Coincidence is something to be very wary of in medicine. If a clinical trial shows that group A, which took medication M, had better outcomes than group B, which took a placebo, it may seem only logical to ascribe the good result to the medication.

But as even grade-school science students are taught nowadays, correlation—the fact that two events occur in tandem with each other—does not necessarily imply causation. The causative agent may be something else entirely. Perhaps, for example, the M-munching As eat a healthier diet on average than do the placebo-popping Bs. Or maybe more members of group A than of group B are non-smokers.

And sometimes a correlation can be pure coincidence. That’s why the larger the trial, the more reliable the results. An outcome due to mere happenstance is much less likely when the study population numbers in the hundreds or thousands than when it’s 10 or 20 (and without a doubt than when it’s one—as in the anecdotal “I did X and Y happened, so Y will surely keep happening if I keep doing X” approach to health-care decision-making; of course, that’s a practice we’re all prone to indulging in now and again, but scientific it’s not).

In some realms, however, coincidence is something to be embraced and even sought. It is the lifeblood of storytelling, for example. The master of the coincidental literary twist was the 19th-century short-story writer O. Henry. Can anyone who has read “The Last Leaf” ever forget his tale of the impoverished young woman who lay dying of pneumonia in her garret apartment; of the gruff, old artist who lived below her; and of the lone, dying ivy leaf that lay between the young artist who lived below her; and of the lone, dying ivy leaf that lay between the young woman and death? (If you haven’t read it, either put “O. Henry” and “Last Leaf” into any Web search engine, and you’ll surely find links to the full text, or check out the O. Henry selections in your local bookstore or library. The story is admittedly a bit sentimental, but it’s nevertheless memorable and worth reading.)

And since stories (sometimes even sentimental ones) about the human relationships that are a part of medicine, about the scientific search for better treatments, about the ethical dilemmas that are inherent in health care, are the foundation of Dartmouth Medicine, more than a few coincidental twists can be found in our pages, too.

A case in point in this issue is the feature that starts on page 52. A young doctor thinks she’s already learned everything significant about an elderly homeless man who’s under her care. But then one day she probes a little deeper, and the story he ends up telling reminds her to be aware of the humanity of every patient.

And to the careful reader, another example of coincidence is evident in the feature starting on page 46 (about a smallpox scare on the Dartmouth College campus over 200 years ago) and the profile starting on page 58 (about a faculty member who is nationally prominent in a very contemporary matter involving smallpox).

The historical feature has been on our editorial docket for over a year now; its author describes in a sidebar on page 48 the string of coincidences that led him to write it—from poet Robert Frost to President George Washington and from Dartmouth founder Eleazar Wheelock to an eccentric Hanover doctor whose daughter was rescued from the bottom of a well by one of the College’s early Native American graduates.

Then the post-September 11 threat of bioterrorism put the issue of smallpox vaccination in the media on a regular basis. That made John Modlin, DMS’s chair of pediatrics and head of a national panel on vaccine policy, a shoo-in as this issue’s “Faculty Focus” profilee.

One could also call it a coincidence that Modlin ended up at Dartmouth. One of his mentors at Duke, where Modlin earned his M.D. in 1971, was 1950 DMS graduate Samuel Katz, a developer of the attenuated measles virus vaccine now used throughout the world. And another DMS grad with whom Modlin worked early in his career played a major role in bringing him here 11 years ago.

Those kinds of connections are what make a place like Dartmouth so special. When an institution has been around for 233 years, as the College has, or for 205 years, as the Medical School has, the stuff of good storytelling—historical treasures and contemporary gems alike—abounds.

And that’s no coincidence.

Dana Cook Grossman