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### 注 意 事 項

1. 問題冊子および記述解答用紙は、試験開始の指示があるまで開かないこと。
2. 問題は2～8ページに記載されている。試験中に問題冊子の印刷不鮮明、ページの落丁・乱丁および解答用紙の汚れ等に気づいた場合は、手を挙げて監督員に知らせること。
3. 解答はすべて解答用紙の所定欄にHBの黒鉛筆またはHBのシャープペンシルで記入すること。
4. 試験開始後、記述解答用紙の所定欄（2か所）に受験番号および氏名を、マーク解答用紙の所定欄（1か所）には氏名のみを記入すること。

記述解答用紙の所定欄の受験番号は正確に間違いに記入すること。読みづらい数字は採点処理に支障をきたすことがあるので、注意すること。

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5. マーク欄ははっきり記入すること。また、訂正する場合は、消しゴムで間違いに、消し残しがないようよく消すこと（砂消しゴムは使用しないこと）。

マークする時	<input checked="" type="radio"/> 良い	<input type="radio"/> 悪い	<input type="radio"/> 悪い
マークを消す時	<input type="radio"/> 良い	<input checked="" type="radio"/> 悪い	<input type="radio"/> 悪い

6. 試験終了の指示がでたら、すぐに解答を止め、筆記具を置くこと。
7. 試験終了後、問題冊子は持ち帰ること。
8. いかなる場合でも、解答用紙は必ず提出すること。

READING SECTION
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**All answers must be indicated on the MARK SHEET.**

**I Answer the questions below after reading the following passage.**

① In the sixteenth century, coffee came to enjoy considerable influence on a number of spheres of urban life in the Middle East. In the economic sphere, production of and trade in coffee helped breathe life into many areas that only shortly before had been commercially weak. To the Yemenis, it was vital, and they took steps to preserve their monopoly. Much of what was grown in the mountains and shipped from the ports of the Yemen had as its ultimate destination the great warehouses of Cairo, where spice and coffee merchants also saw considerable profit. In the seventeenth and eighteenth centuries, Cairo merchants made up for much of what they had lost when Europeans cut them out of the India spice trade, by dealing in coffee.

② The single most striking and significant result of the growing use of coffee in the fifteenth and sixteenth centuries, however, was its effect on the social life within the city, town, or village, for around the preparation and sale of this commodity was born a hitherto unknown social institution, the coffeehouse. By the early 1500s coffee's use was no longer restricted to Sufi<sup>1</sup> orders in the Yemen. It had become familiar to and popular among a variety of classes, at least in the Hijaz<sup>2</sup> and Egypt. But most significantly, taking it had become a public pastime: the habit struck far deeper roots in the public places intended for that purpose than it did in the home. These public houses where it was served are mentioned immediately and in the closest possible connection with coffee itself, as though an essential part of the definition of coffee is that it is served in these places.

③ The massive importation of coffee to areas outside the Yemen was most likely undertaken by merchants interested in profit. Sometime after the beverage, or even just its reputation, initially reached an area through the agency of Sufi connections, it must have been realized, by those more concerned with profit than religion, that this might be a very profitable undertaking. They were aware of the warm reception coffee had received in the limited circles into which it had been introduced, and some must have seen the tremendous commercial potential for such a product. But one can imagine that they were faced with something of a marketing problem. Had they merely dumped sacks of coffee in the marketplaces of the larger cities, demand would probably have been very sluggish indeed. Who would buy such a product whose properties, uses, and preparation were a complete mystery to him? Far better to start by selling the already brewed beverage from little stands or shops, in order to build up a demand. This was precisely the course pursued in Istanbul. It is likely that most people first tasted coffee in a coffee shop.

④ The form these new establishments took, their physical arrangement, was in great part determined by that of the already existing places after which they were patterned, or of the actual premises on which they had been built. We thus see three distinct types of coffee outlet emerge early on, which for want of better terms we can label as the coffee stall, the coffee shop, and the coffeehouse. The coffee stall is distinguished from the other two in that it is not designed for the on-premises consumption of coffee. It was in essence a 'take-out' shop, usually located in a commercial area, for the convenience of those doing business in the markets. The coffee shop is the small, local shop, which sometimes shared the same function as the coffee stalls, acting as a 'service' café in a quarter, a take-out. There was, in addition, usually some space in the shop for customers to sit and consume their beverages. Far different from these strictly functional shops were the grand-style coffeehouses found in many cities in the Middle East. Certainly not all the six-hundred-odd coffeehouses found in Istanbul in the time of Selim II (1566-74) were of the grand sort, and perhaps most of them were of the stall type. These small shops exist in Istanbul to the present day. But those coffeehouses located in the most important places in town were apparently quite luxurious. There seems to have been an attempt, especially in Syria and Iraq, to create a park or gardenlike atmosphere, to surround the patron with refreshing sights and sounds unlike those of either the city or the desert. Quite often there would be great lamps placed along the ceilings of the coffeehouses, because of their popularity at night, particularly at two times of the year: in summer, when the cool of the evening would draw people out; and in Ramadan,<sup>3</sup> when many would choose to break

their fasts with a cup or two, and when there were the most frequent performances by story-tellers.

⑤ It may seem that, in making the assumption that the coffeehouse sprang logically from the commercial need to sell the prepared beverage, we are overlooking another obvious possibility. One still finds in Istanbul and the cities of the Levant<sup>4</sup> street vendors who sell everything from kebabs and grilled fish to sour cherry juice and even water. Why was this type of sale not applied to coffee as well? Coffee, quite simply, has to be prepared and consumed in a particular manner, one that rules out a completely mobile operation. Coffee, particularly in the form in which it was and is drunk in the Middle East, must be served and drunk hot. European accounts emphasize that Arabs and Turks liked their brew very hot. If coffee is to be served at such a temperature, a strolling coffee vendor would not be able merely to prepare it in large quantities ahead of time and carry it around, selling it as he went, without some sort of elaborate apparatus for keeping it warm. Similarly, the customer cannot merely have a steaming cup of coffee put in his hands and be expected to swallow it down. Turkish coffee, when first poured, is full of powdery grounds which, left undisturbed, settle in about a minute into a thick mud at the bottom of the cup, leaving an inch and a half or so of clear coffee on top. This may well be what accounts for the fact that the Turks sip their coffee more slowly. All this is best accomplished with a stationary and relatively protected place of consumption. Coffee demands that you take your time.

⑥ If we grant that the tavern provided the most convenient model for those wishing to introduce coffee to the public at large, why then would people continue to frequent such shops once they became familiar with the methods of preparation? In the Middle Eastern context, we are speaking of a society without any significant restaurant culture. The inhabitants of the sixteenth-century Muslim city were, even by the standards of their contemporaries from Europe, short on dining spots. Eating outside the home was a habit alien to most.

⑦ The answer is not to be found solely in relation to the drink itself. It is likely that the owners of the coffeehouses successfully created the demand for a kind of taste which they, with their specialist skills, were best prepared to duplicate. Yet it is not primarily in this that we must look for the answer, but rather in the fact that the coffeehouse provided the sixteenth-century city resident with an excuse to do something that he obviously had a desperate urge to do: to get out of the house. One went to the coffeehouse not merely because one wished to drink coffee. One went to the coffeehouse because one wished to go out, to spend the evening in the society of his fellows, to be entertained, to see and be seen.

⑧ The coffeehouse, introduced out of commercial motives, given its general shape by imitation of taverns and considerations determined by its method of preparation, thrived because it catered to a real social need. The very fact that it offered something different, something which was indeed innovation, allowed it to take its place without disturbing already established patterns of life. It was in some way part of the proper life of a decent person to take his meals at home. If it had even occurred to somebody to establish such places where one went to have meals, it would have seemed very odd. But the coffeehouse in no way disrupted this aspect of life. Rather, it offered something extra, outside previous experience, and as such could fit into one's routine.

⑨ In the long run what kept the coffeehouse jammed was the fact that its facilities for sitting and having a cup offered the perfect setting for socializing with one's fellow patrons. This role of the coffeehouse as a center of social intercourse was clearly what fueled the controversy surrounding coffee. The moral question had nothing to do with what one drank in the coffeehouse, but rather with social anxieties concerning why one came, with whom one associated, and what one did alone or in groups in these places.

[Adapted from Ralph S. Hattox, *Coffee and Coffeehouses: The Origins of a Social Beverage in the Medieval Near East*, 1985]

注 <sup>1</sup>Sufi: イスラム教の神秘家; <sup>2</sup>Hijaz: ヒジャズ (サウジアラビアの西部地方); <sup>3</sup>Ramadan: 断食 (期間);

<sup>4</sup>Levant: レバント地方 (現シリア、レバノン、イスラエル、パレスチナ地域)

(1) Choose the best way to complete these sentences about paragraphs ① to ⑨.

1. In paragraph ① the writer states
2. In paragraph ② the writer states
3. In paragraph ③ the writer states
4. In paragraph ④ the writer states
5. In paragraph ⑤ the writer states
6. In paragraph ⑥ the writer states
7. In paragraph ⑦ the writer states
8. In paragraph ⑧ the writer states
9. In paragraph ⑨ the writer states
  - A that coffee in the Middle East is best enjoyed while stationary in a protected space.
  - B that coffee was brewed and sold at small shops in urban areas in order to encourage its popularity.
  - C that coffee was served warm at receptions in areas where it was first introduced.
  - D that coffeeshouses catered to a real social need.
  - E that coffeeshouses replicated urban and desert sounds and atmospheric conditions.
  - F that coffee's popularity in the 16th century arose in public places.
  - G that in the 16th-century Middle East, there were few restaurants where people could eat.
  - H that in the 17th and 18th centuries, coffee production and trade stimulated the Middle Eastern economy.
  - I that in the Hijaz and Egypt coffee did not become popular among all social classes until 1700.
  - J that people left the house because of the specialist skills of coffee makers.
  - K that people went to coffeeshouses in order to be seen by other people.
  - L that the small coffee shops that existed during the reign of Selim II still exist in Istanbul today.
  - M that there were social anxieties concerning what one did alone or in groups in coffeeshouses.
  - N that, thanks to Sufi connections, profit combined with religion in the coffee industry.

(2) Choose the best way to complete each of the following sentences.

- 1 The passage suggests that the commercial importation of coffee in Cairo, Istanbul, and other places in the Middle East began
  - A because merchants stopped buying coffee from India.
  - B thanks to the agency of Sufi connections.
  - C when merchants realized that profits could be made.
  - D when Yemenis took steps to preserve their monopoly.
- 2 The passage suggests that grand-style coffeeshouses were unlike coffee stalls and coffee shops
  - A because they allowed many customers to socialize together.
  - B because they were based on the model of the tavern.
  - C in that they replaced restaurant culture.
  - D in that they were large, well-lit and open until Ramadan.
- 3 The passage suggests that, in the Middle East, coffee
  - A has been at the center of debates concerning morality.
  - B is consumed quickly while hot.
  - C is frequently sold by street vendors.
  - D is sold like tea and cherry juice.

**II Answer the questions below after reading the following passage.**

① Imagine watching a train go by. You are looking for one face in the window. Car after car passes. If you become distracted or inattentive, you risk missing the person. Or, if the train picks up too much speed, the faces begin to blur and you can't see the one you are seeking. "That's what primary care medicine is like," Victoria Rogers McEvoy told me. McEvoy is a tall, lean woman in her fifties with short-cropped blond hair and steady eyes. She practices general pediatrics<sup>1</sup> in a town west of Boston. "It's much harder than finding the proverbial needle in a haystack, because the haystack is not moving. Each day there is a steady flow of children before your eyes. You are doing baby checks, examinations for school, making sure each child is up to date on his vaccinations. It can become routine and you stop observing closely. Then you have the endless number of kids who are irritable and have a fever, and it's almost always a virus or a throat infection. They can all blur. But then there's that one time it's a life-threatening disease."

② "The blessing of pediatrics, but also its curse, is that almost all of the children who come to the office turn out to be healthy or to have a minor problem," McEvoy continued. A blessing, of course, that the kids are fine, but a curse because the continual flow of minor problems can cause you to lose concentration. With that in mind, she asks herself one key question each time she sees a child, in essence the same question doctors who work in emergency rooms ask about each patient: Does he or she have a serious problem? "Every pediatrician<sup>2</sup> should consider that as soon as the child comes into the room." And because many of the patients are infants and small children who cannot communicate what they are feeling, "your powers of observation have to be particularly acute."

③ Essentially the doctor gets all the information from the parents, which means she has to consider both the parents' degree of familiarity with their child and their emotional reaction to the possibility that something is wrong. This reaction can be extreme: some parents deny the existence of a serious problem; others exaggerate what is normal because of their anxiety. Parents have reported that their child was lacking in energy and not eating, information that would trigger a high level of concern in the doctor; but with one glance she would see the child playing happily on the examining table and grinning. "The story was completely exaggerated, and you knew immediately that the kid was not seriously sick." Then there was the opposite, where a mother said that her baby felt a little warm but was otherwise okay. McEvoy was stunned to see the child breathing rapidly and lying weak in her mother's arms. The child had pneumonia. McEvoy, like all pediatricians, looks for certain key features. Does the child smile, play with toys, actively walk or crawl, or is she passive, not resisting when a medical instrument is placed on her chest?

④ Pattern recognition in pediatrics begins with behavior. And the art of pediatrics is to further study the child while simultaneously interpreting what the parents report. This combining of data, McEvoy said, is not a skill that comes from a textbook, because it requires a level of awareness by the doctor about his own feelings towards the family. While first impressions are often right, you have to be careful and always doubt your initial response. "It's a foolish pediatrician who does not listen closely to the parents and take seriously what they are saying," McEvoy said. "But you need to filter what they say with the child's condition." I told her the story of my first child, Steven. My wife, Pam, and I had returned from living in California to the East Coast. It was the July Fourth weekend, and we stopped in Connecticut to visit her parents. Steven was then nine months old, and had been irritable and not feeling well during the cross-country flight. When we arrived at Pam's parent's house, he was restless in his crib. We took him to an older pediatrician in the town; the doctor glanced at Steve and quickly dismissed Pam's worries that he was seriously ill. "You're over-anxious, a first-time mother," the pediatrician told her. "Doctor parents are like this." By the time we arrived in Boston, Steve was grunting and drawing his legs up to his chest. We rushed him to the emergency room of the Boston Children's Hospital. He had an obstruction in his intestines and required an operation immediately. Pam and I could only conclude that despite his many years in practice, the pediatrician in Connecticut had made a hasty judgment—that Pam was irrationally worried about her first-born child, not a reliable

reporter of a meaningful change in her baby's behavior and condition.

⑤ The pediatrician in Connecticut watched the train go by, hour after hour, day after day, year after year, for decades. I asked McEvoy, who had also been in practice for decades, "How do you keep your eyelids open?"

⑥ "I prepare myself mentally before each session," she replied, just as she used to prepare herself mentally before a competitive tennis match. In 1968, when she was in college, McEvoy was ranked third in the nation in tennis, and played at Wimbledon. As an athlete, she learned to focus her mind, to anticipate the unexpected spin, and not to become overconfident despite her expertise. But beyond the skill from sports, "you simply have to control the volume," she said. "And the truth is that most pediatricians stay afloat by seeing large numbers of children each day."

⑦ Before McEvoy took her current job, she worked in a busy group practice in another Boston suburb. At the time she had four children of her own at home. She spent each day tending to dozens of patients and their parents. "But it was the night calls that were killing me," she said. She was contacted every twenty or thirty minutes, and the calls continued until the next morning. If there was serious concern based on the telephone contact, then McEvoy returned to the office and saw the child, regardless of the hour. "After doing this for a few years, I was beginning to burn out. I just couldn't stand it." McEvoy found herself becoming irritable and bitter. "I was so exhausted from this hard schedule that at times I said things to parents that were rude and sharp, and later regretted saying them," she told me. "Pediatrics was no longer fun. Most worrisome, it affected my thinking. I would immediately assume that the parent was telephoning inappropriately. I was just so exhausted."

⑧ McEvoy left that practice. In the course of a day, a full-time pediatrician may see two dozen or more children. Now she limits the number of patients she will see in any single session, despite the pressure to schedule brief visits and maintain a high volume. Many doctors who provide primary care do this because they feel they cannot function properly otherwise. Some suffer a fall in income. Others move into administrative roles, seeing fewer patients but sustaining their income. McEvoy chose this last path. Her group is associated with Partners Healthcare and the Massachusetts General Hospital. This association largely fixed the problem of relentless night calls; the Partner group hired experienced pediatric nurses who take the phone calls at night. These nurses offer advice to the parents, but if a family insists on speaking directly to the doctor, then the doctor will be paged. "This is the only way to maintain one's sanity," McEvoy said. "And the care is much better, because the doctors are not burned out."

[Adapted from Jerome Groopman, *How Doctors Think*, 2007]

注 <sup>1</sup>pediatrics: 小兒科; <sup>2</sup>pediatrician: 小兒科医

(1) Choose the best way to complete the following sentences about paragraphs ① to ⑧. Do not use the same answer twice.

- 1 Paragraph ① describes
  - 2 Paragraph ② describes
  - 3 Paragraph ③ describes
  - 4 Paragraph ④ describes
  - 5 Paragraph ⑤ describes
  - 6 Paragraph ⑥ describes
  - 7 Paragraph ⑦ describes
  - 8 Paragraph ⑧ describes
- A the boredom of working in a small country medical practice in America.
  - B the danger of making quick decisions about a parent's ability to judge the seriousness of his or her own child's condition.
  - C the difficulty of noticing children who are seriously ill among the large number who are only suffering from minor problems.
  - D the fact that a mother can always tell intuitively when her own child is dangerously ill.
  - E the importance of being continually on the look out for signs of a serious disease in the children who are brought to see you.
  - F the necessity of judging the nature of the parent's response to the child's illness when considering the information they provide.
  - G the need for doctors to remain physically fit and strong in order to cope with their demanding work.
  - H the negative consequences of overwork on a doctor's performance when seeing patients.
  - I the problem of how to remain alert even after years of seeing a huge number of children.
  - J the similarities between the skills required in competitive sports and in working as a doctor.
  - K the way that unreasonable and demanding parents drive many doctors to seek different work.
  - L the way to solve the problem of the large number of parents who want their children to see a doctor in the night time.

(2) Choose the FOUR statements that agree with what the passage says.

- A Doctors need to be careful not to pay too little attention to what the parents of sick children tell them.
- B Dr. McEvoy admits that as a young doctor she tended to be overconfident when seeing patients.
- C Dr. McEvoy decided to quit her job when she found herself taking out her frustration on her own children.
- D It is easy for busy doctors to miss symptoms of minor illnesses such as sore throats and colds.
- E It is important for doctors to limit the number of patients that they see each day.
- F Now Dr. McEvoy no longer has to deal with calls at night from anxious parents.
- G One sign that a child is seriously ill is when he or she fails to respond to stimuli in their immediate environment.
- H Some doctors choose to earn less money in order to be able to provide a better service to their patients.
- I The anxiety that parents feel when their children are ill can lead them to take an aggressive attitude towards doctors.
- J The author describes an episode when he and his wife over-reacted to their own son's illness.

**WRITING SECTION**

**III Read the following English passage and briefly summarize the main points in Japanese. Write your answer within the box provided on the ANSWER SHEET.**

Ever since the early nineteenth century, when modern ideas of nationality first developed, there have been two quite different rules for deciding the nationality of a person. The first of these is known as *jus soli* (Latin for 'the law of the soil'). According to this, one's nationality depends upon where one is born. France, for example, traditionally followed this principle and so anyone born on French soil had the right to French nationality. The other rule is known as *jus sanguinis* ('law of blood') and was followed by Germany. According to this, your nationality was determined by who your ancestors were; if your parents were German, then wherever you were born, you were German too. As long as most people were born and lived in the same country as their parents, the difference between these two principles was not so important. But with the growth of migration, it has become more significant. Indeed, some countries, such as Britain, which used to follow the first principle, have now modified their laws to require one parent to be either British or closely connected to Britain. Germany, on the other hand, has changed its laws to allow people whose ancestors were not German to become German citizens.

**IV "When people succeed, it is because of hard work. Luck has nothing to do with success." Do you agree or disagree with the quotation above? Use specific reasons and examples to explain your positions in the box provided on the ANSWER SHEET.**

[以 下 余 白]



**LISTENING SECTION**

**All answers must be indicated on the MARK SHEET.**

**I Now listen to the lecture, which you will hear TWICE. Choose the most appropriate answer for each question based on the lecture, by indicating A, B, C, or D on the MARK SHEET.**

- 1 What is guano fertilizer?
  - A A substance containing nitrogen from plantation trees.
  - B Plankton brought by a current near the coast.
  - C The droppings of guanay birds collected from rocks.
  - D The remains of sea birds.
- 2 Guano fertilizer had been used by local people for farming for a long time because
  - A it contains nitrogen and other elements good for the soil.
  - B it could be used to feed tuna fish.
  - C there were no cheap alternatives on the mainland.
  - D they did not realize its value as an export.
- 3 Why was guano fertilizer important for Peru until around the 1930s?
  - A It helped to increase the number of livestock.
  - B It made Peruvian farmers rich.
  - C It was an alternative to chemical fertilizer.
  - D It was Peru's main export product.
- 4 People in Peru caught *anchovetas* because
  - A consumption of fish by local people rose.
  - B farmers used them to feed guanay birds.
  - C the price of guano began to fall.
  - D there were too many *anchovetas* in the sea.
- 5 What was the direct consequence of overfishing *anchovetas*?
  - A Lots of the guanay birds starved to death.
  - B More chemical fertilizers were produced.
  - C People began feeding chickens to pet animals.
  - D The guanay birds stopped producing guano.
- 6 What is the main point of the lecture?
  - A The danger of relying too much on one resource.
  - B The importance of understanding ecosystems in nature.
  - C The shifting place of Peru in the international economy.
  - D The way environmental changes affect ordinary people.

**II Listen to the following interview with a writer of books for teenagers. You will hear the interview ONCE. After hearing the interview ONCE, you will hear six questions. For each question, choose the most appropriate answer according to the interview, by indicating A, B, or C on the MARK SHEET. The questions will be read only ONCE.**

[以下余白]