

Preface to the First Edition

I believe that the main object of basic medical education is to train the student to talk to and to examine a patient in such a way that he can discover the full history of the patient's illness, elicit the abnormal physical signs, make a differential diagnosis and suggest likely methods of treatment. The object of further medical training is to amplify these capabilities in range and depth through practical experience and specialist training.

It is surprising, but a fact, that some students present themselves for their qualifying examination unable to take a history or to conduct a physical examination in a way that is likely to detect all the abnormal symptoms and signs. Even more are unable to interpret and integrate the facts they do elicit. I think there are two reasons for these deficiencies. First, and most important, students do not spend enough time seeing patients and practising the art of history taking and clinical examination. It is essential for them to realize at the beginning of their training that the major part of medical education is an **apprenticeship**, an old but well-proven system whereby the apprentice watches and listens to someone more experienced than himself and then tries it himself under supervision. The second reason is the lack of books which describe how to examine a patient and explain how the presence or absence of particular symptoms and signs lead the clinician to the correct diagnosis.

In this book I have attempted to describe, in detail, the relevant features of the history and physical signs of the common surgical diseases in a way which emphasizes the importance of the routine application of the techniques of history taking and examining.

The details of these techniques are fully described, and headings such as age, sex, symptoms, position,

site, shape and surface are constantly repeated in an unobtrusive way. I hope that when you have finished reading the book you will have these headings so deeply imprinted in your mind that you will never forget them. If so, I will consider that the book has succeeded, for you will always take a proper history and perform a correct and complete examination.

Because the main object of the book is to emphasize the proper techniques of history taking and clinical examination, I have described only the common conditions that you are likely to see in a surgical clinic. Indeed the whole book is presented in a manner similar to that used by most teachers when they are in the presence of the patient. Special investigations and treatment are completely excluded because neither can be applied sensibly if you get the history and physical signs wrong.

To make the book useful for revision, I have put a number of the lists and classifications in special Revision Panels. The photographs are close to the relevant text but their legends contain enough information to make the picture-plus-legend a useful revision piece.

I hope this book will be more of a **teach-book** than a **text-book**, which will be read many times during your basic and higher medical training. There is a well-known saying 'A bad workman always blames his tools'. The doctor cannot make this excuse because his basic tools are his five senses. If he has not trained his senses properly in the manner described in this book and kept them finely honed by constant practice, he will practise bad medicine but he will have only himself to blame.

Norman Browse
1978

Preface to the Third Edition

The diseases and abnormalities described in this book have not changed for many thousands of years, nor have their symptoms and signs. Why then produce a third edition? The main reason is to improve and modernize the presentation of the information within the book in the belief that better presentation facilitates and improves learning.

Whereas the symptoms and signs of surgical disease have not changed in the past 20 years, methods of printing and publishing have. Computer graphics and colour printing now enable publishers to produce books of superb design, with infinite varieties of colour, at acceptable costs. The main changes in this new edition are therefore the introduction of colour into the general presentation and design, and the conversion of all 'blackboard-style' line drawings into coloured illustrations – still simple – but giving them the added impact on the memory provided by colour.

At the same time I have tried to illustrate all the clinical conditions with colour photographs – except for the few rare conditions, worthy of presentation, for which modern colour photographs are

difficult to obtain. Unfortunately, the current trend is for patients to be unwilling to be photographed for illustrations to be used in books for teaching, thus making the compilation of a comprehensive library of clinical photographs far more difficult than it used to be.

I have also added a considerable number of new Revision panels, now on a blue background, as students find them particularly helpful.

To remind students of their importance, the illustrations of methods of clinical examination (mostly black-and-white photographs) are outlined in Revision Panel blue.

I hope this revised presentation will give the book a new modern appearance and that it will continue to be attractive to new readers in the same way that it has been to the gratifyingly large number of students who have acquired it for their libraries over the past 20 years.

Sir Norman Browse
1997

Preface to the Fourth Edition

The first edition of this book was written, 25 years ago, to help medical students develop their bedside clinical skills, namely, their ability to take a full clinical history and to conduct a complete clinical examination – the prime purpose of medical education.

Although the symptoms and signs of the common ‘surgical’ diseases have not changed for centuries, the style in which they are presented in textbooks and our understanding of the underlying pathological processes and, in some instances, their classification have. These changes have prompted the production of this fourth edition.

The past 25 years have also seen changes in the style and methods of medical education, especially in the UK, with the term ‘problem-orientated medicine’ purporting to describe the current popular approach. This is not a new approach. Students beginning their medical training have always been taught to begin the taking of a history by asking the patient ‘What are you complaining of?’. To me, this is and always has been a problem-orientated approach.

Having asked all the questions about the patient’s main complaint, together with those concerning all the other bodily systems, the student’s growing knowledge of the symptoms and signs of individual diseases inevitably begins to guide them to those further questions which are likely to illuminate the cause of the main complaint. This is why it is helpful to learn the symptoms and signs of the common diseases from a book at the same time as acquiring that knowledge through growing clinical experience. This book seeks to expedite that learning.

I firmly believe that what some criticize as dogmatic teaching – following a strict ritual when taking a history and performing an examination – must remain a vital part of clinical education because it accelerates diagnosis and helps avoid errors and omissions.

Medical students know and appreciate this. The continuing success of this book indicates that it helps to fill the deficit that exists in those new courses of medical education that have mistakenly reduced the apprenticeship aspects of learning medicine.

Having retired from clinical practice, I felt it was important to ask three surgical colleagues with an approach to clinical teaching similar to my own, but who are still clinically active, to join me as editors. They have combined Chapters 2 and 3 and Chapters 13 and 15 of the third edition into single chapters (now Chapters 3 and 14) and added a new chapter on the symptoms and signs of trauma (Chapter 2).

In this edition, John Black has revised Chapters 8, 12, 13, 14, 16 and 17; Kevin Burnand has revised Chapters 1, 3, 7 and 15 and written the new Chapter 2; and William Thomas has revised Chapters 4, 5, 6, 9, 10 and 11. I have collated and edited their revisions to ensure that the book’s original systematic approach and style of presentation were maintained. I am most grateful for their hard work and willing co-operation. When the fifth edition is needed, in 5–8 years’ time, I know it will be in excellent hands.

I hope this edition retains its style as a ward-round ‘teach-book’ aimed directly at the individual student rather than a library-shelf textbook. Whenever possible, the illustrations have been kept on the same page as the relevant text, as have many of the revision panels. All are there to help you reinforce those vital items of knowledge which must be in your mind when sitting in front of a patient – not hidden somewhere in the memory of a computer.

Note. Throughout the book, whenever a particular complaint is more common in one sex, the patient has been referred to as ‘he’ or ‘she’ accordingly. If there is no sexual predominance, ‘they’ has been used in the singular sense.

Sir Norman Browse
2005