

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) Our hospital tries to avoid leaving someone () for more than 30 seconds.

- ① on hold ② for hold ③ on hand ④ in hand

(イ) The doctor says you should take the pill () six to ten hours.

- ① all ② each ③ any ④ every

(ウ) The kidney was indeed the first internal organ () to be transplanted to a human being.

- ① even ② ever ③ never ④ rather

(エ) A record of the child's vaccinations and immunizations is () with his or her application to the program.

- ① underscored ② permitted ③ approved ④ required

(オ) We have actually a very () statistic about this tendency.

- ① stunning ② stunningly ③ stunned ④ stun

(カ) I'd like to spend a few minutes with you today imagining () our planet might look like in a thousand years.

- ① that ② if ③ how ④ what

(キ) We're interested in exactly () in the brain this information is processed to.

- ① where ② how ③ when ④ if

(ク) If your injury should get worse, you () need to see a specialist.

- ① can ② will ③ shall ④ should

(ケ) That night, I promised myself that I would practice my speech every day until I () nervous any more.

- ① am ② was ③ wasn't ④ weren't

(コ) What we call the field of “forensic medicine” really () many different areas.

- ① involves in ② involves ③ involving ④ is involved

(サ) Imagine you have appendicitis and you () to a surgeon who is successful three times out of ten on appendectomies.

- ① are referred ② referred ③ are referring ④ refer

(シ) The number of patients belonging to the old units () since last month.

- ① have decreased ② has decreased ③ are decreasing ④ is decreasing

(ス) This situation takes some doing — especially when you work in a hospital that sees () 14 people a night.

- ① except ② out ③ without ④ but

(セ) The doctor claimed that if she wasn't going to () his advice, there was no reason to continue coming in for treatment.

- ① follow ② care ③ worry ④ listen

(ソ) () more restrictions have been placed on industrial waste, our rivers and lakes have become less polluted.

- ① With ② Before ③ Since ④ After

II 次の看護師と佐藤さんの二人の対話において、空欄(ア)~(オ)に入れるのもっとも適当なものを、それぞれ①~④のうちから一つずつ選びなさい。

Nurse: Your vital signs all look fine. So, how can I help you today?

Mrs. Sato: Well, I can't (ア) no matter how hard I try. Can you give me some advice?

- ① get rid of this cold
- ② stop coughing
- ③ lose weight
- ④ stop this fever

Nurse: Certainly. The most important thing is to lead a healthy life. That means not just eating well but regular exercise and a proper amount of sleep.

Mrs. Sato: I try to eat a balanced diet but it just doesn't seem to help. I eat a lot of fruits and vegetables and alternate meat and fish at every meal. Of course I enjoy sweets but I try to limit those as well. It just doesn't make sense to me why I can't drop a few kilos.

Nurse: You know it isn't necessarily what or how much you eat, but rather how the food is prepared. Fried foods cause the most weight gain, followed by foods that are cooked in butter. Grilling meat and fish is better, and vegetables are best when (イ).

- ① steamed instead of boiled
- ② deep fat-fried
- ③ diced and cooked in oil
- ④ baked and then fried

Mrs. Sato: I never really thought about that. I'll pay more attention to that. But you said something about exercise as well. I've never been good at sports, so there's no way that I could run a marathon now at my age.

Nurse: No need to do that! Once again, it really isn't the kind of exercise you do that is important but rather being sure (ウ).

- ① that you push yourself to the limit
- ② that you consistently do it
- ③ not to slow down
- ④ to run harder

Mrs. Sato: Well, I do enjoy walking. If I walk to the station instead of taking the bus, would that help?

Nurse: Exactly! And speaking of work, is your job stressful? Stress can also be (エ).

- ① a reason to lose weight
- ② a symptom of dietary restrictions
- ③ a factor when it comes to weight control
- ④ too much at once

Mrs. Sato: Wow. I have been dealing with a lot of extra work these past few months. When I get tired I reach for a bar of chocolate to tide me over until I get home. And in addition to that, we have been eating out as a team more often due to the late hours.

Nurse: Like I said in the beginning, it really is (オ) that determines weight loss.

- ① only one thing
- ② a combination of factors
- ③ all or nothing
- ④ diet alone

Don't believe those quick and easy diets you see advertised on TV! Remember the only time success comes before work is in the dictionary. Work at losing weight and I am sure you'll be successful. Good luck!

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) The president was used to smoke three packs a day but now he has quit.
① ② ③ ④

(イ) Whoever listen to this news will surely be surprised.
① ② ③ ④

(ウ) The management had no other choice but to resigning to take responsibility for that.
① ② ③ ④

(エ) The Mr. Evans I know is not the persons described in the book.
① ② ③ ④

(オ) It has been a learning adventure and very fun.
① ② ③ ④

(カ) The researchers appeared skeptical about how effective could this be.
① ② ③ ④

(キ) I am writing this message to inform you of a meeting will be held on February 1.
① ② ③ ④

(ク) The second Industrial Revolution, also known as the Technological Revolution, meant that factories used more machines and less people.
① ② ③ ④

(ケ) She seemed to be in a bad mood and her behavior at the ceremony was as childish as young child.
① ② ③ ④

(コ) Kyorin University is developing under the slogan of “Moving Global, Staying Local.”
More and more medical students at this university are experiencing medical training
in the another country.
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)

Daniel Goleman is discussing his famous “impulse control” test at a San Francisco lecture and has the entire audience’s (ア). Goleman, a psychologist and science writer, is the author of the best-seller *Emotional Intelligence*, a fascinating book about recent discoveries in brain research that prove emotional stability is more important than IQ in determining an individual’s success in life. One of the highlights of the book, Goleman explains to his audience of foundation leaders, educators, and grants donors, is a test administered 30 years ago that Goleman calls “The Marshmallow Challenge.”

In this experiment, four-year-old children were individually called into a room at Stanford University during the 1960s. There, a kind man gave a marshmallow to each of them and said they could eat the marshmallow right away, or wait for him to come back from an errand, at which point they would get two marshmallows.

Goleman gets everyone laughing as he describes watching a film of the preschoolers while they waited for the nice man to come back. Some of them covered their eyes or rested their heads on their arms so they wouldn’t have to look at the marshmallow, or played games or sang to keep their thoughts off the single marshmallow and waited for the promised double prize. Others — about a third of the group — simply watched the man leave and ate the marshmallow within seconds.

What is surprising about this test, claims Goleman, is its diagnostic power. A dozen years later the same children were tracked down as adolescents and tested again. “The emotional and social difference between the grab-the-marshmallow preschoolers and their gratification-delaying peers was dramatic,” Goleman says.

The ones who had resisted eating the marshmallow were clearly more socially competent than the others. “They were less likely to go to pieces, freeze or regress under stress, or become rattled and disorganized when pressured; they embraced challenges and pursued them instead of giving up, even in the face of difficulties; they were self-reliant and confident, trustworthy and dependable.”

The third or so who grabbed the marshmallow were “more likely to be seen as shying away from social contacts, to be stubborn and indecisive, to be easily upset by frustrations, to think of themselves as unworthy, to become immobilized by stress, to be mistrustful or prone to jealousy, or to overreact to certain situations with a sharp temper.”

And all because of a single marshmallow? In fact, Goleman explains, it’s all because of a lone neuron in the brain, only recently discovered, that bypasses the neocortex—the area of the brain where rational decisions are made—and goes straight to the amygdala*, or emotional center of the brain. It is here that quicker, more primitive “fight or flight” responses occur, and are stored for future use. The more that emotional memories involving temper, frustration, anxiety, depression, impulse, and fear pile up in early adolescence, the more the amygdala can “hijack the rest of the brain,” Goleman says, “by flooding it with strong and inappropriate emotions, causing us to wonder later, ‘Why did I overreact?’”

But if the emotions stored in the brain are those of restraint, self-awareness, self-regulation, self-motivation, empathy, hope, and optimism, then we become endowed with an “emotional intelligence” that serves rather than enslaves us for the rest of our lives.

(Adapted from Patricia Holt, *The Author Talks About Emotions — Success Depends on Self-Control, He Says*, 1995)

* amygdala 扁桃体

(ア) Fill in the blank (ア).

- ① control
- ② attention
- ③ discovery
- ④ realization

(イ) In the context of the passage, what is the word closest in meaning to the underlined part (イ)?

- ① emotional
- ② surprising
- ③ extensive
- ④ predictive

- (ウ) Why does the writer feel emotional intelligence is of such importance?
- ① It can be nurtured to prevent us from overreacting.
 - ② It is more important than IQ in rational decision making.
 - ③ It provides an alternative to gratification-delaying processes.
 - ④ It is a clear example of recent scientific developments.
- (エ) According to the passage, which of the following is true?
- ① The Marshmallow Challenge is still practiced today with similar results.
 - ② The thirty percent of children who waited to eat the marshmallow were more sociable.
 - ③ Much attention has been paid to emotional intelligence since the 1960s.
 - ④ Children at the age of four can display attributes that determine future success in life.
- (オ) According to the passage, what is the main purpose of the recently discovered neuron?
- ① To aid in the formation of rational decisions.
 - ② To supply the neocortex with the necessary emotions to make decisions.
 - ③ To supply the amygdala with emotional responses to given situations.
 - ④ To aid the neocortex in dominating the amygdala.
- (カ) What can be inferred from the passage?
- ① The decision to try harder or to give up is an emotional one.
 - ② Most children were not gratified by waiting for the second marshmallow.
 - ③ To eat the marshmallow right away is a rational decision.
 - ④ Both emotional and rational decisions take place in the same part of the brain.
- (キ) According to the passage, which of the following is false?
- ① IQ is not as important as emotional stability.
 - ② Learning gratification-delaying skills is a form of emotional intelligence.
 - ③ Being socially competent is seen in stubborn and indecisive behavior.
 - ④ Empathy and optimism are components of emotional intelligence.
- (ク) According to the passage, what was surprising about “The Marshmallow Challenge”?
- ① A third of the children ate the marshmallow immediately.
 - ② Social differences were not present when retested twelve years later.
 - ③ Children could not find ways to distract themselves from eating the marshmallow.
 - ④ Teenagers developed differently based on their preschool age eating behavior.

(ケ) Which of the following is true?

- ① Goleman was one of the subjects in the 1960 experiment.
- ② Goleman is a science fiction author.
- ③ Goleman is speaking mainly to non-scientists.
- ④ As a psychologist, Goleman treats many patients for emotional intelligence problems.

(コ) Choose the most suitable title for the passage:

- ① Emotional Stability Begins in Childhood
- ② The Power of IQ in Your Future
- ③ How to Avoid Eating the Marshmallow
- ④ Being a Slave to Emotional Intelligence

Windom

(英文2)

“Do you want to feel my cancer while it’s still here?” Joan asked me one wintry afternoon as we sipped coffee in her kitchen. “You’re going to be a doctor. Shouldn’t you know what a breast cancer feels like?”

My husband and I were visiting his oldest sister one February weekend in 1993. It was spring break at the Yale Medical School, where I was in the middle of my first year. The week before, Joan had gone for her regular mammogram*. As she was getting dressed after the test, the radiologist*, an old friend, burst into the room. “She looked at me and I could tell something was wrong,” Joan told me.

The radiologist arranged for her to see an oncologist*, who, in turn, sent her to a surgeon for a biopsy*. Our visit caught her before she’d heard the results of the biopsy but well after Joan had accepted the likelihood of the diagnosis.

Joan sighed and tucked a wayward* blond curl behind her ear. “Wouldn’t it be helpful to know what to look for? Wouldn’t it?” she persisted. After the needle biopsy, she’d located the tiny nodule* that was going to change her life and found herself touching it several times a day, the way you sometimes can’t stop fingering a painful sore or replaying a difficult conversation in your head — acting on some need to remember where the pain was coming from.

I didn’t know what to say. I had no idea what a breast cancer would feel like and she was right — it would be useful for me to know. And I was wildly curious.

But I knew immediately (ス). Touching my sister-in-law’s breast was inconceivable. Joan was able to imagine me in the role of a physician — a group given permission to ignore the traditional zones of privacy when necessary. But it wasn’t a mantle* I was ready to put on. At that point in my training, I had not yet examined anyone. Until that moment I hadn’t really envisioned how strange and unnatural it would be to violate the zone of privacy each of us occupies. I couldn’t touch my sister-in-law. In fact, I wasn’t sure I could touch anyone.

The act of placing your hand upon another’s body is, in many ways, the hallmark of the physician. And yet, though simple, it is an act riddled with complications. Who are the people we touch in our lives? Our lovers, certainly; our children, naturally. And as a sandwich

generation, perhaps even our parents, eventually. No one else. I don't count the hug and cheek-peck hello, the hand on the shoulder, the slap on the back. This is touch as a form of communication—it speaks of fellowship and affection, support and concern. This type of physical contact lies well within our expectations of social intercourse. It is by convention brief, by practice unobtrusive. A hug or touch that lasts too long or is a little too close sets off alarms because we understand the rules of social conduct.

In medicine, at the bedside, on the examination table, we touch those we care for—but it's a different form of touch, and a different kind of care. Medicine requires intimacy but one characterized by an intellectual and emotional distance. You don't expect your friends and loved ones to assess you with a knowing and impartial* eye. We allow them to occupy an intimate space physically and emotionally because we know they see us through a filter of love.

The intimacy of the physical exam is far removed from that between friends and family. In the physical exam, that filter is gone. Doctor and patient are often strangers to each other. It can be uncomfortable—for the patient, and often for the doctor as well. And there is, at the heart of this sometimes awkward intimacy, a fiduciary* relationship, an implicit bargain: the patient will let the doctor see him and touch him and in return the doctor will share her knowledge for the benefit of the patient. When Joan had her cancer, I knew I wasn't ready to live up to my end of the deal. I had nothing to offer: I knew a lot of anatomy, some cell biology, a good deal of genetics, but I didn't know anything about medicine. Not then.

Moreover, I didn't know how to do it. Literally. I hadn't been taught. That was something I would learn in my second year. Perhaps even more important, I hadn't yet learned how to occupy that permitted space between physical intimacy and intellectual distance that is fundamental to touching as a doctor. That part isn't on the written curriculum; there weren't any lectures on it (or at least not in my medical school), and yet you can't be a doctor if you don't learn how to negotiate this deeply personal territory. Medicine—to the extent that it can be called a science—is a sensual science, one in which we collect data about a patient through touch and the other senses according to a systematic method in order to make a diagnosis. Most patients are willing to be touched by their doctor. They expect it. I certainly expected to touch patients. But, as I realized that afternoon in my sister-in-law's kitchen, first you have to learn how.

(Adapted from Lisa Sanders, M.D. *Every Patient Tells a Story: Medical Mysteries and the Art of Diagnosis*, 2009)

- * mammogram マンモグラム, 乳房 X 線撮影像
radiologist 放射線科医
oncologist 腫瘍専門医
biopsy バイオプシー, 生体組織検査
wayward わがままな, 言うことをきかない
nodule 小結節, しこり
mantle マント, 外套
impartial 偏らない, 偏見のない
fiduciary 信用上の, 信託の

(サ) Who is the author?

- ① a medical student
- ② a radiologist
- ③ an oncologist
- ④ a surgeon

(シ) When did the author and her husband visit Joan?

- ① before Joan had heard the results of the biopsy
- ② before Joan was sent to a surgeon for a biopsy
- ③ before Joan accepted the likelihood of the diagnosis
- ④ before Joan had gone for her regular mammogram

(ス) Fill in the blank (ス).

- ① what a breast cancer would feel like
- ② that she was right
- ③ that it was useful for me to know
- ④ that I couldn't do it

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

- ① a distinguishing act of the physician
- ② an official stamp of the physician
- ③ a strange permission given to the physician
- ④ a curious behavior of the physician

(ソ) What kind of touch is the hug and cheek-peck hello?

- ① an act riddled with complications
- ② a form of communication
- ③ a touch that lasts too long or is a little too close
- ④ an intellectual and emotional touch

(タ) Why do we allow our friends and loved ones to touch us?

- ① Because we expect them to assess ourselves with a knowing and impartial eye.
- ② Because medicine requires intimacy.
- ③ Because we know they see us through a filter of love.
- ④ Because a filter of love is gone.

(チ) What kind of intimacy does the physical exam require?

- ① one with fellowship and affection
- ② one that lies within our expectations of social intercourse
- ③ one characterized by an intellectual and emotional distance
- ④ one that is comfortable for the patient and the doctor

(ツ) The author couldn't touch her sister-in-law's breast because ().

- ① she didn't know how to touch as a doctor
- ② she didn't know a lot of anatomy, cell biology, or genetics
- ③ she didn't want to study the zone of privacy
- ④ she wasn't permitted to ignore Joan's zone of privacy

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

- ① Joan suggested that the author touch her breast because she didn't accept the diagnosis.
- ② Joan suggested that the author touch her breast because she wanted her to remove her cancer.
- ③ The author had not examined anyone until Joan asked her to touch her breast.
- ④ The author expected to touch patients after she realized how uncomfortable it was.

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

- ① The patient will let the doctor touch him because the doctor will share her knowledge for the benefit of the patient.
- ② Medicine is a sensual science because the patient collects data through touch and the other senses.
- ③ The intimacy of the physical exam is different from that between friends and family in that it is through a filter of love.
- ④ You can't be a doctor if you don't learn how to touch patients as a form of communication.

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