香川大学
一般前期

平　成　23　年　度

# 問題冊子

| 教　　科 | 科　　目 | ページ数 |
|---|---|---|
| 外国語 | 英語リーディング・ライティング | 8 |

**試験開始の合図があるまで，問題冊子を開かないこと。**

解答の書き方

1. 解答は，すべて別紙解答用紙の所定欄に，はっきりと記入すること。
2. 解答を訂正する場合は，きれいに消してから記入すること。
3. 解答用紙には，解答と志望学部及び受験番号のほかは，いっさい記入しないこと。

注　意　事　項

1. 試験開始の合図の後，解答用紙に志望学部及び受験番号を必ず書くこと。
2. 問題の内容についての質問には，いっさい応じないが，その他の用事があるときは，だまって手をあげて，監督者の指示を受けること。
3. 試験終了時には，解答用紙の１ページ目を表にし，机上の右側に置くこと。
4. 試験終了後，問題冊子は持ち帰ること。

〔Ⅰ〕 次の英文を読んで，後の問いに**日本語で**答えなさい。

I was in fourth grade when I first realized how painful school could be. I had already discovered how boring and slow paced it was, but I hadn't quite comprehended the depth of its insensitivity.

As I watched the teacher post math grades on the chalkboard I could feel butterflies in my stomach. When I saw that I wasn't one of the "victims" whose name would appear there in the column of failures, I sighed in relief. Once again, I felt I had "beat the system." I had passed without studying. When I looked around the room I could see that some of my friends hadn't fared as well as I. One girl, Martha, tried to hide her paper so that no one could see her score. But it didn't help. Starting with the best scores at the top and ending with the worst at the bottom, our teacher had just finished what she called "stack ranking" our class. Poor Martha was at the bottom — again.

A shy, sweet girl, Martha was gifted at music and she loved animals. But she was lost when it came to math. I leaned over to say something to cheer her up, but the teacher yelled at me. "I'll make you stay after school if I catch you talking again!"

Martha began to cry. I didn't know what to do. When class let out, some of the kids walked by Martha pointing, giggling and whispering "stupid" and "dummy." Judging from the expression on my friend's face, Martha died a little that day. It was a look I'll never forget.

I don't know what ever became of Martha. I do know she didn't graduate with the rest of us in 1965. Rumor had it that she quit school. If that was true, it was a great loss to all of us because in her own areas of interest she was truly gifted.

Is this example an extreme? Most people reading this book will know it is not. On the contrary, in many schools throughout the country it is much more the rule than the exception. Every day in our schools children are humiliated

in front of their classmates. Every day sensitive children like Martha die a little. Schools have carelessly adopted programs which stigmatize our kids according to their level of learning, causing "slower" children to be cruelly teased by classmates who have learned, from this same system, that being the best and the brightest is more important than friendship.

Who knows how many Marthas there are in the world who have fallen victim to this inhumane treatment? Even one is one too many. Whether this kind of labeling occurs by "stack ranking" or "grouping," children believe these labels, causing emotional trauma which can lead to long-term scarring. Ultimately, it prevents children from reaching their full potential. I seriously doubt that labeling children has any value, except perhaps to make life easier on teachers and provide a way of eliminating "slow" students who don't automatically conform to teaching methods that have been "standardized" by the educational system. To continue the practice of labeling in any form, knowing it is capable of damaging the self-esteem of innocent children, is unforgivable.

My professional educator friends prefer to call their method of elimination they employ the law of averages (bell curve). It sounds so scientific! My military friends call it "survival of the fittest"— dividing the population up between winners and losers. Whatever label you wish to put on it, our educational system is playing this barbaric game with our children's lives at a time when their hearts and minds are open and vulnerable.

Today we have the wisdom of world famous researchers, physicians and psychologists, such as Dr. Bruno Bettelheim, Dr. Erik Erikson and others, who tell us that children progress and learn at different rates and that one child will excel at one subject while other children excel at another. One child may be ready to read at four, for example, another at seven, and still another at twelve. And yet, our educational system continues to weed out the best and the brightest in the areas it judges are important — math, science and English.

In spite of our knowledge about how young, vulnerable minds can be damaged by such tactics, our children are tested, branded and shunted through the system like robots which have exactly the same "hard wiring plan." As a result, the "strongest" are labeled "above average" and pushed to a higher level such as TAG (Talented and Gifted); the "weakest" are labeled "below average" and are mostly abandoned, allowed to "fall between the cracks" of the system, as it is often so colorfully expressed.

〔出典：Kiyosaki, R. T. (1993). *If you want to be rich & happy, don't go to school?: Ensuring lifetime security for yourself and your children.* Rev. ed. (pp. 145–147). Fairfield, CT: Aslan Publishing.〕

**Questions**:

1) What did the author discover about school in fourth grade?

2) Who are the "victims" (*line 5*)?

3) Although Martha tried to hide her score, it did not help. Why?

4) What did the teacher do when the author tried to cheer up Martha?

5) Explain the meaning of this sentence: "Every day sensitive children like Martha die a little."

6) What became of Martha?

7) What have children who tease their "slower" classmates learned about the educational system?

8) According to the author, what are the two advantages of "labeling" children?

9) What ideas have Dr. Bettelheim and Dr. Erikson put forward about children's development?

10) What happens to children who "fall between the cracks"?

〔Ⅱ〕 次の英文を読んで，後の問いに**日本語で**答えなさい。

Patients with high blood pressure see their levels soar when measured by a doctor rather than a nurse due to a so-called "white coat" effect, according to a landmark study. High blood pressure affects about 40 per cent of adults in the UK and is a major risk factor for heart attack, heart failure, kidney disease and stroke. It was already known that some patients can suffer from what is known as the "white coat" effect — seeing their blood pressure levels increase due to nerves or stress when they are being checked by a doctor in a clinical setting.

But a new study by an Aberdeen University-based researcher has revealed that the impact is even more dramatic on patients who are already suffering from very high blood pressure. The study has shown that their blood pressure levels can rise by as much as 29 units when a doctor checks it, compared with a rise of 17 units if a nurse is taking the measurement. The findings, published in the latest edition of the *British Medical Journal*, were based on a major study involving 8, 575 patients in Australia. And the research team is hoping its findings will help shape future guidelines for the diagnosis and treatment of patients suffering from hypertension.

Professor Arduino Mangoni, who recently joined Aberdeen University from Flinders University in Adelaide where the study was conducted, said the study had highlighted the need to encourage greater use of ambulatory blood pressure monitoring where a patient wears a cuff on their arm at home or work which records blood pressure levels at regular intervals over a 24-hour period. He said: "High blood pressure is a contributory factor in cardiovascular diseases which account for 30 per cent of all deaths, and four million bed days each year, which is eight per cent of the total health capacity of the NHS.

"Yet current guidelines for the diagnosis and treatment of hypertension don't pay enough attention to the role of ambulatory monitoring, often adopting a one-size-fits-all approach which doesn't properly address different patient

groups. Our new study will influence hypertension management guidelines worldwide as they take into account varying degrees of hypertension, as well as treatment targets for patients of different genders, ages and with other existing conditions. We also hope they will encourage a wider use of ambulatory blood pressure monitoring by clinicians."

Professor Mangoni added: "Hypertension is a chronic disease which often has no symptoms until maybe the patient suffers a stroke. It has an enormous health burden. In 2001, the NHS funded 90 million prescriptions for drugs that lower blood pressure at a cost of £840 million — nearly 15 per cent of the total annual cost of all primary care drugs. Hypertension can also be a tricky condition for clinicians to diagnose and as a result may often be inadequately treated."

A spokeswoman for the research team explained: "The study shows that the higher the patient's blood pressure, the bigger the difference between ambulatory monitoring and what is recorded by a nurse or doctor. The difference is particularly high when the blood pressure is measured by a doctor. The differences also vary depending on the sex and age of the patient. However, the study also found that the closer the patient's blood pressure [is] to normal levels, the less of a difference between measurements taken by ambulatory monitoring and those taken by a nurse or doctor."

〔出典：Urquhart, F. (8 May 2010). Ooh matron, the doctor's white coat is making my blood pressure rocket. *The Scotsman*. Retrieved from http://thescotsman.scotsman.com/health/Ooh-matron-the-doctors-white.6281520.jp〕

**Notes:**

**stroke**: a bursting or blocking of a tube carrying blood in the brain

**cardiovascular diseases**: illnesses of the heart or blood system

〔設問〕

1) 白衣効果(“white coat” effect)とはどのようなものですか。

2) 白衣効果はどのような患者に，顕著にみられますか。

3) アバディーン大学の研究チームは，自分たちの研究成果がどのように活用されることを望んでいますか。

4) マンゴニ教授の研究は，どこで，どれくらいの規模で行われましたか。

5) 歩行時血圧測定(ambulatory blood pressure monitoring)はどのように行われますか。

6) マンゴニ教授は，現在の高血圧(hypertension)の診断と治療の指針には，どのような点で問題があると述べていますか。

7) マンゴニ教授の説明では，高血圧はNHS(英国国民保健サービス)に対してどのくらいの負担となっていますか。

8) 高血圧の診断が難しいことで，どのようなことが生じていますか。

9) この研究から，患者の血圧が高くなればなるほど，どのような事態が生じやすいと説明されていますか。

10) 下線部を日本語に直しなさい。

〔Ⅲ〕 次の英文の指示に従って，自分の考えを 12 行程度の**英文で**まとめなさい。

Imagine yourself ten years from now. Describe your life at that time, and the steps you will take to get there.