



Death & PMC

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| <p>1) The earliest diagnostic sign of death in the eye is:</p> <ul style="list-style-type: none">(a) Dilated (heed pupils.(b) Loss of corneal reflexes.(c) Loss of corneal luster.(d) Drop of ocular tension.(e) Loss of light reflex. | D |
| <p>2) Primary flaccidity is diagnosed best by:</p> <ul style="list-style-type: none">(a) Fixed hypostasis with drop colour.(b) Start of rigor mortis in muscles of the face.(c) Muscle response to electricity.(d) Beginning of putrefaction.(e) Complete rigor mortis. | C |
| <p>3) Postmortem lividity may NOT develop in case of:</p> <ul style="list-style-type: none">(a) Death due to CO and Cyanide poisoning.(b) Death due to congestive heart failure.(c) Sudden death from shock.(d) Death from drowning in running water.(e) Death after prolonged wasting illness (e.g. T.B.). | D |
| <p>4) Postmortem lividity is well marked with deep blue colouration in case of death due to:</p> <ul style="list-style-type: none">(a) Septicaemia.(b) Violent asphyxia.(c) Exposure to severe cold.(d) CO poisoning. | B |
| <p>5) In case of death during convulsions, rigor mortis appears rapidly due to:</p> <ul style="list-style-type: none">(a) Increased lactic acid production(b) Increased heat production(c) More depletion of ATP(d) Increased production of ATP.(e) Any of the above. | C |



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| 6) Rigor mortis appears first in: (a) Small muscles of the hand. (b) Sternomastoid muscle. (c) Orbicularis oculi muscles. (d) Rectus abdominis. (e) Quadriceps femoris. | C |
| 7) Postmortem Rigidity occur due to (a) Contraction of the muscles. (b) Dehydration of the body. (c) Depletion of ATP. (d) Freezing of body fluids. (e) Coagulation of the proteins of the muscles. | C |
| 8) Signs due to death of cerebral cortex include the following, EXCEPT (a) Flat EEG. (b) Lack of responsiveness to internal and external stimuli. (c) Absence of spontaneous respiration. (d) No muscular movement with generalized flaccidity. (e) Segmentation of blood in the retinal veins and cessation of circulation through the retina. | C |
| 9) Temporary flat EEG can follow: (a) Electrocutation. (b) Hypoglycaemia. (c) Encephalitis. (d) Narcotic and CO poisoning. (e) All of the above. | E |
| 10) The most exact time (period) for removal of an organ for transplantation is: (a) After molecular death. (b) Immediately after somatic death. (c) Between somatic and molecular death. (d) After cooling of the body. (e) After appearance of patches of hypostasis. | C |



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| <p>11) Heat loss after death is slower in the following conditions, EXCEPT:</p> <ul style="list-style-type: none">(a) Death due to sun stroke and pontine haemorrhage.(b) Death from tetanus and strychnine poisoning.(c) Death from haemorrhage and shock.(cl) Death due to acute bacterial and viral infections.(e) Death due to intense asphyxial conditions. | C |
| <p>12) In order to avoid mistakes in diagnosis of apparent death, the following must be done:</p> <ul style="list-style-type: none">(a) ECG.(b) EEG.(c) Clinical examination for brain stem reflexes.(d) Ophthalmologic examination for appearance of any early postmortem changes in the eye.(e) All of the above. | E |
| <p>13) Putrefaction is more rapid in the following conditions, EXCEPT:</p> <ul style="list-style-type: none">(a) Death from infective disease.(b) Death from congestive heart failure.(c) Death from haemorrhage.(d) In dead bodies recovered from water.(e) Death due to liver failure | C |
| <p>14) Putrefaction is retarded in the following conditions EXCEPT:</p> <ul style="list-style-type: none">(a) Death due to wasting diseases such as anemia(b) In air-tight coffins.(c) Death due lo acute arsenic poisoning.(d) Death due to haemorrhage.(e) Death due to congestive heart failure. | E |
| <p>15) After somatic death., the following are present, EXCEPT:</p> <ul style="list-style-type: none">(a) The muscles respond to electric stimuli.(b) The sperms are motile.(c) The liver enzymes will still working (active).(d) The heart is still beating.(e) The pupils dilate with instillation of atropine. | D |



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| 16) Apparent death may be associated with the following, EXCEPT: (a) Intact brain stem reflexes. (b) Segmentation of retinal veins. (c) Subnormal temperature. (d) Cerebral concussion. (e) Shock | B |
| 17) Diagnosis of death is based on the following: (a) Flat EEG for 6 hours. (b) Segmentation of retinal veins. (c) Absent brainstem reflexes. (d) Flat ECG. (e) All of the above. | E |
| 18) The following may occur 12 hours after death, EXCEPT: (a) Rigor mortis in hands and feet only. (b) Secondary flaccidity. (c) Offensive odour is detected. (d) Mottled hypostasis. (e) The meal is in the splenic flexure of the colon. | C |
| 19) The following is true regarding rigor mortis, EXCEPT: (a) It does not occur after heat stiffness. (b) It can affect the heart. (c) It starts 2 hours after death. (d) It does not develop in paralyzed muscles. (e) It occurs after cold stiffness. | D |
| 20) Regarding cadaveric spasm; all are true EXCEPT (a) it affects voluntary and involuntary muscles (b) it occurs in all deaths (c) there is no primary flaccidity (d) it starts in eye and facial muscles (e) none of the above | C |
| 21) During the first 12 hours after death, time of death can be best estimated by using information related to: (a) Extent of postmortem lividity. (b) Distribution of postmortem rigidity. (c) Extent of postmortem putrefaction. (d) Conductivity of tissues to electric current. | B |



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| <p>22) In a male, rigor mortis was found to be complete in all the body 8 hours after death; the victim died from one of the following:</p> <ul style="list-style-type: none">(a) cold(b) Strychnine poisoning.(c) Haemorrhage.(d) Reflex cardiac inhibition by vagal stimulation.(e) Bacterial or viral infection'. | B |
| <p>23) If the position of the dead body is changed before 6 hours, the site of the hypostasis is</p> <ul style="list-style-type: none">(a) Fixed in its original site.(b) Found in a new site.(c) Found in a new site as well as the original site.(d) Not seen (hypostasis disappeared completely). | C |
| <p>24) Correct and immediate diagnosis of death is essential in case of:</p> <ul style="list-style-type: none">(a) Hot weather.(b) Transportation of the body by plan.(c) Organ transplantation.(d) Increased humidity.(e) None of the above. | C |
| <p>25) Blood is clotted 8 hours after death in the following conditions, EXCEPT:</p> <ul style="list-style-type: none">(a) Sepsis.(b) Asphyxia.(c) Cerebral laceration.(d) Head trauma.(e) Wasting disease. | B |
| <p>26) Contact flattening remains until:</p> <ul style="list-style-type: none">(a) Hypostasis is complete.(b) Secondary flaccidity occurs.(c) Rigor mortis is complete.(d) Putrefaction begins.(e) None of the above. | D |
| <p>27) Putrefaction is delayed in:</p> <ul style="list-style-type: none">(a) Submersion under water.(b) Cachectic bodies.(c) Heart failure.(d) a and b.(e) b and c. | D |



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| 28) Putrefaction is rapid in: (a) Dehydration (b) Metallic poisoning (c) Starvation (d) Heart failure (e) Infants | D |
| 29) The most common cause of sudden death is: (a) cardiovascular diseases (b) pulmonary embolism (c) intracranial haemorrhage (d) perforated peptic ulcer (e) acute pneumonia | A |
| 30) Livor mortis: (a) Has different colour changes. (b) Shows extravasated blood that can't be washed. (c) Is present in most dependent parts of the body. (d) Has well-defined margins. (e) All of the above. | C |
| 31) The earliest sign of putrefaction is: (a) Foul nauseating smell. (b) Coarse putrefactive froth of offensive odour. (c) Greenish discolouration over the caecum. (d) Blackened protruded tongue. (e) Blotting of features. | C |
| 32) Putrefaction occurs more rapidly in the following conditions, EXCEPT: (a) Sepsis. (b) Heart failure. (c) Bodies recovered from water. (d) Ascites (e) Anaemia | E |
| 33) Definitive diagnosis of somatic death depends on: (a) Absent carotid pulse. (b) Cortical brain death. (c) Deep cyanosis. (d) Absent brainstem reflexes. (e) None of the above. | D |



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| 34) Transplantation: (a) The liver is taken within 30 minutes. (b) The kidney is taken within 15 minutes. (c) The heart is taken within 60 minutes. (d) The heart is taken within 6 minutes. (e) The kidney is taken within 50 minutes. | C |
| 35) Rigor mortis occurs after: (a) Secondary flaccidity. (b) Primary flaccidity. (c) ATP depletion. (d) b and c. (e) Heat stiffness | D |
| 36) Rigor mortis occurs first in: (a) Orbicularis oculi muscle. (b) Pectoralis major muscle. (c) Sternomastoid muscle. (d) Gracilis muscle. (e) Quadriceps muscle. | A |



General toxicology

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| <p>1) What is TOLERANCE?</p> <p>(a) Reaching the effect of the large dose after multiple small doses. (b) Small harmless doses of drugs produce severe symptoms. (c) Large dose of some poisons may not cause toxicity if previously given in repeated small doses. (d) When person has unusual reaction to certain drug. (e) Characteristic illness occurs on withdrawal of the drug.</p> | C |
| <p>2) What is CUMMULATION?</p> <p>(a) Reaching the effect of the large dose after multiple small doses. (b) Small harmless doses of drugs produce severe symptoms. (c) Large dose of some poisons may not cause toxicity if previously given in repeated small doses. (d) When person has unusual reaction to certain drug. (e) Characteristic illness occurs on withdrawal of the drug.</p> | A |
| <p>3) What is HYPERSENSITIVITY?</p> <p>(a) Reaching the effect of the large dose after multiple small doses. (b) Small harmless doses of drugs produce severe symptoms. (c) Large dose of some poisons may not cause toxicity if previously given in repeated small doses. (d) When person has unusual reaction to certain drug. (e) Characteristic illness occurs on withdrawal of the drug.</p> | B |
| <p>4) What is IDIOSYNCRASY?</p> <p>(a) Reaching the effect of the large dose after multiple small doses. (b) Small harmless doses of drugs produce severe symptoms/**' (c) Large dose of some poisons may not cause toxicity if previously given m repeated small doses. (d) When person has unusual reaction to certain drug. (e) Characteristic illness occurs on withdrawal of the drug.</p> | D |
| <p>5) Emesis is avoided in cases of:</p> <p>(a) Convulsions. (b) Ingestion of sharp objects. (c) Pregnancy. (d) Coma. (e) All of the above.</p> | E |



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| <p>6) The best method to avoid aspiration of the fluid during gastric lavage in a comatose patient is by:</p> <ul style="list-style-type: none">(a) Putting the head of the patient at lower level and at one side(b) Putting the patient in lateral position.(c) Introduction of cuffed endotracheal tube before lavage(d) Continuous suction of the fluid from the trachea.(e) None of the above. | C |
| <p>7) Single dose of activated charcoal for adsorption of the poison is:</p> <ul style="list-style-type: none">(a) One mg/kg B.W.(b) One gm/kg B.W.(c) 10 mg/kg B.W.(d) 10 gm/kg B.W.(e) 100 mg/kg B.W. | B |
| <p>8) Mydriasis, tachycardia and urinary' retention manifestations represent a toxidrome of toxicity with:</p> <ul style="list-style-type: none">(a) Tricyclic anti-depressants(b) Digitalis(c) Salicylates(d) Carbamates(e) Opiates | A |
| <p>9) Which of the following overdosed agents is NOT effectively eliminated by hemodialysis?</p> <ul style="list-style-type: none">(a) Salicylates(b) Iron(c) Lithium(d) Theophylline(e) Methanol | B |
| <p>10) Grade II coma "Reed's scale" is characterized by:</p> <ul style="list-style-type: none">(a) Intact reflexes with normal respiration(b) Intact reflexes with no response to pain(c) Absent reflexes with normal respiration(d) Absent reflexes, cyanosis and shock(e) Intact reflexes with verbal response | B |



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| <p>11) The following statement concerning decontamination of the poisoned patient is FALSE:</p> <ul style="list-style-type: none">(a) Syrup of Ipecac may be repeated if no emesis within 20 - 30 min(b) Gastric lavage is of limited utility in case of unknown ingestion(c) Activated charcoal alone is as effective as combination with gastric lavage(d) Cathartics may cause electrolyte derangements and dehydration(e) Whole bowel irrigation is of choice in drug filled packet toxicity | B |
| <p>12) All of the following are true, EXCEPT:</p> <ul style="list-style-type: none">(a) Toxicity is rapid in empty stomach.(b) Toxicity is delayed in full stomach.(c) Fat helps absorption of arsenic.(d) Potassium cyanide is not fatal in achlorhydria.(e) Excessive fluids delay toxicity. | C |
| <p>13) In emergency hospital, diagnosis of poisoning depends on all, EXCEPT:</p> <ul style="list-style-type: none">(a) History taking.(b) Clinical examination.(c) Laboratory investigation.(d) Toxicological analysis.(e) Postmortem examination. | E |
| <p>14) In history taking we ask the relatives about:</p> <ul style="list-style-type: none">(a) Time of last meal.(b) How much the patient has swallowed of poison.(c) Suicidal note.(d) Sensation of nausea.(e) Burning pain. | C |
| <p>15) All are systemic poisoning causing vomiting, EXCEPT:</p> <ul style="list-style-type: none">(a) Digitalis.(b) Opium.(c) Alcohol.(d) TCAs.(e) Organophosphorus. | D |
| <p>16) The following poison produces JAUNDICE:</p> <ul style="list-style-type: none">(a) Lead.(b) Cocaine.(c) HCN.(d) Paracetamol. | D |



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| 17) The following poison produces CYANOSIS: (a) Lead (b) Cocaine. (c) HCN. (d) Paracetamol. (e) Opium. | E |
| 18) The following poison produces FLUSHED SKIN: (a) Lead. (b) Cocaine. (c) Atropine. (d) Paracetamol. (e) Opium. | C |
| 19) The following poison produces CIRCUMORAL PALLOR: (a) Lead. (b) Atropine. (c) HCN. (d) Paracetamol. (e) Opium | A |
| 20) Multiple dose activated charcoal is very effective for adsorption of one of the following: (a) Iron. (b) Lithium. (c) Salicylates. (d) Lead. (e) Petroleum distillates. | C |
| 21) Naloxone acts in case of acute narcotic poisoning as: (a) Chelator. (b) Competitive. (c) Antagonist. (d) Inactivator. (e) None of the above. | B |
| 22) Chelators unite with absorbed poison to form: (a) Less soluble and less toxic substance. (b) Less soluble and non-excreted substance. (c) More soluble and more toxic substance. (d) More soluble, less toxic and easily excreted substance. (e) More toxic and non-excreted substance. | D |



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| <p>23) The most rapid danger in case of toxic coma is:</p> <ul style="list-style-type: none">(a) Pulmonary congestion.(b) Hypostatic pneumonia.(c) Shock and hypotension.(d) Falling back of the tongue.(e) Retention of urine. | D |
| <p>24) In haemodialysis, all of the following are true, EXCEPT:</p> <ul style="list-style-type: none">(a) It is suitable for high plasma poison concentration.(b) It is suitable for poisons having small molecular weight.(c) It is suitable for poisons having high protein binding.(d) It is effective for dialysis of alcohol and aspirin.(e) It is suitable for water soluble poisons. | C |
| <p>25) All of the following are true, EXCEPT:</p> <ul style="list-style-type: none">(a) Fatal dose is the smallest amount known to cause injury to an adult.(b) Gaseous poisons are absorbed very rapidly.(c) Inhalation route is the most rapid route of absorption.(d) In empty stomach, toxicity will be rapid.(e) Excessive fluids dilute the poison. | A |
| <p>26) All of the following are true, EXCEPT:</p> <ul style="list-style-type: none">(a) Fat helps absorption of phosphorus and arsenic.(b) Excessive fluids delay absorption of poisoning.(c) Liquids are absorbed more rapidly than solids.(d) Full stomach delays absorption of poisons.(e) Children are more liable to poison effect. | A |
| <p>27) All of the following are true, EXCEPT:</p> <ul style="list-style-type: none">(a) The quantity of poison has direct relation to the effect produced.(b) Fine powders are absorbed more rapidly than lumps.(c) Penicillin-induced anaphylaxis is an example of idiosyncrasy.(d) Vit K may cause haemolysis in some persons.(e) Old people are more liable to poison effects. | C |
| <p>28) PULSE is rapid in case of:</p> <ul style="list-style-type: none">(a) Atropine poisoning.(b) Parathion poisoning.(c) Acute Digitalis poisoning.(d) Mercury poisoning.(e) Opium poisoning. | A |



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| <p>29) Rapid RESPIRATION can occur in case of:</p> <ul style="list-style-type: none">(a) Opium poisoning.(b) Barbiturates poisoning.(c) Atropine poisoning.(d) Benzodiazepines poisoning.(e) Alcohol poisoning. | C |
| <p>30) Slow RESPIRATION can occur in all, EXCEPT:</p> <ul style="list-style-type: none">(a) Opium poisoning.(b) Barbiturates poisoning.(c) Atropine poisoning.(d) Benzodiazepines poisoning.(e) Alcohol poisoning. | C |
| <p>31) Quantitative toxicological assays are recommended at appropriate intervals in the following poisoning:</p> <ul style="list-style-type: none">(a) Cocaine(b) Acetaminophen(c) Opioids(d) Antidepressants(e) Warfarin | B |
| <p>32) The antidote of choice for beta-blockers toxicity is:</p> <ul style="list-style-type: none">(a) Glucagon(b) Flumazenil(c) Calcium gluconate(d) 4-methyl pyrazole(e) Methylene blue | A |
| <p>33) A comatose patient presented with absent reflexes, blood pressure 110/70 and normal breathing with respiratory rate: 26/min. This coma is grade:</p> <ul style="list-style-type: none">(a) 0(b) I(c) II(d) III(e) IV | D |



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| <p>34) A child has ingested one pill only and died, this could be due to toxicity with:</p> <ul style="list-style-type: none">(a) Digitoxin(b) Propranolol(c) Salicylates(d) Phenobarbital(e) Benzodiazepines | B |
| <p>35) An intoxicated patient suffering from chest crepitations. Which of the following is an indication for mechanical ventilation:</p> <ul style="list-style-type: none">(a) Increased air entry(b) R.R 15 cycles/min(c) Bluish lips & nails(d) PCO₂ is 50 mmHg(e) PO₂ is 70 mmHg | C |
| <p>36) Indications for ICU admission include one of the following:</p> <ul style="list-style-type: none">(a) Glasgow coma score 12(b) 1st degree heart block(c) Systolic BP is 80 mmHg(d) Pa CO₂ equals 55 mmHg(e) QRS duration is 0.12 seconds | D |
| <p>37) A cyanotic patient poisoned with aldicarb. The first line of treatment is:</p> <ul style="list-style-type: none">(a) Activated charcoal(b) Atropine infusion(c) Toxogenin infusion(d) Artificial respiration(e) Urgent tracheostomy | D |
| <p>38) Characteristic SMELL can be found in all, EXCEPT:</p> <ul style="list-style-type: none">(a) Opium poisoning.(b) Phenol poisoning.(c) CO poisoning.(d) Kerosene poisoning.(e) Cyanide poisoning. | C |



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| 39) Which of the following poisons can be identified by smell: (a) Benzodiazepines (b) Carbon monoxide (c) Barbiturates (d) Paracetamol (e) Methanol | E |
| 40) Multiple dose activated charcoal is indicated in the treatment of poisoning of the following: (a) Alcohols. (b) Salicylates. (c) Iron. (d) Caustics (e) Hydrocarbons | B |
| 41) Refractory arrhythmia in poisoned patient can be treated by: (a) Atropine (b) Lidocaine (c) Naloxone (d) Glucagon (e) Dobutamine | B |