受 験 番 号

推薦

医

平成24年度

推　薦　入　学
学習能力適性検査

英文問題

注意：答えはすべて解答用紙に記入しなさい。

英

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この試験問題には古紙100％の再生紙を使用しています。

第1問　次の英文を読んで設問に答えなさい。

Here's a well-known weight-loss tip: use a smaller plate, and you'll be satisfied with a smaller portion. The tip works — provided you're not genuinely very hungry — because a large part of our satisfaction at the end of a meal is determined by expectations about what a decent meal looks like. If we feel like we've eaten a proper dinner, we're not likely to eat another one an hour later.

If the sight of our meals matters, then how about the sight of each bite? Business-school researchers at the University of Utah, Salt Lake City, conducted a clever experiment to find out.

The study authors enlisted help from a local Italian restaurant. Over the course of two days — serving two lunches and two dinners — the researchers randomly selected tables to receive either unusually large forks (20% larger than the restaurant's normal fork) or unusually small forks (20% smaller than normal). [A]They then weighed each plate of food before it went out to a customer and once again when it came back, in order to calculate how much each person had eaten.

Overall, the results showed, the customers given bigger forks ate less, leaving (ア) on their plates at the end of each meal.

That left the study authors trying to explain why people might eat more when they're given (イ) portions, but less when they're given (ウ) forks? The study authors suggest that both phenomena can be explained by [B]the same logic. In their paper they write:

> Diners focus on the visual cue of whether they are making any dent in the amount of food on their plates . . . . The (エ) fork (compared to the larger fork) appears to provide (オ) satisfactory goal progress; that is, diners feel they are not making much of a dent in consuming their food and, hence, satisfying their hunger. This, in turn, focuses diners to put in more effort (e.g., more forkfuls) toward satiating their hunger. As a result, diners with smaller forks consume (カ) food than those using larger forks.

By [C]this same logic, if the food portion is very large to begin with, diners will eat (キ) of it because they don't notice themselves making a dent in the meal until a lot has been consumed.

The argument also suggests an interplay between bite size and portion size. In the experiment, restaurant-goers who received both small forks and large portions ate disproportionately (ク) than either one of those factors alone would predict.

Importantly, however, the bigger fork may encourage people to eat (ケ), only when their goal is to eat a full meal and satisfy their hunger — precisely the goal of most restaurant-goers. The study authors also tested the effect of fork size on food consumption among people who were not necessarily hungry, but instead were merely snacking.

They gave university students some pasta salad and the same large forks and small forks that were used in the restaurant experiment. They found that, when people were presented with food outside of a mealtime, larger forks led people to consume (コ). The students were, perhaps, less concerned about making a dent in any food they were given, so that they simply took a few bites out of habit. In that scenario, the authors write, people may "become more willing to anchor on the fork size as the appropriate bite size."

(http://healthland.time.com/2011/07/15/using-a-big-fork-may-help-you-eat-less/)
(原文を一部変更してあります)

注 enlist：協力を求める　　make a dent in ～：～に効果を与える、～を減少させる
satiate：十分に満足させる　　interplay：相互作用

問 1. 下線部 [A] は、食べた量をどのようにして調べたといっているか。その方法を 20～30 字の日本語で説明しなさい。

問 2. 空所 (ア) ～ (コ) には、それぞれ次の 4 語のうちのいずれかが入る。それぞれに入れるべき語の番号を答えなさい（どの語も少なくとも 1 度は使うこと）。

(1) bigger　(2) less　(3) more　(4) smaller

問 3. 下線部 [B]、[C] の 'logic' が意味する内容として最も適切なものを (a)～(f) から 1 つ選び、その記号を答えなさい。

(a) 大きな皿で出された食べ物は実際より多く見えるが、小さな皿で出されると実際より少なそうに見えるため、結局、大きな皿に乗った食べ物より、小さな皿に乗った食べ物の方がたくさん食べてしまう。

(b) 大きな皿で出された食べ物は実際より少なく見えるが、小さな皿で出されると実際より多そうに見えるため、結局、小さな皿に乗った食べ物より、大きな皿に乗った食べ物の方がたくさん食べてしまう。

(c) 自分が食べることによって食べ物がどんどん減っていくように見えると、勢いに乗ってついたくさん食べてしまうが、逆にあまり減っていくように見えないとまだあまり食べていないのに満腹になり、少ししか食べずに終わる。

(d) 自分が食べることによって食べ物がどんどん減っていくように見えると、満腹感が早く訪れて少ししか食べずに終わるが、逆にあまり減っていくように見えないとなかなか満腹感が訪れず、結局たくさん食べてしまう。

(e) 食べ物を口いっぱいにほおばって食べるとすぐに満腹感がくるが、少しずつゆっくり食べると結局たくさん食べることができるように、小さなフォークなどを使って一度に口に入れる量を少なくする方がたくさん食べる結果になる。

(f) 食べ物を口いっぱいにほおばって食べると食べ物を口に運ぶ回数が少ないために最終的に食べる量は多くなるが、少しずつゆっくり食べるとその間に満腹感が訪れて最終的に食べる量は少なくなるように、大きなフォークなどを使って一度に口に入れる量を多くする方がたくさん食べる結果になる。

問 4. 最後のパラグラフで述べられているパスタサラダでの実験は、何を調べるために行われたのか。30～40 字の日本語で答えなさい。

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第2問　次の英文を読んで設問に答えなさい。

The use of the touch in medical diagnosis has had a spottier history. Hippocrates relished and eagerly employed the data provided by the senses. He wrote, "It is the business of the physician to know in the first place things . . . most important, most easily known, which are to be perceived by the sight, touch, hearing, the nose and the tongue." And texture, temperature, and contour were often provided in the description of patients and their diseases in his works. That approach to medicine was followed only intermittently until the Renaissance, and not until the Enlightenment was it fully re-embraced by physicians who sought to use the concrete data provided by the body to make medicine a true science in an age of scientific achievement. Ultimately it is the same quest for the precision and accuracy of a true science that has practically destroyed the physical exam. The doctor's touch seems primitive and uncertain when compared to what we can find out through the marvels of technology.

That's the perception, but is it true? There's mounting evidence that the hand of the doctor provides information that can't be gained from the cool eye cast by [A]its technological replacements. Take, for example, the issue of screening for breast cancer. What can an exam pick up that can't be discerned by a machine? The machines in question — mammography, ultrasound, magnetic imaging — play a powerful role in the detection of breast cancers. But so does touch. Most breast cancers — well over 70 percent — are detected by women who feel a lump in their breast. Mammograms account for another 20 percent — clearly an important tool in the detection of this common disease. Yet studies suggest that the breast exams performed by a physician account for another 5 percent of breast cancers detected — given the number of breast cancers in this country, that comes out to ten thousand cancers picked up on exam every year, making touch a surprisingly powerful tool as well.

The assessment of abdominal pain — one of the most common and problematic emergency room complaints — is another example where the physical exam may work better than even the best technology. Every year over three million patients come to an ER somewhere in the country complaining of pain in the belly. A quarter million of those patients end up in an operating room, having their appendix taken out. Most of the time, it's a good call — the surgeon will remove a diseased organ. But on average 20 percent of those who take that trip to the OR will have what the surgeons call a negative appendix — that is, an appendix that is completely normal. For women the rate of unnecessary appendectomies can be twice [B]that, up to 45 percent in some studies. And these statistics have been unchanged for decades.

For many years this was considered an acceptable rate. Overall it was clear that early intervention was the safest way to deal with this potentially fatal disease and that the benefit of rushing patients with suspected appendicitis to the OR outweighed the potential harm of the unnecessary surgery.

(Lisa Sanders, *Every Patient Tells a Story*, 2009)

注　spotty：平坦ではない、浮き沈みのある　contour：外形　intermittently：断続的に
the Enlightenment：啓蒙運動　physical exam：身体診察（五感による診察）　discern：見つける
mammography：乳房 X 線撮影　lump：しこり　abdominal pain：腹痛　ER：emergency room
appendix：虫垂　good call：良い判断　OR：operating room　appendectomy：虫垂切除
appendicitis：虫垂炎

問 1. 患者の診察において触診のはたす役割がたどった歴史的経過を述べた次の文の３つの空所それぞれに、適当な日本語（それぞれ 10 字以内）を入れなさい。

ヒポクラテスにおいては（　あ　）が、ルネサンスにいたるまで（　い　）、その後、啓蒙運動の時代になって（　う　）。

問 2. 第 1 パラグラフで、正確さの追求（quest for the precision and accuracy）によって生じた事柄として述べられているものを次の (a)〜(e) から 2 つ選び、その記号を答えなさい。

(a) 患者の症状だけでなく、生活環境や家族の状態も考慮すること。
(b) 主観を排除して、客観的な判断ができるように目指すこと。
(c) 身体診察から得られる具体的なデータを活用して診断を行うこと。
(d) 身体診察を、あいまいなものとして軽視するようになること。
(e) 定性的なデータではなく、定量的データを重視しようとすること。

問 3. 下線部 [A] の 'its' が受けているものを、本文中の英語のまま書きなさい。

問 4. 乳がんの 70%以上はどのようにして発見されるのか。10〜20 字の日本語で答えなさい。

問 5. 本文の記述から、アメリカにおける 1 年間あたりの乳がん患者数は約何万人と推計されるか。

問 6. 下線部 [B] の 'that' が指しているものを、本文中の英語のまま書きなさい。

問 7. 本文の内容と一致するものを次の (a)〜(e) から 2 つ選び、その記号を答えなさい。

(a) 身体診察は、個々の医師の主観に基づくものであったが、より客観性を持たせるために共通の基準を作る必要がある。
(b) 身体診察は、今後、さまざまな新しい検査機器による診断技術に置き換えていかねばならない。
(c) 身体診察は、乳がんや虫垂炎の診断において大変有効である。
(d) 虫垂炎の場合は、身体診察によって不要な手術が行われる事例が多く、身体診察に頼ることは不適切である。
(e) 虫垂炎に関しては、不要な手術が一定数行われているが、万一の重大事を避けるためには仕方のないことと考えられてきた。

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藤田保健衛生大学
医学部 推薦

英文問題　解答用紙

第1問

問1																				

問2	ア:	イ:	ウ:	エ:	オ:
	カ:	キ:	ク:	ケ:	コ:

問3	

問4																				

第2問

問1	あ:										
	い:										
	う:										

問2		

問3	

問4																				

問5	万人	問6		問7	