1. A patient after the toxic dose of a very commonly available analgesic/antipyretic drug reports to the emergency department of a hospital. He complains of malaise, nausea, vomiting which is followed by anorexia, epigastric pain and jaundice. What is the drug? How will you treat this case?

2. How are ingested/unabsorbed poisons removed from the body?

3. A 15 years old male was brought to emergency room. He was in deep coma on examination muscles were relaxed, pupils constricted to pin point and were non reactive to light; pulse was rapid and feeble, the temperature sub Normal. There was raw flesh like smell from mouth:
   a) What is your provisional diagnosis?
   b) What specific antidote will be given to this patient and how?
   c) What are specimens of choice for chemical analysis to confirm the poison?

4. Define professional misconduct. What are the professional activities which a doctor must not do so that he remains an ethical doctor?

5. What are the steps of examination while dealing with female victim of Zina-bil-Jabr in the emergency room; enlist the specimens you will take in this case.

6. The body of a 65 years old male was recovered from a bolted room of a hotel having cut throat injury. There is history of great financial set back. How will you establish that it is a case of suicidal cut throat?

7. Define post-mortem artefacts. What are post-mortem artefacts due to in putrefaction / decomposition?

8. Dead body of an adult female is being examined on autopsy table. The uterus is enlarged, bulky, congested, containing soft tissue remnants and skull bones of a foetus. There are multiple bruises and lacerations of endometrium and cervix. What are likely causes of death in this case?

9. How following can help in determination of time since death:
   a) Rigor mortis.
   b) Post-mortem staining

Max. Marks 45  
Time Allowed 2 hours