

BREATHING AND EXCHANGE OF GASES SOLUTIONS

LEVEL – I

	RESPIRATORY OR	RGAN		
1.	Simplest respiratory organ is (1) gills (2)) lungs		
	· ·) contractile vacuole		
	Porifera to annelida, animals respire through their breathing for most aquatic animals and lungs are or Contractile vacuole are organelles found in protozoa	gans of breathing for terrestrial vertebrates		
2.	Match the following animals with their respiratory of	organ:		
	A. Earthworm i. Moist cuticle			
	B. Insects ii. Gills			
	C. Fishes iii. Lungs			
	D. Birds/ Reptiles iv. Trachea (1) A-ii, B-i, C-iv, D-iii (2)) A-i, B-iv, C-ii, D-iii		
		A-i, B-ii, C-iv, D-iii		
	HUMAN RESPIRATORY	Y SYSTEM		
3.	Which of the following is not a function of the nasal			
		(2) Humidification of the air		
		Removal of carbon dioxide from the air		
	XI NCERT pg 270. Filtration of the air, Humidific functions of the conducting system of respiratory tra			
4.	Which of the following is the last structure through (1) bronchiole (2) larynx (3 Respiratory tract begins from nose - pharyx - larynx) pharynx (4) trachea		
5.	The division of the respiratory tree from which the a (1) tertiary bronchi (2)			
	· / •	respiratory bronchioles		
	Branching tree inside lungs comprises of, Primary bronchus – Initial Bronchiole –Terminal bronchiol Alveoli.	bronchus - Secondary bronchus - Tertiar		
6.	In the human respiratory system, which of these foll surface?	lowing structures is the actual gas exchang		
	(1) Bronchus (2) Alveolus (3) Alveolus lined by squamous epithelium for diffusion) Bronchiole (4) Trachea n of gases.		
7.		<u>~</u>		
. •	(1) Trachea \rightarrow Lungs \rightarrow Larynx \rightarrow Pharynx \rightarrow Al	veoli		
	(2) Nose \rightarrow Larynx \rightarrow Pharynx \rightarrow Bronchus \rightarrow Al			

(3) Nostrils \rightarrow Pharynx \rightarrow Larynx \rightarrow Trachea \rightarrow Bronchus \rightarrow Bronchioles \rightarrow Alveoli



	(4) Nose → Mouth → Lungs Larynx → Phary XI NCERT pg 269	$nx \rightarrow Alveoli$
8.	Epithelium of respiratory bronchioles is (1) pseudostratified and columnar (3) pseudostratified and sensory Respiratory bronchiole branches out into alveo squamous epithelium to allow diffusion of gase	
9.	Cartilaginous rings are incomplete in trachea at (1) dorsal (2) ventral Trachea is lined with dorsally incomplete C collapsing.	(3) lateral (4) ventrolateral
10.	The function of cilia in trachea is to pass (1) mucus out (2) mucus in The respiratory tract is mucous coated to trap of lining pushes the dust particle upwards to be the	· · · · · · · · · · · · · · · · · · ·
11.	The alveolar epithelium in lung is non-ciliated columnar ciliated columnar The alveolar epithelium in lung is non-ciliated section.	(2) non-ciliated squamous (4) ciliated squamous squamous epithelium for diffusion of gases.
12.	Pulmonary Surfactant (1) is a lipoprotein (3) Present in bronchi Pulmonary Surfactant ie Lecithin is a phosp collapsing ie maintain alveolar integrity	(2) is a Mucin (4) Maintain alveolar integrity holipid present in alveoli to prevent it from
13.	The most important muscular structure in respir (1) external intercostal muscles (3) diaphragm Rabbit being mammal has diaphragm that accobreathing and hence major muscle compared to	(2) internal intercostal muscles(4) vertebral columnunts for 70% change in thoracic volume during
14.	MECHANISM OF I Breathing refers to exchange of gases between (1) inspired air and blood (3) alveolar and blood Breathing or ventilation is part of respiration.	(2) blood and tissue fluid (4) environmental air and lungs
15.	With respect to normal breathing, mark the true (1) Inspiration is a passive process while expir (2) Inspiration is an active process while expir (3) Both inspiration and expiration are passive (4) Both inspiration and expiration are active process. Expiration involves contraction of EICM and deprocess. Expiration involves muscle relaxation,	ation is active ation is passive processes processes iaphragm, requires ATP and hence is an active



16.	Which of the following leads to expiration? (1) Contraction of diaphragm
	(2) Elevation of the rib cage
	(3) Contraction of internal intercostal muscles(4) Contraction of external intercostal muscles
	EICM, diaphragm relax during expiration bringing the rib cage back to its original position.
	IICM contracts during forceful expiration.
17.	What happens to the diaphragm when a person exhales?
	(1) relaxes and arches. (2) relaxes and flattens
	(3) contracts and arches (4) contracts and flattens.
	XI NCERT pg 271. Diaphragm relaxes and becomes dome shaped during expiration.
18.	Consider the following:
	I. Contraction of the diaphragm
	II. Relaxation of the diaphragm
	III. Contraction of internal intercostals IV. Contraction of external intercostals
	Inhalation would be brought about by:
	(1) I, and III (2) II and III (3) I and IV (4) II and IV.
	XI NCERT pg 271. EICM and diaphragm contracts during inspiration.
19.	Expiratory muscles contract at the time of
	(1) deep inspiration (2) normal inspiration (3) forceful expiration (4) normal
	expiration
	IICM is an expiratory muscles, that contracts at the time of forceful expiration and remains relaxed during normal breathing.
20.	Abdominal breathing refers to
	(1) normal breathing (2) slow breathing
	(3) fast breathing (4) voluntary breathing
	Normal breathing includes thoracic breathing (due to EICM) and abdominal breathing (due to diaphragm)
21.	During the initial part of inspiration, which of the following does not occur?
	(1) Intrapulmonary pressure falls (2) Intra thoracic pressure rises
	(3) Intra abdominal pressure rises (4) The lungs start to expand
	Intra thoracic pressure decreases as thoracic volume increases.
22.	Effort during normal respiration is done due to
	(1) Lung elasticity (2) Respiratory air passages
	(3) Alveolar air spaces (4) Creating negative pleural pressure
	Lungs are balloon like elastic and naturally collapsible organ and hence effort is required to expand it during inspiration.
23.	The intrapleural pressure at the end of deep inspiration is
	(1) -4 mm Hg (2) $+4 \text{ mm Hg}$ (3) -16 mm Hg (4) $+18 \text{ mm Hg}$
	Intrapleural pressure is always negative to prevent lungs from collapsing and it becomes more
	negative during inspiration.



24.	True about inspir	ration, the intrapleural pressure becomes	

(1) More – ve

(2) More + ve

(3) Same

(4) Initially +ve, then –ve

Intrapleural pressure is always negative to prevent lungs from collapsing and it becomes more negative during inspiration.

RESPIRATORY VOLUMES

- **25.** Functional residual capacity of lung is defined as
 - (1) Volume expired after normal expiration
 - (2) Volume remaining after forced expiration
 - (3) ERV + RV
 - (4) Tidal volume + volume inspired forcefully

XI NCERT pg 272, FRC= RV+ERV

- **26.** Tidal volume is calculated by
 - (1) Inspiratory capacity minus the inspiratory reserve volume
 - (2) Total lung capacity minus the reserve volume
 - (3) Functional residual capacity minus residual volume
 - (4) Vital capacity minus expiratory reserve volumes

TV=IC-IRV OR TV=EC-ERV

TLC-RV=VC, FRC-RV=ERV, VC-ERV=IC

- **27.** Total lung capacity depends upon
 - (1) Size of airway

(2) Closing volume

(3) Lung compliance

(4) Residual volume

Lung compliance means elasticity of lungs ie how much it can expand to accommodate extra volume of air inspired during forceful breathing.

- **28.** Functional residual capacity is
 - (1) Volume remaining after forced expiration
 - (2) Tidal volume + volume inspired forcefully
 - (3) Volume remaining after normal expiration
 - (4) Tidal volume + volume expired by forced expiration

XI NCERT pg 272, FRC= RV+ERV

29. Volume of air taken in and given out during normal respiration is referred to as

(1) IRV

(2) TV

(3) ERV

(4) VC

XI NCERT pg 271, last para

30. A person breathes in some volume of air by forced inspiration after having a forced expiration. The quantity of air taken in is

(1) total lung capacity

(2) tidal volume

(3) vital capacity

(4) inspiratory capacity

XI NCERT pg 272



31.	After deep inspiration, capacity of maximum ex (1) total lung capacity (3) vital capacity XI NCERT pg 272	(2)	on of lung is tidal volume inspiratory capacity	y			
32.	Total alveolar ventilation volume (in L/min) is: (1) 1.5 (2) 3.5 Total alveolar ventilation volume means volum ie volume of air in alveoli. Volume of air preser bronchiole and is unavailable for exchange of gapead space volume = 150ml/breath Total alveolar ventilation volume = (TV – dead = (500-150) x (12 to 16) = 350 x (12 to 16) = 42	e of ant in the ases in space 200 to	the conducting part is called dead space very vol) x breathing rate 5600 ml/min	e from nose to tertiary volume.			
33.	Calculate the alveolar ventilation per minute of volume 500 ml with a vital capacity 7000 ml	of a p	atient with respirate	ory rate 14/min, Tidal			
	(1) 4900 ml (2) 2000 ml Dead space volume = 150ml/breath	` ′	7700 ml	(4) 7000 ml			
	Total alveolar ventilation volume = $(TV - dead = (500-150) \times 14=350 \times 14 = 4900 \text{ml}$	space	e vol) x breathing ra	ate			
34.	Spirometry can demonstrate and measure all of	the fo	ollowing except				
	(1) Tidal volume		Residual volume				
	(3) Vital capacity	(4)	Inspiratory reserve	capacity			
	Spirometer instrument can measure volume of volume of air always trapped in lungs ie RV.	air th	nat can be inspired of	or expired and not the			
35.	Routine spirometry can't estimate						
	(1) FRC (2) VC	` /	IRC	(4) ERV			
	FRC=ERV + RV, As FRC includes RV, it construment can measure volume of air that can lead always trapped in lungs in RV.						
	, II C	E 614	ara				
36.	EXCHANGE Of The thickness of the respiratory membrane is	f GA	SES				
50.	(1) more than a millimeter but less than a centi	mete	r				
	(2) more than a centimeter but less than 5 centimeters						
	(3) more than a millimeter but less than a meter						
	(4) less than a millimeter	c					
	Thinner the membrane more shall be the diffusi	on of	gases.				
37.	Mouth-to-mouth respiration provides an oxygen	conc	centration is				
	(1) 16% (2) 20%	` ′	22%	(4) 24%			
	Inspired air has 21% oxygen and expired air hat only 25% oxygen gets exchanged in lungs.	ıs 169	% oxygen because u	nder normal condition			
	TRANSPORT O	F GA	SES				
38.	The state of iron responsible for O_2 transport	ı Un					
	(1) Fe^{++} (2) Fe^{+++}	(3)	Both	(4) None of these			
	Hb has 4 Fe ⁺⁺ that binds loosely with 4 oxygen	mole	cules.				



39.	Methaemoglobin refers to (1) a colourless respiratory pigment (2) oxidized haemoglobin (3) oxygenated hemoglobin (4) deoxygenated haemoglobin Approx. 99%Hb gets oxygenated to form oxyhaemoglobin, about 1% Hb gets oxidized to form methaemoglobin.
40.	In one circulation, how much oxygen does the blood supply to tissues? (1) 75% (2) 1.34% (3) 25% (4) 7% Under resting condition every 100ml of arterial blood having approx 20ml oxygen delivers 5ml oxygen to tissues, hence 25% of its transport capacity.
41.	Amount of oxygen present in one gram of haemoglobin is (1) 20 ml (2) 1.34 ml (3) 13.4 ml (4) none of these Every 100ml or dl of blood has approx. 15gm Hb. Each gm of Hb carries approx. 1.3ml oxygen.
42.	In lungs, air is separated from venous blood by (1) squamous epithelium + tunica externa of blood vessel (2) squamous epithelium + endothelium of blood vessel (3) transitional epithelium + tunica media of blood vessel (4) columnar epithelium + three layered wall of blood vessel Respiratory membrane is made of alveolar membrane (squamous ep.) and capillary membrane (endothelium).
43.	Exchange of gases in lung alveoli occurs through (1) active transport (2) osmosis (3) simple diffusion (4) passive transport Exchange of gases in lung alveoli occurs through simple diffusion due to difference in partial pressure of gases.
44.	O ₂ delivery to tissues depends on all/except (1) Cardiac output (2) Type of fluid administered (3) Hemoglobin concentration (4) Affinity of hemoglobin for O ₂ O ₂ delivery to tissues increases with Cardiac output . O ₂ delivery to tissues increases with increasing Hb content.
	TRANSPORT OF O ₂ (oxygen dissociation curve)
45.	Arterial blood O_2 in ml of O_2 per dl is (1) 12.1 (2) 19.8 (3) 15.6 (4) 27.8 Every 100ml or dl of blood has approx. 15gm Hb. Each gm of Hb carries approx. 1.3ml oxygen . Therefore each dl of arterial blood carries 15 x 1.3=19.5ml oxygen
46.	Percentage of O ₂ carried in chemical combination (1) 97% (2) 3% (3) 66% (4) 33% Approx 97% of O ₂ carried in chemical combination as oxyhaemoglobin.
47.	During exercise increase in O ₂ delivery to muscles is because of all except (1) Oxygen dissociation curve shifts to left (2) Increased stroke volume



	(3) More extraction of oxygen from blood (4) Increased blood flow to muscles Oxygen dissociation curve shifts to left means association of Hb with oxygen so during exercise Oxygen dissociation curve shifts to right indicating dissociation.
48.	Binding of oxygen with haemoglobin is primarily related to (1) partial pressure of oxygen (2) partial pressure of carbon dioxide (3) hydrogen ion concentration (4) temperature Binding of oxygen with haemoglobin is primarily related to high partial pressure of oxygen.
49.	Which of the following factors can interfere with binding of oxygen with haemoglobin? (a) pO ₂ (b) pCO ₂ (c) H ⁺ concentration (d) Temperature (1) only a (2) b, c and d (3) a and d (4) a, b, c and d Affinity of Hb towards oxygen changes due to factors like pO ₂ (affinity increases), pCO ₂ (affinity decreases with increase in carbondioxide), H ⁺ concentration (affinity decreases with increase in H ions) and Temperature (affinity increases with temperature increase)
50.	What will happen to the oxygen dissociation curve if pH is decreased? (1) shift to left (2) shift to right (3) remains unchanged (4) oscillates erratically pH decreased means blood becomes acidic due to presence of more H ions causing oxygen dissociation curve to shift right ie causing dissociation of Hb from oxygen.
51.	Decreased O ₂ affinity of Hb in blood with decreased pH is (1) Haldane effect (2) Double Haldane effect (3) Bohr's effect (4) Double Bohr effect Bohr effect due to high pCO ₂ is mainly responsible for delivery of oxygen to tissues
52.	Which of the following does not occur as the blood passes through systemic capillaries? (1) Increased protein content (2) Shift of Hemoglobin dissociation curve to left (3) Increased hematocrit (4) Decreased pH As the blood passes through systemic capillaries ie near tissues, Hb shall undergo dissociation, so Shift of Hemoglobin dissociation curve to right.
53.	At rest, about of the oxyhemoglobin in the arterial blood dissociates (unloads its oxygen) in one pass through the systemic capillaries, (1) 10-12% (2) 20-25% (3) 50-60% (4) 85-97% Under resting condition every 100ml of arterial blood having approx 20ml oxygen delivers 5ml oxygen to tissues, hence 25% of its transport capacity.
54.	The oxygen dissociation curve of foetal haemoglobin is (1) sigmoid and lies on the left of the oxygen dissociation curve of maternal haemoglobin (2) sigmoid and lies on the right of the oxygen dissociation curve of maternal haemoglobin (3) parabolic and lies on the left of the oxygen dissociation curve of maternal haemoglobin (4) parabolic and lies on the right of the oxygen dissociation curve of maternal haemoglobin Foetal Hb shows more affinity towards oxygen compared to adult Hb.
55.	An increase in which of the following parameters will shift the O ₂ dissociation curve to the left (1) Temperature (2) Partial pressure of CO ₂

O₂ dissociation curve shift to the left means association of Hb with oxygen and that shall be

(4) Oxygen affinity of hemoglobin



(3) 2, 3 DPG concentration

	more when Hb shows more affinity towards oxyg	gen .
56.	The sigmoid nature of Hb-O ₂ dissociation curve (1) Binding of one O ₂ molecule increases the af (2) Alpha chain has more affinity for O ₂ than be (3) Beta chain has more affinity for O ₂ than alph (4) Hemoglobin is acidic in nature Each Hb molecule binds with 4 oxygen molecule	finity for the next O ₂ molecule ota chain na chain
57.	The factor responsible for the left shift of Hb-O ₂ (1) Increase in 2, 3 DPG in RBC (3) Fall in pH Decrease in temperature associates Hb with oxyg	(2) Fall in temperature(4) Increase level of CO₂ in blood
58.	Role of 2, 3 DPG in hemoglobin (1) Unloading oxygen to tissues (3) Buffering capacity 2, 3 DPG (diphosphoglycerate) in hemoglobin right shift in oxygen dissociation curve.	(2) Increased affinity for oxygen(4) Osmotic fragilitydecreases affinity of Hb for oxygen causing
59.	During acclimatization to high altitude all of the (1) Increase in minute ventilation (2) Increase in the sensitivity of central chemore (3) Increase in the sensitivity of carotid body to (4) Shift in the oxygen dissociation curve to the During acclimatization to high altitude Shift in partial pressure of oxygen is less decreasing affirm	eceptors hypoxia left the oxygen dissociation curve is to right as
60.	Myoglobin binds with mole/s of oxygen . (1) 1 (2) 2 Hb has 4 Fe and myoglobin has only 1 Fe.	(3) 3 (4) 4
61.	The affinity of oxygen for Hb decreases with fall (1) Brain bridge effect (3) Haldane effect Bohr effect due to high pCO ₂ is mainly responsible.	(2) Bohr's effect (4) Herring effect le for delivery of oxygen to tissues
	TRANSPORT OF CARI	BON DIOXIDE
62.	Which ion replaces HCO ₃ ⁻ when it diffuses or systemic capillaries?	ut of the red blood cells into the plasma in
	 (1) hydrogen ion (H⁺) (3) chloride ion (Cl⁻) Near tissues efflux of bicarbonates from RBCs i shift). 	 (2) hydroxyl ion (OH⁻) (4) sodium ion (Na⁺) s balanced by influx of choride ions (chloride
63.	Largest fraction of CO ₂ is present in blood as: COLLEGES: ANDHERI/BORIVALI/CHEMBUR/DADAR/KA	ALYAN / KHARGHAR / NERUL / POWAI / THANE



	(1) Attached with RBC(3) CarbaminohaemoglobinAbout 70% CO₂ is present in blood is carried as	(2) Dissolved in blood(4) BicarbonateNa bicarbonates.
64.	Arterial carbon dioxide level is (1) 40 mm Hg (2) 37 mm Hg Arterial carbon dioxide level ie carbon dioxide NCERT pg 272, table 17.1	(3) 45 mm Hg (4) 60 mm Hg e level in oxygenated blood =40mm Hg. XI
65.	Which of the following statement/s is/are correct (a) A high concentration of carbonic anhydrase (b) Minute concentration of carbonic anhydrase (c) Every 100 ml blood delivers approximately (d) 20-25% CO ₂ is carried by haemoglobin as c (1) a, c and d (2) a and d XI NCERT pg 274,275	is present in RBC. e is present in plasma. 4 ml of CO ₂ to alveoli.
66.	Carbon dioxide is carried in the blood in all of the (1) dissolved gas (3) carbaminohaemoglobin Hb shows max. affinity towards carbon monoxide	(2) bicarbonate ion(4) carboxyhaemoglobin
67.	During transport of carbon dioxide, blood doesn (1) neutralization of H ₂ CO ₃ by Na ₂ CO ₃ (3) blood buffers Blood buffers like Na bicarbonate (alkali) and oxyhaemoglobin (acid) and reduced Hb (alkali).	(2) absorption of leucocytes(4) non accumulation
68.	The enzyme required to form carbonic acid from (1) carbonic amidase (3) carbonic anhydrase Carbonic anhydrase is present in abundance inside	(2) carbonate hydrogenase(4) carboxypeptidase
	REGULATION OF RI	ESPIRATION
69.	Hering-Breuer reflex is related to effect of	(3) nerves (4) temperature
70.	Respiratory centre in brain is stimulated by (1) CO ₂ content in venous blood (3) O ₂ content in venous blood	 (2) CO₂ content in arterial blood (4) O₂ content in arterial blood
Chemo	preceptors in aorta (artery) and carotid artery are h	
71.	A chemosensitive area is situated adjacent to t sensitive to and ions	the respiratory rhythm centre which is highly
Chemo	(1) O ₂ , H ⁺ (2) CO ₂ , OH ⁻ oreceptors in aorta (artery) and carotid artery increased H ion conc. ie acidity of blood.	(3) CO ₂ , H ⁺ (4) O ₂ , OH ⁻ are highly sensitive to increased pCO ₂ and
72.	True statement regarding respiratory centre is (1) Directly stimulated by fall in PaO ₂	(2) Inhibited during swallowing



	(3) Connected with cardiac centre	(4)	Situated in midbra	ain	
Breath	ning stops during swallowing as epiglottis closes	openii	ng of trachea to pre	vent entry of foo	d.
73.	Hering – Breuer's reflex – mainly related to				
	(1) Normal centre of ventilation	(2)	Control of pneumo	otaxic centre	
	(3) Prevent excess lung inflation	(4)	Prevent collapsing	g of alveoli	
Herin	g-Breuer reflex is a protective reflex which prev	ents th	ne alveoli from over	rstretching or bur	sting.
•				C	U
	DISORDI	ERS			
74.	A person is having normal lung complianc	e and	increased airway	resistance. The	most
	economical way of breathing for him				
	(1) Rapid & deep (2) Rapid & shallow	(3)	Slow & deep	(4) Slow	&
	shallow				
A per	rson with normal lung structure but obstructed breathing so most efficient is slow (as pathway			nall have difficu	ilty in
75.	Ascent of high mountains causes altitude sickness				_
	(1) excess of carbon dioxide in blood	` '	decreased efficien	•	
	(3) decreased partial pressure of oxygen		decreased proporti	• •	
The a	ir becomes thinner at higher altitude so the perce	_			
	as the pressure decreases at higher altitude, the	e partia	al pressure of each g	gas decreases too).
= (. 1	1.41 C		
76.	Hemoglobin that is bonded to carbon monor	xide a	nd therefore canno	ot transport oxyg	gen, is
	called	(0)	.1 1.1:		
	(1) carboxyhaemoglobin		methaemoglobin	1 1 '	
TTI 1	(3) reduced hemoglobin		carbaminohaemog		
	ows max. affinity towards carbon monoxide and	binds	irreversibly with it.	•	
77.	Apnoea is defined as	(O)			
	(1) Stoppage of heart beat		Cessation of respin		
A	(3) Irregular respiration	(4)	Regular respiration	n	
-	ea means when breathing stops.				
78.	Emphysema is a disease characterized by	(2)		c ·	
	(1) haemorrhage of pulmonary capillaries		increase in numbe		
ъ .	(3) infection of <i>Mycobacterium</i>		over-inflation of a		
-	ysema cause damage to alveolar membrane decre	easing	the overall surface	area for diffusion	n.
79.	Asthma is a respiratory disease caused due to	(2)			
	(1) infection of trachea		infection of lungs		
~	(3) bleeding into pleural cavity	` '	spasm in bronchia	l muscles	
Spasn	n in bronchial muscles due to allergens like dust	or smo	ke causes asthma.		
80.	Cigarette smoking is one of the major causes of	f			
	(1) asthma (2) bronchitis		emphysema	(4) fibrosis	
Emph	ysema is a chronic disorder most common in smo	okers.			
81.	In which of these would you expect to fin	ıd an	increase in thickn	less of the respi	iratorv
	membrane			P	
	(1) Emphysema	(2)	Asthma		
	(3) Pulmonary artery thrombosis	(4)	Pulmonary edema		
	(-, - simonary arter) through	(')	j cacina	1	



Emphysema cause damage to alveolar membrane decreasing the overall surface area for diffusion. Asthma doesn't affect alveoli. Pulmonary artery thrombosis is thickening of Pulmonary artery wall. Pulmonary oedema shall increase the respiratory membrane due to accumulation of fluids.

82. Emphysema is a condition in which

(1) respiratory centre is inhibited

(2) fluid accumulates in lungs

(3) the walls separating the alveoli break

(4) lungs have more oxygen

Emphysema is a chronic disorder most common in smokers. Emphysema cause damage to alveolar membrane decreasing the overall surface area for diffusion.

LEVEL - II

HUMAN RESPIRATORY SYSTEM

1.	Which of the	following	is not a	function	of co	onducting	part of the	respiratory	system?

(1) Diffusion of O₂ and CO₂

(2) Clears the air from foreign particles

(3) Humidifies the air

(4) Brings the air to body temperature

Conducting part of the respiratory system, as its lined with either compound ep or ciliated ep., and hence have no role in exchange of gases.

2. Choose the incorrect statement

- (1) At the level of 5th thoracic vertebra, trachea divides into right and left primary bronchi
- (2) Larynx is a cartilaginous box which helps in sound production and hence called sound box
- (3) Outer pleural membrane is in close contact with thoracic lining whereas the inner pleural membrane is in contact with the lungs surface
- (4) Thoracic chamber is formed dorsally by sternum ventrally by vertebral column, laterally by ribs and on lower side by dome-shaped diaphragm

Thoracic chamber is formed ventrally by sternum dorsally by vertebral column, laterally by ribs and on lower side by dome-shaped diaphragm

3. Which of the following organ is not considered as major organ during vocalization?

(1) Lips

(2) Tongue

(3) Soft palate

(4) Hyoid bone

Hyoid bone only helps to support organs in throat and provide site for attachment of muscles.

4. Which of the following pressure always maintain –ve with respect to atmospheric pressure?

(1) Pleural pressure

(2) Alveolar pressure

(3) Transpulmonary pressure

(4) Recoil pressure

Intrapleural pressure is always maintain –ve with respect to atmospheric pressure to prevent lungs from collapsing.

5. In humans, respiration takes place in

(1) cells lining the lung cavity

(2) cells found in blood

(3) all living cells of the body

(4) only RBC

Respiration takes place in all living cells of the body to produce energy aerobically or anerobically.



	Breathing and Exchange of Gases Zol. 2
6.	Each lung is enclosed in a double membrane called pleura. The part which closely covers the lung is
Outer	(1) pulmonary pleura (2) visceral pleura (3) peritoneal pleura (4) parietal pleura pleural membrane is in close contact with thoracic lining whereas the inner pleural membrane is in contact with the lungs surface
7.	If the thoracic wall is ruptured but the lungs aren't (1) the lungs get inflated (2) the lungs get collapsed (3) the breathing rate decreases (4) the breathing rate increases
Lungs	are situated in thoracic cavity which is an anatomically air tight chamber and any change in its volume causes changes in lungs volume. So if the thoracic wall is ruptured but the lungs aren't shall make the lungs collapse as thoracic cavity is no longer an anatomically air tight chamber.
8.	The most important function of diaphragm of mammals is (1) to divide the body cavity into compartments (2) to protect lungs (3) to aid in respiration (4) to aid in ventilation
Only	mammals have diaphragm to do abdominal breathing or ventilation. Respiration is precisely happening in each cell. Breathing is a part of respiration.
9.	The conducting zone of the respiratory system includes all of the following passages, except (1) the trachea (2) alveolar ducts (3) tertiary bronchi (4) terminal bronchioles
The co	onducting zone of the respiratory system includes all of the following passages, except alveolar ducts and alveoli as they allow diffusion of gases.
10.	Bronchioles don't collapse when there is no air in them. This is due to presence of (1) lecithin (2) incomplete cartilaginous rings (3) complete cartilaginous rings (4) mucous
Incom	aplete cartilaginous rings around conducting pathway (trachea to bronchiole) prevents their collapsing.
11. The d	Narrowest and most abundant tubes of lungs are (1) trachea (2) bronchi (3) bronchioles (4) alveoli liameter of the respiratory tract keeps decreasing as we do deeper ie trachea is widest and bronchiole is narrowest. Alveoli are sac like structure and not tubular.
12.	In which of the following cilia is not present: (1) Respiratory bronchioles (2) Trachea (3) Bronchi (4) Terminal bronchioles
Condu	acting pathway ie from trachea to terminal bronchioles is ciliated. Part after that ie respiratory bronchioles, alveolar ducts and alveoli are non ciliated.
13.	The function of the lung surfactant compounds is to (1) filter impurities from the inspired air. (2) increase the intrapulmonary pressure. (3) reduce the surface tension in the alveoli. (4) keep the lungs moist so gas diffusion can occur. etant lecithin prevents collapsing of the alveoli.



17.	(1) Respiratory bronchioles	(2) Alveoli
	(3) Alveolar duct	(4) Secondary bronchi
Cond	.	ronchioles is ciliated. Part after that ie respiratory
		e non ciliated.Since secondary bronchi is ciliated
	,hence its sensitive to dust particles to initiat	e process of coughing.
	MECHANISM O	F BREATHING
15.	During inspiration, contraction in diaphragm	increase volume of thoracic cavity
	(1) Dorso ventrally	(2) Antero posteriorly
	(3) Laterally	(4) Dorso laterally.
Since	• /	een thoracic and abdominal cavity, its contraction
		to down ie in Antero posterior axis of body.
16.	Which of the following muscle/s is/are contr	racted during forceful expiration?
10.	(1) Abdominal muscles	(2) External intercostal muscles
	(3) Phrenic muscles	(4) Both (1) and (2)
Expir		laxation of EICM and diaphragm, but forceful
— p	expiration involves contraction of abdomina	
17	A	dian af language and account to a supplier and binds in
17.	•	tion of lungs as compared to reptiles and birds is
	better developed by the presence of (1) ribs and costal muscles	(2) only ribe
	(3) only costal muscles	(2) only ribs (4) diaphragm
Rentil	les ,aves and mammals, all have rib cage and I	· / 1 U
Кери	ics, aves and mammais, an have no eage and i	Civi but only mainmais have diapmagm.
18.	Breathing by ribs is more pronounced in	
	(1) male (2) female	(3) pregnant female (4) none of these
Breatl		hich is more pronounced in pregnant female as
	diaphragm does not get sufficient space to c	ontract as most of the abdominal space is occupied
	by the growing foetus .Hence in a pregnar	nt female breathing is mostly thoracic, rapid and
	shallow.	
	RESPIRATOR	Y VOLUMES
19.	Maximum inspiration after full expiration is	called
	(1) vital capacity (2) lung capacity	(3) tidal volume (4) residual
	volume	
XI NO	CERT pg 272	
20	About 1200 ml air left in the lungs is called	
20.	About 1200 ml air left in the lungs is called	(3) reserve volume (4) residual
	(1) tidal volume (2) vital capacity volume	(3) reserve volume (4) residual
XI NO	CERT pg 272	
21111	CLIC PG 272	
21.		d CO ₂ concentration in the lungs from fluctuating
	greatly with each breath?	(a) Di . 1 . 1 1 .
	(1) Anatomical dead space	(2) Physiological dead space



(3) Residual volume

(4) Alveolar dead space

Certain volume of air always remains in lungs even after forceful expiration ie RV, that prevents the O₂ and CO₂ concentration in the lungs from fluctuating greatly with each breath

- 22. The maximum volume of air a person can contain in the lungs after maximum inspiration is
 - (1) Inspiratory reserve volume

(2) Expiratory reserve volume

(3) Vital capacity

(4) Total lung capacity.

XI NCERT pg 272

- 23. Arrange the following in the order of increasing volume
 - a. Tidal volume

b. Residual volume

c. Inspiratory reserve volume

d. Vital capacity

(1) a < b < d < c

(3) a < b < c < d

(4) b < c < a < d

XI NCERT pg 272

- **24.** Alveolar ventilation is
 - (1) $TV \times Breathing rate$

(2) (TV – Dead space volume) × Breathing

rate

(3) VC + RV

(4) TV + IRV + ERV

Total alveolar ventilation volume means volume of air actually available for diffusion of gases ie volume of air in alveoli. Volume of air present in the conducting part ie from nose to tertiary bronchiole and is unavailable for exchange of gases is called dead space volume.

25. A patient with respiratory rate of 30 per minute and Tidal volume of 250 ml

(2) a > b > c > d

- (1) His pulmonary ventilation is 6L/min
- (2) His alveolar ventilation is 3L/min.
- (3) He is likely to have normal arterial Po₂
- (4) He is likely to have normal arterial PCo₂

Total alveolar ventilation volume means volume of air actually available for diffusion of gases ie volume of air in alveoli. Volume of air present in the conducting part ie from nose to tertiary bronchiole and is unavailable for exchange of gases is called dead space volume.dead space vol. is 150ml.

Alveolar ventilation = $(TV - Dead \ space \ volume) \times Breathing \ rate = (250-150)x30=3000ml/min$

- **26.** Whether a child died after normal birth or died before birth can be confirmed by measuring
 - (1) tidal volume of air

(2) residual volume of air

(3) the weight of the child

(4) the dead space air

A child after birth who has breathed can only have residual volume of air in lungs.

- **27.** Which of the following correctly explain the pulmonary ventilation?
 - (1) Transport of O₂ and CO₂ in the blood and body fluids to and from the cells
 - (2) Diffusion of O₂ and CO₂ between the alveoli and blood cells
 - (3) In flow and outflow of air between the atmosphere and the lung alveoli
 - (4) Downward and upward movement of the diaphragms to lengthen or shorter the chest cavity.

The pulmonary ventilation means volume of air inhaled or exhaled per minute.

28. The air which is not participating in the exchange of gases

(1) Tidal air

(2) Vital air

(3) Dead space air

(4) Residual air

Air trapped in the conducting part and not available for diffusion is called dead space volume air.

EXCHANGE OF GASES

29. Alveoli are the primary sites of exchange of gases O_2 and CO_2 are exchanged in these sites by simple diffusion which is based on



	(1) Pressure/concentration gradient	` ′	Solubility of gases	
	(3) Thickness of membranes		All of these	
Pressur	re/concentration gradient is directly proportiona			
	proportional to diffusion. Thickness of membran	es is	inversely proportion	nal to diffusion.
30.	PO ₂ and PCO ₂ in oxygenated blood is			
	(1) 95 and 40 mmHg respectively	(2)	40 and 45 mmHg r	espectively
	(3) 159 and 0.3 mmHg respectively	(4)	104 and 40mmHg i	respectively.
XI NC	ERT pg 272			
31.	The amount of oxygen in expired air is			
	(1) 10% (2) 16%	(3)	19%	(4) 4%
Inspire	d air has 21% oxygen and expired air has 16%	oxy	gen because under r	normal condition only
	25% oxygen gets exchanged in lungs.			
32.	Which of the following has minimum amount of	O_2	content?	
	(1) Expired air (2) Venous blood	(3)	Inspired air	(4) Arterial blood
pO_2 in	inspired air=159mmHg, pO ₂ in expired air= 121r	mm i	Hg, pO_2 in Arterial 1	blood= 95mmHg, pO ₂
	in venous blood = 40mmHg			
33.	Which of the following has maximum amount of			
	` '	` ′		(4) Venous blood
pO ₂ in	inspired air=159mmHg, pO2 in alveolar air= 104	mm	Hg, pO_2 in Arterial	blood= 95mmHg, pO ₂
	in venous blood = 40mmHg			
34.	Which of the following is the correct order of			n, carbon dioxide and
	nitrogen from lungs to blood through the respirat	•		
	(1) $CO_2 > O_2 > N_2$	` ′	$CO_2 > N_2 > O_2$	
	(3) $O_2 > CO_2 > N_2$	` '	$O_2 > N_2 > CO_2$.	
Carbor	n dioxide being most soluble hence shows max di	ffusi	on and nitrogen is le	ast soluble.
	TRANSPORT OF	T C A	CFC	
	TRANSFORT OF	· UA	(SES	
35.	The combination of oxygen and haemoglobin is	calle	d	
	(1) oxidation (2) oxygenation			(4) none of these
Oxyge	n is loosely attached to Fe of haemoglobin and he	ence	its oxygenation reac	tion and not oxidation
	reaction as ferrous ion is not converted to ferric i			
36.	How much percent of CO ₂ is transported by hem	oglo	bin as carbamino-he	emoglobin?
	(1) 3% (2) 7%	(3)	20-25%	(4) 70
Approx	x-20-25% CO ₂ is transported by hemoglobin as c	arba	mino-hemoglobin	
37.	Which of the following statement is correct with	resp	ect to transport of ga	ases?
	(i) 97% of O ₂ is transported by RBC in the bloo	d		
	(ii) 3% of O ₂ carried in a dissolved state through	h the	RBC	
	(iii) 70% CO ₂ is carried as bicarbonate.			
	(iv) 7% of CO ₂ is carried in a dissolved state three	ough	plasma.	
	(1) (i), (iii) & (iv) (2) (i), (ii) & (iii)	(3)	Only (i)	(4) All are correct.
3% of	O ₂ carried in a dissolved state in plasma.			
38.	Which of the following is false concerning the ha	aemo	oglobin molecule?	
	(1) It contains amino acids	(2)	It contains iron	
	(3) It can bind four O ₂ molecules	(4)	It is found in huma	<mark>ns only</mark>
Haemo	oglobin is found in vertebrates and annelids.			

TRANSPORT OF O₂ (oxygen dissociation curve)



39.	Which of the followin saturation of hemoglob		ference at O_2 arterial blo	od leads to maximum
	(1) $10 \rightarrow 20 \text{ mm Hg}$)III :	$(2) 20 \rightarrow 30 \text{ mm Hg}$	
	$(3) 40 \rightarrow 50 \text{ mm Hg}$		$(4) 70 \rightarrow 80 \text{ mm Hg}$	
XI NO	CERT pg 274, figure 17.	5. Nearly 20% saturation	n at $10 \rightarrow 20 \text{ mm Hg, Ne}$	arly 30% saturation at
	_	just 10% saturation at 4	$0 \rightarrow 50 \text{ mm Hg, and hard}$	ly 5% saturation at 70
	\rightarrow 80 mm Hg			
40.	In comparison to adul	t haamaalahin tha ayya	en dissociation curve of	myoglobin is situated
40.	towards	t naemogioom, me oxyg	en dissociation curve of	myogloom is situated
	(1) Right side	(2) Left side	(3) Either 1 or 2	(4) No change.
Myogl			and hence its curve shall	be on the left side of
41	oxygen dissociation cu		D 1 2 CC 40	
41.	•	g statement correctly defi decrease in CO ₂ concent		
	(2) Rise in P ₅₀ with decrease (2)		ration	
	(3) Rise in P_{50} with in			
	(4) Fall in P_{50} with de			
Bohr			plood pH ie acidic blood	l causing dissociation
	making the curve shift	right.		
42.	Select what is true abo	ut Haldane's effect		
	(1) It operates in body			
		1	ue to formation of oxyhae	
	(3) Reciprocal exchar (4) Both (2) & (3).	ige of O_2 and CO_2 between	en the foetal blood and ma	aternal blood
Haldaı		eased pO2 in lungs causing	ng formation of oxyhaeme	oglobin and release of
	CO ₂ from body.		<i>g ,</i>	6
12				0
43.	The oxygen hemoglob Hb is 75% saturated?	in dissociation curve is s	igmoid. At which partial p	pressure of oxygen the
		(2) 30 mm Hg	(3) 40 mm Hg	(4) 98 mm Hg
XI NC	CERT pg 274, figure 17.	· · ·	(6) 10 11111 118	(1) >0 11111 118
44.	• 0	on curve will not shift to		
	(1) Foetal blood	:	(2) Decrease in pH	
Decres	(3) Decrease in hydro	_	(4) Low temperature.	ill shift to right
Вссте	ase in pir shan caase an	sociation making the oxy	, gon dissociation carve w	in sinit to right.
45.	Mark the factors which	ch are favorable for the	formation of oxyhaemo	globin at the level of
	alveoli	(**) T TT	(''') I GO	
	(i) High pO ₂ temperature	(ii) Lesser H ⁺ conc	(iii) Low pCO ₂	(iv) Lower
	(1) (i), (ii) & (iv)	(2) (i), (ii) & (iii)	(3) (ii), (iii) & (iv)	(4) (i), (ii), (iii) &
	(iv)	(-) (-), () ()	(-), (), ()	(1) (-), (), ()
XINC	CERT pg 274, 2 nd para.			
16	D. volvo in adult been	on of which becaused the	in 500/ notwested	voon is s
46.	P_{50} value in adult number (1) 10 mm Hg of pO ₂		is 50% saturated with ox (2) 18 mm Hg of pO ₂	ygen is a
	$\begin{array}{c} \text{(3)} 27 \text{ mm Hg of pO}_2 \\ \end{array}$		(4) 50 mm Hg of pO ₂	
			. ,	



XI NCERT pg 274, figure 17.5.

- **47.** Which of the following best explain the Haldane effect?
 - (1) Increase in CO₂ in the blood will cause O₂ to be displaced from the Hb
 - (2) Binding of O₂ with Hb tend to displace carbon dioxide from the blood
 - (3) Decrease in arterial PO₂ tends to displace more amount of CO₂ from the blood
 - (4) Decrease in arterial PCO₂ tend to displace O₂ from the Hb.

Haldane effect is due to increased pO₂ in lungs causing formation of oxyhaemoglobin and release of CO₂ from body.

- **48.** Which of the following is not correct about Haldane effect?
 - (1) In the tissue capillaries, Haldane effect causes increased pickup of CO₂
 - (2) In lungs, it causes increased release of CO₂
 - (3) Haldane effects acts opposite to Bohr's effect
 - (4) In the tissue capillaries Haldane effect causes increased pickup of O₂

Haldane effect is due to increased pO₂ in lungs causing formation of oxyhaemoglobin and release of CO₂ from body. Its mainly for transport of CO₂ in lungs as well as near tissues. In the tissue capillaries Bohr effect causes increased pickup of O₂

- **49.** Around 50 ml of O_2 to the tissues under normal physiological conditions is transported by
 - (1) 100 ml of oxygenated blood
- (2) 1000 ml of oxygenated blood
- (3) 1000 ml of deoxygenated blood
- (4) 200 ml of oxygenated blood.

As each 100ml of oxygenated blood delivers 5ml oxygen to tissues ,hence every 1000 ml of oxygenated blood shall deliver 50 ml of O₂ to the tissues under normal physiological conditions

- **50.** Which of the following takes place when blood becomes acidic?
 - (1) Binding of oxygen with haemoglobin increases
 - (2) Red blood corpuscles are formed in higher number
 - (3) Binding of oxygen with haemoglobin decreases
 - (4) There is no change in the binding of oxygen and number of RBCs

When blood becomes acidic due to increased H ions, it causes Bohr effect, oxygen dissociates from Hb.

51. Haldane effect is due to

(1) CO₂

(2) lactic acid

(3) pH

(4)

oxyhaemoglobin

Haldane effect is due to increased pO₂ in lungs causing formation of oxyhaemoglobin and release of CO₂ from body.

- **52.** Ratio of oxyhaemoglobin and haemoglobin in blood is based upon
 - (1) oxygen tension tension
- (2) CO₂ tension
- (3) carbonate tension
- (4) bicarbonate

pO₂ or oxygen tension shall mainly decide the state of Hb.

- **53.** Breathing 100% oxygen is likely to produce all of the following except?
 - (1) Marked increase in alveolar PO₂
 - (2) Marked increase in arterial blood PO₂
 - (3) Marked increase in arterial blood O₂ content
 - (4) Almost no change is arterial blood PCO₂

Breathing 100% oxygen shall not increase in arterial blood O₂ content as it shall still remain the same as each Hb molecule can still combine with only 4 oxygen molecules .Each 100ml of arterial blood shall carry aprrox. 20ml oxygen.



54.	The utilization coefficient of body	tissue where the b	lood flow is extremel	y slow and metabolic
	rate is high will be (1) 25% (2) 75%	(3)	100%	(4) 50%
At res	ting condition every 100ml of blo	` '		` '
110 100	capacity .So during increased ac			
	increases making this delivery ca			
	the pH of blood.	r and a first term of the firs		
<i>55.</i>	Amount of oxygen transported by	one gram of hemos	globin is	
	(1) 1.34 ml (2) 13.4 r	•	20 ml	(4) 3.7 ml.
One gr	ram of hemoglobin carries 1.34ml	` '		` '
56.	Oxyhaemoglobin acts as	70		
	(1) alkali (2) acid	(3)	buffer	(4) neutral
Hb act	s as a buffer –oxyhaemoglobin act			
<i>5</i> 7.	Amount of O ₂ transported by 100		<u> </u>	
	(1) 50 ml (2) 20 ml	(3)	80 ml	(4) 100 ml
Each g	gm of Hb carries 1.34ml $\overline{O_2.100}$ ml	of blood has approx	15gm Hb.	
	TRANSPO	ORT OF CARBON	DIOXIDE	
58.	Every 100 ml of deoxygenated blo	ood delivers approx	imately ml	of CO ₂ to the alveoli
	(1) 2 ml (2) 16 ml	(3)	4 ml	(4) 6 ml.
XI NO	CERT pg 275,2 nd para ,last line.Eve	ry 100 ml of deoxy	genated blood delive	rs approximately 4ml
	of CO ₂ to the alveoli.			
59.	Carbonic anhydrase is most abund			
	$(1) RBC \qquad (2) WBC$	(3)	blood plasma	(4) platelets
	CERT pg 275,1st para,2nd line.			
60.	Carbon dioxide is transported from			
	(1) plasma (2) erythi	ocytes (3)	both (1) and (2)	(4) RBCs and
	WBCs			
	n dioxide is dissolved in plasma an	•		
61.	For proper transport of oxygen an			
	(1) slightly acidic		strongly acidic	
_	(3) slightly alkaline		strongly alkaline	
-	oper transport of oxygen and carbo		*	
62.	Concentration of carbonic acid do			
	(1) Na^+ (2) Mg^{+2}	` /	Ca ⁺²	$(4) K^+$
	ntration of carbonic acid in blood i	•		
63.	Which one is correct with respect			
	(1) Cl ⁻ moves in the RBC	(2)	HCO_3^- moves in the	e RBC
	(3) HCO_3^- moves out the RBC	(4)	O ₂ moves out the R	BC
Payer	se chloride shift taking place in lu	nge causes Cl- mo	ves out of RRC and	HCO- moves in the
Kevers	0.1	ngo causes Ci IIIO	ves out of NDC allu	11003 moves in the
	RBC			
DECI	II ATION OF DECDID ATION			
	JLATION OF RESPIRATION	o for formal 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	u a atauta !::	
64.	The impulse for voluntary muscle	s for forced breathi	ng starts in	
0-1.	÷		•	
04.	(1) medulla oblongata(3) cerebellum		vagus nerve cerebrum	



The impulse for voluntary muscles for forced breathing starts in cerebrum and the impulse for voluntary muscles for normal breathing starts in medulla oblongata.

- Which of the respiratory centre present in the pons region of the brain moderate the function of the respiratory rhythm centre?
 - (1) Pneumotaxic centre

(2) DRG

(3) VRG

(4) Both (2) & (3).

XI NCERT pg 275, 3rd para

- **66.** Nerve impulses from the dorsal respiratory group of neurons stimulate the
 - (1) Diaphragm to become flat shaped
 - (2) Abdominal muscle to relax completely
 - (3) External intercostal muscle to lower the rib cage
 - (4) Internal intercostal muscle to raise the rib cage.

Nerve impulses from the dorsal respiratory group of neurons stimulate to cause inspiration by contracting EICM and diaphragm.

- 67. If the pneumotaxic centre is sending weak inhibitory signals to DRG
 - (1) duration of inspiration increases, decreasing the respiratory rate
 - (2) duration of inspiration increases, increasing the respiratory rate
 - (3) duration of inspiration decreases, increasing the respiratory rate
 - (4) duration of inspiration decreases, decreasing the respiratory rate\

Pneumotaxic centre of pons inhibits respiratory rhythm centre of medulla and hence decreases the duration of inspiration and increases the breathing rate. But if these signals are weak then the effect shall be opposite.

- **68.** Select the correct statement w.r.t. regulation of respiration
 - (1) Role of oxygen in regulation of respiratory rhythm is insignificant
 - (2) Chemosensitive area is highly sensitive to O_2 and hydrogen ions
 - (3) Medulla region of the brain has Pneumotaxic centre
 - (4) Respiratory rhythm centre is the pons varolii region of brain can reduce duration of inspiration.

Chemosensitive area is highly sensitive to CO₂ and hydrogen ions . Pons region of the brain has Pneumotaxic centre. Respiratory rhythm centre is in the medulla region of brain .

- **69.** Which respiratory centre primarily limits inspiration?
 - (1) Dorsal respiratory group of neurons

(2) Ventral respiratory group of neurons

(3) Pneumotaxic centre

(4) Apneustic centre.

Pneumotaxic centre of pons inhibits respiratory rhythm centre of medulla and hence decreases the duration of inspiration and increases the breathing rate.

- **70.** Respiratory centres of brain are highly sensitive to
 - (1) O₂ concentration in blood

(2) CO₂ concentration in blood

(3) High pH of blood

(4) Body temperature.

Chemosensitive area is highly sensitive to CO₂ and hydrogen ions conc of arterial blood.

- **71.** Rate of respiration is directly affected by
 - (1) CO₂ conc.

(2) O₂ in trachea

(3) O₂ concentration

(4) diaphragm expansion

Chemosensitive area is highly sensitive to CO_2 and hydrogen ions and hence if CO_2 conc. increases ,rate of breathing too increases.

DISORDERS

72. Carbon monoxide has times affinity greater than oxygen with haemoglobin.



(1) 1000 (2) 200 (3) 20 (4) 2 Carbon monoxide has 200-250 times affinity greater than oxygen with Hb.

- 73. Carbon monoxide prevents transport of oxygen by
 - (1) forming stable compound with haemoglobin
 - (2) destroying haemoglobin
 - (3) forming carbon dioxide from oxygen
 - (4) destroying RBCs

Carbon monoxide binds irreversibly with Hb to form carboxy haemoglobin.

- 74. Ascent to high mountains may cause altitude sickness in human. Prime cause of this is
 - (1) Excess of CO₂ in blood
 - (2) Decreased efficiency of hemoglobin to bind with oxygen
 - (3) Decreased amount of hemoglobin in blood
 - (4) Decreased partial pressure of oxygen

At high altitude air becomes thin and hence partial pressure of individual gases is reduced.

- **75.** In carbon monoxide poisoning, there is
 - (1) increase in CO₂ concentration
- (2) decrease in oxygen availability
- (3) decrease in free haemoglobin
- (4) none of these

In carbon monoxide poisoning, there is decrease in free haemoglobin as CO binds irreversibly with Hb.

- **76.** A chronic disorder, mainly caused due to cigarette smoking, in which alveolar walls are damaged due to which respiratory surface is decreased, called
 - (1) Asthma
- (2) Bronchitis
- (3) Emphysema
- (4) Atelectasis.

Emphysema cause damage to alveolar membrane decreasing the overall surface area for diffusion.

- 77. Respiratory distress syndrome of new borns is primarily due to
 - (1) Non functioning of diaphragm
 - (2) Non functioning of intercostals
 - (3) Little or no surfactant formation in alveoli
 - (4) Inability of secretion of nitric oxide

Respiratory distress syndrome of new borns means the lungs fail to expand ie baby is born with collapsed lungs mainly due to severe deficiency of lecithin in alveoli.

- **78.** Which of the following is not correct about chronic asthma?
 - (1) Increase in FRC

(2) Dyspnoea

(3) Barrel chest

(4) Decrease intrapulmonary pressure

Chronic asthma causes Barrel chest reducing lungs size and hence intrapulmonary pressure slightly increases. Dyspnoea means difficulty in breathing. Since expiration is difficult so more air remains in lungs as FRC.

PREVIOUS YEARS QUESTIONS

1. If the total pressure of the gases is 760 mmHg and its composition is 20% oxygen, 0.04% carbon dioxide, 75% nitrogen and 5% water vapour, the partial pressure of oxygen is:

(2) 118 mmHg

(4) 20 mmHg.

[Kerala PMT 2001]



(1) 15.2 mmHg

(3) 152 mmHg

pO ₂ in	atmospheric air is 159mm Hg.			
2.	After taking a long deep breath we do not re (1) Less O ₂ in blood (3) Less CO ₂ in blood	spire for some (2) More O ₂ (4) More CO	in blood	[Kerala PMT 2001]
Breath	ing rate and type of breath is most affected b	y conc of CO2	and H ions in blo	ood.
3.	During CO ₂ transport, HCO ₃ ⁻ diffuses from equilibrium momentary. In order to keep the into the erythrocytes from plasma. This production	e ionic balanc	e, an equal numb as:	_
	(1) Haldane effect	(2) Bohr effe	_	
	(3) Bicarbonate shift	. ,	ger phenomenon.	
Hamb	urger phenomenon is also called as chloride s	, ,		
4.	The volume of air breathed in and out durin	g a normal bre		called: rala PMT 2001, 02]
	(1) Tidal volume	(2) Vital cap		aua 1 1111 2001, 02 ₁
	(3) Residual volume	• •	ry reserve volum	e.
XI NO	CERT pg 271 ,last para	(i) inspirate	ry reserve verdin	.
5. Oxyha	Oxyhaemoglobin dissociates into oxygen ar (1) low O ₂ pressure in tissue (2) high O ₂ pressure in tissue (3) equal O ₂ pressure inside and outside tis (4) all times irrespective of O ₂ pressure. demoglobin dissociates into oxygen and demoglobin dissociates into oxygen and demoglobin temperature etc.	sue		[JIPMER 2002] the to low pO2, high
6. Respin	Respiratory centre that controls normal brea (1) Midbrain (2) Cerebrum ratory rhythm centre that controls normal brea	(3) Cerebellu		[CPMT 2002] edulla oblongata. brain.
7. Dolph	Given below are four matching of an animal A. Silver fish – trachea C. Sea squirt – pharyngeal gills The correct matching are: (1) B and D (2) C and D in – lungs. All mammals terrestrial or aquation	B. ScorpionD. Dolphin(3) A and D	1 – book lungs – skin (4) A	B, and C.
8.	Carbon monoxide contained in tobacco smo			[Orissa JEE 2003]
J.	Carbon monoxide contained in tobacco sino	NC .		[O1155a JEE 2003]



- (1) Is carcinogenic
- (2) Causes gastric ulcers
- (3) Reduces oxygen carrying capacity of blood
- (4) Raises blood pressure

CO binds irreversibly with Hb.

- 9. When man inhales air containing normal concentration of O₂, but also carbon monoxide, he suffers from suffocation because: [BV Pune 2003]
 - (1) Haemoglobin combines with CO instead of with O₂ and product cannot dissociate
 - (2) CO react with O_2 reducing percentage of O_2 in the air
 - (3) CO affects the diaphragm and intercostal muscles
 - (4) CO affects the nerves of the lungs.

Hb has max. affinity for CO.

- 10. Ravi, who lived at sea level, had around 5 million RBCs per cubic millimeter of his blood. Later when he lived at an altitude of 18,000 ft, showed around 8 million RBCs per other millimeter of blood. This is an adaptation because.
 - (1) He had pollution free air to breathe
 - (2) At high altitude he ate more nutritive food
 - (3) At high altitude, O₂ level is less hence more RCBs were required to absorb enough oxygen
 - (4) At high altitude there is more of UV-radiation which enhances RBCs production.

At high altitude as partial pressure of oxygen is less, people need to get acclimatize. Hb content increases as RBC count increases.

11. What is true about hemoglobin?

[AIEEE 2004]

- (1) It is a dipeptide and present in red blood corpuscles in blood worm
- (2) It is present in the dissolved state in blood plasma in earthworm
- (3) It is a dipeptide in mammals and localized in red blood corpuscles
- (4) It is present in dissolved state in blood plasma in scorpion.

Hb is a tetrapeptide and present in red blood corpuscles in vertebrates. Scorpion lacks Hb , they have haemocyanin to impart blue colour to blood.

12. The rhythmic control of breathing is produced by the activity of inspiratory and expiratory neurons in: [CPMT 2005]

(1) Cerebral cortex

(2) Medulla oblongata

(3) Apneustic centre of the pons

(4) Pneumotaxic centre of the pons.

Respiratory rhythm centre that controls normal breathing lies in medulla region of brain.

13. Dissociation curve shifts to the right when 2005]

[CPMT

- (1) O_2 concentration increases
- (2) CO₂ concentration decreases
- (3) CO₂ concentration increase
- (4) Chloride concentration increase

XI NCERT pg 274. Increase in CO2 concentration in blood causes Bohr effect as a result of which Hb affinity towards oxygen is decreased making the dissociation curve shift towards right.



- 14. In lungs, there is definite exchange of ions between RBC and plasma. Removal of CO₂ from blood involves:
 [CPMT 2005]
 - (1) Influx of Cl⁻ ions into RBC
- (2) Efflux of Na from RBC
- (3) Influx of HCO₃ ions into RBC
- (4) Efflux of HCO₃ ions from RBC.

Reverse chloride shift in lungs causes Influx of HCO₃ ions into RBC and efflux of Cl⁻ ions from RBC.

- 15. If the level of carboxyhaemoglobin in blood reaches upto the functioning of central nervous system is severely affected which results in death. [MH-CET 2005]
 - (1) 1 to 2%
- (2) 0.1 to 0.5%
- (3) 0.20 to 0.30%
- (4) 0.30 to 0.40%.

Carbon monoxide is a very poisonous gas as it binds irreversibly with Hb hence transport of other gases in body stops mainly oxygen.

16. Asthma is caused due to:

[WB-JEE 2006]

(1) Infection of lungs

- (2) Infection of trachea
- (3) Spasm in bronchial muscles
- (4) Bleeding into pleural cavity

Asthma is an allergy caused due to exposure to dust or smoke etc causing constriction of bronchi.

17. Combining of hemoglobin with oxygen in lungs can be promoted by:

[MPPMT 2006]

- (1) Introducing CO into blood
- (2) Decreasing O₂ concentration in blood
- (3) Increasing O₂ concentration in blood
- (4) Increasing CO₂ concentration in blood.

Association of Hb with oxygen is mainly due to increased pO2.

18. The function/s of surfactant is/are:

[WB-JEE 2007]

- (1) To reduce the surface tension on the alveoli
- (2) Maintaining the stable size of the alveoli
- (3) Facilitating lung expansion
- (4) All of the above

Lecithin is the surfactant present in alveoli. To prevent its collapsing.

19. Vital capacity of lungs is:

[Kerala PMT 2007]

(1) IRV + ERV

(2) IRV + ERV + TV

Column II

(3) IRV + ERV + TV - RV

(4) IRV + ERV + TV + RV

XI NCERT pg 272

20. Match the items in Column I with Column II and choose the correct option:

Column I

A Tidal volume 1 2500 to 3000 mL of air

B Inspiratory reserve volume 2 1000 mL of air C Expiratory reserve volume 3 500 mL of air

D Residual volume 4 3400 to 4800 mL of air

E Vital capacity 5 1200 mL of air

Answer Codes: [Kerala PMT 2007]

[Kerala PMT 2008]



21.

22.

23.

24.

(1) (A-3); (B-4); (C-2); (D-1); (E-5)(2) (A-3); (B-1); (C-4); (D-5); (E-2)(3) (A-5); (B-4); (C-2); (D-1); (E-3)(4) (A-3); (B-1); (C-2); (D-5); (E-4)(5) (A-4); (B-3); (C-2); (D-1); (E-5)XI NCERT pg 272 Lungs are not affected by the disease [DPMT 20071 (1) Pneumonia (2) Bronchitis (3) Polio (4) Asthma XI NCERT pg 275. Polio is a neural disorder. Which of the following factors raise the P₅₀ value and shifts the HbO₂ dissociation curve to right? [BHU 2007] (a) Rise in P_{CO_2} (b) Fall in temperature (c) Rise in H⁺ ions (= fall in pH) (d) Fall in diphosphoglyceric acid (1) (a) and (b) are correct (2) (b) and (d) are correct (3) (a) and (c) are correct (4) (a), (b) and (c) are correct. Rise in P_{CO}, and Rise in H⁺ ions (= fall in pH) both causes dissociation making the curve shifted right, whereas Fall in temperature and Fall in diphosphoglyceric acid shall cause left shift. Which of the following statements is not true? [Kerala PMT 2007] (1) The partial pressure of oxygen in deoxygenated blood is 40 mmHg (2) The partial pressure of oxygen in oxygenated blood is 95 mmHg (3) The partial pressure of carbon dioxide in oxygenated blood is 95 mmHg (4) The partial pressure of carbon dioxide in the alveolar air is 40 mmHg. The partial pressure of carbon dioxide in oxygenated blood is 40 mmHg The number of RBCs in man increases if he lives at a higher altitude because: (1) There is less oxygen at mountains [WB-JEE 2007] (2) There is more oxygen at the mountains (3) There are no germs in the air in mountain (4) More heat is required to be produced in the body for keeping warm. At high altitude as partial pressure of oxygen is less, people need to get acclimatize. Hb content increases as RBC count increases. During inspiration, the diaphragm: [CPMT 2008; Manipal 2008] (1) Relaxes to become dome-shaped (2) Contract and flattens (4) Expands. (3) Shows no change During inspiration, the diaphragm Contract and flattens.

The alveoli of lungs are lined by _____ epithelium

26.

25.



	(1) Simple	(2) Squamous	(3) Cuboidal	(4) Columnar epithelium
The alv	veoli of lungs and end	othelium of lung capill	ary both are lined by so	quamous epithelium
27.	How many haem mo	lecules are present in o	ne molecule of haemog	lobin?
	(1) 1	(2) 2	(3) 3	(4) 4
Each H	Ib molecule has 4 Fe	containing porphyrin ri	ngs and hence can bind	with 4 oxygen molecules.
28.	According to Boyle's	s law, the product of pr	essure and volume is a	constant. Hence [KCET 2010]
	(1) If the volume of	the lungs is increased,	the pressure decreases	<mark>proportionately</mark>
	(2) If the volume of	the lungs is increased,	the pressure also increa	ses proportionately
	(3) If the volume of	the lungs is increased,	the pressure decreases	disproportionately
	(4) If the volume of	the lungs is increased,	the pressure remains sa	me
Accord	ling to Boyle's law, v	olume is inversely prop	portional to pressure.	
29.	Which of the followi	ng statements is correc	t?	[UP-CPMT 2010]
	(1) During inspiration	on, external intercostals	s muscles and diaphragr	<mark>n contract</mark>
	(2) Cyanosis means	collapse of alveoli		
	(3) Eupnoea means	slow breathing		
	(4) Coryza is caused	l by human corona viru	ıs	
Cyanos	sis means bluish ski	n colour due to hypo	xia. Eupnoea means n	ormal breathing. Coryza is
	caused by Rhino viru	18.		
30.	The urge to inhale in	humans results from:		[DUMET 2010]
	(1) Rising PCO ₂	(2) Rising PO ₂	(3) Falling Pco ₂	(4) Falling PO ₂
Breath	ing rate and type of b	reath is most affected b	y conc of CO2 and H ic	ons in blood.
31.		wing subjects, the dead		[WB-JEE 2010]
	(1) Old man	(2) Old woman	(3) Young man	(4) Young woman
Lungs	-	-	-	ace area too shall be larger.
		efficiency of lungs dec	reases and that adds ex	tra physiological dead space
	in old males.			
32.		ng is the cofactor of ca	•	[WB-JEE 2010]
	(1) Fe	(2) Zn	(3) Cu	(4) Mg
Zn is c	o-factor for enzyme c	arbonic anhydrase.		
22	CI.:			[TT/ID TENT 40403
33.	· ·	organ of respiration in:		[WB-JEE 2010]
a. .	(1) Humans	(2) Frogs	(3) Rabbit	(4) Lizard
Skin is		t respiration in amphib	ans as they lack exoske	eleton and their skin is moist
	and glandular.			



		Breath	ling and Exchange of Gases		Zol. XI
34.	Between breath pressure	s, the intrapleural pre	ssure is approximately	mmHg less than	atmospheric [AMU 2010]
	(1) 1	<mark>(2) 4</mark>	(3) 8	(4) 10	
The i	ntrapleural pressu	re is always negative	to prevent lungs from c	ollapsing. During ins	spiration its -
	16mm hg and a	t end of expiration its	-4mm hg.		
35.	The figure give	en below shows a sm	nall part of human lung	g where exchange of	f gases takes
	place. In which	n one of the options	given below, the one	part A, B, C and D	is correctly
	identified along	with its function:			[CBSE 2011]
	c Sold	A See B			
	(1) C – Artery	capillary – passes oxy	voen to tissues		
		ar cavity – main site o			
		•	$f O_2$ and CO_2 takes place		
	=	ood cells – transport o	-		
$\mathbf{C} - \mathbf{A}$		-	le to lungs. D – alveolar	r wall – exchange of	O2 and CO2
	• •	•	ansport of both O2 and C		
36.	A large proport body tissues. The		unused in the human b	lood even after its u	ptake by the [CBSE 2011]
	(1) Acts as a re	eserve during muscula	ar exercise		
		pCO ₂ of blood to 75 n			
	(3) Is enough t	o keep oxy hemoglob	in saturation at 96%		
	(4) Helps in rel	leasing ore O2 to the e	epithelial tissues		
Both	Hb in blood and	myoglobin in muscles	s stores oxygen.		
37.	Two friends are	e eating together on a	dining table, one of the	m suddenly starts cor	ughing while
	swallowing som	ne food. This coughin	g would have been due to	o improper movemen	ıt of:
	(1) Epiglottis		(2) Diaphragm		[CBSE 2011]
	(3) Lungs		(4) Tongue		
Epigl	lottis prevents entr	ry of food in trachea.			
38.	Which one of	the following can bin	nd several times more s	strongly to the haem	oglobin than
	oxygen?	-			[AMU 2011]
	(<mark>1) CO</mark>	(2) CO ₂	(3) SO ₂	(4) H ₂ CO ₃	

gases in body stops mainly oxygen.

Carbon monoxide is a very poisonous gas as it binds irreversibly with Hb hence transport of other

COLLEGES: ANDHERI / BORIVALI / CHEMBUR / DADAR / KALYAN / KHARGHAR / NERUL / POWAI / THANE



39. The factor which does not affect the rate of alveolar diffusion is

[Kerala PMT 2011]

(1) Solubility of gases

(2) Thickness of respiratory membrane

(3) Pressure gradient

(4) Reactivity of gases

The rate of alveolar diffusion is directly proportional to Solubility of gases and Pressure gradient, rate of alveolar diffusion is inversely proportional to Thickness of respiratory membrane.

40. Congestion of the lungs is one of the main symptoms in:

[Kerala PMT 2011]

(1) Hypotension

(2) Coronary heart disease

(3) Angina

(4) Heart failure

Congestive heart failure is a chronic heart problem.

41. Amount of CO_2 in expired air is:

[J&K CET 2011]

- (1) 0.04%
- (2) 0.03%
- (3) 3.6%
- (4) 21%

Amount of CO2 in expired air is 100 times more than in inspired air.

- 42. Which one of the following is the correct statement for respiration in humans? [AIPMT 2012]
 - (1) Workers in grinding and stone-breaking industries may suffer, from lung fibrosis
 - (2) About 90% of carbon dioxide (CO₂) is carried by haemoglobin as carbaminohaemoglobin
 - (3) Cigarette smoking may lead to asthma.
 - (4) Neural signals from pneumotoxic centre in pons region of brain can increase the duration of inspiration

About 20-25% of carbon dioxide (CO_2) is carried by haemoglobin as carbaminohaemoglobin . Cigarette smoking may lead to emphysema. Neural signals from pneumotoxic centre in pons region of brain can decrease the duration of inspiration

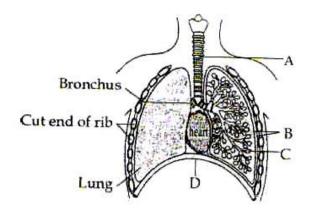
- **43.** People who have migrated from the planes to an area adjoining Rohtang Pass about six months back [AIPMT 2012]
 - (1) Suffer from altitude sickness with symptoms like nausea, fatigue, etc
 - (2) Have the usual RBC count but their haemoglobin has very high binding affinity to O₂
 - (3) Have more RBCs and their haemoglobin has a lower binding affinity to O₂
 - (4) Are not physically fit to play games like football

As a result of acclimatization to higher altitude, the RBC count increases as the pO2 at high altitude is less and due to less pO2 the Hb affinity for O2 is lowered.

44. The figure shows a diagrammatic view of human respiratory system with labels A, B, C and D. Select the option which gives correct identification and main function and / or characteristics

[NEET - 2013]





- (1) D lower end of lungs diaphragm pulls it down during inspiration
- (2) A-trachea-long tube supported by complete cartilaginous rings for conducting inspired air
- (3) B-pleural membrane surround ribs on both sides to provide cushion against rubbing
- (4) C Alveoli thin walled vascular bag like structures for exchange of gases

A-trachea-long tube supported by incomplete cartilaginous rings.

B-pleural membrane – surrounds lungs and present inner to ribs.

D – diaphragm- pulls lungs down during inspiration

45. Approximately seventy percent of carbon-dioxide absorbed by the blood will be transported to the lungs: [AIPMT –

2014]

(1) by binding to R.B.C.

(2) as carbamino – haemoglobin

(3) as bicarbonate ions

(4) in the form of dissolved gas molecules

70% CO2 carried as bicarbonates of Na ,20-25% as carbamino-haemoglobin and 7% dissolved in plasma.

When you hold your breath, which of the following gas changes in blood would first lead to the urge to breathe?

[AIPMT –

2015]

(1) rising CO₂ concentration

- (2) falling CO₂ concentration
- (3) rising CO₂ and falling O₂ concentration (4) falling O₂ concentration

Chemoreceptors present in the wall of aorta and carotid artery are highly sensitive to increased partial pressure of carbon dioxide and reduced oxygen level has a very negligible role to play.

47. Name the chronic respiratory disorder caused mainly by cigarette smoking: [NEET-1 2016]

(1) Respiratory alkalosis

(2) Emphysema

(3) Asthma

(4) Respiratory acidosis

Chronic smokers are at high risk to suffer from Emphysema. Cigarette Smoke destroys alveolar wall.

48. Reduction in pH of blood will:

[NEET-1 2016]

(1) release bicarbonate ions by the liver.



- (2) reduce the rate of heart beat.
- (3) reduce the blood supply to the brain
- (4) decrease the affinity of hemoglobin with oxygen.

Reduction in pH of blood ie acidic pH causes Bohr effect near tissues enabling O2 transport to tissues.

49. The partial pressure of oxygen in the alveoli of the lungs is 2016]

INEET-2

- (1) Less than that in the blood
- (2) Less than that of carbon dioxide
- (3) Equal to that in the blood
- (4) More than that in the blood

The partial pressure of oxygen in the alveoli of the lungs is 104mmHg and the partial pressure of oxygen in oxygenated blood is 95 mm Hg and in deoxygenated blood is 40mm Hg.

- **50.** Lungs do not collapse between breaths and some air always remains in the lungs which can [NEET-2 2016] never be expelled because:
 - (1) There is a positive intrapleural pressure
 - (2) Pressure in the lungs is higher than the atmospheric pressure.
 - (3) There is a negative pressure in the lungs.
 - (4) There is a negative intrapleural pressure pulling at the lung walls

Intrapleural pressure is always negative to prevent lungs from collapsing. Hence certain volume of air always remains in lungs to prevent them from collapsing called as Residual volume Intrapulmonary pressure is negative during inspiration and positive during expiration.

- 51. Lungs are made up of air-filled sacs, the alveoli. They do not collapse even after forceful expiration, because of: [NEET- 2017]
 - (1) Residual Volume

(2) Inspiratory Reserve Volume

(3) Tidal Volume

(4) Expiratory Reserve Volume

Intrapleural pressure is always negative to prevent lungs from collapsing. Hence certain volume of air always remains in lungs to prevent them from collapsing called as Residual volume

52. Match the items given in Column I with those in Column II and select the correct option given below [NEET 2018]

	Column I		Column II
1.	Tidal volume	(i)	2500 – 3000 mL
2.	Inspiratory reserve volume	(ii)	1100 – 1200 mL
3.	Expiratory reserve volume	(iii)	500 – 550 mL
4.	Residual volume	(iv)	1000 – 1100 mL

1 2 3 4 (1) i iv ii iii (2) iii iv ii

(3) iii ii i iv i

(2)

iii (4) iv ii



Tidal Volume (TV) is the volume of air inspired or expired during normal breath. It is about 500-550 mL. Inspiratory Reserve Volume (IRV) is the extra amount of air that can be inspired directly after a normal inspiration. It is about 2500-3000 mL. Expiratory Reserve Volume (ERV)is the extra amount of air that can be expired forcibly after a normal expiration. It is about 1000-1100 mL Residual Volume (RV)is the volume of air which remains still in the lung after the most forceful expiration. It is about 1100-1200 mL. Therefore, option (b) is correct.

53. Which of the following is an Occupational respiratory disorder?

[NEET 2018]

(1) Botulism

(2) Silicosis

(3) Anthracis

(4) Emphysema

(2)

Silicosis is an occupational respiratory disorder which is caused due to excessive inhalation of silica dust. It usually affects the workers of grinding or stone breaking industries. The long-term exposure can cause lung fibrosis (or stiffening), leading to breathing difficulties. Anthracis or Anthrax is a bacterial infection caused by Bacillus anthracis. Botulism is food poisoning Infection caused by Clostridium botulinum. Its symptoms include diarrhoea, vomiting, abdominal distention, etc.

- 54. Which one of the following options correctly represents the lung conditions in asthma and emphysema, respectively? [NEET 2018]
 - (1) Increased respiratory surface: Inflammation of bronchioles
 - (2) Increased number of bronchioles; Increased respiratory surface
 - (3) Inflammation of bronchioles; Decreased respiratory surface
 - (4) Decreased respiratory surface; Inflammation of bronchioles

(3)

Asthma is inflammation of bronchioles. Its symptoms include wheezing, coughing and difficulty in breathing mainly during expiration. Emphysema is an inflation or abnormal distension of the bronchioles or alveolar sacs of the lungs. Many of the septa between the alveoli are destroyed and much of the elastic tissue of the lungs is replaced by connective tissue. As a result alveolar septa collapse and the surface area get greatly reduced.

55. Select the CORRECT statement.

[NEET (Odisha) 2019]

- (1) Expiration occurs due to external intercostal muscles
- (2) Intrapulmonary pressure is lower than the atmospheric pressure during inspiration
- (3) Inspiration occurs when atmospheric pressure is less than intrapulmonary pressure
- (4) Expiration is initiated due to contraction of diaphragm
- (2)

Statement (2) is Correct as intrapulmonary pressure is lower than the atmospheric pressure During inspiration. Other statements can be Corrected as

- (1) Inspiration occurs due to external intercoastal muscles.
- (2) Inspiration occurs when atmospheric pressure is more than intrapulmonary pressure.
- (3) Inspiration is initiated due to contraction of diaphragm.
- 56. The maximum volume of air a person can breathe in after a forced expiration is known as [NEET (Odisha) 2019]

(1) expiratory capacity

(2) vital capacity

(3) inspiratory capacity

(4) total lung capacity

(2)

Vital Capacity (VC) is the maximum Volume of air a person can breathe in after a forced expiration. This includes ERV, TV and IRV or the maximum volume of air a person can



breathe out after a forced inspiration.

57. Tidal Volume and Expiratory Reserve Volume of an athlete is 500 mL and 1000 mL, respectively. What will be his Expiratory Capacity if the Residual Volume is 1200 mL?

[NEET (National) 2019]

- (1) 1700 mL
- (2) 2200 mL
- (3) 2700 mL

(4) 1500 mL

(4)

The Expiratory Capacity of athlete will be 1500 mL.

It can be calculated as

Given, Tidal Volume (TV)= 500 mL

Expiratory Reserve Volume(ERV)=1000 mL

Expiratory Capacity = TV+ERV

= 500 + 1000 = 1500 mL

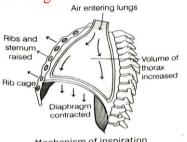
58. Select the correct events that occur during inspiration.

[NEET (Sep.) 2020]

- I. Contraction of diaphragm.
- II. Contraction of external inter-costal muscles.
- III. Pulmonary volume decreases.
- IV. Intra pulmonary pressure increases.
- (1) II and IV
- (2) I, II and IV
- (3) Only IV
- (4) I and II

(4)

Statement I and II are correct as during inspiration, the contraction of diaphragm occurs which pulls it downward, while the external intercostal muscles contract and lifts up the ribs and sternum. This increases the size of the thoracic cavity and decreases the pressure inside. As a result, air rushes in and fills the lungs. Statement III and IV are incorrect because during inspiration, the volume of the thoracic cavity increases. This causes a similar increase in pulmonary volume. An increase in pulmonary Volume decreases the intrapulmonary pressure to less than the atmospheric pressure which forces the air from Outside to move into the lungs.



- 59. The Total Lung Capacity (TLC) is the total volume of air accommodated in the lungs at the end of a forced inspiration. This includes [NEET (Oct.) 2020]
 - (1) RV, IC (Inspiratory Capacity), EC Expiratory Capacity) and ERV
 - (2) RV, ERV, IC and EC
 - (3) RV, ERV, VC(Vital Capacity) and FRC (Functional Residual Capacity)
 - (4) RV (Residual Volume), ERV(Expiratory Reserve Volume), TV(Tidal Volume) and IRV (Inspiratory Reserve Volume)

(4)

The Total Lung Capacity(TLC) is the total volume of air accommodated in the lungs at the end of a forced inspiration. This includes Residual Volume (RV), Expiratory Reserve Volume (ERV), Tidal Volume(TV) and Inspiratory Reserve Volume (IRV). TLC is also equals to vital



capacity Of residual volume. Thus, option(d)is Correct.

60. Match the following columns and select the correct option from the codes given below.

[NEET (Oct.) 2020]

	Column I		Column II
A.	Pneumotaxic centre	1.	Alveoli
B.	O ₂ dissociation curve	2.	Pons region of brain
C.	Carbonic anhydrase	3.	Haemoglobin
D.	Primary site of	4.	RBC
	exchange of gases		

	A	В	C	D
(1)	1	3	2	4
(2)	2	3	4	1
(3)	3	2	4	1
(4)	4	1	3	2

(2)

Option (2) is correct match, which is as follows. Pneumotaxic centre is present in the pons region of the brain. O₂, dissociation curve is useful in studying the effect of factors like pCO₂, H⁺ concentration, etc., on binding of O₂, with haemoglobin. Carbonic anhydrase is an enzyme present on the surface of RBC. Primary site of exchange of gases is the alveoli of the lungs.

61. Identify the wrong statement with reference to transport of oxygen.

[NEET (Sep.) 2020]

- (1) Partial pressure of CO₂ can interfere with O₂ binding with haemoglobin
- (2) Higher H⁺ concentration in alveoli favours the formation of oxyhaemoglobin
- (3) Low pCO₂, in alveoli favours the formation of oxyhaemoglobin
- (4) Binding of oxygen with haemoglobin is mainly related to partial pressure of O₂ (2)

Statement in option (2) is incorrect with reference to transport of oxygen. It can be corrected as In alveoli high pO₂, low pCO₂, . low H⁺ Concentration and lower temperature are the factors that favour the formation of oxyhaemoglobin.

62. **Assertion (A)** A person goes to high altitude and experiences 'altitude sickness' with symptoms like breathing difficulty and heart palpitations.

Reason (**R**) Due to low atmospheric pressure at high altitude, the body does not get sufficient oxygen.

In the light of the above statements, choose the correct answer from the options given below.

[NEET 2021]

- (1) Both A and R are true and R is the correct explanation of A
- (2) Both A and Rare true, but R is not the Correct explanation of A
- (3) A is true, but R is false
- (4) A is false, but R is true
- (1)



Both A and R are true and R is the correct explanation of A. A person goes to the high altitude And experiences altitude sickness like heavy breathing and heart palpitation. It is due to low atmospheric pressure at high altitude, the body does not get sufficient oxygen.

63. Select the favourable conditions required for the formation of oxyhaemoglobin at the alveoli.

[NEET 2021]

- (1) High pO₂, low pCO₂, less H⁺, lower temperature
- (2) Low pO₂, high pCO₂, more H⁺, higher temperature
- (3) High pO₂, high pCO₂, less H⁺, higher temperature
- (4) Low pO₂, low pCO₂, more H⁺, higher temperature

(1)

The favourable conditions for the formation of oxyhaemoglobin is high pO₂ lesser H⁺ concentration and lower temperature found in alveoli, whereas low PO₂, high H' concentration and high temperature are favourable for dissociation of oxygen from the Oxyhaemoglobin found in tissues.

64. The partial pressures (in mm Hg) of Oxygen (0₂) and carbon dioxide (CO₂) at alveoli (the site of diffusion) are [NEET 2021]

(1)
$$pO_2 = 104$$
 and $pCO_2 = 40$

(2)
$$pO_2 = 40$$
 and $pCO_2 = 45$

(3)
$$pO_2 = 95$$
 and $pCO_2 = 40$

(4)
$$pO_2 = 159$$
 and $pCO_2 = 0.3$

(1)

Partial pressures of oxygen (in mm Hg) and carbon dioxide at alveoli are pO_2 , 104 and $pCO_2 = 40$

	Atmos- pheric air		Blood (deoxy genated)		Tissue
02	159	104	40	95	40
CO2	0.3	40	45	40	45

65. Under normal physiological conditions in human being every 100 ml of oxygenated blood can deliver _____ml of O₂ to the tissues [NEET 2022]

(1) 5 ml

- (2) 4 ml
- (3) 10 ml
- (4) 2 ml

5 ml of O₂ is delivered by 100ml of oxygenated blood to the tissues under normal physiological conditions.

- **66.** Which of the following is not the function of conducting part of respiratory system?
 - (1) Inhaled air is humidified

[NEET 2022]

- (2) Temperature of inhaled air is brought to body temperature
- (3) Provides surface for diffusion of O₂ and CO₂
- (4) It clears inhaled air from foreign particles

The conducting part of respiratory system is to keep the inhaled air warm, moist and filtered

67. Vital capacity of lung is

[NEET 2023]

(1)
$$IRV + ERV + TV + RV$$

(2)
$$IRV + ERV + TV - RV$$

$$(3)$$
 IRV + ERV + TV

(4)
$$IRV + ERV$$

NCERT, Page no. 272; 4th paragraph 'Vital capacity'