

平成 23 年度入学者選抜学力検査問題

外 国 語

英 語

(医 学 部)

注 意 事 項

- 1 試験開始の合図があるまでこの冊子を開いてはいけない。
- 2 問題はⅠからⅣまでである。
試験開始の合図のあとで問題冊子の頁数(1～8頁)を確認すること。
- 3 解答は必ず解答用紙の所定の欄に記入すること。
所定の欄以外に記入したものは無効である。
- 4 解答用紙は持ち帰ってはいけない。
- 5 問題冊子は持ち帰ってよい。

(この頁は空白)

I 次の英文を読み、空所(1)から(14)を補うのに適切な1語を下の語群内の(a)から(n)より選び、記号で答えなさい。なお、(1), (2), (3)はそれぞれ2ヶ所ずつあり、同じ語が入ります。

Loretta Olson sometimes gets (1) and does some pretty strange things. For instance, sometimes she puts her ice cream in the refrigerator (2) of the freezer, and sometimes she feeds her cat chocolate chips (2) of cat food. You see, Loretta is an 85-year-old woman who suffers from Alzheimer's disease*. She was preceded in death by her husband and only child and now is trying to live on her own the best she can. You may be wondering how somebody as (1) as Loretta could possibly keep living on her own, but she does.

During my freshman year, I volunteered six hours a week to help Loretta remain (3) in her home. Due to the forgetfulness associated with Alzheimer's disease, my main duty as a volunteer was to help Loretta with her cooking and house cleaning, which she often forgot to finish on her own.

Since I started volunteering time with Loretta, I have learned that there are millions of elderly Americans who need help to remain (3) in their homes. According to the United States Census Bureau, our elderly population is the fastest growing segment in the nation. This (4) is even seen in my class survey, in which all but two of you said you have living grandparents and seven of you said you have grandparents living alone. Although the elderly are no longer the poorest segment of American society, 1.8 million Americans in the 75-plus age group fall (5) the poverty line.

There are two problems that occur when elderly people living alone do not get the companionship* and care they need. The first problem is that elderly people may not be able to meet all of their physical needs. Before I met Loretta, I was a caregiver for an 87-year-old woman who suffered from arthritis*. This woman often needed help buttoning her blouse and tying her shoes, as (6) as needing help cutting vegetables for meals and doing light house cleaning. This is not (7) for many people of advanced age. Like Loretta, they can continue living at home, but need help with certain physical tasks such as house cleaning, food preparation, and transportation.

Not only is there the problem of elderly people not meeting all of their physical needs, but there is a second, more tragic problem that can occur. That second problem is suicide. According to the National Center for Vital Statistics, persons age 75 and older have the highest rate of suicide (8) to all other age groups. Anthony Boxwell, author of the article entitled "Geriatric* Suicide: The Preventable Death," says that suicide among the

elderly stems from three main causes — helplessness, hopelessness, and haplessness. Helplessness describes the feelings of impotence* some elderly people feel after retirement or upon (9) they are losing their physical and mental energy. Hopelessness is associated with (10) caused by the realization of the beginning of old age. And haplessness refers to a series of repeated losses, such as loss of earnings, friends, and family.

We as individuals can't do everything, of course. Some (11) lies with families, government, and charitable* agencies. But there is something we can do, and that is get involved with a volunteer program that assists elderly people who need help living at home. Here in Wisconsin, we have a Community Options Program, which is a financial assistance method to help keep the elderly and people with disabilities out of (12) homes. Right here in Madison, Independent Living has a Friendly Visiting Program, in which volunteers provide companionship and (13) assistance for elderly people who live at home.

Now, I am sure you have some questions about this kind of work. For instance, how much time does it take? It takes as much time as you want to put into it. You can volunteer as little as one to two hours a week or as many as forty hours a week. But no matter how much time you spend, you will certainly experience great personal satisfaction. I know I have. I have been a volunteer for six years, and volunteering time with people who are less (14) than I makes me feel good about myself.

— From Sandy Hefty, *A Friend in Need* (1995), 一部改変.

Notes: Alzheimer's disease アルツハイマー病 companionship 仲間付き合い
 arthritis 関節炎 geriatric 老人の impotence 無力
 charitable 慈善事業の

語 群			
(a) below	(b) compared	(c) confused	(d) depression
(e) fortunate	(f) household	(g) independent	(h) instead
(i) nursing	(j) realizing	(k) responsibility	(l) trend
(m) unusual	(n) well		

II 次の英文を読んで下の質問に答えなさい。

As an adult human being, you can communicate with me in a variety of ways. I can read what you write, listen to the words you speak, hear your laughter and your cries, look at the expressions on your face, watch the actions you perform, smell the scent you wear and feel your embrace. In ordinary speech we might refer to these interactions as ‘making contact,’ or ‘keeping in touch,’ and yet only the last one on the list involves bodily contact. All the others operate at a distance. The use of words like ‘contact’ and ‘touch’ to cover such activities as writing, vocalization* and visual signaling is, when considered objectively, strange and rather revealing. It is as if we are automatically accepting that bodily contact is the most basic form of communication.

There are further examples of this. For instance, we often refer to ‘gripping experiences,’ ‘touching scenes’ or ‘hurt feelings,’ and we talk of a speaker who ‘holds his audience.’ In none of these cases is there an actual physical grip, touch, feel or hold, but this does not seem to matter. The use of physical-contact metaphors* provides a satisfying way of expressing the various emotions involved in the different contexts.

The explanation is simple enough. In early childhood, before we could speak or write, body contact was a dominant theme. Direct physical interaction with the mother was all-important and it left its mark. Still earlier, inside the womb*, before we could see or smell, leave alone speak or write, it was an even more powerful element in our lives. If we are to understand the many curious and often strongly inhibited* ways in which we make physical contact with one another as adults, then we must start by returning to our earliest beginnings, when we were no more than embryos* inside our mothers’ bodies. It is the intimacies* of the womb, which we hardly ever consider, that will help us to understand the intimacies of childhood, which we tend to ignore because we take them so much for granted, and it is the intimacies of childhood, reexamined and seen afresh*, that will help us to explain the intimacies of adult life, which so often confuse, puzzle and even embarrass us.

— From Desmond Morris, *Intimate Behavior* (1981), 一部改変.

Notes: vocalization 声に出すこと metaphor 比喩, たとえ womb 子宮
inhibit 抑制する embryo 胎児 intimacy 親密な体の触れ合い
afresh 新たに

- 問 1 下線部(1) the last one on the list が指している部分を本文中から抜き出さない。
- 問 2 下線部(2) revealing を日本語に訳さない。
- 問 3 下線部(3) this が指している内容を日本語で記さない。
- 問 4 下線部(4) it が指している内容を日本語で記さない。
- 問 5 下線部(5) the intimacies of adult life を説明するためにはどのような検討が必要となるのか。本文の内容に即して日本語で説明さない。

Ⅲ 次の英文を読んで下の質問に答えなさい。

For about 20 years, dietary fat has been suspected as a causal factor in two very common cancers: bowel and breast. The suspicion has been based in part on the observation that these cancers are most common in developed countries, where dietary fat intake is very high. Also, in animal experiments high-fat diets have favored the development of these cancers.

Why would eating fat lead to a higher risk of cancer? There are a couple of possibilities. One is that bacteria in the intestine* convert undigested fat into chemicals that can either stimulate or promote formation of cancer. This is thought to be a likely mechanism in the case of bowel cancer. With breast cancer the relationship, even in theory, is less clear. Possibly the cancer-causing chemicals produced by bacteria in the bowel are absorbed and stored in the tissues of the breast. The other possibility here is that there are hormonal influences (as high fat intake, and high levels of body fat, tend to be associated with increased production of estrogen*, which can cause breast cancer cells to grow). However, firm evidence supporting the association of dietary fat with either cancer has not been obtained.

Some of the most persuasive evidence associating fat intake with colon* cancer comes from studies of the Japanese and those of their descendants in other parts of the world. As a general rule, colon cancer is more common in developed countries, where dietary fat is usually quite high. But, you could easily argue, there are lots of other differences between developed and less developed countries. Japan, which resembles other highly developed countries in most respects, has been an exception on two counts: it has continued to have low rates of colon cancer and has maintained a very low-fat diet. In the recent past, however, the menu in Japan has been providing progressively more fat — and rates of colon cancer in that country have begun to rise. Moreover, Japanese who emigrate, for example to Hawaii or California, have the same rate of colon cancer as other Hawaiians or Californians — much higher than in the ancestral home. The case has not been settled, though. Other research has indicated that consumption of meat rather than fat is most strongly associated with rates of colon cancer. On the whole, it is highly unlikely that dietary fat alone causes colon cancer, and it is quite possible that complicated dietary interactions between two or more nutrients will prove to be the real key to what is going on.

If the relationship of fat intake to colon cancer is questionable, the connection with breast cancer is even less certain. Early in 1987, results were published from a study of nearly 100,000 American nurses who had been given a detailed dietary questionnaire*. After 4 years, no difference in rates of breast cancer had appeared between those with a relatively high fat

intake and those whose intake (1).

— From W.I.Bennett, S.E.Goldfinger, and G.T.Johnson, *Your Good Health* (1987), 一部改変.

Notes: intestine 腸 estrogen エストロゲン(女性ホルモンの一種)

colon 結腸(大腸の主要部分) questionnaire 調査票

問 1 脂肪摂取が大腸がんと乳がんの要因と考えられてきた根拠を日本語で2つ記しなさい。

問 2 脂肪摂取が乳がんを引き起こすメカニズムに関する仮説を日本語で2つ記しなさい。

問 3 日本人および日系人を対象とした研究において、脂肪摂取と結腸がんとの関係を示唆する研究結果を日本語で3つ記しなさい。

問 4 空所(1)を補う適切な2語を記しなさい。

IV Some educators believe that the Japanese educational focus on rote memorization* tends to produce college students who cannot connect what they are learning to very obvious realities in their lives. Do you think this belief among educators is true or not? In about 90 words explain your answer. Also, indicate the number of words you have written at the end of the composition.

Note: rote memorization 丸暗記