'Goodbye, and thanks…'

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Two eminent professional friends who recently retired from their positions as co-editors-in-chief of a neurology journal used the famous quote from the Douglas Adams' book, *The Hitchhiker's Guide to the Galaxy*, "Goodbye, and thanks for all the fish." For those of us who liked that book, it was a fitting final note to the readers, a non-sequitur suggesting that retaining a sense of humor was a bedrock principle for their work. As editor of a journal with a less ambitious purpose than my friends' journal, I am always aware of our mission, not, as with most international journals, to increase its impact factor, but rather to encourage the Rhode Island medical community to maintain and expand its sense of identity.

I am hugely pleased by the two editors who have taken over the reins of the *Rhode Island Medical Journal* (RIMJ). Unfortunately, they face the same existential crisis I did when I started – will the journal survive? Twenty years ago I was told that the journal was on life support, that the size of the issues needed to be curtailed and that advertising revenue had to increase, since the journal was subsidized by the Rhode Island Medical Society (RIMS) and advertising. The RIMS considered the journal an extremely important communication and the elected officers and administration have been extremely dedicated to keeping the journal alive, but financial constraints were fixed. I guess that surviving 20 years is one measure of success but the continued rocky financial road also underscores another metric, which suggests the opposite.

If I had known how to make the journal pay for itself, I would certainly have done it. I think our best hope now is the new journal leadership, both physicians with more extensive ties to the medical community and the medical school than I had, and new and better ideas for increasing interest in and support for the journal.

When the journal was still a print publication, it was distributed, free of charge, subsidized by the RIMS, to all Brown medical students. I wrote a column describing the peculiar feeling a writer, ie, me, gets when publishing something and getting no feedback. Zero. I noted that although I had lectured to medical students for many years, that none had ever come up to me after a lecture and asked, "Are you the guy who writes that monthly column in the medical journal?" About six months later, a student told me that he had read that column and was now going to ask that question. It made a difference to me, although, to be honest, not a large one. Over the years I've had occasional feedback, although never again by a student. Rhode Island readers are considerate, and none have criticized me, except for one group of physicians who I had criticized, minimally, in making a point, unrelated to them, but unknowingly picking a wound. We got over that nicely, though. The RIMJ actually has a large readership, with more than 75,000 page views and 25,000 readers per year.

Writing and reading medical articles are useful endeavors. I think it takes many tries before a writer feels secure in truly believing that the less written the better. I learned that lesson the first time while still a student, trying to meet my attending and residents' expectations by including all the data on my patients as possible. I cared for a pediatric patient. Unfortunately for him, but also for me, he was a hyperactive boy with hemophilia before there was treatment for that, other than a clotting agent. I summarized his 27 or so admissions and thought I'd done an admirable job until the heme fellow pointed out that I should understand before I did this again, that no one would ever read my note because it was too long. That was more than 40 years ago. The next time I learned this was from my chair, the editor of *Neurology*, who reviewed a case report I submitted when a student and asked me to answer several queries while also paring the manuscript by several hundred words.

Two lessons learned that have stood me in good stead both for writing and for editing. Less is almost always better. WH Auden famously noted that writers should always type, as they like their handwriting as much as they like the smell of their flatus.

Why is writing for the journal useful? We print most submissions, not all, but enough so that most articles are published. We try to make an unpublishable manuscript publishable because I think that one publication begets another, developing into an abiding interest in discovering and reporting new things. I think that questions leading to research makes medical life more interesting, and interest spurs creative thinking which leads to better care.

The journal is also important for our community. Now that primary care doctors rarely go to the hospitals to see their patients there is less of a sense of belonging than there used to be. Not all doctors in our state trained here, which means they may rarely attend any meetings at a particular hospital and never get to meet and interact with their colleagues. The journal, at least, allows them to learn what tests, interventions, and expertise, in general, are available, not assuming that "new and better" means "Boston."

Our new editors have worked in RI a long time and have superb credentials. I am confident they will bring the journal to the next level while keeping the focus.

And, by the way, thanks for all the fish. ❖

Author

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'To write in a thoughtful manner…'

A personal tribute to Dr. Joseph H. Friedman

NEWELL E. WARDE, PhD
EXECUTIVE DIRECTOR, RHODE ISLAND MEDICAL SOCIETY

A FAVORITE FANTASY of mine imagines having all the editors-in-chief of the *Rhode Island Medical Journal* (RIMJ) for the past 100 years to dinner at the Brown University Faculty Club. We would easily fit around one table, since there have only been eight of them, and I imagine the conversation would be most entertaining. Five of them would be strangers to me, but the most recent three are old friends, and collectively those three alone have piloted the *Journal* for a remarkable 60 years.

Two years ago, when Joe Friedman informed me that he planned to lay down his pen after RIMJ's December 2018 issue, he remarked, "That will make 20 years, a nice, round number." I thanked him for the early notice and for his "splendid, selfless, worthy work." I added, "Alternatively, you could go for the record: Seebert [Goldowsky] did it for 30 years."

Joe's response: "Those were the days of the giants."

I love that insider trope of the "giants" among medical people, with its play on *Genesis 6:4*. It reflects the fact that no other profession brings forth so many staggeringly magnificent, achingly admirable, astonishingly accomplished exemplars of humanity's capacity for virtue. In my 30 years with the Rhode Island Medical Society (RIMS), I dare say I myself have had the great privilege of knowing a giant or two personally. It's an experience that opens your eyes to the human potential for transcendent brilliance and deeply humane goodness and helps balance the evidence that bombards us daily of our species' capacity for stupidity and depravity.

Joe himself captured the ironies of the medical giants for all time with his characteristically puckish humor: "We all trained in the days of the 'giants.' Though there were few living giants when I was in training, all my mentors trained in the days of the giants. There used to be giants, but they all died out just before you started your training, whenever that was."

Here and elsewhere in his entertaining and provocative monthly commentaries, Joe is speaking to his medical colleagues, and I, as a layperson, am fascinated to eavesdrop on this candid monologue, with its often confessional tone and its recurrent expressions of self-doubt, self-questioning, and self-criticism. "I hopefully know more than I used to. I've developed gray hair and wrinkles, a reputation as another 'graybeard.' I should be more confident, more skilled, perhaps even less sensitive as I am meeting my three thousandth patient with Parkinson's disease." "Would I be a better doctor if…?" "I am not so clean." "I wonder what it means when…" "I constantly berate myself for not knowing more scientific and clinical facts and principles…"

The words "I don't know…" occur frequently in Joe's essays, as do questions and ambiguities. "How does a doctor display humility, or should one?" "What do I say when asked 'What happens next? When will I need a wheelchair? Will I lose my memory? Will I be able to work until my daughter graduates college?' Of course, I don't know the answer to these questions. And, of course, my patients don't think I really do know. But they sort of think I do. And I sort of do."

In musing about sun sneezes and evolution: "Perhaps future scientists may answer these questions. Perhaps not. The answer may not matter. I am content to think about the questions, an endeavor which is always useful."

The thought recurs to me that reading and re-reading Joe 's commentaries can be an antidote for physicians and physicians-in-training who are universally nagged at one time or another by doubts about their own adequacy and who live with secret, unfounded fears of being exposed as an "impostor." Here is a "graybeard" and an authentic giant confessing to his own anxieties and self-doubts.

Here and there Joe also confesses his inward irritation with patients and their family members who waste their

time with him, and with colleagues who waste words and engage in puffery, including "the rat doctors," whose laboratory brilliance translates poorly into clinical usefulness.

As a layperson and as a patient, I appreciate Joe's thoughtful parsing of terms like "chief complaint," "refused," and other staples of the clinical vocabulary that should be used mindfully. Is the patient a complainer? Did the patient "refuse" the test or "decline" it? "Expressions that are value-free to the doctor may not be to the patient." I well remember my own extended conversation with the gentleman who called RIMS to complain that his doctor had been rude in describing him as "obese." Memorable for me too is Joe's "contention that the phrase 'brain dead' should be removed from the medical lexicon, because it introduces a sense of doubt, that 'brain dead' is different than 'dead,' that one might be 'brain dead' today and 'really dead' tomorrow."

Once in a while Joe offers direct advice to his colleagues: "Remember when you write a note that it's permanent and unchangeable and available to your patient. Think of how you'd like to be described by your own doctors."

And once a year Joe lets his delicious sense of irony run rampant and writes an April Fool column. The first of these appeared in April 2000 in the form of a scholarly paper on "Cognitive Sinks: The Black Holes of Neuropsychology," complete with references. A cognitive sink, we learn, is an individual who drains the intelligence of others through social interaction with them. It turns out that some populations are more strongly affected by the presence of a cognitive sink than others. For example, the presence of a hospital administrator will have a powerful sinking effect on medical personnel while having little impact on other hospital administrators.

As Executive Director of the Medical Society, I have appreciated the fact that Joe was always exceedingly low maintenance. He has put up with penury, never complained, and never asked for anything. ("Complaints? I don't have any. My admiration for my courageous patients increases my dedication.") His emails are models of economy. When I let go his long-time managing editor and hired the new team that engineered RIMJ's cold-turkey transition from print to electronic-only in 2013, he was calmly OK with all that disruption.

Joe's aversion to meetings is legendary. In the entire 20 years of his tenure as editor-in-chief, he called exactly one meeting of the Publications Committee, and that reluctantly. It was a short one.

(I have no reason to believe it was Joe, but maybe it could have been, who walked into a committee meeting at The Miriam years ago and, upon being hailed for completing the quorum, turned around and walked back out.)

Joe worked hard as editor-in-chief. His emails reveal that he is editing submissions at midnight, holidays, weekends. All of this, of course, totally unremunerated by the Medical Society or anyone else.

Above all, for me, there will always be the indelible image of Joe wielding his metal shoehorn as he helps his patients get their socks and shoes back on after testing their Babinski reflex; it's a powerful tableau of humility, but Joe deflates any such hagiographics in advance by pointing out that it's a time-saver in the office; "plus," he adds, "one can't have a serious conversation with a patient who is not fully dressed." (The horn is made of sturdy metal because breaking a plastic or wooden one would embarrass the patient.)

As one gesture of recognition and gratitude for Joe's 20 years of outstanding service as editor-in-chief, the Board of Directors of the Medical Society recently voted to establish the **Joseph H. Friedman, MD, Editorial Award for Excellence**. This award will be given annually in recognition of distinguished editing, writing, or research published in RIMJ. One hopes that this new award will help in some small way to address a concern that Joe expressed this way:

"It is an unfortunate aspect of our current medical predicament that we frequently lack the time to sit and think and then to write in a thoughtful manner. I worry that that time will never come back. It did exist though, back in the days of the giants." ❖

'A Goodbye Joe…'

MARY KORR
RIMJ MANAGING EDITOR

With this issue, Dr. Joseph H. Friedman, editor-in-chief of the *Rhode Island Medical Journal* (RIMJ) for 20 years, passes the virtual editorial "pen" to Drs. Ed Feller and Bill Binder.

During the six years that I have been working with Joe, one of my roles has been to edit his commentaries. "You will enjoy working with Joe," the late Stan Aronson told me. He had originally recruited Joe to succeed him as editor-in-chief. "But as for his sense of humor, well, you'll see…"

His humor in all its nuances, as it turned out, is one of the reasons I enjoyed editing Joe's commentaries, or reading his cryptic notes to contributors on how to revise their submissions. I took to writing down titles, phrases or words that I liked, or found amusing, from Joe's work.

THE HEADLINES

Altruism and My Nine Gallons of Blood

When the Doctor is Crazier than the Patient

The Not-So-Near Death of Autopsies in the U.S.

No Autopsy, He's Suffered Enough

Really Dead

The Woman Who Could Spell Backwards

THE LEADS

I also liked many of his leads, which, in journalistic parlance, is the opening sentence or two meant to hook the reader, such as:

> Like the children in Lake Wobegon, all doctors think, I believe, that they are above average. Or, at least average. Yet we are not.

> It is never a good idea for a doctor to get angry with a patient or family.

> " 'That other doctor diagnosed me in 30 seconds. All he did was ask me to stand up and walk. I took three steps and he said, 'You have Parkinson's disease.' "

> "It's complicated," he said.

> "No, it's not," I thought, straining every neural circuit to keep from saying this aloud.

> You can't win a race if you can't find the starting line. Yet that is exactly where we are in the development of drugs to slow down Parkinson's disease (PD).

His signature April Fool's commentaries were faux science par excellence.

> **Voting Aliens, Donald Trump and Me**
>
> I was surprised to learn that a very old study of mine had been cited by President Trump. He used it to support his belief that he had received more votes than Hillary Clinton, and that her seeming majority of the vote count was due to the millions of illegal aliens who voted.
>
> My study, published only in abstract form, was a retrospective examination of alien abductions in southern California as a distinguishing history between people who voted for George HW Bush and Bill Clinton in 1992. (*J Irreproduc Res*. 1993; 13:354-8).

> **Parkinson, Shaking Palsy, ms#1817- 010038. Reviewer comments**
>
> Dear Mr. Parkinson:
>
> I regret having to inform you that your paper: The Shaking Palsy, did not get through our extremely competitive and fastidious review process. We have limited space and have had to limit our acceptance rate, now taking only the best 75% of submitted manuscripts. This is a high hurdle to overcome, given the large number of manuscripts that we receive. We do hope you'll find success in submitting your efforts elsewhere, although you may consider publishing this yourself as a monograph, given its length and narrow focus.

THE LITERARY LINKS

At times, Joe cited literary or scientific luminaries to make a point, which made me think about this or that author whom I hadn't read since college, and adding them to my book list.

> "In Tolstoy's *The Death of Ivan Ilyich,* one of the great novellas of all time, the illness afflicting the main character is never specified. It's not important. His increasing disability and his impending death are the important issues."

> "Oliver Sacks, MD, a trained, albeit non-practicing neurologist…accurately describes what patients look like to others, how they see themselves, and often how they think they appear to others (e.g.: *The Man Who Mistook His Wife For a Hat*). In this he is unsurpassed."

THE LAST WORD

Then there's Joe's endings; some of my favorites are the one-liners; these sound easy to write, but aren't.

> My 65-year-old patient never returned.

> If you want a smarter brain, choose smarter parents.

> How do you fix a life?

> Who knows what we look like to our patients, staff, colleagues or students? Gazing at ourselves in the mirror isn't enough. After all, look what happened to Narcissus.

Finally, from this month's commentary:

> And, by the way, thanks for all the fish.

Speaking of fish, actually shellfish in this instance, I will end my farewell here, with lyrics from *Jambalaya* (Hank Williams):

> *A goodbye Joe, you gotta go, me oh my oh…*
> *He gotta go – pole the pirogue down the bayou…*
> *Son of a gun, hope you'll have big fun on the bayou.*

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