

**"I" of the beholder**

By Dana Cook Grossman

You'll rarely see the word "I" in DARTMOUTH MEDICINE except in direct quotes or personal narratives—or on this page. We eschew the dry, dispassionate prose of peer-reviewed journals, but most of the magazine is written not in the first person but in third-person journalistic style.

Of course our writers' sensibilities enter into stories, in the form of what they ask in interviews or how they shape the reams of material they gather for even a short news story. But for the most part, our writers are telling you not what *they* think and do but what their sources think and do. Except in personal narratives, that is, like the stories in this issue about student experiences in Tanzania (see page 34) and in Alaska (see page 48).

And except on this page. Here, I get to write about something that *I* think is important or pertinent or intriguing. Being able to share my thoughts with readers is something I value and enjoy. But in this issue, for the first time ever, I'm not just sharing my personal take on some institutional event or on some other part of the magazine. I'm writing about something truly personal: about having a child diagnosed with a serious illness.

I have two grown daughters. Emily is 30; lives in Virginia; is a writer and editor in a hospital public relations office (that apple didn't fall far from the tree!); is married; and has a one-year-old daughter of her own. Joanna is 26; just moved to Boston; and is a full-time student again, in a master's-degree program in higher education administration, after working at her alma mater, Brown, for a couple of years (another chip off her mom's block!).

The joy of parenting (speaking of which, see page 42 in this issue for insights into that subject from DMS alumni and faculty) was marred for me by only the most mundane matters—sibling spats, chicken pox, driving lessons (the latter something I happily handed off to my husband)—until about 10 years ago. The spring of Joanna's sophomore year in high school, she began very gradually losing her strength. A three-sport athlete, she saw the effects first in her performance in track. Maybe it was just a slow recovery from a cold, we thought. Then she started having trouble climbing stairs. Suddenly her decline wasn't gradual. My husband and I came home from work one night and found Joanna sitting on the front steps of the house because she was too

weak to turn the key in the lock and too worried and scared to go to a neighbor's house.

She spent a week as an inpatient at the Children's Hospital at Dartmouth (CHaD). By that time, she couldn't even lift a glass of milk with one hand or pull a brush through her hair. If there's anything more scary than bad news, it's uncertainty, which was what we faced at first. But pediatric neurologist Dick Nordgren soon figured out that Joanna had a rare condition called chronic inflammatory demyelinating polyneuropathy. Her immune system had begun attacking the myelin sheath on her peripheral nerves, so they no longer carried impulses to her muscles. It is, luckily, a treatable condition; an intravenous infusion of human immunoglobulin every four or five weeks resets Joanna's immune system. However, it's a condition she'll probably deal with the rest of her life.

But there's a silver lining. The great care she got at CHaD—until she was clearly no longer pediatric material—made Joanna feel valued as a person, not just treated as a patient. She's still in touch with Dick Nordgren, in fact, even though he hasn't been her doctor for five years. It's in part because of how she was cared for that she's faced her health tribulations with a spirit that makes a mother proud.

Joanna recently had a chance to give back to CHaD, which makes me proud, too. CHaD sponsored a benefit half-marathon a month ago, and Jo, who'd never run a race longer than six miles, signed up for the 13.1-mile event. She crossed the finish line feeling strong—stronger than 10 years ago, for sure—and was the third-highest fund-raiser out of 675 participants. Dick Nordgren and CHaD nurse-practitioner Susan Gaelic were among the almost 50 people who supported her participation.

It's easy to take for granted society's safety nets—things like superb hospitals and real *caregivers*—until you need them. *I* certainly don't take CHaD for granted.

Now, switching from editor's-note "I" to editorial "we," my colleagues and I at DARTMOUTH MEDICINE would love to know your thoughts about the magazine. There's a reader survey attached to the cover of this issue. We hope you'll send it back. If it's missing, contact DartMed@Dartmouth.edu or 603-653-0772 for a copy. Many thanks! ■

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