

1200 MCQs IN MEDICINE

EDITED BY

P. R. FLEMING

FOREWORD BY

JOHN MACLEOD

CHURCHILL LIVINGSTONE

1200 MCQs in Medicine

A supplement to
Macleod's CLINICAL EXAMINATION and
DAVIDSON'S PRINCIPLES AND PRACTICE OF MEDICINE

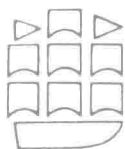
Edited by

P.R. Fleming

MD, FRCP, DHMSA,
Senior Lecturer in Medicine,
Westminster Medical School;
Consultant Physician, Westminster Hospital,
London

Foreword by J.G. Macleod

MB, ChB, FRCP (Ed.),
Lately Chairman of University Department
of Medicine, Western General Infirmary,
Edinburgh



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Foreword

The study of textbooks, and teaching by question and answer along time-honoured Socratic lines, continue to provide the main methods of learning for most of us, with audio-visual aids giving further refinement more recently. I therefore welcomed the suggestion made by Dr Fleming and his colleagues that *Davidson's Principles and Practice of Medicine* and *Clinical Examination*, both of which I edit, should be supplemented by the publication of a book of multiple choice questions.

Well constructed MCQs are internationally accepted as an efficient method for the assessment of knowledge and can be used for this purpose both by examining bodies and by individuals; for the latter they also provide a valuable adjunct to learning. Furthermore I visualised receiving constructive feedback from the authors which would benefit the parent textbooks. My expectations have been met fully in all regards. Dr Fleming and his team, with much expertise and care, have produced a wide range of questions specifically designed to test the knowledge and skills of the reader in regard to the fundamentals of the practice of medicine.

Edinburgh, 1980

J. MacL

Preface

Most parents will be familiar with requests from their children to 'hear my homework' and will have felt obliged to listen, book in hand, to a stumbling recitation of *The Charge of the Light Brigade* or a list of French irregular verbs. Tedious as this exercise undoubtedly is, the child's request is, nevertheless, based upon the sound principle that assessment immediately after a period of learning consolidates the knowledge acquired and allows both teachers and taught to proceed to their next task with confidence.

It is upon this principle that the multiple-choice questions in this book have been prepared; its purpose is to allow those who read the two standard textbooks on which it is based—*Davidson's Principles and Practice of Medicine* and *Macleod's Clinical Examination*—to determine whether they have retained the information acquired in their reading and, if this is not the case, to point clearly to the areas in which revision is required. The questions contain material which is all dealt with in either 'Davidson' or 'Macleod' and they can be answered either by direct reference to statements in those books or, occasionally, by a reasonable inference from such statements. The authors confess to having been tempted, from time to time, to include items which were not referred to in the texts but they are confident that they have successfully resisted this temptation and believe that, had they not done so, much of the value of this book would have been lost.

Most of the questions are arranged according to the corresponding chapters of 'Davidson' or 'Macleod' and refer to material all of which can be found in the appropriate chapter; they can, therefore, be attempted immediately after that chapter has been read. All of the questions in this section are of the Independent True/False type. The questions which are not arranged in this way include some which refer to more than one chapter of either of the books; many are in the Independent True/False format but some are of the One-from-Five type and others are in the format known as Relationship Analysis in which knowledge of factual statements and of the causal relationships between them is tested.

The authors are well aware of the need to avoid ambiguity in multiple-choice questions and, having had a fair amount of experience in this area, have applied the usual rules in their construction. In some cases, however, it has been possible, by virtue of the close correspondence between the questions and the statements in the textbooks to which they refer, to avoid the somewhat stilted English which may be necessary to render multiple-choice questions completely clear and unambiguous.

No one, least of all the authors of this book, would suggest that facility in answering multiple-choice questions guarantees sufficient knowledge, in the widest sense, for the practice of medicine. The manipulation of information needed for the understanding of pathophysiological processes and the solution of diagnostic and therapeutic problems can rarely be tested thoroughly by the multiple-choice technique; the modest aim of this book is to help students increase the efficiency with which they acquire the factual knowledge on which medical practice is based.

London, 1980

P.R.F.

Advice to readers

The questions in this book have been set primarily as an aid to learning although they will, of course, be useful to those who are preparing specifically for an examination in which MCQs play a part. To use them to their best advantage you should read a chapter in one of the textbooks and then attempt the appropriate questions. Reference to the Answer Key will allow you to check your accuracy and where you find that you have incorrectly identified an item as True or False you should immediately refer back to the original text to see how your error has arisen. The discipline of immediately searching for information is advocated not on account of a puritanical idea that hard work is good for everyone but because the authors believe that this is an efficient way of acquiring and retaining information.

The questions in Part Two are not arranged under chapter numbers (although they do run in parallel with the texts) and are designed for general revision. In this part you should pay special attention to the different question formats used and, in particular, must not confuse the questions of the Independent True/False type with those in the One-from-Five format. If you wish to use this part as a trial examination paper, two hours would be a reasonable period of time to allow yourself for its completion.

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PART ONE

In this part the questions are of the Independent True/False type. Any number of items, or all or none of them, may be correct. The questions are arranged according to the chapters of (1) Macleod's *Clinical Examination* (Questions 1-250) and (2) Davidson's *Principles and Practice of Medicine* (Questions 251-1100).

Section 1

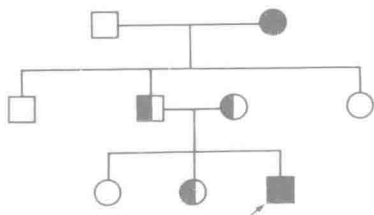
MCQ on Macleod's *Clinical Examination*

CHAPTER ONE

1

During the interrogation of a patient

- A a history of joint pains may be suppressed if there is a family history of rheumatoid arthritis
- B it is important to put leading questions early to the elderly
- C his account should be kept to essentials by frequent tactful interruptions
- D vague terms such as 'indigestion' should be avoided in the systemic enquiry
- E it is important to remember that he may have been deliberately misled by his previous doctors



2

From the pedigree chart above the following conclusions can be drawn:

- A The patient in whom the disease was observed was a male
- B The patient's parents were heterozygotic for the disease
- C The patient's uncle and aunt were normal
- D The patient's maternal grandfather was normal
- E The patient's paternal grandmother had the disease

3

Detailed enquiry about a patient's present and past occupations is important because

- A he may have to be advised to change his job
- B it is advisable to divert his attention from his symptoms from time to time
- C frequent change of employment may indicate an inadequate personality
- D some diseases may be directly due to his occupation
- E advice on rehabilitation may be modified by his leisure pursuits

4

During a consultation

- A it may be helpful for the clinician to make a dispassionate appraisal of the effect the patient has on him
- B a clinician who receives an apparently sexual invitation from a patient should immediately transfer that patient to the care of a colleague
- C the distress of a hysterical patient may be masked by apparent unconcern
- D a patient's emotional problems should be discussed in the presence of a third person
- E note-taking by the clinician may have an inhibiting effect on the patient when personal matters are being discussed

5

It is particularly helpful to obtain information from a third party if the patient is believed to be suffering from

- A epilepsy
- B diabetes mellitus
- C anorexia nervosa
- D deficiency of vitamin C
- E dementia

6

During a physical examination

- A** the sequence of the examination should be the same as that in which the findings will be recorded
- B** observer errors are likely to occur except in the simplest observations such as localisation of the apex beat
- C** the patient should be in a semi-reclining position throughout
- D** it is wise to record the blood pressure towards the end of the examination
- E** it may sometimes be advisable to start the examination at a point remote from the site of the patient's complaint

7

The following statements are correct:

- A** When a patient is found to be hypersensitive to a drug, the fact should be recorded prominently on the front of the case notes
- B** A single diagnosis can nearly always explain a patient's symptoms and signs
- C** An attempt should be made to make a provisional diagnosis as early as possible in the clinical examination
- D** In most circumstances case notes should be brief and record the positive findings only
- E** The majority of patients dislike talking to students, however sympathetic they are

CHAPTER TWO

8

During a psychiatric interview the clinician should

- A** encourage the patient with expressions of sympathy or approval as seems appropriate
- B** allow the patient to tell his own story even if it seems that he is following a 'blind alley'
- C** never convey moral censure
- D** make a note of his own questions as well as of the patient's answers
- E** avoid asking the patient about suicide intentions until he is sure the patient is not depressed

9

Retardation of social growth and identity-formation in the late teens may be manifested by

- A** difficulty in deciding on a career
- B** fears about homosexuality
- C** formation of a close relationship with a person of the opposite sex
- D** over-dependence on parents
- E** rebellion against parental authority

10

Hallucinations

- A** are a recognised feature of alcoholism
- B** only occur in patients with some disturbance of consciousness
- C** are sensations perceived by the patient in the absence of an actual stimulus
- D** in a solitary aloof patient suggest that he has a personality disorder
- E** imply that the causative psychiatric disorder is irreversible

11

A patient should be suspected of having an intellectual defect if

- A** his speech shows lack of the expected connection between phrases
- B** he is unable to say where he is
- C** he cannot remember what he had for breakfast
- D** he cannot do simple arithmetic
- E** he displays unwarranted optimism and elation

12

One should suspect a patient of having a schizoid personality if he

- A** habitually exaggerates
- B** is very emotional
- C** shows a craving for attention
- D** is very shy
- E** is easily upset by disturbance of his routine

13

The following statements about psychoneurosis are correct:

- A** Insight is impaired
- B** The patient may be morbidly sorrowful to the extent of depressing the clinician also
- C** The patient may complain of somatic symptoms
- D** The patient may be helped by the communication of his experiences to the doctor
- E** The illness typically 'comes out of the blue'

CHAPTER THREE

14

Pain-producing substances which have been identified experimentally include

- A** histamine
- B** adrenaline
- C** acetyl-choline
- D** calcium ions
- E** hypertonic saline

15

Abdominal pain may arise from

- A** the skin when it is tightly stretched over massive ascites
- B** ischaemic bowel
- C** the congested parenchyma of the liver in acute cardiac failure
- D** acute distension of the splenic capsule
- E** spasm of the ureter

16

The pain of peptic ulcer

- A** is well localised in the epigastrium
- B** may occasionally be referred to the right shoulder tip
- C** is usually said to have a 'heavy' or 'crushing' quality
- D** is made worse by bending forwards
- E** is relieved by alkalis in half to one hour

17

The pain of myocardial ischaemia

- A** can usually be differentiated from retrosternal pain due to other lesions by its character
- B** is regularly induced by exercise
- C** may be felt in the lower jaw and tongue only
- D** does not usually last for more than a few seconds
- E** characteristically occurs in attacks with pain-free intervals lasting weeks or months

18

Typically, headaches due to

- A psychological causes are felt over the frontal and occipital regions
- B migraine are preceded by visual disturbances
- C hypertension are often present on waking
- D frontal sinusitis are worst in the evening
- E migraine occur at regular and predictable times

19

Syncope

- A on exertion could well be due to aortic stenosis
- B on standing up could well be due to vertebro-basilar arterial disease
- C following movements of the head could well be due to a hypersensitive carotid sinus reflex
- D followed by a facial flush is probably an Adams-Stokes attack
- E in a recumbent patient is very unlikely to be a vasovagal attack

20

Loss of consciousness with little or no warning could be

- A a vasovagal attack
- B an Adams-Stokes attack
- C grand mal
- D temporal lobe epilepsy
- E cataplexy

21

Recognised features of temporal lobe epilepsy include

- A prodromal flashes of light
- B the 'déjà vu' phenomenon
- C hallucinations of smell
- D involuntary movements involving one limb
- E automatism

22

Recognised causes of epilepsy include

- A intracranial tumour
- B renal failure
- C a prolonged paroxysm of coughing
- D excessive consumption of LSD
- E hypoglycaemia

23

Decreased pulmonary compliance is the main cause of dyspnoea in

- A left ventricular failure
- B massive pulmonary embolism
- C emphysema
- D myasthenia gravis
- E extensive pulmonary consolidation

24

In a patient suffering from paroxysmal nocturnal dyspnoea, the following signs would favour asthma rather than left ventricular failure:

- A basal crepitations
- B raised jugular venous pressure
- C expiratory rhonchi in the absence of other signs
- D central cyanosis early in the attack
- E hypotension

25

Likely causes of an acute attack of dyspnoea associated with chest pain include

- A spontaneous pneumothorax
- B myocardial infarction
- C massive intrapleural haemorrhage
- D bronchial asthma
- E massive pulmonary embolism

26

It is probable that a subcutaneous mass is malignant if it

- A is fixed to the skin
- B has a clearly defined edge
- C is 'stony' hard
- D is tender on palpation
- E is pulsatile

27

The following statements are correct:

- A Brown pigmentation in the skin over a swelling is suggestive of an aneurysm
- B The pain due to erosion of bone by a tumour is often worst at night
- C A friction rub may be heard over a large thyroid
- D A cystic swelling is likely to show transillumination
- E The surface of a simple goitre is usually smooth

28

A raised protein concentration in the interstitial fluid is an important factor in the genesis of the oedema of

- A** acute glomerulonephritis
- B** angio-oedema
- C** nephrotic syndrome
- D** kwashiorkor
- E** congenital lymphangiectasis

29

The hydrostatic pressure

- A** is much higher in the glomerular than in the pulmonary capillaries
- B** at the venous end of a capillary is higher than that at the arterial end
- C** in the capillaries of the face exceeds the plasma oncotic pressure when the subject is recumbent
- D** in the capillaries of the feet rises in hot weather
- E** is higher than normal in the capillaries of a limb of which the lymphatic drainage is blocked

30

Oedema due to hypoproteinaemia results from

- A** cirrhosis of the liver
- B** chronic pancreatitis
- C** acute glomerulonephritis
- D** repeated paracentesis of the abdomen
- E** nephrotic syndrome

31

Pitting oedema

- A** may not be clinically detectable until the extra-cellular fluid volume has increased by 10 per cent or more
- B** develops more quickly in a paralysed limb of the bedridden patient than in his normal limbs
- C** in cardiac failure is mainly due to the rise in venous pressure
- D** develops in all normal subjects from time to time
- E** is a characteristic feature of myxoedema

CHAPTER FOUR

32

During a consultation a doctor should

- A** refrain from making observations of the patient's demeanour until he has taken a full history
- B** match his attitude to that of the patient
- C** remember that general inspection is less important in the examination of an infant than in that of an adult
- D** be prepared to modify the routine of his examination according to the circumstances of the case
- E** pay particular attention to the patient's posture in bed

33

The complexion of a patient

- A** should be assessed in daylight
- B** may be affected by dietary habit
- C** is independent of the tone in the vessels of the subpapillary venous plexuses
- D** is a reliable guide to the presence of anaemia
- E** may alter as a result of chronic renal failure

34

Melanin pigmentation of the skin

- A** may be patchily reduced in autoimmune disease
- B** can be absent as a result of a genetically determined enzyme defect
- C** is typically reduced in amount in pregnancy
- D** is less obvious in scars than in normal skin in Addison's disease
- E** is increased in haemochromatosis

35

Involuntary movements of the hands may occur in the absence of organic disease of the central nervous system as a consequence of

- A** renal failure
- B** respiratory failure
- C** hepatic failure
- D** hypothyroidism
- E** chronic alcoholism

36

Halitosis

- A is usually recognised by the patient before anyone else
- B may be caused by atrophic rhinitis
- C contrary to popular belief, is not associated with gingivitis
- D has a particularly offensive odour in a case of gastrocolic fistula
- E can always be explained if sufficient care is taken

37

Loss of appetite is an important cause of weight loss in

- A anxiety
- B diabetes mellitus
- C progressive lipodystrophy
- D thyrotoxicosis
- E gastric carcinoma

38

Dehydration

- A is easily overlooked
- B is best assessed by looking at the tongue
- C will not cause lowering of the blood pressure in an adult until about five litres of fluid have been lost
- D can be inferred from packed cell volume even if the patient's previous state of health is unknown
- E rarely affects the patient's weight

39

When taking a patient's temperature, it should be remembered that

- A rectal temperature is about one degree lower than axillary temperature
- B rectal readings are more reliable than recordings from the mouth
- C an increased oral temperature may follow a hot bath
- D feeling the patient's skin provides quite a reliable indication of fever if the thermometer is not available
- E the ordinary clinical thermometer does not read below 35°C

40

Loss of scalp hair is a recognised feature of

- A fungus infection
- B hypogonadism
- C hypopituitarism
- D myotonic dystrophy
- E hepatic cirrhosis

41

Swelling of the eyelids is a recognised feature of

- A meningitis
- B acute glomerulonephritis
- C hyperthyroidism
- D trichinosis
- E glaucoma

42

Painful inflamed cracks at the corners of the mouth (angular stomatitis) may be due to

- A infection with *Candida albicans*
- B epithelioma
- C the use of lipstick to which the patient is hypersensitive
- D iron deficiency
- E riboflavin deficiency

43

Abnormalities of the gums may be seen in patients with

- A scurvy
- B epilepsy under treatment
- C amyloidosis
- D acromegaly
- E chronic lead poisoning

44

The following statements about the tongue are correct:

- A Failure of protrusion may be due to modesty in the absence of organic disease
- B Central cyanosis is better assessed by inspecting the tongue than the fingertips
- C A geographical tongue is due to Vitamin B deficiency
- D Leukoplakia is a less significant finding than excessive furring
- E Patients, observing their own circumvallate papillae, may believe they have cancer of the tongue

45

Aphthous ulcers of the mouth

- A are painless
- B occur in crops
- C are usually due to a spirochaete which can be seen on examination of a smear
- D never leave a scar when healed
- E often occur in patients with ulcerative colitis

46

Ulceration of the buccal mucosa is a recognised feature of

- A measles
- B chicken pox
- C secondary syphilis
- D haemochromatosis
- E agranulocytosis

47

When examining the thyroid

- A moderate flexion of the neck facilitates palpation of the gland from in front
- B tenderness of a goitre suggests the possibility of thyroiditis
- C immobility of the gland is only suggestive of carcinoma if the goitre is very large
- D a bruit over the gland usually implies hyperthyroidism
- E x-rays are unlikely to add to the clinical findings unless stridor is present

48

When the presence of a carcinoma of the breast is suspected

- A the patient should be lying flat on a couch throughout the examination
- B it is easier to see 'tethering' of the skin if the breast is gently elevated by hand
- C palpation with the flat of the hand reduces the diffuse nodularity of fibrocystic disease
- D examination of the axilla is of little importance once a lump in the breast has been discovered
- E biopsy should rarely be needed if clinical examination is sufficiently thorough

49

Excessive sweating occurs in patients with

- A cystic fibrosis
- B acute hypoglycaemia
- C Horner's syndrome
- D hyperthyroidism
- E severe pain

50

Findings which may lead towards a precise dermatological diagnosis include

- A a history of having purchased a new wristwatch
- B a history of contact with animals
- C the presence of scratch marks
- D a dry surface with bleeding points after removal of the epidermis
- E the presence of genital lesions

51

Vesicular or bullous skin lesions are caused by

- A herpes simplex
- B herpes zoster
- C barbiturate poisoning
- D scabies
- E Phthyrus pubis (crab louse) infestation

52

Erythema nodosum

- A gives rise to painful lesions on the legs
- B is associated with scleroderma
- C is a recognised feature of sarcoidosis in the adult
- D may be produced by sulphonamides
- E may be confused with dermatitis artefacta

53

The following statements about primary skin disorders are correct:

- A Psoriasis may involve the joints
- B The skin cannot be moved over a sebaceous cyst
- C Neurofibromas are usually associated with scattered patches of brown pigmentation
- D Melanomas are only pigmented when they are very malignant
- E The port wine stain type of angioma may lose its colour

54

Recognised features of heroin addiction include

- A thrombosed veins
- B hepatitis
- C dilated pupils
- D a tendency to feign illness
- E tremor on withdrawal of the drug

CHAPTER FIVE

55

In a patient with known heart disease

- A the three cardinal manifestations to be sought are pain, dyspnoea and oedema
- B the history contributes principally to the making of the anatomical diagnosis
- C an absence of symptoms excludes serious disease
- D dyspnoea on effort is unequivocal evidence of cardiac failure
- E a history of momentary jabs of pain at the cardiac apex is unrelated to the cardiac lesion

56

Cardiovascular conditions which may lead to acute pulmonary oedema include

- A tricuspid incompetence
- B myocardial infarction
- C left atrial myxoma
- D massive pulmonary embolism
- E aortic stenosis

57

The pain of angina pectoris is characteristically

- A felt maximally over the left chest
- B stabbing in quality
- C aggravated by hot weather
- D relieved in 2-3 seconds by rest
- E accompanied by dyspnoea

58

In cardiovascular disease a possible cause of

- A jaundice is impairment of hepatic function
- B brassy cough is tracheal compression by a hypertrophied right ventricle
- C oedema is a fall in renal blood flow
- D impairment of vision is a persistently high jugular venous pressure
- E pain in the back is massive left atrial enlargement