

**H**istory is far from musty stuff, as the first letter below makes very clear. Readers may enjoy stories about events of the past merely on their own merits. But often, such stories also contain relevant object lessons for today.

#### A reformer before his time

I hope the following addendum will interest readers who enjoyed James Schmidt's fascinating article about Civil War medicine in your Summer issue, "Years of Change & Suffering" (see [dartmed.dartmouth.edu/su11/f01](http://dartmed.dartmouth.edu/su11/f01))—especially since it may have direct relevance for those students learning how to improve the processes of medical care in the Health, Society and the Physician course, as described in one of the other features in your Summer issue (see [dartmed.dartmouth.edu/su11/f02](http://dartmed.dartmouth.edu/su11/f02)).

Schmidt wrote that "real improvement in care of the war's wounded and sick would come, but it called for facing a number of challenges." Almost all these improvements (which were unprecedented in the scope of military medicine of the time) came from the initiative of one remarkable individual, William A. Hammond, who was named Surgeon General of the Union Army in 1862 by Lincoln. Immediately, he made the medical corps independent of the nonmedical commanders; devised the first system of military ambulances; began building military hospitals designed with separate wards extending in spokes from a central common space (as described by Schmidt); and started the collection of data that resulted in the multivolume *Medical and*

**W**e'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](mailto:DartMed@Dartmouth.edu). Letters for publication may be edited for clarity, length, or the appropriateness of the subject matter.



*Surgical History of the War of the Rebellion*, one of the most comprehensive records of medical practice ever published.

These advances aroused some opposition from older, regular Army physicians. But then Hammond went too far when he issued an order banning the use of calomel—the most common, but ineffective and toxic, mercury treatment of the day.

A cabal of the old-timers succeeded in court-martialing Hammond in 1864, on trumped-up charges, and he was dishonorably discharged.

Fortunately, his revolutionary changes were carried on by others, such as Jonathan Letterman. And in 1879, Congress and the then-Secretary of War annulled Hammond's court-martial.

But this is an example of the kind of obstacles that can be expected to confront Dartmouth students and graduates who want to "improve the system"!

NORMAN J. SISSMAN, M.D.  
DC '47, DMS '48  
*Sleepy Hollow, N.Y.*

#### Making history

A friend shared with me your article about Civil War medicine, "Years of Change & Suffering."

I thought it was well written and well researched. It tied together local and national interests of the era very well.

I do "living history" presentations and happen to portray a DMS Civil War graduate, so this article was of special interest to me. I have done some research in the Dartmouth archives and adore the campus and its history.

Thanks again for the article.  
DAN CELIK  
*Brandon, Vt.*

#### Going down in history

I just finished reading James Schmidt's "Years of Change &

Suffering." It's a wonderful article! My husband and I are Civil War "living history" presenters for the New Hampshire Humanities Council and have spent the last 35 years studying the Civil War and visiting Civil War sites.

We are also members of the Green Mountain Civil War Round Table and of two Civil War online forums. I know other members will enjoy this article, too, and I look forward to sharing it with them.

GINNY GAGE  
*Cornish, N.H.*

#### A doc who knocked his sox off

The Summer Editor's Note, "Of poetry and science" (see [dartmed.dartmouth.edu/su11/e01](http://dartmed.dartmouth.edu/su11/e01)), was truly poetic, as was the entire issue.

I waxed especially nostalgic over the essay by emeritus professor Harold C. Sox, Jr., M.D., "Comparative advantages" (see [dartmed.dartmouth.edu/su11/e02](http://dartmed.dartmouth.edu/su11/e02)), not only because of its implications for the future of medicine, but also because of the memories it



Several readers wrote in about this feature on Civil War medicine, and one drew a fascinating parallel between those times and improvement efforts of today.



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brought back to me of his father, Harold C. Sox, Sr., M.D.

Two months after my graduation from Dartmouth, in 1955, I started graduate school at Stanford University in Palo Alto, Calif. I had brought along with me type 1 diabetes, diagnosed a month earlier while I was life-guarding in New Jersey, my home state. Undeterred, I had headed west but found myself faced with difficult studies, loneliness, and ignorance of my chronic disease.

The Palo Alto Medical Clinic was affiliated with Stanford, and I soon sought help controlling my blood sugar and insulin dosages at a time when there were no blood glucose monitors; insulin pumps—as described in another essay in the same issue, “Sweet spot” by medical student Alissa Curda (see [dartmed.dartmouth.edu/su11/e03](http://dartmed.dartmouth.edu/su11/e03)); or insulin pens or the wide selection of insulins available today. It was Dr. Harold C. Sox, Sr., who took me under his wing for the next three years and mentored me in the routine of daily insulin injections, sterilization of needles and syringes, and urine testing.

I am forever indebted to the senior Dr. Sox for setting me on a lifetime of diabetes control that at last count numbered 56 years.

DANIEL ANZEL, DR.P.H.  
DARTMOUTH COLLEGE '55  
Los Angeles, Calif.

### Listening post

I greatly appreciated your story about the Dartmouth Ears program in the Summer 2011 issue (see [dartmed.dartmouth.edu/su11/w01](http://dartmed.dartmouth.edu/su11/w01)).

Back when I was a medical

student, I recall sitting, every spare minute of my third-year ob-gyn clerkship, by the bedside of a pregnant woman hospitalized on bedrest for many weeks due to preeclampsia. Newly married, I had much sympathy for her lonely plight, though I was privileged to meet her husband and children when they came for their nightly visits.

To this day, nearly 25 years later, I recall her name, as well as the slightly-less-than-well-intentioned teasing that I received from the OB residents and my

fellow medical students because of the time I “wasted” talking with her. She was stable, after all, and was just waiting for the delivery of her baby and the fun that would bring.

I find it ironic that the same issue containing this important piece reports on a Match year with no medical students choosing psychiatry, the field of medicine that most values listening to our patients. Perhaps students in future years will internalize the message of Dartmouth Ears.

ERIK ROSKES, M.D.  
DARTMOUTH COLLEGE '86  
Baltimore, Md.

### A part of the place

Many of the DMS alumni who receive DARTMOUTH MEDICINE interacted during their application process with Sally Hillman Redman, who recently retired after almost 12 years in the DMS Office of Admissions. So I wanted to share a few reflections about Sally with readers of the magazine.

Sally will remain part of the School for years to come. That's because our diverse, talented student body bears her imprint; our

streamlined admissions process demonstrates her professionalism; and a network of colleagues evidences her goodwill, loyalty, and friendship.

And through the work of our graduates, Sally's influence will long ripple through the compassionate care of patients, the ethical search for new knowledge, the education of students, and the shaping of health care. Where a DMS graduate holds a stethoscope against a sick child's teddy bear, there is a piece of Sally. Where a former student member of the Admissions Committee serves as a chief resident and excels in administrative duties, there is Sally's influence. Where a DMS graduate who is interviewing students for a residency program offers them respect, warmth, and undivided attention, there is Sally's example.

Four deans and 62,172 applications ago, Sally started her work here. Back then, applications were submitted on paper, we received letters of reference through the U.S. Mail, and secondary applications were sometimes handwritten.

Over the years, Sally did a first reading of almost 20,000 applications, participated in some 500 interview days, and attended almost 200 committee meetings (while suggesting I clean my desk 36 times, and biting her tongue the other 462 times she wanted to tell me to do so!). She leaves this a better place.

ANDREW WELCH  
Hanover, N.H.

Welch is the director of admissions at Dartmouth Medical School. ■



**A reader drew an analogy between this article, about a program called Dartmouth Ears, and the 2011 Match.**