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The website for the 23rd edition of Bailey's textbook and Love Short Practice Surgery. This site presents samples of chapters from the book, 25 MC, 15 surgical case reports, and three examples of general surgical procedures. Information is provided on the purchase of the printed version of the book and relevant book reviews. Please note that the material on this site is related to the 23rd edition of the book, but the full text of the book is not available on the Internet. Bailey and Love is published by Arnold Publishers. When Hamilton Bailey and McNeil Love published the first edition of their revered textbook in 1932, the surgical world was a very different place than it is today. There were no antibiotics, no joint replacement, no open heart surgery, no transplantation, no many other procedures that we are now taking for granted, just weren't invented. Medicine in general and surgery in particular never stand still. Surgeons are constantly striving to innovate so that they can tackle conditions and diseases that were previously considered out of reach. They do this against the background of new discoveries in both physics and biological sciences. Such breakthroughs make some surgical procedures redundant, but others stimulate new approaches. This is evident in all specialties, and therefore it is important for textbooks not only to keep up with new developments, but also to provide a balanced view of their place in the medical arsenal. By developing the 27th edition of this favorite textbook, we strive to keep it at the forefront of our minds and our authors. However, in addition to considering the location of the innovation, it is important not to throw the child with water. Therefore, we have ensured that the basic principles of surgical practice, which have stood the test of time, remain where appropriate. Since the last edition, great strides have been made in some areas, and we have made sure that they have been included in the book. For example, in colorectal surgery, a tipping point has been reached when more elective surgery is performed laparoscopically than by an open technique. Similarly, in vascular surgery there was an explosion in the use of interventional radiology for the treatment of diseases that were previously the only province of the surgeon. Aortic aneurysm stenting (EVAR), for example, quickly replaces elective open surgery and in many cases is used to treat leaking aneurysms with a concomitant marked reduction in mortality. Damage control surgery is becoming an increasingly important part of trauma management in both civilian and conflict conditions. Such events also underscore the important role of the interdisciplinary team and the realization that modern surgical care can no longer be provided in isolation. This concept is repeated throughout the book, as well as the importance of human factors is emphasized in the chapter on patient safety, which is a relatively new science on how people behave physically and psychologically towards a particular environment. There is no more intense environment than the operating room, since the surgical team interacts is crucial to the outcome for the patient having undergone the surgical procedure. This also applies, of course, outside the operating room, because interdisciplinary work is now paramount to providing safe and effective patient care. There is no doubt that the regulation of medical practices has become more stringent in recent years. While in some jurisdictions some may feel that this has become stifling, there is no doubt that regulation is here to stay. Needless to say, we should all be aware of our responsibilities to patients, both morally and ethically, and while most of them do not need a reminder, the law is constantly changing as test cases are tried in the courts. Therefore, we draw the reader's attention to an updated chapter on ethics and the law, the principles of which we must all abide by. Throughout the text, we also tried to indicate where we think the specialty is going. Exciting events on the horizon. For example, genome sequencing will have a noticeable effect on how we practice in certain specialties, no more than oncology. Robotics is likely to improve many other surgical procedures and tissue engineering will become more common. In order to take these achievements into account, some of the more well-established chapters need to be streamlined, otherwise the book will become cumbersome. As a result, we have ensured that the further reading list at the end of each chapter is given in the course, allowing readers to delve further if they so wish. We are very aware that the book is popular all over the world and therefore we have achieved that those diseases that are spread outside of Europe and North America are included. Where appropriate, we will be the experts who are used to dealing with such ailments. An example is a chapter on tropical infections and infection. We have also tried to be more consistent in this edition, ensuring that we use a similar format for tables, graphs and diagrams. However, we are confident that we will keep the biographical data of individual scientists and practitioners who have been loved by all readers for generations. Similarly, we have retained the section on surgical instruments. While some of them are now of very great historical interest, they are part of our heritage and students and are really established practitioners, we find these vignettes fascinating. We were told that summary boxes are very highly regarded as undergraduate and graduate revision, sometimes in before the exams and therefore our authors have achieved what they are up to. The book is as comprehensive as it could ever be completed without the dedication and professionalism of our contributors. They have consistently responded to our demands with readiness and precision, assessing the responsibility that lies in informing readers about such a respected and established textbook. We are extremely grateful to them for all their efforts, because we are aware that such a textbook will never rest on its laurels. In order for it to remain in the highest echelons of surgical volumes, it must have the best contributions, and we believe that we have collected such footage in this edition. This does not detract from the contribution of the authors from the previous edition, who are no longer involved. They passed the baton for a variety of reasons, including retirement. We are grateful to them for the magnanimous retirement and give way to new blood and nothing more than our previous co-editor Professor Christopher Bulstrode. Chris helped rebuild the 23rd, 24th, 25th and 26th editions, and they would never have been so successful without his dedicated efforts. Chris's place on the editorial team was taken by Andrew McCaskey, who organized trauma and orthopedic sections, as well as oversaw other chapters. Readers Bailey and Love have always been an integral part of the development of the book over the years and the current editorial team enjoy your feedback that we know from experience will be forthcoming. Such a contribution is vital if the book is to continue to achieve the very high standards expected of each new edition. It has been a labor of love for all of us involved in this edition and we hope that it meets your needs, whether you are a student studying the exciting world of surgical practice for the first time, a graduate student studying for exams or an established consultant who wants to refresh your memory. We wish you all the best in your career no matter what specialty you choose to practice, and we very much hope that the 27th and even subsequent editions of Bailey and Love accompany you on your travels through this most rewarding profession. Norman S. Williams. Ronan O'Connell's Andrew W. McCaskey Authors' Foreword to Basic Clinical Anatomy Expansion and Integration of Discipline in the Medical Curriculum has reduced the time to teach anatomy, especially for human autopsy, but has not diminished its vital importance. While surgeons need to know the detailed anatomy in their operating field, knowledge of the anatomy that underlies each clinical examination and every radiological/medical imaging is an important component of everyday clinical practice. This text provides full coverage of the most normal and abnormal life for students around the world. It examines the knowledge and skills outlined by the General Medical Council (GMC) and the American Association of Clinical Anatomists (AACA; 'Clinical Anatomy of the 21st

Century Medical Student: Rough Anatomy', Clinical Anatomy 1996;9:71-99; See also Smith et al., Anatomical Society of the Main Regional Anatomy Curriculum for The Bachelor of Medicine, Journal of Anatomy 2016;228:15-23). The regional approach is consistent with a typical clinical examination. The nervous system is included, not addressed in the additional text; also included embryology in sufficient detail to explain many common congenital anomalies. Wherever possible, information such as muscle attachments is tabulated and clinical information is highlighted. A large number of illustrations include superficial anatomy, color-tagged diagrams, autopsies, a wide range of radiological, laparoscopic and endoscopic images, and clinical photographs of common diseases. A comprehensive index makes it easier for the desired passages to be quickly located. Self-assessment materials are included at the end of each chapter: these multiple choice questions (MC), one best answer (SBA) questions (used in the U.S. and also now more extensively), advanced style expertise around the world. Answers and explanations can be found in the text, but additional materials are included if necessary. The authors bring the collaborative experience to more than 150 years of teaching anatomy at all levels, and present this large body of information in an acceptable, interesting and understandable way, emphasizing its relevance to disease and clinical practice. John Lumley John Craven Peter Abrahams Richard Tunstall Tunstall Tunstall bailey and love 23rd edition pdf

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