalently | [B] previously | [C] prominently | [D] principally |
| 7. [A] carry | [B] bring | [C] take | [D] make |
| 8. [A] deal | [B] manage | [C] process | [D] handle |
| 9. [A] which | [B] whom | [C] that | [D] what |
| 10. [A] specific | [B] brief | [C] general | [D] conclusion |
| 11. [A] specialty | [B] character | [C] gene | [D] trait |

- | | | | |
|-------------------|-----------------|------------------|------------------|
| 12. [A] sample | [B] version | [C] edition | [D] description |
| 13. [A] fractions | [B] amounts | [C] numbers | [D] digits |
| 14. [A] striking | [B] outstanding | [C] remarkable | [D] dominant |
| 15. [A] objects | [B] subjects | [C] topics | [D] substances |
| 16. [A] venture | [B] harm | [C] terror | [D] risk |
| 17. [A] more | [B] many | [C] several | [D] various |
| 18. [A] checked | [B] proved | [C] investigated | [D] experimented |
| 19. [A] spoil | [B] addict | [C] indulge | [D] engage |
| 20. [A] key | [B] law | [C] principle | [D] rule |

Section III Reading Comprehension

Part A

Read the following text. Answer the questions by choosing A, B, C or D.

David Phillips, PhD, has conducted a number of studies on mortality in his career, but one of the most recent has gained significant attention, as it shows the rate of deaths caused by prescription drugs climbs roughly 25 percent at the beginning of each month. The study is notable not only for its revelations about the dangers of prescription drugs, but also for the uncommon amount of media coverage it has received.

Inspired by a New England Journal of Medicine paper that found death in general increased at the start of every month, Phillips began to study specific causes for the phenomenon. In those studies, Phillips found that alcohol-related deaths and street-drug deaths contributed to the sudden increase at the beginning of the month, and those deaths turned out to be connected to the influx of government monies, for example, welfare or Social Security checks that some consumers obtain at the beginning of the month. This left Phillips wondering what other causes might contribute to the increased death rate at the start of the month.

Phillips studied 131,952 death certificates connected to accidental poisoning through prescription drugs and found at least part of the 25 percent sudden increase was attributable to an increased number of people having access to government funds, which they then used to buy prescription drugs they were told they needed. When this huge influx of customers hits the pharmacies, mistakes are made. "Because of this increased busyness of the pharmacist at