

SCIENTIFIC ACHIEVEMENTS OF SHINSHU UNIVERSITY SCHOOL OF  
MEDICINE, SHINSHU UNIVERSITY GRADUATE SCHOOL OF MEDICINE,  
AND SHINSHU UNIVERSITY HOSPITAL

信州大学医学部医学科・大学院医学系研究科・医学部附属病院業績録  
No.51 (2022)



# 信州大学医学部業績録編集要項（抜粋）

（令和4年11月24日改正）

## 2. 収録対象

信州大学医学部医学科・大学院医学系研究科・医学部附属病院及び出版委員会で認められた施設等に所属する者（当該年に在籍した者全員）

## 3. 収録内容

収録対象は、本文が欧文で執筆された研究業績とし、次の3項目に分ける。

### 1) 論文

原著、綜説、展望、症例報告、速報、予報で、査読のある学術雑誌に発表のもの。  
学術集会記録（全国的又は世界的規模の集会記録で、原著論文と同様の内容もち、別刷が発行されているもの）

### 2) 著書

単行書、分担執筆。

### 3) その他

治療指針、トピックス、事典等、専門的知見にもとづき執筆された、論文形式の記事

ただし、以下のものは除外する。

- (イ) 学会発表の抄録（邦文、欧文を問わない。論文型式をとっていても学会発表に関するもの及び1頁ものの速報は抄録とみなす）
- (ロ) セミナー、シンポジウム、その他の講演のテキストないし記録。
- (ハ) 業務報告書（文部科学省、厚生労働省、その他助成機関への研究報告書）
- (ニ) 座談会記事。
- (ホ) 学会記。
- (ヘ) 論文形式をとらない質疑応答（Q and A）、問題集の解説、話題、グラビア等に類するもの。
- (ト) 新聞・週刊誌記事、教育に関する記事、人物紹介、書評、随筆など学術性が認められないもの。
- (チ) 著者表示が団体名で個人の著者性が認められないもの。

## 4. 収録期間

毎年1月～12月

## 6. 原稿の書き方

- 欧文雑誌名はNLM（U.S. National Library of Medicine）の省略法を用いる。
- 論文のCorresponding Authorが自教室に所属している場合は、その著者名にアスタリスク(\*)と下線を付ける。

SCIENTIFIC ACHIEVEMENTS OF  
SHINSHU UNIVERSITY SCHOOL OF MEDICINE,  
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信州大学医学部医学科・大学院医学系研究科・

医学部附属病院業績録

No. 51

( 2 0 2 2 )

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## Aging Biology

- 20220001 Cui X, Sawashita J, Dai J, Liu C, Igarashi Y, Mori M, Miyahara H, Higuchi K\* : Exercise suppresses mouse systemic AApoAII amyloidosis through enhancement of the p38 MAPK signaling pathway. *Dis Model Mech* 15: dmm049327, 2022.
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### Legal Medicine

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### Medicine I (Respirology, Infectious Disease & Allergology)

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## あ と が き

信州大学医学部医学科・大学院医学系研究科・医学部附属病院業績録第51号をお届けします。本業績録は2022年の1年間、各教室や部門における研究活動の成果として公表された論文をまとめたものです。普段あまり知る機会が無い、他の教室や部門の研究業績を確認できる貴重なものです。私も卒業後まもなくの頃、他の教室や部門のアクティビティを知り良い意味で刺激を受けたことを覚えておりますので、是非お役立てください。

ある統計によると2022年の自然科学分野論文数は、第1位中国、第2位米国、第3位インド、第4位ドイツ、第5位イギリス、第6位日本とのこと。以前の日本は第2位であったものの徐々に低下し、低迷が続いています。2020年度の信大医学部の英語論文数は543本で、2021年度は586本でした。残念ながら2022年度は561本とおそらく初めて減少に転じております。1972年度に発表された信州大学英語論文55本に比べると約10倍であります。今後の研究活動の低下が危惧されます。現状維持さらに増加に転じるように大学人の知的好奇心を、各教室や部門で育む必要があると思います。

研究は大学の使命の一つであり、その成果を論文という形で発表することは大学人の責務です。綿密な研究計画立案後にデータ収集して、論理的思考で解析して論文にまとめ、学術雑誌に発表するまでに、多大な労力と時間を要します。2024年4月より開始された医師の働き方改革によって、ますます研究活動時間の減少が予想されます。以前の若手研究者候補であった専攻医は、都会志向が強く地域の大学病院に残る人は少ない状況です。また働き方改革では、治療のための文献検索や研究はもちろん、その結果を発表する論文作成の時間も、労働時間では無く自己研鑽に分類しなければならない状況も予想されます。

今後ますます高度医療の推進、医療安全向上のために医師の労力や労働時間は増えることが予想され、研究や論文執筆の時間がいよいよ無くなりつつあります。タスクシフトや実験助手の雇用なども考慮されますが、いずれにせよ費用が発生するので即効性がありません。現在の状態のままでは、「自己研鑽」と称して診療業務後に「研究業務」を続けるか、医学部における研究活動が低下するかのどちらかになってしまうことが危惧されます。暗い内容になってしまいましたが、52号では明るい兆しが見える内容になることを祈念しております。

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信州大学医学部脳神経外科

堀内 哲吉

出版委員長：堀内哲吉

出版委員：梅村武司、福山哲広、岡本正則

医学部図書館：滝口智子

### 信州大学医学部医学科・大学院医学系研究科 ・医学部附属病院業績録 第51号

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