

One of the best parts about putting out a publication is hearing from readers. We value every piece of feedback we get—even letters that take us to task for an oversight or error. Sad to say, since we value accuracy as well, there are two such letters in this issue. But, looking on the bright side, we know that what we put out is read closely, that our readers are well-informed, and that they care enough to take the time to correct us when we make a (thankfully occasional) mistake. That means a lot to us. We have no plans to insert strategically placed errors to generate future letters, however!

Measles mistakes

In the Winter 2004 issue, on page 11, there are some seriously erroneous figures in the box titled “Vaccine victories.” I feel compelled to correct them, since you mentioned my name, along with John Modlin’s, at the foot of the box.

First of all, you list “Year the measles vaccine was developed” as 1964. Actually, the vaccine was developed between 1956 and 1961 and gained licensure in this country in 1963.

Secondly, you list the “Number of people worldwide who died of measles in 1962” as 503,282. Actually, according to the World Health Organization, there were more than 8 million children alone who died of measles in 1962! Then you list the “Number of people worldwide who died of measles in 1998” as 89. Again according to the World Health Organization, over 800,000 children died of measles in 1998. Although this

Vaccine victories

1964
Year the measles vaccine was developed

503,282
Number of people worldwide who died of measles in 1962

89
Number of people worldwide who died of measles in 1998

36,000
Number of Americans who died of measles in 2003-04

2
Number of children with Down syndrome who died of measles in 2003-04

We regret that there were several factual errors in the “Facts & Figures” box (above) in our Winter 2004 issue.

was a remarkable improvement, we still have a long way to go to reduce measles morbidity and mortality throughout resource-poor nations. There are collaborative projects under way, especially in sub-Saharan Africa and Southeast Asia, to reduce these numbers, but it will be many years, if ever, before we are fortunate enough to reach a figure lower than 100 annual deaths.

Forgive me for intruding on your usually highly reliable and excellent publication which, as an alumnus, I read regularly. However, as one who was involved in the research and development of the measles vaccine, I regret that we have yet to achieve the global success that you have portrayed.

SAMUEL L. KATZ, M.D.
DC '48, DMS '50
Chapel Hill, N.C.

We are most chagrined by these errors, especially given Dr. Katz's notable role in developing the measles vaccine. Now an emeritus professor of pediatrics at Duke, he began his career in the lab of Nobel Laureate John Enders, performing the crucial attenuation of the measles virus.

Our error in the year of the vaccine's development came about because the date was wrong in the source we checked, and we didn't double-check it. The errors regarding the number of deaths were, we regret to say, ours alone; the mistake was not in the numbers, however, but in the descriptive text—503,282 and 89 were American rather than worldwide deaths for those years (a footnote to that effect in the source we used got overlooked in the press of deadlines).

Despite the apparent evidence to the contrary (note the following letter as well), we fact-check our contents as thoroughly as our small staff allows. And we appreciate our readers' understanding when we make an occasional slip.

Crow pie, part II

The “Editor’s Note” in the Winter issue of DARTMOUTH MEDICINE quotes Isaac Asimov and describes him as “not a scientist.” The lack of Asimov’s scientific credentials would have been a surprise to Boston University Medical School, which hired him to teach biochemistry from 1949 to 1958, and also to Columbia University, which had granted him a Ph.D. in chemistry the year before he joined the BU faculty. See http://www.asimovonline.com/asimov_FAQ.html#non-literary3.

The “Editor’s Note” also describes Asimov as “Russian-born.” While it is true that he was born in Russia, he left there when he was four years old, so his formative years were spent in the United States. So why the mention of his Russian birth?

Otherwise I enjoy reading

DARTMOUTH MEDICINE. I am not a part of the medical community but am of the Upper Valley community.

CHARLES BUELL
Plainfield, N.H.

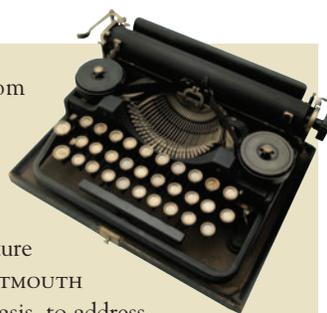
Editor Dana Cook Grossman responds: My description of Asimov as only a writer was based on his biographical entry in Webster’s Collegiate Dictionary. He’s described there as an “American (Russian-born) writer.” I clearly should have looked further than that capsule description before assuming he was only a writer. And I actually had “Russian-born American” in my original draft, but in the process of copy-fitting condensed it to just “Russian-born”—which, although not wrong, I admit is not the “whole truth.” But interestingly, speaking of whole truths, the Web site that Buell mentions notes that “on July 1, 1958, [Asimov] became a full-time writer. (He was fired, he said, for choosing to be an excellent lecturer and science writer, rather than be a merely mediocre researcher.)”

See this issue’s “Editor’s Note” (on page 2) for further thoughts on facts, errors, and eating crow.

Slow but sure

I read with interest the article on page 4 of the Winter issue [“Researcher calls vaccine results ‘stunning’”], since I was unaware of the connection between viruses and cancer. I am shocked, however, that these “stunning results”—from a clinical trial of a vaccine against a virus that causes 70% of cervical cancer—won’t be available until, at the earliest, 2010.

In the meantime, using the



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statistics in the article, it looks as if during that time period that about 1,150,000 women worldwide will die; 25,000 women in the United States will die; and 65,000 women in the U.S. will be infected.

What am I missing? Why is a Phase III clinical trial necessary? The vaccine was shown to be 91% to 100% effective! Is the continuing trial going to try to increase that effectiveness? I do not understand why a preventive measure that is so effective will not be available sooner.

DAVE SALVATORE
New London, N.H.

The reason for the long timeline is that there are many steps to ensuring not only that a new drug or vaccine works, but also that it is safe—and over the long term as well as the short term. The thalidomide crisis of the 1960s and the Vioxx withdrawal of a few months ago (the latter a matter that was also covered in the Winter issue of DARTMOUTH MEDICINE, as it happens, on pages 3 and 24) illustrate what happens when those steps are not taken deliberately and carefully. Patients are, of course, always eager to benefit from medical advances. But unfortunately, there's an inherent conflict between getting drugs through the approval process fast and taking the time to ensure they're safe.

However, Dr. Diane Harper, the researcher responsible for the “stunning” vaccine trial, has received some news since our Winter issue came out. “The Phase II studies were so successful,” she explains, “without any systemic side effects, that the regulatory boards in the U.S. and Europe may ap-

prove the vaccine at the beginning of 2006 if the Phase III results from about 25,000 women show the same high level of antibody response as the Phase II study showed. Though there may be some restrictions for the first few years on the vaccine's ‘indications for use’—related to age or prior exposure to the virus—it appears that the Food and Drug Administration may even approve it without any limitations.

“And we hope during the longitudinal follow-up of these women (and men, whom we'll enroll later) that the vaccine will also be shown to be effective in preventing some less-common HPV-16 and -18 cancers of the mouth, tongue, pharynx, tonsils, sinuses, esophagus, anus, scrotum, penis, perineum, vulva, and vagina.

“Please encourage any women 15 to 25 years old who have not had an abnormal Pap test, and who have not been vaccinated against Hepatitis A (that's our control arm), to consider enrolling in the Phase III study. Information is available by e-mailing Vaccine@Dartmouth.edu or by calling 603-653-3692. They will know that they were among the pioneering women who made improved health care for other women a reality.”

Community values

Thank you for offering your insightful publication to those who are interested in medicine. As someone who appreciates good, thoughtful writing, and the way in which it can strike a chord in readers, I find that the articles in DARTMOUTH MEDICINE really do cause one to sit back and examine issues in a new light or from a unique perspective.

The excerpts in the Fall 2004 issue from Mary Daubenspeck's diary are just one example. Though she was facing a long illness, her words show a woman who nonetheless was full of life, love, hope, and courage. There are lessons for all of us in her experience and perspective.

Also, as an applicant to DMS, I find that your magazine provides me with valuable insight into the culture and community values of the school. An academic community is made up not purely of those faculty, students, and staff who are present on campus during a given four-year period, but also of the larger community of alumni who are out in the world and putting into practice the skills and values that were instilled in them during

their own academic experience.

That is why, in my mind, it is useful to look to the paths of alumni to assess the culture of a school and to see how it fits with my own values. For this reason, “Ten Years After” in the Fall 2004 issue was of particular interest to me. The article's focus on the experiences of several nontraditional students was energizing and inspirational to someone who fits into that category herself.

Regardless of the results of the admission season, the stories and perspectives highlighted in the pages of your magazine surely will provide me with valuable insight into the possibilities present in the medical profession, the remarkable individuals (patients) whom it serves, and the varied ways in which physicians can put their medical degrees to beneficial use in furtherance of the greater good.

MEGAN A. ADAMS
Baltimore, Md.

Extraordinary excerpts

I would like to thank you for publishing the excerpts from Mary Daubenspeck's journal [Fall 2004]. In searching for answers to my own health problems, I came across the article on the Internet. She must have been an extraordinary woman. I sat crying like a baby as I read every word. What was obvious, despite her incredible ordeal, was her strength, courage, and optimism for the life and love she did have, and for the circle of supporters during all her difficulties.

I still hold on to threads of optimism and hope that someday

things will turn out well for me. Reading of Mary's complex misfortunes, looking at her family pictures, and observing the humor she could summon up even at her weakest moments shows that no matter what life has to offer, you take the good with the bad and call it your own.

I am extremely grateful for this article. I'd never have thought I would be sitting at my computer crying for the loss of someone I didn't even know. Something in the article made me dig deep inside and make peace with myself, made me appreciate the few things that are going well in my life. I resolved to change my attitude, and not be bitter or intimidated. In a nutshell, life is too short. Thank you again for an inspirational piece.

TAMARA MARCUCCI
Albany, N.Y.

Incredible account

I just wanted to say thanks and "wow" regarding the "Dying Well" article, with the story of Ethan Bennett Gagné, in your Winter 2004 issue. What an incredible account! It was full of such hope, despair, love, life, courage, and strength and was written from the heart. It's truly a remarkable story. Thanks so much for sharing it.

In addition, I found Mary Daubenspeck's courageous story in the Fall issue very moving. Keep up the good work!

LAURA OSBORN
Norwich, Vt.

Personal testimony

I am a master's student in health-care informatics (though not at

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Dartmouth), and tonight I was doing research on the Internet when I found the article by Dr. Gagné about her son.

We lost our first baby at birth many years ago, so this article touched some pretty raw nerves. Like Dr. Gagné, we have never forgotten our first son, who died within minutes. We refer to him as "the personality we never had a chance to know." I would like to, through this forum, send Dr. Gagné my best wishes and let her know that 29 years later (I am a mature student) we still remember. I hope she will take comfort from our experience.

I have for some time had an interest in bereavement counseling. As part of my studies, I plan to explore the dissemination of information for those facing bereavement so they might get the proper medical and psychological information and support to help them develop strength and courage and come to realize that death is as much a part of life as living. It might even be my master's dissertation.

Publishing this kind of per-

sonal testimony is a very valuable service. I commend your writers for the courage to share and DARTMOUTH MEDICINE for the courage to publish.

FOSTER KERRISON
Laconia, N.H.

Backstory on the move

As reported on page 15 of your Winter 2004 issue, President Wright's recognition of David McLaughlin's key role in relocating the Medical Center was right on target.

The tremendous success of the new DHMC makes the decision to move seem like a slam-dunk, but in fact the project was highly controversial. The DMS faculty was leery about leaving the Dartmouth campus, the Hospital had invested millions of dollars in plans for an expansion at the existing site, and the Center's employees were not enthusiastic about moving from the cozy confines of Hanover to the wilds of Lebanon. On top of all that, many people believed the high cost to be prohibitive.

As vice president for devel-

opment and director of the DHMC capital campaign at that time, I was aware of McLaughlin's tireless efforts to advance the move. One small example involved me directly. I was host for a national meeting on our campus of the Unnamed Society, a group of chief development officers at 25 leading academic medical centers. Dave called me to ask if he could address our gathering. He used the occasion to present DHMC's options of staying on site or of building a new medical center in a new location and asked the group what they would recommend. The question became the main discussion topic for the rest of our meeting. The virtually unanimous advice was to go for it.

I have no idea if the Unnamed Society's recommendation had any effect on the final decision, but at the very least our meeting advanced a national awareness of the issues involved. The incident illustrates the imagination and total dedication that Dave McLaughlin contributed to moving DHMC.

He will be missed by all who knew him.

WILLIAM D. FISSINGER
Hudson, Ohio

More polio connections

With regard to the letters about "polio connections" in the Winter 2004 DARTMOUTH MEDICINE, I have two comments:

First, Basil O'Connor [who was the subject of a feature in our Fall 2004 issue] was a classmate and a great friend of my father's (in the Dartmouth College Class of '12). I can remember how

pleased my father was when Basil was appointed to head the Infantile Paralysis Association by President Roosevelt, also a hero of my father's.

Second, in 1955, while I was a second-year resident in medicine at Hitchcock, I remember admitting a patient—a leader of the Episcopal Church in New Hampshire—from an island in Casco Bay off the coast of Maine. He had been under the care of Dr. Walter Lobitz, a Hitchcock dermatologist, for severe eczema. He was on continuous cortisone orally and would adjust his dose to the severity of his disease.

Little did he or anyone else know that two of his children had come in contact with an active case of polio, though neither were subject to paralysis. Alas, their father got a full dose but had none of the systemic symptoms, for they were masked by the steroids. By the time he arrived he had far advanced paralysis, primarily of his legs but also of his arms. I lost track of his progress after his discharge.

PAUL LENA, M.D.
DC '50, DMS '51
Concord, N.H.

Digestible tract

While I suspect that you get lots of positive feedback every time an issue of DARTMOUTH MEDICINE goes into the mail, allow me to add to the collection. Each issue seems better than the one before, especially for the layperson like me, who is helped so much by design, photos, and article layout. I really do read almost every article and news note, and

with very little effort, because the magazine is so easy to digest and learn from. Keep up the good work.

JAMES TONKOVICH, DC '68
Wilder, Vt.

Tonkovich is executive director of United Way of the Upper Valley.

Faculty reflections

I had wonderful professors during my time at Dartmouth Medical School, and I enjoy reading about the work of current faculty members.

I was very pleased by Constance Putnam's description of Dr. Frederic Lord in her recently published history of Dartmouth Medical School. Dr. Lord was a very good friend and a terrific teacher. I remember Jack Durrance taking pictures of the fabulous colored-chalk anatomical drawings that Dr. Lord made on the blackboard; I've always wondered what happened to those photos.

When I was a surgeon at the Veterans Hospital in Phoenix, Ariz., I treated a sailor who had a very badly lacerated ear. He later was seen in California by doctors who told him that the repair must have been done by a very accomplished plastic surgeon. I owed my ability wholly to training as an assistant surgical resident under Dr. Radford Tanzer, who performed beautiful cleft palate repairs as well, on children from all over New Hampshire and Maine. I enjoyed reading the story about him written by his widow in the Winter 2004 issue of DARTMOUTH MEDICINE. He was a very accomplished person.

I also enjoyed reading about the vaccine for papillomavirus infections. I am increasingly sure that bowel cancer is caused not by bile salts but by papillomaviruses that inhabit the bowel. A similar vaccine might prevent bowel cancer, too.

It will be interesting to see how it all turns out.

ROWLAND FRENCH, M.D.
DC '41, DMS '42
Eastport, Maine

Sentimental about "the San"

Is it possible to obtain past issues of DARTMOUTH MEDICINE? I heard there was an article about the Glencliff Sanatorium in the Summer 2003 issue. I've lived in Glencliff all my life and have many family members who worked at "the San," now the Glencliff Home for the Elderly—including both my parents. So I spent a lot of time "on the hill" when I was growing up. I'd love a copy of the issue if possible.

SHERI BALL
Glencliff, N.H.

We're glad to send anyone a copy of a back issue if we still have extras—which we often do.

Good but not plenty

Would you kindly check to see if my subscription and address are up to date? A friend gave me your Winter 2004 issue and it is a very good one, so I want to be sure I get my own! Thank you.

RICHARD A. NORTON, M.D.
Hanover, N.H.

Readers are reminded—as noted in the box on page 30—that you must let us know when you move if you'd

like DARTMOUTH MEDICINE to follow you to your new address.

No more secondhand Ruth

Please add me to your mailing list. I love your magazine but usually get it second- or thirdhand from relatives. As a nursing student, I'd love to receive my own copy. Many thanks.

RUTH WRIGHT HURFORD
West Chester, Pa.

Additive effect

What an outstanding publication! Congratulations to everyone on the staff. I was especially touched by the Fall 2004 cover story by Mary Daubenspeck—what an indomitable soul.

I pick up my copy when we come up for appointments, but I have a classmate and friend from New England Deaconess who I know would also enjoy the magazine. Can you please send it to her? Thank you so much.

JUDITH WALKER
Wilmot, N.H.

Pride in the strides

I worked at the old hospital as an OR scrub nurse many years ago, in the early '50s. I would like to be added to your mailing list to receive future issues of DARTMOUTH MEDICINE. I still have a soft spot in my heart for MHMH, and I feel great pride in the strides it has taken since then. Keep up the good work.

Thank you.

MAXINE WILLIAMS, R.N.
Edgewater, Fla.

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