

令和5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. 試験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なさい。
3. 解答は解答用紙の指定されたところに横書きで記入しなさい。
4. 試験時間中に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が付いた場合は、手を挙げて監督者に知らせなさい。
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。

Psychological research shows we consistently underestimate* our mental powers. If you think this does not apply to you, then here is a simple test to show you are wrong.

Write down the names of all the American states you can remember. Put the list away and then set yourself the same task a week later. Provided you have not cheated by consulting an atlas*, you will notice something rather surprising^(A). The two lists will contain roughly the same number of states, but they will not be identical. Some names will have slipped away, but others will have replaced them. This suggests that somewhere in your mind you may well have a record of virtually every state. So it is not really your *memory* letting you down; just your ability to retrieve information from it.

We would remember a lot more if we had more confidence in our memories and knew how to use them properly. One useful tip is that things are more likely to be remembered if you are in exactly the same state and place as you were when you learned them.^(B)

So if you are a student who always revises* on black coffee, perhaps it would be sensible to prime yourself with* a cup before going into the exam. If possible, you should also try to learn information in the room where it is going to be tested.

(C) you learn is also important. Lots of people swear they can absorb new information more efficiently at some times of day than at others. Research shows this is not just imagination. There is a biological rhythm for learning, though it affects different people in different ways. For most of us, the best plan is to take in new information in the morning and then try to consolidate* it into memory during the afternoon.

But this does not apply to everyone, so it is essential to establish your own rhythm. You can do this by learning a set number of lines of poetry at different times of the day and seeing when most lines stick. When you have done this, try to organise your life so that the time set aside for learning coincides with the time when your memory is at its best.

Avoid learning marathons—they do not make the best use of your mind. Take plenty of breaks, because they offer a double bonus: the time off gives your mind a chance to do some preliminary* consolidation and it also gives a memory boost to the learning which occurs on either side of it.

Popular fears about the effects of ageing on intelligence are based on a misconception. Research shows that although we do slow down mentally as we approach the end of life,^(D) becoming stupid or losing your grip* in the world is not an inevitable consequence of the ageing process. On some measures—vocabulary, for example—we actually improve in the second half of life. In old age, intellectual functioning is closely related to physical health. But there also

seems to be a lot of truth in the old adage*: If you do not want to lose it, use it.

Learning goes well when people feel challenged and badly when they feel threatened. Whenever a learning task becomes threatening, both adults and children feel anxious. Anxiety interferes with the process of learning because it is distracting*. In order to learn effectively you have to be attending closely to the task. An anxious person is likely to be worrying about what will happen if he fails, to the detriment of* his attempts to succeed. If his mind is full of thoughts such as “I’m sure I’m going to fail this test”, or “What are my parents going to say?”, he will not do as (E) as he should.

Learning is an active process. Despite claims to the (F), you cannot learn when you are asleep. “Sleep learning” (accomplished by having a tape recorder under the pillow, playing soothing* but improving messages while you are recharging your tissues) is unfortunately a myth. Any learning that seems to have occurred in this situation will actually have been done after you woke up but were still drowsy*.

Other people can provide you with information, but only *you* can learn it. It also has to be “chewed over” before it can be integrated into your body of knowledge. That is why just reading a book is no way to acquire information unless you happen to possess a photographic memory. Parroting the author’s words is not much better. You have to make your own notes because this obliges you to apply an extra stage of processing to the information before committing it to memory. Effective revision always involves reworking material, making notes on notes, and perhaps re-ordering information in the light of newly-observed connections.

As a general rule, the greater your brain’s investment in a body of information, the better its chances of reproducing it accurately and effectively when you need it.

(出典：Sue O’Connell, *Focus on Advanced English*, Collins ELT, 1992年。より抜粋・一部改変)

[注]

underestimate：過小評価する	atlas：地図帳	revise：試験のために復習する
prime yourself with ～：自分自身に前もって～のことを意識させる		
consolidate：定着させる	preliminary：予備の、仮の	
grip：理解力	adage：格言	distracting：気をそらさせる
to the detriment of ～：～を阻害して		soothing：気持ちを落ち着かせる
drowsy：眠い		

問 1 下線部(A)の内容を本文に即して 70 字以内(句読点を含む)の日本語で説明しなさい。

問 2 下線部(B)を日本語に訳しなさい。

問 3 空所(C)に入る最も適切な語を次の(ア)~(エ)の中から 1つ選び, 記号で答えなさい。

(ア) What (イ) When (ウ) Where (エ) Why

問 4 下線部(D)の事実と逆の例を本文に即して 20 字以内(句読点を含む)の日本語で答えなさい。

問 5 空所(E)に入る最も適切な語を次の(ア)~(エ)の中から 1つ選び, 記号で答えなさい。

(ア) far (イ) long (ウ) soon (エ) well

問 6 空所(F)に入る最も適切な語を次の(ア)~(エ)の中から 1つ選び, 記号で答えなさい。

(ア) contrary (イ) end (ウ) moment (エ) point

問 7 下線部(G)を日本語に訳しなさい。

Just days after the birth of their son, Nick Cannon and Alyssa Scott began to worry when their “super calm” baby’s breathing patterns seemed off. “It sounded like he had fluid in his lungs, like a sinus infection* or something,” says Cannon, who welcomed Zen Scott Cannon with Scott on June 23 in Orange County, Calif. At first their pediatrician* “didn’t think it to be anything too concerning,” says Cannon, but a few weeks later, the doctor determined that Zen’s head was “growing a little too quickly” and ran some more tests. In August Cannon and Scott faced any parent’s worst nightmare as their 2-month-old baby boy was diagnosed with a high-grade glioma, a rare and aggressive form of brain cancer. As they learned about the severity of Zen’s condition, “the conversations quickly turned to, ‘How can we give him the best life for the time that he does have?’” says Cannon, fighting back tears and pausing periodically to collect his emotions as he talks about his son. “It could be weeks, it could be months, it could be years.”

(A)
Time became their most difficult unknown, but Cannon, 41, and Scott, 28, a model and philanthropist*, were determined to create moments of joy every day for Zen. “We focused on Disneyland, our favorite place,” explains Cannon. “Every month we would celebrate his birthday, just really seeing it as a victory every time he had a milestone* that he was still here with us.” But on Dec. 5, Zen died at 5 months old. Cannon first revealed the tragic news on his daytime talk show *Nick Cannon* on Dec. 7. “We had a short time with a true angel,” he told the magazine, *People*, two days later. “My heart is shattered. I wish I could have done more, spent more time with him, taken more pictures. I wish I could have hugged him longer.”

Expressing such vulnerability is unusual for Cannon, who rose to fame after creating the (B) MTV improv-comedy series *Wild’n Out* in 2005 and currently hosts Fox’s *The Masked Singer*. “My goal is to make everyone smile every day and forget about their worries, so at no moment did I ever think I’d be crying on live television,” he says. Cannon was thrilled when he found out he would be expecting his seventh child, his first with the “centered and spiritual” Scott. (Cannon is also father to twins Moroccan and Monroe, 10, with his ex-wife singer Mariah Carey, 52; son Golden, 4, and daughter Powerful Queen, 1, with journalist and former Miss Arizona Brittany Bell, 34; and twin boys Zion and Zillion, 5 months, with deejay Abby De La Rosa, 31.) He and Scott, who are not currently romantically involved, had known each other for about four years before becoming co-parents, spending time together with Zen and Scott’s older daughter in California and New York City. Zen “takes after his mom,” says Cannon. “He really embodied his name and was always smiling.” Adds Scott via a written statement to *People*: “It was a privilege being Zen’s mommy. It’s so beautiful and encouraging to see even complete strangers being touched and moved by Zen’s light.”

After Zen's diagnosis, the reality of his condition sank in a little deeper each day. In August doctors placed a shunt* in Zen's skull to allow excess fluid to drain and alleviate* pressure, but they discovered that his tumors* had continued to grow. "We started asking, 'Is there a way to prevent this? If not, how long do we have?'" recalls Cannon. After discussing various treatments, including chemotherapy*, Scott and Cannon—who has undergone chemotherapy himself for the autoimmune* disease lupus*—made the difficult decision to not pursue any further invasive* procedures and focus on keeping their son "as happy as he could possibly be," says Cannon. "We were having quality-of-life conversations: We could have had that existence where he would've had to live in the hospital, hooked up to machines, for the rest of the time. From someone who's had to deal with chemotherapy before, I know that pain. To see that happen to a 2-month-old, I didn't want that. I didn't want him to suffer."

Over Thanksgiving weekend Zen's condition took a turn for the worse. "You could tell he was struggling," Cannon recalls. "He was gasping* for air. We'd wake up, and he wouldn't be breathing for maybe five to 10 seconds at a time, and then he'd let out a huge gasp. You could see it frightened him. It was the scariest thing I've ever experienced." The next morning Cannon suggested to Scott they head to the beach. "I was like, 'We have to watch the sun rise and just be there with him one last time.' It was beautiful." On the evening of Dec. 5, toward the end of that peaceful oceanside day, Zen's breathing seemed to have improved, and Cannon felt optimistic enough to head back to New York City for work. Fifteen minutes after he kissed his son goodbye, Scott called Cannon in tears. "I turned back around, and that was the moment I canceled everything," Cannon says. Zen took his final breath that night. "I see it as a blessing that I got to be there," says Cannon. "Alyssa says, 'I think he was just waiting for you.'"

As grief settles in for Cannon, so do feelings of guilt. "It's rooted in ()," he says. "I'm spread so thin in my work because that's how I deal with things." He says he's long gone to therapy to help with his daily struggles. "So much negativity comes my way because of my nonconventional acts and unorthodox [family] lifestyle," says Cannon, "but I didn't want to hide anything." So on Dec. 7 Cannon shared his heartbreak with his fans. "Usually my world is jokes and satire* and judgment, but it's been a complete 180 of nothing but love and people sending their well-wishes," says Cannon of the support he's received. "It gives me hope in humanity."

Now Cannon and Scott are focusing on the good that came from their short time with Zen. "He was the most loving baby," says Cannon. "I look at being his father as a great privilege." Says Scott: "Zen's spirit and light will shine bright forever."

[注]

sinus infection：副鼻腔炎	pediatrician：小児科医	philanthropist：慈善家
milestone：節目	shunt：(髄液を体内の他の場所に排出するための)シャント	
alleviate：軽減する	tumor：腫瘍	chemotherapy：化学療法
autoimmune：自己免疫の	lupus：全身性エリテマトーデス	
invasive：侵襲的な, 投薬・注射・手術などの医療行為を伴う		
gasp：あえぐ(こと)	satire：風刺	

- 問 1 下線部(A)の“it”の内容を具体的に説明しながら、日本語に訳しなさい。
- 問 2 下線部(B)の具体的な内容に合う本文中の連続する英単語 4 語を書き抜きなさい。
- 問 3 下線部(C)のように Cannon が考えた理由を日本語で簡潔に説明しなさい。
- 問 4 あなたが Cannon であるならば、下線部(D)でどのような発言をしますか。下線部(D)の()内に英単語 5 語以上を用いて英文を完成させなさい。
- 問 5 次の(ア)～(オ)の選択肢を実際に起こった順番に並べ替え、記号で答えなさい。
- (ア) Cannon canceled his trip to New York.
 - (イ) Cannon talked about his son on his show.
 - (ウ) Cannon took Zen to the beach.
 - (エ) People interviewed Cannon.
 - (オ) Zen passed away.

次のページにも問題があります。

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。

The first time Kim Ryberg fainted, she was 13 years old. It was the early 2000s and she was in front of her classroom in rural Montana, delivering a presentation to her peers. She suddenly felt light-headed*, then collapsed. When she woke up several minutes later, she went to the school nurse, 【 (1) 】. “Perhaps it was just nerves,” she said. Ryberg went home for the day and hoped it wouldn’t happen again.

She wasn’t so lucky. Throughout high school, Ryberg fainted once or twice a month—in class, during choir* recitals, at the grocery store. “It was like Russian roulette,” she says. Every morning she would wonder, “Am I going to faint today?”

Worse, Ryberg started experiencing other alarming symptoms: a racing heartbeat, vomiting* and bouts* of brain fog that made it hard to concentrate. One moment, she’d be sweating profusely*; the next, she was freezing cold.

At first, Ryberg’s parents wondered whether she was just being dramatic, but when the issues continued, they took her to their family doctor. The physician was stumped*—she’d never seen anything like it. Ryberg’s parents consulted more physicians, who diagnosed her as stressed or suffering from anxiety. Some said she was faking it to get attention. “Look at me and you’d think I was the healthiest person on planet earth,” she says. “That was part of the problem. I didn’t look sick.”

Nonetheless, Ryberg’s mysterious illness shaped her life. She frequently missed school because of health problems and medical appointments. She chose not to drive—【 (2) 】? “As if high school isn’t hard enough for the average person, I had all of this going on,” she says.

In her 20s, Ryberg moved to Los Angeles to pursue a career as a singer-songwriter. There she met her future husband, Or, a level-headed* partner who lovingly helped Ryberg manage her symptoms. Meanwhile, she saw more than a hundred doctors, nurses, naturopaths* and other medical professionals in her search for an answer. While some specialists tried to treat particular symptoms, no one could explain them all.

In her late 20s, Ryberg was no longer eligible* for affordable health insurance in the U.S. For four years, she stopped seeing doctors entirely and began exercising regularly, hoping to improve her health on her own. Instead, her condition worsened. Simply sitting up could make her light-headed, and she vomited every week or two. Starting in October 2017, she was bedridden* for roughly 18 months, 【 (3) 】, clothe and wash her.

As her condition deteriorated*, Ryberg’s friends and family urged her to seek medical help

again. But instead of going to a doctor, she went to Google. She'd searched her combination of ailments* before but had never found any breakthroughs. This time, however, her online sleuthing* led her to Facebook groups [(4)] hers. If it was indeed what she had, there was a name for it: postural orthostatic tachycardia syndrome, or POTS.

POTS is a blood-circulation disorder. Those who have it experience irregular blood pressure and an abnormal heart rate, which means their blood doesn't circulate properly, particularly when they make sudden movements or stay sedentary* for prolonged periods. As a result, they sometimes faint when they try to stand up. Ryberg happened to fit the most common profile of a POTS patient: a white woman between 13 and 50. "Once I read about it, I started to cry," she says. She felt she'd finally figured it out.

Ryberg's research also revealed a specialist who could help her: Dr. Peng-Sheng Chen, a cardiologist* at nearby Cedars-Sinai Medical Center in Los Angeles. Ryberg was able to book an appointment with him in October 2020. From the moment she arrived, Chen reassured Ryberg that her illness was real. "Just to have that validation* was incredible," she says.

For Chen, Ryberg's situation was all too familiar. Though as many as 700,000 Americans have POTS, it is not well known among physicians. As one of the few doctors who focuses on the condition, Chen frequently sees people [(5)] diagnosis. Like Ryberg, many of them suffered from several broad symptoms that no one specialist was equipped to diagnose or treat.

While its ultimate cause is unknown, POTS may occur in patients after they suffer other illnesses, injuries or infections. Chen helped Ryberg discover that hers was linked to a genetic illness called mast cell activation syndrome*, or MCAS, which is common among POTS patients. Everyone has mast cells; they produce a chemical called histamine, which helps our bodies fight allergens* and, in the process, causes reactions like a runny nose and itchy* eyes. But people with MCAS produce more histamine than normal, which creates problems all over the body.

Chen says it's possible to detect these genetic abnormalities when patients are young, provided a doctor knows to look for them. In some cases, however, people go decades without answers, continuing to experience symptoms and risking anaphylactic shocks* that can be fatal.

Though neither POTS nor MCAS is curable, both are relatively easy to manage. Chen prescribed Ryberg an anti-inflammatory enzyme* for her digestive issues, as well as an antihistamine*. He also recommended that Ryberg wear compression clothing* to keep blood flowing to her head, exercise lying down, and stay hydrated* with electrolytes* and salt pills.

When Ryberg began observing that regimen*, her symptoms got better almost instantly. She still has occasional flare-ups*, but her health has dramatically improved; she hardly ever faints anymore. She's now back on her feet and dreams of starting a family—something [(6)]

Chen's medical advice. "Managing this type of condition comes down to your own willpower and wanting to get better," she says. "Now that I know what healthy feels like, I will do literally anything to stay that way."

(出典：Luc Rinaldi, *Reader's Digest Canada*, Reader's Digest Magazines (Canada) Ltd, 2022 年.
より抜粋・一部改変)

〔注〕

light-headed：めまいがする	choir：聖歌隊	vomit：嘔吐する
bout：一時的な期間	profusely：ひどく	stumped：返答に困って
level-headed：冷静な	naturopath：自然療法士	eligible：資格のある
bedridden：寝たきりの	deteriorate：悪化する	ailment：(慢性的な軽い)病気
sleuthing：検索	sedentary：座っている	cardiologist：心臓専門医
validation：証明, 検証	mast cell activation syndrome (MCAS)：肥満細胞活性化症候群	
allergen：アレルギー誘発物質	itchy：かゆい	
anaphylactic shock：アナフィラキシーショック		
anti-inflammatory enzyme：消炎酵素薬(炎症を抑える酵素薬)		
antihistamine：抗ヒスタミン薬	compression clothing：着圧着	
stay hydrated：水分を補給する	electrolyte：電解質	
regimen：投薬計画	flare-up：症状の再発	

- a. [fainted behind / wheel / if she / the / what]
- b. [a / have / years without / correct / gone / who]
- c. [had / wasn't / it / happened / sure why / who]
- d. [husband and / relying / feed / parents to / on her]
- e. [before she / following / seemed / started / that / impossible]
- f. [symptoms / people / similar to / experiencing / where / reported]

