Dermatology training programs are very competitive. Their trainees are drawn from the best and brightest students in every medical school class. As a general internist, I find my dermatology colleagues to be among medicine’s most gifted. Generalizations like this are often misguided, of course, but, more often than not, dermatologists are true to type. They are conscientious, thorough, insightful, and astute. But what makes them such effective clinicians? I believe it is something else.

They are astute observers, almost Sherlockian, if you will. Interestingly, Sir Arthur Conan Doyle apparently found inspiration for his fictional detective, Sherlock Holmes, from a highly regarded physician, James Bell, whose skills as a diagnostician rested upon his remarkable ability as an observer. Bell, it turned out, was a surgeon. I believe he would have made a fine dermatologist.

Dermatologists rely on their well-honed skills as careful and contemplative observers. Yes, they depend significantly on the detailed information gleaned from biopsies. But they ground their diagnoses in the “big picture.” Dermatologists are able to look at a field of seborrheic keratoses on an older patient’s back and spot the “ugly duckling,” which turns out to be the melanoma. They look at the sharply demarcated distribution of a red, raised rash and know straightaway it is a contact dermatitis, the so-called “outside job”. They employ big-picture, gestalt-type questions like “is the patient sick?,” “is he immunocompromised?,” “is there an underlying systemic illness?” as branch points for diagnostic algorithms that can distinguish a drug reaction from an infection, a Kaposi sarcoma from a benign purpura, or an ulcer of pyoderma gangrenosum from a simple traumatic wound.

And the beauty of it all is that the best dermatologists make it look so easy.

Why is that? Because dermatologists are taught how to observe, and how to understand what they see. As medicine appropriately embraces highly technical, analytic methods, electrophysiologic mapping or flow cytometry, for example- clinicians
should not forget the power of observation. The legendary Faith Fitzgerald, a master
clinician if ever there was one, published an article decades ago called, “The Bedside
Sherlock Holmes.” She provided a treasure trove of diagnostic pearls available if only
the clinician keeps his or her eyes wide open and attends to what he or she sees. How
long ago did the patient feel well enough to polish her nails? Answer: One day per milli-
meter from the nail bed. How long has the patient been hemiparetic? Answer: Look at
the soles of the shoes. Are these findings conclusive? Hardly. But they can be the keys
that unlock the diagnosis. Dermatologists may be our profession’s consummate
locksmiths.

In this issue of Medical Clinics of North America, “Dermatology,” guest editor Dr
Jeffrey P. Callen has assembled an outstanding cadre of dermatologists who provide
clinical updates and diagnostic assistance for prevalent dermatology problems
encountered by practitioners in both the office and the hospital. Let’s keep our eyes
wide open, try to observe as dermatologists observe, and learn from these experts.

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