前期日程

令和7年度個別学力試験問題

英　　語

（医　学　部）
医　学　科
先進医療科学科

解答時間　80分
配　　点　100点

注意事項

1. 解答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. 受験番号を解答用紙の所定の欄に記入してください。
3. 解答は解答用紙の指定された解答欄に記入してください。
4. 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付いた場合は，手を挙げて監督者に知らせてください。
5. 問題冊子は持ち帰ってください。

1 次の英文を読んで，あとの問いに答えなさい。

There was something that used to annoy me in the speech of my Japanese students. It was their way of saying "We Japanese", instead of speaking for themselves. (A) I thought they were cowards: they were afraid of taking responsibility for themselves or their statements. They were always taking shelter under their national umbrella. They wouldn't venture out into the open as human beings, with a mind and character of their own.

"We Japanese are a shy people.... We Japanese think it's wrong to go to war.... We Japanese find it hard to understand the Christian teaching about God.... We Japanese can't understand how there can be racial discrimination in a Christian country like America...."

(B) Such are the statements that used to annoy me in the past. And for good reasons, too. After all, I knew many Japanese, especially school teachers, who weren't shy at all. I could mention the warlike* deeds* of such Japanese heroes as Hideyoshi and Ieyasu, who are still popular in books and on TV. I could count many Japanese who were devout* Christians, and many more non-Christian Japanese who believed in God. I could also point to the frequent discrimination by Japanese officials against Koreans and Chinese (①) in Japan.

(C), I recalled how many shy people there are in England. I could safely say that the majority of the English people, for all our warlike past, prefer peace to war. I could point out that, though we are still more or less Christian, we often find points in Christian teaching hard to understand. I could add that we, too, are against racial discrimination, and that it was an Englishman, William Wilberforce, who (②) the movement to abolish slavery early in the nineteenth century.

(D) In short, these are by no means unique qualities of the Japanese. Rather, they are common qualities of all men. They belong not to any one nation, whether English or Japanese, but to the whole human race.

Why is it, then, that the Japanese imagine these qualities to be peculiar to themselves? Why are they so fond of (③) themselves as unique?

One reason is, perhaps, that they are a homogeneous* people, unlike the English, who are surely the world's greatest mongrels* (except for the Americans, their cousins). Another reason may be that they have been so long (④) from the rest of the world. So they have come to think of themselves as unique among all other nations. Of them, more than of other nations, it may be said that "Like will to like", and "(E)".

The thoughts and feelings I have mentioned are indeed common to all men as men. They are also found in some men more than in others, regardless of national differences. Yet I must admit they are present in the Japanese in a unique and indefinable* manner. Once they are

expressed in abstract words, I can easily think no less of exceptions among the Japanese than of parallels among other nations. But now I can't help (⑤) with my students. There is, after all, something in what they say, even if they don't put it so accurately.

This is why I say of such statements that they "used to annoy me". For now they no longer annoy me. Rather, I am now inclined to give them my assent*. "Yes, you Japanese are (so and so). You do think (so and so). Of course, I can think of exceptions; but they are only exceptions that prove the rule. In these and other respects, you Japanese are unique. And I admire your uniqueness. For me it is part of the charm of Japan."

Nor is this (F) all. Over the years I find I am getting more Japanese, even as an Englishman. In the past I used to say, "We English never say '(G)'. We don't think or act together as a nation. We prefer to think of ourselves as a nation of eccentrics*." But now I am more aware of the contradiction implied in these words. So I am now readier to say "(H)", in much the same tone of voice, and often with the same content, as my Japanese students when they say "We Japanese".

(出典：ミルワード, P. *Japanese Jangles,* 北星堂書店, 1984 年より一部改変)

〔注〕

warlike：好戦的な　　deed：行為　　devout：信心深い
homogeneous：同種の　　mongrel：多民族から成る人種
indefinable：説明できない　　assent：同意　　eccentric：変わり者

問 1 （ ① ）～（ ⑤ ）に入る最も適切な語を下の語群から 1 つずつ選び，必要であれば適切な形に変えて答えなさい。ただし，同じ語を 2 度以上使わないこと。

〔語群〕

agree　　lead　　live　　regard　　separate

問 2 下線部(A)を，“they” の指している内容が分かるように，日本語に訳しなさい。

問 3 下線部(B)を日本語に訳しなさい。

問 4 （ C ）に入れるのに最も適切なものを(ア)～(エ)の中から 1 つ選び，記号で答えなさい。

(ア) In the long run　　(イ) Just in case

(ウ) On the other hand　　(エ) To make matters worse

問 5 下線部(D)を日本語に訳しなさい。

問 6 （ E ）に入れるのに最も適切なことわざを(ア)～(エ)の中から 1 つ選び，記号で答えなさい。

(ア) A picture is worth a thousand words.

(イ) Birds of a feather flock together.

(ウ) It's always darkest before the dawn.

(エ) It is no use crying over spilt milk.

問 7 下線部(F)の内容として最も適切なものを(ア)～(エ)の中から 1 つ選び，記号で答えなさい。

(ア) Japanese are afraid.　　(イ) Japanese are annoying.

(ウ) Japanese are polite.　　(エ) Japanese are unique.

問 8 （ G ）・（ H ）に入る組み合わせとして正しいものを(ア)～(エ)の中から１つ選び，記号で答えなさい。

(ア) （G）We English －（H）We English
(イ) （G）We English －（H）We Japanese
(ウ) （G）We Japanese －（H）We English
(エ) （G）We Japanese －（H）We Japanese

問 9 次の英文は，本文を読んだ後にある高校生が書いた感想文である。（ ① ）～（ ④ ）に入る最も適切な語を(ア)～(エ)の中から１つずつ選び，記号で答えなさい。ただし，同じ語を２度以上使わないこと。

Reading the text, I think that the author's （ ① ） about the phrase "We Japanese" may be outdated. Nowadays, especially among the younger generation, there's a noticeable shift toward individuality and personal （ ② ）. We rarely use the phrase "We Japanese" because we understand the importance of highlighting our own unique experiences and viewpoints.

Modern Japanese education and global （ ③ ） have encouraged us to think critically and independently. We are more likely to say "I think" or "In my opinion" rather than generalize our views as representative of all Japanese people.

Therefore, the phrase "We Japanese" is not as prevalent as it once was. We are increasingly aware of the diversity within our own （ ④ ） and the importance of expressing our unique perspectives.

(ア) concerns　(イ) exposure　(ウ) expression　(エ) society

2 次の英文を読んで，あとの問いに答えなさい。

It was a gloomy Monday morning in early January when I first met Thomas McGregor. He was a man in his early fifties, with the robust* build of someone who had spent his life working with his hands. His thick, calloused* fingers and sun-weathered skin spoke volumes about his years as a carpenter. He had been referred to me by his primary care physician after a routine blood test showed alarming abnormalities.

"Dr. Jameson," he greeted me with a firm handshake, his eyes shadowed with worry. "I hope you can tell me what's going on. My wife, Anna, is worried sick."

I smiled reassuringly, gesturing for him to sit down. "Mr. McGregor, I've reviewed your test results, and I'd like to run some further tests to get a clearer picture. It might be nothing serious, but we need to be thorough."

He nodded, clearly anxious but willing to go through whatever was necessary to find answers. Over the next few days, we conducted a series of tests: a CT scan, a PET scan*, and a lymph node biopsy*. The results came back quickly, and they confirmed my suspicions. Thomas McGregor had Mantle Cell Lymphoma (MCL)*, a rare and aggressive form of non-Hodgkin lymphoma*.

When I broke the news to him, he took it with surprising stoicism*. "So, what now, Doc?" he asked, his voice steady but with an edge of uncertainty.

"Now, we fight this together," I replied. "We'll start with a treatment plan tailored to* your specific case. It will be tough, but with your strength and determination, (A) we have a good chance."

(中略)

Thomas's first chemotherapy* session was grueling*. The infusion* room, with its rows of reclining chairs and the faint odor of antiseptic*, became a battlefield. As the nurse hooked him up to the IV*, I explained the possible side effects*: nausea*, fatigue, hair loss, and a weakened immune system.

"(B)?" he asked quietly, his eyes meeting mine.

"The treatment itself shouldn't hurt, but you may feel quite unwell for a while," I said, trying to be as honest as possible. "But remember, this is our best shot at beating the cancer."

Over the next few weeks, Thomas endured the chemotherapy with remarkable resilience*. (C) He continued to work part-time, refusing to let the disease take more from him than it already had. Anna was his rock*, attending every appointment and learning how to care for him at home. She meticulously* kept track of his medications, made sure he ate nutritious meals, and provided the emotional support he desperately needed.

One afternoon, midway through his treatment, Thomas confided in me. "Doc, sometimes I think about giving up. The pain, the fatigue... it's like nothing I've ever experienced."

I leaned forward, meeting his gaze. "Thomas, (D) it's okay to feel that way. What you're going through is incredibly tough. But you're not alone. We're all here for you, fighting alongside you."

His eyes glistened* with unshed tears. "I know, Doc. And I won't give up. For Anna, for my kids... I'll keep fighting."

(中略)

After six months of chemotherapy, we performed another PET scan to assess his progress. The results showed a significant reduction in the size of his lymph nodes. It was a victory, but the battle was far from over. The next phase involved high-dose chemotherapy followed by an autologous stem cell transplant*.

"Thomas, the stem cell transplant is our best chance for long-term remission*," I explained during one of our consultations. "It's a rigorous process, but you're strong, and (E) I believe (　　)."

The preparation for the transplant began with harvesting his own stem cells, a procedure that required multiple sessions of apheresis*. Thomas tolerated it well, although the fatigue was becoming more pronounced*. Once we had enough stem cells collected, we proceeded with the high-dose chemotherapy, aimed at eradicating* any remaining cancer cells in his body.

The day of the transplant arrived, and Thomas was admitted to the hospital. The sterile* environment, with its constant hum* of medical equipment, was a stark* contrast to his home workshop. As the nurse infused* his stem cells back into his bloodstream, I stood by his side, explaining each step.

"Think of these stem cells as seeds," I said. "They'll travel to your bone marrow* and start growing new, healthy blood cells."

The next few weeks were critical. Thomas's immune system was virtually wiped out by the high-dose chemotherapy, leaving him vulnerable to infections. He was placed in isolation, with strict precautions* to prevent any exposure to pathogens*. Anna visited daily, her presence a beacon* of hope in the sterile room.

"You're doing great, Thomas," I reassured him during one of my rounds*. "Your counts are starting to come back up. Just a little longer, and you'll be on the road to recovery."

Slowly but surely, his body began to recover. His white blood cell count increased, and he regained some strength. After several weeks, he was finally discharged* from the hospital, though he would need to continue with regular check-ups* and maintenance therapy.

Over the next year, Thomas made remarkable progress. His hair grew back, his appetite returned, and he started taking on more woodworking projects. He and Anna even went on a long-awaited trip to the Grand Canyon, a dream they had postponed due to his illness.

"Doc, I can't thank you enough," he said during one of his follow-up visits. "You gave me my life back."

I smiled, feeling a deep sense of fulfillment. "Thomas, you did the hard work. You fought with everything you had, and it paid off."

The five-year mark, a significant milestone* in cancer treatment, approached. Each follow-up visit brought a mixture of hope and anxiety. The fear of relapse* loomed* over us, but each clean scan was a step closer to victory.

On the fifth anniversary of his diagnosis, Thomas came in for his routine check-up. The PET scan showed no signs of lymphoma. It was a moment of triumph, a testament* to his strength and the advances in medical science.

"You're officially in remission, Thomas," I announced, a smile spreading across my face. "You've beaten this."

He looked at Anna, who was by his side as always, and then back at me. Tears of relief and joy filled his eyes. "We did it, Doc. We really did it."

As I watched Thomas and Anna leave the clinic that day, hand in hand, I reflected on the journey we had shared. Being a doctor is not just about diagnosing and treating diseases; (F) it's about walking with patients through their darkest hours, offering hope and compassion, and celebrating their victories, no matter how small.

（出典：Smith, E. *Crazy Medical Stories: Volume 1,*
Free Reign Publishing, 2024 年より抜粋・一部改変）

〔注〕

robust：たくましい　　calloused：(皮膚が)硬くなった

PET scan：PET(陽電子放出断層撮影)検査

lymph node biopsy：リンパ節生検

Mantle Cell Lymphoma (MCL)：マントル細胞リンパ腫(リンパ節等に生じる血液のガン)

non-Hodgkin lymphoma：非ホジキンリンパ腫(リンパ球に関係する血液細胞のガン)

stoicism：冷静　　tailored to：～に合わせた　　chemotherapy：化学療法

grueling：過酷な　　infusion：点滴　　antiseptic：消毒薬

IV：(静脈)点滴　　side effect：副作用　　nausea：吐き気

resilience：回復力　　rock：支えとなる人　　meticulously：慎重に

glisten：輝く　　autologous stem cell transplant：自家幹細胞移植

remission：寛解(病気の症状が軽減もしくはほぼ消失した状態)

apheresis：アフェレシス療法(血液から病気の原因になる物質を除去して治療すること)

pronounced：顕著な　　eradicate：～を全滅させる　　sterile：無菌の

hum：ブーンという音　　stark：全くの　　infuse：～を注入する

bone marrow：骨髄　　precaution：予防措置　　pathogen：病原菌

beacon：光　　round：回診　　discharge：～を退院させる

check-up：健康診断，検査　　milestone：節目　　relapse：再発

loom：ぼんやり現れる　　testament：証拠

問 1　下線部(A)の具体的な内容を 30 字以内の日本語で説明しなさい。

問 2　本文の内容に合うように，(　B　)に英単語 3 語以上を用いて英文を完成させなさい。

問 3　下線部(C)の理由を日本語で簡潔に説明しなさい。

問 4　下線部(D)を，“that way” の指している内容が分かるように，日本語に訳しなさい。

問 5　本文の内容に合うように，筆者が言ったと考えられることを，下線部(E)の(　　)内に英単語 3 語以上を用いて英文を完成させなさい。

問 6　下線部(F)を，“it” の指している内容が分かるように，日本語に訳しなさい。

3 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。

Australia is a country of abundant sunshine, but the skin of most Australians is better adapted to gloomy* England than the beaches of Brisbane. The country's predominantly* white【 (1) 】, and for years the public-health establishment has warned residents about the dangers of ultraviolet (UV) light. A 1980s ad campaign advised Australians to "Slip*, Slop*, Slap*"—if you had to go out in the sun, slip on a shirt, slop on some sunscreen, and slap on a hat. The only safe amount of sun was none at all.

Then, in 2023, a consortium* of Australian public-health groups did something surprising: It issued new advice that takes careful account, for the first time, of the sun's positive contributions. The advice itself may not seem revolutionary—experts now say that people at the lowest risk of skin cancer should spend ample* time outdoors—but the idea at its core marked a radical departure from decades of public-health messaging. "Completely avoiding sun exposure is not optimal* for health," read the groups' position statement, which extensively cites a growing body of research. Yes, UV rays cause skin cancer, but for some,【 (2) 】too much sun.

(中略)

More than a century ago, scientists began to notice a mysterious pattern across the globe, which they came to call the "latitude* effect." Once you adjust for confounding variables*—such as income, exercise, and smoking rates—people living at high latitudes suffer from【 (3) 】middle latitudes. The pattern plays out in many conditions, but it's most pronounced* in autoimmune* disorders, especially multiple sclerosis (MS)*. Throughout Europe, Australia, New Zealand, and the U.S., populations at higher latitudes are much more likely to develop MS than those closer to the equator*. Over the years, scientists have offered many theories to explain this phenomenon: differences in diet, something in the water. But MS research pointed to a perhaps more obvious answer: sunlight. The higher the latitude, the lower the angle of the sun and the more its rays are filtered by the atmosphere. A number of studies have found links between sun exposure and the disease. Kids【 (4) 】and holidays are much more likely to develop MS than kids who are outside for more than one hour on these same days. Relapse* rates for the disease are higher in early spring, after months of sun scarcity. People who were born in the spring (whose mothers received little sun exposure during their third trimester* of pregnancy) are more likely to develop MS than people born in the fall.

Scientists first assumed that vitamin D was the key. But vitamin D supplementation*

proved useless for MS. Could something else about sun exposure protect against the condition?

A hint came from another disease, psoriasis*, a disorder in which the immune system mistakes the patient's own skin cells for pathogens* and attacks them, producing inflammation* and red, scaly* skin. Since ancient times, it had been observed that sunlight seems to alleviate* the condition, and doctors have long recommended "phototherapy*" as a treatment. But only in the late 20th century, with the recognition that psoriasis was an autoimmune disease, did they start to understand why it worked.

It turns out that【 (5) 】the skin, reducing inflammation. This is unfortunate when it comes to skin cancer—UV rays not only damage DNA, spurring* the formation of cancerous cells; they also retard* the immune system's attack on those cells. But in the case of psoriasis, the tamping-down* of a hyperactive response is exactly what's needed. Moreover, to the initial surprise of researchers, this effect isn't limited to the site of exposure. From the skin, the immune system's regulatory* cells migrate throughout the body, soothing* inflammation elsewhere as well.

This effect is now believed to be the reason sun exposure helps prevent or ameliorate* many autoimmune diseases, including MS, type 1 diabetes, and rheumatoid arthritis*. It also explains why other conditions that involve a hyperinflammatory response*, such as asthma* and allergies, seem to be alleviated by sun exposure. It may even explain why some other diseases now believed to be connected to chronic inflammation, including cardiovascular* disease and Alzheimer's*, are often less prevalent in regions with more sun exposure.

The consortium of Australian public-health groups had those potential benefits in mind when it drafted its new guidelines. "There's【 (6) 】," Rachel Neale, a cancer researcher and the lead author of the guidelines, told me. "There's absolutely no doubt." But as to what to do with that knowledge, Neale isn't certain. "This is likely to be both harmful and beneficial. We need to know more about that balance."

(出典：Jacobsen, R. "Against Sunscreen Absolutism",
The Atlantic, June, 2024年より抜粋・一部改変)

〔注〕

gloomy：(天候が)薄暗い　predominantly：大部分を占める

slip：素早く着る　slop：塗る　slap：かぶる，ポンと置く

consortium：コンソーシアム，共同体　ample：十分な

optimal：最善の　latitude：緯度

confounding variable：交絡変数(結果と要因の両方に相関する外部変数)

pronounced：顕著な　autoimmune：自己免疫の

multiple sclerosis (MS)：多発性硬化症　equator：赤道

relapse：再発　third trimester：(妊娠)第3期(妊娠7か月～)

supplementation：補給　psoriasis：乾癬(かんせん)　pathogen：病原菌

inflammation：炎症　scaly：うろこ状の　alleviate：～を緩和(軽減)する

phototherapy：光線療法(人工光を照射する治療法)　spur：～を促進する

retard：～を遅らせる　tamping-down：抑えること　regulatory：制御性の

soothe：～を和らげる　ameliorate：～を改善する

rheumatoid arthritis：関節リウマチ

hyperinflammatory response：過剰炎症反応

asthma：喘息　cardiovascular：心臓血管の

Alzheimer's：アルツハイマー病

a．〔 as / be just / too / can / much shade / as harmful 〕

b．〔 diseases than / higher / low or / of many / people / rates / living at 〕

c．〔 outside on / day / weekends / than 30 / spend less / who / minutes a 〕

d．〔 light hitting / all that / effects / doubt at / has immune / no / UV / the skin 〕

e．〔 has by / cancer / far the / highest / skin / world's / rate of / population 〕

f．〔 attacking / immune / light essentially / stop / induces the / system to / UV 〕