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第3問 f. ~as they would have them behave toward themselves. は、冬期直前講習で扱った Do to others as you would have others do to you. とほぼ同じ英文。

### 英語講評

難易度：平年よりやや難化 分量：平年並 一次通過ライン：80% 正規合格ライン：85%

例年通りの形式で、アクセント、文法、整序英作文、長文空所補充および長文内容一致問題から成る。アクセントや文法問題は例年通りで頻出問題が重視されているため解きやすいが、整序英作文はやや難しくなり、長文内容一致問題は後半の空所を埋めるのにやや苦勞するものが多かった。最後の長文内容一致問題は各国の医療制度の問題点を紹介するものであり、他大学でも同様の内容が出題されていることから、ある程度の内容（米国の医療保険制度の問題など）は知っていただろう。内容一致に関してはパラグラフごとにじっくりと正誤を判定したい。

《受験生からの試験内容の聞き取りに基づいています》

### 第1問 アクセント（異なる位置の語を選ぶ）

1. 2 inform 【in-fórm のみ第2音節にアクセント。残りは第1音節にアクセントがある。】
2. 5 logic 【lóg-ic のみ第1音節にアクセント。残りは第2音節にアクセントがある。】
3. 5 initial 【in-í-tial のみ第2音節にアクセント。残りは第1音節にアクセントがある。】
4. 5 indicate 【ín-di-cate のみ第1音節にアクセント。残りは第2音節にアクセントがある。】
5. 2 desperate 【dés-per-ate-ly のみ第1音節にアクセント。残りは第2音節にアクセントがある。】

【解説】一般に、単語を分節するときには「アクセントのある短母音は次の子音を引っ張り込む」という原則があるのだが、in-i-tialはその例外的な単語で、形とは裏腹に第2音節にアクセントがくる。なお、これは本学の2005年入試にも出題されているので、過去問で一度ひっかかった人にとっては美味しい問題だった。

## 東京医科大学 2次対策講座

- 東医個人面接通信指導 ¥3,150（メールの場合）、¥5,250（FAXの場合）  
メール/FAXを使い（1）志望理由を完璧な内容に改善し、（2）出願内容に基づいた想定質問とそれに対する模範解答の作成指導を行います。
- 東医小論文スピード通信添削 ¥3,150  
FAXで送って頂いた答案を合格答案へと添削し、提出翌日の13時までにメール/FAXで返却します。
- 東医二次対策オールインワンスクーリング 2/10(木)or2/11(金) 2時間 ¥21,000  
アムスが最強と言われる総合二次対策です。上記通信添削の内容は勿論のこと、アムスの長年のノウハウの全てを伝授します。毎年、想定質問の通りに質問されたとの受験生が続出しています。

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### 第2問 文法空所補充

- a. 2 (choice) 【have no choice but to V】
- b. 1 (heavy) 【heavy traffic】
- c. 2 (fewer) 【電話が普及して手紙を書かなくなった、ということ。】
- d. 1 (disagreed) 【食物 agree/disagree with 人で「食べ物が身体に合わない」】
- e. 2 (had) 【《it's time 仮定法過去》の表現なので、過去形を選ぶ。】
- f. 1 (as) 【as was often the case】

### 第3問 整序英作文 (完全英文を示す)

- a. Julia wore such a bright yellow hat that everybody stared at it in amazement.
- b. A decision that is made as the solution to a problem may create a new problem.
- c. The President called upon the people to ask themselves what they could do for their country.
- d. There was said to be about one in every five new graduates this spring who had neither found a job nor gone on to higher education.
- e. When she approached the house, she smelled something burning and saw smoke rising.
- f. Physicians should behave their patients, colleagues, and other professionals as they would have them behave toward themselves.

【解説】 a. では形容詞の順番も問われているが、大原則は《主観的な形容詞→客観的な形容詞》である。  
c. はケネディ大統領の就任演説 (Jan.20, 1961) 中の有名なフレーズ。原文は、“Ask not what your country can do for you — ask what you can do for your country.”  
f. はことわざの勉強をきちんとしていれば「見たことがある」と思ったはずだろう。“Do to others as you would have others do to you.” “Do to others as you would be done by.” この教えは、あらゆる宗教に含まれると言われる。

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### 第4問 長文空所補充

空所補充の前後は以下の通り

24. which robbed him of his memory of the fifteen years from 1985 to 2000
25. had been completely wiped out
26. he has kept his talent as a writer and magazine editor
27. In attempting to grasp what happened to him
28. that makes us who we are and that constitutes our identity
29. Our memory is deeply linked to older memories
30. currently and historically
31. If memory is so important, then what is the use of forgetting
32. not just strengthening some memories but also suppressing or weakening others
33. a tool that allows us to live more efficiently
34. better at remembering selectively
35. retrieving and targeting what is necessary for life
36. strengthening memory and learning how to remember things
37. more accurately

### 第5問 長文内容一致（日米の医療保険の比較）

④、⑥、⑩、⑬、⑳、㉑、㉒、㉔

《原文出典から》内容一致の根拠として読むべきところに波線をつけてある。

《冒頭略》

The United States annually spends the equivalent of about ¥240 trillion, or 17 percent of its gross domestic product, on health care—about twice as much as the comparable Japanese total of about ¥40 trillion a year or 8 percent of the Japanese GDP. However, it is widely known that about 20 percent of Americans are without health care insurance coverage. There is not much dispute that the U.S. health care system has major problems. As a matter of fact, in the 2008 presidential election, all major candidates presented his or her health care reform plan. The difficulty starts with the question of how to fix them. No president in the past has offered a convincing solution. For example, Bill Clinton, a two-term president, tried but failed to realize universal health care insurance. Why is it such a herculean task to reform the U.S. health care system? The reason is essentially linked to Americans' traditional attachment to the freedom of spending his or her income on medical services.

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※この紙面の内容の全て、または一部を無断で複製・転用することを堅く禁止致します。

Rising medical care costs are a cause of strong concern in Japan, too. Systemic flaws in the health care regime often are singled out as a major reason for the increasing cost of medical care in our country. However, the real cause resides somewhere else. In an opinion survey conducted in the United States, about 80 percent of health care economists have cited “the progress in medical science” as the primary reason for the increasing costs of medical services in the past three decades. Naturally, not all progress in science and technology leads to increased costs. The proliferation of information technology is an obvious example of cost-reducing technological progress. But advances in medical science are different: These result mainly in the form of expensive cutting-edge technological breakthroughs to prolong human life. In other words, as medical science advances, life spans lengthen, causing medical care expenses to continue to skyrocket. Society cannot rid itself of spiraling medical care costs unless people somehow control their natural and morally unassailable desire to lengthen their lives.

With regard to consumer spending in general, each country leaves it up to the individual to decide how much to spend on most products and services. For example, high-income consumers generally buy high-end clothes. But medical care is an exception, with countries divided into two groups. The United States lets people choose how much they spend on medical care — just like purchasing clothes. Affluent Americans can spend as much as they want on treatment to survive potentially fatal diseases, something low-income people find it almost impossible to do.

《原文中略》

The United States is a typically polarized society with a purchasing power gap between high-income and low-income individuals. Since people would not feel happy wearing fine clothes if their health was poor, the wealthy tend to place priority in their spending on medical services if the government does not impose constraints on it, a situation that in turn causes overall medical costs to soar. As a result, medical services become so upmarket that low-income citizens cannot afford even the rudiments of health care. In reality, Americans who cannot afford medical services are young and middle-aged people in the lower middle-income bracket, because the U.S. government's programs guarantee health insurance for the elderly and the poor.

This explains why 20 percent of Americans cannot afford health care insurance and why the average life expectancy in the United States is shorter than that in other developed countries. However, the U.S. health care system has advantages. As the United States spends the equivalent of ¥240 trillion a year — versus ¥40 trillion in Japan — on health care, the U.S. health services become a giant market that attracts all kinds of research and development efforts, making the country the world leader in cutting-edge medical science. In other words, when measured by contributions to advancements in medical science, the U.S. health care system is way ahead of other countries.

《原文中略》

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The Japanese health care system can be characterized as a public system which, at least in principle, guarantees the same medical treatments to all citizens. However, in contrast to the health care systems in Scandinavian countries and in the United Kingdom, it is not the government itself which runs the entire system. The major providers of health insurances are the health care organizations run either by big businesses or by local governments. The upshot is that the premiums paid for health insurance differ according to which health care organization a person belongs to. With medical care costs burgeoning due to the aging population, many health care organizations, especially those run by local governments, have been plunged into grave financial difficulties. The Japanese government, therefore, had to adjust the system so that the health organizations run by big businesses are now compelled to subsidize their financially stricken peers. This adjustment naturally annoyed big businesses that, under the current scheme, share insurance premium payments with employees. The major employers' organizations, therefore, have been proposing in recent years a thorough reform of the Japanese health care system.

《原文後略》

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