

令和4年度個別学力試験問題

英語

(医学科)

解答時間 80分

配点 100点

注意事項

1. 試験開始の合図があるまで、この問題冊子の中を見てはいけません。
2. 受験番号及び氏名を解答用紙の所定の欄に記入しなさい。
3. 解答は解答用紙の指定されたところに横書きで記入しなさい。
4. 試験時間中に問題冊子及び解答用紙の印刷不鮮明、ページの落丁及び汚損等に気が付いた場合は、手を挙げて監督者に知らせなさい。
5. 問題冊子は持ち帰ってください。

1

次の英文を読んで、以下の問いに答えなさい。

I'm back at last ... back to how I was before I lost my mind. Sitting in the tranquil Daintree Rainforest in Far North Queensland, I roll a ball of black sapote ice-cream around my mouth, feeling all the terrible anxiety I've carried for the last year melt away—just like this delicious rainforest fruit ice-cream melts in my mouth. Travelling alone up to Cape Tribulation, Kulki country, to the most beautiful place on Earth—the northern tip of Australia—has been my ultimate test.

It's been quite a journey because, you see, on Sunday, March 1, 2020, I lost my mind. Not just for a minute, but for an entire day. Gone. I have no memory at all of what took place—and I never will. What happened, and why, remains a total mystery to me. I only know what those people close to me told me about what happened. I've only got second-hand memories of the day when my brain froze.

What is memory exactly? I'd never asked this question until I lost mine. One minute mine was there, just as it always had been, like a well-worn, much-loved suitcase at the back of the cupboard. It was reliable (well, mostly) and it could always be dialed up at will. But in an instant, my memory was gone. I had no recall of anything I'd been doing on that Sunday. None.

Consternation set in. Not just mine. I phoned some friends four times in 10 minutes to check on a dinner date that evening, saying, "I'm a bit confused. Am I coming to dinner tonight?" "Yes," they said. After my fourth call, they rang my daughter, Lola. "We're worried about Dasha," they said. <sup>(1)</sup>

By the time Lola reached my house, I was agitated and disoriented. Earlier that day, a friend had given me a book. "What book?" I'd asked him just minutes later. Now he returned, concerned that my confusion was the sign of a stroke. He met my daughter at the door and I introduced them five times over. They called an ambulance.

I was dressed for dinner, wearing my brand-new, pointy-toed, red suede sling-back shoes. Lola suggested I change them for some sensible Birkenstock sandals. "No, no, no, I'm wearing these!" I insisted as I clattered down two flights of stairs, with the sling-backs slipping off, to the waiting ambulance, which I'd now forgotten was coming. I was irritated and confused when I saw it, despite the fact it was festooned in gaudy rainbow pom-poms to celebrate Sydney's Mardi Gras weekend.

I refused to get in the ambulance, repeating, "I don't want to go through this again. I don't want to go through this again." <sup>(2)</sup>

Maybe I was remembering the last ride I'd had in an ambulance, five years earlier, when my husband went to hospital terminally ill with cancer. He never came home, dying several days

later.

Or perhaps I remembered that I'd been taken by ambulance to the Prince of Wales Hospital to undergo a carotid endarterectomy after suffering three transient ischemic attacks (mini strokes) 15 years earlier. Either way, I knew hospital was the last place I wanted to be.

Lola and the paramedics, who thought I was having a stroke, lured me gently on board. They gave me aspirin as I complained of a headache, and delivered me to the Prince of Wales Hospital Emergency Department around 6 pm. Lola rode with me in the ambulance, repeatedly answering my questions: "Where am I? Where are we going? What's happening?"

I remember nothing of these events. I still don't recall being in the ambulance, nor arriving at the hospital. But bizarrely, I see this all happening now in my mind as if they are my memories, because of what I've been told.<sup>(3)</sup> Once I was in Emergency, the tests started: blood tests, a CT scan, an EEG, balance tests, urine tests, speech tests—any test possible to rule out a stroke. Much later that night, after the CT scan revealed no stroke activity, the on-call head nurse said to Lola, "I think your mother has had a TGA episode."

"A what?" she asked.

"A Transient Global Amnesia episode."

It's a neurological enigma that occurs predominantly in people in the 55-70 age bracket. I'm 60-something and counting. Neurologists say there is no one definitive cause of TGA. Just as mysteriously as it comes, it subsides<sup>(4)</sup> after four to 12 hours. The memory returns, bringing fatigue, headaches, anxiety and a fuzzy brain.

I still have no memory of that strange Sunday—until around midnight, when the nurse tried, not once but twice, to do a lumbar puncture to test my spinal fluid for infection in the brain. Despite being given morphine, the pain of the large needle being inserted into my lower spine catapulted me right back into reality with a shuddering thud. It hurt like nothing I can recall and my memory was kick-started into action.

After two days in hospital, there was tacit medical agreement that, as the emergency nurse had suggested, it must have been a TGA episode. But I still didn't have any real information about this mysterious condition. So, bored and lying in my hospital bed, I hit up Doctor Google.

Transient global amnesia is a sudden, temporary episode of memory loss that can't be attributed to a more common neurological condition, such as epilepsy or stroke. During an episode of TGA, your recall of recent events simply vanishes, so you can't remember where you are or how you got there.

TGA is a rare syndrome. It almost never happens to anyone under 50, and its frequency among people over 50 is estimated to be about 25 in 100,000 people annually. Several studies have reported complete recovery of cognitive function between five days and six months later.

Other researchers have noted that memory problems can last longer, although this tends to be in people who have had multiple episodes.

Weighing heaviest on my mind was: Am I going to make a full recovery? Will there be ongoing brain damage?

On day three of my captivity, the professor of neurology swept by with an entourage of neophytes in tow. When he stopped at my bed, I seized the chance to ask some questions.

“Will this happen to me again?”

“It can, but it’s unlikely,” he said. “It only recurs in four percent of cases.”

When I was free to leave the hospital at last, I lurched home feeling incredibly anxious, tired and confused. I still didn’t know exactly why this had happened or whether it would happen again. I still don’t really know. Neither do doctors. It reminds me of the old adage: “We know more about space than the brain.” Isn’t it strange that we know so little about this organism that runs the world and us?

Over the following months, I sought various forms of medical advice to explain the crippling anxiety that remained with me, and I sought neuropsychological testing to see if there was any lasting memory damage. For some months I struggled with short-term memory loss, where the names that I knew were not tripping off my tongue. The brain tests and scans revealed there was no lasting damage and gradually I began to feel less anxious and less afraid of some unseen, looming bogey.

A year after the TGA, my birthday was coming up and I wanted to celebrate my increasing assurance. More than anything else, I wanted to ride a horse on Myall Beach at Cape Tribulation, just as I had 15 years ago when I was on top of the world. I had to prove to myself that I was free from this unnamed fear and anxiety.

I flew to Cairns, drove three hours north and stepped into the rainforest. An immense peace and serenity cloaked me as I walked in this ancient place.

[注]

adage : ことわざ	lurch : ふらつきながら戻る
agitated : 動揺した	lure : 誘導する
aspirin : アスピリン(鎮痛・解熱剤)	Mardi Gras : マルディ・グラ(お祭り)
bizarrely : 奇妙なことに	morphine : モルヒネ(強い鎮痛薬)
black sapote : ブラックパーシモン(植物名)	neophyte : 新人
bogey : 人を悩ます状況	neurological : 神経学的な
bracket : 階層	neurologist : 神経科医
captivity : 捕らわれていること	neurology : 神経科
carotid endarterectomy : 頸動脈血管内膜剥離[切除]術	neuropsychological : 神経心理学の
catapult : 突然~の状態に迫いやる	on-call : 当直の
clatter : (ガタガタ)音を立てる	ongoing : 進行している
cloak : 覆う, 包む	paramedic : 救急医療隊員
cognitive function : 認知機能	pom-pom : ポンポン, 玉房飾り
consternation : ろうばい, 困惑	predominantly : 主に
definitive : 明確な	serenity : 静けさ
disoriented : 混乱している	shuddering : ゾッとするような
EEG : 脳波検査(=electroencephalography)	sling-back : かかとの部分がベルトの(靴)
enigma : 謎	spinal fluid : 髄液
entourage : 取り巻き	spine : 脊柱
epilepsy : てんかん	stroke : (脳)卒中
festooned : 花綱で飾られた	suede : スエード(加工した皮の一種)の
flight : (階段の)一続き	tacit : 暗黙の
fuzzy : ぼんやりした	thud : 鈍い衝撃
gaudy : 派手な	tranquil : 静かな
in tow : 後ろに従えて	transient global amnesia(TGA) : 一過性全健忘症
kick-start : 促進する	transient ischemic attack : 一過性脳虚血発作
looming : おぼろげな	trip off one's tongue : (口から)すらすら出る
lumbar puncture : 腰椎穿刺	urine : 尿

- 問 1 下線部(1)のように友人が言ったのはなぜか。その理由を簡潔に説明しなさい。
- 問 2 下線部(2)の理由を 70 ～ 100 字の日本語で説明しなさい。ただし、句読点も字数に含まれます。
- 問 3 下線部(3)の‘this’の内容を具体的に説明しながら日本語に訳しなさい。
- 問 4 下線部(4)と(5)の本文中の意味に最も近いものを、それぞれア～エの中から 1 つ選び、記号で答えなさい。
- (4) subsides [ア. gets into イ. goes away ウ. figures out エ. holds on]
- (5) crippling [ア. moderate イ. permanent ウ. severe エ. unnecessary]
- 問 5 下線部(6)のように筆者が考えた理由を簡潔に説明しなさい。

- 2 次の英文を読んで、あとのa～fの〔 〕内の語(句)を正しく並べ替え、本文中の【 (1) 】～【 (6) 】の適切な場所に入れなさい。解答欄には、a、bなどの記号は書かず、並べ替えた英文のみを記入しなさい。

It takes decades to become a doctor. For some of us, medicine is a calling as sacrosanct as ministry. For all of us, it is a commitment. We devote our youth to the study of disease. We learn physiology and pathology. We learn the science of medicine and the art of its practice. We commit to learning for a lifetime. None of this mattered when I was diagnosed. Medical 【 (1) 】. You can be taught how to stitch, how to hold the needle tight, how to make neat lines and pretty closures, but the pull of the suture in your own skin, your own flesh, shows you more than an instructor ever could. I floundered as a new patient. I couldn't match my training with my experience. The one thing I knew how to do, the only knowledge that seemed to translate, was how to work through my exhaustion. The days are long in residency: call starts before sunrise and ends sometime the next afternoon. You go for hours without sitting, eating, or urinating. You go a day, often longer, without sleep. You get used to it. I napped between pages and procedures. I drank obscene amounts of coffee. I phoned my sister after call. Told her about the night and the nurses. Shared each frustration and triumph. Storytelling was a balm. Besides that, it kept me awake enough to drive home. I relied on similar techniques at work after my illness.

You can 【 (2) 】 enough. I settled into my new body, juggled roles old and new. Time passed and my blood work improved. My scans remained stable. I eased back into the call rotation and on to challenging services: pediatric intensive care and neonatal intensive care. It was physically, intellectually, and emotionally demanding, but it was familiar. I knew who I was when I was at work. Eventually, unfailingly, my body would remind me that it was still healing. I trailed behind the rest of the team as we made rounds, limping and hiding it poorly. Saliva dribbled from my mouth as I presented a patient. I dozed off in morning report once, twice—startled awake when my attending called upon me. I went back to my old tricks. I mainlined energy drinks and thickened tea. I gave increasingly lengthy lectures to the students and the junior residents. In the late afternoon, when we were caught up on work, I would sit and chat with them instead. Eventually, unfailingly, an intern would notice my lopsided smile or remember the rumors they'd heard and their eyes would glitter with curiosity. So I told them.

The more I talked about the cancer and the stroke, 【 (3) 】. I stopped hiding my scar. I stopped cursing my hand, my mouth, my brain. Still, I was concerned about others' perceptions of me. I had been laid bare before my friends, family, and what felt like the entire hospital. They'd seen me at my worst: intubated and restrained. Paralyzed. Sedated. Diseased. I tried to

scrub those images from their memories and mine. I told stories, shiny and clean, and portrayed myself as new and improved, though impaired. I choked on the worst of it: the anger, the sadness, and the isolation. All the while, I wanted nothing so much as to tell someone all of it, every ugly, frightening thing, and for them to see me, to know me, and to comfort me.

One afternoon I was rambling about therapy (physical, occupational, speech) and barely noticed as my attending slipped into the room. There were hours to go before sign-out and sleep, and I hoped that my half-hearted storytelling would make time pass quickly. “How are you with movies?” My attending’s voice jolted me to attention. I paused and stared at him in confusion. “I had a hard time with movies,” he said. “After my stroke. They never made me cry before.” He painted pictures of himself as a young man, of his own stroke, of a life upended and then restarted. He went from physician to patient and back again. It was his story, but I knew all the words. I was the only one I knew with my kind of cancer. I was the only one my age who’d had a stroke. I was the only one, but then he spoke and I knew that I wasn’t alone. “It’s not movies,” I said. “It’s commercials.” He smiled.

People tell me things. It’s always been that way. If someone, nearly anyone, is around for long enough, they will inevitably tell me everything they know. Another attending noticed this once. She was trying to tell me about a patient or give me an order but caught herself halfway into a memory of her mother and summer mornings and June bugs. “It must be your face,” she said, and looked at me curiously. “You look like you listen to me.” It was the first time that I’d heard something like that, but it wouldn’t be the last. I learned how to put my listening face to practical use during medical school. All that [ (4) ]. All the patient really wants is for you to listen to them. That’s what we all want, isn’t it? It’s one of our most fundamental drives. To be seen. To be heard. To be understood.

I completed the first half of my training and moved on to a new program in a new city. I thought I could leave bad memories behind, but the specter of illness is persistent. I was going to be a neurologist. I worried that someone somewhere would look at me in my white coat and see me and my mismatched hands and my crooked mouth and see me, injured and small, in my bed in the ICU. So I told them. I took my story into my hands, shared every piece of it. Used my voice. My words. I saw the girl in the white coat and I wanted to empower her. I saw the girl in the ICU and I wanted to protect her. And I saw the girl in recovery, exhausted and isolated. I [ (5) ]. That sense of community. That overwhelming relief. I saw that girl and I wanted to hold her. I wanted to let her know that she would be okay.

“I had a stroke,” I said. “I had cancer,” I said. The responses were usually the same. An awkward pause. Perhaps an apology. If I went a little further, if I gave more of myself, then something else would happen. “I get so tired now,” I said. “My mother was exhausted all the

way through treatment,” my co-resident said. “I used to be ashamed of my scar,” I said. “So did I,” the nurse said. She lifted up her hair and smiled at me. Ran her fingers across the pink, puckered scar that traveled up her spine. I reached up and brushed mine. I shared my stories. I received others in return. We were compelled, I think, to make this exchange. There were stories about injuries, about illness, about operations, about depression and mourning and love. We’d pause when we finished sharing. We’d sit comfortably in the silence. We didn’t have to explain how we felt.

She warned me that she might faint on me and then she introduced herself. “Pardon me?” I said, and I stared at her. I am never not confused. I was sitting on the floor in [ (6) ]. I pulled the strings that poked from my scrubs, pushed my pager deep into my pocket, and looked up when she sat at my side. She was wearing her white coat: brand-new, starched collar, polyester, stifling and stiff. She wore a new badge, looked half excited, half nervous, and entirely overwhelmed. Sweat beaded at the edge of her brow. The air-conditioning was always broken. It was too hot or too cold; I knew this because I’d been around for a while. “Hot in here,” I said, and then she gave her warning. “I had a condition,” she said. “Oh yeah? Me too.” I gave her my best crooked smile. “A brain tumor,” she said, and she crumpled a bit. She looked young and timid and small. “I had a stroke,” I said, “but cancer came first.” I turned my head to show off my scar. She brightened and showed me her own. I told her my story. She told me hers. I sat back. I listened. I understood.

[注]

attending：主治医	obscene：とんでもない
balm：慰め	pager：ポケットベル
bead：玉のようになってつく	pathology：病理学
blood work：血液検査	pediatric intensive care：小児集中治療
calling：天職	physiology：生理学
choke：窒息する	poke：突き出る
closure：縫合	polyester：ポリエステル
crooked：曲がった	portray：言葉で表現する
crumple：顔がクシャクシャになる	puckered：くぼんだ
diagnose：診断する	ramble：長々と話す
doze off：うたた寝をする	residency：研修期間
dribble：滴り落ちる	resident：レジデント，研修医
empower：自信を与える	rotation：ローテーション
flesh：(筋肉と脂肪部分の)肉，皮膚	rounds：回診
flounder：もがき苦しむ	sacrosanct：極めて神聖な
glitter：(悪意などで目が)光る	saliva：唾液
half-hearted：気乗りがしない	scar：瘢痕，傷跡
ICU：集中治療室(=intensive care unit)	scrub：落とす
impaired：障害のある	scrubs：手術着
intern：インターン	sedated：鎮静剤を打たれた
intubated：挿管された	specter：不安
jolt：驚かせる	spine：脊柱
juggle：うまく調整する	starched：のりのきいた
June bug：コガネムシ	stifling：堅苦しい
limp：足をひきずる	stitch：縫合する
lopsided：不均衡な	stroke：(脳)卒中
mainline：乱用する	suture：縫合糸
mismatched：均衡がとれていない	tumor：腫瘍
mourning：哀悼	unfailingly：常に変わらず
neonatal intensive care：新生児集中治療	upended：ひっくり返された
neurologist：神経科医	urinate：排尿する

- a. [ became with / more / my / comfortable I / body / the ]
- b. [ you live / to anything / for long / get / if / used / with it ]
- c. [ be a / teach / does not / how / patient / you / school / to ]
- d. [ of the / I / start / the back / waited / lecture to / hall as / for the ]
- e. [ attending / it / story / when her / felt / remembered how / shared his ]
- f. [ interview a / a story / patient / them to / you / you're really / is asking / tell you / doing when ]

3 次の英文の( 1 )～( 8 )に入る最も適切な語をあとの語群から選び、必要に応じて適切な形にして、書きなさい。(ただし、同じ語を2度以上使ってはいけません。)

Rummaging through the bathroom cabinet, I pulled out a box I'd shoved to the back, not expecting to need it so soon. It was a pregnancy test. My husband Peter, then 32, and I had only just started trying for a baby, but I'd been feeling out of sorts the last few days. Several minutes later, the positive test confirmed my suspicions.

By the time Peter arrived home from a cycle ride a couple of hours later, I was flapping around the kitchen, full of nervous energy.

"I took a test while you were out—I'm pregnant," I told him.

"Gosh, this is really happening!" he said, mirroring my strange mix of elated apprehension. "Are we going to be any good at this?" he added, laughing.

We kept the news to ourselves at first, and, in January 2018, went for our 12-week scan at Stamford and Rutland Hospital. We couldn't ( 1 ) to see our baby for the first time, and it all suddenly felt so real.

Only the sonographer hesitated during the scan, and Peter ( 2 ) at the screen, soon realizing why.

"Are there two in there?" he asked.

I was carrying identical twins. Peter and I were both in shock, and felt even more overwhelmed, wondering how we'd manage.

My pregnancy was high-risk, as carrying twins increases the likelihood of preterm birth and miscarriage, so I needed scans every two weeks to monitor our babies' progress. Then, at 16 weeks, the doctor noticed something ( 3 )ing. "One twin is smaller than the other and struggling to move," he said, explaining it was twin-to-twin transfusion syndrome (TTTS), a rare condition affecting identical twins. They shared a placenta, which meant they were sharing oxygen and nutrients, and one of my babies wasn't getting enough.

I was transferred to a specialist at Birmingham Women's Hospital, where I was admitted for further tests. Over the next days, my anxiety built, and I had sleepless nights, waiting and hoping to feel the tiniest movement in my belly to let me know both babies were OK.

But scans showed one of my babies was stuck to the lining of the uterus, and the specialist told us the only way to save our twins was to have a laser ablation. As I listened, I was terrified.

The surgery ( 4 ) using a laser to seal off some of the blood vessels in the placenta so both babies could get a more equal blood supply. The operation was risky for the smaller twin but, without the surgery, I could lose them both.

"We have to try," I told Peter, who agreed it was the only way.

The procedure was scheduled for the end of February, by which point my face and body were swollen and my belly was rock hard and shiny—all side effects of TTTS. I was anxious, but Peter put my mind at ease. “All we can do is to ( 5 ) the doctors, and hope,” he said.

Two hours after the surgery, I went for a scan to confirm if the procedure had worked. Staring at the screen, we waited.

“There’s one heartbeat,” the specialist said. “And there’s another!”

I’d never been so relieved, and squeezed Peter’s hand. But we weren’t out of danger yet and, two weeks later, an MRI scan showed possible changes in brain development in the smaller twin, caused by a lack of oxygen. It was devastating, but all we could do was wait to see if our baby would survive—and, if he did, how his brain would be affected.

It ( 6 ) us right back into a state of anxiety that didn’t lift for the rest of my pregnancy. “I just want to meet my babies,” I told Peter, and we’d deal with anything else together.

I continued having regular scans, and every week we heard two heartbeats. During a scan at 28 weeks, the doctor confirmed that we were having twin boys.

I tried to rest, and was grateful I could do my account manager job from home. Peter and I walked the dogs, spent time together and tried not to drive ourselves mad with worry.

At 30 weeks, we bought some clothes and painted the nursery, but, in the back of our minds, we knew there was a chance we’d be coming home with just one of our babies. Did we need one car seat or two? Should we buy a single or double buggy? Knowing it’d be heartbreaking to take things back, we decided to wait.

In June 2018, at 34 weeks, I went to Leicester Royal Infirmary for a scheduled cesarean section. Stanley was born first, weighing about 1330 g, followed by his brother Arthur, about 1730 g. As their wails filled the room, I’d never felt so lucky. I caught a fleeting glimpse before they were taken to the neonatal intensive care unit, but they were both ( 7 )ing on their own.

I left the hospital the next day, while Stanley and Arthur were kept in hospital for three weeks while they gained weight, helped along by feeding tubes through their noses. I spent every day urging them on as they got bigger and stronger. By the time they were ready to come home, we were equipped with two car seats, cots and a double buggy.

In July, tests confirmed there were mild issues with Stanley’s brain development. Doctors couldn’t say what it meant for his future, only that things could improve as he grew.

The boys are two now, and we’re hoping that physiotherapy will help to ( 8 ) Stanley’s strength and coordination so he won’t be too far behind his brother.

They have a lovely bond and Arthur is always looking out for Stanley, passing him toys and encouraging him.

Life is a happy bubble of chaos for Peter and me. Although it’s unbelievably hard work and

we've been through a tough, testing journey, I love the life I have with my boys.

〔注〕

apprehension : 不安	nutrient : 栄養物
belly : おなか	out of sorts : 気分がすぐれない
buggy : 乳母車, ベビーカー	physiotherapy : 理学療法
cesarean section : 帝王切開	placenta : 胎盤
coordination : (筋肉運動の)協調	preterm birth : 早産
cot : 小児用ベッド	rummage : 引っかき回して探す
devastating : 衝撃的な, 動揺させる	seal off : 止血する
elated : 大喜びの	shiny : つやつやした
fleeting : ほんの一瞬	shove : 押し込む
gosh : えっ! 本当!(驚きを表す)	side effect : 副次的影響
laser ablation : レーザー切断	sonographer : 超音波検査者
lining : 内膜	squeeze : 握る
miscarriage : 流産	twin-to-twin transfusion syndrome : 双胎児間輸血症候群
MRI : 磁気共鳴映像(=magnetic resonance imaging)	uterus : 子宮
neonatal intensive care unit : 新生児集中治療室	wail : 産声, 泣き声

〔語 群〕

breathe	build	concern	involve
stare	throw	trust	wait