Dr. Myron Sokal

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He did his medical training at Yale and Columbia.

Retired as Chair of Pediatrics and director of Neonatal Medicine from Brookdale Hospital.  
  
From our time as roomates at college, there has always been an inseparable bond of deep friendship between us.

INTRODUCTION

I retired not too long ago as the Chairman Emeritus and the

Director of Neonatal Medicine of the Department of Pediatrics at

the Brookdale University Hospital and Medical Center. Emeritus is

deﬁned by the dictionary as meaning several different states.

Among them is “useless” -the deﬁnition to which I can relate the

most.

An obligatory part of the retirement process is that former and

present residents and colleagues contact the retiree and in

addition to expressing their thanks, recount some of the lessons

learned and snatches of advice given that have remained with

them. I was astonished at what was remembered particularly of

what I was alleged to have said. The troubling part was that I could

easily see myself saying these things.

So I decided to review and summarize some of my guiding

principles in the hope that they may induce a soupçon of

knowledge or at the very least a wry smile.

I at this point must acknowledge the great debt that I owe all the

wonderful residents and attendings that have taught me much

more than I could ever have imagined teaching them. “MIKAL

LOMDAY HISKALTI” - I became wise from all my students. Thank

you to each and every one of you.

So in no particular order, I present SOKAL’S APHORISMS.

WALK SLOW - THINK FAST



One of the major duties of a neonatologist and of the residents

assigned to the NICU is to respond to problems in the delivery

room. If it is a high risk delivery, the neonatal staff is alerted well

before the anticipated delivery and is prepared to respond to that

situation appropriately, so that everyone and everything needed

will be on hand.

However there are always unexpected circumstances where

problems have developed during what was supposed to be a

normal routine labor and delivery and the neonatal staff is called

on in an emergent basis and rapid response is mandatory. The

need calls for an immediate response and the tendency is to run .

The ﬁrst unfortunate negative response to running down occurred

when a resident was rushing down the one flight of stairs to the DR.

He tripped, fracturing his leg and lying in the stairwell of no use to

anyone.

Now please understand that I do not claim to be a fast runner, or if

the truth be told, even a particularly rapid walker. I was once

accompanying a resident to the delivery room and she started

running to the DR. Suddenly she stopped, realizing that I had

fallen back and I was no longer next to her. Aghast she turned to

me and I responded by saying, “walk slow, think fast”.

My ofﬁce was about 20 steps from the NICU. When I would receive

a panicked call to come to the NICU to see a baby whose status

had deteriorated, I realized that I found myself walking to the

bedside instead of running. I spent those few extra seconds that it



took me to arrive to review in my mind the diagnostic and

therapeutic possibilities and to clarify what had to be done in any

situation ,even though I was, at least by dint of years, experienced.

I had discovered that the additional response time taken was

negligible but by not running in unprepared, it helped calm the

situation by my not adding to the chaos. And additionally by being

outwardly calm, we were able to adopt the best appropriate path

that I had mentally reviewed.

I believe that there is much to be gained by not rushing headlong

unprepared into emergent situations but to have thought out the

approach beforehand. I am not at all advocating thinking over

acting but a few seconds of deliberation are essential.

GROW UP AND GET A JOB



Our residents at Brookdale were generally excellent and a goodly

percentage had advanced pediatric subspecialty training prior to

starting residency in the United States. In addition there were

some who had several years of Pediatric practice abroad. We were

very pleased to have many international medical graduates in our

program and their contributions were immeasurable.

Many of these residents sought additional fellowship training after

completion of their residencies, about an equal proportion that

went into general Pediatric practice. I was privileged to be asked

for advice on career planning and goals and I was happy to do so.

There was a small subgroup who wished to do additional

fellowship training after their initial US fellowship. Although

physicians are students for life, I felt very strongly that one should

not become a “professional” student and not spend one’s life in a

protected environment. There must come a time when a resident

has to enter into a position of individual responsibility and it cannot

be avoided forever nor should it be.

Hence - grow up and get a job.

FALSE HUMILITY IS A CONCEIT



On occasion and in fact, frequently, a resident would thank me

effusively for my presumed input into his or her life. At times it

seemed to me to be somewhat excessive and made me a bit

uncomfortable.

There were two responses available. The ﬁrst, which I admit was

my initial and natural tendency was to deflect the praise and turn it

back on the resident. “How wonderful a student you are.” “I had

very little to do with it.” But that I learned was wrong. The second

available response which I adopted was to say merely, “Thank

you.” First, the resident really feels the truth of his assertion.

Second, you may really have played a signiﬁcant role in the life of

that resident. In truth I have felt that not uncommonly.

It is important to acknowledge that truth to yourself, that you have

been a vital and important influence and also you are very good at

what you do. Humility is not always warranted.

Obviously one should not go around bragging and touting one’s

accomplishments; that’s downright obnoxious and that person has

probably justiﬁably earned his humility. But there’s nothing wrong

with having pride in who you are and what you’ve done. To deny it

is just as wrong — and the denial itself is a conceit.

IF YOU HAVE NOTHING TO DO,DON’T HANG AROUND NOT



DOING IT

Nature abhors a vacuum. So do people who like to boss around

other people, or in more benign language, are experts at

delegation. If you have completed your work (and have checked

that none of your coworkers is having difﬁculty completing her

work), go home! If you can’t go home, don’t sit around obviously

doing nothing. Someone will ﬁnd something odious for you to do.

Go to the lab (don’t go in)and walk back leisurely. If anyone asks,

tell them you just went to the lab. No one will ask you why you

went. The only risk is meeting another group of residents who

have read this. If so, begin going to Radiology.

Even if you are the most efﬁcient resident ever and always ﬁnish

everything, someone will believe you are lazy if you are doing

nothing.

A serious corollary of this law is that you should always check if

anyone else needs help. Doing so will ultimately pay dividends.

IF YOU DON’T KNOW WHAT TO DO WITH THE RESULTS OF A



LAB TEST, DON’T DO IT

I have nicknamed this aphorism the urinary sodium law since

except for a miniscule cabal of physicians, nobody knows what to

do with the value of urinary sodium.

I consider this rule one of the most important and practical laws in

all of clinical practice. I envision participating in rounds when

invariably someone with the utmost sagacity will suggest drawing

a set of electrolytes or liver function tests or whatever. Also

invariably one of the results will come back abnormal.

Parenthetically and probably statistically the more lab tests that are

done, the more likely one result will be abnormal.

But back to rounds. Lo and behold, a result is out of the normal

range! It is usually the most arcane or worse, a hormonal assay. At

this point no one is certain why the lab test was sent to begin with.

Nonetheless the team is confronted by the necessity to explain this

weird but ultimately meaningless result, particularly before IPRO

sees it. How is this accomplished, you may ask. Well of course by

sending more tests. The loop is endless.

Think of how much money is wasted during this process.

How many times have you actually used the results of a urinary

electrolyte analysis? Really! Think about this. The answer should

be your guide.

It also speaks to acquiring the skill of knowing the reason for



sending each test before ordering it and for knowing how the

result will help you in managing the patient. If you can’t honestly

answer these questions, don’t send the sample.

KNOW TO WHOM YOU ARE CITING REFERENCES



This one is a bit tricky.

I was participating in the bedside rounds of an eminent senior

neonatologist and I was listening attentively to the “pearls”that

were being scattered before us. The neonatologist was

expounding eruditely about a clinical syndrome that sounded

somewhat familiar and yet not quite correct. As I listened I became

more confused about this study and then it dawned on me. I had

authored the paper that was being cited incorrectly. How to stop

this travesty that was being perpetrated on one of the ﬁnest papers

ever written in the medical literature (sic!) - mine? I also wanted

not to embarrass this person. Being a coward I whispered to a

resident to ask a simple question, the answer clarifying everything

and everyone continued to enjoy the remainder of rounds.

Several lessons were learned. If you have a guest at rounds, look

up a paper that the guest wrote and somehow work it into rounds.

It makes the guest feel very special but make sure you quote it

correctly. Obviously, to quote a paper, you must read the literature

as a primary requirement, an added beneﬁt. There is no substitute

for reading. Finally and most importantly try never to embarrass

anyone publicly; this is to be avoided scrupulously.

ONLY THREE THINGS CAN HAPPEN TO A PATIENT - GET



BETTER, GET WORSE, OR REMAIN THE SAME

This also is known as the law of threes - where there are always

and only three possibilities. For example, the hematocrit can be

only low, high , or normal. There are no other possibilities!

Silly and self evident, you say. What’s the big deal, you scoff. Well,

it’s the beginning of wisdom. Continuing the example above, if you

were going to approach a hematocrit discussion, you need a

starting point for the subject and it’s the basis of a critical and

fundamental concept which is always to think about a clinical

problem algorithmically, not in a scattered or haphazard fashion. It

makes these discussions and indeed, patient management focused

and productive and much more complete.

It also illustrates how simple Medicine is. The discipline seems

daunting; there is so much to know. It’s a lot easier if your thinking

is orderly. Try it and see.

SOMETIMES THE “OSTRICH” APPROACH IS BETTER THAN



OTHER FORMS OF THERAPY

Physicians often feel under pressure to do something - from

patients, from administration, from review organizations and from

themselves. At times we may engage in workups or treatments that

we know are unproductive and will have limited if any impact on

the outcome. At times, the approach may entail risk. There will be

occasions when one has to resist the impulse to do something.

We have all been amazed at the body’s restorative powers despite

what we do. Sometimes the problem resolves or ameliorates itself

or the disease process itself becomes more clariﬁed and then

something meaningful can be done.

Finally there are the patients who will thank and bless us for

restraining ourselves and doing nothing for them anymore.

CLEAN UP AFTER YOURSELF - A NURSE IS NOT YOUR



MOTHER

On one level, very obvious and self-explanatory. After doing a

procedure, many physicians leave a trail of detritus after them, left

for a nurse to clean. This is totally unacceptable.

On a more important level, young (and often older) physicians

must quickly come to the realization that nurses are their best

friends. I remember very vividly to this day being awakened as a

ﬁrst year resident while covering the PICU. A very experienced

nurse was trying to penetrate my semi-consciousness as I was

falling asleep to come see a child who had extubated. Knowing

with whom she was dealing , she screamed at the top of her lungs,

“Get your a— in here right now". Bobby survived because the

nurse knew what to do.

Even if one cannot comprehend that, nurses must always be

treated with respect. A physician cannot exist without supportive

nurses. What resident has not worshipped the nurses in our NICU

for their ability to start IVs without bothering the house staff?

I have also witnessed where even a good nurse when confronted

with a rude and condescending physician can undermine him. The

really professional nurse will never let a patient suffer because of

the doctor. She will do what is necessary and most importantly she

will report the behavior to both the nursing supervisors and to the

responsible physicians.

It is worthwhile to spend the time to cultivate positive relationships



with all members of the health care team.

BEING A PHYSICIAN IS A PRIVILEGE - NOT A RIGHT



Although there may be a divine right of kings, there is no

equivalent right for physicians. You were not born with such a

right; it is given and earned.

We are allowed to be physicians because we have been given this

privilege by the patient. Just think of the types of questions that

you have asked patients during history-taking, intruding into the

most private of subjects and feelings. Even more, think of where

your hands have been, invading areas where in all other jobs, you

would be imprisoned. Still patients allow you to take these

histories and perform these physical examinations - because they

trust you.Understand that this trust is not intrinsic in you, it is the

patient that accords this trust. It is never to be violated.

God or family did not give you the right to be a physician. The

patient affords you this privilege and never forget it!

NEVER CONFUSE WHO YOU ARE WITH WHAT YOU DO



You are not a divine being. We are all individuals with differing

personalities, thoughts and desires. Being a physician is not who

we are; it is what we do. Don’t permit the noble calling of being a

physician obscure who you are. You are a human being ﬁrst.

You have to take what you do seriously because lives depend it.

But you are not required to take yourself seriously and don’t

confuse the two.

For further thoughts on this, see the next law.

IT IS IMPERATIVE THAT YOU LAUGH AT YOURSELF



I once had a secretary who was committed to bring a smile to the

faces of the dour unsmiling. It bothered her that there were senior

employees who would walk the halls but never smiled. She would

wonder what was wrong with these people.

We are all moderately ridiculous at the very least. We have quirks

and foibles. We are all not beautiful. You can’t take yourself so

seriously. Don’t be afraid to laugh at yourself. You’re not all you’re

cracked up to be. Accept it. Laugh at your idiosyncrasies and don’t

be scared to feel foolish. You certainly will become a more

pleasant person and more fun to be around.

WE ALL BECOME CARICATURES OF OURSELVES



The following brief scenario has been attributed to a long-

forgotted borscht-belt comedian, (although I doubt that there are

still many people who know what the borscht belt was).

Customer: Waiter, try my soup!

Waiter: But there’s no spoon.

Customer: AHA!

I always enjoyed making rounds with the residents. Rising from my

torpor, I found it the most fulﬁlling of activities and the best part of

the day. Using the Sokal-Socratic method, we would work our way

through a clinical practice or try to answer a question together.

When the correct conclusion was reached, I found out that I

commonly said, “aha”. Little did I know that the residents

expected and anticipated my utterance of this one word during

rounds. In fact at the end of rounds, they would express dismay

and disappointment if I didn’t say this.

I gradually became aware that I began to emphasize various

characteristics of mine, so much so that I became a caricature.

Worse, I began to notice this in other people where they

exaggerated certain personal traits. You could bet on the

phraseology and reactions of others to any given situation; it

became a game. We believe too much in our own actions and

characteristics, good or bad.

I then made a conscious effort to vary my responses. First, it

became fun to catch people off guard. It also became more fun for

me in general to increase the repertoire. However I never gave up



“Aha”; you can’t disappoint the audience.

WE HAVE MANY ROLES AND NONE SHOULD BE NEGLECTED



We tend to think of ourselves as physicians and that this is the

deﬁning description of our existence. There is nothing else.

Nothing could be further from the truth. We are, each and every

one of us, many people. We are parents; we are children; we are

spouses; we are friends.

If you went through the above list, which would you consider the

most important? You might have a tough time choosing. But it’s

really easy. They’re all important. Each role is a signiﬁcant part of

your life and must be cherished and cultivated.

None should be forgotten. Sometimes one may seem more

important and overwhelming and time-consuming but that is just

the ebb and flow of life. But none can be neglected.

READ!!



When I mention to physicians the overarching necessity to read,

they look askance at me (as they commonly do anyway). “But of

course”, they say, “In order to advance our medical knowledge, we

must read”. They are correct. There is no substitute for reading the

literature, keeping current and absorbing factual material.

Parenthetically, we invariably overestimate the amount of time we

spend studying. We are all masters of self-delusion. When

confronted with a resident who was not progressing satisfactorily

in advancing his knowledge, I devised a simple strategy. I asked

the resident to record daily what he studied and more importantly,

the amount of time spent studying and to email the results to me

weekly. If done truthfully, the resident is always shocked at how

little time is spent studying. No more lying to oneself.

But back to reading. I do not mean reading just Medicine. I mean

reading everything and anything. How many of us have spent

breakfast, entranced in reading the back of cereal boxes. There is

no more important way to spend time than reading and very few

more enjoyable ways. We must guard against becoming insular

which will happen if our focus is only on being a physician. We are

more than that. Think of what will be lost to us if we don’t immerse

ourselves in a variety of topics. Allow your horizons to expand.

I ﬁnd it particularly important for young residents not to be afraid

of reading poetry. I even started sessions on poetry for my

mentees. One of a physician’s primary responsibilities is to

communicate effectively and clearly. Poetry teaches us the usage

of language, how to express deep ideas with a brevity of words.

We all beneﬁt from expanding our insights into communicating.



Poetry is invaluable.

ONLY THINGS THAT CAN MAKE SENSE HAVE TO MAKE



SENSE

There are parts of our lives that just are, for example - religion.

Religions exist because people believe. It is futile to try to make

sense of what people believe, that which is essentially beyond

rational proof. The believers cannot be dissuaded. I was given a

gift from my residents of a copy of the Bhargavat Gida. Full of

seemingly fantastic stories, it was totally foreign to me, just as

foreign as the Old Testament would be to them. Did it matter if I

was unable to understand it? Not at all; it was another’s belief and

it mattered to them. Interestingly, one of my better residents was

having a personal crisis. I was able to help her only after I

discussed with her a passage from the Bhargavit Gida, the wisdom

of which helped her ﬁnd solace.

Science, on the other hand, should make sense. We may not

understand everything but ultimately it will be understood.

Unproven theories are discarded. Scientiﬁc facts can be proven

experimentally and therefore differ from religion. You don’t have to

believe in a scientiﬁc truism; that doesn’t make it any less true. You

don’t have to believe in a religion either. That doesn’t make it any

less correct - for those who believe.

Love is another feeling that just is. It doesn’t often make sense but

then again it doesn’t have to.

THE ANSWERS ARE ALL THERE; WHAT IS MISSING ARE THE



RIGHT QUESTIONS.

I became aware of the importance of this law while making rounds.

I discovered that occasionally a discussion had to be refocused. I

would ask the resident, “What is really the question? What is it that

you really want to know?” This forced us to pinpoint the essence of

the discussion because we then understood what it was that we

were trying to clarify.

This also became very important when residents would prepare a

research project. As a frequent mentor, I would be confronted with

a meticulously prepared twenty page monograph with dozens of

references and charts and to quote Arlo Guthrie, “8x10 glossy

pictures with writing on the back.” However it didn’t take long to

see that the project was dead on arrival and had no chance of

answering any of the questions asked. I would ask the resident to

describe, in one sentence, what the objective of the project was

and I would accept only one, not two. It is not easy to do; try it! But

it is necessary and works wonders. Everything fell into place when

the right question was asked.

This is true of every endeavor. We will never really accomplish

anything unless we clearly deﬁne and realize what we want to do.

EXPRESS GRATITUDE EVERY CHANCE YOU GET



Think about this - how often do we say thank you? Do you thank

the packer at the supermarket checkout line or the toll taker (if

they still exist)? But as important as this is, it’s not the most critical.

How often have we thanked our parents for all they do and have

done for us? Many of the residents have newborn babies and

young children and the grandparents come enormous distances to

a strange land to care for these infants so that the residents can

complete their training. Think of how much a sincere thank you

would mean to them. What of a spouse with a career of his/her

own who had to move to accompany you to a new city so that you

could follow your dream? When’s the last time you thanked your

spouse? Or the person who held the door open for you?

Think of how you feel when you are not thanked, when you feel

that no one appreciates you or what you have done. Then try to

feel what the people closest to you may feel if they are never

thanked.

It costs absolutely nothing, takes no time at all, but it may be the

most special and meaningful act you do today.

AN ASSOCIATION IS NOT THE SAME AS CAUSALITY



Just because two phenomena occur simultaneously, it is not

equivalent to one causing the other. And I am not talking about

coincidence.

Let me present to you an excellent example from my days of

clinical practice. On occasion, I would be asked to start an IV that

no one else could do after multiple failed attempts. (A measure of

desperation) Surprisingly enough, on most occasions I was able to

put in the IV. However it was noted that the majority of these

babies died within 24 hours. On the surface one could claim that

my intervention caused the babies to die. I was so accused, of

course, with a smile on the accusers’ faces. But further analysis

showed that I was asked to start IVs only on the sickest infants,

which probably accounted for others’ failures. So even though the

association was accurate, the claim that because I started the IV,

the infants died, was false.

A true student of science must guard against making assumptions

of causality just because two events occur together. We have to

understand that there may be a third factor, often unknown, which

could explain the association and debunk the causality.

DEVISE A SYSTEMATIC APPROACH TO DIFFERENTIAL



DIAGNOSIS

I have participated in countless clinical conferences where a

difﬁcult case with an unusual presentation is discussed. What

generally happens is people calling out, in no particular order,

diagnoses one after another and a poor unfortunate soul is tasked

with writing the “stuff” on the board. At the end of this democratic

process, there is no coherent conclusion, no light is shed and a

long list of diagnoses is overlooked.

There is a very simple solution and that is to have a scheme for an

orderly discussion and then nothing will be overlooked. I don’t

care what the scheme is but everyone needs one. Since you

asked, I will be pleased to present mine because it is simple and

has stood the test of time.

There are only ﬁve major headings that anything can be with a few

subheadings and here goes!

I. Congenital

II. Traumatic

III. Inflammatory

A. Bacterial

B. Viral

C. Parasitic

D. Fungal

E. Nonspeciﬁc

IV. Neoplastic



A. Benign

B. Malignant

1. Primary

2. Secondary

V. Metabolic

And if one is dealing with a tubular structure such as the GI tract,

the pathology can be in only three places - outside the tube, in the

wall, or in the lumen, and then proceed with the scheme above.

It works every time and invariably leads one to the correct

diagnosis in an orderly fashion. Its use is not limited to the

conference but can be used with equal efﬁcacy by the bedside.

Again choose your own system, use it, and it will become second

nature.

DO YOU REALLY ENJOY BEING ATTILA THE HUN?



We have all had leaders, each with a different style. As you assume

leadership positions, you must adopt a style so that people will

follow you.

Do you want to be the type of leader whose followers do so out of

fear or intimidation, who will follow you to avoid public

embarrassment, the present-day equivalent of execution?

Or would you prefer to have followers who desire to follow you -

because of admiration for your abilities and your personality, who

view you as a worthy leader, who love you?

One should learn the principles of servant leadership, that as a

leader, you are there to serve the people you lead, to make them

better. You must communicate to them that you gain only if they

succeed. Then they will follow your leadership willingly and not

out of fear. It’s a much more fulﬁlling way to lead and when the

time comes for tough decisions, you will be respected for these

decisions.

NEVER VOLUNTEER UNLESS YOU WILL HAVE TO DO IT



ANYWAY. IN THAT CASE,VOLUNTEER IMMEDIATELY

I call this one my “speech class” aphorism because that’s where I

learned it. During the semester, we were required to deliver

several speeches. When the instructor asked for someone to

speak ﬁrst, my hand immediately shot up. I was delivered of my

speech burden at the beginning of the cycle and I had nothing to

do for the next several weeks but “listen”to my classmates deliver

theirs and not have to worry and anticipate when I would be called

upon.

I had a natural aversion to volunteering born of my navy days. A

fellow physician in my group at the National Naval Medical Center

volunteered for special assignment and was sent to Iceland for a

month (but then he liked to eat whale blubber). Next he was

volunteered to stand full-dress inspection. He was a marked man.

However if you are required to perform some task, but only if you

are required, volunteer immediately. You will earn brownie points

as a team player. But never volunteer a priori - if you don’t have to.

There exists a very tricky instance where volunteering may be

critical. Your adopting a prominent role may give you the

opportunity to set the agenda when major planning is imminent

and you get to try to protect what is yours. It requires great

experience to know when to do this and should be done sparingly.

IT IS EASIER TO ACCEPT A FAIT ACCOMPLI THAN A NEW



IDEA

Democratic discussion is a ﬁne idea but has limitations. It is

wonderful to establish forums where everyone can voice support

or objections to a new policy. We are always wary and suspicious

of changes because we are afraid of loss or matters becoming

worse (as if this were a possibility). But eventually change will

occur and when the new system is in place and everyone

understands that adoption is mandatory, it becomes much easier to

function within the new setting because that becomes the new

reality until the next anxiety-provoking change.

There will arise times when it is necessary or desirable that

change should be imposed without any discussion. This will also

have to be adopted and one must work within the new system.

ALWAYS ALLOW FOR THE POSSIBILITY THAT YOU MIGHT BE



WRONG

One of the most infuriating signs I have ever seen was in the ofﬁce

of my car mechanic. It said, “Doctors only work on one model; we

have to work on many models”. I didn’t think it was worth my time

and effort to explain the basic fallacy to him.

Another attitude that angers me is the physician on rounds who is

always perfectly sure of her diagnosis and treatment. At times the

clinician may have been correct but there were more than a few

times when she was dead wrong. Of course there was seldom any

attempt at self-examination that accompanied the failure of the

physician’s approach.

Medicine is not an exact science because the canvas differs from

one patient to the next. It is humbling profession and should teach

us true humility. Being certain does not take into account the

uniqueness of the particular person before you. Therefore there

should always be a coherent plan to deal with these variables.

ONE PERSON CAN MAKE A DIFFERENCE



By now, you realize that I don’t believe in false humility or that,

because of limited musical ability, I don’t tend to toot my own horn

but I have a story to share. I was delivering a lecture to Brookdale’s

now defunct Family Practice residency. One of the research

projects that a resident was doing was on the neonatal mortality

rate at the hospital. He asked the following question. “What

changed in the middle of October, 1977 that caused a sudden and

sustained decline in neonatal mortality?” I muttered something

nonsensical. However, I knew that my starting date at Brookdale

was October 11, 1977.

New leadership can make a difference and the efforts of one

person can lead this change. But beware! History has shown us that

the change is not always positive.

One person can make a difference in a patient or student’s life or

can lead many people in important ways. This one person can be

you

ADDITIONAL (AND NON-ORIGINAL) APHORISMS



Because of my voracious appetite for reading and for learning by

listening to others, I have enjoyed aphorisms I have come across

and I would like to share some of them with you,( and really wish

that I had thought of them myself).

David Seligson, M.D., in Orthopedics Today

“The profession (i.e., hospital administration) created to

manage the building, set up employee programs, take care of

parking, has grown from a puppy to a rottwieler.”

Teperisms -named after a renowned physician, as told to me by

Richard Fogler, M.D. One example:

“When there’s a schmuck involved, you can’t analyze a situation as

if there weren’t a schmuck involved….or, when there’s a schmuck

involved, don’t take it personally.

John Sandford, in “Phantom Prey”(2008), quoting a physician:



“Don’t let anyone tell you that Medicine is a science,” she said. “It’s

always been an art and it still is. Look at the training; we’re artists,

not scientists.”

Santosh Parab, M.D., a former resident, inviting me to give the ﬁrst

Haran memorial lecture at Richmond University Hospital.

“Don’t talk about anything you know; it will be boring.”

Ann Patchett, in “What Now” (2008):

“… pay attention to the things I’ll probably never need to know, to

listen carefully to the people who look as if they have nothing to

teach me, to see school as something that goes on everywhere, all

the time, not just in libraries, but in parking lots, in airports, in

trees.”

There are many more, most off-color. I’ll stop here as I thank you



for your attention. Good luck.