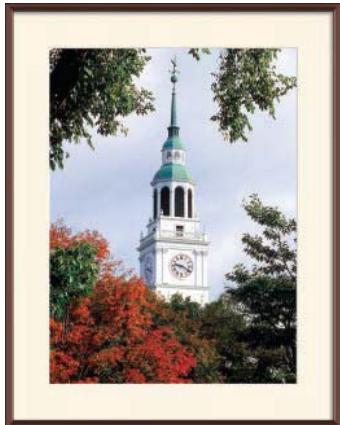


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A Question of Balance

continued from page 43
and “balance” took on larger significance than they did elsewhere.

Third, the resources available for assuring the School’s future were manifestly inadequate. Requests for more space or funding are, of course, endemic at academic institutions. But DMS in the 1950s was nearly starting from scratch, giving special urgency to resource problems. Simply put, it was not possible both to build powerful graduate programs in science and to move toward the restoration of an M.D. program.

This, finally, is what made the arguments over molecular biology so important. Today it’s clear it is possible to have both M.D. and Ph.D. programs—at Dartmouth as elsewhere. We also now know how relevant and important molecular biology is. But the 1960s at DMS weren’t a time and place when the risk of having graduate programs overwhelm medical training was acceptable to enough of the key people.

And so the die was cast. Scientists who stayed and scientists who left have said that in the aftermath of the “blowup,” the balance at DMS unquestionably tipped toward the medical, though without halting the significant ongoing basic science research. If the molecularists’ dreams had come to fruition, it probably would have been impossible a few years later for DMS to return to granting M.D.’s. In other words, resisting the temptation to commit large and uncertain sums of money to molecular biology was likely a critical piece of being able to reinstitute clinical education sooner rather than later. And that is what made possible the dramatic transformation of the Dartmouth medical enterprise in recent decades. If the fallout of the 1960s had not landed where it did, it is plausible to think that there would be no Dartmouth-Hitchcock Medical Center today.

If this assessment is correct, then the “molecular biology brouhaha” was one of the most important events in the history of Dartmouth Medical School. Those faculty who left may have had to leave, according to one of those who did depart. But in doing so, they paved the way for DMS to continue doing good science, even as the School became more “medical,” en route to once again becoming an “exciting” place. ■

Telling Johnny's Story

continued from page 55

"I may have but I don't remember."

"Did you see a bright light?" I felt compelled to ask about all the clichés, and he proved willing to humor me.

"No."

"Did you talk to anyone who's already dead?"

"Well, my sister told me that my grandmother died. So when my grandmother came to see me, I set off all the alarms on the monitors."

"Your dead grandmother came to see you in the ICU?"

"No, my sister told me that my grandmother died, but she really didn't. She's alive. My sister was just testing me to see if I understood what she was saying. So when my grandmother came to visit me a few days later, the alarms went wild."

"Do you remember that?"

"Not really. My sister told my mother what she'd done, and, boy, was my mom mad at her!"

We laughed.

A few days later, Johnny developed a serious blood infection, even worse than the one before. He took the familiar trip to the ICU, was put on a respirator and blood pressure drips, and died a few hours later.

Just before the end, Diana and I met with his mother. "Johnny is not going to make it," I told her. "We don't have any medicines that will cure his leukemia, and his organs are severely damaged."

She stared ahead with a glazed look—making no eye contact with either of us—but did not cry. *I need to be sure that she gets it. I need to see tears.*

"If there's someone you need to call before he dies, I think you should do it now."

"Okay."

Without shedding a single tear or saying another word, she got up to make her phone calls. She called her pastor and friends from her church. It was this church, this faith, that was allowing her to face this unthinkable grief without a tear.

I'm not sure if I believe in Johnny's God, but I believe in Johnny and his miracles. That's why I honor his life and his faith by telling his story. That's all I can do now. ■



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Margaret

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charitable tax deduction, and knowing her gift will support medicine and research at DHMC. If you ask Margaret, she'll say she didn't do anything special. After all, that's what friends are for.

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- * partially tax-free income
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- * income for one or two lives

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70	6.5%
75	7.1%
80	8.0%
85	9.5%
89+	11.0%

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