



Thin slices and Sherlock Holmes

Dr Arthur Conan Doyle, who created the character of Sherlock Holmes, said that the character was loosely based on a Dr Joseph Bell, who was a surgeon who he had worked with at the Edinburgh medical school. Dr Bell emphasised the importance of close observation in making the diagnosis, and was often able to diagnose patients before they had said a word.

At his first meeting with Dr Watson in *A study in scarlet*, Holmes says to Watson: "You have been in Afghanistan, I perceive". This astonished the ever-convivial and rather naïve Dr Watson, who had indeed just returned from the second Afghan war (1878-1880). In chapter two, called *The science of deduction*, Holmes explains that "the train of thoughts ran so swiftly through my mind that I arrived at the conclusion without being conscious of the intermediate steps". He went on to say that he deduced Dr Watson's origin because of his military bearing, his wounded left arm and his dark haggard face, which indicated that he had been in the tropics and had undergone hardship and suffering.

What was going on in Sherlock's mind has been called "thin slicing", which is our ability to form hypotheses in our minds based on very little information, and often in a matter of seconds. This is partly based on very narrow slices of our experience, and involves pattern recognition, as well as the memory banks of our senses. It is also partly a heuristic process whereby one rapidly discards ideas or notions, or promotes other hypotheses, as one receives both verbal and non-verbal information.

A long time ago, I remember going on a house call to a child with asthma. I found a classic situation on entering the bedroom, which was strewn with junk. A young girl was sitting breathless on

a bed covered in thick dusty rugs, with heavy linen curtains and the odd cat wandering by. It was a scene far from my clean white consulting room and prescription pad.

House calls provide us with considerable information, without us necessarily being consciously aware that we are registering the information. The psychologist, Samuel Gosling, says that a patient's bedroom tells us three kinds of clues about his or her personality. These are identity claims (such as certificates framed on the wall), behavioural residue (such as dirty laundry on the floor), and thoughts and feeling regulators (such as a scented candle on the table or decorative pillows on the bed).

I think that over the years I have become a nosey parker, because on house calls I like to try and get a quick look into the medicine cabinet in the bathroom. I also like reading what is on the book shelf, and the messages that are stuck on the fridge. There is also the list of numbers by the phone, and the framed photos of family members on the walls and furniture. On occasions, when visiting elderly patients at home, I ask if I can view the family photo album to look at photographs of the patient when he or she was young. It provides a perspective of patients' lives and their humanity, as well as helping me to view them in a different existential light.

To fully understand our patients, we need to gather information from as many sources as possible. It's all in a day's work for us "thin slicers" and major league snoopers.

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