2024年度　入学試験問題(前期日程)

# 英　　語

試験時間　120分

医学部：医学科

**問題冊子**　　**問題……** 1 ～ 5　**ページ……** 1 ～ 14
**記述用解答用紙…** 4枚
**マークシート……** 1枚

**配　　点……表記のとおり**

**注　意　事　項**

1. 試験開始の合図まで，この問題冊子を開かないこと。
2. 試験中に，問題冊子・解答用紙（記述用，マークシート）の印刷不鮮明，ページの落丁・乱丁及び下書用紙の不備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. 各記述用解答用紙の上に受験番号を記入する欄があります。試験の合図後，表紙と4枚の解答用紙すべてに受験番号を記入してください。また，マークシートの番号欄にも受験番号を右詰で記入し，該当番号をマークしてください。なお，記述用解答用紙，及びマークシートには，必要事項以外は記入しないこと。
4. 設問によって，記述用解答用紙に記入する場合とマークシートにマークする場合があります。解答は，必ず記述用解答用紙，及びマークシートの指定された箇所に記入，マークすること。
5. 記述用解答用紙の各ページは，切り離さないこと。
6. 配付された記述用解答用紙，マークシートは持ち帰らないこと。
7. 試験終了後，問題冊子は持ち帰ること。
8. 試験終了後，指示があるまでは退室しないこと。

**1** 次の 1. ～ 10. の文中の(　　)に入れる最も適当なものを①～⑤から選び，マークしなさい。(30 点)

1 1. Texting is a very popular (　　) of communication among the teens in Japan.

① game　② media　③ means　④ street　⑤ equipment

2 2. The suspect (　　) a run when he saw the police.

① broke for　② broke up　③ broke into　④ broke down　⑤ broke away

3 3. She is very good at playing the guitar. She practices (　　).

① as often twice as I do　② as twice often as I do　③ twice as often as I do　④ as twice as often I do　⑤ often as twice as I do

4 4. No sooner (　　) he burst into tears.

① had he said it than　② than had he said it　③ than he had said it　④ he had it said than　⑤ than he had it said

5 5. I was (　　) to fall asleep when the telephone rang.

① about　② seldom　③ almost　④ already　⑤ still

6 6. It's on the (　　) of my tongue, but I cannot remember that actor's name.

① end　② tip　③ sides　④ middle　⑤ little

7 7. The new film was not (　　) we thought it would be.

① why　② what　③ which　④ that　⑤ how

8 8. Her doctor recommended to her that she (　　) an operation as soon as possible.

① has　② to have　③ having　④ have　⑤ had had

9 9. Let me give you a hand (　　) those bags. They must be heavy.

① with　② of　③ to　④ for　⑤ on

10 10. I think it is hardly worth (　　) in your speech because it is not important.

① mention　② can mention　③ mentioning　④ to mention　⑤ mentioned

**2** 次の 1. ～ 5. が適切な意味になるように(　　)内の語句を正しく並べかえなさい。ただし，文頭に来るものも小文字で示している。解答は記述用の用紙に記載すること。(30 点)

1. (year, had, examined, earlier, been, last, she), her cancer would have been found before it was too late.
2. I (stations, a, too, far, of, couple, went) by accident yesterday.
3. He (everything, loaded, on, with, useful, the, boat) the beach.
4. (violin, buy, whichever, would, you, you, me, show)?
5. (jigsaw puzzles, five, me, complete, hours, take, to, these, usually).

**3** 次の英文を読んで設問に答えなさい。解答は記述用の用紙に記載すること。(70 点)

Indonesia, Iraq and South Africa now rank among the ten countries with the highest number of under-immunized(注) children worldwide, even though these countries are richer than many of their neighbors. What is going on?

Not so long ago, improving the health of the world's poorest people meant focusing on the world's poorest countries. That's changing. Soon, the majority of the most vulnerable(注) populations will be in middle-income countries (MICs), where gross national income per capita is between US$995 and $12,055 per year. Increasing migration, urbanization, conflict and climate change are causing inequities(注) to yawn ever wider, despite United Nations Sustainable Development Goals to leave no one behind.

As the World Health Assembly meets in Geneva, Switzerland, next week, the development community must tackle an emerging problem: (1)how do we increase access to vaccines and essential health care in countries that can—at least according to their gross national incomes—afford them?

The Vaccine Alliance, Gavi, was founded in 2000 to boost immunization in the poorest countries. It is credited with helping to vaccinate more than 700 million children against a range of diseases, from measles(注) and diphtheria(注) to pneumonia(注) and cervical cancer(注). Despite success in the poorest countries, an analysis we carried out this year found that, since 2010, routine immunization levels have either stagnated(注) or dropped in 54 of 85 MICs too prosperous to qualify for Gavi support.

We project that by 2030, almost 70% of the world's under-immunized children will be living in countries ineligible for Gavi's vaccination programs, such as Nigeria, India and the Philippines.

Gavi's programs support new and expensive childhood vaccinations. Governments take on more of the cost as countries' economies grow. This means that children in some of the countries with the weakest economies are actually better protected against infectious disease than are those in some wealthier countries. South Africa, for example, has a gross national income per capita of around seven times that of Rwanda. Yet only 66% of its children receive the routine three doses of the DTP3 vaccine against diphtheria, tetanus(注) and pertussis(注)—compared with 98% in Rwanda.

Unsupported MICs are also neglecting important new vaccines that have huge impacts on death and disease rates. For example, 52% are yet to introduce the pneumococcal(注) vaccine, and in 61%, plans to introduce rotavirus(注) vaccine are still pending. Together, these vaccines can help to protect against two of the biggest killers of under-fives: pneumonia and diarrhea(注).

That does not mean that MICs are investing less in health care. Those that have never

received Gavi support currently spend an average of $90 per live birth on routine immunization, versus $25 in Gavi-supported low-income countries. Yet immunization programs in these MICs struggle to reach vulnerable populations. That's often for a combination of reasons: domestic resources are allocated inefficiently; efforts to reach marginalized communities are not a political priority; and health systems are unable to cope with additional stressors.

Those interacting factors help to explain why the main burden of unimmunized people is shifting from mostly low-income countries to MICs. By 2025, nearly 80% of people in the lowest income groups—those living on less than $8 a day—will be in MICs. This is almost double the proportion in 2000. As the economies of highly populated low-income countries grow, many, including India (with 1.3 billion people) and Vietnam (with 96 million people), are being re-classified to middle-income status. As a result, (2) a greater portion of the world's population lives in MICs. However, because economic growth is not distributed equitably, many people in these countries remain poor.

Another factor is instability. The past ten years have seen conflicts more than double. This has contributed to record global migration. Of the 68.5 million people currently displaced from their homes and less likely to receive vaccinations, more than half are in MICs. At the same time, urbanization is increasing fastest in these countries. More than one-third of urban populations in MICs live in slums, where infections can spread quickly.

All this demands a rethink of global health policy. MICs need support to strengthen their health systems and to improve how they buy vaccines and regulate them. They need access to information technologies to monitor who is getting vaccines, to target at-risk communities and to evaluate strategies. And mechanisms are needed that set prices according to what countries can reasonably pay. Wealthy countries should pay more for vaccines. But according to World Health Organization data, the pneumococcal vaccine, for example, costs, on average, eight times more in never-supported MICs than in countries receiving Gavi support, (3) [even, pay, MICs', though, larger, might, the, ability, to, not, be] commensurately(注).

Since 1990, childhood mortality has more than halved worldwide—mainly because fewer under-fives now die from infectious disease. Polio is on the brink of eradication(注), with just 33 cases last year. It is time for the global health community to adapt: we must not leave behind vulnerable populations in middle-income countries.

出典：Seth Berkley. Vaccination lags behind in middle-income countries. Nature 569, 309 (2019). より一部改変

（注） under-immunized：予防接種を受けていない　　vulnerable：弱い，脆弱（ぜいじゃく）な
inequities：inequity の複数形。不公平　　measles：はしか(麻疹)
diphtheria：ジフテリア　　pneumonia：肺炎　　cervical cancer：子宮頸癌
stagnate：停滞する　　tetanus：破傷風　　pertussis：百日咳
pneumococcal：肺炎球菌の　　rotavirus：ロタウイルス　　diarrhea：下痢
commensurately：それに比例して，それに応じて　　eradication：撲滅

設問 1. 本文中で述べられている MICs の定義を 40 字程度の日本語で答えなさい。

設問 2. 下線部(1)を 80 字程度で日本語に訳しなさい。

設問 3. 下線部(2)の示す状態に至る理由を 60 字程度の日本語で答えなさい。

設問 4. 下線部(3)の[　　]内の単語を文意に合うように適切に並び替えなさい。

設問 5. MICs におけるワクチン問題を改善するために必要とされているものとして，本文の内容と合っているものはどれか。A)～E)から一つ選んで記号で答えなさい。

A) Gavi should change the definition of MICs.
B) Rich countries should buy vaccines for MICs.
C) The prices of vaccines should be regulated based on the wealth of the country.
D) MICs should focus on growing economies to buy more vaccines.
E) Vaccines should be produced in MICs to lower the costs.

**4** 次の英文を読んで設問に答えなさい。(80点)

A ground-breaking(注) study in Bangladesh has found that using data from mobile phone networks to track the movement of people across the country can help predict where outbreaks of diseases such as malaria(注) are likely to occur, enabling health authorities to take preventative(注) measures.

Every year, malaria kills more than 400,000 people globally—most of them children. Menpaw Mro lifted his young daughter on to his shoulders and began the long journey to the nearest hospital, in the Chittagong Hill Tracts, first ( 11 ) foot, then by boat and finally in a small motorized rickshaw(注).

Time was desperately short. For several days, he had assumed the fever afflicting(注) six-year-old Rum Rao Mro was not serious and she would soon recover at home, in their village in this remote region of Bangladesh. Instead, the fever steadily worsened, putting her life in danger. "She could not sleep, she was crying all the time and had breathing difficulties," he says. They never reached the hospital. Rum Rao died ( 12 ) the last leg of the journey. She'd been suffering from severe malaria.

Although in many areas of Bangladesh the number of people falling ill or dying ( 13 ) the malaria has dropped dramatically in recent years, it remains a persistent problem in the Chittagong Hill Tracts—( 14 ) the region recording the highest number of cases in the country.

If these stubborn(注) pockets of malaria were now to be tackled successfully, it would open up the tantalizing(注) possibility of Bangladesh finally [ (1) ]. But doctors in the Hill Tracts believe they have only a short window of time to achieve this, because the parasites(注) carrying the disease are becoming increasingly drug resistant(注). Many anti-malarial medicines now have no impact.

This ( 15 ) originated in Cambodia and has now spread to Myanmar, which shares a border with the Chittagong Hill Tracts, as do parts of eastern India. "It's concerning because the malaria figures in India and Myanmar are ( 16 )," says Dr. Kamrul Hasan, who works in one of the main hospitals in the Hills Tracts. "Their rate of infection is much higher than ours. That's why there is the possibility of the disease spreading into our country."

But now help is at hand from an unexpected source: the mobile phones of millions of Bangladeshis. It is part of a project based in the Chittagong region that for several years has been anonymously(注) tracking the movements of people in the area using the data from their mobiles. (2) The big data provides an accurate picture of where they've traveled to in the region and beyond, making it possible to predict where malaria outbreaks are likely to occur.

While malaria is caused by mosquitoes biting people and in so doing introducing malaria parasites into the bloodstream(注), the insects themselves have a very short range of travel. It is humans traveling to different parts of the country who can spread the disease. If they are carrying malaria parasites, these can be passed in to the local populations through mosquito bites.

Thousands of kilometers away in the Norwegian capital, Oslo, the phone company Telenor collates(注) all the anonymous(注) data and sends it to be ( 17 ) by academics at Harvard School of Public Health and a research unit in Thailand run by specialists from Oxford and Mahidol universities. "This is the first time we are using the mobile data to address the mobile and migrant(注) population within the country," says Dr. Mohammed Akataruzzaman, of Bangladesh's National Malaria Elimination(注) Program. "This kind of big data through the mobile phone recording and also patient surveys about the disease will obviously help with the elimination of malaria within the country."

(3) The different types of data, including medical information provided by the Bangladesh ministry of health, are used to create risk maps indicating the likely locations of malaria outbreaks so the local health authorities can then be warned to take preventative action, including spraying insecticides(注) and stockpiling(注) bed nets and medicines to protect the population from the disease.

"I believe it is extremely important to use accurate information about travel patterns in order to understand how these diseases spread," says Kenth Engo Monsen, Telenor's senior research scientist. "And a mobile operator has that information, so if you are truly going to eliminate(注) these threats, then you also have to use this information. It's one piece of the puzzle."

That is a view shared by Dr. Caroline Buckee, of Harvard School of Public Health, who says that understanding where parasites move to and from in Bangladesh is a major step forward. "This is going to be ( 18 ) to achieve elimination of malaria," she says.

And this innovative(注) use of big data could be used to help tackle other diseases, according to Mr. Monsen, who believes the Bangladesh project could change the way mobile data will be used in the future.

出典：Richard Galpin. Big data 'can stop malaria outbreaks before they start'. BBC News. 10 June 2019. より一部改変

(注) ground-breaking：革新的な　malaria：マラリア　preventative：予防的な
rickshaw：人力車　afflict：苦しめる　stubborn：頑固な
tantalizing：うずうずするような　parasite：寄生虫　resistant：耐性がある
anonymously：匿名で　bloodstream：血流　collate：照合する，整理する
anonymous：匿名の　migrant：移住性の　elimination：撲滅
insecticide：殺虫剤　stockpile：備蓄する　eliminate：排除する
innovative：革新的な

設問 1. 本文中の( 11 )～( 14 )にあてはまるものとして最も適切なものを①～⑤から選び，マークしなさい。

11

① at　② for　③ on　④ to　⑤ with

12

① for　② from　③ on　④ over　⑤ with

13

① by　② for　③ from　④ on　⑤ to

14

① for　② into　③ of　④ over　⑤ with

設問 2. 本文中の( 15 )～( 18 )にあてはまるものとして最も適切なものを①～⑤から選び，マークしなさい。

15

① tribal network
② primitive technology
③ successful campaign
④ drug resistance
⑤ wide-area movement

16

① almost the same
② both much better
③ among the best
④ somewhat good
⑤ worse than ours

17

① analyzed
② published
③ abandoned
④ restored
⑤ collected

18

① absolutely critical
② increasingly unimportant
③ practically identical
④ rather complicated
⑤ relatively reasonable

設問 3. 本文中の空所[ (1) ]を補うには，下のア～オの語(句)をどのような順序で用いればよいか。正しい順序を記号で答えなさい。解答は記述用の用紙に記載すること。

ア. itself　　イ. to declare　　ウ. the deadly disease
エ. free of　　オ. being able

設問 4. 下線部(2)を日本語に訳しなさい。解答は記述用の用紙に記載すること。

設問 5. 下線部(3)はどのようなデータか。またこれらのデータはどのように使われ，どのように役立つか。句読点を含めて130字程度の日本語で答えなさい。解答は記述用の用紙に記載すること。

設問 6. 本文に基づき，次の 1. ～ 7. の内容について，①～③の中で該当するものを選び，マークしなさい。

① 本文で述べられている内容と一致している。

② 本文で述べられている内容と一致していない。

③ 本文で述べられている内容では判断できない。

19 1. Rum Rao Mro という名前の少女は，もし父親がもっと早く病院に運べば，マラリアに感染しなかった。

20 2. Chittagong Hill Tracts と呼ばれる地域では，マラリアが多発していたが，現在の患者数は激減している。

21 3. 従来の治療薬に耐性を持つマラリアがさらに拡大する恐れがあるため，新薬の開発が進められている。

22 4. マラリアが高密度で発生する地域の予測は，事前対応が可能となるため，マラリア対策に有効であると考えられる。

23 5. 携帯電話の位置情報を使えば，マラリア患者の移動を追跡できるが，患者の個人情報保護の観点から反対する人もいる。

24 6. 携帯電話から収集される膨大な情報は，マラリアや他の疾病対策に利用できると考えている研究者がいる。

25 7. Kenth Engo Monsen と Dr. Caroline Buckee はともに，マラリアの予防と治療のための蚊帳や医薬品の備蓄を推進している。

**5** 次の英文を読んで設問に答えなさい。(90点)

In the early 20th century, traditional drugstores in China sold numerous medicinal(注) products. Among them was something called "dragon bones," usually sold as a powder made from ground-up fossilized(注) bone, but sometimes these dragon bones were sold intact(注). In Chinese medicine, dragon bones were extremely popular and in short supply.

Among the many Europeans who ( 26 ) time in China in the early 20th century was the German paleontologist(注) Gustav Heinrich Ralph von Koenigswald. One day, ( 27 ) looking in a drugstore in Hong Kong, von Koenigswald was shocked to see a dragon bone specimen(注) on ( 28 ). As a paleontologist who had carefully studied animal bone morphology(注), von Koenigswald knew in an ( 29 ) that the "dragon bone" was a fossilized ape tooth. He also ( 30 ) something very strange ( 31 ) this particular tooth: it was larger than any ape tooth he'd seen ( 32 ). Von Koenigswald bought the "dragon bone," which turned out to be an ape tooth, and he ( 33 ) his findings in a 1952 paper, ( 34 ) a new fossil species, *Gigantopithecus blacki*. *Gigantopithecus* means "gigantic ape," and *blacki* ( 35 ) the famous paleontologist Davidson Black.

It may be disappointing that the dragon bone did not belong to a dragon, but the real story is even more exciting: the tooth belonged to a "monster"-sized ape. *Gigantopithecus* (1) [ to, been, a, have, gorilla, similar, would ], but much, much bigger in body size. Unfortunately, even with the interest generated by von Koenigswald's publication, no other bones of the gigantic ape species have been found; they are known through teeth and mandibles (jawbones) only.

...

*Gigantopithecus* lived in southern China from 1.2 million to 300,000 years ago. During that time, *Homo erectus* lived all over the Asian continent. *Homo erectus* hunted large animals. In *Homo erectus* sites, such as Zhoukoudian, China, numerous horse and other animal bones were discovered. The horse bones appear to have been thrown away after the animal was killed and eaten up. Some researchers even argue that horses became extinct(注) in Asia because of overhunting by *Homo erectus*.

Is it possible that *Homo erectus* also hunted *Gigantopithecus* to extinction(注)? Thus far, there are no data to support this idea. One would expect to find at least some sites with bones of both *Homo erectus* and *Gigantopithecus*, but such a discovery has never been made. Russ Ciochon, an anthropologist(注) at the University of Iowa, once reported a discovery in Vietnam of *Homo erectus* teeth close to *Gigantopithecus* teeth. Ciochon later cancelled that claim, when the hominin(注) teeth turned out to belong not to a hominin, but to another ape.

This doesn't mean there was no relationship at all between *Homo erectus* and

*Gigantopithecus*, however. Some paleontologists assume that, even if the relationship wasn't necessarily between that of the hunter and the hunted, there was still intense competition between these two species—competition that led to the extinction of *Gigantopithecus*. I agree. *Gigantopithecus* lived in a bamboo(注) ecozone, in competition with the giant panda, whose main diet is bamboo. This competition increased when *Homo erectus* entered the picture. On the surface, the increase in competition is puzzling, since *Homo erectus* did not eat bamboo. Why did the competition increase?

The answer lies in the possibility that *Homo erectus* used bamboo to make tools. The *Homo erectus* individuals of East Asia made stone tools that were crude in morphology and small in quantity, compared with what has been found in Europe or Africa. To explain this difference, scholars argue that the Asian *Homo erectus* must have used bamboo, a rich resource in Southeast Asia, instead of stones, to make fine tools. Because bamboo tools are not preserved in the archaeological(注) record like stone tools are, use of bamboo for tools would make it appear as if *Homo erectus* in Asia did not make many tools. Those who argue that the Asian *Homo erectus* did make tools out of bamboo, and perhaps even constructed shelters out of bamboo, suggest that this species caused forests to disappear by using too much bamboo. At the hand of *Homo erectus*, *Gigantopithecus* would have lost its habitat(注).

Furthermore, *Gigantopithecus* must have experienced food shortages. Although *Gigantopithecus* lived in bamboo forests, bamboo was not its main diet. Its teeth show that, like any other ape, it ate a wide range of food. In particular, *Gigantopithecus* teeth had a high frequency of dental caries(注), implying a love for sweet and ripe fruits. They also showed a high frequency of enamel hypoplasia(注), a condition caused by malnutrition(注), particularly during growth periods. No matter how rich a tropical forest is with plant food, it clearly did not have enough food for the King Kong-sized *Gigantopithecus* to eat as much fruit as it must have wanted.

The Middle Pleistocene(注) (the time period ( 46 ) which *Gigantopithecus* lived) increasingly fluctuated(注) ( 47 ) warm-and-wet weather and cold-and-dry weather, gradually becoming colder and drier overall. The ( 48 ) of *Gigantopithecus* was threatened by the cold and dry climate and the constant ( 49 ) of its habitat. Add food shortages to the climate change and it is ( 50 ) to see how *Gigantopithecus* had difficulty ( 51 ) its big body, even ( 52 ) competition from others, hominin or not. Ultimately, the biggest primate(注) ever ( 53 )—*Gigantopithecus*—went extinct.

The story of *Gigantopithecus* is ( 54 ) one of the many tragedies in biology. Ancestral(注) humans were in competition with other animals ( 55 ) decreasing resources throughout the Pleistocene, and they came out as the most superior species in the world, overcoming every other animal in their way. *Gigantopithecus* could be just one of the many large mammals(注)

that went extinct during the Pleistocene.

出典：Sang-Hee Lee. Close Encounters with Humankind. W. W. Norton & Company. 2018. より一部改変

（注） medicinal：薬に用いられる　fossilized：化石化した　intact：そのままで
paleontologist：古生物学者　specimen：標本　morphology：形態学
extinct：絶滅した　extinction：絶滅　anthropologist：人類学者
hominin：ヒト科　bamboo：竹　archaeological：考古学の
habitat：生息場所，生息地　dental caries：虫歯
enamel hypoplasia：(歯の)エナメル質形成不全　malnutrition：栄養失調
Pleistocene：更新世の　fluctuate：変動する　primate：霊長目の動物
Ancestral：先祖(代々)の　mammals：哺乳(ほにゅう)動物

設問 1. 本文中の( 26 )～( 35 )にあてはまるものとして最も適切なものを①～⓪から選び，マークしなさい。ただし重複はしない。

| | | | | |
|---|---|---|---|---|
| ① sale | ② announcing | ③ honors | ④ about | ⑤ while |
| ⑥ instant | ⑦ spent | ⑧ noted | ⑨ published | ⓪ before |

設問 2. 下線部(1)の[　　]内の単語を文意に合うように適切に並び替えなさい。解答は記述用の用紙に記載すること。

設問 3. 本文の内容を踏まえ，以下の質問に英語で答えなさい。解答は記述用の用紙に記載すること。

1. What is the fossil evidence that we have for the giant ape *Gigantopithecus*?
2. What kind of competition did *Homo erectus* have with *Gigantopithecus*, according to the author of this reading?
3. What are two possible reasons for the extinction of *Gigantopithecus* that are given by the author in addition to its competition with *Homo erectus*?
4. What are two medical conditions associated with *Gigantopithecus* that fossil evidence has suggested?
5. Write several sentences about a possible difference between *Homo erectus* in Asia and *Homo erectus* in Africa or Europe that is given by the author.

設問 4. 本文に基づき，次の 1. ～ 10. の内容について，①～③の中で該当するものを選び，マークしなさい。

① 本文で述べられている内容と一致している。

② 本文で述べられている内容と一致していない。

③ 本文で述べられている内容では判断できない。

[36] 1. Horses in Asia and *Gigantopithecus* both became extinct because of overhunting by *Homo erectus*.

[37] 2. The main diet of both giant pandas and *Gigantopithecus* was bamboo.

[38] 3. Bamboo tools are usually well preserved in the historical record.

[39] 4. *Homo erectus* and *Gigantopithecus* were in competition over the use of bamboo to make fine tools.

[40] 5. *Homo erectus* did not eat fully grown bamboo but may have eaten young bamboo.

[41] 6. In Vietnam, an anthropologist claimed that *Gigantopithecus* teeth were found near to another ape's teeth.

[42] 7. Today the orangutan lives in in the same tropical forest habitat that *Gigantopithecus* once lived in.

[43] 8. During the time that *Gigantopithecus* lived, the weather was changing.

[44] 9. "Dragon bones" sometimes belonged to dragons but at other times they were bones of other animals.

[45] 10. Intact "dragon bones" were more popular with drugstore customers than powdered "dragon bones."

設問 5. 本文中の( [46] )～( [55] )にあてはまるものとして最も適切なものを①～⓪から選び，マークしなさい。ただし重複はしない。

① without ② just ③ found ④ between ⑤ over

⑥ during ⑦ sustaining ⑧ easy ⑨ shrinking ⓪ survival

設問 6. 本文の内容を踏まえ，以下の質問に英語で答えなさい。解答は記述用の用紙に記載すること。

Relating the article to our world today, what are two conditions that modern humans face now that *Gigantopithecus* encountered several hundred thousand years ago?

以下白紙