

全国高校统编教材

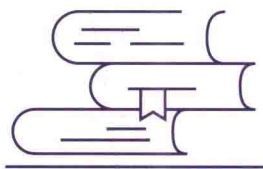
大学英语

主题分类阅读教程

1

主 编：陈慧 杨秋萍

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总主编：陈慧



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前 言

阅读理解题在大学英语四级考试中占有很大比例,其分值占总分值的 35%,考试时间为 40 分钟。其中,词汇理解(选词填空题)的分值占总分值的 5%;长篇阅读(匹配题)的分值占总分值的 10%,其题型是篇章后附有 10 个句子,每句一题,每句所含的信息出自篇章的某一段落,要求考生找出与每句所含信息相匹配的段落,有的段落可能对应两题,有的段落可能不对应任何一题;仔细阅读(单选题)的分值占总分值的 20%,包含两篇文章,每篇文章后有 5 个选择题。可见,提高阅读速度和效率是决胜大学英语四级考试的关键。有鉴于此,我们组织教学一线的骨干教师,编写了这套《大学英语主题分类阅读教程》。

编写总则

本教材分为三册,以《大学英语四级考试大纲》为准则。教材的整体设计充分体现了时代性、知识性、实用性和鲜活性,并注重培养学生的人文素质、语言能力以及学习策略。每篇文章都标出文章的词数、建议阅读答题时间以及来源,以便学生更好地掌握考试节奏。

选材要求

阅读理解不仅考查学生的英语水平,还在一定程度上考查学生的知识面以及知识结构。本教材紧紧围绕四级考试大纲的要求选材,所选题材广泛,体裁多样,绝大多数文章紧跟时代发展,内容具有时代性、思想性、知识性和趣味性。教材分别以经济、政治、社会热点、时尚、历史文化、习俗、教育、文学、名人、健康、自然、科学、体育等为主题,每个主题里有相应的单元练习。所选文章语言难度适中,超出四级大纲词汇表的单词都用汉语注明词义。

使用对象

本书适合英语专业大一学生、非英语专业在校生以及有意愿提高英语阅读能力的读者使用。通过本套教材的练习,学生可以提高选词填空、快速阅读以及精读方面的能力,最终在大学英语四级考试中取得好成绩。

编写分工

本教材分为三册,总主编是广西民族师范学院外国语学院骨干教师陈慧。本册是

第一册:主编陈慧编写 15 万字,第二主编杨秋萍(广西民族师范学院外国语学院)编写 3 万字,副主编张艳琼(桂林理工大学外国语学院)编写 2 万字,副主编李娜(广西民族师范学院外国语学院)编写 2 万字,副主编肖飞菲、刘欣(均为桂林理工大学外国语学院教师)各编写 2 万字。

由于时间仓促以及自身能力所限,书中难免有不妥之处,敬请广大读者批评指正。

编者

2018 年 4 月

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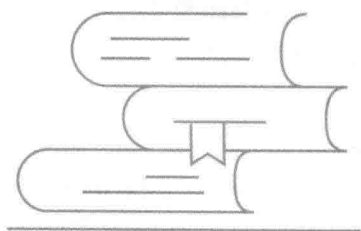
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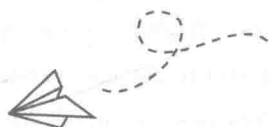
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Health

本章主题是健康。文章选自《中国日报》、英国的《卫报》、美国的《新闻周刊》及《科学美国人》等，所选内容涉及当前世界上与健康相关的前沿热点，如饮食与肥胖问题、压力与心理保健、环境与健康、疾病与医药等。



Unit



• Section A •

Directions: In this section, there is a passage with ten blanks. You are required to select one word for each blank from a list of choices given in a word bank following the passage. Read the passage through carefully before making your choice. You may not use any of the words in the bank more than once.

(words : 257 ; suggested time : 6 minutes ; source : Newsweek)

For many health-(1) _____ people, bread is a little slice of hell. Burgeoning (快速发展的) shelves of multi-grain loaves have led consumers to believe whole grain bread is healthier than industrial white bread. That (2) _____ has made for a lot of expensive sandwiches.

Fortunately, a new study by researchers at the Weizmann Institute of Science is here to (3) _____ through the confusion. In the study, published in *Cell Metabolism*, researchers randomized 20 participants to consume either (4) _____ white bread or artisanal whole wheat sourdough (酵母, 发酵面团) in order to (5) _____ the effects of each on the body.

Before the study started, all participants consumed the same amount of white and nonwhite bread for several days. Then each group ate, on (6) _____, at least 100 grams of bread—three to four slices—per day for one week. After a two-week break, the groups (7) _____ types for another bread-laden week. The total amount of calories the participants consumed remained constant for the duration of the study.

The researchers were surprised by what they found. "There were no (8) _____ significant differences between the effects of these two types of bread on any of the parameters(参量,因素) that we measured," said computational biologist Eran Segal, senior author of the study, in a statement. Those parameters included glucose(葡萄糖) levels upon (9) _____, fat and cholesterol(胆固醇) levels, the amounts of essential minerals (like calcium, iron and magnesium) in the bloodstream and several (10) _____ of inflammation(炎症) and tissue damage. Segal and colleagues examined 20 variables and found not one notable difference between the white bread eaters and the artisanal bread eaters.

A) amounts

I) waking

B) properly

J) conscious

C) technology

K) boring

D) cut

L) trend

E) make

M) average

F) compare

N) processed

G) switched

O) positive

H) clinically

• Section B •

Directions: In this section, you are going to read a passage with ten statements attached to it. Each statement contains information given in one of the paragraphs. Identify the paragraph from which the information is derived. You may choose a paragraph more than once.

(words: 1,170; suggested time: 14 minutes; source: Newsweek)

Planners Worry Countries Will Lose Momentum on Eradication and Children Will Go Unprotected

【A】The international campaign to eradicate (消灭) polio (小儿麻痹症), which has vaccinated (给……接种疫苗) 2.5 billion people since it began in 1988—nearly all of them children—has faced one setback after another. Its goal of wiping out the disease from the planet, which was meant to happen in 2000, is about 16 years overdue (过期的)—but getting close. The campaign has confined the disease to only three countries and hopes to reach its goal by the end of this decade. Now, however, the fight faces a new threat: a critical shortage of vaccine (疫苗).

【B】The campaign—conducted by the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), UNICEF, Rotary International and the Bill and Melinda Gates Foundation—was expecting to receive 110 million doses of injectable polio vaccine (IPV) this year, but the two manufacturers have told the groups they can supply only about half that. “We don’t have specifics, but something is preventing the scale-up of vaccination production,” says Shanelle Hall, the director of UNICEF’s supply division. “We are projecting now that we won’t have the quantities we need until 2018.” More than 100 countries are depending on those doses. Without them, planners worry that the eradication campaign will lose momentum, and so many children will go unprotected that there will be fresh outbreaks.

【C】Polio vaccination (种痘) strategies are complicated but come down to this: Since the 1950s, there have been two vaccines, Jonas Salk’s injectable (血管注射剂) formula, which uses a killed virus to evoke an immune response, and Albert Sabin’s oral version, which relies on a weakened live virus to do the same thing. Salk’s vaccine was adopted by the industrialized world, but when eradication efforts began elsewhere, the people behind that campaign decided to rely on the oral polio virus vaccine (口服脊髓灰质炎疫苗), known as OPV. That was partly because the drops are less expensive to buy and administer, because they can be given by volunteers with no medical training. But it was also because the weakened vaccine virus performs a trick that the Salk virus cannot: It reproduces in the guts (内脏) of children and then is expelled in their feces (排泄物)—and when it enters the environment, it can create immunity (免疫性) in anyone who accidentally ingests (咽下) it, creating a kind of passive immunization (免疫).

【D】The ability to reproduce and spread is good, but it has an unintended consequence. The attenuated (变弱的) virus can mutate (变异, 突变) back to a disease-causing type, spreading infection instead of protection. Last year, when there were only 74 cases of polio in the world, 32 were caused by a vaccine-derived virus.

【E】To reduce the chances of that happening, the campaign switched all of the countries using OPV from one formula to another in April. The abandoned formula contained weakened versions of

all three strains of polio virus (dubbed type 1, 2 and 3). The new formula contained only types 1 and 3. The campaign removed type 2 because that strain has been eradicated in the wild—it has not been picked up by any surveillance (监视, 监督) mechanisms since 1999—and because it was more likely to mutate into the disease-causing type, compared with the other two strains.

【F】Planners acknowledged the strategy held some risk; it raised the possibility of a type 2 outbreak, if that strain of virus reappeared or if a vaccine virus still in someone's system mutated and escaped. That risk was supposed to be nullified by a second strategy: In every country still using OPV, children were also supposed to receive one shot of the injectable vaccine, because it contains all three strains and, being a killed-virus vaccine, does not lead to reproduction.

【G】That plan was working, but now IPV is running short. “Every child born since May, if they live in a country that does not have access to IPV, is not getting any immunity against the type 2 polio virus,” said Dr. Stephen Cochi, a pediatrician who leads the CDC's polio eradication (根除, 消灭) effort. “If we get an increased supply of IPV, we can catch up to those children. Before then, we have to depend on no vaccine-derived polio virus outbreaks occurring.” To cope with the shortfall (不足, 差额), the campaign has triaged (分拣) countries still using OPV into tiers (等级), depending on their risk of outbreak. The three countries that still harbor (窝藏) wild polio—Afghanistan, Nigeria and Pakistan—are at the top of the list to receive IPV. Countries at the bottom will not receive any IPV doses until the supply situation improves; other manufacturers that bid to supply the campaign are supposed to deliver vaccines in 2019.

【H】To stretch the supply, the WHO is urging countries to try “fractional doses” of the injectable, a tricky maneuver (策略, 调遣) that involves injecting vaccine into the skin instead of into muscle. But that requires training and constitutes an off-label use, so some countries have been reluctant to do it. Preparing to add the injectable vaccine to existing national immunization programs was not a small task for countries, so in addition to the epidemiological (流行病学的) risk of possibly sparking outbreaks, planners are concerned the reputation of the eradication campaign—which already has consumed billions of dollars and occupied millions of volunteers—will suffer as countries put what they did on hold.

【I】“I have had to personally visit several countries and explain to them why they are deprived of vaccine when other countries are getting it,” Michael Zaffran, the WHO's director of polio eradication, says. “We insisted on countries introducing IPV for very good reasons, and now we are finding ourselves without enough vaccine to comply.” Despite the setback, researchers are hopeful that they can complete the mission. But to do it, the campaign will need a little luck. And luck is never something to count on when dealing with infectious diseases.

11. WHO, CDC, UNICEF, and Rotary International and the Bill and Melinda Gates Foundation conducted the campaign and was expecting to receive 110 million doses of IPV this year.

12. Since the 1950s, there have been two vaccines, Jonas Salk's injectable formula and Albert Sabin's oral version.

13. Last year, a vaccine-derived virus caused 32 cases of polio in the world.

14. People decided to rely on OPV partly because the drops are less expensive to buy and administer.

15. Getting ready to add the injectable vaccine to existing national immunization programs was a big task for countries.

16. Type 2 was removed by the campaign because it has not been picked up by any surveillance mechanisms since 1999.

17. When the oral polio virus vaccine enters the environment, it creates immunity in those who accidentally ingest it and creates a kind of passive immunization.

18. Michael Zaffran says he has had to personally visit several countries and explain to them why they are deprived of vaccine when other countries are getting it.

19. Afghanistan, Nigeria and Pakistan, the three countries that still harbor wild polio, are at the top of the list to receive IPV.

20. The international campaign to fight against polio faces a new threat: a critical shortage of vaccine.

• Section C •

Directions: There are 2 passages in this section. Each passage is followed by some questions or unfinished statements. For each of them there are four choices marked A, B, C and D. You should decide on the best choice.

Passage One

Questions 21 to 25 are based on the following passage.

(words: 316; suggested time: 9 minutes; source: Scientific American)

Some 1.6 million people in the U.S. live with limb (肢体) loss, according to a 2008 study, and that number could more than double by 2050. Modern prostheses (假体) enable replacements of

limbs lost to injury or disease. But people who lose functionality in an otherwise healthy arm or leg have had few options. A team of surgeons in Vienna, Austria, however, recently developed bionic (仿生学的) reconstructions of the hands of 16 people who had lost manual control and sensation (知觉) because of nerve damage. The catch: patients have to undergo a nonessential amputation (截肢) of the damaged hand to make room for the prosthesis.

Hoping to clarify the choices and considerations, surgeon Laura Hruby and her colleagues at the Medical University of Vienna in Austria published a protocol (科学实验报告) for selecting the first patients to undergo this intensive procedure and guiding them through it.

The Vienna team focused on people with damage to the brachial plexus (臂丛神经), the cluster of nerves that controls muscles in the shoulders, arms and hands. "Bionic hand reconstruction in patients with brachial plexus lesions (损伤, 障碍), in whom classic primary and secondary reconstructions have failed, gives hope to patients who have lived without hand function for years or even decades," Hruby says.

The approach improved hand dexterity (灵巧) beyond what would be possible with surgical intervention (介入), according to the research, which was published online in January in the Journal of Neurosurgery. It also reduced the severe, spontaneous pain that can develop in limbs that sustain nerve damage.

Steps toward Reconstruction:

1. Bionic hands are mounted adjacent (临近的, 毗邻的) to the original hand onto an arm brace and wired to electrodes (电极) that can pick up the candidate's functional forearm nerves through the skin. This stage gives people practice controlling the prosthesis.

2. The original hand is surgically removed.

3. After recovery from surgery, the bionic hand is moved from its temporary position on the arm brace to the end of the candidate's wrist.

21. In the U.S., people who live with limb loss could be _____ by 2050.

- A. 1.6 million
- B. 3.2 million
- C. about 1.6 million
- D. about 3.2 million

22. What are bionic reconstructions of the hands?

- A. Those who had lost manual control and sensation because of nerve damage would accept bionic reconstructions.
- B. Patients have to undergo a nonessential amputation of the damaged hand to make room for the prosthesis.

- C. Severe, spontaneous pain that can develop in limbs that sustain nerve damage could be reduced.
- D. All the above.
23. What positive effect could the Vienna team's approach bring?
- A. It improved hand dexterity.
- B. It reduced the severe, spontaneous pain.
- C. Patients are able to live with hand function.
- D. All the above.
24. Steps toward bionic hand reconstruction do not include: _____
- A. Practice controlling the neck.
- B. Mount bionic hands adjacent to the original hand onto an arm brace and wired to electrodes.
- C. Surgically remove the original hand.
- D. Move the bionic hand from its temporary position on the arm brace to the end of the candidate's wrist.
25. Which would be the title of the passage?
- A. The approach of Bionic hand reconstruction could improve hand dexterity beyond what would be possible with surgical intervention.
- B. People with nerve-damaged hands can now have them surgically replaced.
- C. Bionic hand reconstruction gives hope to patients who have lived without hand function for years or even decades.
- D. Modern prostheses enable replacements of limbs lost to injury or disease.

Passage Two

Questions 26 to 30 are based on the following passage.

(words: 375; suggested time: 9 minutes; source: Newsweek)

Cancer is primarily a disease of aging, but it still affects plenty of young people. According to the National Cancer Institute, some 70,000 people aged 13 to 39 in the U.S. are diagnosed each year with the disease. Matthew Zachary, founder and CEO of Stupid Cancer—an advocacy (拥护, 提倡) and support organization for Generation X and millennial (一千年的) cancer patients and survivors—knows all too well the unique challenges young adults face when diagnosed with the Big C.

Zachary, 43, a classically trained pianist, was a senior in college when his left hand stopped working. Doctors soon diagnosed him with a brain tumor (瘤) and gave him six months to live. To this day, he struggles with the physical and psychological impact of the disease and his treatment

for it. But most of all, he remembers feeling very alone.

This year marks a decade since Zachary—who describes himself as “respectfully disdainful (轻蔑的, 鄙视的) and strategically disruptive (制造混乱的, 破坏的)” —founded Stupid Cancer, which provides young people with online resources and age-appropriate meet up events. It also hosts an annual trade show, known as Cancer-Con, that’s been attended by 8,000 patients and survivors over the past 10 years.

What makes the cancer experience different for younger adults? According to the National Cancer Institute, survival rates for young adults have not improved in 40 years, compared to other age groups. If you’re diagnosed with cancer between 15 and 39, you suffer more. You go bankrupt more. You do not become a productive member of society. You do not get to enjoy the fruits of your 20s and 30s. And that’s not acceptable. So this is about building a quality for outcomes based on your age. It’s about how well you can live, and ideally recover and build a life for yourself you deserve, because you didn’t ask to be sick.

But, still, you have unique needs as a 20-something who didn’t get cancer in their 20s but who had it in their teens or single digits (0 到 9 任一数字). We are now almost the repository (仓库, 储藏室) of those near half-million Americans who need a community because they were kicked out of pediatrics (小儿科的), and there is no long-term standard across the country on how to measure the impact of not dying.

26. In the U.S., _____ are diagnosed with cancer each year.

- A. more than 70,000 people
- B. it’s mainly those people who are aged 13 to 39
- C. about 70,000 people who are aged 13 to 39
- D. 70,000 people

27. Which of the following is not true?

- A. Zachary’s left hand stopped working after doctors diagnosed him with a brain tumor.
- B. Zachary was a senior in college when his left hand stopped working.
- C. Zachary’s doctor gave him six months to live but he struggled with the Big C and now is 43.
- D. Zachary founded Stupid Cancer, which provides young people with online resources and age-appropriate meet up events.

28. What makes the cancer experience different for younger adults?

- A. Compared to other age groups, survival rates for young adults have not improved in 40 years.
- B. If you’re diagnosed with cancer between 15 and 39, you do not become a productive member of society.

- C.If you're diagnosed with cancer between 15 and 39,you do not get to enjoy the fruits of your 20s and 30s.
- D.All the above.
- 29.What's the meaning by saying "you have unique needs as a 20-something who didn't get cancer in their 20s but who had it in their teens or single digits"?
- A.Those 20-something diagnosed with cancer have unique needs the same as those who didn't get cancer in their 20s.
- B.Since you had cancer in your teens or single digits,you have unique needs.
- C.You are a 20-something but you didn't get cancer in the 20s.
- D.Our society should pay great attention to the unique needs of those who are now in the 20s but who actually had cancer in their teens or single digits.
- 30.Which sentence states the main idea of the passage?
- A.Stupid cancer helps the young generations who are diagnosed with it bond and fight back.
- B.Everyone should build a quality for outcomes based on his or her age.
- C.Once diagnosed with cancer,it's not about how long you can live;it's about how well you can live,and ideally recover and build a life for yourself you deserve.
- D.Half-million Americans need a community because they were kicked out of pediatrics.

答案与解析

· Section A ·

1.答案:[J]conscious

解析:本空所在短语是一个由“-”连接的定语,修饰 people,可以推断此空为形容词。根据本段后文消费者对于全谷物面包的挑选,可以明确首句意指关注饮食健康的人,因此 conscious 为正确答案。

2.答案:[L]trend

解析:本空前面是代词 that,后面是一个谓语结构 has made...,可以推断此处是要选一个名词充当句子的主语。通过上文可以知道,作者在此处对人们的消费趋势做了总结,因此 trend 在此处合适。

3.答案:[D]cut

解析:本空在不定式 to 后面,可以推断此处是一个动词原形。备选的动词有 cut、make 和 compare。此空后有 through, cut through the confusion 符合上下文的意思,因此 cut 为正确答案。