

## 一般入試 英語

I 次の(ア)～(ソ)の空欄に入るもっとも適当な語句を、それぞれ①～④のうちから一つずつ選びなさい。

(ア) We take care of patients by paying ( ) attention to how they get sick.

- ① close                      ② closing                      ③ closed                      ④ closure

(イ) I hope this material could be a valuable substitute for our ( ) precious natural resources.

- ① increase                      ② increases                      ③ increased                      ④ increasingly

(ウ) Every 30 ( ), a patient dies from diseases that could be treated with tissue regeneration or replacement.

- ① second                      ② a second                      ③ seconds                      ④ the seconds

(エ) The majority of brain development takes place in the first ( ) years of life.

- ① less                      ② lesser                      ③ a few                      ④ few

(オ) Some participants felt that they still had a long way to go to ( ) their goals.

- ① achieve                      ② be achieved                      ③ achievement                      ④ being achieved

(カ) He was a scientific genius ( ) differently, he was a natural-born scientist.

- ① saying                      ② speaking                      ③ put                      ④ told

(キ) It was while I ( ) for a company that I found out the surprising fact.

- ① work                      ② have worked                      ③ was working                      ④ am working

(ク) More ( ), six out of eight students study three hours a day.

- ① absolutely                      ② precisely                      ③ utterly                      ④ to say

(ケ) If you study foreign languages, you're going to encounter foreign cultures one way or ( ).

- ① other                      ② another                      ③ the others                      ④ one another

(コ) The scientist convinced nobody ( ) this fact, unfortunately

- ① of                      ② to                      ③ for                      ④ as



Ⅱ 次の(ア)～(オ)はAとB二人の対話である。空欄に入れるのにもっとも適当な文または語句を、それぞれ①～④のうちから一つずつ選びなさい。

(ア) A : Did you talk over your summer plans with Sam?

B : ( ) whom I would want to talk to about that.

A : Sorry. I forgot you two are no longer on speaking terms.

- ① He is the person
- ② He is the best person
- ③ He is the last person
- ④ He is the far better person

(イ) A : Becoming a physician is certainly very demanding.

B : While that is definitely true, you are ( ).

- ① most possible to succeed
- ② more possible to succeed
- ③ more likelihood to succeed
- ④ most likely to succeed

(ウ) A : Your English is so fluent. You must have studied very hard.

B : I did. But what really helped was going abroad for a semester.

A : I wish I could have done that as well.

B : At first I didn't want to go but ( ).

- ① my father told me that I should
- ② my teacher didn't tell me so
- ③ my family should have gone
- ④ my mother helped me stay

(エ) A : Thank you for agreeing to be my host family.

B : It's our pleasure. ( )?

A : I've always been interested in martial arts and want to practice them here.

- ① What happened in your stay
- ② Why are you arriving
- ③ What brings you to Japan
- ④ When will you begin

(才) A : Oh no. I dropped my phone and broke the screen.

B : It looks like ( ).

A : It couldn't have happened at a worse time. I'm really short on cash right now.

- ① you'll go far
- ② you'll have to replace it
- ③ you can get by
- ④ you mustn't fix it

Ⅲ 次の(ア)～(コ)の各英文は、下線部①～④のうちどれかを直せば正しい英文になる。その箇所を選びなさい。

(ア) I read your new book thoroughly but found it very interesting.  
① ② ③ ④

(イ) Alison looked at her in the mirror when she was left alone in the room.  
① ② ③ ④

(ウ) If there is anything that I need to do now, I will gladly take care of one as soon as possible.  
① ② ③ ④

(エ) A Google search for the words *medical online* returned to no fewer than 33 million hits.  
① ② ③ ④

(オ) The company is adding the new option button in the website to registering with the employment agency next month.  
① ② ③ ④

(カ) I don't think that it will rain tomorrow; indeed I don't hope so.  
① ② ③ ④

(キ) My mother is always complaining that prices are so high we can hardly make end meet.  
① ② ③ ④

(ク) The number of tourists were falling. So a campaign was launched to give the city a new fascinating image.  
① ② ③ ④

(ケ) The newly licensed driver tried stop the car, but he could not avoid hitting the guardrail.  
① ② ③ ④

(コ) Kyorin University has a special course “Region and University”, which all the students take as a obligatory subject.  
① ② ③ ④

IV 次の2つの文章を読み、それぞれに続く設問に答えなさい。\*が付いている語には注がある。

(英文1)

Ethyl Snodgrass and her husband Grady came together for their visits to see Dr Paul Barnett. Ethyl called Grady “Big Daddy,” and Grady called Ethyl “Little Mama.” Big Daddy and Little Mama lived on a small farm about 30 miles from town. Both were in their early 60s and in general good health, except for their shared weight problems. Big Daddy called it their “acute and chronic biscuit intoxication” Ethyl was genuinely interested in losing weight and asked the doctor about a diet. Grady, on the other hand, could not have cared less. He was certainly no help. “In fact, the older I get, the more meat I like on my women,” he said with a hearty laugh. Ethyl swatted\* him playfully and rolled her eyes. After a normal baseline workup, both patients met with a dietician and an exercise trainer to set up a healthy weight loss program they could follow. Dr Barnett talked to them about expectations and some challenges of dieting and warned them about products that promised fast weight loss. He stressed especially the danger of diet pills and told the Snodgrass’s to stay away from those.

About a week after starting the reduced calorie diet, Ethyl called Barnett. She had started to have diarrhea daily, reporting frequent, large volume, almost liquid bowel movements\*. Barnett thought perhaps too much roughage\* in their healthier diet was the culprit\*, so he told her to cut back. The diarrhea continued. Barnett then launched a full diarrhea workup including (ア) blood tests. All test results were normal. The diarrhea continued, now even worse in frequency and volume.

Frustrated, Barnett had the couple come in for a review of the history. They sat down in his office and began going over in detail the last few weeks. Ethyl said the diet had been a big change for both of them and she found herself hungry much of the time. With that, she took a stick of gum from her purse and began to chew. She told Barnett it helped the cravings\*. Grady said he had no diarrhea, which ruled out any infection at work. Other than grumbling about how much he missed his favorite foods, he had no physical complaints. As Grady talked, Ethyl kept putting one stick of gum after another in her mouth. She realized Barnett was watching her unwrap yet another piece and suddenly remembered her manners. “Want a stick?” she asked, holding out the package. That’s when he saw the word “Sugarless” on the label

A light bulb came on in his mind.  
(イ)

“That stuff has sorbitol\* How much do you chew a day?” he asked. “Oh, ’bout 10 packs.” Ethyl answered. Grady nodded agreement. “It’s no wonder you have diarrhea,” Barnett said “Sorbitol is not absorbed in the intestines and it pulls huge amounts of water into the gut. It’s almost like an internal enema\*.”

Sugarless gum is a well-known cause of diarrhea when chewed in large amounts of more than 6 or 7 sticks a day. Each stick has around one and a half grams of sorbitol. The non-absorbability of the sorbitol causes a shift of water into the gut. The large volume of water is quickly passed down the intestine, causing the watery diarrhea.

“But I like the sweet taste,” Ethyl protested. “I kept hoping it would help me not eat so much, so I could lose weight ” Barnett said he sympathized, but no more sugarless gum for her — period. Grady could only say, “Well I’ll be. Well I’ll be.” As the two toddled out of the office, he kept elbowing Ethyl, “Little Mama, I told you that you were chewing too much gum. I told you.”

*(Fascinomas: Fascinating Medical Mysteries by Clifton K. Meador. Copyright 2013 Clifton K. Meador, M.D. Reproduced with permission of the author.)*

- \* swat ぴしゃりと打つ
- bowel movements 便通
- roughage 食物繊維
- culprit 犯人, 原因
- craving 欲求, 渴望
- sorbitol ソルビトール, 糖アルコールの一種
- enema 浣腸

(ア) Fill in the blank ( ア ).

- ① fewer
- ② multiple
- ③ singular
- ④ gradual

(イ) Why does the writer use the phrase A light bulb came on in his mind?

- ① To show Ethyl's concern about her poor manners.
- ② To remind the reader that Dr Barnett is very educated.
- ③ To examine how Dr. Barnett thought about the word "Sugarless".
- ④ To show that Dr Barnett suddenly understood the situation.

(ウ) In the context of the passage, what is the word closest in meaning to absorbed?

- ① soaked up
- ② taken out
- ③ brought to
- ④ caught on

(エ) According to the passage, which of the following is true?

- ① Too much sorbitol intake causes water to accumulate in the gut.
- ② Chewing gum does not lead to an increase in the intake of sorbitol.
- ③ Sorbitol is not usually present in sugarless gum.
- ④ The acceptable amount of sorbitol consumption is more than 10 grams.

(オ) According to the passage, what is a well-known cause of diarrhea?

- ① The excessive use of a product that does not contain sorbitol.
- ② All forms of chewing gum.
- ③ The chewing of more than 6 or 7 sticks of sugarless gum a day.
- ④ Water shortage in the intestine.

(カ) What can be inferred from the passage?

- ① Both Ethyl and Grady need to lose weight for medical reasons.
- ② Ethyl has a history of not listening to her doctor's advice.
- ③ Despite his complaints, Grady is going along with the diet.
- ④ Dr Barnett is too busy to be troubled by such a simple case.

(キ) According to the passage, which of the following is false?

- ① Both Ethyl and Grady were suffering from diarrhea.
- ② Dr Barnett eventually discovered the cause of the diarrhea.
- ③ The gum served as a way for Ethyl to keep from eating.
- ④ The couple went to see Dr Barnett more than once.

(ク) According to the passage, what was Dr Barnett's role on the couple's second visit?

- ① To develop an exercise regimen for the couple.
- ② To supply the couple with advice on what kind of food to eat.
- ③ To stimulate the couple's weight loss through new incentives.
- ④ To analyze and treat any medical complications from the new diet.

(ケ) According to the passage, which of the following is true?

- ① Grady only chewed sugarless gum at work so he was not affected.
- ② Grady didn't think that Ethyl was chewing enough gum each day.
- ③ Dr. Barnett will allow Ethyl to chew less than 5 sticks of gum per day.
- ④ Dr. Barnett forbade Ethyl to chew any sugarless gum at all.

(コ) Choose a suitable title for the passage:

- ① Big Daddy and Little Mama
- ② Sorbitol Brings Relief
- ③ Chewing Gum to the Rescue
- ④ A Sticky Situation

(英文 2)

Part of my job is to walk into a room and introduce myself to a stranger, and start asking questions. And when I step across that threshold — into another room to meet another stranger and hear another story — I feel myself stepping into my professional identity.

In the fall, I work with a group of first-year medical students, and I take those steps with them into patients' rooms. Like many medical schools mine makes an attempt to loop you all the way round, in that very first year, when you are still up to your neck in gross anatomy\*. Our attempt is “the patient narrative,” part of a larger course on the patient, the physician, and society. And in the patient narrative meetings, as I take a small group in to talk to a patient, the students are supposed to get a sense of what is waiting for them on the other side of gross anatomy and pathophysiology\*.

In the past, the medical students assigned to me have complained that I tend to take them to see too many pediatric\* patients, to interview too many parents, occasionally to struggle with adolescents, who can be somewhat frustrating to interview. So I make good resolutions about venturing into the adult ward or the hemodialysis\* unit or the surgical clinic, but I want anyone who studies with me to understand the special rhythms of the pediatric interview. And so, with this particular group of students on their first day, I found myself introducing them to a father, on the inpatient\* pediatric ward.

We stood somewhat awkwardly in a semicircle, the four first-year students and me. We faced “the father,” who had agreed to be interviewed by this group. Before we went in to meet him, I had told the students one sentence about his almost-two-year-old daughter's illness; she was in the hospital being checked for osteogenesis imperfecta\*. None of them had heard of it, so I took refuge in the conventional cliché: it's the brittle bone disease, I said. I didn't try to explain the pathophysiology, and I didn't tell them anything more about this particular child's story.

The father was a relatively young man, staying in the hospital with his daughter, who had sustained seven broken bones over the course of her short life. She was confined to her stroller, with her leg, in its cast, carefully positioned and elevated. Before we interviewed him, we admired the little girl, who looked at us carefully out of her serious dark eyes, and finally, when her father talked to her, allowed us a guarded smile.

What he wanted to tell us about was what it is like to be a parent whose child is in the process of receiving a serious diagnosis. A parent who has suddenly learned a great deal about a disease he had never even heard of before, so that two Latin words which would have meant nothing to him a couple of weeks ago are now written in fire — or perhaps in blood — across his horizon.

He told them about ( ㄗ )—he had brought the baby to another hospital, to the emergency room, when she had her first fracture, and they had told him nothing was wrong, they hadn't done an X-ray, and then he and his wife had been so sure that something was wrong, but they had had to go back and protest and insist.

The students asked, somewhat hesitantly, about what the diagnosis would mean for the little girl, if it were confirmed, and he told them that he had been told there was a possibility that her bones might get a little stronger as she got older. But it was clear that he knew that it was a bad disease to live with, and that a small child who has already fractured seven bones in normal everyday childhood activities is probably going to lead a restricted life. Had someone explicitly told him that she might need a wheelchair, that she might need more operations? He didn't say, and certainly I didn't ask, but the emotion in his voice made it clear that he understood that this was a serious illness, that it would change the course of his daughter's life, that nothing would ever be quite the same. And the students got that, and I could see them thinking about it.

He told them a little bit about staying in the hospital to keep his daughter company, to wheel her up and down the corridors in her stroller, to make sure that her favorite cartoons were playing. I hoped the students were getting a little sense of what it is like to live this shadow hospital life; I hoped they were getting a sense of the texture of parental affection; I hoped they were a little bit tantalized\* by the medical and biochemical and genetic story of a rare disease. But I could also see something else, very clearly, and there is no possible way to put it but this. ( ㄗ ). They were in a room with someone who was going through something terrible, and even as he asked them to pray for him and pray for his family, and even as they nodded, they also knew it they have chosen a career which brings them into the room with what is truly important in people's lives, and sometimes what is truly important is difficult and sad and even tragic.

So, after the interview, we went back to a seminar room and sat around a table. We talked about the child's prognosis\*, and we talked about the father's sadness, and we talked about

what was happening to his family. And what I was trying to say, I think, was something like this. Look at all these different narratives crossing and weaving together in this encounter — genetics, biochemistry, family, health care system, politics, religion, economics, immigration — and appreciate and acknowledge that you have undertaken to do your job in situations with many different coordinates to be mapped, with narratives that cannot and should not be simplified.

*("The Patient Narrative" by Perri Klass, from Becoming a Doctor, W. W. Norton & Company, 2011. Reproduced with permission of the author.)*

- \* gross anatomy 肉眼解剖学
- pathophysiology 病態生理学
- pediatric 小児科の
- hemodialysis 血液透析
- inpatient 入院患者の
- osteogenesis imperfecta 骨形成不全症
- tantalize じらして苦しめる
- prognosis 予後, 病気の治療・手術後の経過予想

(サ) Which is the closest in meaning to the underlined part (サ)?

- ① busily studying gross anatomy
- ② in a hospital that specializes in gross anatomy
- ③ seriously injured in the class of gross anatomy
- ④ having a stiff neck from gross anatomy

(シ) Why is the father's daughter in the hospital?

- ① To undergo an operation for osteogenesis imperfecta.
- ② To have a thorough examination for osteogenesis imperfecta.
- ③ To interview medical students on osteogenesis imperfecta.
- ④ To get her leg carefully positioned and elevated in the stroller.

(ス) Which is the closest in meaning to the underlined part (ス)?

- ① I paraphrased the name into a normal phrase
- ② I escaped from explaining what it means
- ③ I protected myself by using conventional manners
- ④ I escaped in the conventional therapy

(セ) Fill in the blank ( セ ).

- ① an easy way to accept this diagnosis
- ② how to find a good hospital
- ③ why she had her first fracture
- ④ the hard road to this diagnosis

(ソ) Which of the following is NOT included in what the underlined part (ソ) means?

- ① that the little girl needed more operations
- ② that the little girl's illness was a serious one
- ③ that the illness would change the course of the little girl's life
- ④ that nothing would ever be quite the same in the little girl's life

(タ) Fill in the blank ( タ ).

- ① they were understanding what it is like to live a shadow hospital life
- ② they were understanding how much the father loved his daughter
- ③ they were seeing this father as a tragic figure
- ④ they were tantalized by the medical story of a rare disease

(チ) Why did the medical students most likely talk about religion in the seminar room?

- ① Because the father isn't an enthusiastic believer in some religion.
- ② Because the father identifies his faith as what keeps him serving his daughter.
- ③ Because the medical students have to study where patients would go after death.
- ④ Because the medical students are praying for their family members.

(ツ) What did the author try to tell the medical students most in the seminar room?

- ① that the best hope for therapies lies in better understanding of biology.
- ② that osteogenesis imperfecta comes up all the time in pediatrics.
- ③ that the father is losing what is truly important in his life.
- ④ that they are going to do their jobs in situations with complex patient narratives.

(テ) According to the passage, which of the following is false?

- ① The author and the four students met the father after he had agreed to be interviewed.
- ② The father's daughter didn't smile at all before the group interviewed him.
- ③ The father didn't know what osteogenesis imperfecta meant two weeks ago.
- ④ The father was told that his daughter's bones might get a little stronger as she grew up.

(ト) Which is the most suitable title for this passage?

- ① Osteogenesis Imperfecta
- ② Biology of Bone Development
- ③ The Importance of Pathophysiology
- ④ The Patient Narrative