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https://www.100test.com/kao_ti2020/107/2021_2022_05_E5_B9_B4_E5_90_8C_E7_AD_c69_107225.htm passage two in recent years,

there has been a steady assault on salt from the doctors: salt is bad for you regardless of your health. politicians also got on board. “ there is a direct relationship, ” us congressman neal smith noted,

“ between the amount of sodium a person consumes and heart disease, circulatory disorders, stroke and even early death. ”

frightening, if true! but many doctors and medical researchers are now beginning to feel the salt scare has gone too far. “ all this hue probably doesn ’ t make much difference how much salt we eat. ”

dustan ’ s most recent short-term study of 150 people showed that those with normal blood pressure experienced no change at all when placed on an extremely low-salt diet, or later when salt was

reintroduced. of the hypertensive subjects, however, half of those on the low-salt diet did experience a 0drop in blood pressure, which returned to its previous level when salt was reintroduced. “ an

adequate to somewhat excessive salt intake has probably saved many more lives than it has cost in the general population, ” noted dr.

john h. laragh. “ so a recommendation that the whole population should avoid salt makes no sense. ” medical experts agree that

everyone should practice reasonable “ moderation ” in salt consumption. for the average person, a moderate amount might run

from four to ten grams a day, or roughly 1/2 to 1/3 of a teaspoon. the equivalence of one to two grams of this salt allowance would come

from the natural sodium in food. the rest would be added in processing, preparation or at the table. those with kidney, liver or heart problems may have to limit dietary salt, if their doctor advise them to. but even the very vocal “ low salt ” exponent, dr. arthur hull hayes, jr. admits, “ we do not know whether increased sodium consumption causes hypertension. ” in fact, there is growing scientific evidence that other factors may be involved: deficiencies in calcium, potassium, perhaps magnesium. obesity (much more dangerous than sodium). genetic predisposition. stress. “ it is not your enemy, ” says dr. laragh. “ salt is the no. 1 natural component of all human tissue, and that you don ’ t need it is wrong. unless your doctor has proven that you have a salt-related health problem, there is no reason to give it up. ” 36. according to some doctors and politicians, the amount of salt consumed _____.

a. exhibits as an aggravating factor to people in poor health
b. cures diseases such as stroke and circulatory disorders
c. correlates highly with some diseases
d. is irrelevant to people suffering from heart disease

37. from dr. dustan ’ s study we can infer that _____.

a. a low-salt diet may be prescribed for some people
b. the amount of salt intake has nothing to do with one ’ s blood pressure
c. the reduction of salt intake can cure a hypertensive patient
d. an extremely low-salt diet makes no difference to anyone

38. in the third paragraph, dr. laragh implies that _____.

a. people should not be afraid of taking excessive salt
b. doctors should not advise people to avoid salt
c. an adequate to excessive salt intake is recommended for people in diseased.
d. excessive salt intake has claimed some victims in the general

population39. the phrase “ vocal... exponent ” (para. 5, line 2) most probably refers to _____.a. eloquent doctor b. articulate opponent c. loud speaker d. strong advocate40. the main idea of this passage is that_____.a. the salt scare is not justified b. the cause of hypertension is now understood c. the moderate use of salt is recommended d. salt consumption is to be promoted 100Test 下载 频道开通，各类考试题目直接下载。详细请访问 www.100test.com