

Self Assessment Questions and Answers on Clinical Surgery

By Allan Clain FRCS

INTRODUCTION

Over the past decade or so the traditional method of eliciting a knowledge of medicine from an examination candidate consisting of essay questions, clinical testing and oral discourse has gradually been replaced to a large extent by the Multiple Choice Question (M.C.Q.) method. Many have reservations about this mode of ascertaining the candidates level of ability but, like it or not, at present it seems that the M.C.Q. is permanently with us, at least until some even more sophisticated method of testing knowledge, perhaps electronic, is devised. At least it can be said for the M.C.Q. that it is a reasonably reliable test of factual recall and that it also eliminates examiner bias. Moreover, it has the advantage that the examiner's bugbear, poor handwriting on the part of the examinee, does not enter into the assessment. It additionally tests understanding of basic principles rather than parrot-fashion learning and provides the nervous candidate who tends to perform poorly with essay-type questions, but has a perfectly adequate basic understanding of the subject under review, with a reasonable chance of being assessed at his true level of ability.

In short, the M.C.Q. supplies a valuable means of appraisal provided that good quality questions are utilized. This premise being satisfied, the method will fulfil its aims of testing the candidate's knowledge, judgement and discrimination and is now, in fact, by far the most frequently used method of both undergraduate and postgraduate examiner bodies.

This book has been devised with a threefold aim. First, the objective has been to test the trainee's knowledge of clinical surgery and, secondly, his having answered a particular question, to correct his answer and to augment his understanding of it by referring him to the relevant text. With this in view, the answers also give the page reference in the Sixteenth Edition of "Demonstrations of Physical Signs in Clinical Surgery" with which this set of M.C.Q.s correlates, and on which the relevant data are to be found. It may be added at this point that the fourteenth and fifteenth editions of the book could also be used profitably in this exercise provided that the student is prepared to use the index to pin-point the page on which the subject is dealt with. Whichever edition the student utilizes, he is strongly advised to follow up any incorrect answers he gives. A correct answer indicates that his knowledge on the particular subject is adequate.

This is not the place for a long dissertation on the M.C.Q. Most contemporary medical students, undergraduate or postgraduate, are reasonably familiar with the subject.

Briefly the following types are in use at present:

Yes/No format

One in 4, 5 or 6 format

Multiple True/False format (usually 5)

Complex variants

In this book I have decided to use the third of these exclusively, as being the most useful both as a method of revision and of testing. Thus questions are set with a Stem or Initial Statement with Completions or Multiple Items lettered ABCDE of which none may be correct, or any number up to five (all) may be correct. In answering the question the student should tick the correct answer or answers in pencil (which can be rubbed out) thus:

Stem.....
 Completion A.....
 B.....
 C.....
 D.....
 E.....

Incorrect answers should not be marked at all. The questions have been divided into three parts at two different levels. The Elementary Part is intended for medical students just beginning clinical studies in surgery (i.e. fourth year), and the student is advised to work through each section separately to test and consolidate his knowledge as he encounters patients in the various categories. Alternatively he might prefer to work through the complete Elementary Part preparatory to an examination. The Final Year student should be able to score quite well in this Part (*see below*) and should advance his studies further by working through the individual sections in the Advanced Part intended for postgraduates.

The Postgraduate Surgical Trainee should be able to progress through the Elementary Part post-haste, and if he makes more than a minimum of mistakes should carefully reconsider this position as a specialist surgical trainee. He would be well advised to return to square one and re-learn elementary surgery before attempting to embark on a surgical career! Assuming a good knowledge of basic surgery the postgraduate should secondly tackle the Advanced Part, either piecemeal or whole depending on the proximity of his examinations.

Similarly the postgraduate should obtain reasonable results in answering the questions in the short part on Surgery in the Tropics and this ability should be shared by the medical student in the Tropics. In Temperate regions it is probably too much to expect any but the Final Year undergraduate student with aspirations for Honours in Surgery to have much knowledge of Tropical Surgery.

The third aim of this book is to test the student's knowledge of clinical surgery in strict examination conditions. The three Tests are intended to accomplish this. The first two are for the undergraduate and postgraduate respectively. There are fifty questions in each which should be answered in two hours. In both, matters have been so arranged that there are 100 correct answers (i.e. True). For each correct answer identified one mark should be awarded; for any incorrect answer (False wrongly identified as True) a mark

should be subtracted. If no answer is given a zero is awarded. This, the most commonly used scheme of marking, penalizes guessing.

Pass marks would (in my opinion) be as follows:

Test One:	<i>Fourth Year Student</i>	50 per cent
	<i>Final Year Student</i>	65 per cent
	<i>Postgraduate</i>	90 per cent
Test Two:	<i>Final Year Student</i>	40 per cent
	<i>Postgraduate</i>	60 per cent

Test Three on Tropical Surgery (25 questions) should be answered in one hour and is so arranged that there are 50 correct answers. The number of marks obtained should thus be doubled to obtain a percentage. Pass marks would be—

Medical Student in the Tropics	50 per cent
Postgraduate	50 per cent

All clinicians pay lip service to the principle that diagnosis should be based essentially on the history and on the clinical examination, and this does not apply only in the field of general surgery. Nevertheless, unnecessary and increasing requests for biochemical and blood tests and for radiological examinations are rife, particularly in hospital practice where it is easier to write out a request form than to examine the patient. It is my hope that this book with its emphasis on clinical diagnosis will help to eliminate this source of weakness and extravagance in Western medicine.

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Based on "Hamilton Bailey's
Demonstrations of Physical Signs in Clinical Surgery" ✓
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With Sections for Undergraduates, Postgraduate Surgical Trainees and
Medical Students in the Tropics, and with Separate Tests in Each Category



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PART ONE - "ELEMENTARY MY DEAR WATSON"

SECTION 1 - INTRODUCTORY CLINICAL SURGERY

1. COMPARING THE NIPPLES IN CARCINOMA OF THE BREAST THAT ON THE AFFECTED SIDE MAY BE
 - A Retroverted
 - B Retracted
 - C Raised
 - D Recessed
 - E Ridged
2. ARCUS SENILIS IS FOUND IN
 - A Africans
 - B Stroke
 - C Diabetes
 - D Hypertension
 - E Older people
3. A RED NOSE MAY DENOTE
 - A Alcoholism
 - B Nephritis
 - C Acne rosacea
 - D Leukaemia
 - E Polycythaemia
4. REGARDING REFERRED PAIN ONE OF THE FOLLOWING IS INCORRECT
 - A Pain in the ear may be referred from the tongue
 - B Pain at the umbilicus may be referred from the appendix
 - C Pain in the testis may be referred from the kidney
 - D Pain in the shoulder may be referred from the pancreas
 - E Pain in the knee may be referred from the hip
5. COMPARING FLUCTUATION AND TRANSMITTED FLUID IMPULSE
 - A They are the same thing
 - B Fluctuation may be found normally in the thigh
 - C Three fingers should be used in testing for fluctuation with large lumps
 - D Two fingers should be used with small lumps
 - E Transmitted fluid impulse in one plane is of no significance

6. A TRANSLUCENT SWELLING IN THE SCROTUM MAY BE
 - A A hydrocele
 - B An inguinal hernia in a baby
 - C A testicular tumour
 - D A haematocele
 - E A torsion of the testis
7. CONSIDERING JOINT CREPITUS
 - A Fine crepitus signifies osteoarthritis
 - B Fine crepitus may be found in rheumatoid arthritis
 - C Coarse crepitus signifies rheumatoid arthritis
 - D Coarse crepitus signifies osteoarthritis
 - E A single click signifies a dislocation
8. ENLARGED PERI-UMBILICAL VEINS INDICATE
 - A Intestinal obstruction
 - B Portal venous obstruction
 - C Liver disease
 - D Kidney disease
 - E Gallstones
9. HICCUP IN THE SURGICAL PATIENT MAY
 - A Be normal
 - B Be evidence of peritonitis
 - C Indicate dilated small bowel
 - D Should be ignored
 - E Indicate a high blood urea
10. VOMITUS SHOULD BE CAREFULLY INSPECTED. ONE OF THE FOLLOWING STATEMENTS IS INCORRECT
 - A Vomitus containing undigested food will turn litmus paper red
 - B A "coffee ground" appearance denotes altered blood
 - C If there is bile in the vomitus it is yellow in colour
 - D Greenish vomitus indicates upper small bowel content
 - E Brown smelly vomitus indicates lower small bowel content

11. A BLACK STOOL MAY INDICATE
 - A Bleeding internal piles
 - B That the patient is taking iron medication
 - C Bleeding from high in the alimentary tract
 - D Bleeding from low in the alimentary tract
 - E Steatorrhea
12. THE CHARACTERISTICS OF A SEBACEOUS CYST ARE
 - A The swelling is in the skin
 - B The swelling is under the skin
 - C Fluctuation is always present
 - D A punctum is rare
 - E A punctum is fairly frequent
13. A LIPOMA NEVER
 - A is lobulated
 - B is deep to the deep fascia
 - C is painful
 - D is pedunculated
 - E has a punctum
14. THE SIGN OF EMPTYING IS FOUND IN
 - A Arterial aneurysm
 - B Arteriovenous aneurysm
 - C Haemangioma
 - D Lymphangioma
 - E Meningioma
15. PYOGENIC GRANULOMA APPEARS MAINLY
 - A At the umbilicus
 - B At the anus
 - C On the hand
 - D On the lip
 - E On the tongue

16. IF A SWELLING CAN BE INDENTED IT MUST CONTAIN
- A Faeces
 - B Fluid
 - C Air
 - D Blood
 - E Pultaceous material
17. ONYCHOGRYPTHOSIS MEANS
- A Ingrowing toenail
 - B A loose nail
 - C A corn
 - D A plantar wart
 - E A curved overgrowth of a nail
18. ONE OF THE FOLLOWING DOES NOT INVOLVE THE SKIN
- A Erysipelas
 - B Erysipeloid
 - C Cellulitis
 - D Anthrax
 - E Carbuncle
19. ONE OF THE FOLLOWING IS UNTRUE OF CELLULITIS. IT HAS
- A No edge
 - B No fluctuation
 - C No heat
 - D No pus
 - E No limit
20. WHICH OF THE FOLLOWING STATEMENTS IS ABSOLUTELY CORRECT REGARDING THE TERM BUNION. IT IS
- A Due to gout
 - B A simple inflammation of the big toe
 - C An inflammation complicating hallux valgus
 - D An inflammation of the bursa over a hallux valgus
 - E A bursa over a hallux valgus

21. THE EDGE OF AN ULCER IS AS FOLLOWS
 - A An epithelioma has hard everted edges
 - B A varicose ulcer has punched out edges
 - C A tuberculous ulcer has undermined edges
 - D A rodent ulcer has sloping edges
 - E A gummatous ulcer has slightly raised edges
22. THE HUNTERIAN CHANCRE IS DUE TO
 - A Tuberculosis
 - B Actinomycosis
 - C Anthrax
 - D Leprosy
 - E Syphilis
23. WHICH OF THE FOLLOWING ARE TRUE
 - A A fistula is a blind track opening on to the skin
 - B A sinus connects two epithelial surfaces
 - C An opening near the anus is generally a pilonidal sinus
 - D Exuberant granulation tissue at the opening of a sinus generally indicates a foreign body
 - E Multiple indurated sinuses about the jaw suggest leprosy
24. A KELOID SCAR IS MORE LIKELY
 - A In an African
 - B In the Chinese
 - C After a clean operation wound
 - D After an infected operation wound
 - E After the collar incision of a thyroidectomy
25. CANCER CAUSES PAIN
 - A Always
 - B Rarely
 - C If a bone metastasis is present
 - D If a brain metastasis is present
 - E If a sensory nerve is infiltrated

SECTION 2 - HEAD AND NECK

26. COCK'S PECULIAR TUMOUR OF THE SCALP IS
 - A An epithelioma
 - B An infected haematoma
 - C An infected frontal sinus
 - D A suppurating sebaceous cyst
 - E Due to a compound fracture of the skull
27. THE ANTERIOR FONTANELLE IS USUALLY CLOSED BY THE AGE OF
 - A Three months
 - B Six months
 - C Twelve months
 - D Eighteen months
 - E Three years
28. THE NAME OF PAGET IS ASSOCIATED WITH
 - A A disease of bone
 - B A disease of the colon
 - C A disease of the penis
 - D A disease of the fingers
 - E A disease of the breast
29. The name of Pott is associated with
 - A A fracture
 - B Tuberculosis of the spine
 - C Tuberculosis of the ankle
 - D A disease of the skull
 - E A disease of the breast
30. IN FIFTH CRANIAL NERVE LESIONS THE FOLLOWING ARE FOUND
 - A A squint
 - B Paralysis of one side of the face
 - C Inability to put the tongue out straight
 - D Loss of hearing
 - E Loss of contraction of the masseter on clenching the teeth

31. FACIAL NERVE PARALYSIS IS DEMONSTRATED BY
- A Asking the patient to protrude the tongue
 - B Testing the reaction of the pupil to light
 - C Testing the reaction of the pupil on accommodation
 - D Testing pin prick sensation on the face
 - E Asking the patient to show his teeth
32. YOU WISH TO TEST THE ELEVENTH CRANIAL NERVE. ASK THE PATIENT TO
- A Protrude the tongue
 - B Say "Ah"
 - C Show the teeth
 - D Clench the teeth
 - E Shrug the shoulders
33. IN FRACTURED BASE OF SKULL
- A X-rays always show the fracture
 - B X-rays never show the fracture
 - C X-rays often do not show the fracture
 - D The diagnosis is supported by an escape of C.S.F. from the ear
 - E Never show an escape of C.S.F. from the nose
34. AFTER A HEAD INJURY A PATIENT IS CONSCIOUS BUT AN HOUR LATER BECOMES UNCONSCIOUS. YOU SUSPECT PARTICULARLY
- A A fractured vault of skull
 - B Diabetic coma
 - C Drunkenness
 - D A posterior cranial fossa fracture
 - E Middle Meningeal Haemorrhage
35. CHANGES IN THE PUPILS AFTER A HEAD INJURY ARE USUALLY DUE TO
- A Anoxia
 - B Damage to the optic nerve
 - C Compression of the third cranial nerve
 - D Compression of the sixth cranial nerve
 - E Intracranial hypertension

36. CHARACTERISTIC FEATURES OF A FRACTURED ZYGOMA INCLUDE
- A Diplopia
 - B Inability to open the mouth
 - C Epistaxis
 - D Cerebrospinal otorrhoea
 - E Black eye
37. A PATIENT SUFFERS FROM A SEVERE INFECTION OF THE FACE, ORBIT, THROAT OR EAR. WHICH OF THE FOLLOWING WOULD LEAD YOU TO SUSPECT CAVERNOUS SINUS THROMBOPHLEBITIS
- A Pyrexia
 - B Severe headache
 - C Oedema of the eyelids
 - D Tachycardia
 - E Rigors
38. XANTHELASMA PALPEBRARUM IS OFTEN ASSOCIATED WITH
- A A high blood urea
 - B A high blood cholesterol
 - C Chronic anaemia
 - D Gout
 - E Diabetes
39. THE TERM EPIPHORA DENOTES
- A An inflammation of the lacrimal gland
 - B Ophthalmia neonatorum
 - C A discharge of fluid from the eye due to conjunctivitis
 - D A sty
 - E An overflow of lacrimal fluid due to blockage
40. GRAVES' DISEASE IS
- A Secondary thyrotoxicosis
 - B Thyroid cancer
 - C Primary thyrotoxicosis
 - D A form of thyroiditis
 - E Exophthalmic goitre

41. THE COMMONEST NEOPLASM INVOLVING THE ORBIT IS
- A A lacrimal gland tumour
 - B Optic glioma
 - C Osteoma
 - D A secondary tumour
 - E Malignant melanoma
42. THE FOLLOWING STATEMENTS ABOUT GOUTY TOPHI ARE CORRECT
- A Involve the tendon sheaths of the fingers
 - B Found on the ear
 - C Involve the 1st metatarso-phalangeal joint
 - D Involve the pre-patellar bursa
 - E Occur mainly in females
43. A CAULIFLOWER EAR
- A Follows repeated trauma
 - B Follows frostbite
 - C Is due to gout
 - D May complicate haemophilia
 - E Is inflammatory in origin
44. INFLAMMATORY DISEASE OF THE EXTERNAL EAR AND AUDITORY CANAL MAY LEAD TO ENLARGEMENT OF THE LYMPH-NODES
- A Of the submental region
 - B Of the pre-auricular region
 - C Known as the tonsillar
 - D Above the clavicle
 - E Overlying the mastoid process
45. RINNE'S TEST IS POSITIVE IN
- A Perceptive deafness
 - B Otitis externa
 - C Otitis media
 - D Mastoiditis
 - E Normally

46. VALSALVA'S EXPERIMENT IS USED TO
- A Measure hearing
 - B Examine the facial nerve
 - C Test the patency of the Eustachian tubes
 - D Test vision
 - E Test the biceps jerk
47. IN ACUTE MASTOIDITIS
- A Inspection from behind may reveal that the pinna is pushed forward
 - B Conductive deafness is present
 - C Perceptive deafness is present
 - D Moving the pinna upwards and backwards is painful
 - E The patient is a child
48. AN INTENSELY PAINFUL EAR SUGGESTS
- A Acute-on-chronic mastoiditis
 - B Chronic mastoiditis
 - C Acute mastoiditis
 - D Furuncle of the external auditory meatus
 - E Otitis externa
49. THE HIPPOCRATIC FACIES IS ASSOCIATED WITH
- A Burns shock
 - B Diffuse peritonitis
 - C Head injury
 - D Syphilis
 - E Dehydration
50. A SADDLE NOSE SUGGESTS
- A Rhinophyma
 - B Deviated nasal septum
 - C An untreated fracture of the nasal bones
 - D Leprosy
 - E Congenital syphilis