ELEMENTARY, MY DEAR FELLOW

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Retina doctors spend their careers reading the works of successful ophthalmologists who publish in trade publications and peer reviewed journals; rarely do they spend time on the work of failed ophthalmologists whose writing appeared in nonmedical magazines.

That is, unless the retina doctor in question is a Holmesian literary enthusiast, in which case he or she has spent a great deal of time consuming the work of Sir Arthur Conan Doyle, MD, the famed creator of Sherlock Holmes and (by his own calculation) one of the least successful ophthalmologists in Victorian England.

Dr. Doyle gifted the English literary tradition one of its most memorable narrators: John H. Watson, MD, who was Mr. Holmes’s biographer and Dr. Doyle’s alter ego. Dr. Watson’s charm was grounded in his respect for Holmes’s ability to solve the most complex mysteries via methods of observation and deduction.

Given Dr. Watson’s habits, we might say that he was the first literary figure to resemble the model retina fellow. Dr. Watson asked questions, observed scenarios, documented events, and learned to execute his own investigations. In situations that were above his training (see: his inability to identify that a venomous snake was a night-stalking killer in “The Adventure of the Speckled Band”), Dr. Watson turned to his mentor, Mr. Holmes, observing, as any good fellow does, how the seasoned veteran handled a complex case. In situations where Dr. Watson’s skill set—sharpened by Holmes’s tutelage—was commiserate with the case’s complexity, he solved elements of the case himself (see: his discovery that a client’s boot was used as the source of a scent for the phosphorescent canine in The Hound of the Baskervilles).

In some sense, all retina doctors are Dr. Watsons: they encounter complex situations, learn how to handle them from their mentors, and eventually (after copious note taking and observation) resolve complicated problems on their own. And they are Dr. Watsons in another way: they encounter mysteries and share them with their colleagues.

Many of the cases we see in clinic or in the OR are similar—a retinal detachment here, an intraocular foreign body there. Our training rightly instills us with the mantra that no case is routine, lest we fall into the trap of comfort and familiarity, which inevitably leads to complications and undesirable outcomes. But every once in a while we encounter a case with no obvious pathology, no well-known set of symptoms, no recognizable path forward. That’s where our inner detective springs to life.

In this issue of NRMD, you’ll find three such cases, all of which were presented on podiums at conferences and industry events in the past year.

Don your deerstalker hat, pick up your pipe, and get to business—the game’s afoot.