

一般入試 英語

I 次の(ア)~(コ)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) These figures seem to () that your illness is heading for recovery.

- ① index ② indicate ③ indicative ④ indication

(イ) Please do not publish this report until the week () the new academic year begins.

- ① which ② where ③ when ④ what

(ウ) This hospital ward is () to accommodate three hundred patients.

- ① enough large ② large enough ③ too large ④ so large

(エ) He read each and every () in his office.

- ① book ② the book ③ books ④ of books

(オ) This event should make you rethink your goals in life, unlike () else.

- ① nothing ② anything ③ something ④ one thing

(カ) () lacking in confidence was I that I asked people around me to help.

- ① Despite ② While ③ So ④ Well

(キ) () people die on a per mile basis from drunk walking than from drunk driving.

- ① Some ② More ③ Most ④ Many

(ク) You look very tired and not () to do the job.

- ① will ② willing ③ unwilling ④ willingly

(ケ) Wouldn't you rather test to see () these drugs will work for you before taking any?

- ① if ② though ③ while ④ until

(コ) The brain area called the "prefrontal cortex" () in social interaction, understanding other people, and self-awareness.

- ① involves ② involved ③ is involved ④ is involving

(サ) Today, many clinical trials are () different kinds of stem cells for the disease.

- ① use ② uses ③ used ④ using

(シ) The doctors were () that the patient would have a stroke.

- ① worry ② worrisome ③ worried ④ worryingly

(ス) We are learning how () cancers in animals can help us better treat cancers in humans.

- ① treat ② being treated ③ treating ④ treatment

(セ) When you're describing your science, beware () using difficult vocabulary.

- ① for ② of ③ on ④ with

(ソ) His influence on his daughter started coming into very clear focus () me.

- ① at ② for ③ on ④ over

Ⅱ 次の(ア)～(オ)はAとB二人の対話である。空欄に入れるの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) A : It sure is convenient to live so close to campus.

B : I envy you. It takes me over an hour to get here.

A : I () sleep late. I do most of my studying late at night.

- ① have to be able to
- ② am unable to
- ③ can be able to
- ④ will be able to

(イ) A : Did you enjoy the medical equipment display at the museum?

B : Actually, I never saw it. I got there () it is closed on Mondays.

- ① since I found
- ② until they said
- ③ just in time as
- ④ only to discover

(ウ) A : I found last week's exam easier than I expected.

B : I wish I had. I couldn't finish all the questions.

A : For me, it helps to read the questions () before I begin to write my answers.

B : I was in such a hurry to start writing that I just skimmed right through them.

- ① fast and furious
- ② slowly and carefully
- ③ short and quick
- ④ easily and speedily

(エ) A : Our concert seems to have been quite a success.

B : Indeed. () who I spoke to afterwards said they really enjoyed it.

A : It makes me glad that we practiced so hard for it.

- ① None of the students
- ② A few of the parents
- ③ Most of the people
- ④ Some of the players

(才) A : Tim seems upset. I wonder what's wrong?

B : () about something.

A : You're right about that. I wish he could relax and enjoy life more.

- ① He needs to control
- ② He never says enough
- ③ He doesn't feel good
- ④ He's always complaining

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) If there is anything I can do helping you, please let me know.
① ② ③ ④

(イ) Keeping a diary in English is one of the good way to improve your writing skills.
① ② ③ ④

(ウ) Surprising as it may seem, it's not scientists what cracked the mystery but a fifteen-year-old boy.
① ② ③ ④

(エ) The governor tried to regain her popularity through economic measures, but vain.
① ② ③ ④

(オ) As the well-known proverb says, there is not accounting for tastes.
① ② ③ ④

(カ) This municipal election is being described as to a proxy war between the two parties.
① ② ③ ④

(キ) According to a survey, people use different SNSs in different purposes.
① ② ③ ④

(ク) We didn't win because the other teams were weak. We win because we were strong.
① ② ③ ④

(ケ) They could not have handled difficult situation if not for her generous support.
① ② ③ ④

(コ) The reason why Kyorin University stopped using the system was that it turned out to be less cost-effective than originally thought of.
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)

Scientific knowledge is based on observations of the natural world. But observing the natural world is neither as simple nor as solitary an activity as it might sound. Take the moon, for instance. When you look up at the sky on a clear night, what do you see? You see the moon and the stars. But what do you actually observe? There are a lot of small bright lights and then a larger whitish circular object. If you had never learned any science, what would you think this white object was? Is it a flat disc, like a kind of giant aspirin? Or is it a (ア)? If the latter, then why do we always see the same side of it? And why does its shape change from a thin crescent to a full disc and back again? Is it an object like the earth? If so, how big is it? And how close? And do people live there? Or is it a smaller night-time equivalent of the sun? Finally, perhaps it is like one of the little bright lights but larger or closer? In any case, how and why does it move across the sky like that? Is something else pushing it? Is it attached to an invisible mechanism of some kind? Is it a supernatural being?

Now, if you are well-informed about modern science, you will know that the moon is a large spherical rocky satellite which orbits the earth completely about once a month and which rotates once on its own axis in the same time (which explains why we always see the same side of it). The changing relative positions of the sun, earth, and moon also explain why the moon displays 'phases'—with either the entirety or only a small crescent of the illuminated half of the moon visible at a particular time. You may also know that all physical bodies are attracted to each other by a gravitational force in proportion to the product of their masses and in inverse proportion to the square of the distance between them, and that this helps to explain the regular motions of the moon around the earth and of the earth around the sun. You will probably also know that the bright little lights in the night sky are stars, similar to our sun; that the ones visible to the naked eye are thousands of light-years away and those observable through telescopes are millions or even billions of light-years away; so that to look up at the night sky is to look into the distant past of our universe. But however much of all this you know, you did not find it out by observation. You were told it. You possibly learned it from your parents or a science teacher or a television program or an online encyclopedia. Even professional astronomers will not generally have checked the truth of any of the statements made in this paragraph by their own empirical observations. The reason for this is not that astronomers are lazy or incompetent, but simply that they can rely on the amassed authoritative observations and

theoretical reasonings of the scientific community which, over a period of many centuries, have established these facts as fundamental physical truths.

The point is that while it is certainly true that scientific knowledge is based on and tested against observations of the natural world, there is an awful lot more to it than just pointing your sense organs in the right direction. As an individual, even an individual scientist, only the tiniest fraction of what you know is based directly on your own observations. And even then, those observations only make sense within a complex framework of existing facts and theories which have been accumulated and developed through many centuries. You only know what you do about the moon and the stars because of a long and complex cultural history which mediates between the light from the night sky and your thoughts about astronomy and cosmology. That history includes the successful challenging of the old earth-centered world view by Galileo Galilei, with the help of Copernicus's astronomy and the newly invented telescope in the early 17th century, as well as the establishment of Newton's laws of motion and gravitation later in that century, and more recent developments in physics and cosmology too. It also includes, crucially, the histories of those social and political mechanisms that allow for, and control, the dissemination of scientific knowledge among the people through books and in classrooms.

(SCIENCE AND RELIGION: A VERY SHORT INTRODUCTION by Dixon (2008)
780w from pp.4-7. By permission of Oxford University Press.)

(ア) Fill in the blank (ア).

- ① square
- ② sphere
- ③ shape
- ④ scene

(イ) Why does the writer use the phrase You were told it?

- ① To show the importance of observation.
- ② To remind the reader that we learn best through reasoning.
- ③ To examine how the natural world relates to our senses.
- ④ To emphasize that we don't learn just through observation.

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

- ① collected
- ② separated
- ③ considered
- ④ explained

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

- ① Various sides of the moon can be observed with the naked eye.
- ② The phases of the moon are controlled by the constant position of the earth.
- ③ The moon is pushed by an invisible mechanism.
- ④ The moon rotates around the earth as well as on its own axis.

(オ) According to the passage, what does a well-informed person know about science?

- ① That the moon is a flat disc that does not rotate about its own axis.
- ② That the night sky reflects a real time version of our universe.
- ③ Gravity operates in proportion to the product of solid masses.
- ④ The phases of the moon are not determined by a particular time.

(カ) What can be inferred from the passage?

- ① The basis of scientific study is well understood by the average person.
- ② Most people have a misconception about the extent of natural observation in science.
- ③ Due to its solitary nature, many people choose not to become astronomers.
- ④ The average person is not well acquainted with fundamental scientific knowledge.

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

- ① Astronomers are not professional in their work.
- ② Astronomers rely on the observations of others more than their own personal ones.
- ③ Professional astronomers accept as fact the work of previous scientists.
- ④ Astronomers rely on the theoretical reasonings of the scientific community.

(ク) According to the passage, what is the importance of history to scientific knowledge?

- ① To accept the earth-centered world view of Galileo Galilei.
- ② To negate astronomy through the development of the telescope.
- ③ To form a basis for the study of science in classrooms and books.
- ④ To analyze the more recent view of Newton's laws of motion and gravitation.

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

- ① The study of science encompasses far more than the power of observation.
- ② Conducting scientific observations is best done alone.
- ③ Scientific knowledge is based only on our own observations.
- ④ Natural observation is the only essential component to scientific study.

(コ) Choose a suitable title for the passage.

- ① The Nature of the Moon and Stars
- ② Astronomy on the Scientific Frontier
- ③ Science Is More than Observation
- ④ The Decline of Scientific Knowledge

(英文 2)

To have compassion — literally, as its Latin roots suggest, to be able to suffer with — one must have empathy. It is impossible to fake compassion: empathy is a necessary prerequisite.

(サ) Empathy is one of those odd concepts that is so central to human interaction, so obviously a requirement in medicine, something we intuitively know when we see, yet so difficult for many to precisely define. For now I'll sidestep the detailed philosophical discussion about whether empathy is an emotion or a cognition and stick with how most people define it: the ability to see and feel from another person's perspective.

Specifically for medicine, empathy is about recognizing and appreciating a patient's suffering. The oath of Maimonides*, which many graduating classes recite upon receiving their medical degrees, sums it up succinctly*: "May I never see in the patient anything but a fellow creature in pain." Empathy requires being attuned to the patient's perspective and understanding how the illness is woven into this particular person's life. Last — and this is where doctors often stumble — empathy requires being able to communicate all of this to the patient.

In general, empathy is easier the more we can identify with someone. When we can genuinely envision ourselves in a situation, it's possible to guess what that person's suffering might feel like. When (入) is larger — for whatever reason — the challenge is thornier.

Doctors tend to come from a narrower spectrum of society than patients. Though medical schools are more diverse than they once were, most doctors still hail from* wealthier (and healthier) middle-class backgrounds and have less experience with illness, disability, economic instability, unemployment, and prejudice than their patients do. Patients can seem so different from doctors that the doctors can have trouble identifying with them.

Some of the challenges to empathy arise from cultural and language barriers. Many Asian patients I've worked with, for example, are very reticent* about admitting pain and can keep up a stoic front despite severe illness. Doctors stop "seeing" the pain of these patients and invest their concern in others. At the other end of the emotional spectrum, Hispanic patients have a reputation for being very vocal about their symptoms (whence arises the hospital-slang diagnosis Hispanic Hysterical Syndrome). These patients never seem to stop complaining, and doctors rapidly stop listening.

Both of these scenarios could be written off as stereotypical — and they certainly do not capture the wide range of actual responses — but they do represent examples in which physicians can lose a connection to their patients' suffering because of (ヲ). I have one patient who has been in my practice for many years. Maríssima Alvarez is a sixty-two-year-old woman from Ecuador who is fortunate enough to be free of the diabetes*, hypertension, and heart disease that plague* most of my other patients her age. But she does have chronic aches and pains that bring her to my office with an impressive frequency. She probably has some combination of arthritis* and chronic pain syndrome. I respect this and try to take her symptoms seriously — though I find reassurance in the fact that her overall health has remained stable in the decade I've taken care of her. The problem is that every symptom is “(ヱ).”

In Spanish, suffixes are added to words to form superlatives, and that is Ms. Alvarez's standard way of speaking. Her stomach pains are not *malo* (bad), they are *malísimo* (the worst). Her headache is never *grande* (big), but *grandote* (huge). The burning in her stomach is not *caliente* (hot), but *calientísima* (the hottest ever). She's never feeling *débil* (weak), but *débilísima* (the weakest ever).

As Ms. Alvarez's doctor, I am supposed to examine every medical complaint with equal concern, because one of them just might represent something serious or life-threatening. But when every symptom ranks 10 (or more) on the scale of 1 to 10, this can be challenging, to say the least.

Whenever I hear her voice on the phone, I can't help the inner groan, the here-we-go-again reaction. I've caught myself starting to tune her out, mumbling or nodding absently to each of her “worst ever” symptoms. (And it hasn't escaped my notice that her first name — Maríssima, which rhymes with her real first name — is pre-stocked with the superlative suffix *-ísima*.)

Ms. Alvarez is my personal challenge for empathy. The temptation is to write off most of what she says, and I could argue that there is a medical basis for this: if every organ system were indeed at its worst-ever state — for ten years, no less — she'd be in the ICU or dead. It can be rough going to maintain both composure* and empathy in these situations, but a doctor's failure to do that is probably the number one reason why patients feel dissatisfied with their physicians and end up doctor-shopping endlessly. (ツ)

I know that Ms. Alvarez is trying her best to impress upon me the magnitude of her distress. She is clearly worried that I won't see it if she doesn't paint it vividly enough. Part of me wonders whether it would be helpful to explain to patients like Ms. Alvarez that these efforts can actually work against them, that consistently inflating or exaggerating symptoms can diminish the patient's credibility and erode* the physician's empathy. But while the patient does bear some responsibility, I believe that the onus* falls more heavily on the doctor to be attuned to the factors — cultural, ethnic, or just personal style — that influence how patients present their symptoms.

(What Doctors Feel: How Emotions Affect the Practice of Medicine by Danielle Ofri, © 2013 by Danielle Ofri. Reproduced with permission of Beacon Press.)

- * Maimonides マイモニデス(1135~1204) 中世のユダヤ人思想家・医師
- succinctly 簡潔に
- hail from ~の出身である
- reticent 無口な, 控えめな
- diabetes 糖尿病
- plague 疫病にかからせる, 悩ます
- arthritis 関節炎
- composure 沈着, 冷静
- erode 浸食する, 損なう
- onus 責任, 義務

(サ) Which of the following is true about *empathy*?

- ① Empathy is the ability to be able to suffer with another person.
- ② Empathy is so central to human interaction that we can easily define it precisely.
- ③ Empathy is so obviously a requirement in medicine that doctors can acquire it easily.
- ④ Empathy is to be able to see and feel from another person's perspective.

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

- ① what kind of relation the illness has to this particular person's life
- ② when the illness occurs in this particular person's life
- ③ how this particular person recovers from the illness in their life
- ④ where the illness comes from in this particular person's life

(ス) Fill in the blank (ス).

- ① the difference between compassion and empathy
- ② the similarity between intuition and situation
- ③ the gap between doctor and patient
- ④ the interaction between doctor and patient

(セ) Which of the following is true about *the emotional spectrum*?

- ① Asian patients and Hispanic patients are located close to each other on the spectrum.
- ② Asian patients are louder than Hispanic patients in their demands.
- ③ Hispanic patients are more reluctant to complain than Asian patients.
- ④ Hispanic patients are placed at the opposite end of the spectrum to Asian patients.

(ソ) Fill in the blank (ソ).

- ① culturally nuanced differences in manners of expression
- ② personal differences in manners of communication
- ③ physicians' trouble identifying with patients
- ④ the challenges arising from cultural and language barriers

(タ) Fill in the blank (タ).

- ① worse than before
- ② the worst ever
- ③ bad as usual
- ④ better than before

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

- ① disregard as unimportant
- ② write fluently without hesitation
- ③ write down rapidly
- ④ cancel

(ツ) Why do patients feel dissatisfied with their physicians and end up doctor-shopping endlessly?

- ① Because patients cannot make out what their physicians say.
- ② Because patients believe that their organ system is indeed at its worst-ever state.
- ③ Because physicians often argue that there is a medical basis for their diagnoses.
- ④ Because physicians cannot maintain composure and empathy in communication with patients.

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

- ① Doctors should be attuned to the factors that influence how patients present their symptoms.
- ② Doctors should explain to patients that exaggerating symptoms can diminish their credibility.
- ③ Patients should bear all responsibility on their own for how they present their symptoms.
- ④ Patients should realize on their own that consistently inflating symptoms destroys doctors' empathy gradually.

(ト) According to the passage, which of the following is NOT true?

- ① Doctors often come from wealthier backgrounds and have less experience with prejudice than their patients do.
- ② Doctors are supposed to examine every medical complaint with equal concern because one of them just might represent something serious or life-threatening.
- ③ Doctors more often stop seeing or listening to the pain of Asian patients than that of Hispanic patients.
- ④ Cultural and language barriers sometimes pose a challenge for building empathy between doctors and patients.