

Our covers seem to be coming in for comment of late. The cover story in our Summer issue sparked a couple of letters—as well as, according to one of those letter-writers, a number of dinner-table discussions about its subject matter. And the cover of our Spring issue got a reader guessing about the identity of the patient pictured in the painting featured there.

Fair and balanced

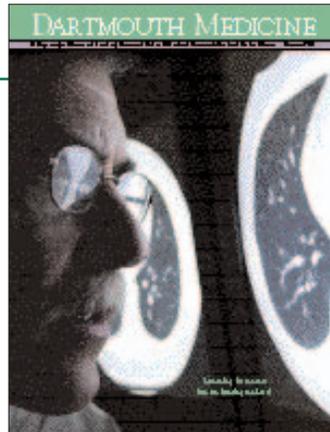
Jennifer Durgin's cover story on cancer screening, in the Summer issue of DARTMOUTH MEDICINE, was masterful. It is probably the most accurate and balanced article most any of us in the field have ever seen written on this complex topic. Her article has been the centerpiece of many a dinner discussion during the past few months, both at DHMC and around the country.

I'm sure it was not easy so fairly presenting such a balanced perspective. The fact that both sides probably felt Durgin went too far in presenting the other side's position probably means she got it just about right. It's sort of what [DMS outcomes research pioneer] Jack Wennberg and his colleagues at the Foundation for Shared Decision Making went through during the development of their shared decision-making tapes for patients in the 1990s.

Again, my congratulations on this really important article on such a complex issue.

MICHAEL ZUBKOFF, PH.D.
Hanover, N.H.

Zubkoff is the chair of DMS's Department of Community and Family Medicine, as well as a professor



The feature about cancer screening on the Summer cover, at left, inspired a couple of letters, while our Spring cover, at right, elicited a date and ID query.



of economics and management at Dartmouth's Tuck School of Business and codirector of Dartmouth's M.D.-M.B.A. program. He was the subject of the "Faculty Focus" profile in our Spring 2005 issue.

Both sides now

Thank you for the cover article "Screening for Cancer: Are We Hunting Too Hard?" by Jennifer Durgin in the Summer 2005 DARTMOUTH MEDICINE.

Since its inception in 1992, the New Hampshire Breast Cancer Coalition has called for honesty and clarity about the benefits as well as the limitations of mammography screening for breast cancer.

Slogans like "Early detection is your best protection" oversimplify a complex disease and mislead many women into believing that if they have this test, they will not die of breast cancer.

Women need evidence-based information about breast cancer screening. Anyone who is considering whether or not to have routine mammograms would be well advised to read this article. Furthermore, it should inspire all of us to move forward from the debate about screening to deter-

mining what causes breast cancer and how best to treat it.

NANCY A. RYAN
Lee, N.H.

Ryan is chair of the New Hampshire Breast Cancer Coalition, a grassroots advocacy organization.

I see you?

Here is yet another letter regarding the cover feature about ICUs in the Spring 2005 DARTMOUTH MEDICINE. I was absolutely convinced that the patient depicted in the painting on the cover was my father-in-law, Guy White. He was the victim of a hunting accident in which both eyes and the bridge of his nose were shot out. Another bullet entered his right upper arm, shattering the bone. In the painting, the patient's eyes and nose are bandaged and there is an IV line in his left arm.

However, a caption on page 45 says that the photo on which the painting was based was used in an exhibit in 1957. But the hunting accident occurred in November 1959. Is it possible the date of 1957 is incorrect?

Dr. Brewster Martin of Chelsea, Vt., administered first aid at

the scene and Guy was transported to Mary Hitchcock, where I know he was a patient in the Special Care Unit. He was 55 years old at the time of the accident and lived to be 86.

It has been in the back of my mind to write, but we did not have the wet spring here that was mentioned in your Summer issue as a possible cause of all the letters that you had already received about the ICU article!

BARBARA HUCKINS WHITE
Tucson, Ariz.

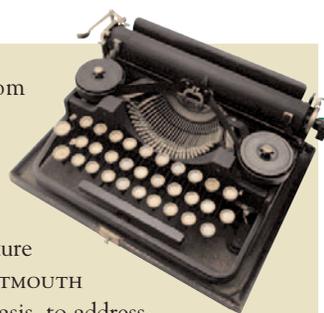
The ICU photo that White refers to—on which the painting featured on our Spring cover was based—was included in a newspaper clipping dated 1957, so there appears to be no doubt about its vintage. White is a 1959 graduate of the Mary Hitchcock Memorial Hospital School of Nursing—which, as it happens, is the subject of a feature in this issue (see page 48).

Kid-glove treatment

I enjoyed the "Facts & Figures" box about surgical gloves in your Spring 2005 issue, for a reason that will be obvious from the recollection which follows.

In the spring of 1968, I was an intern assigned to the cardiothoracic surgery service at Mary Hitchcock Memorial Hospital. My assignments one day included interviewing and examining a new inpatient, an elderly man whom I'll call Mr. Jones, who was accompanied by his wife. The interview proved to be intriguing and priceless.

Mr. Jones was the owner of a golf course that had gained worldwide renown when Dwight



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D. Eisenhower used it to retreat from his presidential duties. It was also famous throughout New England for the unique greens grass developed and marketed by Mr. Jones.

To let me know that she had some medical background, Mrs. Jones mentioned that she had been a nurse prior to her marriage. She said she had worked as the personal nurse for a neurosurgeon at Johns Hopkins, one Harvey Cushing, M.D.

"Have you heard of him?" she asked.

"Yes, I have," I replied, trying to subdue my exuberance and maintain my fledgling professionalism. Dr. Cushing was merely the most famous neurosurgeon in history, and there I was listening to his very engaging nurse!

Then she told me about the gloves. Surgical gloves were not routinely used in the early 20th century. During her duties, she developed a nasty rash on her

hands. Dr. Cushing diagnosed it as contact dermatitis from chemicals in the operating room.

He then got in touch with an acquaintance of his in Akron, Ohio, a Mr. Goodrich, and asked if he could make some rubber gloves for his nurse. Soon the gloves arrived and the dermatitis disappeared.

So, in one brief interview, I had intimate brushes with the lives of four of the most successful men and one of the nicest ladies who lived in the 19th and 20th centuries.

The Joneses also related several other interesting anecdotes during that interview, but they do not pertain to surgical gloves. It was a very special event in my career.

DON E. CLOYS, M.D.
HOUSESTAFF '67-68
Richmond, Ky.

Generally speaking

I was fascinated by the Spring 2005 "Grand Rounds" essay by Jonathan Ross, M.D., one of my mentors from DMS.

I also worked during my DMS years with Dale Gephardt, M.D., an internist in Windsor, Vt. Dale was a true generalist as defined in

the essay. He provided continuous, comprehensive, personalized care. As we drove through Windsor on our lunch break, he could tell me stories about the people we saw in town, his patients. He knew them that well!

I envisioned myself working like Dale. I did my residency in primary care at the University of California at San Francisco because residents there spend 50% of their time with outpatients (I now spend more than 95% of my time with outpatients).

I opened a solo practice in San Luis Obispo, Calif., in 1998. My wife grew up here and we wanted to move here. The two group practices in town weren't hiring then, but luckily my father-in-law, Frank Collie, M.D., has been a Dale Gephardt in San Luis Obispo for over 30 years. He had room in his building, so we decided to share some employees and it has worked.

Like Gephardt and Collie, I strive to be an internist providing continuous, comprehensive, personalized care. I learn more about how to do that every year. What do I hear from my patients? They left their last physician because they never saw her

or him. They could see only the nurse practitioner or physician assistant. Rarely was it the same person twice. They left a big group practice because they could never get hold of their physician on a "crazy" phone system. They want me to know who they are, to know a bit about their life. They frequently come to me after seeing a specialist because "you're my doctor and I'm not doing anything unless you agree." They (usually!) value my opinion. They trust me to provide palliative care during terminal illnesses.

I spend a fair amount of time on unreimbursed work: reviewing studies ordered by specialists or calling specialists to coordinate my patients' care. I do this because they are "my" patients. I am their advocate, someone armed with medical knowledge and knowledge of the medical system. I do this because they have trusted me with their care and I feel responsible for helping them. I dictate a list of medications for my geriatric patients, because I realize they are more likely to foul it up without a list. I make house calls.

I feel the care I provide could be better. I feel like a little island at times and wonder how other solo practitioners do it. Is the small-office care I provide better or worse than the care in a big system like Kaiser or the VA? Do automated triage, computerized reminders, tracking of outcomes, or use of a limited formulary help patients more than I do? If I tried to track my own outcomes, would it produce useful information? Do nurse practitioners or



The "Facts & Figures" section in our Spring issue inspired an alumnus to share a fascinating brush he had with the early history of surgical gloves.

physician assistants (I don't use either) provide the same kind of care I do? Do they save money or cost more for our health-care system (i.e., order more unnecessary tests) than I do?

Why don't more physicians want to do what I do? I don't think the lifestyle demands of providing continuous, comprehensive, personalized care have to be as big a barrier as many medical students perceive. I work pretty darn hard (though not the crazy hours of some specialists), and I make a respectable salary (though nowhere near what many specialists make). But I feel lucky to be doing something I enjoy. I am fortunate to have 10 other internists in my call group. What makes my life as an internist crazy is that my income is directly tied to how many patients I see. To earn my respectable salary, I have to see more patients than I'd like on many days. Better reimbursement for what I do would help draw more medical students to generalist care. So, too, would changing the mindset whereby generalist medicine is referred to by specialists as a "dumping ground."

Yet how to demonstrate, with research, the value of what an internist can do is incomprehensible to me. How to measure if patients prefer generalist medical care is equally unclear.

So that's the view, from my non-academic generalist shoes, on the interesting questions Jon Ross raised in his essay.

STEPHEN A. HILTY, M.D.
DMS '95
San Luis Obispo, Calif.

Be sure to tell us when you move! If your address changes and you want to keep getting DARTMOUTH MEDICINE, just tear off the address panel from the back of a recent issue, write your new address next to the old one, and mail it to: DARTMOUTH MEDICINE, 1 Medical Center Drive (HB 7070), Lebanon, NH 03756. It helps us greatly—since our mailing list is drawn from six separate databases—if you send the actual cover or a copy of it. If that's not possible, please include both your old and new addresses. Note, too, that if you receive more than one copy of the magazine, it's because of those six databases (which are in different formats, so they can't be automatically "de-duped"). We're happy to eliminate duplications, but it's a help to have the address panel from *all* the copies you get, not just the one(s) to be deleted.



Can those be Kandahars?

The Summer issue of DARTMOUTH MEDICINE was another home run—from the Editor's Note, spiced with references from Oprah to Dumas, and the jazzy listing of the issue's contents, all the way to the end.

The feature about Susan McLane really pushed my nostalgia button. She and her twin sister were a fixture on the campus during my years at Dartmouth. And her husband-to-be, Malcolm McLane, DC '46, was just a few years behind me. I got a kick out of the picture of him

with his long wooden skis [the photo is reproduced below, on the right]. I remember him and, of course, the twins' father, Dartmouth College Dean "Pudge" Neidlinger. I even thought I recognized the students in the picture of the dean's office [below, on the left] as a pair of Phi Deltas—Dick Peebles and friend.

I hope you'll permit me to share a recollection of Dean Neidlinger. Anyone from that era remembers where they were on Sunday afternoon, December 7, 1941, when news of the attack on Pearl Harbor came over the

radio. The effect on the Dartmouth community was immediate and extreme. Students by the carful and trainload left Hanover. The campus seemed (was) deserted. Some who remained had their thinking screwed up. Bizarre activities, such as trashing fraternity houses, surfaced.

When word of such an outbreak at the Deke house was received by Dean Neidlinger (who was himself a Deke), he went right down there and forcefully evicted the miscreants. He grabbed them by their scruffs and tossed them, flying, out the front door, according to people familiar with the episode.

One more recollection: The bindings on Malcolm McLane's skis are Kandahars (I think)—a state-of-the-art improvement over the bear-trap bindings with which my hickory-ridge skis (with steel edges) were equipped. When I arrived at Dartmouth, Brooklyn-born and -bred, I'd never been on skis. I was outfitted with ski equipment by John Piane himself, founder of the Dartmouth Co-op. Insurance on the skis was one dollar. It came in handy when one ski "broke" (thank you, bear-traps) in a tumble barely halfway from the Phi Delt back porch to the golf course. Skiing was hard work, especially for a neophyte. But the rope tow up Mount Mansfield beat climbing.

Anyway, many thanks for prompting the memories.

HENRY F. KRAMER, JR., M.D.
DC '42, DMS '43
Holden, Mass.



BOTH: ADRIAN BOUCHARD



These two photographs in our Spring issue sent an alumnus down memory lane.

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Letters

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A new twist on the Dartmouth "family"

As the father of a daughter who is about to graduate from Dartmouth Medical School, I have greatly appreciated receiving your magazine for the past four years.

I thought I would share a (very) minor tidbit related to her graduation. Both my daughter, Jaime Walford, and her cousin, Geoffrey Walford, will be receiving their M.D. degrees from DMS. It seems unlikely that cousins would commonly graduate together. We are having our annual family reunion based around the June 11 graduation of these two suddenly prominent members of our clan. Geoffrey is going to Harvard and Jaime to Northwestern for residency.

Again, thanks for your great work. It has been very nice to feel in touch with the Hanover community from so far away.

DONALD WALFORD
Boulder, Colo.

See page 14 in this issue for a Walford family portrait captured during DMS's Class Day.

Exclamation about a periodical

Thank you for the wonderful and high-caliber medical reporting in your publication—DARTMOUTH MEDICINE is one of my favorite periodicals. Each issue is even better than the one before, and I read it all!

As a retired member of the cytopathology department, I am especially interested in word about new medical developments.

JEANNE GILMORE
Concord, N.H.

Southern comfort

DARTMOUTH MEDICINE magazine is one of the best publications that I have ever read. I am moving from Vermont to Florida and would love to continue receiving it. If you can change my address in time that I may receive the Fall issue in Florida, I would be most grateful. Thank you.

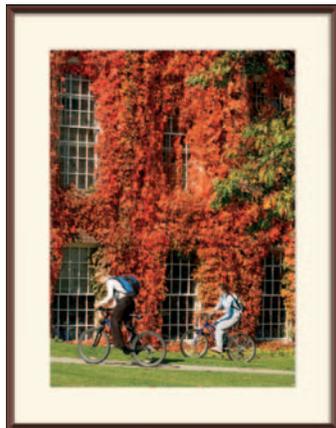
GEORGE A. BURROWS
South Reading, Vt.

We're happy to keep DARTMOUTH MEDICINE coming when readers move—but be sure to let us know your new address, because the magazine comes by bulk mail and so is not forwardable.

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Yes, Virginia, there is a DMS

I recently received a copy of your publication and thoroughly enjoyed reading it. As an undergraduate in the University of Virginia's School of Engineering and Applied Science, I would be very grateful if you could add me to the subscription list so that I may continue to read this delightful magazine.

Thank you!

ARASH R. ZANDIEH
Herndon, Va.

We're also happy to add to our subscription rolls anyone who is interested in the subjects we cover. See the box on page 29 for details. ■

Worthy of note

continued from page 27

public of Buryatia and will also work with children's hospitals and arts organizations in the region.

John Raser, a fourth-year medical student, was selected as a Pisacano Scholar by the Pisacano Leadership Foundation of the American Board of Family Medicine.

Three DHMC nurses received New England Nursing Excellence Awards for 2005: **Ellen Lavoie Smith**, A.P.R.N., director of advanced practice nursing in hematology/oncology; **Karen Gilbert**, A.R.N.P., coordinator of the Epilepsy Program; and **Deirdre Sheets**, P.N.P., a staff nurse in pediatrics.

Marilyn Williams, clinical manager of rehabilitation medicine, received the Pia Garrett Award from the Vermont chapter of the American Physical Therapy Association; she is also the chapter's current president.

Norris Cotton Cancer Center was again named one of the top 50 cancer centers in the country by *U.S. News & World Report*. The rankings are based on such factors as reputation, mortality rates, nursing ratios, and patient services.

Dartmouth-Hitchcock Medical Center received a special award from the Department of Health and Human Services for its collaborative work with the New England Organ Bank to foster an increase in organ donation rates.

DHMC's **Media Services** department received a Silver Award in the 12th Annual National Health Information Awards Program, for the production of *CancerStory: Prevention and Treatment*, a four-part television series that was broadcast nationally on more than 80 public television stations. ■

PARTNERS FOR LIFE



Gladyce

Throughout their 59-year marriage, Gladyce and Ward Amidon were a team. Together, they ran Amidon Jewelers in Hanover, N.H. Together, they enjoyed their free time. And together, they gave generously to DHMC.

When Ward was diagnosed with leukemia, the Amidons battled the disease together by supporting cancer research at DHMC. Now a widow, Gladyce has established a Charitable Gift Annuity to continue DHMC's important work. In addition,

she receives a guaranteed fixed income for life and a charitable tax deduction. They may no longer be together, but Gladyce and Ward are still very much a team.

FEATURES

- guaranteed fixed income for life
- partially tax-free income
- charitable tax deduction
- cash or appreciated assets may be gifted
- income for one or two lives

SAMPLE RATES

Age	Rate
65	5.9%
70	6.5%
75	7.1%
80	8.0%
85	9.5%
89+	11.0%

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