

PHARMACY

Commissioned Corps

RESERVE

CONFIDENTIAL—Not to be shown to unauthorized persons in or out of the Public Health Service.

Make no marks on this booklet.

Enter this number (805) on answer card. Refer to instructions on next page.

This examination constitutes part of the basis for evaluating your application. Take it seriously and do your best.

Prepared by the Professional Examination Service of the American Public Health Association in collaboration with the Research and Development Branch, Division of Research and Standards, Office of Personnel.

INSTRUCTIONS TO THE CANDIDATE

You have been given three cards on which you will record in pencil certain identifying information and your answers to the examination questions. Card 1 is buff, Card 2 is yellow, and Card 3 is green. READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT ANY INFORMATION ON THESE CARDS.

Card 1 (buff): First, print your name and Social Security Number in the blanks provided in the upper left corner of Card 1. Also, in the appropriate blank, print the three-digit Test Number which you will find on the cover of this examination booklet. Now draw a circle around the corresponding number which appears in the column directly below each digit of your Social Security Number and of your Test Number. Circle the current date (month and year) on Card 1. DO NOT ERASE on these cards. If you make a mistake in circling at any time on the cards, cross out (X) the wrong circle and then circle the correct answer.

Cards 2 (yellow) and 3 (green): Print your name and Social Security Number on these cards and circle the corresponding numbers as you did on Card 1.

The examination consists of 150 questions, each of which has multiple-choice answers. There is only one correct answer for each question. It is important that you make some choice for each question even if you must guess. Since rights only are scored, you are not penalized by an incorrect choice.

Note the arrangement on the cards of the area in which you are to circle your choice of answer to each question (the last five sections separated by black lines on the right). Card 1 is to be used for Questions 1 through 60. Card 2 is for Questions 61 through 120, and Card 3 is for Questions 121 to the end of the test. The small numbers centered above each block of the digits 1 through 5 correspond to the numbered questions in this booklet. Notice that each question, with its five alternative answers, is numbered in sequence reading down each column.

When you are ready to begin the examination, read the question, decide on your answer, and circle the corresponding number on the appropriate card. Remember that if you change your mind about a circle, cross out (X) the wrong circle. Do not erase it.

* * * * *

WHEN YOU HAVE FINISHED THE EXAMINATION, READ THE INSTRUCTIONS ON THE LAST PAGE OF THIS BOOKLET.

1. THE BASIS OF ALL TYPES OF EXECUTIVE CONTROL OF FISCAL OPERATIONS IS THE:
 1. ACCOUNTING SYSTEM.
 2. PRE-AUDIT.
 3. POST-AUDIT.
 4. FLOW CHART.
 5. TIME AND COST STUDY.

2. A BUDGET IS DEFINED AS A:
 1. PLAN FOR THE EXPENDITURE OF FUNDS.
 2. FINANCIAL PLAN WHICH FACILITATES THE ALLOCATION OF EXPENDABLE MONIES.
 3. PLAN DESIGNED TO INDICATE THE COST OF A PROGRAM AT THE END OF A YEAR.
 4. PREARRANGED FINANCIAL PLAN OF OPERATION FOR A PROPOSED PERIOD OF TIME.
 5. PLAN WHICH RECORDS THE SOURCES OF ALL INCOME.

3. ALL OF THE FOLLOWING FACTORS APPEAR UNDER THE 'CONDITIONS OF PARTICIPATION FOR HOSPITALS' EXCEPT:
 1. FACILITIES FOR STORAGE AND SUPERVISION OF PHARMACY.
 2. POLICIES TO CONTROL THE USE OF TOXIC AND DANGEROUS DRUGS.
 3. NURSING STATION MEDICATION INSPECTIONS AT EACH NURSING STATION MEDICATION CENTER.
 4. COMPETENT PERSONNEL AND A PHARMACY AND THERAPEUTICS COMMITTEE.
 5. RECORDS AND DISPOSITION OF DRUGS.

4. IT IS ESTIMATED THAT THERE ARE IN THE UNITED STATES ABOUT 9,000,000 CASES OF DISEASE X AND 700,000 CASES OF DISEASE Y. THIS WOULD DEFINITELY INDICATE THAT:
 1. THERE ARE ABOUT 13 CASES OF DISEASE X FOR EVERY ONE OF DISEASE Y.
 2. THE CHANCES OF ACQUIRING DISEASE X FROM BIRTH ON ARE ABOUT 13 TIMES AS GREAT AS THEY ARE FOR ACQUIRING DISEASE Y.
 3. THE CRUDE INCIDENCE RATE FOR DISEASE X IS ABOUT 13 TIMES THAT FOR DISEASE Y.
 4. THE MORTALITY RATE FOR DISEASE X MUST BE GREATER THAN THAT FOR DISEASE Y.
 5. DISEASE X CANNOT BE PREVENTED, WHEREAS DISEASE Y CAN BE PREVENTED.

5. UNDER THE FEDERAL DRUG ABUSE CONTROL AMENDMENTS OF 1965, PHARMACISTS ARE PROHIBITED FROM REFILLING PRESCRIPTIONS FOR THE DESIGNATED DRUGS MORE THAN:
 1. TWO TIMES OR MORE THAN THREE MONTHS AFTER THE PRESCRIPTION WAS ISSUED.
 2. THREE TIMES OR MORE THAN FOUR MONTHS AFTER THE PRESCRIPTION WAS ISSUED.
 3. FOUR TIMES OR MORE THAN FIVE MONTHS AFTER THE PRESCRIPTION WAS ISSUED.
 4. FIVE TIMES OR MORE THAN SIX MONTHS AFTER THE PRESCRIPTION WAS ISSUED.
 5. SIX TIMES OR MORE THAN FIVE MONTHS AFTER THE PRESCRIPTION WAS ISSUED.

6. INVENTORY RECORDS OR FIGURES ARE NECESSARY AND USEFUL FOR ALL OF THE FOLLOWING PURPOSES EXCEPT FOR:
 1. DETERMINING MARK-UP.
 2. PREPARING A BALANCE SHEET.
 3. DETERMINING LOSS IN EVENT OF FIRE.
 4. FIGURING TURNOVER RATE.
 5. DETERMINING PROFIT.

7. WHICH ONE OF THE FOLLOWING ITEMS IS NOT DETERMINABLE SOLELY FROM THE PROFIT AND LOSS STATEMENTS AND BALANCE SHEETS OF A PHARMACY?
 1. LIFE EXPECTANCY OF NEW TYPES OF EQUIPMENT.
 2. COSTS OF OPERATING.
 3. TREND OF SALES.
 4. ADEQUACY OF GROSS PROFIT MARGINS.
 5. SUCCESS OR FAILURE OF MARK-UP POLICIES.

8. WHICH ONE OF THE FOLLOWING 'FINANCIAL RATIOS' SERVES TO INDICATE 'STOCK TURN'?
 1. CURRENT ASSETS VS. CURRENT LIABILITIES.
 2. CURRENT ASSETS VS. FIXED ASSETS.
 3. COST OF GOODS SOLD VS. MERCHANDISE INVENTORY.
 4. NET SALES VS. EXPENSES.
 5. NET SALES VS. FIXED ASSET INVENTORY.

9. UNDER MEDICARE, STANDARD E (PHARMACY OR DRUG ROOM) REQUIRES THAT THE MEDICAL STAFF OF A PARTICIPATING HOSPITAL ESTABLISH A DEFINITE POLICY REGARDING THE:
 1. HANDLING OF P.R.N. PRESCRIPTIONS.
 2. USE OF TOXIC OR DANGEROUS MEDICATIONS THAT ARE NOT SPECIFICALLY PRESCRIBED AS TO TIME OR NUMBER OF DOSES.
 3. HANDLING OF STAT ORDERS.
 4. USE OF OXYTOXICS THAT ARE TO BE ADMINISTERED PARENTERALLY.
 5. HANDLING OF MEDICATION ORDERS THAT HAVE BEEN GIVEN BY TELEPHONE.

10. A SUPPLIER OFFERS ON AN ITEM A TRADE DISCOUNT OF 10 PER CENT PLUS 5 PER CENT PLUS 2 PER CENT. WHAT IS THE PHARMACIST'S NET COST IF HE AVAILS HIMSELF OF ALL DISCOUNTS WHEN THE ITEM CARRIES A LIST PRICE OF \$10?
1. \$5.03
 2. \$5.59
 3. \$8.38
 4. \$8.70
 5. \$9.04
11. A COMPANY IS OFFERING 20 VIALS FREE WITH EVERY 100 VIALS BOUGHT AT THE REGULAR PRICE. THIS IS EQUIVALENT TO A DISCOUNT PER VIAL OF:
1. 12 1/2 PER CENT.
 2. 15 PER CENT.
 3. 16 2/3 PER CENT.
 4. 20 PER CENT.
 5. 22 1/5 PER CENT.
12. THE MEDICARE ACT STATES UNDER STANDARD B (PHARMACY OR DRUG ROOM SERVICE) ALL OF THE FOLLOWING REQUIREMENTS EXCEPT THAT:
1. SPECIAL LOCKED SPACE BE PROVIDED TO MEET THE LEGAL REQUIREMENTS FOR STORAGE OF NARCOTICS, ALCOHOL, AND OTHER PRESCRIBED DRUGS.
 2. DRUGS BE ISSUED TO FLOOR UNITS IN ACCORDANCE WITH APPROVED POLICIES AND PROCEDURES.
 3. IF THERE IS A PHARMACY, EQUIPMENT BE PROVIDED FOR THE COMPOUNDING AND DISPENSING OF DRUGS.
 4. DRUG CABINETS OR NURSING UNITS BE ROUTINELY CHECKED BY THE PHARMACIST AND ALL FLOOR STOCKS BE PROPERLY CONTROLLED.
 5. ALL NURSING STATION MEDICATION CENTERS HAVE VISIBLY POSTED ENGLISH METRIC CONVERSION CHARTS.
13. WHEN IS A DRUG NO LONGER CONSIDERED TO BE IN AN INVESTIGATIONAL STATUS?
1. WHEN THE HOSPITAL COMMITTEE ON THERAPEUTIC AGENTS HAS APPROVED IT FOR USE.
 2. WHEN THE CHIEF PHARMACIST OF THE HOSPITAL, AFTER REVIEWING PUBLISHED CLINICAL DATA ON THE PREPARATION, HAS APPROVED IT FOR USE.
 3. WHEN THE NATIONAL PROPRIETARY ASSOCIATION HAS APPROVED IT FOR SALE.
 4. WHEN A NEW DRUG APPLICATION HAS BEEN EFFECTED BY THE FOOD AND DRUG ADMINISTRATION.
 5. WHEN THE MANUFACTURER HAS RELEASED IT FOR USE IN MORE THAN ONE HOSPITAL.

14. REGULATIONS NUMBER 5, COVERING THE NARCOTICS ACT, DIRECTS ANYONE WISHING A RULING ON A NARCOTICS PROBLEM TO WRITE TO THE:
1. U.S. ATTORNEY GENERAL, WASHINGTON, D.C.
 2. COMMISSIONER OF NARCOTICS, WASHINGTON, D.C.
 3. STATE BOARD OF MEDICINE.
 4. STATE BOARD OF PHARMACY.
 5. NARCOTIC DISTRICT SUPERVISOR.
15. A PHARMACY REGISTERED IN CLASSES III AND V WISHES TO RETURN NARCOTICS TO THE FIRM FROM WHICH THE SUPPLY WAS OBTAINED. THIS MAY BE ACCOMPLISHED PROVIDED THAT THE:
1. TRANSACTION IS RECORDED AND SWORN TO BEFORE A NOTARY.
 2. TRANSACTION IS WITNESSED BY A PERSON DULY AUTHORIZED BY THE COLLECTOR.
 3. TRANSACTION IS WITNESSED BY AN INSPECTOR OF THE STATE BOARD OF PHARMACY.
 4. ORIGINAL SUPPLYING FIRM (LICENSEE) ISSUES THE USUAL OFFICIAL NARCOTIC ORDER FORM.
 5. PHARMACY OBTAINS A RECEIPT.
16. THE SALE OF ENOVID-E TABLETS IS CONTROLLED PRIMARILY BY THE:
1. PHARMACIST.
 2. DURHAM-HUMPHREY AMENDMENTS.
 3. DRUG ABUSE CONTROL AMENDMENTS OF 1965.
 4. DANGEROUS DRUG ACT OF 1952.
 5. McGUIRE ACT.
17. A HOSPITAL CANNOT USE TAX-FREE ETHYL ALCOHOL TO PREPARE:
1. FLAVORING EXTRACTS.
 2. STERILIZING FLUIDS.
 3. TINCTURES.
 4. TISSUES FOR PATHOLOGICAL EXAMINATIONS.
 5. ELIXIRS.
18. FOR ADEQUATE PUBLIC HEALTH PROTECTION AND FOR COMPLIANCE WITH THE FEDERAL FOOD, DRUG, AND COSMETIC ACT, DRUGS WHICH CONTAIN BARBITURIC ACID, CARBROMAL, PARALDEHYDE, BROMAL, OR ALPHA-EUCAINE ARE CONSIDERED MISBRANDED UNLESS THE LABEL BEARS THE NAME AND QUANTITY OF SUCH SUBSTANCES AND A STATEMENT THAT READS:
1. 'POISON.'
 2. 'WARNING, MAY BE HABIT FORMING.'
 3. 'CAUTION - NOT TO BE GIVEN TO CHILDREN.'
 4. 'CAUTION - TO BE DISCONTINUED WHERE SKIN ERUPTION HAS OCCURRED AFTER TAKING THIS PREPARATION.'
 5. 'CAUTION - NOT TO BE GIVEN TO AGED INDIVIDUALS.'

19. WHICH ONE OF THE FOLLOWING DRUGS IS NOT CONTROLLED BY THE FEDERAL DRUG ABUSE CONTROL AMENDMENTS OF 1965?
1. ALURATE.
 2. AMINOPHYLLINE.
 3. DEXTROAMPHETAMINE.
 4. NEMBUTAL SODIUM.
 5. DEXAMYL.
20. A PHARMACIST COLLECTS THE EXCESS SAMPLES OF MANUFACTURERS' PRODUCTS FROM FOUR LOCAL PHYSICIANS. HE OPENS SAMPLES OF THE IDENTICAL ANTIBIOTIC AND PLACES THE CONTENTS IN A COMMON CONTAINER, LARGE ENOUGH TO HOLD MORE THAN THE 258 CAPSULES HE HAS COLLECTED. HE TRANSFERS A MANUFACTURER'S LABEL FROM AN EMPTY 100-SIZE BOTTLE TO THE LARGER CONTAINER, CROSSES OUT THE '100' AND WRITES '258' ABOVE IT. THE 100-SIZE BOTTLE IS THE LARGEST ONE DISTRIBUTED BY THE MANUFACTURER. ACCORDING TO FOOD AND DRUG ADMINISTRATION POLICIES AND PRACTICES, THE CONTENTS OF THE STOCK BOTTLE IS CONSIDERED TO BE:
1. FALSELY ADVERTISED BECAUSE THE MANUFACTURER'S LITERATURE AND ADVERTISING STATES SPECIFICALLY THAT THE PRODUCT IS AVAILABLE ONLY IN BOTTLES OF 100 EACH.
 2. ADULTERATED BECAUSE THE CONTENTS WERE CONTAMINATED DURING THE TRANSFER OF THE CAPSULES FROM THE SAMPLE BOTTLES TO THE COMMON CONTAINER.
 3. MISBRANDED BECAUSE THE STOCK BOTTLE IS LARGER THAN NEEDED TO HOLD ITS CONTENTS AND THE LABEL IS THEREFORE FALSE AND MISLEADING IN A MATERIAL RESPECT.
 4. MISBRANDED BECAUSE THE NEW CONTAINER FAILS TO BEAR THE NAME OF THE DISTRIBUTOR ACCORDING TO THE LABELING REQUIREMENTS OF THE FOOD AND DRUG ACT.
 5. MISBRANDED BECAUSE THE CAPSULES ARE NOT FROM A BATCH FOR WHICH A CERTIFICATE OR RELEASE ISSUED PURSUANT TO LAW IS IN EFFECT.
21. SULFONAMIDES ARE BELIEVED TO OWE THEIR BACTERIOSTATIC ACTION TO THE RELATIONSHIP EXISTING BETWEEN THEIR MOLECULAR STRUCTURE AND THAT OF:
1. THIAMINE.
 2. 8-HYDROXYQUINOLINE.
 3. PARA-AMINOBENZOIC ACID.
 4. PYRITHIAMINE.
 5. SALICYLIC ACID.

MAKE NO MARKS IN THIS BOOKLET

22. WHICH ONE OF THE FOLLOWING IS THE SULFONAMIDE OF CHOICE FOR PREOPERATIVE PREPARATION OF THE BOWEL?
1. SULFAMERAZINE.
 2. SULFATHALIDINE.
 3. ACETAZOLEAMIDE.
 4. SULFISOXAZOLE.
 5. SULFADIAZINE.
23. THE MOST COMMON SIDE EFFECT ENCOUNTERED WITH THE USE OF PENICILLIN IS:
1. BLOOD DYSCRASIAS.
 2. SKIN RASH DUE TO ALLERGIC RESPONSE.
 3. EIGHTH CRANIAL NERVE DAMAGE.
 4. RENAL IRRITATION.
 5. JAUNDICE DUE TO LIVER DAMAGE.
24. NYSTATIN IS OFTEN COMBINED WITH TETRACYCLINE BECAUSE THIS COMBINATION IS SAID TO:
1. REDUCE THE DOSAGE OF TETRACYCLINE NEEDED BY ONE-HALF.
 2. WIDEN THE SPECTRUM OF TETRACYCLINE TO INCLUDE THE VIRUSES.
 3. PREVENT SECONDARY FUNGUS INFESTATIONS IN THE INTESTINE.
 4. PREVENT INVADING BACTERIA FROM BECOMING RESISTANT TO TETRACYCLINE.
 5. RAISE THE KIDNEY THRESHOLD FOR TETRACYCLINE EXCRETION.
25. THE ANTIBIOTIC OF CHOICE TO TREAT TYPHOID IS:
1. AUREOMYCIN.
 2. CHLOROMYCETIN.
 3. PENICILLIN.
 4. TETRACYCLINE.
 5. ERYTHROMYCIN.
26. THE DRUG OF CHOICE FOR TREATMENT OF SYPHILIS IS:
1. TETRACYCLINE.
 2. AUREOMYCIN.
 3. PENICILLIN.
 4. ERYTHROMYCIN.
 5. STREPTOMYCIN.

27. A MAJOR ADVANTAGE OF LIVE POLIOVIRUS VACCINE OVER INACTIVATED VACCINE IS THAT:
1. CHANCES OF A PARALYTIC REACTION ARE LESSENER.
 2. A LOCALIZED INTESTINAL RESISTANCE IS PRODUCED.
 3. BOOSTER DOSES NEED NOT BE GIVEN.
 4. THE CORRECT DOSE CAN BE DETERMINED MORE ACCURATELY.
 5. PROTECTION AGAINST TYPE 11 IS INCREASED.
28. WHICH ONE OF THE FOLLOWING STATEMENTS ABOUT DIGITOXIN IS NOT CORRECT?
1. IT IS OBTAINED FROM DIGITALIS PURPUREA AND DIGITALIS LANATA.
 2. IT IS QUICKLY ELIMINATED AND NONCUMULATIVE WHEN ADMINISTERED ORALLY.
 3. IT IS THE LONGEST ACTING OF THE DIGITALIS GLYCOSIDES.
 4. IT IS AN EXTREMELY POISONOUS CARDIOTONIC AGENT.
 5. IT IS USUALLY PRESCRIBED IN A DOSAGE ABOUT 1/1000 OF THE PARENT DRUG, DIGITALIS LEAF.
29. LSD, A DERIVATIVE OF THE ERGOT ALKALOIDS, MAY BE CLASSIFIED, IN ACCORDANCE WITH ITS MAIN PHARMACOLOGIC EFFECT, AS:
1. A MIOTIC.
 2. A HALLUCINOGEN.
 3. A CYCLOPLEGIC.
 4. A PSYCHIC ENERGIZER.
 5. AN OXYTOCIC.
30. EXCEPT IN EXTREMELY CRITICAL CLINICAL SITUATIONS, THE USE OF RADIOPHARMACEUTICALS SHOULD BE AVOIDED IN PATIENTS:
1. SUFFERING FROM CHRONIC MYELOGENOUS LEUKEMIA.
 2. WITH DIABETES.
 3. WITH SUSPECTED SUBDURAL HEMATOMA.
 4. WITH HEART DISEASE.
 5. UNDER 18 YEARS OF AGE.
31. WHEN SMALL DOSES OF CERTAIN DRUGS TAKEN REPEATEDLY FOR SOME TIME CAUSE SYMPTOMS WHICH ARE MUCH MORE MARKED THAN THOSE THAT FOLLOW THE FIRST DOSE, THE RESPONSE IS DUE TO:
1. ACUTE TOLERANCE.
 2. CUMULATIVE ACTION.
 3. ACQUIRED TOLERANCE.
 4. ANAPHYLAXIS.
 5. TACHYPHYLAXIS.

MAKE NO MARKS IN THIS BOOKLET

32. WHEN THE COMBINED ACTION OF TWO DRUGS IS GREATER THAN THAT WHICH CAN BE ANTICIPATED FROM THE SUM OF THEIR INDIVIDUAL ACTIONS, THE DRUGS ARE SAID TO SHOW:
1. TACHYPHYLAXIS.
 2. SUMMATION.
 3. ANTAGONISM.
 4. POTENTIATION.
 5. CUMULATION.
33. AN AGENT USED PRIMARILY FOR THE DIAGNOSIS OF PHEOCHROMOCYTOMA IS:
1. PHENOXYBENZAMINE HCl (DIBENZYLINE).
 2. PIPENZOLATE METHYLBROMIDE (PIPTAL).
 3. PIPERIDOLATE HCl (DACTIL).
 4. PIPERAZINE CITRATE (ANTEPAR).
 5. PHENTOLAMINE (REGITINE).
34. PILOCARPINE PRODUCES ITS PARASYMPATHOMIMETIC EFFECTS BY:
1. STIMULATING POSTGANGLIONIC CHOLINERGIC NEURO-EFFECTORS.
 2. STIMULATING POSTGANGLIONIC ADRENERGIC NEURO-EFFECTORS.
 3. INHIBITING CHOLINESTERASE IRREVERSIBLY.
 4. STIMULATING MOTOR END PLATES.
 5. BLOCKING THE SYMPATHETIC NERVOUS SYSTEM, THUS PERMITTING THE PARASYMPATHETIC SYSTEM TO PREDOMINATE.
35. PARALYTIC ILEUS MAY BE OVERCOME BY THE INCREASE IN PROPULSIVE INTESTINAL MOTILITY BROUGHT ABOUT BY THE ANTICHOLINESTERASE ACTION OF:
1. NEOSTIGMINE.
 2. DIBENAMINE.
 3. PILOCARPINE.
 4. METHACHOLINE.
 5. BENODAINÉ.
36. WHICH OF THE FOLLOWING DRUGS IS CAPABLE OF PRODUCING ALL THE FOLLOWING SIDE REACTIONS: BLURRED VISION, XEROSTOMIA, MYDRIASIS, TACHYCARDIA, CONSTIPATION, AND URINARY RETENTION?
1. PHYSOSTIGMINE SALICYLATE.
 2. MORPHINE SULFATE.
 3. EPHEDRINE SULFATE.
 4. PILOCARPINE HYDROCHLORIDE.
 5. ATROPINE SULFATE.

37. A DOG IS ANESTHETIZED AND PROPER ARRANGEMENTS ARE MADE FOR RECORDING ARTERIAL BLOOD PRESSURE. THE INTRAVENOUS INJECTION OF AN UNKNOWN DRUG PRODUCES A MARKED FALL IN BLOOD PRESSURE, WHICH RETURNS TO NORMAL IN ABOUT FIVE MINUTES. ATROPINE IS INJECTED AND THEN NEOSTIGMINE. THE UNKNOWN DRUG IS AGAIN INJECTED INTRAVENOUSLY. THIS TIME, HOWEVER, THERE IS A RISE IN BLOOD PRESSURE.
- WHICH ONE OF THE FOLLOWING DRUGS COULD PRODUCE THE EFFECTS OF THE UNKNOWN DRUG IN THIS EXPERIMENT?
1. EPINEPHRINE.
 2. NOREPINEPHRINE.
 3. ACETYLCHOLINE.
 4. HISTAMINE.
 5. AMPHETAMINE.
38. THE DISTRIBUTION OF GASEOUS GENERAL ANESTHETICS DEPENDS ON THEIR HAVING A HIGH OIL-WATER PARTITION COEFFICIENT. THIS MEANS THAT THE ANESTHETIC MUST BE:
1. SOLUBLE IN NEITHER OIL NOR WATER.
 2. SOLUBLE IN LIPIDS OF BIOLOGICAL ORIGIN ONLY.
 3. SOLUBLE IN SALINE AQUEOUS FLUIDS ONLY.
 4. SLIGHTLY SOLUBLE IN OIL AND HIGHLY SOLUBLE IN WATER.
 5. HIGHLY SOLUBLE IN OIL AND SLIGHTLY SOLUBLE IN WATER.
39. THE PATTERN OF ACTION OF THE GENERAL ANESTHETICS CONSISTS IN:
1. A REGULARLY DESCENDING PARALYSIS OF THE CENTRAL NERVOUS SYSTEM.
 2. A REGULARLY ASCENDING PARALYSIS OF THE CENTRAL NERVOUS SYSTEM.
 3. AN IRREGULARLY DESCENDING PARALYSIS OF THE CENTRAL NERVOUS SYSTEM.
 4. AN IRREGULARLY ASCENDING PARALYSIS OF THE SENSORY PATHWAYS OF THE CENTRAL NERVOUS SYSTEM.
 5. AN IRREGULARLY DESCENDING PARALYSIS OF THE SENSORY PATHWAYS OF THE CENTRAL NERVOUS SYSTEM.
40. ATROPINE IS ADMINISTERED PRIOR TO A GENERAL ANESTHETIC IN ORDER TO:
1. MINIMIZE THE POSSIBILITY OF POST-OPERATIVE PARALYTIC ILEUS.
 2. DIMINISH PULMONARY AND ORAL SECRETIONS.
 3. CONTROL PAIN AND ANXIETY AND TO PREVENT ANESTHETIC CONVULSIONS.
 4. STIMULATE RESPIRATION.
 5. SENSITIZE THE CENTRAL NERVOUS SYSTEM TO THE ANESTHETIC.

41. PHENOBARBITAL IS CONTRAINDICATED FOR PATIENTS WITH NEPHRITIS BECAUSE IN THE PRESENCE OF THIS CONDITION THE:
1. THERAPEUTIC EFFICACY OF THE DRUG IS DECREASED.
 2. ONSET OF ACTION OF THE DRUG IS PROLONGED.
 3. PROBABILITY OF ADDICTION TO THE DRUG INCREASES.
 4. ACTION OF THE DRUG MAY BE CONVERTED TO CENTRAL NERVOUS SYSTEM STIMULATION.
 5. DRUG MAY NOT BE ADEQUATELY EXCRETED.
42. WHICH ONE OF THE FOLLOWING DRUGS SHOULD BE USED WITH CAUTION, IF AT ALL, IN THE PRESENCE OF HEPATIC DISEASE?
1. PHENOBARBITAL.
 2. SODIUM BROMIDE.
 3. DILANTIN.
 4. PENTOTHAL.
 5. BARBITAL.
43. WHICH ONE OF THE FOLLOWING DRUGS IS REGARDED AS THE MOST USEFUL ANTI-EPILEPTIC BARBITURATE?
1. EVIPAL.
 2. PHENOBARBITAL.
 3. BARPITAL.
 4. SECONAL.
 5. PENTOBARBITAL.
44. TRIMETHADIONE (TRIDIONE) IS USED IN THE TREATMENT OF:
1. GRAND MAL EPILEPSY.
 2. NARCOLEPSY.
 3. PETIT MAL EPILEPSY.
 4. HYPEREMESIS GRAVIDARUM.
 5. TIC DOULOUREUX.
45. MEPROBAMATE IS BELIEVED TO PRODUCE ITS PRIMARY ACTION BY:
1. BLOCKING INTERNEURONS IN THE SPINAL CORD AND BRAIN.
 2. RELEASING SEROTONIN FROM BINDING SITES IN THE BRAIN.
 3. SENSITIZING RECEPTORS TO NOREPINEPHRINE.
 4. INHIBITING MONOAMINE OXIDASE.
 5. DEPRESSING CENTRAL SYMPATHETIC CENTERS IN THE HYPOTHALAMUS.
46. WHICH ONE OF THE FOLLOWING COMPOUNDS IS A MORE POTENT ANALGESIC THAN MORPHINE?
1. ETHOHEPTAZINE (ZACTANE).
 2. MEPERIDINE (DEMEROL).
 3. LEVORPHANOL (LEVO-DROMORAN).
 4. DEXTROPROPOXYPHENE (DARVON).
 5. ALPHAPRODINE (NISENTIL).

47. WHICH ONE OF THE FOLLOWING PSYCHOTHERAPEUTIC AGENTS IS THE BEST ANTI-EMETIC DRUG?
1. MEPROBAMATE (MILTOWN; EQUANIL).
 2. RESERPINE (SERPASIL).
 3. BENACTYZINE (SUAVITIL).
 4. AZACYCLONAL (FRENQUEL).
 5. CHLORPROMAZINE (THORAZINE).
48. WHICH ONE OF THE FOLLOWING PSYCHOTHERAPEUTIC AGENTS IS ALSO FREQUENTLY USED IN THE TREATMENT OF ESSENTIAL HYPERTENSION?
1. RESERPINE.
 2. CHLORPROMAZINE.
 3. MEPROBAMATE.
 4. CHLORDIAZEPOXIDE.
 5. HYDROXYZINE.
49. WHICH ONE OF THE FOLLOWING DRUGS MAY PRODUCE A JAUNDICE RESEMBLING THAT CAUSED BY EXTRAHEPATIC OBSTRUCTION?
1. RESERPINE.
 2. HYDROXYZINE.
 3. MEPROBAMATE.
 4. METHYLPHENIDATE.
 5. CHLORPROMAZINE.
50. NASAL STUFFINESS AND BOWEL LOOSENESS ARE COMMON SIDE EFFECTS OF:
1. GLUTETHIMIDE (DORIDEN).
 2. MEPROBAMATE (EQUANIL; MILTOWN).
 3. CHLORDIAZEPOXIDE (LIBRIUM).
 4. CHLORPROMAZINE (THORAZINE).
 5. RESERPINE (SERPASIL).
51. MONOAMINE OXIDASE INHIBITORS FIND THEIR CHIEF FIELD OF USEFULNESS AS:
1. HYPOTENSIVES.
 2. SEDATIVES.
 3. ANALGETICS.
 4. DIURETICS.
 5. ANTIDEPRESSANTS.
52. THE RESPIRATORY DEPRESSION CAUSED BY OVERDOSAGE WITH DEMEROL CAN BE MOST EFFECTIVELY COUNTERACTED WITH:
1. PENTYLENETETRAZOLE.
 2. NALORPHINE HCl.
 3. AMPHETAMINE SULFATE.
 4. CAFFEINE CITRATE.
 5. PICROTOXIN.

53. WHICH ONE OF THE FOLLOWING DRUGS MAY BE USED AS A SYSTEMIC ANTIDOTE IN THE TREATMENT OF ACUTE PARATHION POISONING?
1. DIMERCAPROL (BAL).
 2. PRALIDOXIME (2-PAM).
 3. LEVARTERENOL.
 4. EDATHAMIL CALCIUM.
 5. PARA-AMINOPROPRIOPHENONE.
54. THE MOST SPECIFIC ANTIDOTAL MEASURE IN THE EMERGENCY MANAGEMENT OF A PERSON WHO HAS INHALED HYDROGEN CYANIDE FUMES IS TO ADMINISTER:
1. METHEMOGLOBIN.
 2. AMYL NITRITE AND SODIUM THIOSULFATE.
 3. SODIUM NITRATE AND THIOCYANATE.
 4. ARTIFICIAL RESPIRATION OF OXYGEN.
 5. CARBOGEN (OXYGEN-CO₂ MIXTURE) INHALATION.
55. WHICH ONE OF THE FOLLOWING IS A TOXIC REACTION THAT HAS OCCURRED IN PATIENTS TAKING TRANYLCPROMINE (PARNATE)?
1. DEEP SEDATION, STUPOR, AND COMA.
 2. HYPERTENSIVE CRISIS.
 3. STEVENS-JOHNSON SYNDROME.
 4. BRADYCARDIA AND CARDIAC ARREST.
 5. ADDISONIAN CRISIS.
56. DIGITALIS IS EFFECTIVE IN THE TREATMENT OF CONGESTIVE HEART FAILURE PRIMARILY BECAUSE OF ITS ABILITY TO:
1. ELIMINATE EDEMA FLUID.
 2. SLOW THE RATE OF CARDIAC CONTRACTIONS.
 3. INCREASE THE FORCE OF MYOCARDIAL CONTRACTION.
 4. REDUCE VENOUS PRESSURE.
 5. REDUCE ATRIAL FIBRILLATION.
57. WHICH ONE OF THE FOLLOWING MEDICINAL AGENTS WILL NOT AFFECT A RADIOIODINE UPTAKE STUDY?
1. PROGESTERONE.
 2. POTASSIUM THIOCYANATE.
 3. CHLOROTHIAZIDE.
 4. CORTISONE.
 5. OXYTETRACYCLINE.

58. THE VALUE OF QUINIDINE IN ATRIAL FIBRILLATION IS DEPENDENT PRIMARILY ON ITS ABILITY TO:
1. SHORTEN THE CONDUCTION TIME IN THE ATRIA.
 2. REDUCE THE CONTRACTILE FORCE OF THE HEART.
 3. SHORTEN THE EFFECTIVE REFRACTORY PERIOD OF CARDIAC MUSCLE.
 4. LENGTHEN THE EFFECTIVE REFRACTORY PERIOD OF CARDIAC MUSCLE.
 5. DEPRESS THE CARDIAC VAGAL RECEPTOR MECHANISMS.
59. RAPID WITHDRAWAL OF CORTICOSTEROIDS AFTER PROLONGED THERAPY MAY BE DANGEROUS BECAUSE OF:
1. THE LIKELIHOOD OF INFECTION.
 2. SODIUM RETENTION AND CONGESTIVE FAILURE.
 3. ANTERIOR PITUITARY ATROPHY.
 4. ADRENAL CORTEX HYPOFUNCTION.
 5. REBOUND STRESS PHENOMENA.
60. ONE OF THE FEW VALID ADVANTAGES OF THE NEWER SYNTHETIC CORTICOSTEROIDS OVER THE EARLIER AGENTS OF THIS CLASS, SUCH AS CORTISONE, IS THAT THE SYNTHETICS:
1. INDUCE LESS SODIUM AND WATER RETENTION.
 2. PRODUCE LESS OF A LOSS OF POTASSIUM IONS.
 3. PRODUCE LESS PIGMENTATION OF SKIN AND LESS HIRSUTISM.
 4. ARE LESS APT TO CAUSE HYPERGLYCEMIA.
 5. ARE LESS LIKELY TO CAUSE OSTEOPOROSIS.
61. CORTICOSTEROID THERAPY IS CONTRAINDICATED OR MUST BE USED WITH CAUTION IN THE PRESENCE OF:
1. ADDISON'S DISEASE.
 2. FULMINATING BACTEREMIA.
 3. PEPTIC ULCER.
 4. SEVERE TUBERCULOUS MENINGITIS.
 5. PURULENT CONJUNCTIVITIS.
62. CURARE EXERTS ITS PARALYZING ACTION ON THE SKELETAL MUSCLE BY A HIGHLY SELECTIVE PARALYSIS OF THE:
1. MOTOR TRUNKS TO THE MUSCLE.
 2. MUSCLE FIBERS.
 3. LOWER MOTOR NEURONS IN THE ANTERIOR HORN.
 4. SENSORY END-PLATES IN THE MUSCLE.
 5. MOTOR END-PLATES IN THE MUSCLE.

63. TRIHEXYPHENIDYL HCl (ARTANE) IS USED CHIEFLY IN THE TREATMENT OF:
1. MULTIPLE SCLEROSIS.
 2. EPILEPSY (GRAND MAL).
 3. EPILEPSY (PETIT MAL).
 4. PARKINSONISM.
 5. CEREBRAL PALSY.
64. A CHARACTERISTIC SIDE EFFECT OF THE DIALKYLAMINO-ETHOXY (DIPHENHYDRAMINE) GROUP OF ANTIHISTAMINES IS:
1. ALLERGIC DERMATITIS AND PHOTOSENSITIVITY.
 2. STIMULATION AND INSOMNIA.
 3. SEDATION AND DROWSINESS.
 4. EPIGASTRIC PAIN AND VOMITING.
 5. MOUTH DRYNESS AND BLURRING OF VISION.
65. ADJUNCTIVE ADMINISTRATION OF CHLOROTHIAZIDE (DIURIL) MAY COMPLICATE THE DIGITALIS THERAPY OF CONGESTIVE HEART FAILURE MAINLY BY PRODUCING:
1. HYPERNATREMIA.
 2. SALURESIS.
 3. HYPOTENSION.
 4. HYPOCHLOREMIC ALKALOSIS.
 5. HYPOKALEMIA.
66. THE DIURETIC WHICH EXERTS ITS THERAPEUTIC ACTION BY SUPPRESSION OF THE CARBONIC ANHYDRASE IN THE RENAL TUBULES IS:
1. SPIRONOLACTONE.
 2. MERCUROPHYLLIN.
 3. AMISOMETRADINE.
 4. ACETAZOLAMIDE.
 5. CHLORMERODRIN.
67. WHICH ONE OF THE FOLLOWING DRUGS IS BEST FOR ABORTING AN ACUTE ATTACK OF GOUT?
1. METHACHOLINE.
 2. PHENYLBUTAZONE.
 3. COLCHICINE.
 4. PROBENECID.
 5. ERGOTAMINE TARTRATE.
68. UNDECYLENIC ACID IS USED AS A:
1. FUNGICIDE.
 2. TRICHOMONACIDE.
 3. BACTERIOSTATIC.
 4. SCABICIDE.
 5. PESTICIDE.

69. A CONDITION THAT HAS BEEN FOUND TO BE ASSOCIATED WITH THE USE OF DETERIORATED TETRACYCLINE CAPSULES IS:
1. FANCONI'S SYNDROME.
 2. CUSHING'S SYNDROME.
 3. STEVENS-JOHNSON SYNDROME.
 4. MENIERE'S DISEASE.
 5. RAYNAUD'S DISEASE.
70. THE PURPOSE OF SMALL AMOUNTS OF EPINEPHRINE IN LOCAL ANESTHETIC PREPARATIONS FOR INJECTION IS TO:
1. OVERCOME ANAPHYLACTOID TENDENCIES.
 2. PREVENT UNDESIREED LOCAL ACTION AND INCREASE SYSTEMIC ACTION.
 3. STIMULATE THE HEART AND CONSTRICT THE BLOOD VESSELS.
 4. ELEVATE THE BLOOD PRESSURE LOWERED BY THE ANESTHETIC.
 5. PROLONG THE ANESTHETIC ACTION AND REDUCE SYSTEMIC TOXICITY.
71. GLUTETHIMIDE, ETHCHLORVYNOL, AND METHYPRYLON ARE CLASSIFIED THERAPEUTICALLY AS:
1. ANTIHISTAMINES.
 2. ANALGESICS.
 3. ATARACTIC DRUGS.
 4. ANTICONVULSANTS.
 5. SEDATIVES-HYPNOTICS.
72. DRUGS THAT INHIBIT MONOAMINE OXIDASE MAY BE EXPECTED TO:
1. DECREASE TISSUE LEVELS OF HISTAMINE.
 2. FACILITATE SIGNIFICANTLY THE METABOLIC DEAMINATION OF AMINO ACIDS.
 3. AFFECT SIGNIFICANTLY ALL PHYSIOLOGICALLY ACTIVE AMINES.
 4. DECREASE CENTRAL NERVOUS SYSTEM LEVELS OF BOTH SEROTONIN AND THE CATECHOLAMINES.
 5. INCREASE THE CENTRAL NERVOUS SYSTEM STORES OF SEROTONIN AND NOREPINEPHRINE.
73. WHICH ONE OF THE FOLLOWING DRUGS IS CONTRAINDICATED FOR PATIENTS WITH GLAUCOMA?
1. PILOCARPINE.
 2. ATROPINE.
 3. PHYSOSTIGMINE.
 4. MORPHINE.
 5. DIISOPROPYL FLUOROPHOSPHATE.

74. WHICH ONE OF THE FOLLOWING AGENTS SHOULD BE ADMINISTERED FIRST IN THE TREATMENT OF ACUTE ANAPHYLAXIS?
1. HYDROCORTISONE.
 2. DIPHENHYDRAMINE.
 3. TRIPELENNAMINE.
 4. EPINEPHRINE.
 5. PYRILAMINE.
75. SPINAL ANESTHETICS MAY CAUSE A FALL IN BLOOD PRESSURE AS A RESULT OF THEIR:
1. DIRECT EFFECT ON THE MYOCARDIUM.
 2. DIRECT EFFECT ON THE SMOOTH MUSCLE OF THE BLOOD VESSELS.
 3. ACTION ON SYMPATHETIC FIBERS OF MIXED SPINAL NERVES.
 4. DEPRESSION OF THE SOMATIC MOTOR FIBERS.
 5. DIRECT DEPRESSION OF THE SPINAL CORD.
76. AT WHICH ONE OF THE FOLLOWING SITES IS ACETYLCHOLINE NOT INVOLVED IN IMPULSE TRANSMISSION?
1. AT THE NEUROMUSCULAR JUNCTION WITH SKELETAL MUSCLE.
 2. BETWEEN THE PRE- AND POST-GANGLIONIC FIBERS OF THE SYMPATHETIC NERVOUS SYSTEM.
 3. BETWEEN THE POST-GANGLIONIC SYMPATHETIC FIBERS AND THEIR EFFECTORS.
 4. BETWEEN THE POST-GANGLIONIC PARASYMPATHETIC FIBERS AND THEIR EFFECTORS.
 5. AT JUNCTIONS BETWEEN NERVE ENDINGS AND CELLS OF THE ADRENAL MEDULLA.
77. IN SYNAPTIC TRANSMISSION OF A CHOLINERGIC NERVE, IT IS GENERALLY BELIEVED THAT THE ARRIVAL OF THE NERVE IMPULSE:
1. TEMPORARILY INHIBITS TRUE CHOLINESTERASE.
 2. PRODUCES A RAPID SYNTHESIS OF ACETYLCHOLINE.
 3. PRODUCES A SUDDEN INFLUX OF SODIUM IONS INTO THE CELL.
 4. ALLOWS THE IMPULSE TO JUMP ACROSS THE SYNAPSE.
 5. RELEASES ACTIVE ACETYLCHOLINE FROM AN INACTIVE COMPLEX.

MAKE NO MARKS IN THIS BOOKLET

78. STIMULATION OF THE SYMPATHETIC DIVISION OF THE AUTONOMIC NERVOUS SYSTEM WILL RESULT IN:
1. MYDRIASIS, ACCELERATION OF THE CARDIAC RATE, DECREASE IN GASTRIC MOTILITY, AND RELAXATION OF THE BRONCHIAL MUSCULATURE.
 2. MIOSIS, ACCELERATION OF THE CARDIAC RATE, DECREASE IN GASTRIC MOTILITY, AND RELAXATION OF THE BRONCHIAL MUSCULATURE.
 3. MYDRIASIS, SLOWING OF THE CARDIAC RATE, DECREASE IN GASTRIC MOTILITY, AND RELAXATION OF THE BRONCHIAL MUSCULATURE.
 4. MYDRIASIS, SLOWING OF THE CARDIAC RATE, DECREASE IN GASTRIC MOTILITY, AND CONSTRICTION OF THE BRONCHIAL MUSCULATURE.
 5. MIOSIS, SLOWING OF THE CARDIAC RATE, INCREASE IN GASTRIC MOTILITY, AND RELAXATION OF THE BRONCHIAL MUSCULATURE.
79. DIABETIC PATIENTS RECEIVING CORTISONE THERAPY MAY REQUIRE MORE INSULIN BECAUSE CORTISONE:
1. INHIBITS ACTH.
 2. INHIBITS THE CELLS OF THE ISLETS OF LANGERHANS.
 3. INHIBITS GLYCOLYSIS.
 4. INCREASES GLUCONEOGENESIS.
 5. CAUSES SODIUM RETENTION.
80. THE ANTIDIURETIC HORMONE IS A SECRETION OF THE:
1. ADRENAL CORTEX.
 2. POSTERIOR PITUITARY GLAND.
 3. ANTERIOR PITUITARY GLAND.
 4. MALE AND FEMALE GONADS.
 5. ADRENAL MEDULLA.
81. WHICH ONE OF THE FOLLOWING DRUGS IS THE PREFERRED AGENT FOR THE DIAGNOSIS OF TRUE GASTRIC ACHYLIA?
1. ALCOHOL, 70%.
 2. GLUTAMIC ACID.
 3. DILUTE HYDROCHLORIC ACID.
 4. HISTAMINE PHOSPHATE.
 5. METHACHOLINE (MECHOLYL).
82. GASTRIC ACHLORHYDRIA MAY BE ONE DIAGNOSTIC SIGN OF:
1. PEPTIC ULCER.
 2. COLITIS.
 3. NEPHRITIS.
 4. PERNICIOUS ANEMIA.
 5. POLYNEURITIS.

83. A CHOLAGOGUE WOULD TEND TO STIMULATE THE SECRETION OF:
1. BILE.
 2. SALIVA.
 3. INSULIN.
 4. THYROXIN.
 5. ESTRADIOL.
84. SUBSTANCES WHICH CHECK INTERNAL BLEEDING ARE CALLED:
1. HEMOLYSINS.
 2. STYPTICS.
 3. HEMORRHAGINS.
 4. HEMOSTATICS.
 5. HEMATINICS.
85. WHICH ONE OF THE FOLLOWING DRUGS WOULD BE EXPECTED TO TAKE PART IN THE BIOSYNTHESIS OF PROTHROMBIN IF IT WERE ADMINISTERED TO A PATIENT SUFFERING FROM HYPOPROTHROMBINEMIA?
1. PHYTONADIONE.
 2. HYDROXYCOBALAMIN.
 3. THROMBIN.
 4. ABSORBABLE GELATIN SPONGE.
 5. OXIDIZED CELLULOSE.
86. METHYL n -PROPYL PROPANEDIOL DICARBAMATE IS ALSO KNOWN UNDER THE NAME OF:
1. EQUANIL.
 2. ATARAX.
 3. TRILAFON.
 4. ULTRAN.
 5. COMPAZINE.
87. PTEROYLMONOGLUTAMIC ACID IS COMMONLY CALLED:
1. ASCORBIC ACID.
 2. PANTOTHENIC ACID.
 3. FOLIC ACID.
 4. NICOTINIC ACID.
 5. VITAMIN B₁₂.
88. THE RELATIONSHIP BETWEEN RADIOACTIVE IODINE AND IODINE U.S.P. IS CORRECTLY EXPRESSED IN THE STATEMENT THAT THEY ARE:
1. ISOTOPIC.
 2. IDENTICAL.
 3. ENANTIOMORPHIC.
 4. DISSIMILAR.
 5. ISOMERIC.

MAKE NO MARKS IN THIS BOOKLET

89. FOR THE PURPOSE OF CALCULATING ISOTONIC SOLUTIONS, PROCAINE HYDROCHLORIDE MAY BE TAKEN TO HAVE THE SAME MOLAL FREEZING POINT DEPRESSION AS SODIUM CHLORIDE INASMUCH AS:
1. PROCAINE BASE IS AN ELECTROLYTE OF THE UNI-UNIVALENT TYPE.
 2. PROCAINE HYDROCHLORIDE IS AN ELECTROLYTE OF THE UNI-UNIVALENT TYPE.
 3. HYDROCHLORIC ACID IS AN ELECTROLYTE OF THE UNI-UNIVALENT TYPE.
 4. PROCAINE HYDROCHLORIDE IS AN ELECTROLYTE OF THE UNI-DIVALENT TYPE.
 5. PROCAINE BASE IS AN ELECTROLYTE OF THE UNI-DIVALENT TYPE.
90. WHICH ONE OF THE FOLLOWING PAIRS OF TRADE NAMES AND GENERIC OR OFFICIAL NAMES SHOULD NOT BE GROUPED TOGETHER?
- | | |
|---------------------------|---------------------------|
| 1. CHLOROMYCETIN | - TETRACYCLINE HCl |
| 2. BUTAZOLIDIN | - PHENYLBUTAZONE |
| 3. BENADRYL HYDROCHLORIDE | - DIPHENHYDRAMINE HCl |
| 4. BANTHINE | - METHANTHELINE BROMIDE |
| 5. ANECTINE CHLORIDE | - SUCCINYLCOLINE CHLORIDE |
91. WHICH ONE OF THE FOLLOWING PAIRINGS IS NOT CORRECT?
- | | |
|---------------------------------|-------------|
| 1. SULFISOXAZOLE | - GANTRISIN |
| 2. ERGOTAMINE TARTRATE | - GYNERGEN |
| 3. MENADIONE SODIUM BISULFITE | - HYKINONE |
| 4. BENZENE HEXACHLORIDE (GAMMA) | - KWELL |
| 5. PIPEROCAINE | - METANDREN |
92. WHICH ONE OF THE FOLLOWING PAIRS SHOULD NOT BE GROUPED TOGETHER?
- | | |
|------------------|--------------|
| 1. NALORPHINE | - NALLINE |
| 2. PENTOBARBITAL | - LUMINAL |
| 3. PROCAINE | - NOVOCAINE |
| 4. DIBUCAINE | - NUPERCAINE |
| 5. SECOBARBITAL | - SECONAL |
93. WHICH OF THE FOLLOWING SYMPATHOMIMETIC AMINES IS NOT A DERIVATIVE OF PHENYLETHYLAMINE?
1. DESOXYEPHEDRINE.
 2. EPINEPHRINE.
 3. EPHEDRINE.
 4. AMPHETAMINE.
 5. NAPHAZOLINE.

94. WHICH ONE OF THE FOLLOWING DRUGS IS NOT, CHEMICALLY, A SULFONAMIDE DERIVATIVE?
1. SUCCINYLSULFATHIAZOLE.
 2. DIAMTHAZOLE.
 3. ACETAZOLE-AMIDE.
 4. AZULFIDENE.
 5. ORINASE.
95. WHICH ONE OF THE FOLLOWING BARBITURIC ACID DERIVATIVES HAS THE QUICKEST ONSET AND THE SHORTEST DURATION OF ACTION?
1. SODIUM BARBITAL.
 2. PHANODORN.
 3. SODIUM PENTOTHAL.
 4. SODIUM PENTOBARBITAL.
 5. SODIUM PHENOBARBITAL.
96. THE GREATEST DANGER ATTENDING THE SYSTEMIC ADMINISTRATION OF THE PYRIMIDINE SULFONAMIDE DRUGS IS THE:
1. PRODUCTION OF DRUG FEVER.
 2. DEVELOPMENT OF A SENSITIZATION OF THE DRUG.
 3. PHOTOSENSITIZATION OF THE SKIN.
 4. PRODUCTION OF FATTY INFILTRATION OF THE LIVER.
 5. FORMATION OF CRYSTALS IN THE URINARY TRACT.
97. CLEAR AQUEOUS SOLUTIONS OF PENTOBARBITAL SODIUM AND MORPHINE HYDROCHLORIDE CAN EASILY BE DISTINGUISHED CHEMICALLY BY TESTING BOTH SOLUTIONS:
1. WITH DILUTE SULFURIC ACID; PRECIPITATION INDICATES THE PRESENCE OF MORPHINE.
 2. WITH HEAT; PRECIPITATION INDICATES THE PRESENCE OF PENTOBARBITAL.
 3. FOR NITROGEN BY A SODIUM FUSION METHOD; A POSITIVE TEST INDICATES THE PRESENCE OF MORPHINE BUT NOT PENTOBARBITAL.
 4. WITH A BASE; PRECIPITATION INDICATES THE PRESENCE OF PENTOBARBITAL.
 5. WITH A BASE; PRECIPITATION INDICATES THE PRESENCE OF MORPHINE.
98. AN OPHTHALMIC SOLUTION OF FLUORESCEIN SODIUM IS APPLIED TOPICALLY TO:
1. SHOW A LESION IN THE CORNEAL EPITHELIUM.
 2. STAIN FOREIGN BODIES.
 3. LOWER INTRAOCULAR TENSION.
 4. ACT AS AN ANTISEPTIC.
 5. ACT AS A LOCAL ANESTHETIC PRIOR TO OCULAR EXAMINATION.

MAKE NO MARKS IN THIS BOOKLET

99. IODINATED (IODINE-131) SERUM ALBUMIN IS NOT STERILIZED BY AUTOCLAVING BECAUSE THE:
1. VIAL IN WHICH THE PRODUCT IS PACKAGED WILL NOT WITHSTAND THE INTERNAL PRESSURE GENERATED.
 2. HEAT INVOLVED WOULD CAUSE DENATURATION OF THE PROTEIN.
 3. PRODUCT IS SELF-STERILIZED BY THE RADIOACTIVITY.
 4. DEGREE OF HEAT INVOLVED WOULD ACCELERATE THE PHYSICAL DECAY OF THE RADIOISOTOPE.
 5. GELATINOUS NATURE OF THE PRODUCT DOES NOT PERMIT THE FORMATION OF SUFFICIENT STEAM WITHIN THE CONTAINER.
100. UNDER WHICH ONE OF THE FOLLOWING CONDITIONS IS A CATIONIC SURFACE-ACTIVE ANTIBACTERIAL AGENT MOST ACTIVE?
1. AT pH 6 OR LOWER.
 2. AT pH 7 OR HIGHER.
 3. IN AN ALKALINE BUFFER.
 4. IN COMBINATION WITH AN ANIONIC DETERGENT.
 5. IN COMBINATION WITH A MEDICINAL SOAP.
101. CHLOROMYCETIN PALMITATE IS PREFERABLE TO CHLOROMYCETIN IN PEDIATRIC PREPARATIONS BECAUSE THE PALMITATE FORM:
1. SUPPLIES QUANTITIES OF THE ESSENTIAL FATTY ACID THAT ASSIST IN FIGHTING INFECTION.
 2. HAS A MORE PLEASING APPEARANCE.
 3. IS A SOLUBLE SALT, AND THUS IS MORE EASILY COMPOUNDED.
 4. IS PRACTICALLY TASTELESS.
 5. IS MORE RAPIDLY ABSORBED INTO THE BLOOD STREAM.
102. WHICH ONE OF THE FOLLOWING STATEMENTS ABOUT THE POTENCY AS CENTRAL NERVOUS SYSTEM STIMULANTS OF THE OPTICALLY ISOMERIC FORMS OF AMPHETAMINE IS CORRECT?
1. THE RACEMIC MIXTURE IS MORE POWERFUL THAN EITHER THE LEVO OR THE DEXTRO FORMS.
 2. THE VARIOUS FORMS ARE IDENTICAL IN STRENGTH.
 3. THE COMPOUND HAS NO OPTICAL ACTIVITY.
 4. THE DEXTRO FORM IS MORE POWERFUL THAN THE OTHER FORMS.
 5. THE LEVO FORM IS MORE POWERFUL THAN THE OTHER FORMS.

103. THE PHYSICAL HALF-LIFE OF RADIOGOLD (AU-198) IS APPROXIMATELY 2.7 DAYS. ASSUMING THAT NONE OF THE RADIONUCLIDE IS USED AND THAT THERE ARE 100 MILLICURIES IN STOCK IN A LABORATORY AT NOON ON MONDAY, THE AMOUNT REMAINING AT 9:30 P.M. ON THE FOLLOWING SATURDAY WILL BE:
1. ABOUT 980 MICROCURIES.
 2. ABOUT 25 MILLICURIES.
 3. ABOUT 40 MILLICURIES.
 4. ABOUT 60 MILLICURIES.
 5. UNDETECTABLE BY THE USUAL COUNTING PROCEDURES.
104. THE EFFECT OF ADDING WATER TO A SOLUTION OF A WEAK ELECTROLYTE IS TO:
1. INCREASE THE NUMBER OF UNDISSOCIATED MOLECULES IN THE SOLUTION.
 2. DECREASE THE NUMBER OF IONS IN THE SOLUTION.
 3. CAUSE MORE OF THE ELECTROLYTE TO BECOME IONIZED.
 4. DECREASE THE DISSOCIATION CONSTANT OF THE ELECTROLYTE.
 5. DECREASE THE DEGREE OF IONIZATION OF THE ELECTROLYTE.
105. 10 ML. OF AN 0.01 M HYDROCHLORIC ACID SOLUTION HAS A pH OF 2. TO CHANGE IT TO A pH OF 3, ENOUGH WATER IS ADDED TO GIVE A TOTAL VOLUME OF APPROXIMATELY:
1. 15 ML.
 2. 20 ML.
 3. 50 ML.
 4. 100 ML.
 5. 250 ML.
106. THE NATIONAL FORMULARY IS AN OFFICIAL REFERENCE OF DRUG STANDARDS AND FORMULAE WHICH IS PREPARED BY THE:
1. COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION.
 2. AMERICAN MEDICAL ASSOCIATION.
 3. AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.
 4. AMERICAN DRUG MANUFACTURERS ASSOCIATION.
 5. AMERICAN PHARMACEUTICAL ASSOCIATION.
107. THE MONOGRAPHS OF THE U.S. PHARMACOPEIA DO NOT INCLUDE:
1. PACKAGING AND STORAGE.
 2. USUAL DOSE.
 3. ASSAY.
 4. TOXICITY.
 5. DESCRIPTION.

MAKE NO MARKS IN THIS BOOKLET

108. WHICH ONE OF THE FOLLOWING REFERENCE BOOKS FEATURES PRICE RELATIONSHIPS THROUGH THE USE OF PRICE RATIOS?
1. THE BLUE BOOK.
 2. PHYSICIANS' DESK REFERENCE.
 3. FACTS AND COMPARISONS.
 4. THE REDBOOK.
 5. MODERN DRUG ENCYCLOPEDIA.
109. EXPIRATION DATES ARE PLACED ON CERTAIN DRUGS TO INDICATE THE TIME DURING WHICH THE DRUGS:
1. DECOMPOSE COMPLETELY.
 2. ARE LIKELY TO CHANGE COLOR.
 3. DECREASE IN CONCENTRATION BY 10%.
 4. MAY BE EXPECTED TO MAINTAIN THEIR LABELED POTENCY.
 5. LOSE 50% OF THEIR LABELED POTENCY.
110. ALL HOSPITALS, RETAILERS, AND OTHERS DEALING WITH NARCOTICS MUST REGISTER WITH THE FEDERAL GOVERNMENT ON OR BEFORE WHAT DATE OF EACH YEAR?
1. DECEMBER 31.
 2. JULY 1.
 3. JANUARY 1.
 4. JANUARY 30.
 5. JUNE 1.
111. THE ALCOHOL RECEIVED AND USED IS REPORTED ON PROPER FORMS MADE OUT BY THE INTERNAL REVENUE DEPARTMENT. THE FORM REQUESTS THAT ALCOHOL RECEIVED BE REPORTED IN:
1. LITERS AND CENTIMETERS.
 2. PROOF GALLONS WITH A TEMPERATURE READING.
 3. PROOF GALLONS AND WINE GALLONS.
 4. WINE GALLONS ONLY.
 5. PROOF GALLONS ONLY.
112. BROADLY STATED, THE PURPOSE OF THE PHARMACY COMMITTEE IN A HOSPITAL IS TO:
1. CONTROL THE ERRANT PHARMACIST.
 2. PREVENT DUPLICATION OF DRUGS.
 3. MAKE PHYSICIANS PRICE-CONSCIOUS.
 4. FOSTER THE USE OF GENERIC NOMENCLATURE.
 5. ESTABLISH AN ACCEPTABLE DRUG POLICY.

MAKE NO MARKS IN THIS BOOKLET

113. THE PROCEDURE THAT SHOULD BE FOLLOWED IN ORDER TO PREPARE STERILE PETROLATUM IN 15-GM. CONTAINERS IS TO USE:
1. A HOT AIR OVEN AT A SUITABLE TEMPERATURE AND TIME.
 2. AN AUTOCLAVE AT 121° C. FOR 30 MINUTES.
 3. A REFRIGERATOR AND FREEZE FOR 24 HOURS.
 4. AN ARNOLD STERILIZER FOR 1 HOUR.
 5. BACTERIAL FILTRATION.
114. A PHYSICIAN ORDERS 1/4 GR. MORPHINE SULFATE FOR A PATIENT. ON HAND ARE 1-ML. AMPULS OF MORPHINE SULFATE CONTAINING 10 MG./ML. THE CORRECT PROCEDURE WITH THE MATERIAL AVAILABLE IS TO BREAK OPEN:
1. 2 AMPULS, WITHDRAW 1.5 ML., AND DISCARD THE BALANCE.
 2. 2 AMPULS, WITHDRAW 1.75 ML., AND DISCARD THE BALANCE.
 3. 3 AMPULS, WITHDRAW 2 ML., AND DISCARD THE BALANCE.
 4. 3 AMPULS, WITHDRAW 2.5 ML., AND DISCARD THE BALANCE.
 5. 4 AMPULS, WITHDRAW 3 ML., AND DISCARD THE BALANCE.
115. A NEW MEMBER OF THE MEDICAL STAFF OF A HOSPITAL PRESCRIBES PANMYCIN CAPSULES, 0.25 GM. IF THIS ITEM IS NOT STOCKED, THE HOSPITAL PHARMACIST WOULD BE CORRECT IN ADVISING HIM THAT THE IDENTICAL DRUG ACTION AS THAT INTENDED BY THE PHYSICIAN WOULD BE PROVIDED BY DISPENSING 0.25 GM. CAPSULES OR TABLETS OF:
1. ACHROMYCIN.
 2. VIOMYCIN.
 3. CARBOMYCIN.
 4. NEOMYCIN.
 5. MAGNAMYCIN.
116. THE DISINTEGRATION TIME FOR U.S.P. TABLETS IS:
1. 20 MINUTES.
 2. 40 MINUTES.
 3. THE TIME IT TAKES FOR THE TABLETS TO CRUMBLE WHEN PLACED IN WATER.
 4. THE TIME IT TAKES FOR THE TABLETS TO CRUMBLE WHEN PLACED IN ARTIFICIAL INTESTINAL FLUID.
 5. DIFFERENT FOR EACH TABLET AND IS SPECIFIED IN THE INDIVIDUAL MONOGRAPH.

MAKE NO MARKS IN THIS BOOKLET

117. THE BEST PROCEDURE FOR THE CHIEF PHARMACIST IN A HOSPITAL TO FOLLOW IF A BREAKDOWN IN THE ENGINE ROOM PUTS THE STEAM AUTOCLAVE OUT OF OPERATION FOR 24 HOURS JUST AS HE IS ABOUT TO STERILIZE 1000 ML. OF AN INTRAVENOUS SOLUTION OF DEXTROSE 5% IN WATER IS TO:
1. ADD A SUITABLE PRESERVATIVE AND STERILIZE WHEN THE AUTOCLAVE IS FUNCTIONING AGAIN.
 2. ASK THE CHIEF OF THE MEDICAL SERVICE WHAT HE SHOULD DO.
 3. REFILTER THE SOLUTION THROUGH A FINE SINTERED GLASS FUNNEL AND STERILIZE WHEN THE AUTOCLAVE IS FUNCTIONING AGAIN.
 4. STERILIZE THE SOLUTION TWICE AS LONG WHEN THE AUTOCLAVE IS FUNCTIONING AGAIN.
 5. DISCARD THE SOLUTION AND START OVER AGAIN WHEN THE AUTOCLAVE IS FUNCTIONING AGAIN.
118. THE ROUTE OF ADMINISTRATION OF A PHARMACEUTICAL PRODUCT THAT WILL RESULT IN THE MOST RAPID UPTAKE, HENCE THE MOST PRONOUNCED PHARMACOLOGICAL ACTION OF THE ACTIVE INGREDIENT IN IT, IS:
1. INTRAVENOUS.
 2. ORAL.
 3. NASAL.
 4. RECTAL.
 5. TOPICAL.
119. THE CHIEF REASON FOR ADMINISTERING DRUGS IN SOLID PELLET FORM BY IMPLANTING THEM UNDER THE SKIN IS TO:
1. HAVE THE MEDICATION DIRECTLY IN CONTACT WITH THE AREA WHERE IT IS TO EXERT ITS EFFECT.
 2. LOCATE THE MEDICATION IN A SITE WHERE IT WILL BE SLOWLY ABSORBED OVER A PERIOD OF TIME.
 3. PREVENT THE DRUG FROM BEING DESTROYED BY THE DIGESTIVE JUICES IN THE STOMACH.
 4. PREVENT THE GASTRIC IRRITATION THAT MIGHT RESULT FROM ORAL ADMINISTRATION OF THE DRUG.
 5. INSURE THAT THE DRUG WILL BE COMPLETELY ABSORBED BY THE BODY WITHOUT ANY LOSS BY ELIMINATION OF WASTE MATTER.
120. THE K_a OF A WEAK MONOPROTIC ACID IS 1×10^{-6} . AN AQUEOUS SOLUTION CONTAINING IN EACH LITER 0.01 MOLE OF THE WEAK ACID AND 0.1 MOLE OF THE SODIUM SALT OF THE WEAK ACID WILL HAVE A pH OF:
1. 2
 2. 5
 3. 6
 4. 6.5
 5. 7

MAKE NO MARKS IN THIS BOOKLET

121. THE PENICILLIN PREPARATION OF CHOICE TO BE ADMINISTERED WHEN PROLONGED PENICILLIN BLOOD LEVELS ARE DESIRED, E.G., FOR PROPHYLAXIS AGAINST RECURRENCE OF RHEUMATIC FEVER, IS:
1. PROCAINE PENICILLIN G.
 2. SODIUM METHICILLIN.
 3. POTASSIUM PENICILLIN G.
 4. BUFFERED PENICILLIN G.
 5. BENZATHINE PENICILLIN G.
122. THE REPEAT-ACTION TYPE OF COMPRESSED TABLET CONSISTS OF:
1. CELLULOSE ACETATE-COATED GRANULES OF MEDICATION COMPRESSED INTO A MATRIX.
 2. AN ENTERIC-COATED INNER CORE CONTAINING MEDICATION AND AN OUTER LAYER CONTAINING READILY SOLUBLE MEDICATION.
 3. MEDICATION ADSORBED TO A CATION-EXCHANGE RESIN.
 4. AN INERT PLASTIC WITH PORES IMPREGNATED WITH THE MEDICINAL AGENT.
 5. A MIXTURE OF SEVERAL GRANULES WITH DIFFERENT DIS-INTEGRATION TIMES.
123. WHICH ONE OF THE FOLLOWING ANTIBIOTICS IS DANGEROUS FOR PARENTERAL ADMINISTRATION?
1. PENICILLIN.
 2. TYROTHRIN.
 3. CHLOROMYCETIN.
 4. AUREOMYCIN.
 5. STREPTOMYCIN.
124. ETHYLENE DIAMINE TETRA-ACETIC ACID FUNCTIONS TO STABILIZE AQUEOUS ASCORBIC ACID SOLUTIONS BECAUSE OF ITS ABILITY TO ACT AS:
1. A CHELATING AGENT.
 2. A BACTERIOSTAT.
 3. A REDUCING AGENT.
 4. A BUFFER.
 5. AN ANTI-OXIDANT.
125. THE WATER SOLUBILITY OF A SLIGHTLY SOLUBLE, WEAK ORGANIC ACID MAY BE INCREASED BY:
1. ADDING A NEUTRAL SALT SUCH AS POTASSIUM CHLORIDE.
 2. SHAKING THE SATURATED SOLUTION VIGOROUSLY.
 3. DECREASING THE pH OF THE SOLUTION.
 4. INCREASING THE pH OF THE SOLUTION.
 5. GRINDING THE SOLID IN CONTACT WITH ITS SATURATED SOLUTION IN A MORTAR.

126. IN PREPARING HYDROCORTISONE OINTMENT 1%, THE HYDROCORTISONE POWDER SHOULD BE:
1. MELTED AND THEN ADDED SLOWLY TO THE OINTMENT BASE WITH MIXING.
 2. MELTED AND THEN ADDED ALL AT ONCE TO THE OINTMENT BASE.
 3. ADDED ALL AT ONCE TO THE OINTMENT BASE AND THEN THOROUGHLY MIXED.
 4. ADDED ALL AT ONCE TO A SMALL AMOUNT OF OINTMENT BASE AND THEN MIXED BY GEOMETRIC DILUTION.
 5. ADDED SLOWLY TO THE MELTED OINTMENT BASE AND THEN ALLOWED TO COOL.
127. IN ORDER TO RETARD SETTLING OUT OF INSOLUBLE PARTICLES IN AN ORAL SUSPENSION DOSAGE FORM, THE PHARMACIST MAY:
1. FORMULATE A THIXOTROPIC SYSTEM.
 2. PLACE A 'SHAKE WELL' LABEL ON THE CONTAINER.
 3. ADD A SMALL AMOUNT OF GLYCERIN TO THE SYSTEM.
 4. FORMULATE A SYSTEM WITH NEWTONIAN FLOW.
 5. INCLUDE A HUMECTANT IN THE FORMULATION.
128. THE ABSORPTION OF A DRUG FROM THE GASTRO-INTESTINAL TRACT IS BELIEVED TO DEPEND MOST ON THE DRUG'S:
1. MOLECULAR DIMENSIONS.
 2. MOLECULAR WEIGHT.
 3. ABILITY TO COMPLEX WITH METALS.
 4. ABILITY TO COMPLEX WITH GASTRIC MUCIN.
 5. PARTITION COEFFICIENT BETWEEN OIL AND WATER.
129. THE OINTMENT BASE THAT SHOULD BE CHOSEN TO ASSURE THE STABILITY OF THE ANTIBIOTICS BACITRACIN, AUREOMYCIN, TERRAMYCIN, AND CHLOROMYCETIN IS:
1. A VANISHING CREAM BASE.
 2. A HYDROUS BASE.
 3. AN ANHYDROUS BASE.
 4. A WATER-IN-OIL EMULSION BASE.
 5. AN OIL-IN-WATER EMULSION BASE.
130. THE ANTIBIOTIC THAT WILL REMAIN BIOLOGICALLY ACTIVE IN AN ALKALINE VEHICLE IS:
1. TETRACYCLINE.
 2. NEOMYCIN SULFATE.
 3. PENICILLIN G POTASSIUM.
 4. NOVOBIOCIN CALCIUM.
 5. CHLORAMPHENICOL.

MAKE NO MARKS IN THIS BOOKLET

131. HYDROMORPHONE IS COMMERCIALY AVAILABLE AS:
1. DIONIN.
 2. NISENTIL.
 3. DILAUDID.
 4. DEMEROL.
 5. HYCODAN.
132. METHANTHELINE BROMIDE, A GASTRO-INTESTINAL ANTI-SPASMODIC, IS AVAILABLE COMMERCIALY UNDER THE TRADE NAME OF:
1. MONODRAL.
 2. ANTRENYL.
 3. CENTRINE.
 4. BANTHINE.
 5. PAMINE.
133. CHLORDIAZEPOXIDE HCl IS KNOWN AS:
1. EQUANIL.
 2. LIBRIUM.
 3. VALIUM.
 4. ATARAX.
 5. PLACIDYL.
134. A PHARMACIST RECEIVES SEPARATE PRESCRIPTIONS FOR CRYSTOSERPINE, RAURINE, RAU-SED, RESERPOID, SANDRIL, AND SERPILOID. HE HAS FULL AUTHORITY FROM THE PHYSICIAN TO DISPENSE AN APPROVED GENERIC EQUAL. WHICH ONE OF THE FOLLOWING WOULD HE DISPENSE?
1. VERAPENE.
 2. SERPASIL-APRESOLINE.
 3. RAUDIXIN.
 4. RESERPINE.
 5. HEXAMETHONIUM.
135. ALCOHOL DENATURED BY THE ADDITION OF BENZENE OR METHANOL IN THE MANUFACTURE OF U.S.P. PRODUCTS MAY BE USED:
1. IF IT IS A SOLVENT AND DOES NOT REMAIN IN THE FINISHED PRODUCT.
 2. IN ANY OFFICIAL PREPARATION IF ITS CONCENTRATION IS LESS THAN 10%.
 3. IN ANY OFFICIAL PREPARATION IF ITS CONCENTRATION IS 5% OR LESS.
 4. IF THE PREPARATION IS FOR EXTERNAL USE ONLY.
 5. IN NONE OF THE OFFICIAL PREPARATIONS.

MAKE NO MARKS IN THIS BOOKLET

136. WHICH ONE OF THE FOLLOWING SUBSTANCES WOULD A DRUG MANUFACTURER BE MOST LIKELY TO CHOOSE AS A VEHICLE FOR A DIABETIC COUGH SYRUP?
1. GLYCERIN.
 2. SYRUP LICORICE.
 3. SIMPLE SYRUP.
 4. SYRUP TOLU.
 5. METHYLCELLULOSE SOLUTION.
137. WHICH ONE OF THE FOLLOWING ORGANISMS COULD CAUSE THE MOST DIFFICULT TO TREAT TYPE OF OCULAR INFECTION, IF IT WERE PRESENT AS A CONTAMINANT OF AN INADEQUATELY STERILIZED OPHTHALMIC SOLUTION?
1. STREPTOCOCCUS HEMOLYTICUS.
 2. BACILLUS SUBTILIS.
 3. PSEUDOMONAS AERUGINOSA.
 4. LACTOBACILLUS ACIDOPHILUS.
 5. ESCHERICHIA COLI.
138. IN MOLDING TABLETS, TOO HIGH A PERCENTAGE OF WATER IN THE MOISTENING LIQUID WILL PRODUCE A TABLET THAT IS TOO:
1. INSOLUBLE.
 2. SOLUBLE.
 3. SOFT.
 4. HARD.
 5. SMALL.
139. THE U.S.P. DEFINES A COLD PLACE AS ANY PLACE HAVING A TEMPERATURE:
1. BETWEEN 36 AND 59° F.
 2. BETWEEN 2 AND 15° C.
 3. NOT EXCEEDING 45° F.
 4. NOT EXCEEDING 15° C.
 5. NOT EXCEEDING 20° C.
140. THE TERM pK_a EXPRESSES THE:
1. MOLAR SOLUBILITY OF A WEAK ACID IN A SIMPLIFIED MANNER.
 2. pH OF A SOLUTION OF EQUAL PARTS BY WEIGHT OF AN ACID AND ITS SALT.
 3. pH OF A SATURATED SOLUTION OF A WEAK ACID.
 4. STRENGTH OF A WEAK ACID.
 5. SOLUBILITY OF A WEAK ACID.

MAKE NO MARKS IN THIS BOOKLET

141. IN CHOOSING A SUITABLE BUFFER FOR PREPARING OPHTHALMIC SOLUTIONS OF ZINC SALTS, A pH EXCEEDING 6.0 - 6.5 SHOULD BE AVOIDED BECAUSE OF THE:
1. TENDENCY OF SUCH SOLUTIONS TO BECOME SLIGHTLY COLORED UPON STANDING.
 2. INCREASED IONIC CONCENTRATION OF ZINC.
 3. DIFFICULTY OF OBTAINING A STABLE BUFFER SOLUTION.
 4. IRRITATING QUALITY OF SUCH SOLUTIONS WHEN INSTILLED INTO THE EYE.
 5. TENDENCY TO FORM BASIC COMPLEXES OF ZINC.
142. AN OFFICIAL OINTMENT BASE TO WHICH WATER OR AQUEOUS SOLUTIONS CAN BE ADDED TO FORM A W/O EMULSION IS:
1. HYDROPHILIC OINTMENT.
 2. PETROLATUM.
 3. ROSE WATER OINTMENT.
 4. COLD CREAM.
 5. HYDROPHILIC PETROLATUM.
143. A PHYSICIAN ORDERS AN OPHTHALMIC SOLUTION OF ATROPINE SULFATE FOR TOPICAL USE. WHAT IS THE USUAL STRENGTH OF THE ATROPINE SOLUTION TO BE PREPARED BY THE PHARMACIST?
1. 0.5 - 1.0%
 2. 2.5 - 3.0%
 3. 4.5 - 5.0%
 4. 5.0 - 6.5%
 5. 10.0 - 11.5%
144. WHICH FORM OF INSULIN HAS THE LONGEST DURATION OF ACTION?
1. PROTAMINE ZINC INSULIN INJECTION.
 2. ISOPHANE INSULIN INJECTION.
 3. GLOBIN ZINC INSULIN INJECTION.
 4. ALBUMIN ALUMINUM INSULIN INJECTION.
 5. INSULIN INJECTION.

145. WHICH ONE OF THE SOLUTIONS LISTED BELOW IS USED TO PREPARE THE FOLLOWING PRESCRIPTION?

R_x ARTIFICIAL TEARS 30.0
M. FT. ISOTONIC SOL.
SIG.: USE IN O.U. UT DICT.
WHEN INSERTING CONTACT LENS.

1. 1.9% BORIC ACID IN SOLUTION.
 2. 0.9% NaCl IN PURIFIED WATER.
 3. 0.9% COMBINATION OF Na, K, Ca CHLORIDES IN PURIFIED WATER.
 4. 0.5 TO 1.0% METHYL CELLULOSE, 4000 C.P.S., IN ISOTONIC SALINE SOL.
 5. 0.4% ZINC SULFATE IN SAT. SOL. BORIC ACID.
146. IN ORDER TO PREPARE AN ISO-ELIXIR CONTAINING 45% ALCOHOL FROM LOW-ALCOHOLIC ELIXIR (10%) AND HIGH-ALCOHOLIC ELIXIR (75%), ONE SHOULD USE:

1. 1 VOLUME OF LOW AND 7 VOLUMES OF HIGH.
2. 5 VOLUMES OF LOW AND 15 VOLUMES OF HIGH.
3. 6 VOLUMES OF LOW AND 7 VOLUMES OF HIGH.
4. 7 VOLUMES OF LOW AND 6 VOLUMES OF HIGH.
5. 15 VOLUMES OF LOW AND 5 VOLUMES OF HIGH.

147. IT IS ASSUMED THAT POTASSIUM CHLORIDE WHICH HAS A MOLECULAR WEIGHT OF 74.5 IS 100 PER CENT IONIZED IN SOLUTION. BASED ON THIS ASSUMPTION, 74.5 MG. OF KCl WILL BE EQUAL TO HOW MANY MILLIEQUIVALENTS OF K⁺?

1. 0.5 MEQ.
2. 0.75 MEQ.
3. 1 MEQ.
4. 2 MEQ.
5. 4 MEQ.

148. HOW MANY GRAINS OF BORIC ACID SHOULD BE ADDED IN THE FOLLOWING PRESCRIPTION TO MAKE THE SOLUTION ISOTONIC WITH THE LACRIMAL FLUID? (NaCl EQUIVALENTS: ZnSO₄, 0.16; BORIC ACID, 0.52; EPINEPHRINE, 0.26)

R_x ZINC SULFATE 2 GRAINS
SOL. ADRENALIN CHL. 1:1000 30 MINIMS
BORIC ACID
DIST. WATER Q.S. 2 OZ.
M. FT. ISOTONIC SOLUTION
SIG.: 2 GTT. IN O.L. T.I.D.

1. 0.759 GRAIN.
2. 12.2 GRAINS.
3. 13.6 GRAINS.
4. 15.19 GRAINS.
5. 17.3 GRAINS.

MAKE NO MARKS IN THIS BOOKLET

149. HOW MUCH SODIUM FLUORIDE SHOULD BE USED TO COMPOUND THE FOLLOWING PRESCRIPTION? (ATOMIC WEIGHTS: Na, 23; F, 19)

R_x SOL. SODIUM FLUORIDE 500 ML.
(10 ML. CONTAINS 1500 MCG. OF FLUORIDE ION.)
SIG.: 10 ML. DILUTED TO 1 LITER.

1. 0.0165 GM.
 2. 0.0982 GM.
 3. 0.165 GM.
 4. 0.982 GM.
 5. 1.650 GM.
150. IF, AT ROOM TEMPERATURE AND pH 5, THE HALF-LIFE OF ASPIRIN IN SOLUTION IS APPROXIMATELY 2 DAYS, APPROXIMATELY HOW MUCH ASPIRIN, IN MG. PER TEASPOONFUL, WILL REMAIN AFTER 6 DAYS IN A SOLUTION THAT ORIGINALLY CONTAINED 300 MG. OF ASPIRIN PER TEASPOONFUL?
1. 35
 2. 50
 3. 70
 4. 100
 5. 150

INSTRUCTIONS TO THE CANDIDATE

When you have completed circling your answers to all questions, place Card 1 on the sponge pad you have been given, flat on your desk. Pressing straight down with the stylus provided you, punch out all of the digits that you circled on the card. **DO NOT PUNCH OUT ANY CIRCLE THAT YOU HAVE CROSSED OUT.** Punch your answers to the questions in numerical order, being careful to punch only **ONE** answer to a question. In the event you inadvertently punch more than one answer to a question, make certain that the answer you wish to have counted has been circled as well as punched. Be sure to punch the identifying information as well as the test item responses into each card.

After you have finished punching a card, turn the card over and make sure that no pieces are clinging to the back of the card. **IT IS VERY IMPORTANT** in processing your examination that the backs of the cards be entirely clean.

Punch and clean all three cards as above.

When you have finished your examination and have checked it carefully, you are to put the three answer cards back into the manila envelope. Seal the envelope with the seals provided and give it to the examiner.

If you decide to withdraw from the examination write "I withdraw" across your answer cards and sign your name. Put the cards in the manila envelope, seal it, and hand it to the examiner.