W e got kudos from one reader for the cover feature in our Summer issue, but flak from another for the image on our Spring cover. That’s what we love about Dartmouth Medicine’s readership—you’re an engaged, informed, thoughtful, perceptive bunch. We enjoy hearing from you, even (maybe especially!) when you’re pointing out something that’s not all it purports to be.

Not a cakewalk
I read “Puzzling over medical mysteries” in the Summer 2003 issue with great interest and learned so much that I didn’t know—even though my daughter, Lara, is a DMS graduate. The author of the article, Laura Carter, managed to get into the M&M “huddle” and make perfect sense out of a subject that would have totally intimidated many writers I know.

We laypersons tend to think that there are few, if any, medical problems that aren’t under control and that diagnosis and treatment are just cakewalks nowadays. Well, now I know differently. Congratulations on an excellent job of translating medical es into the King’s English.

William E. Burrows
Stamford, Conn.

Burrows is the founder and director of the Science and Environmental Reporting Program at New York University—from which Laura Carter, the associate editor of Dartmouth Medicine as well as the author of the piece that Burrows’s letter praises, earned a master’s degree. Burrows’s daughter is a 1997 graduate of DMS.

Was it red blood?
I enjoy reading Dartmouth Medicine, which is why I was very disappointed with the photograph on the cover of your Spring 2003 issue, which purports to show a bag of donated blood. This is obviously a blood transfusion bag that has been filled with a red-colored liquid.

Why did you sacrifice realism for this photograph? It would have been so easy to use a real blood transfusion bag, filled with real blood!

Aniruddha Malpani, M.D.
Bombay, India

We were surprised and chagrined to discover that Dr. Malpani is correct. All the photos in the cover article itself, except the one of red blood cells, were taken at DHMC and do indeed depict what they purport to. But the photo on the cover (which is reproduced on the facing page), as well as the one inside of red blood cells, came from a stock agency. Because they were on a disc devoted to medical imagery, we’d assumed they were accurate and realistic. But Dr. James AuBuchon, DHMC’s blood expert, confirms Malpani’s assessment of the contents of the blood bag. However, interestingly, AuBuchon says that the same stock photo has been used in publications put out by the American Association of Blood Bankers.

So we hope that means the matter isn’t serious enough to warrant, well, an editorial bloodletting—though our faces are, er, red.

But this blood is green
I have the wonderful affliction of green blood, being a proud Dartmouth ’77. Whenever I’m on campus, I always pick up a copy of your magazine and read it from cover to cover. Please add me to your subscription list so I’ll see it regularly.

I am fascinated with medicine—I worked as a production manager for CBS in the 1980s on a show called The Body Human, and my favorite part was watching surgery over the doctor’s shoulder. Thus I have a particular interest in your topics.

Amy Cammann Cholnoky
Dartmouth College ’77
Darien, Conn.

Hard science and humanism
I continue to cherish the excellence of Dartmouth Medicine, which I find clearly superior to the alumni-type magazines of the other medical schools (three) that I’ve been associated with. Dartmouth Medicine presents skillful writing of wonderful clarity for health professionals and others and grace on important topics not restricted to “hard” science and flavored by strong humanistic concerns. Additionally, the editing, artwork, and format are great.

I was particularly impressed by, and learned from, the “Faculty Focus” profile in the Summer issue—“Robert Drake, M.D., Ph.D.: Fixing the system,” by Associate Editor Laura Carter.

I have served pro bono, since my retirement in 1993 from the private practice of internal medicine, as the medical director of the Rogue Valley Addictions Recovery Center in Medford, Ore. My experience supports the findings of Dr. Drake and his colleagues—that the many patients afflicted by co-occurring disorders, substance abuse, and mental illness, can do extremely well in recovering.

That’s a vitally important message for those who suffer with these two disease categories, for their families, and for the health professionals who attend them.

I love medicine passionately and feel blessed to be a physician.

James W. Hall III, M.D.
DMS ’56
Central Point, Ore.

In addition to doing pro bono medicine in retirement, Hall is also a much-published writer. A feature about a few of the more colorful characters he encountered during
his years in practice was published in the Fall 1996 issue of Dartmouth Medicine.

An addition to the roster
I enjoyed reading about those who participated in sports in college and then went on to earn an M.D. degree [“Sports and Medicine,” Summer 2003]. I believe that I am qualified to add another name to the list.

Thomas W. Byron, DC ’72 and DMS ’75, set the Dartmouth College record in the decathlon in 1972—a record that lasted for over 20 years, until the mid-1990s. Tom is now the senior partner and an orthopaedic hand surgeon with Bone & Joint Associates in the Wilkes-Barre area in Pennsylvania. I know whereof I speak, as I am Tom’s father.

John C. Byron
Delmar, N.Y.

We are delighted to recognize another M.D.-athlete—especially the longtime holder of a school record in the decathlon, which is one of the most grueling athletic events there is. Our intention in the article, however, was to highlight a few examples of the genre rather than to publish an exhaustive list.

TB or not TB
I have a very personal interest in the subject of the article on the Glencliff Sanatorium [“Mountain Aerie,” in the Summer 2003 issue]. I contracted TB while I was a fourth-year student at Harvard Medical School in 1945, as a result of exposure to an infant with miliary TB at the Children’s Hospital of Boston.

I spent three months in Chelsea Naval Hospital (I was in the Navy’s V-12 program while I was a student) and nine months at Trudeau Sanatorium in Saranac Lake, N.Y., on a rest and fresh-air regimen very much like the one described in the Dartmouth Medicine piece. (I was diagnosed as having “moderate-advanced” disease, with cavity in one lung.)

I was getting well by 1946, when many of my fellow patients began receiving streptomycin and isoniazid, both of which became available that year. I was not considered in need of chemotherapy by then, however.

It was one of the most dramatic events of my life, to watch many of my friends there—some of whom had been institutionalized for 20 years—get well and leave, only to face enormously difficult periods of readjustment in their lives. I returned to my family and medical school and never had a recurrence of TB.

Mahlon Hoagland, M.D.
Theftford, Vt.

Hoagland is the former chair of biochemistry at DMS, and he just finished serving two terms as a member of the Dartmouth Medicine Editorial Board.

No small stir
You and your staff do an excellent job publishing the magazine. I especially like the layout—it’s not too busy.

The article on Glencliff was particularly interesting. My wife, who works at what is now the Glencliff Home, took a copy of the issue up there with her and it caused no small stir! It’s amazing how much someone can not know about one’s workplace!

Jim Burow
Glencliff, N.H.

Piece of history
My good friend Ed Latham sent me a copy of Bob Christie’s “Pioneer in Pathology” [Summer 2003], since he knew I wouldn’t otherwise see it. It was a splendid piece of writing. In fact, I remember much of the story—Bob’s arrival in Lancaster in the early 1960s and the many permutations of his adventurous practice. Congratulations on a great story and thank you for giving us this piece of history about our community.

Roderick D. Stonehour
Dartmouth College ’50
Lunenburg, Vt.

A view of values
I very much enjoyed the wonderful article in your Summer issue about Dr. Robert Drake—as well as your whole magazine, which reflects the high-quality standards at Dartmouth Medical School and Dartmouth-Hitchcock Medical Center. The magazine not only is very well written, but it contains valuable information and a very, very high level of integrity in its content and intent.

As a social worker who has worked in the dialysis field since 1976, I have seen a lot in my field—in hospitals and in medical practices. I have seen more good than bad, but, sadly, I have seen many self-serving philosophies that would horrify a reputable school of business as well any school of social work. And, worse, these behaviors carried out in the name of the bottom line continue without reproach or improvement—such as institutions selling their souls for new, improved, state-of-the-art departments and additions.

But I know that good values, good practices, good judgments, and good care are absolutely possible and that ultimately integrity will win out. I think that DMS and DHMC are there.

It both pleases me and shocks
me that this is the first time I have had such an impression about an institution in a long time. I live and work in a major metropolitan area with at least five medical colleges and have seen a lot that I wish I had not. None of the places here are without merit, mind you, but the whole of DHMC appears to be working well together to create a mature, cohesive, sensible approach that benefits the patients and ultimately reflects well on the institution.

With regard to Dr. Drake, it was refreshing to see the patient being put first. It reminds me about teaching a child who has difficulty learning. It is the responsibility of the teacher to figure out how to help the child learn. Too many quit or hide behind the limitations of their particular service, and the patient falls through the cracks.

In the dialysis field, it has not been uncommon for me to find patients in great need of help—and often with a great desire to get help—for addiction problems, only to find my efforts and hours wasted on systems that do not serve the patients. Many times I have valiantly tried to swim upstream, only to find doors locked to our dual-diagnosis patients.

It's too bad that there are not more people who are like Dr. Drake and who are supported by the wisdom and skills of a place like DHMC.

Thank you for being there—at least that is one darned good start!

Anita Miller, M.S.W., L.S.W. Havertown, Pa.

A great read(er)
I worked for several years at Dartmouth-Hitchcock Medical Center with Dr. John Heaney and always picked up a copy of your most excellent magazine. I truly enjoyed it and would read it from start to finish.

I am now working as the practice manager for a Dartmouth Medical School graduate, Dr. John Houde, an orthopaedic surgeon. I miss Dartmouth Medicine and would like to get on your subscription list. It would be great to keep in touch with what the physicians I used to work with (in radiology and urology) are doing.

You guys do a wonderful job—thanks for a great read!

Jenny Langdon Charlestown, N.H.

Pleasurable publication
For the past year or so I have been reading Dartmouth Medicine at my local library, and I look forward to each new issue. But because I often do not have time to sit at the library and read the entire issue, and the magazine cannot be checked out of the library, I am writing to ask if my name may be added to your rolls.

I think it would be wonderful to receive your magazine regularly. I find many of the articles very interesting.

Thank you for publishing such a pleasurable magazine.

Angela King East Swanzey, N.H.

When former readers find they miss Dartmouth Medicine, or new ones find it pleasurable, it’s our pleasure to add them to our rolls. See the box on page 26 for details.

A moving matter
During a recent appointment at Dartmouth-Hitchcock, we realized we hadn’t sent in an address change for Dartmouth Medicine when we moved. Please resume sending us your wonderful publication. We picked up the latest issue while we were at the Clinic and found many articles of special interest to us.

Paul and Doris Youngholm Orleans, Mass.

Commentary on care
I am moving to Virginia from Massachusetts and would like to continue to receive your great magazine.

I had wonderful care at DHMC for prostate cancer; Dr. John Heaney was my surgeon, and I received excellent care. I will never forget you!

Clifford S. Bonney Petersburg, Va.

As noted in the box on this page, it’s important for readers who move to let us know their new address—our thanks to these two!

Informative issues
I subscribed to Dartmouth Medicine about a year ago, and I have enjoyed each of your informative issues that I have received. However, I did not receive the Summer 2003 issue. If you have taken my name off the list after a year, then please resubscribe me. I absolutely love Dartmouth Medicine and I really look forward to each issue.

Thank you very much!

Elizabeth Walsh Winchester, N.H.

Annual “resubscription” is not necessary—probably the vagaries of bulk mail just delayed Walsh’s Summer issue. However, we do periodically ask readers who’ve requested a subscription to let us know if they are still interested in getting the magazine—and, in fact, we’re doing so this issue. If your copy of Dartmouth Medicine has a white outer cover with a clip-out postcard, note that you must return the card if you want to continue to receive the magazine.