



We're always glad to hear from readers—whether it's someone weighing in about an article in a past issue or someone asking to be on our mailing list for future issues. We are happy to send DARTMOUTH MEDICINE—on a complimentary basis, to addresses in the U.S.—to anyone interested in the subjects we cover. Both subscription requests and letters to the editor may be sent to: Editor, DARTMOUTH MEDICINE, 1 Medical Center Drive (HB 7070), Lebanon, NH 03756 or DartMed@Dartmouth.edu. Letters for publication may be edited for clarity, length, or the appropriateness of the subject matter.

The letters we got in response to the last issue ranged from reminiscences to requests and from kudos to critiques. That's fine by us—we appreciate even critical feedback, because it means our readers are actually reading (as well as, it's obvious, scrutinizing the photos).

### A hot topic

I read with great interest the article in your Summer issue about Dr. Harold Swartz's work in dosimetry [see [dartmed.dartmouth.edu/summer08/html/disc\\_expert.php](http://dartmed.dartmouth.edu/summer08/html/disc_expert.php)].

It evoked memories of my own career before my retirement. Though my primary practice was in anatomic and clinical pathology, I was also certified in nuclear medicine. My associate and I covered three community hospitals—in Exeter, N.H., and Newburyport and Amesbury, Mass. The radiologists couldn't be bothered with measuring radiation exposure, so we filled the niche. Nuclear medicine was in its early stages then, and since we needed a license for some of our procedures, it was logical to get into measuring radioactive iodine uptakes, which led to doing thyroid scans and subsequently to treating hyperthyroidism with radioiodine.

The three hospitals were within a 10-mile radius of New Hampshire's Seabrook nuclear power plant, so we were also involved in setting up policies and procedures for managing potential accidents involving exposure to radiation and/or contamination with radionuclides. Since most physicians didn't (and still don't) know much about radiation or its various units of mea-

sure, we had to also develop a basic education program for the medical staffs, ER staffs, and EMTs in the area.

Most people's eyes would glaze over when I tried to explain the difference between curies, roentgens, and rads or rems. So I borrowed a page from Marshall Brucer's excellent books on nuclear medicine and adopted the analogy of the sun for quantities (curies and millicuries, etc.), sunshine for the intensity of radiation (roentgens and milliroentgens, etc.), and a sunburn for the absorbed dose (rads and rems). The model avoided medical jargon and provided a practical example.

Currently I live in Swanzey, N.H., part of which is within 10 miles of the Vermont Yankee nuclear plant. Swanzey's emergency planning program calls for having a written, regularly exercised plan to deal with any Vermont Yankee problems. Though I have been retired from practice for a long time, I volunteered to be the radiological defense officer for the town, which involves keeping track of survey meters, pocket dosimeters, and film badges for the police, firefighters, and public works personnel who may be exposed to radiation in

the course of responding to an incident. This involves briefing individuals when dosimeters are distributed, so they know how to read them and what to do if the readings are above certain levels. The sun/sunshine/sunburn model has been quite useful in giving them some basic understanding of what the readings mean.

My experiences have been at the other end of the spectrum from Dr. Swartz's, but it's interesting how useful some expertise in this area has been throughout my career and beyond.

DENNIS J. CARLSON, M.D.  
HS '60-64  
Swanzey, N.H.

### Symbolic gesture?

Rachael Labitt, the undergraduate pictured on your Summer cover [which is reproduced at right], says she wants to learn about science. But judging from her right hand—given the ancient superstition about fending off evil by placing the thumb between the index and middle fingers—it appears she doesn't want to take any chances.

However, she needn't worry. Magic is apparently still alive in the heart of her mentor, judging from the ancient charm that she is wearing around her neck. So

much for scientific thinking.

Did you do that on purpose, to lure readers into the inside pages? Anyway, nice job.

E. WAYNE MARTZ, M.D.,  
M.B.A.  
DC '42, DMS '43  
West Grove, Pa.

We do look very carefully at photos for unusual gestures or juxtapositions—both intended and inadvertent. But we must admit that this possible symbolism escaped us.

### This must make us blow-hards

I found the Summer 2008 issue of DARTMOUTH MEDICINE to be another gem. However, I hope you receive enough negative feedback about the layout of page 29 to convince you to abandon the modern fad of locating the title of an article someplace other than at the beginning of the article. I am a retired engineer and therefore tend to think linearly. I expect each article to start immediately after its title and am slowed down by having



We have to . . . um . . . hand it to the reader who noticed what might be a symbolic gesture in this cover image.



## Letters

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### Southern living

I have been a DARTMOUTH MEDICINE subscriber for many years, but when I moved last October the magazine didn't get forwarded. I am just now getting my act together and would like to start receiving it again. I always read it cover to cover and consider it one of the best and most educational periodicals available. I was born at MHMH in 1953 and spent the majority of my life in the Upper Valley. I now live in Mexico (but have mail service in Texas).

I live an hour south of Guadalajara in a town of 18,000 people called Jocotepec. It is very high (5,200 feet) and dry. Gone are the gray skies of New Hampshire, the black flies, and the unbelievably high cost of health care! We have very good care locally and in the city. For instance, my husband just had a thorough workup, including an EKG, with an M.D. We called and were seen the same day. A cardiologist from Guadalajara saw him locally four days later. The cost? A total of \$70 for the visit and the EKG, plus \$55 for the specialist. Utterly amazing!

I'd appreciate being sent your Spring 2008 issue so I can read the article on poet Donald Hall. He lived two miles from me in New Hampshire, and I'm a great fan. Thank you.

SARAH F. BROWNELL  
Jocotepec, Mexico

### Human touch

My son was a patient at your illustrious medical center in March 2008. Perusing the issues of DARTMOUTH MEDICINE that I found in the visitors' lounges, I thoroughly enjoyed the human-interest stories, exciting news, and articles about ongoing research.

I happily accept your offer to send me this enjoyable magazine and eagerly await the issues to come.

LAURINE LOMBARA, R.N.  
Beverly, Mass.

We're happy to add (or restore) to our mailing list anyone who's interested in the subjects we cover. However, we are able to send the print edition only to U.S. addresses, and readers must let us know if they move, as bulk mail is not forwardable. If we have extras of a back issue, we're happy to send out a copy. Or check our online edition—[dartmed.dartmouth.edu](http://dartmed.dartmouth.edu). ■



## PARTNERS FOR LIFE

### Adele and Hugh

Diagnosed with multiple sclerosis at age 21, Hugh Edgerton lived with the progressive disease for more than 60 years. Nonetheless, he and Adele, his wife of almost as many years, lived their life together to the fullest. "Hugh was one of those optimistic people who was confident that a cure will be found," says Adele.

It is that hope that inspired Hugh and Adele to establish a charitable gift annuity with DHMC, designating that their gift advance neuro-

logical research. Funded with stock that had grown in value over many years, their gift provided Adele with a charitable income tax deduction and a fixed, guaranteed income for the rest of her life. "It seems like the perfect solution," says Adele.

### CHARITABLE GIFT ANNUITY 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
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70	6.1%
75	6.7%
80	7.6%
85	8.9%
90+	10.5%

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