

Turning Thirty

This magazine has marked any number of institutional anniversaries. In our Fall 1993 issue, we feted a feisty “toddler,” covering a health fair held to celebrate the first birthday of the Children’s Hospital at Dartmouth. In a special, double Summer-Fall 1997 issue, we marked the 200th birthday of the grand doyen of Dartmouth medicine, the Medical School.

And these pages have contained mention of any number of birthdays in between those two extremes: The fifth anniversary of the partnership between DMS and Kosovo (Winter 2005); the 10th of the Intensive Care Nursery (Spring 1983); the 25th of the Norris Cotton Cancer Center (Winter 1997) and of Dartmouth’s Dana Biomedical Library (Spring 1989); the 50th of Dartmouth’s affiliation with the Veteran’s Affairs Medical Center in White River Junction, Vt. (Winter 1988); the 75th of the Dartmouth-Hitchcock Clinic (Winter 2002); and the 100th of Mary Hitchcock Hospital (Fall 1993).

But never, except in the most passing fashion, has DARTMOUTH MEDICINE marked any of its own anniversaries. The first issue of what was then called *The Dartmouth Medical School Alumni Magazine* was published in Fall 1976. That means the magazine just turned 30 and is now in its 31st year of publication. We’ve been honored over the years by readers’ trust, feedback, suggestions, and engagement with our subject matter: the fascination of the biological sciences, the wonder of technological advances in health care, the revolution of outcomes research, and the humanity of the practice of medicine.

In light of many of the anniversaries we’ve marked in our pages, a 30th is pretty paltry. But considering the changes in our subject matter as much as in the magazine itself, we decided the event was worth marking. Here are a few facts about the magazine’s three decades:

Name from 1976-1989: **The Dartmouth Medical School Alumni Magazine**

Name since 1990: **Dartmouth Medicine**

Total number of **issues** published: **102**

Total number of **pages** published: **5,604**

Number of **pages** in Vol. 1, No. 1: **40**

Number of **photos/illustrations** in Vol. 1, No.1: **41**

Number of **pages** in Vol. 31, No. 1: **72**

Number of **photos/illustrations** in Vol. 31, No. 1: **143**

Issues with the **fewest pages**: Winter 1985, Winter 1986, and Spring 1986 (**28**)

Issue with the **most pages**: Summer-Fall 1997 (**104**)

Issues **per year** from 1976-1984: **2**

Issues **per year** from 1984-1987: **3**

Issues **per year** from 1987-2006: **4**

Back cover **ad** from 1976-1986: **New England Journal of Medicine**

Number of different back cover **advertisers** since: **8**

First issue with any color inside: **Fall 1981** (a two-page spread featuring murals in the Norris Cotton Cancer Center)

First issue with full-color inside: **Spring 2003**

Circulation of Vol. 1, No. 1: **8,000**

Circulation of Vol. 31, No. 1: **28,000**

And on the following pages, we’ve used our 30th anniversary as a springboard for reflection. We hope you’ll continue to invest us with your trust now that we’ve reached the advanced age of 30!



DARTMOUTH MEDICINE was spawned in 1976, when the dictum “Don’t trust anyone over thirty” was still in vogue. In the three decades since then—through one name change, several redesigns, many production improvements, and, most significantly, countless changes in its subject matter—the magazine has endeavored to earn the trust of readers, to engage you in Dartmouth medicine.

Stories

The 102 issues of the magazine have contained more than 400 features. Not surprisingly, it has been the *stories*—the articles with a narrative thread or a compelling point of view—that have occasioned the most comment. Here's a taste of seven such pieces.

Included here are the opening paragraphs of seven stories that have inspired particular comment. Some won prestigious writing awards. Some drew numerous letters to the editor. Some we still get requests for, even though they were originally published more than 10 years ago. To read the rest of any of these stories, go to this issue's **WEB EXTRAS at http://dartmed.dartmouth.edu/winter06/html/thirty_we.php. Or contact us at DartMed@Dartmouth.edu or 603-653-0772—and give us your mailing address and tell us which article(s) you're interested in—and we'll be glad to send you copies of them.**



Puzzling Over Medical Mysteries

By Laura Stephenson Carter

Modern medicine is so advanced, it's easy to assume nowadays that diagnostic and therapeutic choices are clear-cut. But there are still many medical mysteries, which doctors puzzle over in sessions called "morbidity and mortality" conferences. Here's an inside look at an "M&M" at DHMC.

"Good afternoon," says second-year resident Nathaniel Hare, M.D. This week, it's his turn to relate a "mystery story" to a roomful of physicians, other health-care providers, and medical students at the Department of Medicine's Morbidity and Mortality (M&M) conference.

He'll pause in his narrative every so often, not so much to keep his audience in suspense as to give an opening to anyone who dares to solve the mystery before the end of the hour. But he knows it won't be easy. This is a case that had many of DHMC's top physicians stumped for weeks.

"The cases usually unfold like a puzzle, almost like a good mystery novel," says Donald St. Germain, M.D., acting chair of the Department of Medicine. "Everyone in the audience has the opportunity to be Sherlock Holmes as we look for clues and sort through the evidence."

"The format of the presentation permits the audience to walk in the shoes of the treating physician and struggle to understand what is going on with the patient . . .," explains neurologist James Bernat, M.D. . . .

To read the rest, just follow the instructions to the left.

To the Outer Banks of the Soul

By Nancy Price Graff

We talk freely nowadays about many formerly tabu health topics—cancer, alcoholism, AIDS. The last bastion of "unmentionable" disease may be mental illness. A writer and editor who has been a patient on DHMC's psychiatric ward eloquently details her struggle with chronic depression, giving an enigma a very human face.



Several years ago, just about the time I stopped dreaming, two unusual phenomena began to disturb my nights. The first struck when I lay in bed at night waiting endlessly for sleep. Random images, vivid and surreal, would begin whipping past me, each lasting no more than a fraction of a second. Half of the images were fantastic but harmless: people I had never met hurtling through space toward me, packs of dogs running . . . The other half started off benign but turned grotesque. A tennis ball coming at me over the net might suddenly metamorphose into a hideous, disembodied face just as I swung my racket at it. . . .

The other phenomenon overcame me early each morning as I was waking, usually around 4:00 a.m., after a night of sleep so short and disturbed it left me irritable and ragged. In the pale light of every dawn, I had a powerful sense that I was underwater, struggling toward the surface. . . .

My descent into major depression was not linear. . . .

To read the rest, just follow the instructions to the left.



One More Byline

By Mary E. Daubenspeck

In which a writer chronicles her final struggle with cancer—illuminating a stormy course but elucidating what really matters in the human condition.

The late Mary Daubenspeck was many things—a dog lover, a sailor, an antique-car collector. And, above all, a writer. When she died in March of 2001, she left behind 17 volumes of personal journals. They contain descriptions of nature's unfolding glories, mundane but telling details of her daily life, and philosophical musings. And the last two chronicle her final struggle, physically and psychologically, with cancer. She had been successfully treated for cervical cancer in 1976 and breast cancer in 1991. In 1997, she was diagnosed with colon cancer. . . . Then, in March of 2000, her colon cancer recurred. In July of that year, she wrote in her journal:

"I am told it is useful for one to draft one's own obituary, at some point in one's later life. The admonition has been nagging at me, so here goes with this egotistical and presumptuous exercise:

"Mary E. Daubenspeck, 57, died yesterday at her hillside aerie in Lyme Center, N.H. To the last, she was buoyed by the unflinching support of her five brothers and her mother and strove—as a Bryn Mawr English major—to leaven life in her engineering-oriented family. . . .

To read the rest, just follow the instructions to the left.

An Untimely Frost

By Derrik F. Woodbury, M.D.

Death is not supposed to come to someone who is 34. Who has two toddlers. Who has a husband who loves her deeply. A Dartmouth Medical School graduate writes about coping with the aching void his wife's death has left in his own life and that of their two young sons.



Death lies on her like an untimely frost. Upon the sweetest flower of all the field. —William Shakespeare, *Romeo and Juliet*

Carson is waving goodbye to me from his open bedroom window as I leave for work. “Goodbye, Dad,” he calls. “Don’t forget your seatbelt!” he adds. He’s only three years old and shouldn’t be worrying about such things, but he’s concerned that something might happen to me. . . .

Eight months ago, my 34-year-old wife died. A board-certified anesthesiologist, a nutrition expert, and a marathon runner whose grandparents lived well into their nineties, Kate died of an aggressive ovarian cancer. As physicians, my wife and I had altered the course of disease many times to benefit our patients, but we found ourselves powerless in the face of her relentless malignancy. She was pregnant with our third child when the diagnosis was made. One hundred days later we had lost the baby and Kate was dead. . . .

To read the rest, just follow the instructions to the far left.



Are We Hunting Too Hard?

By Jennifer Durgin

“Get screened!” “Find it early!” When it comes to cancer, these dictums are considered self-evident. But what if getting screened for cancer and finding cancer ever-earlier does not save lives? What if too much probing does more harm than good? Several DMS physicians have been asking provocative questions like these for more than a decade.

The human body is full of imperfections—most of which we simply didn’t know about until recently. Now, thanks to sophisticated scanning technology, like computed tomography and magnetic resonance imaging, we’re able to see ourselves at a level of detail that has never before been possible. “Because we’re now able to see every millimeter of the body, we of course find a lot more abnormalities in the body than we ever knew existed,” says Dartmouth radiologist William Black, M.D. “What the imaging does is it makes us think, ‘Oh, there is this ton of tumors out there and other diseases, so disease must really be increasing in frequency.’” But is it?

All cancers are not created equal. Some grow rapidly and invade other tissue, others grow slowly and remain noninvasive, and some don’t grow at all or may even recede. Many of the cancers that doctors are finding and treating today, says Black, . . . will never cause harm, let alone death. . . .

To read the rest, just follow the instructions to the far left.

The Millennium Flight

By Susan A. Reeves, R.N.

It was New Year’s Eve of 1999. Some donated organs were desperately needed for a transplant patient in Boston. But traffic would be clogging all the roads into the city, and all other possible medical helicopters were spoken for. It was a tough dilemma that faced a DHMC administrator on that momentous night.



Years from now, when my children, and their children, ask me where I was and what I was doing as the new millennium dawned, I’ll tell them the story of that memorable night—of my “millennium flight.”

The story begins at 6:45 p.m. on December 31, 1999. My husband, David, and I were sitting in our family room, negotiating a curfew with Dave, our 17-year-old son. . . .

Just as David and I were joking that it was about time to set the clocks ahead to midnight, wish each other a happy new year, and go to bed early, the phone rang. David answered and made the sour face that told me it was Dartmouth-Hitchcock calling for me. . . .

[A hospital] about 60 miles south of DHMC had asked if our helicopter could be on stand-by later that night “to fly some organs to Boston.” . . . A transport of this nature would take [the helicopter] out of its service area for a significant amount of time—depriving northern New England of the region’s only air medical transport. . . .

To read the rest, just follow the instructions to the far left.



House Calls with John

By John F. Radebaugh, M.D.

A retired member of the DMS faculty reflects on his varied career—and makes the case for the powerful healing effects of the house call.

I learned the value of making house calls early in my career and even in retirement continued to make home visits as a volunteer caregiver. The hustle and bustle of the usual medical practice allows the doctor to acquire only a superficial knowledge of the patient as a person. Sometimes the individual behind the clinical history—not to mention the patient’s family and living situation—is central to the success of treatment. In addition, I have learned much from my patients, especially when I get a chance to see them in less structured settings. They have taught me the importance of taking time to listen, of digging for real answers, of regarding everyone with respect.

My interest in medicine arose during high school. . . . Then it was on to Harvard Medical School, a rotating internship at Mary Hitchcock Hospital, and a pediatrics residency at Massachusetts General Hospital.

There, I came under the influence of Dr. Frederic Blodgett, who made regular house calls in the west end of Boston, an area filled with tenement housing. . . . As he walked the streets, former patients would call down from their apartments, “Hello, Dr. Blodgett,” and he’d call back to them by name. . . .

To read the rest, just follow the instructions to the far left.

Pictures

A picture is, as the saying goes, worth a thousand words. So here are 15,000 words' worth of images from past issues. The reasons we chose them vary. Some are timeless in their graphic impact. Some are amusingly dated. And some tell a fascinating story (together with a few actual words).

Included here are a selection of photographs—nearly all of them ones taken especially for this magazine—that have appeared in our pages in the course of 30 years. The captions indicate the issue in which the picture was first published and the reason it was chosen for this retrospective.



Fall 1976: The row of ashtrays down the center of the conference table at this meeting of the DMS Overseers makes it clear how accepted smoking used to be.



MEDICA HERBERT

Winter 1991: Piles of pillows and clocks were among the countless items transferred from Hanover when the new Lebanon DHMC campus opened.

FLYING SQUIRREL GRAPHICS



Fall 1990: Every graduate feels on top of the world on Class Day, but this angle made Jeff Scricca and Kelly McAleese appear especially colossal.

PATRICK SAINE



STEVE ADAMS

Spring 1986 (left), Fall 2005 (above): Computing then (cardiologist Jim Bell at an original-issue Mac) and now (an on-call resident, center, checks some scans.

FLYING SQUIRREL GRAPHICS

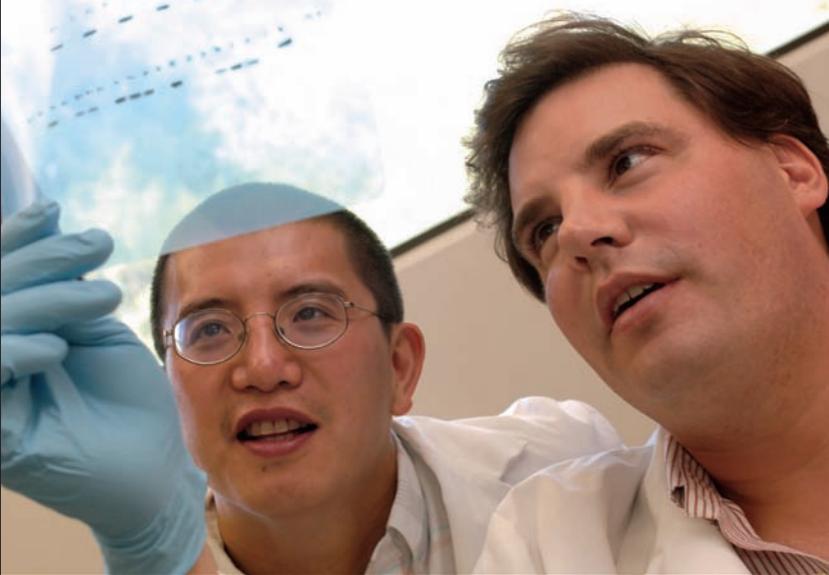


Fall 2003: If painter James Whistler had produced this arresting image of volunteer pianist Bill Emerson tickling the ivories at DHMC, would it be titled *A Study in Black and White*?

JOSEPH MEHLING



Winter 1995: Four years after the move to Lebanon, the old hospital in Hanover bit the dust. A parking lot and an undergraduate dormitory now occupy the site.



JON GILBERT FOX

Summer 2006: This pair of prion researchers—Surachai Supattapone, left, and Nick Orem—struck a striking pose as they studied the results from a Western blot.



JON GILBERT FOX

Winter 1991: Teaching in medicine and science sometimes takes place in huge lecture halls but also happens on the spot, here and there, one-on-one (or two). Here, radiologist Susan Harper offers an insight to two students.

JOSEPH MEHLING



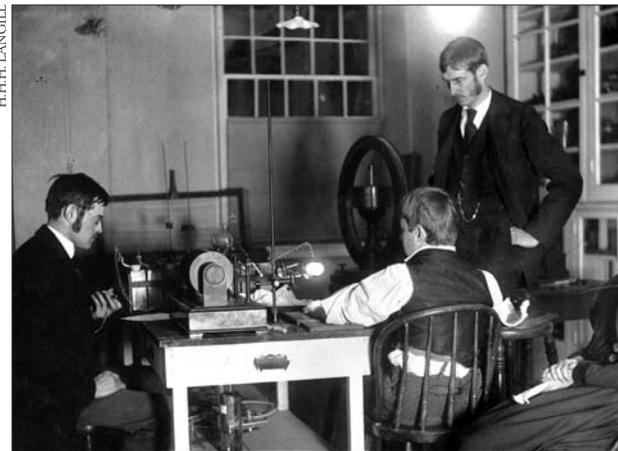
Summer-Fall 1997: Former dean Marsh Tenney points to his tiny office in a model of the building from which he “refounded” DMS in the 1950s.

FLYING SQUIRREL GRAPHICS

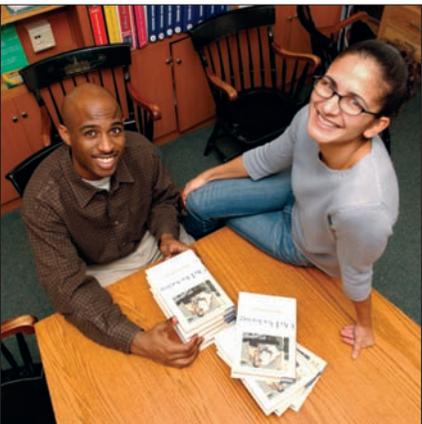


Summer 2002: When we wrote about anesthesiology resident Ann Bartlett’s penchant for wearing an Orvis fishing vest in the OR—because of the practicality of its pockets—the fishing gear firm e-mailed us to inquire about using the image in their catalog, though they never actually did so.

H.H.H. LANGILL



Spring 1978: This photo recorded for posterity the taking of the first clinical x-ray in America, at Dartmouth, in 1896. And the image itself is historic, too—it’s the first photograph of a scientific experiment actually in progress.



FLYING SQUIRREL GRAPHICS

Spring 2004: Over 80% of first- and second-years do some community service. Roy Wade and Shirin Sioshansi raised awareness among classmates of the impact of culture on care.



JOSEPH MEHLING

Summer 1996: Learning (and teaching) the art of the doctor-patient relationship was clearly a delight for first-year Julia Bossung and pediatrician Steve Kairys.



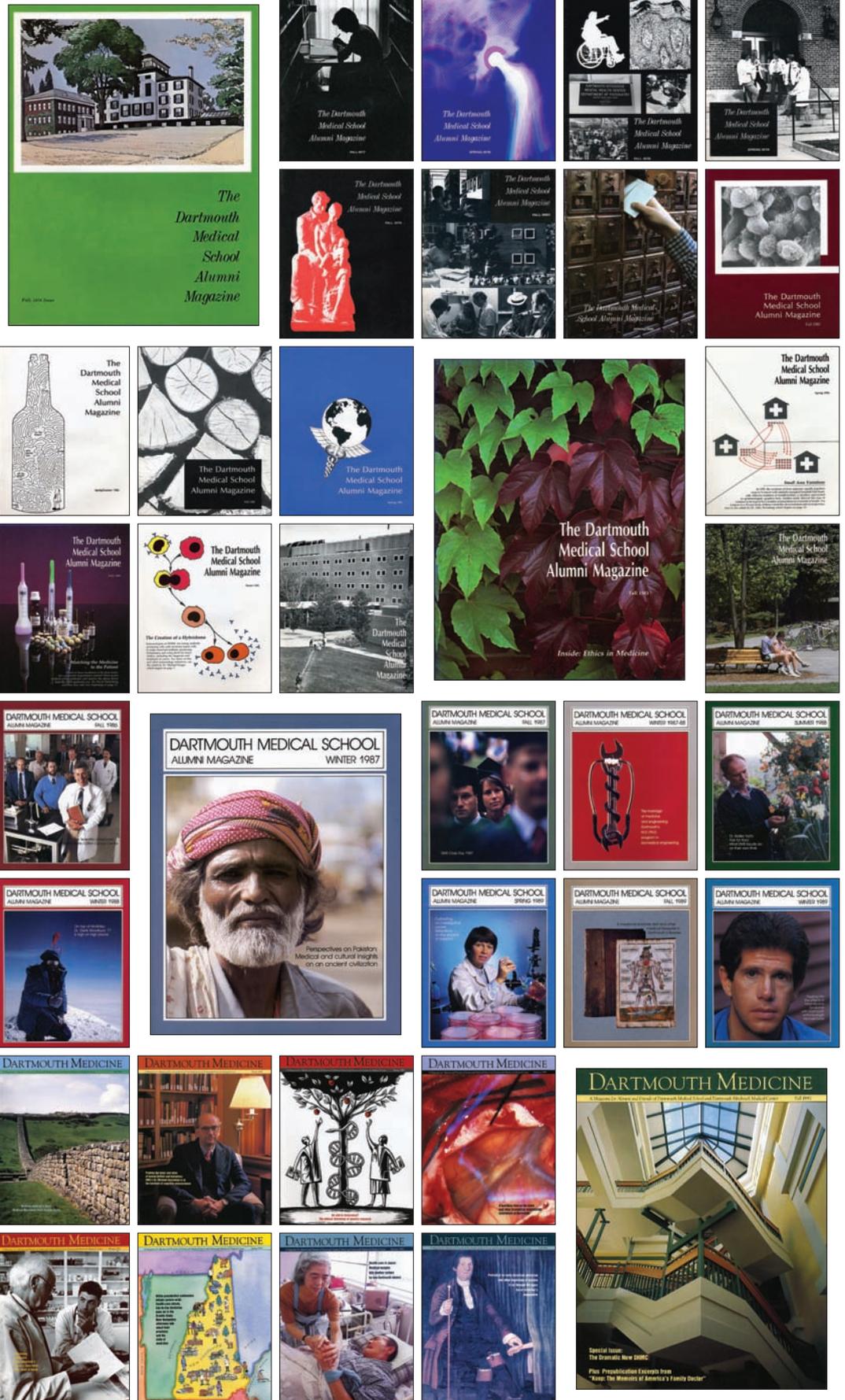
MARIO MORGADO

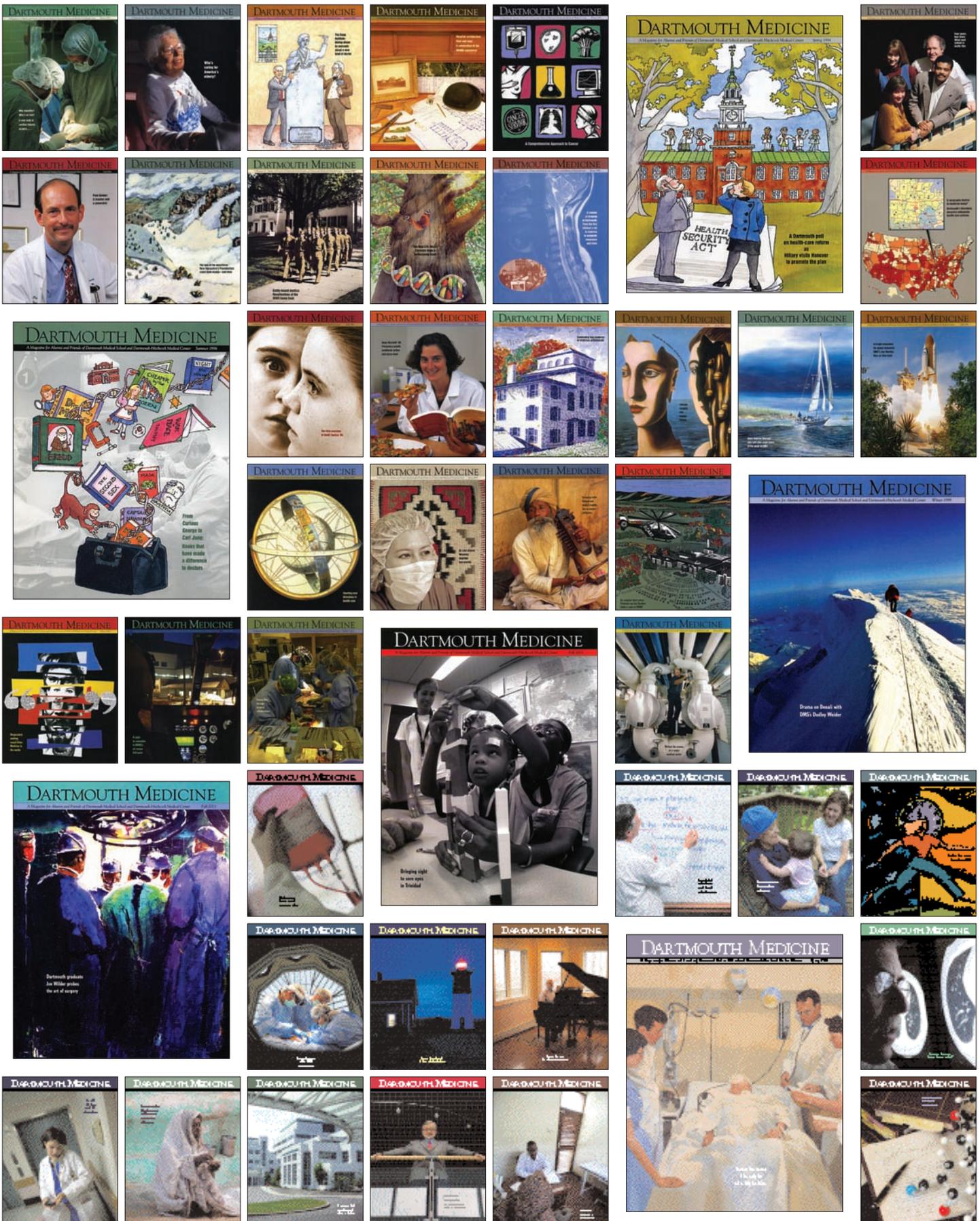
Spring 2002: The sterile reprocessing of surgical implements is one of many behind-the-scenes hospital functions.

Covers

The contents of the magazine have ranged from science to art, history to humor, local heroes to global health. And the covers have showcased a similarly diverse array of people, places, and objects—plus evidence of changing styles in graphic design.

Pictured on these two pages are many—though not quite all—of the magazine's 102 covers, starting at the top left on this page with Fall 1976 (Vol. 1, No. 1). They run down this page, then down the facing page, ending with the cover of this issue, Winter 2006 (Vol. 31, No. 2).





Numbers

Sometimes a story can be told with a few numbers or spare facts. On these two pages are some numerical insights into the institutions that are the magazine's subject matter. They were drawn from our own pages as well as from back issues of assorted other publications.

Included here are some random facts (and amusing factoids) about Dartmouth medicine—not the magazine, but the institutions that it covers. The primary reason for the selection of these particular tidbits was that they all contain the number “three” (with and without one or more leading/trailing zeroes) in honor of the magazine's three decades.

3

Number of U.S. medical schools **older than DMS** (Penn, Harvard, & Columbia)



1806

Year that DMS graduated its **30th** doctor—nine years after the School's founding

300

Number of **M.D. students** in 1987



\$600

Sum granted to DMS by the New Hampshire legislature for the purchase of equipment in '03 (1803, that is)



30

Number of surgeons in the 1980 DHMC **referral guide** (today there are 90)



1989

Year the Hitchcock Clinic medical staff first topped **300**

\$30

Average daily cost of providing care to **one patient** in 1960

1900

Year when the number of annual surgical procedures at MHMH reached **300**

30

Number of **interns** in training at MHMH in 1971



30%

Increase in **inpatient beds** (to 450) during the 1960s

1827

Year that DMS first graduated more than **30** doctors in a year

'03

1903, that is—the year MHMH acquired its first **x-ray machine**, a gift from four Hanover residents

1977

Year the total number of Ph.D. students topped **30**



30

Number of students just in the **M.D.-Ph.D. program** in 2005



1959

Year MHMH's annual budget first topped **\$3 million** (it was over \$4 million by 1962)

300

Number of **biomedical journal** subscriptions in 1958

3,000

Number of **biomedical journal** subscriptions in 1988

2002

Year when annual tuition at DMS first topped **\$30,000**



30,000

Number of **biomedical books** in the library in 1955 (today there are 240,000)

300

Hours of **physiology** required in the first and second year during the mid-1930s

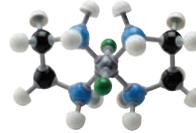


1990

Year when annual research grants and contracts first topped **\$30 million**

1971

Year when annual tuition first topped **\$3,000**



1971

Year MHMH received a **\$3-million** grant that made it one of the first regional cancer centers funded under the National Cancer Act

30

Total number of DMS **faculty members** in 1935



\$300

Tuition for one **semester** in 1951

\$3

Minimum fee for **use of the operating room** imposed during World War I

30

Number of years (1948-1978) William Wilson was MHMH's **chief administrator**

3

Years of study (year-round) required to complete the "innovative" **M.D. program** introduced in 1970; deemed too intense, it was replaced by a four-year program in 1980



30

Number of current DMS faculty members named **Katherine or Kathleen** (or a variant spelling)

1919

Year when annual tuition first topped **\$300**—jumping 28% from \$280 to \$360



1,900

Number of patients cared for at MHMH in **'30** (1930, that is)

1989

Year that an M.D. class (of 84) was first chosen from more than **3,000** applicants



30

Hours of **medical statistics**, including "tabular and graphical presentation of data," required in 1947-48

3

Years of **college coursework** required for admission to DMS in 1920

3

Number of **dumbwaiters** in the "completely renovated and modernized" MHMH kitchen in 1970



'30

1930, that is—year the Hitchcock Clinic hired its first **radiologist**

91

Years until DMS celebrates its **300th** birthday ■



\$3

Materials fee in 1910 for the second-year **bacteriology** course

18

Number of graduates in the Class of **'30** (1830, that is)