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[https://www.100test.com/kao\\_ti2020/273/2021\\_2022\\_\\_E5\\_85\\_A8\\_E5\\_9B\\_BD\\_E5\\_85\\_AC\\_E5\\_c67\\_273754.htm](https://www.100test.com/kao_ti2020/273/2021_2022__E5_85_A8_E5_9B_BD_E5_85_AC_E5_c67_273754.htm) SECTION III:

Reading Comprehension Part A Read the following texts and answer the questions which accompany them by choosing A, B, C or D.

Mark your answers on ANSWER SHEET 1. Text 1 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 and cry about eating salt is unnecessary," Dr. Dustan insists. "For most of us it probably doesnt make much difference how much salt we eat." Dustans 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," notes 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 equivalent 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 advises. But even the very vocal "low salt" exponent, Dr. Arthur Hull Hayes, Jr. admits that "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 the idea 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."<sup>1</sup> 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.<sup>2</sup> From Dr. Dustans 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.<sup>3</sup> 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 disease.[D] excessive salt intake has claimed some victims in the general population.4. The phrase "vocal ... exponent" (line 2, para. 4) most probably refers to[A] eloquent doctor.[B] articulate opponent.[C] loud speaker.[D] strong advocate.5. What is the main message of this text?[A] That the salt scare is not justified.[B] That the cause of hypertension is now understood.[C] That the moderate use of salt is recommended.[D] That salt consumption is to be promoted.

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