far enough—one or two blocks—to get that much fallen snow on their clothes. Therefore, she hadn't been dropped off at the door to the building. It happens that one or two blocks is the distance to the hospital from the South Side bus stops. I knew, because I myself was from the South Side. Most of the snow was on the left side of the baby's snowsuit and only the left side of the baby's face was reddened from wind exposure. These observations indicated that the mother had held the baby in her right arm. If there had been a wait during registration or in the clinic waiting room, the snow on their clothes would already have melted. But it hadn't. I had also noted that the mother had just begun to unbutton the snowsuit when I called them in to be seen.

I tell my students that the physician must always be in "observation mode," as one never knows from what direction clues are going to come. You don't use observation only when you put on your white coat. Observation is not like a light switch that you can turn on and off; you must always have the switch on. The following story illustrates this point.

Attending a medical conference with many other cardiologists, I sat at a round table with some old friends. Dr. B was in excellent health; on the other hand, Dr. S was obviously diabetic, because he periodically checked his blood sugar during the meeting. After lunch, Dr. S did not return to the meeting, and we assumed that he'd gone home. Later, however, the woman conducting the meeting came to our table to tell Dr. B and me that our friend was ill and that the paramedics were assisting him.

We immediately went to be with Dr. S and noticed that he was sitting in a wheelchair in the hallway. The paramedics had found a blood sugar level of 50 mg/dL and were giving him orange juice. He was already feeling better and more alert. From old habits cultivated while working in emergency departments over the years, I took in the whole image before me and noticed that the curve of a thin tube was evident beneath Dr. S's sweater. I asked him if he had an insulin pump. He said that he did. I asked if anyone had turned it off. No one had. So we did. He soon returned to normal. Dr. B and I made sure that he got home safely and checked with his primary care doctor.

Holmes emphasized looking, seeing, observing, and reasoning. He also told Watson to learn to reason backwards. Reasoning that Dr. S was hypoglycemic because of his symptoms and concomitant blood sugar level was easy. Reasoning backwards, however, led to the question "Why is he hypoglycemic?" Perhaps he's getting too much insulin. Ah, what's that beneath his sweater?

Among the inherent resources we bring to medical school are curiosity, imagination, and an ability to observe. Good mentors help us hone those skills as we become competent clinicians. Concepts in medical science change over time, whereas curiosity, imagination, and observation are the bedrock of medical practice and improve with experience. It all starts at birth.

References

1. Liebow EM. Dr. Joe Bell: model for Sherlock Holmes. Bowling Green (OH): Popular Press 3; 1982.
2. Grais IM. False scents, false sense, and false cents: why physicians should read Sherlock Holmes. Tex Heart Inst J 2012;39(3):319-21.
3. Doyle AC. A study in scarlet. In: The complete Sherlock Holmes. New York: Doubleday; 1930. p. 24.

Editorial Commentary

An ever-increasing reliance on medical technology now dominates patient care. As a result, clinical skills have plummeted.[1,2] Yet the preceding article takes us back to a time when clinical skills were paramount. Even then, the author's deductive talents were exceptional, particularly those that he displayed as a medical student. Moreover, they support his belief—and mine—that the ability to observe is an innate gift that all of us have but don't always grasp, cultivate, or use.

So thank you, Dr. Grais, for sharing your experiences with us and for fanning the embers of a powerful diagnostic tool—the art of observation.

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References

1. Fred HL. Hyposkillia: deficiency of clinical skills. Tex Heart Inst J 2005;32(3):255-7.
2. Elder A, Chi J, Ozdalga E, Kugler J, Verghese A. A piece of my mind. The road back to the bedside. JAMA 2013;310(8):799-800.