they have discovered, not what spills off our tongues. Creating a comfortable rapport, asking a thoughtful question, and counting silently to 6 to allow thought are much better educational techniques than an “I know it all” speech and a slide full of data. Need I say that you yourself are unlikely to discover, to create new knowledge, if you don’t have quiet in which to think?

3. Quiet balances perspectives. You have spent much of your time during the last 7 or so years with medical professionals. When you have ventured out into the “real world,” you may have found yourself answering medical questions. You may notice increasingly that when people discover you are a physician, they become quiet, they defer. Without even realizing it, you can be seduced into believing that your narrow perspective is the only way of looking at the world and that your expertise is paramount.

During the past year, I witnessed a painful meeting. A young physician came to the School of Public Health to discuss a particular topic. Unfortunately, he only talked; he did not ask or listen. In the room were a dozen of the world’s experts on the subject about which he was expounding. He was naive. He was rude. By playing doctor, he gained not one whit from the encounter. It was a wasted and embarrassing hour. Unless physicians preserve silence during which to listen to other persons, they are deprived of course-correcting information. Quiet helps one maintain perspective.

4. Quiet allows others to draw close. Having just completed the rigors of residency you are acutely aware that this profession can easily consume, or actually demand, all of you. It is difficult to maintain high-quality relationships. Being a full partner or parent or family member, as well as a full physician, will require quiet—quiet during which the ones you love can count on your presence. I mean something far more than making certain you are there in time to sing “Happy Birthday”; to see at least one touchdown, basket, or goal during the season; or to walk her down the aisle. I mean periods of unscheduled, unoccupied, availability.

Last week my oldest child graduated from high school. I know there have been special occasions I shall always regret having missed, but I also know that it has been during the quiet times we have spent together that we have gained the most. I remember, for example, questions that have come from him during the deep silence of a nighttime car trip. Questions like, “What do you really believe about God?” Questions that came because we had been quietly side by side long enough to be at ease. Sometimes there must be no telephone, no beeper, no schedule, no plan. For without true quiet, there is no opportunity for closeness.

5. And finally, quiet restores the soul. The practice of pediatrics draws from emotional as well as intellectual self. It beckons you to a privileged sphere, privileged because it allows you to dwell not only in your own life, but in the lives of others. I hope it does not sound trite when I say it; you may share full measure in the triumphs and tragedies of your patients. It will be the quiet times you grant yourself that allow you to cope with your experiences. Quiet times for reflection will be your protection against becoming so overwhelmed that you must build walls against strong feelings.

I have listed for you 5 important reasons to keep, that is, to treasure, quiet. Quiet allows your patients to speak. Quiet promotes learning. Quiet balances perspectives. Quiet allows others to draw close. Quiet restores the soul. You may be adding to this list even now. And so, if I have one wish as you leave us, it is that you will somehow recognize the importance of keeping quiet. I think it an essential, life-preserving skill for a pediatrician.

Modena E. H. Wilson, MD, MPH
CMSC 144
The Johns Hopkins Hospital
600 N Wolfe St
Baltimore, MD 21287

Error in Acknowledgments. In the article titled “Acute Pulmonary Hemorrhage in Infants Associated With Exposure to Stachybotrys atra and Other Fungi,” published in the August issue of the ARCHIVES (1998;152:757-762), the names of 3 additional authors were omitted from the Acknowledgments on page 762. A paragraph should have been included that reads as follows: “Additional authors include David R. Olson, PhD, of the Centers for Disease Control and Prevention, Atlanta, Ga; Bruce B. Jarvis, PhD, of the Department of Chemistry and Biochemistry, University of Maryland, College Park; and J. David Miller, PhD, of Agri-Canada, Ottawa, Ontario.” The journal regrets the error.