

## A giant impact

By Stephen H. Hennigan, M.D.

In 1982, I was working in a produce company warehouse in Shreveport, La.—a place of huge oak trees, humid weather, and mostly genteel culture. I had been in college off and on for the previous five years and had managed never to take a science class. This choice was the result of the painful sting of a C for a messy notebook from my high school chemistry teacher.

At the restless age of 23, I remained clueless about my personal future.

**Aimless:** During one of those days in the warehouse, my assignment was to “run oranges.” It was a simple task: remove the rotten oranges from a box that had started to go bad, then re-box the good oranges for distribution and sale. It was a mindless job that lent itself well to pondering the problem of my aimless life. I had considered a career in medicine but had discarded it as too messy, given the required contact with bodily fluids, odors, and so on. The real truth of that decision, as well as many others, was that on a quite visceral level I was afraid—afraid of human beings who were dying, afraid of suffering, afraid of responsibility. These were matters of which I was only vaguely aware but knew were not easy.

At some point during that day with the rotten oranges, I suddenly realized that, with time, one could become accustomed to unpleasant things—certainly things that were physically unpleasant and, I suspected, even things that were emotionally unpleasant. I made the decision then and there to pursue medical school.

I managed to complete the required premedical courses over the following two years. In 1984, I enrolled in the Class of 1988 at the Louisiana State University School of Medicine in Shreveport. I did quite well in medical school and was elected to membership in the Alpha Omega Alpha honor society during my third year. I remained afraid, however—afraid of being entrusted with the care of people who would be depending on me.

I chose to do my residency in internal medicine at Dartmouth-Hitchcock and arrived in New Hampshire with studded snow tires, warm boots, and a winter coat that weighed almost as much as I did. I quickly found that I enjoyed the more casual New England ambience, the beautiful countryside, and the simple thrill of living somewhere altogether different from where I’d grown up and spent my life till that point. It could not have been a better place to train.

**Trained:** So I wish I could say that I sailed through residency. Unfortunately, I was still a tortured, sensitive soul. On my first rotations, I found myself feeling more like a deer in the headlights than a con-



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fidant young man going through the orderly steps one takes to be trained in the profession of medicine. Nevertheless, despite my persistent unease, by the end of my internship year I felt decently competent. I probably could have inserted an IV into a mouse’s vein. And finally, by the end of my residency, I felt like a good doctor. That road to competence was a precious experience, paved with many teachers, most of them patients.

My most memorable such encounter began as a fairly standard admission to the hospital. A gentleman with lymphoma was being admitted for reasons that I don’t now remember. My attending physician had told me beforehand that the patient was a physician—Dr. Louis Matthews—and that he was a beloved and respected internist, one of the most senior pillars of the Hitchcock Clinic.

I entered his room to find a kindly older man who spoke with a hint of a Southern accent. It turned out that he was originally from Kentucky. We laughed together over one of my early patient encounters, as I painted a picture of a Louisiana boy and a born-and-bred Vermonter trying desperately to communicate in what sounded like two different languages. We chuckled ruefully over my interview at a Boston residency program, where the interviewer had probed the implications of my coming to Boston from a cultureless backwater.

**Cream:** The conversation continued to flow easily. I confessed to him that when I first arrived in New Hampshire, I’d found people aloof compared to the nonstop pleasantries of Southern folk. He spoke of his own trek north more than three decades earlier. He said that initially he had had the same impression. But over time, he went on, his role as a physician offered him a wonderful opportunity to grow close to the people of the North Country. When he returned to Kentucky for a visit after many years in New Hampshire, he said he found Southern friendliness to be like “cream too rich.”

As I performed the requisite physical examination, I placed my fingers beneath the edge of his much-too-large liver and carefully defined its margin. I did so because it was my duty. But I also did so because I had, by then, come to realize that even the simplest examination of a patient involves the “laying on of hands,” powerfully connecting the doctor to the patient. He commented on the gentleness of my exam. As I soaked up the kindly wisdom of this remarkable man, I couldn’t help but remember the phrase from the Bible, that in the old days “there were giants in the land . . . mighty men of ancient lore.” I knew I had been privileged to meet one such giant.

Today, I live and practice in northwestern Arkansas, far from DHMC. My time in beautiful New Hampshire becomes ever more distant as the years pass. But one memory that remains undimmed is of the kindness of this man who, even as he was nearing the end of his own life, remained ever a teacher and a healer. ■

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*The Point of View essay provides a personal perspective on some issue in medicine or science. Hennigan was a resident in internal medicine at Dartmouth-Hitchcock Medical Center from 1988 to 1991. Since completing a fellowship at Vanderbilt in 1994, he has been in private practice in infectious diseases in Fayetteville, Ark. This account of his most memorable patient is shared with the permission of Dr. Louis Matthews’s family.*