2011年度

英　　語

注　意　事　項

1. 試験開始の合図があるまで，この問題冊子を開いてはいけない。
2. この問題冊子は12頁ある。試験開始後，頁の落丁・乱丁及び印刷不鮮明，また解答用紙の汚れ等に気付いた場合は，手を挙げて監督者に知らせること。
3. **監督者の指示にしたがって解答用紙の下記の該当欄にそれぞれ正しく記入し，マークせよ。**

① **受験番号欄**

受験番号を**4ケタで記入**し，さらにその下の**マーク欄**に該当する**4ケタ**を**マーク**せよ。　(例) 受験番号0025番→ | 0 | 0 | 2 | 5 | と記入。

② **氏名欄　氏名・フリガナを記入**せよ。

4. 受験番号が**正しくマークされていない場合は，採点できないことがある。**
5. 解答は，解答用紙の**解答欄**に**ＨＢ鉛筆**で正確に**マーク**せよ。

例えば | 30 | と表示された問題の正答として④を選んだ場合は，次の(例)のように**解答番号30の解答欄の④を濃く完全にマーク**せよ。**薄いもの不完全なものは解答したことにはならない。**

(例)

解答番号	解　　答　　欄
30	① ② ③ ● ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

6. 解答を**修正**する場合は必ず「消しゴム」で**あとが残らないように**完全に消すこと。鉛筆の色や消しくずが残ったり，  のような消し方などをした場合は，**修正**したことにならない。
7. 解答はそれぞれの解答番号につき1個だけ選ぶこと。2個以上**マーク**した場合は**無解答**とみなされる。
8. 試験終了後，**問題冊子**および**解答用紙**を**机上**に置き，試験監督者の指示に従い退場しなさい。

第１問　次の［ 1 ］～［ 5 ］の各群の単語①～⑤のうちから，最も強いアクセント(第一強勢)の位置が，ほかの４つの場合と異なるものを１つずつ選びなさい。

［ 1 ］

① in-come　② in-form　③ in-put
④ in-sight　⑤ in-stant

［ 2 ］

① be-long　② con-vey　③ de-lay
④ ig-nore　⑤ log-ic

［ 3 ］

① an-ces-tor　② cir-cum-stance　③ col-o-ny
④ dis-ci-pline　⑤ in-i-tial

［ 4 ］

① de-vel-op　② in-ter-pret　③ pro-ce-dure
④ im-ag-ine　⑤ in-di-cate

［ 5 ］

① cur-ric-u-lum　② des-per-ate-ly　③ e-mer-gen-cy
④ e-qual-i-ty　⑤ hu-man-i-ty

第2問 次のa～fの各英文の空欄 [6] ～ [11] に入れるのに最も適当なものを，それぞれ下の①～⑤のうちから1つずつ選びなさい。

a. Since I missed the last bus yesterday, I had no [6] but to take a taxi home.

① chance ② choice ③ measure
④ method ⑤ possibility

b. In spite of the [7] traffic, I managed to get to the airport in time.

① heavy ② high ③ large
④ many ⑤ much

c. The popularity of the telephone has led to [8] people writing letters these days.

① almost ② fewer ③ hardly
④ least ⑤ nearly

d. I've got a stomachache. I must have had something that [9] with me.

① disagreed ② disgusted ③ disordered
④ distrusted ⑤ disturbed

e. Don't you think it's time we [10] something different for Sunday dinner?

① are having ② had ③ have
④ will have ⑤ would have

f. Barbara was absent from school, [11] was often the case.

① as ② so ③ such
④ than ⑤ that

第3問 次のａ～ｆの各英文の空欄を，それぞれ下の①～⑥の語または語句で埋めて最適な英文にするとき，［ 12 ］～［ 23 ］に入る語または語句を示しなさい。

a. Julia wore _____ _____ _____ [12] [13] _____ everybody stared at it in amazement.

① a　② bright　③ hat
④ such　⑤ that　⑥ yellow

b. A decision _____ _____ [14] _____ _____ [15] may create a new problem.

① a problem　② as　③ made
④ that is　⑤ the solution　⑥ to

c. The President called upon the people to [16] [17] _____ _____ _____ _____ their country.

① ask themselves　② could　③ do
④ for　⑤ they　⑥ what

d. There was said to be about one in every five new graduates this spring, who had [18] _____ _____ _____ [19] _____ higher education.

① a job　② found　③ gone on
④ neither　⑤ nor　⑥ to

e. When she _____ the house, she smelled _____ [20] _____ _____ [21] rising.

① and　② approached　③ burning
④ saw　⑤ smoke　⑥ something

f. Physicians should behave toward their patients, colleagues, and other professionals as ____ [22] ____ ____ ____ [23] .

① behave　② have　③ them

④ themselves　⑤ they would　⑥ toward

第４問 次の文章を読み，［ 24 ］～［ 37 ］に入る最も適当な語句を下の①～⑯の中から１つずつ選びなさい。ただし，同一番号を重複使用した解答は無効とします。

注：

electroconvulsive therapy：電気痙攣療法

from neuroscience to Tibetan Buddhism：神経科学からチベット仏教にまで及ぶ

functional magnetic resonance imaging（fMRI）：機能性磁気共鳴画像法

prefrontal cortex：前前頭皮質

Jonathan Cott's *On the Sea of Memory—A Journey from Forgetting to Remembering* is a serious and wonderful book about the author's experience of losing and then recovering his memory. In 1998, Cott fell into a deep depression following his mother's death. He was subjected to electroconvulsive therapy, receiving thirty-six electroshock treatments in all, ［ 24 ］ of the fifteen years from 1985 to 2000. Fifteen years of his life—friends he had known, places he had lived, books he had written—had been ［ 25 ］ wiped out. But he has kept his talent ［ 26 ］, and he is now picking up the pieces of his forgotten past. In attempting to grasp ［ 27 ］, he has interviewed experts in many different fields—from neuroscience to Tibetan Buddhism—about various aspects of memory.

In the book, Cott says that it is our memory that makes us ［ 28 ］ and that constitutes our identity. Our memory is ［ 29 ］ linked to older memories of ancestors, cultures, and places. It works both currently and ［ 30 ］. Memory is the most essential part of us.

If memory is so important, then ［ 31 ］, which we all do unconsciously? Two Stanford psychologists, Brice Kuhl and Anthony Wagner, have discovered that forgetting is the brain's way of helping people remember the important stuff. They carried out an experiment on twenty Stanford students using

functional magnetic resonance imaging (fMRI) and recorded the students' prefrontal cortex activity on a scanner. According to Wagner, "The brain is plastic — adaptive — and one feature of that is not just [32] some memories but also suppressing or weakening others." So the brain's ability to suppress irrelevant memories makes it easier for us to remember what is really significant. As Wagner puts it, "Any act of remembering adjusts memories, making slight changes to them to try to be more adaptive for the next time you try to remember something."

Forgetting, then, is a defect in our memory, but at the same time it is a tool that allows us to live more [33] . A computer may be a more reliable and accurate storehouse of information and knowledge because it never forgets. But our memory is more sensitive and better at remembering [34] , and at retrieving and targeting [35] . Although strengthening memory and learning [36] in more detail and more [37] are still goals for many people, we should keep in mind that the great difference between a computer and the human brain is that the brain can forget as well as remember.

① accurately
② as a writer and magazine editor
③ completely
④ deeply
⑤ efficiently
⑥ historically
⑦ how to forget things
⑧ how to remember things
⑨ selectively
⑩ strengthening
⑪ what happened to him
⑫ what is necessary for life
⑬ what is the use of forgetting
⑭ what is the use of remembering
⑮ which robbed him of his memory
⑯ who we are

第5問 次の文章の内容と合っていると思われるものを，下に示した①～㉕のなかから8つ選びなさい。ただし，解答の順序は問いませんが，同一番号を重複使用した解答は無効とします。 38 ～ 45

注：

a typically polarized society：典型的な二極化を示す社会

the average life expectancy：平均寿命

The United States annually spends the equivalent of about ¥240 trillion, or 17% of its gross domestic product (GDP), on health care — about twice as much as the comparable Japanese total of about ¥40 trillion a year, or 8% of the Japanese GDP. However, it is widely known that about 20% of Americans are without health care insurance coverage. There is not much dispute that the U.S. health care system has major problems. As a matter of fact, in the 2008 presidential election, all major candidates presented their health care reform plan. The difficulty starts with the question of how to fix the problems. No past U.S. presidents have offered a convincing solution. For example, Bill Clinton, a two-term president, tried but failed to realize universal health care insurance. Why is it such a laborious task to reform the U.S. health care system? The reason is essentially linked to Americans' traditional attachment to the freedom of spending their income on medical services.

Rising medical care costs are also a cause of strong concern in Japan. Systemic flaws in the health care regime are often singled out as a major reason for the increasing cost of medical care in our country. However, the real cause resides elsewhere. In an opinion survey conducted in the U.S., about 80% of health care economists have cited "the progress in medical science" as the primary reason for the increasing costs of medical services in the past three decades. Naturally, not all progress in science and technology leads to increased costs. The development of information technology is an obvious example of

cost-reducing technological progress. However, advances in medical science are different, resulting mainly in the form of expensive innovative technological advances to prolong human life. In other words, as medical science advances, life spans increase, causing medical care expenses to continue to soar. Society cannot rid itself of increasing medical care costs unless people somehow control their natural and strong desire to prolong their lives.

With regard to consumer spending in general, each country leaves it up to the individual to decide how much to spend on most products and services. For example, high-income consumers generally buy superior clothes. However, medical care is an exception, with countries divided into two groups. The U.S. allows people to choose how much they spend on medical care — just like purchasing clothes. Affluent Americans can spend as much as they want on treatment to survive potentially fatal diseases, something low-income Americans find almost impossible to do. Unlike the U.S., most countries do not allow such inequalities in medical treatment. These are two different traditions based on solid philosophies so that there is absolutely no way to judge which side is right. However, one thing is certain. People living with one tradition based on a solid philosophy will violently resist if the government forces on them an alien system, which is a common practice in a society with a different tradition based on another solid philosophy.

The U.S. is a typically polarized society with a purchasing power gap between high-income and low-income individuals. Since people would not feel happy wearing fine clothes if their health was poor, the wealthy tend to place priority in their spending on medical services if the government does not impose constraints on it — a situation that in turn causes overall medical costs to soar. As a result, medical services become so expensive that low-income citizens cannot afford even basic health care. In reality, Americans who cannot afford medical services are young and middle-aged people in the lower middle-income bracket, because the programs of the U.S. government guarantee health

insurance for the elderly and the poor. This explains why 20% of Americans cannot afford health care insurance and why the average life expectancy in the U.S. is lower than that in other developed countries. However, the U.S. health care system has advantages. As the U.S. spends the equivalent of ¥240 trillion a year — versus ¥40 trillion in Japan — on health care, the U.S. health services have become a giant market that attracts all kinds of research and development efforts, making the country the world leader in innovative medical science. In other words, when measured by contributions to advancements in medical science, the U.S. health care system is way ahead of other countries.

The Japanese health care system can be characterized as a public system which, at least in principle, guarantees the same medical treatments to all citizens. However, in contrast to the health care systems in Scandinavian countries and the United Kingdom, it is not the government itself that runs the entire system. The major providers of health insurances are the health care organizations run by either big companies or local governments. The result is that the premiums paid for health insurance differ according to which health care organization a person belongs to. With medical care costs soaring due to the aging population, many health care organizations, especially those run by local governments, have been plunged into grave financial difficulties. The Japanese government, therefore, had to adjust the system so that the health organizations run by big companies are now compelled to support their financially damaged fellow organizations. This adjustment naturally annoyed big companies that, under the current scheme, share insurance premium payments with employees. Major employers' organizations, therefore, have been considering a thorough reform of the Japanese health care system.

38 ~ 45

① Japan annually spends about half as much as the total amount of money spent by the U.S. on health care.

② Very few people know the fact that about 20% of Americans are not covered by health care insurance.

③ Many people know that about 20% of Americans are covered by health care insurance.

④ Most candidates in the 2008 presidential election realized that the U.S. health care system was anything but ideal.

⑤ The problems of the American health care insurance are so formidable that no past U.S. presidents have ever attempted to solve them.

⑥ What makes the reform of the U.S. health care system so laborious is basically related to Americans' traditional inclination to spend freely their incomes on medical services.

⑦ The author is very concerned about the attitudes of Americans who maintain their traditions and prefer freedom to equality.

⑧ Fortunately, Japan is free from the problem of rising costs of medical care because it has a different health care system from that of the U.S.

⑨ The author agrees with many Japanese who put the blame for the rising medical care costs on the defects in the Japanese health care system.

⑩ The great majority of U.S. health care economists has referred to the progress in medical science as the main reason for the increasing costs of medical services in recent decades.

⑪ Many U.S. health care economists believe that medical care costs have risen since the beginning of the 21st century, mainly because of progress in medical science.

⑫ While some technologies become more expensive as they advance, others become less expensive as shown by the recent advancement in medical technology.

⑬ Advances in medical science result in increasing costs of medical services because they prolong life which, in turn, causes medical care expenses to continue to soar.

⑭ Countries are divided into two types with regard to spending in general: countries that entrust the decision to the individual on how much to spend on most products and services, and countries that impose severe constraints on the amount to spend.

⑮ The author assumes that there are two different traditions based on solid philosophies which make each country force an alien system on people.

⑯ The U.S., unlike most countries, believes that balance between freedom and equality in medical treatment will solve the problem of its health care system.

⑰ The author assumes that the purchasing power gap between high-income and low-income individuals in the U.S. lowers the quality of medical services.

⑱ About 20% of Americans who are covered by health care insurance are young and middle-aged people in the lower middle-income bracket.

⑲ In the U.S., the victims of the current medical care insurance system are the poor and the elderly, because every American is supposed to pay their own medical expenses.

⑳ In principle, the U.S. government allows Americans to spend as much money as they wish on their medical care.

㉑ The average life expectancy of Americans is not very high despite the fact that the U.S. is the top country in terms of modern medical science.

㉒ The U.S. health care system, in effect, contributes to advancements in medical science, because its health service market is so big that all kinds of research and development efforts are drawn to it.

㉓ The Japanese health care system can be classified as a typical public system which assures all citizens of the same medical treatments covered by the same health insurance.

㉔ The increasing number of elderly people in Japan is causing serious financial difficulties to many health care organizations.

㉕ The author makes a proposal to solve the financial difficulties of health care organizations in Japan: Japanese people will have to pay higher premiums than what they are paying now for their health insurance.