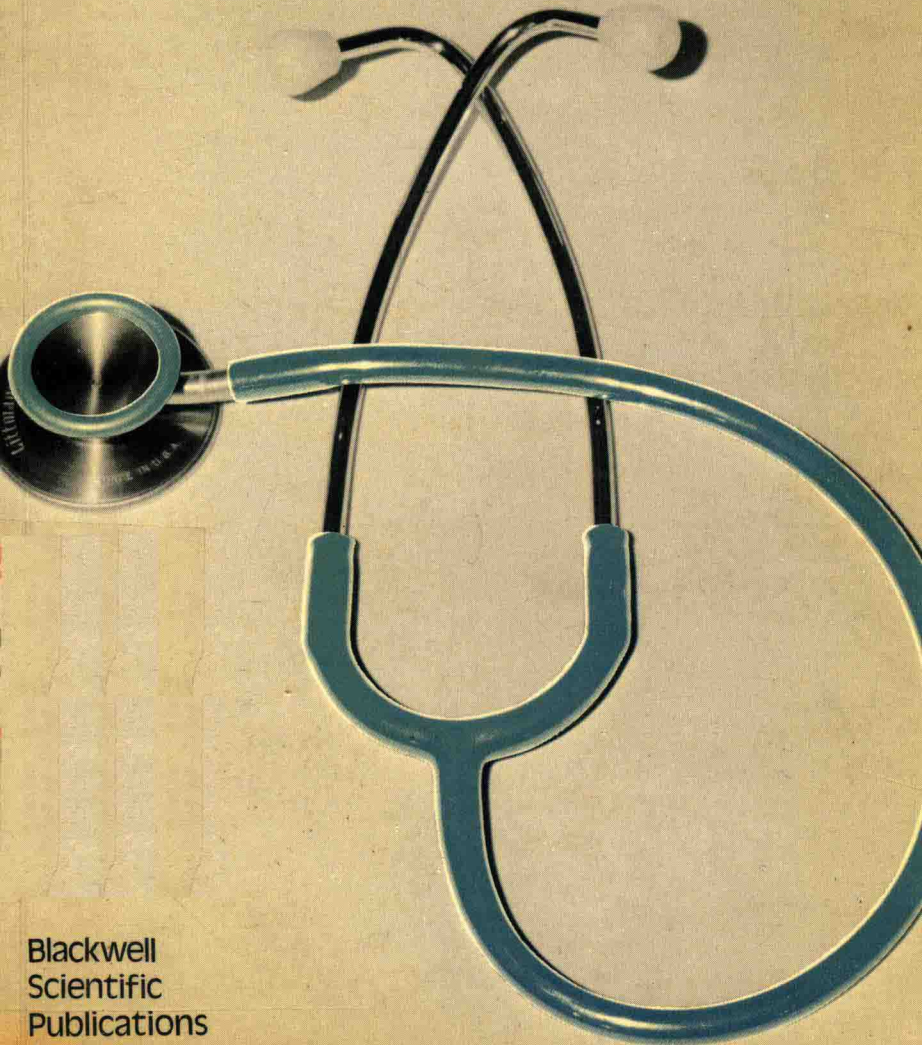


# **Multiple Choice Questions on Lecture Notes on Clinical Medicine**

David Rubenstein & David Wayne



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# **Multiple Choice Questions on Lecture Notes on Clinical Medicine**

**DAVID RUBENSTEIN**

MD MRCP (Lond.)

Physician

Addenbrooke's Hospital

**DAVID WAYNE**

MA BM FRCP (Ed.) MRCP (Lond.)

Physician

Northgate Hospital

Great Yarmouth

**BLACKWELL SCIENTIFIC PUBLICATIONS**

**OXFORD LONDON EDINBURGH MELBOURNE**

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Osney Mead, Oxford OX2 0EL  
8 John Street, London WC1N 2ES  
9 Forrest Road, Edinburgh EH1 2QH  
P.O. Box 9, North Balwyn, Victoria, Australia

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ISBN 0 632 00475 4

First published 1978

**British Library Cataloguing in Publication Data**

Rubenstein, David

Multiple choice questions on  
lecture notes on clinical medicine.

1. Pathology — Examinations, questions, etc

I. Title II. Wayne, David

616'.007'6      RB119

ISBN 0-632-00475-4

Distributed in the U.S.A. by

J. B. Lippincott Company, Philadelphia

and in Canada by

J. B. Lippincott Company of Canada Ltd., Toronto

Set by Preface Ltd., Salisbury, and

Printed and bound in Great Britain by

Billing and Sons Ltd., Guildford, London and

Worcester.

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## PREFACE

The chief use of Multiple Choice Questions (MCQs) is in revision and discussion. They can sharpen a student's jaded mind – there can be no self-deceiving excuses for a wrong answer after it has been written down. Thus unrecognised lacunae in knowledge can be discovered and corrected. Accordingly, we recommend that the student answer these questions on his own by *writing out* the answers to a whole block of questions. This is preferable to looking up the answer to each question one by one after making a half-hearted mental commitment. This also avoids spoiling the next question by inadvertently spotting the answers to it. It is best to discuss the answers in groups, preferably with a tutor. The merits and de-merits of alternative answers can then be discussed and the appropriate authorities checked in case of disagreement. If you do not like the answers given in this book, you will feel more secure in your disagreement if a whole group of doctors agrees with you. If you think we have made a mistake, please do write and tell us.

The case histories are included to provoke discussion of those topics which we feel benefit most from this approach. The answers given are a brief guide for those who are working on their own. They may help to generate some steam in group discussions – we do not claim that they are the only possible answers.

Reading textbooks is generally very boring and we hope that these questions will add a hint of enjoyment to the grind of study. Good luck – we hope you get all of them right.

January 1978

David Rubenstein  
David Wayne

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## PART ONE

1. **Bitemporal hemianopia can occur with :**
  - A Temporal lobe astrocytoma
  - B Craniopharyngioma
  - C Pinealoma
  - D Internal carotid aneurysm
  - E Pituitary tumour
  
2. **Sudden blindness occurs with:**
  - A Vitreous haemorrhage
  - B Choroido-retinitis of toxoplasmosis
  - C Temporal arteritis
  - D Glaucoma
  - E Neurosyphilis
  
3. **A small pupil is seen in:**
  - A Argyll Robertson pupil
  - B Third nerve palsy
  - C Holmes-Adie syndrome
  - D Meiotic drugs
  - E Mydriatic drugs
  
4. **The following are typical of Horner's syndrome:**
  - A Enophthalmos
  - B Anhydrosis
  - C Pupillary dilatation
  - D Ptosis

**5. Which of the following muscle innervations are correct:**

- A Biceps: C 3–4
- B Triceps: C 7
- C Iliopsoas: L 2/3
- D Sternomastoid: C 1–2
- E Deltoid in shoulder abduction: C 4–5

**6. Which of the following reflex innervations are correct:**

- A Knee jerk: L 3–4
- B Ankle jerk: L 5
- C Triceps jerk: C 6
- D Biceps jerk: C 5–6
- E Supinator jerk: C 7

**7. Which two of the following are the more common causes of paraesthesiae in the fingers:**

- A Multiple sclerosis
- B Cervical rib
- C Cervical spondylosis
- D Carpal tunnel syndrome
- E Vitamin B<sub>12</sub> deficiency

**8. Carpal tunnel syndrome occurs in:**

- A Syringomyelia
- B Pregnancy
- C Myxoedema
- D Rheumatoid arthritis
- E Gout
- F The contraceptive pill



9. Ulnar nerve lesions are characterised by:

- A Weakness of all the thenar muscles
- B Weakness of all the hypothenar muscles
- C Wrist drop
- D Sensory loss over thumb, index and middle fingers
- E Sensory loss over ring and little fingers

10. Ptosis:

- A May follow a partial 7th nerve lesion
- B Occurs in myotonia congenita
- C Occurs in myasthenia gravis
- D Is partial in lesions of the sympathetic nerves
- E May be congenital

11. Facial nerve palsy:

- A Movements of the forehead are retained if the upper motor neurone is involved
- B Is an early feature of acoustic neuroma
- C Occurs in Sarcoid
- D Occurs in Guillain-Barré syndrome
- E Occurs in poliomyelitis
- F Is associated with herpes zoster infection

12. Which of the following are true:

- A Pain and temperature tracts are ipsilateral to the dermatomes
- B Vibration sense is carried in the dorsal columns
- C Patients veer away from the side of cerebellar lesions
- D Dissociated anaesthesia is a feature of motor neurone disease
- E The tremor of Parkinson's disease improves on movement

- 13. The following are features of hypermetropia:**
- A Concave spectacle lenses
  - B Short sightedness
  - C Small optic disc on ophthalmoscopy
  - D Temporal pallor of the disc
  - E Absent ankle and sometimes knee jerks
- 14. Subacute combined degeneration of the cord is associated with:**
- A Damage to the dorso-lateral columns
  - B MCV of more than  $90\mu^3$
  - C Absent knee jerks
  - D Brisk ankle jerks
  - E Stocking anaesthesia to all modalities
- 15. Posterior uveitis is associated with:**
- A Inflammation of the choroid
  - B Diabetes mellitus
  - C Diabetes insipidus
  - D Sarcoidosis with normal calcium
  - E Sarcoidosis with high calcium
  - F Toxoplasmosis
- 16. Xanthelasma and xanthelasma-like lesions occur in:**
- A Hyperthyroidism
  - B Diabetes mellitus
  - C Pseudoxanthoma elasticum
  - D Primary biliary cirrhosis
  - E Hypercholesterolaemia
  - F Dermatomyositis

17. Cataracts are associated with:

- A Rubella
- B Hyperparathyroidism
- C Dystrophia myotonica
- D Chloramphenicol
- E Diabetes mellitus
- F Hypothyroidism
- G Chloroquine

18. Very large spleens are typically found with:

- A Infectious hepatitis
- B Pernicious anaemia
- C Myelofibrosis
- D Chronic myeloid leukaemia
- E Long standing cirrhosis

19. In which of the following is ascites usually present on clinical examination:

- A Left ventricular failure
- B Cirrhosis of the liver
- C Intraabdominal Hodgkin's disease
- D Nephrotic syndrome
- E Carcinoma of the uterus

20. Unconjugated hyperbilirubinaemia is characteristic of:

- A Gilberts' syndrome
- B Dubin-Johnson syndrome
- C Rotor syndrome
- D Haemolytic anaemia
- E Chronic active hepatitis

21. Jaundice with pale stools and dark urine is characteristic of:

- A Infectious hepatitis
- B Carcinoma of the pancreas
- C Hepatoma
- D Glandular fever hepatitis
- E Primary biliary cirrhosis
- F Chlorpromazine jaundice

22. In obstructive jaundice of the elderly the following may help distinguish between the causes:

- A Bilirubin level
- B Alkaline phosphatase
- C  $\alpha$ -feto-protein
- D Serum albumin
- E Prothrombin time
- F Mitochondrial antibody estimation

23. Which of the following may cause dysphagia:

- A Achalasia of the cardia
- B Motor neurone disease
- C Myaesthesia gravis
- D Parkinson's disease
- E Syringomyelia
- F Carcinoma of the stomach

24. The following are typical presenting features of achalasia of the cardia:

- A Mediasternal widening on chest X-ray
- B Retrosternal pain with acid regurgitation
- C Recurrent pneumonia
- D Dysphagia initially with solids more than liquids
- E Weight loss

25. **Diarrhoea may occur with:**
- A Pernicious anaemia
  - B Diabetes mellitus
  - C Sarcoidosis
  - D Lincomycin
  - E Thyrotoxicosis
  - F Carcinoid syndrome
26. **Which of the following are likely to cause acute abdominal pain and rectal bleeding in the elderly:**
- A Haemorrhoids
  - B Ischaemic colitis
  - C Diverticular disease
  - D Ulcerative colitis
  - E Carcinoma of the colon
  - F Carcinoma of the head of the pancreas
27. **Haemoptysis occurs characteristically in the following:**
- A Tuberculosis
  - B Pulmonary sarcoidosis
  - C Mitral stenosis
  - D Bronchial adenoma
  - E Polyarteritis nodosa
  - F Bronchiectasis
28. **The following characterise fibrosing alveolitis:**
- A Low FEV/FVC ratio
  - B Normal FEV/FVC ratio
  - C High  $PaCO_2$
  - D Low  $PaCO_2$
  - E Low  $PaO_2$

29. **Central cyanosis characteristically occurs with:**
- A Over 5 g/100 ml reduced haemoglobin
  - B Pulmonary aspergillosis
  - C Status asthmaticus
  - D Congenital pulmonary stenosis
  - E Polycythaemia rubra vera
  - F Multiple pulmonary emboli
30. **In cor pulmonale the following signs are characteristic:**
- A Immediate blowing diastolic pulmonary murmur
  - B Quiet pulmonary second sound
  - C Left parasternal diffuse heave
  - D Hepatomegaly
  - E Large 'v' wave in JVP.
31. **Methamoglobinaemia is caused by:**
- A Aspirin
  - B Phenacetin
  - C Phenylbutazone
  - D Shoe polish
  - E Primaquine
  - F Clindamycin
32. **The following commonly occur in left ventricular failure:**
- A Paroxysmal nocturnal dyspnoea
  - B Fine bilateral basal crepitations
  - C Right-sided pleural effusion
  - D Reversed splitting of the second sound
  - E Splenomegaly
  - F Pansystolic murmur at the apex
33. **Reduced arterial pulse volume (and pressure) are found in:**
- A Atrial septal defect
  - B Pulmonary stenosis
  - C Mitral stenosis
  - D Patent ductus arteriosus
  - E Pericardial tamponade

34. **Increased pulse volume occurs in:**
- A Syphilitic aortic incompetence
  - B Rheumatic mitral incompetence
  - C Mitral incompetence immediately following myocardial infarction
  - D Atrial septal defect
  - E Paget's disease
35. **Atrial fibrillation is a typical feature of:**
- A Ischaemic heart disease
  - B Friedereich's ataxia
  - C Amyloid
  - D Thyrotoxicosis
  - E Mitral stenosis
  - F Constrictive pericarditis
36. **A prominent 'a' wave may suggest:**
- A Atrial flutter with changing block
  - B Tricuspid incompetence
  - C Ventricular septal defect
  - D Pulmonary stenosis
  - E Pulmonary hypertension
  - F Complete heart block
37. **A prominent 'v' wave may suggest:**
- A Atrial flutter with changing block
  - B Tricuspid incompetence
  - C Ventricular septal defect
  - D Pulmonary stenosis
  - E Pulmonary hypertension
  - F Complete heart block
38. **The following are typical of mitral stenosis:**
- A Mid-diastolic rumbling murmur
  - B Opening snap just following the first sound
  - C Loud first sound
  - D Recurrent chest infection
  - E Relative reduction in blood flow to apices of the lung

**39. In aortic coarctation:**

- A Patients are always under 40 at presentation
- B Cyanosis may result if untreated
- C The murmur may be best heard between the scapulae
- D Radio-femoral delay is associated with scapular anastomosis
- E Hypertension is invariably reversed by surgery

**40. In rheumatic aortic stenosis:**

- A The pulse volume is reduced
- B There is a pansystolic apical murmur
- C The aortic second sound is 'clicking' in character
- D There is a thrill at the base of the heart

**41. In sub-valvar aortic stenosis:**

- A The arterial pulse character is 'slow rise and fall'
- B The murmur radiates to the neck
- C The aortic second sound is normal
- D  $\beta$ -blocking agents may be helpful

**42. In the ECG:**

- A Left axis deviation may occur in right bundle branch block
- B The upper limit of the QRS complex is 0.12 sec
- C The 'p' mitrale is best seen in the central chest leads
- D The PR interval varies normally with heart rate
- E Left bundle branch block is not usually pathological

**43. The following are true:**

- A Delta waves occur in hypothyroidism
- B 'U' waves are seen in hypokalaemia
- C The 'T' waves are peaked in hyperkalaemia
- D 'J' waves suggest hypocalcaemia
- E Digitalis toxicity causes ST elevation
- F The QT interval is increased in hypercalcaemia



44. The following are useful in the treatment of acute pulmonary oedema:

- A Posture
- B Oxygen
- C Frusemide
- D  $\beta_2$  stimulants
- E  $\beta_1$  blockers
- F Aminophylline
- G Heroin

45. Which of the following commonly cause iron deficiency anaemia:

- A Thallasaemia major
- B Sickle cell anaemia
- C Menorrhagia
- D Ankylostoma duodenale
- E Ascaris lumbricoides

46. Macrocytic anaemia is associated with:

- A MCV of 80–86 c
- B MCV of 86–96 c
- C MCV of 96–106 c
- D Folic acid deficiency
- E Chronic liver disease
- F Chronic renal disease
- G Primidone therapy

47. Megaloblasts:

- A Are present in large numbers in the marrow in  $B_{12}$  deficiency
- B Are normally present in insignificant numbers in the marrow
- C Have polychromatic multilobed nuclei
- D Are associated with leucopenia and thrombocytopenia