

[I] 次の英文を読んで設問に答えなさい。

Education is a great predictor of future (ア) — college graduates earn much more than high school graduates, and those with graduate degrees tend to do better financially than those (イ). There is also very good evidence from various studies that socioeconomic status is relevant to health. But this doesn't (ウ) mean that getting more education will make you live longer.

It is usually difficult to separate the influences of education from (エ) of intelligence, because smarter individuals generally tend to spend longer in education. As a result, they learn more about health, are therefore healthier, and live longer. To examine the effects of education on longevity, we referred to the results of an old study of about 1,500 subjects born around 1910. They had been selected when still children by their teachers for their intelligence, and could, therefore, all be classified as “smart.” They had been followed up for the rest of their lives, and our goal was to determine from the available data whether the best educated among them lived longest.

Almost all of the subjects attended high school. About two-thirds graduated from college, with many of them going on to get graduate degrees. That left many others who did not go to or (オ) college. In fact, of those who started college, fifty-three men dropped out! ⁽¹⁾ They were all smart, but many things in life mattered more than intelligence in determining which of them would become highly educated. (カ) than a third of those in college graduated with honors, so it seems that even though they were intelligent, many of them did not try very hard.

We were surprised to find that level of education by itself was not a very good predictor of later health and longevity. The better-educated subjects did tend to be healthier and live a little longer, but this was not an important factor in (キ) with other personal and social predictors of health and long life that often went (ク) with success in school. The better-educated were more productive as they aged; they were more successful in their (ケ) and more likely to continue to work, grow personally, be creative, and “do” things. But this was not primarily because of their education. ⁽²⁾ Rather, they were successful because they were the kind of persistent people who were better able and better motivated to navigate life's personal and social challenges.

Those subjects who went on to be better educated, more successful, and healthier had parents who were better educated and more successful (コ). Their parents valued the accomplishments of the highly proficient members of society. ⁽³⁾ Such high expectations and supportive social environments then

combined with the inherent characteristics of certain children to help push them down healthier pathways of life.

設問

- 1 本文中の（ア）～（コ）に入れるのにふさわしい単語になるように解答欄のつづりを完成させなさい。（活字体を使うこと）
- 2 下線部分（１）を日本語に訳しなさい。
- 3 下線部分（２）を日本語に訳しなさい。
- 4 下線部分（３）を日本語に訳しなさい。
- 5 According to the passage, two of the following statements are false. Which ones are they?
 - (A) The more highly educated someone is, the higher their earnings are likely to be.
 - (B) One reason why those with more education tend to live longer is that they have a better knowledge of health issues than their less well-educated peers.
 - (C) An accurate prediction of someone's academic record can be made on the basis of their intelligence.
 - (D) Education level has to be considered in combination with various other factors in predicting how long someone will live.
 - (E) Children are unlikely to mirror their parents in terms of their future success and health.

〔Ⅱ〕 次の英文を読んで設問に答えなさい。

At the birth of medicine, millennia ago, diagnosis (the identification of the patient's disease) and prognosis (the understanding of the disease's likely course and outcome) were the most effective tools a doctor brought to the patient's bedside. But beyond that, little could be done to either confirm a diagnosis or alter the course of the disease. Because of this impotence in the face of illness, the consequences of an incorrect diagnosis were minimal. ^(A) The true cause of the illness was often buried with the patient.

In more recent history, medicine has developed technologies that have transformed our ability to identify and then treat disease.

(B)

Blood tests have exploded in number and accuracy, providing doctors with tools to help them make definitive diagnoses in an entire alphabet of diseases from AIDS to zoonosis*.

Better diagnosis led to better therapies. For centuries, physicians had little more than compassion with which to help patients through their illnesses. The development of the randomized controlled trial and other statistical tools made it possible to distinguish between therapies that worked and those that had little to offer beyond the body's own recuperative powers*. Medicine entered the twenty-first century with a wide range of potent and effective tools available to treat disease.

Much of the research of the past 40 or 50 years has examined which therapies to use and how to use them. Which medication is appropriate, and for how long and at what dosage should it be administered? Which procedure is suitable for this patient? What is the benefit of this procedure over that? These are all questions commonly asked and that can now be regularly and reliably answered. Treatment guidelines for many diseases are published, available, and regularly used. And despite concerns and lamentations about "cookbook medicine," these guidelines, which are based on an ever-growing foundation of evidence, have been amply demonstrated to save lives. Such evidence-based medicine allows individual patients to benefit from the thoughtful application of what has been shown to be the most effective therapy for their particular condition.

But effective therapy depends on accurate diagnosis. We now have at our disposal a far wider range of tools, both new and old, with which we can make a timely and accurate diagnosis. And as treatment becomes more standardized, the most complex and important decision-making will take place at the level of the diagnosis.

Usually, the diagnosis is routine. The patient's story and exam suggest a likely suspect, and the technology of diagnosis rapidly confirms the suspicion. A doctor with an elderly patient complaining of a fever and cough might well suspect pneumonia, and this suspicion can be quickly checked with an X-ray. A man in his fifties has chest pain that radiates down his left arm and up to his jaw, and electrocardiography* or a blood test bears out the suspicion that he is having a heart attack. This is the bread and butter of medical diagnosis — cases where cause and effect tie neatly together and the doctor

can almost immediately explain to the patient and his/her family what the problem is and, usually, how it arose.

But then there are ^(E)the other cases: patients with complicated stories or medical histories; cases where the symptoms are less suggestive, the physical exam unrevealing, and the test results misleading; and cases in which the narrative of disease strays off the expected path, where the usual suspects all seem to have alibis, and the diagnosis is elusive. For these, the doctor must put on his or her deerstalker* and unravel the mystery. It is in these instances that medicine can rise once again to the level of an art and the doctor-detective must pick apart the tangled threads of illness, understand which questions to ask, recognize the subtle physical findings, and identify which tests might lead, finally, to the right diagnosis.

設問

- 1 下線部分 (A) を this impotence の内容を明らかにして、日本語に訳しなさい。
- 2 (B) の部分に入れるのにふさわしいように次の英文を並び替えて、解答欄に番号を書き入れなさい。
 - 1 The indirect evidence provided by touching, listening to, and seeing the body hinted at the disease hidden under the skin.
 - 2 The physical exam, invented primarily in the nineteenth century, was the starting point.
 - 3 That first look through the skin at the inner structures of the living body laid the groundwork for the computerized axial tomography (CT) scan in the 1970s and magnetic resonance imaging (MRI) in the 1990s.
 - 4 Then the X-ray, developed at the start of the twentieth century, gave doctors the power to see what they had previously only imagined.
- 3 下線部分 (C) を10字程度の日本語で説明しなさい。
- 4 下線部分 (D) を日本語に訳しなさい。

5 According to the fourth paragraph of the passage, are the following statements true or false? On the answer sheet, indicate those you consider to be true with an A, and those you think are false with a B. If you think it is impossible to tell from the paragraph whether a particular statement is true or false, indicate this with a C.

- ア The selection of treatments appropriate to the needs of individual patients is a widely studied area.
- イ Researchers have been trying unsuccessfully for many years to answer the commonly asked questions cited in this paragraph.
- ウ The treatment guidelines compiled so far are widely applied in clinical practice.
- エ The efficacy of “cookbook medicine” is questionable.
- オ “Cookbook medicine” is an example of evidence-based medicine.
- カ Evidence-based medicine protects against the development of disease.

6 According to the fifth paragraph, which of the following statements is not true?

- (A) Treatment will not work unless it is aimed at the right disease.
- (B) Making a correct diagnosis is easier now than it used to be.
- (C) It is important to dispose of old diagnostic tools as new ones become available.
- (D) The trend toward uniform treatment for each specific disease will put relatively more weight on the judgments made during the diagnostic process.

7 According to the sixth paragraph, which of the following statements is not true?

- (A) The process of reaching a diagnosis is generally not particularly complicated.
- (B) A preliminary diagnosis can usually be quickly confirmed with technology.
- (C) Certain signs in certain patients clearly point to specific medical conditions.
- (D) Although doctors can usually identify illnesses, they cannot normally tell what caused them.

8 下線部分 (E) について、医師は具体的にどのように対処すべきであると筆者は言っているか、70字程度の日本語でまとめなさい。

[Ⅲ] 次の英文を読んで設問に答えなさい。

A few days ago, I went to a restaurant with a couple of friends. We settled in a booth (い) the corner, where we could relax and enjoy a leisurely dinner. The dining room was large, but dimly (a) to create a cozy atmosphere. The problem began when our waitress came around and handed us the fancy menu. Under the tiny table lamp, the print was too small for me to read! Recently I'd been finding myself unable to adjust my eyesight as readily as before, and had started using over-the-counter reading glasses at home. ① レストランやバーは照明が暗いので、読みづらい。けれども、私はどこにでも読書用メガネを持ち歩くのは好かない。In my moment of desperation, I (b) to borrowing a pair from one of my friends, who teased me for resisting my age. Indeed, there is nothing more telling of one's middle-aged status than a pair of reading glasses atop one's nose.

Demographic definitions of middle age vary somewhat but typically point to the two to three (ろ) of life between young adulthood and old age, or roughly from the mid-30s to mid-60s. ② 社会学的に見て、これは一生のうちの段階で、個人が職場や家庭でより重い責務を次第に負うことになる時期なのだ。(は) this time, they have completed their education and training, and have acquired some work experience. Those in the professional ranks (c) significant management and decision-making roles. People in this age group are also the core of family life, providing financial support, managing resources, raising children and (d) for the elderly. A certain sense of responsibility and serious-mindedness sets them apart from young adults with their carefree attitudes, and they adopt a corresponding set of social behaviors—speech, dress, demeanor and so on—(に) to their position of social responsibility.

Middle age, with its increased responsibility and influence, can be empowering on the one hand, as exemplified by the Japanese notion of *hataraki-zakari*, or the “height of work productivity.” On the other hand, the constant demands on your time and energy can be overwhelming. When combined with age-related physiological changes, middle age can seem burdensome. You are overworked and tired all the time, you can't remember the last time you felt free to do something for yourself, and you just don't have fun anymore. These are the features of middle age that everyone (e).

The definition of middle age also changes with life expectancy. When people expect to live to the age of 60, 30 is the “middle”; when they expect to live to 80, then 40 becomes the middle.

We also know that better nutrition, exercise, and health care can prolong people's physical wellness (ほ) their chronological age. In many developed countries today, including Japan and the United States, young adulthood extends well into the 30s, and the onset of the social dimensions of middle age—marriage, reproduction, career development—is delayed to the late 30s or early 40s. As we say here in the United States, “The 40s is the new 30s.”

設問

- 1 空欄 (い) ～ (ほ) に補うのにふさわしい語を選択肢から選んでその番号を解答欄に書きなさい。

(い)	1 around	2 in	3 of	4 on
(ろ)	1 ages	2 decades	3 generations	4 periods
(は)	1 By	2 For	3 In	4 Until
(に)	1 appropriate	2 competent	3 correspond	4 pleasing
(ほ)	1 beyond	2 by	3 in	4 to

- 2 空欄 (a) ～ (e) に入れるのに最もふさわしい動詞を選択肢から選び、必要なら語形を変えて、解答欄に記しなさい。(活字体を使うこと)

選択肢 [care dread light like look play resort try]

- 3 解答欄に与えられた書き出しに続けて、日本文①と②の内容を英語で言い表しなさい。

[IV] If you have children in the future, what principles or policies will you follow in bringing them up? Write about 80 words in English, giving reasons and/or examples to support your answer.

[NOTES]

deerstalker

a cap with two peaks, one in front and one behind, and two pieces of cloth which are usually tied together on top but can be folded down to cover the ears

(Sherlock Holmes is often depicted wearing a deerstalker.)

electrocardiography

the measurement of electrical activity in the heart and its recording as a visual trace (on paper or on an oscilloscope screen), using electrodes placed on the skin of the limbs and chest

recuperative powers

the ability to recover from illness, shock, etc.

zoonosis

a disease that can be passed from animals to humans

(Adapted from *Oxford Advanced Learner's Dictionary* 7th edition, *Oxford Dictionary of English* [2003], etc.)

[出典] 以下に基づく(一部変更)

[Ⅰ] Howard S. Friedman and Leslie R. Martin, *The Longevity Project* (N.Y.: Hay House, 2011), pp. 74-75.

[Ⅱ] Lisa Sanders, *Every Patient Tells a Story* (N.Y.: Broadway Books, 2009), pp. xiv-xvi.

[Ⅲ] Sawa Kurotani, "Beyond the Paper Screen / Not in denial, just redefining middle age," *Daily Yomiuri*, Sept. 11, 2012.