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上海外国语大学

丛书主审◇邹申 丛书主编◇张艳莉 主编◇胡雅坪 李澜 赵一鸣

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专项规则阅读篇

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前言 Preface

全国高等院校英语专业四级考试((Test for English Majors Band 4),于每年四月中下旬的某个周六(英语专业第四学期)举行,只限于高校英语专业二年级在校生参加。该考试以《高等学校英语专业英语教学大纲》(2000版)和《高校英语专业四级考试大纲》(2004版)为命题依据,共有五个部分:听力理解、完型填空、语法与词汇、阅读、写作。整个考试需时135分钟。为了切实提高学生的备考能力,我们根据考试的五个题型组织编写了"英语专业四级专项冲刺"系列,旨在帮助将要参加考试并为之进行最后冲刺的同学们。

作为老师,我们也深知考生们备战四级考试的艰辛和困难;作为老师,我们也真诚希望通过我们的辅导资料能帮助考生们顺利通过考试。在大连理工大学出版社编辑们的精心组织下,由上海外国语大学曾参与英语专业考试大纲研究与修订工作、多次参加英语专业四、八级考试阅卷及相关工作,同时也长期担任英语专业各重点课程教学的资深专家、教师组建的团队共同打造了这套系列丛书。大家共同认为:市场上备考的图书虽然很多,有基础复习阶段的专项指导,有冲刺阶段的真题试卷及仿真预测试卷,但独独欠缺了针对某一专项的冲刺训练用书。对于每一个考生来说,到最后的冲刺阶段更需要对某一专项进行有针对性的一个集中强化、吸收和突围的过程,故本套丛书应运而生。

本分册是《英语专业四级专项冲刺——阅读篇》。在历年专四考试后,经常有学生为做不完阅读题而懊恼,原因是阅读量大,时间短,做题的方法不正确。如何在有限的时间内提高阅读水平,除了阅读速度以外,分析文章类别并采取相应的阅读方式是很重要的。不同文体的题目都有不同的风格,因此需要通过练习来提高应对能力。本书的特点是:

一、编排科学合理

全书共精选50篇文章,按照医疗公共卫生、教育、文化、能源资源、时事政治等十个话题相应分为10个部分,每一部分包含4~7篇文章。每篇文章除了有精准解析外,还配有全文翻译,方便考生深入有效地理解全文。同时结合"重点、难点词汇"和"长句疑难句分析"两部分,尽量让考生在回顾习题的时候做到全面细致的分析。另外,每篇文章文前都注明了原文出处、字数、建议阅读时间,方便考生在练习时实战模拟,提高应试能力。

二、命题规范严密

本书的阅读选材、命题角度和难度都是在详细研究历年真题的基础上精心打造的, 具有极高的仿真度。每一道题目的设计都是专家老师们精心研究、反复推敲确认的, 完全遵循真题的命题规律。题型主要包括专四常考的细节题、概括题、主旨题、词义 题等类别,使考生对常考题型烂熟于心,做到考试时胸有成竹。

三、选材地道新颖

本书选材与真题同源,题材广泛、新颖,富有时代气息,重视内容的知识性和真实性。内容均选自主要媒体的最新资讯,例如英国《卫报》、美国《纽约时报》、《金融时报》、澳大利亚《新闻周刊》等。

最后,我们真诚地希望广大考生通过本书科学合理的训练,能在考试的冲刺阶段扎实训练好每个专项,不再有弱项,全方位提高英语水平。考生可配合冲击波系列的其他图书,在合适的阶段做适合的事情,你的复习将会事半功倍。大学生活是值得用一生去品味的美好时光。虽然我们会有各种考试和学习,可当我们毕业了回头看,那却是另外一道美丽的风景线。因为考试同样精彩。也请各位考生记住:在备战考级的漫漫征途中,冲击波一路陪伴您!

张艳莉 2012年8月

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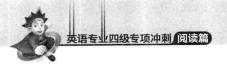
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部分 部分 Public Health 公共健康

-



Text A

/ 509 Words /

/ Time for reading: 3.5 minutes

The European Commission said on Thursday it would toughen the regulation of medical devices as a result of concerns raised by breast implants produced by the defunct French company PIP, even as a scientific expert review it ordered concluded there was currently "insufficient evidence" that women using its products faced greater health risks than others.

John Dalli, health and consumer policy commissioner, pledged to examine surveillance and operation of the "notified bodies" that scrutinise medical devices across the EU in a current review of legislation, stressing: "The capacity to detect and minimise the risk of fraud must be increased."

His comments followed an official report released on Wednesday in France that called for national and EU-wide co-operation including random inspections and sampling of medical devices to prevent a repeat of the fraudulent use of substandard non-medical-grade silicone by PIP in implants sold to up to 400,000 women around the world.

Xavier Bertrand, France's minister of health, called for enhanced action in France and across Europe in the wake of the study, which highlighted that Afssaps, the French medical regulator, did not inspect PIP from 2001 until a tip-off led officials to inspect and close down the company in 2010. Jean-Claude Mas, its founder, is under police investigation for manslaughter.

Mr. Bertrand has pledged to hire more health inspectors and undertake random checks on medical device companies following growing concerns over its regulatory system highlighted by the widespread use of PIP's substandard breast implants.

A French decision at the end of last year to offer all women free removal of PIP implants triggered similar proposals in the UK, Germany and the Czech Republic and has helped spark a fresh debate over tougher EU regulation of medical devices, which are subject to far less scrutiny than pharmaceuticals.

However, a review released on Thursday by the EU's own Scientific Committee on Emerging and Newly Identified Health Risks concluded: "Breast implants can fail, regardless of manufacturer, and the probability of failure increases with time since implantation. In most cases, breast implant failure appears to be without identifiable health consequences for the patient with the exception of possible local complications."

It stressed that limited data meant that while there was no link between breast implants and cancer, there was a need for further work to understand the specific risks from the PIP products.

Mr. Bertrand has endorsed calls for a parliamentary inquiry in France as well as a report from the country's social affairs inspectorate, mirroring similar moves that led to tough new requirements for the pharmaceutical industry introduced last year in the wake of concerns about Servier's drug Mediator.

Medical device manufacturers have called for reforms to ensure that the national "notified bodies" which audit the quality of their products across Europe are of a consistently high standard, while cautioning that tough new regulatory requirements could harm the EU's competitive advantage.

The French study showed that Afssaps had received multiple warnings over the relatively high failure rate of PIP implants compared with those made by other companies, even though the overall proportion remained modest.

 is the manufacturer of the breast implants under 	er scrutiny.
--	--------------

A. European Commission

B. PIP

C. Afssaps

D. Xavier

2. According to the passage, "notified bodies" in Paragraph 2 are responsible for

A. proposing legislation, implementing decisions in European Union

B. producing and marketing the medical devices across the EU

C. providing some scientific advice to the European Commission

D. assessing whether a product meets certain preordained standards

3. Which of the following statements is INCORRECT according to the passage?

- A. Women using the breast implants faced greater health risks.
- B. The capacity to detect the risk of fraud should be increased.
- C. An official report called for cooperation in France and in other parts of EU.
- D. France's minister of health has pledged to hire more health inspectors.
- 4. Which of the following countries have not all proposed to offer women free removal of PIP implants?
 - A. France, Germany, UK
- B. Germany, UK, Czech
- C. US, Germany, Czech
- D. Germany, France, Czech
- 5. Which of the following statements is true according to the passage?
 - A. There is a consensus on the EU regulation of medical devices in the European Union.
 - B. All breast implant failure appears to be without identifiable health consequences.
 - C. Tough new regulatory requirements could harm the EU's competitive advantage.
 - D. The overall proportion of the implant failure is relatively high compared with others.

В

1. 答案

试题分析

本题为细节题。根据第一段"...breast implants produced by the defunct French company PIP"可知B正确。

2. 答案

试题分析

本题为语义题。根据第二段"...'notified bodies' that scrutinise medical devices..."和倒数第二段"'notified bodies' which audit the quality of their products..."可知D正确; A是European Commission的职责; B是制药公司的职 责; C是Scientific Committee on Emerging and Newly Identified Health Risks的职 责。

3. 答案 Α

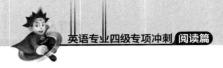
试题分析

本题为概括题。根据第一段 "there was currently 'insufficient evidence' women using its products faced greater health risks than others"可知A错误; 根据 第二段 "The capacity to detect and minimise the risk of fraud must be increased" 可知B正确;根据第三段"...an official report ... that called for national and EUwide co-operation..."可知C正确;根据第五段"Mr. Bertrand has pledged to hire more health inspectors and..."可知D正确。

4. 答案

C

试题分析 本题为细节题。根据第六段 "A French decision at the end of last year to offer



all women free removal of PIP implants triggered similar proposals in the UK, Germany and the Czech Republic"可知提出这项建议的国家为France, UK, Germany and Czech。全文都在讲EU,没有提到US。故C错误。

5. 答案

C

试题分析

本题为概括题。根据第六段 "spark a fresh debate over tougher EU regulation of medical devices" 可知A错误;根据第七段 "breast implant failure appears to be without identifiable health consequences for the patient with the exception of possible local complications" 可知B错误;根据倒数第二段 "while cautioning that tough new regulatory requirements could harm the EU's competitive advantage" 可知C正确;根据最后一段 "even though the overall proportion remained modest" 可知D错误。

参考译文

法国PIP公司生产的隆胸填充物引发社会广泛争议,即使有科学家指出目前尚没有"足够的证据"证明使用其产品的女性面临着更高的健康风险。欧盟委员会于周四表示,将加强对医疗器械的监管。

近日, 欧盟健康与消费者政策专员约翰•达利在一项立法审查中强调, "必须提高发现欺诈行为并将其风险降低的能力", 而且保证公告机构将在欧盟范围内细查医疗器械, 同时对公告机构的监管和运行情况进行检查。

法国随后在周四发布了一份官方报告,呼吁全国乃至整个欧盟在医疗器械随机检查和取样工作中进行合作,以防止再次出现PIP公司在出售给全球40万名妇女的隆胸填充物中使用非医用级硅胶的欺诈事件。

一项调查显示,法国医疗监督机构——卫生安全和健康产品委员会(Afssaps)自2001年起从未检查过PIP公司,直到官方得到消息并于2010年将该公司关闭。 法国卫生部长格扎维埃•贝特朗(Xavier Bertrand)要求今后加强对法国和欧洲的检查。该公司创始人Jean-Claude Mas目前以过失杀人罪名接受警方调查。

法国PIP公司不合格隆胸填充物的广泛使用致使民众对法国监管制度的关注度不断提高,贝特朗保证将向医疗器械公司派出更多的卫生检验员并进行随机抽查。

去年年底,法国决定免费为妇女更换PIP隆胸填充物。英国、德国及捷克也相继效仿,这已引发了对医疗器械实施更严厉监管的新一轮辩论,医疗器械受到远比药品更少的监管。

然而,欧盟新兴健康风险科学委员会于周四发表评论称:"即使不考虑生产商的因素,隆胸填充物在移植后也可能随着时间推移而出现问题。在多数案例中,隆胸移植失败除了带来局部并发症外,并没有对健康造成明显的不良后果。"

它强调,目前有限的数据意味着,虽然在隆胸移植和癌症之间没有必然联系,但仍需要进一步调查使用PIP产品对健康带来的具体风险。

贝特朗呼吁法国应借鉴去年施维雅公司由于药物中间体问题而出台新的制药行业规定的做法, 成立议会调查组并由社会事务视察团出具报告。

医疗器械生产商要求改革以确保负责审计产品质量的国家"公告机构"能够保持一贯的高标准,但同时也告诫,严苛的立法会对欧盟的竞争优势造成损害。

法国的研究显示卫生安全和健康产品委员会已收到许多警告,即使总体比例尚可接受,但PIP公司隆胸填充物与其他公司生产的产品相比失败率相对较高。

选自《金融时报》



长句疑难句分析

本文长句较多, 甚至一段即一句话, 例如第三段, 阅读时合理切断意群进行理解:

His comments followed an official report// released on Wednesday in France // that called for national and EU-wide co-operation // including random inspections and sampling of medical devices // to prevent a repeat of the fraudulent use of substandard non-medical-grade silicone by PIP in implants // sold to up to 400,000 women around the world.



重点、难点词汇

European Commission: 欧盟委员会(1967年成 defunct: 已死(亡)的;已废止的;不再

立的欧洲经济共同体办事机构) scrutinise: 做仔细检查: 细致观察 tip-off: 泄密,透露消息;密告

pharmaceutical: 制药(学)的; 药品; 药剂

活动的;不能(或不再)使用的 fraud: 欺骗;骗子;诡计 manslaughter: 杀人; 过失杀人

endorse: 背书; 认可; 签署

Text B

/ 555 Words /

/ Time for reading: 4 minutes /

Health Minister Nicola Roxon's latest proposal that patients be allocated to doctors on a list basis is straight out of the playbook of Britain's National Health Service.

Let's think about this from the patient's point of view. Some doctors are better than others, the same as some plumbers are better than others. The reason may be a better bedside manner; it may be they are more competent; it may be just that there is a simple personality clash—it may just be that, at times, the patient wants a second opinion. Or it might be that the patient has a potentially embarrassing problem that he or she does not want to discuss with his or her regular general practitioner.

Some people who are ill-suited to their career choice are always going to slip through the system. In other words, if you are allocated a doctor you don't like or who is a dud, you are likely to be stuck with him. Of course, the government will make some noises about "freedom of choice"; but in the end, a doctor who hangs up his shingle and succeeds or fails according to the quality of service he offers is going to provide a better quality of service than a public employee.

Now, all doctors, including general practitioners, must be members of the appropriate professional body, which accredits them as qualified practitioners. This means they must first finish medical school and then qualify as surgeons, physicians, ophthalmologists or psychiatrists.

This postgraduate training is arduous and expensive, and practitioners naturally expect a return on their investment of time, energy and money—the average medical graduate is left with tens of thousands of dollars in university fees.

Much is made of the top professionals who make millions, but the average GP is running a practice that gives him a barely adequate return on his investment in professional development. Indeed, many GPs complain they are virtually government employees relying on Medicare to pay their bills, but the "virtually" is important. They remain independent professionals who succeed or fail according to the service they provide.

The recent moves to widen the scope of nurse practitioners concern many GPs. While nurse practitioners may have a role in isolated areas, a nurse is not a substitute for a general practitioner, who has years of undergraduate and postgraduate training in family medicine. Expanding the role of nurse practitioners may simply be an axe to wield again the ancient enemy, the family GP. Many nurses have specialist training, which makes them indispensable in the medical system; but a nurse is not a substitute for professionally-trained general practitioners with years' more education behind them.

Minister Roxon's move to cut Medicare payments for cataract surgery again flies in the face of reality. On the face of it, it may seem plausible—better technology equals cheaper prices.

If the Fred Hollows Foundation can do cataract surgery for \$25, why can't an Australian ophthalmologist? The reason is that an Australian eye-doctor is running a practice. He has to pay a receptionist, an accountant, rent for his rooms and so on—in other words, he has fixed costs, which means the money goes into a lot of pockets apart from his own. In fact, he can't absorb the cost cuts that the government is asking him to accept.

From News Weekly, November 28, 2009

- 1. What did the Health Minister propose?
 - A. to cut the medical profession all over the country
 - B. to allocate the patients to doctors on a list basis
 - C. to increase the incentives of the medical workers
 - D. to revise the policy on the medical profession
- 2. The patient may think some doctors are better than others NOT because
 - A. some doctors are more competent
 - B. there is a simple personality clash
 - C. they have more difficult problems
 - D. they sometimes want a second opinion
- 3. When doctors finish medical school, they may not qualify as
 - A. surgeons
- B. physicians
- C. opticians
- D. psychiatrists
- 4. Which of the following statements about nurse practitioners is NOT true?
 - A. They may have a role in some isolated areas.
 - B. They are not a substitute for general practitioners.
 - C. They have less education background than GP.
 - D. They are the same as family general practitioners.
- 5. According to the passage, which of the following statements is correct?
 - A. People not well-suited to their career choice are going to slip through the system.
 - B. Average GP is given abundant return on his investment in professional development.
 - C. Most of the general practitioners are working for the government-controlled service.
 - D. Australian ophthalmologists have fixed costs so they cannot do cataract surgery.



1. 答案

В

试题分析

本题为细节题。根据全文第一句 "Health Minister Nicola Roxon's latest proposal that patients be allocated to doctors on a list basis is..." 可知应当选B。

公共健康

2. 答案 C

本题为概括题。根据第二段可知原因可能是 "some doctors have a better bedside manner", "they are more competent",或者病人 "there is a simple personality clash", "wants a second opinion", "has a potentially embarrassing problem that he or she does not want to discuss with his or her regular general practitioner"。只有C没有提到。

3. 答案 C

试题分析

本题为细节题。根据第四段 "This means they must first finish medical school and then qualify as surgeons, physicians, ophthalmologists or psychiatrists." 可知只有C选项opticians(眼镜商)没有提到。

4. 答案 D

本题为概括题。根据第七段 "nurse practitioners may have a role in isolated areas", "a nurse is not a substitute for a general practitioner", "a nurse is not a substitute for...general practitioners with years' more education behind them"可知 A、B、C都正确,而根据本段内容nurse practitioner(护士)又不同于family GP(家庭全科医师),故选D。

5. 答案 A

本题为概括题。根据第三段 "Some people who are ill-suited to their career choice are always going to slip through the system"可知A正确;根据第六段 "the average GP...that gives him a barely adequate return on his investment in professional development"可知B错误;根据第六段 "They remain independent professionals"可知C错误;根据最后一段 "If the Fred Hollows Foundation can do cataract surgery for \$25, why can't an Australian ophthalmologist?" 无法判断 澳大利亚眼科医生无法做白内障手术,可知D错误。

参考译文

最近,卫生部部长尼可拉•罗可森(Nicola Roxon)根据英国的国家卫生服务计划提议,将病人按名单顺序分派给不同医生。

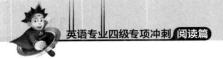
让我们从病人的角度来思考这个问题。就像有些管道工比其他管道工技术水平更高一样,某些医生要比其他医生的水平更胜一筹。其原因也许是某些医生服务态度更好,也许是他们更有能力,也许仅是性格冲突,或者只是病人想要征求更多的意见,又或者是病人遇到了不想与其家庭医生讨论的尴尬问题。

那些不能胜任所选职业的人通常可以在这个体制下混日子。换句话说,如果给你分派了一位你不喜欢的医生或是一个庸医,你也不得不忍受。当然,政府会发表"自由选择"的言论,但最后挂牌开诊的医生由于水平高低决定了有人成功有人失败,但无论如何其所提供的服务质量都要优于公职人员。

目前包括家庭医生在内的所有医生都必须是专业机构的成员,并获得此机构为他们颁发的从业人员合格证书。也就是说,他们必须首先从医学院毕业,然后获得外科医生、内科医生、眼科医生和精神病医生等的资格证书。

这种研究生课程很艰深,学费又昂贵,因此从业医师们自然期待其在时间、精力和财力上的投入有所回报,医学毕业生在大学期间平均要花费几万美元的费用。

收入几百万的顶级专业人士赚得更多,但是普通医生在专业发展方面的投资几乎得不到相应的回报。实际上,很多普通医生都抱怨他们实质上只是依赖医疗保险支付账单的政府雇员,但是这个"实质上"是很重要的。他们仍然是独立经营,成功与否是由他们所提供的服务水平来决定的。



最近许多普通医师都在关注拓宽护士范围这一举措。虽然护士在独立的领域能发挥一定的作 用, 但普诵医师有着多年的大学教育和家庭医学培训背景, 因此护士并不能替代普通医师。拓宽护 十范围可能仅仅是挥向家庭医生这个宿敌的一把斧头。很多护士都受过专门训练,这使他们在医疗 体系中不可或缺。但是护士并不能替代具有多年教育背景并受过专业培训的普通医师。

罗可森部长削减白内障手术医疗保险的举动再一次向现实挑战。乍看起来,这似乎有理——有 了好的技术就可以降低手术价格。

既然弗洛德·霍洛基金会可以用25美元完成白内障手术,为什么澳大利亚的眼科医生们就不能 呢?原因在干澳大利亚的眼科医生需要遵循医疗室的流程管理。他要为接待员和会计支付工资、付 房租和其他费用、也就是说、他有固定成本、他所赚的钱还要分给其他许多人。实际上、他根本无 法接受政府缩减医疗开支的要求。

选自《新闻周刊》



长句疑难句分析

英语主语太长时,会有不同方法保持句子平衡,避免句子头重脚轻,例如:倒装、 形式主语it代替等等。本文第六段第一句也是常见的句型: "Much is made of the top professionals who make millions...", 其实原本为: Much of the top professionals who make millions is made. Ell Top professionals who make millions have made/earned much.



bedside manner: 医牛对病人的态度

dud: 不中用(或不称职)的人 accredit: 授权; 信任; 委派

physician: 内科医生 psychiatrist: 精神病医生

cataract surgery: 白内障手术

personality clash: 人格冲突

general practitioner: 全科医师; 普通医师

surgeon: 外科医生

ophthalmologist: 眼科医生 arduous: 艰巨的, 费力的

plausible: 貌似真实的, 貌似有理的

Text C

/ 649 Words /

/ Time for reading: 4.5 minutes /

Foodstuffs and drinks need to contain less sugar, salt and fat in order to help combat the growing number of people developing cancer, campaigners against the disease have said.

The call from the World Cancer Research Fund (WCRF) came as it released fresh estimates that the number of Britons being diagnosed with cancer annually will rise to almost 400,000 by 2030.

The UK will see about 396,000 new cases of cancer a year in 2030—a 30% rise on the 304,000 seen in 2008—according to WCRF projections released today to mark World Cancer Day.

Its analysis of the likely increase in cancer cases in all 27 EU member states by 2030 says that the UK will have the 16th biggest proportionate rise and Ireland the biggest with a predicted 72% jump, followed by Cyprus (55%), Luxembourg (53%) and Malta (49%).

The WCRF identified the ageing population as the key factor behind the rise, because cancer affects mainly the over-60s. But it also said improvements in lifestyles, such as eating better, maintaining a normal weight and taking exercise could prevent as many as a third of all cancers.

"Measures to tackle the fat, sugar and salt content of food and drinks and to improve the opportunities for physical activity are the type of developments we need to cut these predictions of future cancer cases," said Dr Kate Allen, the science and communications director at WCRF International.

It wants to see mean salt intake fall to 5g a day by 2025, a big drop from the current average in the UK of about 8g, and for total fat intake to make up just 15-30% of people's energy intake by the same date.

To achieve that it wants action to "encourage nutrient-dense relatively unprocessed foods and discourage sugary and alcoholic drinks".

Cancer incidence is rising, and experts expect it to keep rising, mainly due to ageing, but also obesity and alcohol misuse. But WCRF's estimate of a 30% rise by 2030 is lower than Cancer Research UK's prediction, made last October, of a 45% leap to around 432,0000 cases by the same date.

The trend has prompted concern that the NHS may not be able to keep pace.

"We know the numbers of people getting this disease is increasing and these figures by the WCRF should signal alarm bells for the NHS and how we plan future cancer services. Macmillan Cancer Support's own research showed that four in 10 people will now get cancer in their lifetime," said Ciaran Devane, the charity's chief executive.

On current trends the number of people in the UK who have been diagnosed with cancer will double from two to four million over the next 20 years, added Devane.

Dr Emily Power, health information manager at CRUK, said: "With more cancers being diagnosed, it's crucial that cancer services worldwide prepare for the growth in demand. It's also important that we do everything we can to improve the early diagnosis of cancer."

But medical and scientific advances mean patients diagnosed with cancer are twice as likely to survive it as they were 40 years ago, Power added.

The Department of Health said: "This data shows the challenges we face from an ageing population and the rising burden of cancer. That is why we are investing more than £750m over the next four years to make sure people are diagnosed with cancer earlier and have better access to the latest treatments. This includes a range of public awareness campaigns on the signs and symptoms of cancer."

"Through our investment and modernisation of the NHS, we will save 5,000 more lives every year by 2015—closing the gap in cancer survival between us and the best-performing countries in the world."

"But we know that up to half of all cancers could be prevented by changing our lifestyles—eating better, doing more exercise, drinking less and stopping smoking."

From The Guardian, February 4, 2012

- 1. Which of the following is the key factor for the rise of cancer cases?
 - A. eating better

B. much overweight

C. exercise less

- D. ageing population
- 2. Which of the following figures is NOT correct?
 - A. The average salt intake in UK now is around 5g a day which is a big drop.
 - B. Total fat intake is expected to be 15-30% of people's energy intake by 2025.
 - C. The research shows that 40% people will now get cancer in their lifetime.
 - D. The number of British people with cancer will double over the next 20 years.
- 3. Which of the following is NOT the cause of the rising cancer incidence according to the expert's expectation?

