### 昭和大学

# 平成26年度 入学試験問題 医 学 部 (Ⅱ期)

#### 語。数学 英

#### 注 意 事 項

- 1. 試験時間 平成 26 年 3 月 1 日, 午前 9 時 30 分から 11 時 50 分まで
- 2. 配付した試験問題(冊子), 解答用紙の種類はつぎのとおりです。
- (1) 試験問題(冊子,左折り)(表紙・下書き用紙付)

英 語

数 学(その1, その2)

(2) 解答用紙

英語

1枚(上端黄色)(右肩落し)

数 学(その1) 1枚(上端茶色)(右肩落し)

" (その2) 1枚(上端茶色)(左肩落し)

- 3. 下書きが下書き用紙で足りなかったときは、試験問題(冊子)の余白を使用して下さい。
- 4. 試験開始2時間以降は退場を許可します。但し、試験終了10分前からの退場は許可しません。
- 5. 受験中にやむなく途中退室(手洗い等)を望むものは挙手し、監督者の指示に従って下さい。
- 6. 休憩のための途中退室は認めません。
- 7. 退場の際は、この試験問題(冊子)を一番上にのせ、挙手し監督者の許可を得てから、試験問題 (冊子), 受験票, 下書き用紙および所持品を携行の上退場して下さい。
- 8. 試験終了のチャイムが鳴ったら, 直ちに筆記をやめ, おもてのまま上から解答用紙[英語, 数 学(その1), 数学(その2)], 試験問題(冊子)の順にそろえて確認して下さい。確認が終って も、指示があるまでは席を立たないで下さい。
- 9. 試験問題(冊子)はお持ち帰り下さい。
- 10. 監督者退場後、試験場で昼食をとることは差支えありません。ゴミ入れは場外に設置してあり ます。
- 11. 午後の集合は1時です。

## 英 語

1	_		・組の単語にこ ・が他と異なる							ものを, (3)~(5)は下線		
	<ul> <li>(1) A. an-nounc-er</li> <li>D. es-sen-tial</li> <li>(2) A. a-pol-o-gize</li> <li>D. ex-pe-di-tion</li> </ul>			B. cre-a-tion E. rel-e-vant			C. dra-mat-ic					
					B. ap-pro-pri-ate E. ex-pe-ri-ence			C. ex-pect-an-cy				
	(3)	Α.	pr <u>o</u> blem	B. pr <u>o</u> duc	:t	C.	pr <u>o</u> fit	D.	pr <u>o</u> gram	E. pr <u>o</u> mise		
	(4)	Α.	crucial	B. fl <u>u</u>		C.	incl <u>u</u> de	D.	p <u>u</u> ll	E. r <u>u</u> de		
	(5)	Α.	ca <u>p</u> ture	B. conceg	<u>o</u> t	C.	perce <u>p</u> tion	D.	recei <u>p</u> t	E. temperature		
2 各文の( )の中に入れるのに最も適切な表現を1つずつ選び、記号で答えなさい。												
	<ul><li>(1) It's my fault, I know. (</li><li>A. I'm shameful</li><li>D. It's shameful</li></ul>					) of behaving so badly.  B. I'm ashamed  C. It's a shame  E. It's ashamed						
	(2) I have been having a lot of pain in my stomach recently. I can't eat and I ( ) up sometimes.											
	А	. th	row B	. drag	C	Э. р	ull I	D. b	eat I	E. clean		
	(3) I'd really prefer ( ) if you didn't put your feet on the sofa.									2		
	А	. th	at B	. it	C	). e	ven l	Э. а	s l	E. rather		
(4) ( ) else objects, I do not.												
			nything hether or not		B. W		ever atter who		C. Those	e which		

(5) Stop taking the medicine if	it doesn't ( ) wi	th you.	
A. fit B. affect	C. occur	D. cope	E. agree
(6) If he ( ) a taxi, he we	ould have a better cha	nce of getting t	here in time.
A. took	B. will take		
D. has taken			
	is a		
(7) The manager isn't at the me	eeting. ( ) is th	e secretary.	
A. So B. Too	C. Neither	D. Either	E. None
8		240	
(8) She ( ) there were no	tickets left.		
A. told that	B. told to us that	C. s	said us that
D. was told that	E. was said that		
(9) "Can I bring Alan to the par	ty?" "( ). That	sounds great!"	
A. By all means	B. Don't mention it	C. N	Not again
D. That's up to you	E. Cheer up		
(10) "I've never been so cold in	ny life." "Then you'v	e obviously (	) New York this time
of the year."			ē ·
A. got over your cold in	B. been living in	C. in	magined that of
D. never been in	E. known I was in		
次の各和文を英訳する時(あ	)~( そ )の中にフ	(れるべき英単語	吾をそれぞれ正しい形で答
えなさい。ただし,( )内に	アルファベットが示さ	されている場合に	は,そのアルファベットで
始まる単語を答えること。		a a	
¥			8) (f)
(1) 格安航空会社がとても成功し	たので,他の航空会社	止も後に続いて過	運賃を下げなければならな
くなっている。			s <sup>34</sup> - s
Budget companies have bee	n so successful that	other airlines h	ave had to ( あ ) suit
and lower their $(f \lor 1)$ .	9 4		S W
W 8		8 6	
(2) このメールに添付した写真は	先月カナダを旅行した	上時に撮ったもの	)です。
The photo (う) to this	mail is the one ( え	) while I was	on a trip to Canada last

month.

- (3) 彼女は子供たちが遊ぶためのおもちゃをいくつか買った。She bought some toys for the children ( お ) ( か ) ( き ).
- (4) その2つの楽曲はいくつか共通点がある。
  The two musical compositions have several points ( く ) ( け ).
- (5) 石炭,石油,ガスのような燃料は、燃やすとエネルギーを放出する物質です。( こ ) like coal, oil and gas are substances that (r さ ) energy when we burn them.
- (6) 委員会のメンバーは、その過失の責任が相手にあると非難しあって、口論していた。
  Committee members were quarrelling, each (a し ) the other ( す ) being responsible for the error.
- (7) 長い目で見ると、一生懸命働くしか手はない。 In the long (r せ ), there is no (a そ ) to hard work.
- 4 次の文章を読んで、下の問いに答えなさい。

There is a joke among flu researchers: "If you've seen one flu season, you've seen... one flu season." The translation, for those not up on epidemiological humor: the joke is wry commentary on the unpredictable nature of the flu virus. Every year it looks different, and every strain follows its own pattern. This is not just a quirk that frustrates scientists—it's the reason new strains like H1N1 are impossible to anticipate and fully prepare for.

"I know (  $\mathcal{T}$  ) about influenza today than I did 10 years ago," quips\* Dr. Michael Osterholm, director of the Minnesota Center of Excellence for Influenza Research and Surveillance\* and a former adviser to the U.S. Department of Health and Human Services. "Every stone we've turned over, we get more questions than we do answers."

The flu returns every season and the world periodically experiences catastrophic pandemics, but epidemiologists still do not understand why some strains evolve to infect people and others do not; they are not entirely sure about how the flu is transmitted; nor do they understand why some patients become fatally ill while others develop minimal symptoms.

( \( \frac{1}{2} \)), when a new strain shows up—like H1N1—they often have little information to fall \( \frac{1}{23} \) back on, and the lessons of previous pandemics are only somewhat helpful. While epidemiologists are still putting together a complete picture of H1N1, for example, its most striking difference with the seasonal flu is that the elderly are not the most vulnerable\*

population. And when H1N1 does cause serious illness, patients develop different complications\* (that are more difficult to treat) than those with seasonal flu. "It's a very different death," says Osterholm.

The Centers for Disease Control currently maintains six different categories of flusurveillance programs, but has rolled out\* new measures this year in order to monitor H1N1's most worrying features. The backbone of its routine surveillance systems is not designed to count individual flu cases, but rather to get general indicators of how widespread the flu is and which strains are in circulation. Uncertainty about the fast-moving H1N1 prompted the CDC to begin asking state health departments to report the number of hospitalizations and deaths caused by influenza, and it is still adjusting the methods for calculating the disease's impact. Even the methods for counting the number of those who died of H1N1 are uncertain: on Tuesday, *The New York Times* reported that the CDC will revise its estimates of H1N1 deaths to 4,000 from 1,200. This revised figure is the result of a new calculation that encompasses\* fatal cases confirmed via lab tests to have been caused by H1N1, as well as hospital reports of deaths that "appear to have been brought on" by the flu.

Influenza's chimerical\* nature makes it a moving target for researchers, says Dr. Allison Aiello, assistant professor of epidemiology at the University of Michigan. (NEWSWEEK reached Aiello by phone at home, where she and her husband are both recovering from H1N1 under self-imposed quarantine\* to protect their infant child.) "Even if we had complete seasonal flu data from the past, it wouldn't necessarily be helpful for a new strain" of influenza, she explains.

Aiello identifies three areas where additional research would be most useful. First, the						
exact mechanism of flu transmission is unclear. If it is primarily transmitted through the air,						
in order to pose a threat? (A), if any? This is						
an area where it is especially hard to study the flu on its own, because it can be expensive to						
perform the lab tests on sick patients to separate influenza from other "flulike" illnesses that						
cause similar symptoms but may be transmitted differently. A cough and a fever could be						
caused by influenza, but it also could be the common-cold virus or many other bugs.						
Understanding (5) will help fill in gaps in a second area: how can face						
masks and hygiene measures effectively protect against transmission?						
Finally, we need more information on the immune response $^*$ and $(\bar{x})$						
One of the most alarming things about H1N1 is the high rate of serious illness among						
otherwise healthy adults as compared with the seasonal flu, which takes its heaviest toll						

overall number of deaths is so far much lower.

mostly on\* the elderly. In fact, some studies have suggested, the populations hardest hit by the H1N1 pandemic resemble those targeted by the catastrophic 1918 outbreak, though the Though influenza might be hard to pin down under the best of circumstances, researchers say the epidemiological community may be behind because the flu was a low priority until recently. "The flu was—if not ignored—not as studied as it needed to be," comments Dr. Arthur Reingold of the UC Berkeley School of Public Health. "That's been true for decades." This situation began to change around 2005, when 43 people died in Asia from avian flu\*. Though this never turned into a catastrophic pandemic, it prompted governments to step up their flu-preparation efforts, including the United States, which that year launched a national strategy for pandemic influenza.

(J.L. Feder. "Mysteries of the Flu." Newsweek Web Exclusive. Nov 12, 2009. より)

(注)

(be) up on ~についてよく知っている epidemiological 疫学の wry commentary 皮肉たっぷりの解説 strain 型, 株 quirk 気まぐれ H1N1 ソ連A型インフルエンザウイルス quip 皮肉を言う surveillance 監視 vulnerable 冒されやすい complication 合併症 roll out ~を作りだす encompass 含む chimerical キメラ的な(複数のウイルスの性質を兼ね備えている状態) self-imposed quarantine 自主的な隔離 immune response 免疫反応 take its heavy toll on ~に多くの犠牲を出す avian flu 鳥インフルエンザ

- (1) 下線部(1)はどういうことを言っているのか。その内容を 40 字以内の日本語で分かりやすく 説明しなさい。なお、この joke は "If you've seen one, you've seen them all." という決まり文 句をもじったものである。
- (2) (ア)に入る単語(1語)を答えなさい。
- (3) 下線部(2)の it と同じ用法の it を含む文を次から1つ選び、記号で答えなさい。
  - A. Would it be possible for you to read this report and give me your opinion?
  - B. It was yesterday that Jane paid for the meal.
  - C. Since it happened to be such a nice day, they went to the beach.
  - D. Once you've overcome the biggest obstacle in life, it makes anything else seem easier to handle.
  - E. It would be a good idea to book in advance.
- (4) ( イ )に入れるのに最も適切なものを次から1つ選び、記号で答えなさい。
  - A. Nevertheless
- B. For

C. If this is not the case

D. Nor

E. As a result

- (5) 下線部(3)と同じ意味を持つ表現を次から1つ選び、記号で答えなさい。
  - A. add on

- B. take over
- C. depend on

- D. fail to use
- E. come up with
- (6) H1N1 と季節性インフルエンザ(seasonal flu)との違いとして正しいものを次から1つ選び、記号で答えなさい。
  - A. H1N1 causes serious illness, but seasonal flu does not.
  - B. H1N1 targets the elderly, but seasonal flu targets the young.
  - C. The complications caused by H1N1 are more difficult to treat than those caused by seasonal flu.
  - D. Although researchers have little information about seasonal flu, they have already got the whole picture of H1N1.
  - E. Seasonal flu causes serious illness among otherwise healthy adults at a much higher rate than H1N1 does.
- (7) 空所(あ)~(え)それぞれに入れるのに最も適切なものを次から1つずつ選び、記号で答えなさい。ただし、すべて文頭の単語は小文字で始めています。
  - A. how to get the vaccine once it becomes available to us
  - B. why certain patients fare far better than others once they become infected
  - C. what role does hand-to-hand contact play in transmitting the virus
  - D. how large must infectious particles be
  - E. how the flu spreads
- (8) 本文の内容に合っていないものを2つ選び、記号で答えなさい。
  - A. Michael Osterholm says that there still are a lot of unanswered questions about influenza.
  - B. Epidemiologists do not know the reason why only a part of the people who are infected with influenza become seriously ill.
  - C. The Centers for Disease Control has already established rigorous methods for calculating H1N1's impact.
  - D. The current H1N1 pandemic has caused more deaths than the 1918 outbreak.
  - E. Researchers say that influenza was not taken seriously enough in the epidemiological community until recently.
  - F. The outbreak of avian flu in Asia in 2005 promoted studies on the flu in the United States.