

2020年度一般入学試験問題 B

英語

【注意事項】

1. この問題冊子には答案用紙が挟み込まれています。試験開始の合図があるまで問題冊子を開いてはいけません。
2. 試験開始後、問題冊子と答案用紙の受験番号欄に受験番号を記入下さい。
3. 問題冊子には計 4 問の問題が英 1～英 6 ページに記載されています。落丁、乱丁および印刷不鮮明な箇所があれば、手をあげて監督者に知らせ下さい。
4. 答案には、必ず鉛筆（黒、「HB」「B」程度）またはシャープペンシル（黒、「HB」「B」程度）を使用下さい。
5. 解答は答案用紙の指定された場所に記入下さい。ただし、解答に関係のないことを書いた場合は無効にすることがあります。
6. 問題冊子の余白は下書きに利用しても構いません。
7. 問題冊子および答案用紙はどのページも切り離してはいけません。
8. 問題冊子を持ち帰ってはいけません。

受験番号	
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〔問 1〕 次の英文を読んで、あとの設問に答えなさい。

Obsessive video gamers know ^(ア)how to anticipate dangers in virtual worlds. The World Health Organization says they now should be ^(イ)on guard for a danger in the real world: spending too much time playing. In its latest revision to a disease classification manual, the U.N. health agency said Monday that compulsively playing video games now qualifies as a mental health condition. ⁽¹⁾The statement confirmed the fears of some parents but led critics to warn that it may risk stigmatizing too many young video players.

WHO said classifying “gaming disorder” as a separate addiction will ^(ウ)have been helping governments, families and health care workers be more vigilant and prepared to identify the risks. The agency and other experts ^(エ)were quick to note that cases of the condition are still very rare, with ^(オ)no more than up to 3 percent of all gamers believed to be affected.

Dr. Shekhar Saxena, director of WHO’s department for mental health and substance abuse, said the agency accepted the proposal that gaming disorder ^(カ)should list as a new problem ^(キ)based on scientific evidence, ^(ク)in addition to “the need and the demand for treatment in many parts of the world.”

出典：Jamey Keaten and Maria Cheng, “The World Health Organization Now Considers ‘Gaming Disorder’ a Unique Mental Health Condition.” *TIME*, June 18, 2018.

(1) 下線部(1)にある The statement の内容を明らかにして、下線部(1)全体を和訳しなさい。

(2) 下線部(ア)～(ク)のうち、誤りを含む箇所を2つ選び、記号で答えなさい。

〔問2〕 次の英文を読んで、あとの設問に答えなさい。

For two million years we survived without supermarkets, convenience stores, microwaves, or McDonald's. In the past, in order to feed ourselves and our families, muscle movement was required to collect berries and vegetation or to track down an animal—often over several days—until it collapsed from exhaustion.

Compare that to today's ⁽¹⁾couch potato lifestyle—do you know many people who could adequately feed themselves if there was no food available for convenient purchase? One thing is (ア) sure—a major shift of attitude would be required. In order to eat, we would have to perform regular and sustained physical exercise, something that the human body is built for and thrives (イ). Why should we stop it now, simply because hunting our own food is no longer necessary?

And while it might be too late for many of us to become elite athletes, we can still enjoy and derive considerable benefit (ウ) regular physical exercise. Even if you have lived a relatively sedentary life (エ) now, you can develop your fitness slowly and steadily and bring (オ) positive changes to your health. There is a great feeling of self-esteem and accomplishment when we get up off our backsides or move (カ) from the computer. If you exercise for an hour per day, five times per week, for just a few weeks, you will experience a remarkable difference in your sleep quality, mood, and state of health.

Despite the advances of medical science, the diseases of modern civilization continue to increase, and it could be argued that we are passing responsibility for our health (キ) pharmaceutical companies rather than making changes to our lifestyle and diet to prevent illness in the first place. Each year, more and more people are developing asthma, heart disease, diabetes, high blood pressure, and cancer. Not only that, but new “diseases” are being invented all the time—and some might say it's because the market conditions and share prices of big pharmaceutical companies dictate a need for new markets and ever-increasing sales. We may be living longer, but (ク) the expense of consuming vast quantities of medication as soon as we approach fifty or sixty years of age. A (ケ) better option to help prevent the onset of diseases—and one that involves no toxicity or expense—is to take a regular fast walk or jog. If you haven't exercised regularly before, please pay a visit to your physician to get the (コ) clear before starting.

出典：Patrick McKeown, *The Oxygen Advantage: The Simple, Scientifically Proven Breathing Techniques for a Healthier, Slimmer, Faster, and Fitter You.*
New York: William Morrow, 2015. Pages 231-232.

(1) 下線部(1)に含まれるものを①～⑥から2つ選び、数字で答えなさい。

- | | |
|-------------------------|-------------------------|
| ① collecting berries | ④ moving muscles |
| ② exercising regularly | ⑤ tracking down animals |
| ③ going to supermarkets | ⑥ using microwaves |

(2) 英文の意味が通るように、空所(ア)～(コ)に入る最も適当なものを①～⑩から1つ選び、数字で答えなさい。同じものを2度使うことはない。

- | | | | | |
|---------|--------|------|---------|--------|
| ① about | ② all | ③ at | ④ away | ⑤ far |
| ⑥ for | ⑦ from | ⑧ to | ⑨ until | ⑩ upon |

〔問 3〕 下線部(ア)～(コ)に入るように各語群にある語句を最も適当な順に並べ替えて、意味の通る英文を完成させなさい。なお、文頭に来る単語も小文字で示してある。

My daughter lives without protection. The first sign of anaphylactic shock is often hives, a reddened and raised rash around the mouth or down the limbs. The attack can sometimes be allayed at this point, with a dose of oral antihistamine, if ^(ア)() () () () (), if the planets are aligned. But the lips, hands and eyes may swell, then the tongue. Breathing becomes restricted, noisy. And then you know you're on dangerous ground, that the antihistamine hasn't worked, hasn't appeased the gods: you need a jolt to the system, you need adrenalin and you need it fast. ^(イ)() () () () () () (), clawing at their throat, hoarse with panic and fear. They may then go white and limp. They may lose consciousness. If untreated, cardiac arrest isn't far behind.

On average, my daughter suffers allergic reactions, ^(ウ)() () () () (), around twelve to fifteen times a year: I keep a detailed record. She was born with an immunology disorder, which means that her immune system underreacts to some things and overreacts to others. Whereas my other children might get a cold, she will be knocked sideways, requiring hospitalization, a ventilator and a drip. If she ^(エ)() () () () () () () to which she is allergic, she may go into anaphylactic shock. This can happen if she eats something with a trace of a nut. Or if she sits at a table where someone has recently consumed sesame seeds. Or if an egg is cracked nearby. Or if she is stung by a bee or a wasp. If she touches the hand of someone who has been eating nuts or eggs or salad with pumpkin oil. If she enters a cloakroom and one of the coats has a peanut in its pocket. If she sits in a paddling pool with someone wearing sun-cream containing almond oil. If a café tells me there is no nut or egg in that biscuit but they pick it up with tongs used earlier for a brownie. If someone across the train carriage or plane aisle opens the wrapping of an energy bar with nuts. If the person next to her at school has eaten muesli for breakfast.

I could go on.

We live, then, in a state of high alert. I have to know where she is and ^(オ)() () () () () () (). I enter a room and scan it like a SWAT team: what in ^(カ)() () () () () () ()? The table surface, the door handles, the soft furnishings, that crumb-strewn plate? Her teachers and classroom assistants have to be trained in allergies, in medication, in resuscitation. I read and reread ingredient and allergy lists. I check and recheck with people wherever we go: are you sure, are you positive, are you certain, can you swear on your life that soup contains no nuts or seeds? Could it have been touched by a utensil recently used to stir nuts? ^(キ)() () () () () () () no powdered hazelnut? Can I please see the packaging?

^(ク)() () () () () () (), her emergency kit. We know how to inject her, how to administer cardio-pulmonary resuscitation, how to recognize the signs of low blood pressure, respiratory distress, urticaria, the onset of cardiac failure.

I know I must nod calmly when people tell me they understand exactly how I feel because

they have a gluten allergy, which makes them really bloated whenever they eat bread. I know to be patient and genial when I have to explain that, no, it's not OK to bring that hummus into our house. No, ^(ク)() () () () () () () a little bit to get her used to it. No, please don't open that near her. Yes, your lunch could kill my child.

I taught her brother, at the age of six, how to dial 999 and say into the receiver the sentence, "This is an emergency case of anaphylaxis." *Ana-fil-ax-iss*: he used to practice the pronunciation, ^(コ)() () () () () () (). My life with her involves a fair amount of sprinting along hospital corridors. The nurses in our local emergency hospital greet her by name. Her consultant allergist has told me several times that we should never take her outside the range of a good hospital.

出典 : Maggie O'Farrell, *I Am, I Am, I Am: Seventeen Brushes with Death*.
Great Britain: Tinder Press, 2017. Pages 254-257.

語群 :

(ア) is / luck / on / side / your

(イ) at / be / point / screaming / the victim / this / will

(ウ) degrees / of / severity / varying / with

(エ) anything / encounters / list / of / on / the long / things

(オ) all / at / is / she / times / who / with

(カ) a danger / could / her / here / pose / to

(キ) are / chocolate / has / hot / positive / you / your

(ク) her / leave / medication / never / the house / we / without

(ケ) a good / give / her / idea / it's / not / to

(コ) got / he'd / it / make / right / sure / to

〔問 4〕 次の英文を読んで、あとの設問に答えなさい。

Although every human being displays an unyielding twenty-four-hour pattern, the respective peak and trough points are strikingly different from one individual to the next. For some people, their peak of wakefulness arrives early in the day, and their sleepiness trough arrives early at night. These are “morning types,” and make up about 40 percent of the populace. ⁽⁷⁾They prefer to wake at or around dawn, are happy to do so, and function optimally at this time of day. Others are “evening types,” and account for approximately 30 percent of the population. They naturally prefer going to bed late and subsequently wake up late the following morning, or even in the afternoon. The remaining 30 percent of people lie somewhere in between morning and evening types, with a slight leaning toward eveningness, like myself.

You may colloquially know these two types of people as “morning larks” and “night owls,” respectively. ⁽¹⁾Unlike morning larks, night owls are frequently incapable of falling asleep early at night, no matter how hard they try. It is only in the early-morning hours that owls can drift off. Having not fallen asleep until late, owls of course strongly dislike waking up early. They are unable to function well at this time, one cause of which is that, despite being “awake,” their brain remains in a more sleep-like state throughout the early morning. This is especially true of a region called the prefrontal cortex, which sits above the eyes, and can be thought of as the head office of the brain. The prefrontal cortex controls high-level thought and logical reasoning, and helps keep our emotions in check. When a night owl is forced to wake up too early, their prefrontal cortex remains in a disabled, “offline” state. Like a cold engine after an early-morning start, it takes a long time before it warms up to operating temperature, and before that will not function efficiently.

An adult’s owlness or larkness, also known as their chronotype, is strongly determined by genetics. If you are a night owl, it’s likely that one (or both) of your parents is a night owl. ⁽²⁾Sadly, society treats night owls rather unfairly on two counts. First is the label of being lazy, based on a night owl’s wont to wake up later in the day, due to the fact that they did not fall asleep until the early-morning hours. Others (usually morning larks) will chastise night owls on the erroneous assumption that such preferences are a choice, and if they were not so slovenly, they could easily wake up early. However, night owls are not owls by choice. They are bound to a delayed schedule by unavoidable DNA hardwiring. It is not their *conscious* fault, but rather their *genetic* fate.

Second is the engrained, un-level playing field of society’s work scheduling, which is strongly biased toward early start times that punish owls and favor larks. ⁽³⁾Although the situation is improving, standard employment schedules force owls into an unnatural sleep-wake rhythm. Consequently, job performance of owls as a whole is far less optimal in the mornings, and they are further prevented from expressing their true performance potential in the late afternoon and early evening as standard work hours end prior to its arrival. Most unfortunately, owls are more chronically sleep-deprived, having to wake up with the larks, but not being able to fall asleep until far later in the evening. Owls are thus often forced to burn the proverbial

candle at both ends. ^(*)Greater ill health caused by a lack of sleep therefore befalls owls, including higher rates of depression, anxiety, diabetes, cancer, heart attack, and stroke.

In this regard, a societal change is needed, offering accommodations not dissimilar to those we make for other physically determined differences (e.g., sight impaired). We require more *supple** work schedules that better adapt to all chronotypes, and not just one in its extreme.

出典 : Matthew Walker, *Why We Sleep: The New Science of Sleep and Dreams*.
Great Britain: Allen Lane, 2017. Pages 20-22.

(注) *supple: flexible*

(1) 下線部(ア)～(オ)を和訳しなさい。

(2) 次の問いに対して英文で答えなさい。所定の解答欄の範囲内に収めること。

Read the last paragraph. In order to meet the need for a societal change, what do you think we should do? Write one paragraph on how to tackle this problem. Be sure to support your idea with at least two examples of *supple* work schedules.