

## INTRODUCTION

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The point of this book is to give the first-year-clinical student an overview of clinical medicine. The knowledge base which an incoming student faces is very daunting: the chapters here are an attempt to give a digestible survey of the core problems in each of the main systems of the body, as seen in a British hospital ward.

In some cases we consider the ‘failure syndromes’ of the body, what happens when (say) the heart fails, giving the well-known syndrome of ‘cardiac failure’. Some other systems can be considered in the same way. Although one always tries to diagnose and treat the basic problem, it is often the case in medicine that the underlying diagnosis does not matter, for it is either not known or is ancient history. The damage done by the disease is there; the disease is untreatable or has run its course, and the job of the doctor is to cope with the problems associated with the failing system.

Some system failures (e.g. cardiac, respiratory, liver, renal) follow a simple linear progression. But when other systems fail, things can deteriorate along a number of different paths. For example, ‘gut failure’ can follow a number of routes. For this kind of problem I have produced ‘maps’, illustrating in a simple form the common avenues of progression that the patient may follow from perfect health to serious illness.

I have done neurology differently. I have divided it up into 9 ‘dysfunction syndromes’ which are roughly anatomical. Just about a fifth of this book is neurology. No apologies: the brain is so much more complex.

The 20 or so syndromes described here make up about 80% of routine general internal medicine, so understanding of these system failures is a fundamental knowledge base for the practice of medicine. Know this book and know it well. All else is built upon it.

Intersecting with these ‘system failure’ sections there is a description of the major pathological processes that cause disease. Despite the huge number of different identifiable diseases, the fundamental pathologies that underlie these diseases (infection, cancer etc) number only half a dozen or so.

Chapter 4 looks at clinical medicine in another way: ‘Ten Presenting Problems’ (a very brief outing into diagnostic medicine), ‘Ten Emergencies’ (emergencies are obviously vital to know about), ‘Ten Tests’ (so that you can use them wisely) and ‘Ten Drugs’ (ditto).

At the end there is a list of abbreviations and what I hope is a comprehensive glossary defining the terms and expressions used in this book and on the wards.

As an incoming clinical student you have a great deal to learn. You have to move forward on a very broad front. You have to develop your clinical skills of history taking and examination; you have to learn how to behave as a doctor within the clinical team and in front of patients; you have to build a ‘knowledge base’ of human disease (of which this book is really an extended syllabus); you have to understand the tests that are available: how they work, what they tell you and how reliable they are; you have to know the best available treatments.

The single best way to learn is to see as many patients as possible, then to read up on the different aspects of medicine which the cases highlight. This method might be known as ‘case lore’. You need to pay attention to pathology so that you can really understand what is going on inside the patient. Get to as many post-mortems you can.

Some students keep a box of cards with a short summary of each disease on it. You can amass about 500 in the course of your time in clinical school, adding new cards and modifying old ones as you see more patients. There is something satisfying about this. ‘Here is my knowledge base’, the box seems to say.

Remember that your key skill as a doctor remains diagnosis. That is why patients will come to you, as a valued expert.