

Cute kids are notorious scene-stealers on the stage—and on the magazine page, too. Our Fall cover (reproduced below), featuring adorable little Geneva Durgin, drew plaudits from readers—as did the substance of the accompanying story by Geneva’s mom.

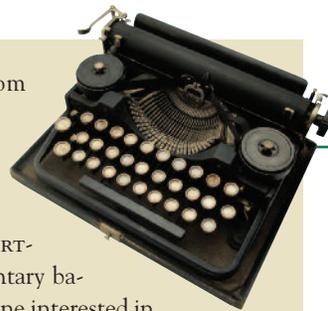
A sign of success

Thank you, Jennifer Durgin, for sharing your personal experience with the journey from silence to sound for your daughter in the Fall issue of DARTMOUTH MEDICINE (see dartmed.dartmouth.edu/fall108/html/sound.php). Your story will be invaluable for many parents and families in similar shoes going through the big decision-making process. In fact, I have already shared your article with several of my patients and colleagues.

Most of all, I must applaud your efforts to embrace early access to communication, which is indeed the biggest challenge and barrier for infants with a hearing loss. I loved the beautiful pictures of you signing and talking with your daughter. The eye contact between you and your daughter is powerful. She is one very lucky girl to have such committed parents, who explored and learned about all the different aspects of deafness: Deaf culture, mainstreaming, language development, communication, and technology. And she has been offered all the options of communication, maximizing the two main senses—visual and auditory—so she can choose for herself which method is best for her.

As a deaf doctor with a connexin-26 mutation who grew up mainstreamed and got a cochlear

We’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. Letters for publication may be edited for clarity, length, or the appropriateness of the subject matter.



implant as an adult, I use both daily—my cochlear implant and sign language—as I speak, lip-read, and sign. I am envious of children who have it so good these days, with early identification and advanced technology.

Keep up the good work—Geneva will do very well.

WENDY OSTERLING, M.D.
DC '95, DMS '04
Salt Lake City, Utah

Osterling is currently a fellow in pediatric neurology at the University of Utah’s Primary Children’s Medical Center in Salt Lake City.

Cover cachet

I must comment on the Fall cover story by Jennifer Durgin. I have been absolutely transfixed by the cover photo of her with her husband and daughter and keep looking and looking at it. It is one of the best covers the magazine has ever had. Everything about Geneva is so sweet—she’s a real heart-winner.

All of Jon Fox’s other photos with the article are just great, too, and the story by Jennifer is superb—bringing in so many elements that I would never have known about otherwise.

It’s evident that all concerned are taking this story step by step.

Even as Geneva’s hearing gets better and better, I suspect she and her mother will still always have a “sign” between them.

ROSEMARY LUNARDINI
Hanover, N.H.

Lunardini is a former associate editor of DARTMOUTH MEDICINE; her byline has appeared on many a superb story in these pages, too. She still contributes to the magazine occasionally and, in fact, wrote a piece for this issue—see page 9.

Applause for emotion

I loved your article “Sound and Silence.” I work with deaf and hard-of-hearing children and applaud how Geneva’s mom was able to capture the factual background of the family’s journey and blend it with the huge emotional component for parents and support personnel.

A physician I know shared the article with me, noting that he had enjoyed it and knew I would, too. I am gratified that thanks to this article, many physicians will learn about the process of grief and acceptance of hearing loss/aids/implants for kids (or adults, for that matter). This process involves a lifetime of growth for the parents, affecting how they view the future

for their child, even through college and marriage.

I will be ordering some of the “pilot caps” mentioned in the article to help keep aids on kids’ ears. My most recent six-week-old hearing-impaired child will definitely benefit from one!

Thank you again for sharing this story with the world.

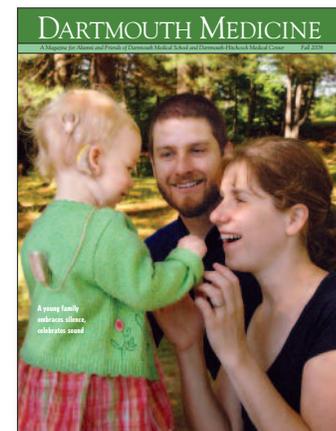
KARON LYNN, Au.D.
Flagstaff, Ariz.

Copy that

I came across a copy of the Fall issue of DARTMOUTH MEDICINE and would like two more copies, if I may. The issue contains an article very important to my family, as my granddaughter is getting a cochlear implant in a few months. I was so much more informed after reading the article.

KAREN MBIAD
Palm Harbor, Fla.

We are happy to send out extra copies of a back issue if we have them, or readers are welcome to look for an article they’re interested in online (at dartmed.dartmouth.edu).



Our Fall cover story, by Jennifer Durgin (right), came in for many kudos.

FACULTY FOCUS

Connie Brinckerhoff, Ph.D.: heavily into
Dr. Connie Brinckerhoff

Over again a day, Connie Brinckerhoff is a woman of all or nothing. She either is in her office, or she is in the NICU, or she is in the classroom. Her life is a constant juggling act. She is a professor, a researcher, a mentor, and a mother. She is a woman of many hats.

In 1982, she was one of the first women to be hired as an assistant professor at Dartmouth. She was a pioneer. She was a woman of many hats. She was a professor, a researcher, a mentor, and a mother. She was a woman of many hats.

She is a woman of many hats. She is a professor, a researcher, a mentor, and a mother. She is a woman of many hats.

FACULTY FOCUS



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The teachable moment

I very much enjoyed the profile of Dr. Connie Brinckerhoff in the Fall DARTMOUTH MEDICINE (dartmed.dartmouth.edu/fall08/html/faculty_focus.php). Her happy smile in the photo reminded me of an important experience I had as a first-year medical student.

I can't remember what class it was—maybe biochemistry—but it was early in the year and I was still of the mind-set that somehow my acceptance to DMS had been a mistake that would soon be discovered, at which time I would be sent packing. Science and medicine were foreign to me, having come from a family of lawyers and literary people and having majored in English at UC-Berkeley. Further, it seemed to me that I wasn't a dedicated memorizer, and my mind tended to wander when I was in class.

I felt my only hope was to simply swallow my pride and ask the stupid questions that came to my mind during lectures, and I did so often. Dr. Brinckerhoff not only enthusiastically embraced my hand-raising and questioning, she even praised it—telling the class she thought I was smart and asked great questions.

I can't put into words how empowering that was—how it helped me to keep asking questions and asking people to explain things again, maybe in a different way, until I understood them. Dr. Brinckerhoff was a great teacher for many other reasons, including that she always seemed to enjoy what she was doing, was always curious about students, and laughed a lot.

But I would like to take this

This profile prompted an alumna to recollect a seminal educational experience.

opportunity to thank her profusely for what she did for me. I'm now a psychiatrist in a community mental health center in Salt Lake City and have two children—so I have little time or energy left over for angst or self-doubt. I'm more interested in having fun with my kids, having a glass of wine with my husband and friends, and, of course, trying to be a better doctor!

KATHERINE L. CARLSON, M.D.
DMS '99
Salt Lake City, Utah

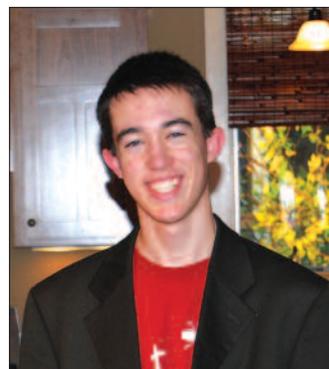
A birthday thank-you

My son, Alex, was one of the first premies in DHMC's new Neonatal Intensive Care Unit (NICU) in 1991. Alex was rushed there after his unexpected



ed birth seven weeks early. Since I'd had an emergency c-section in Brattleboro, Vt., and my husband was in Maryland, it took us a while to join Alex. The building wasn't even fully furnished during his two-week stay at DHMC, but it still seemed beautiful. Most importantly, it symbolized hope to us. As traumatic as the experience was, the care that Alex (and we parents) received was truly amazing.

Alex turned 17 on October 10, 2008, and, as I have every year, I sent his caregivers at DHMC a silent thank-you. Then it dawned on me that Alex's success story might give a boost to the wonderful, dedicated staff in the NICU. I'm enclosing Alex's birthday photo



These then-and-now photos came with the thank-you above to the DHMC NICU.

from this year to show what a happy, normal kid he is, and a photo from 1991 to show how far he's come. I want to thank the NICU doctors and nurses, without whom our lives—and those of thousands of other families—would be radically different.

LAURA KESSLER
Andover, Minn.

A round of snaps

I thought the Grand Rounds essay in the Fall issue, by Dr. Joe O'Donnell, was a great piece. I was fortunate to be able to spend quite a large amount of time with him throughout my first two years as a student at DMS, so I can attest to the truth of everything he said in his essay.

He loves the "informal curriculum," and I think Dartmouth really is different in its emphasis on that aspect of the student experience. I think it's one of the reasons that medical students from Dartmouth do so well once they're out in residency and practice, because this informal curriculum keeps us well-rounded and helps us learn to balance medicine and real life.

In addition, these extracurricular experiences really do help us learn the parts of medicine that simply can't be taught in a classroom or an exam room. Dr. O'Donnell truly is the dean of this informal curriculum; it is well known among first- and second-year students that if you need money or support for a program or idea, go to Dr. O'Donnell, and he will make it happen to the best of his ability.

I am very glad this topic was addressed in the magazine, be-

cause the idea of the informal curriculum is fairly new. Most doctors, especially more senior ones, did not have access to such experiences when they were students. But it is a hugely important part of medical education now and of becoming a “good doctor”—something that, ironically, you can’t teach.

SARAH DOTTERS-KATZ
DMS '10
Hanover, N.H.

No “slow” in today’s system

My husband was one of the first doctors, in the 1950s and ’60s, to focus on the care of chronically ill patients, many of whom were elderly. The efficacy of acute care having been exhausted, the goal was to enhance their quality of life—an early version of “slow medicine,” described in your Fall issue (see dartmed.dartmouth.edu/fall108/html/lessons.php).

As my husband was either a professor at a medical school or a salaried staff doctor at a hospital, he was able to spend the time needed to listen to his patients’ concerns and evaluate the best course of treatment, especially if they were near the end of life. But the doctor in private practice faces obstacles in attempting to provide this type of care.

First, the time needed for a thorough understanding of the patient and family—formerly achieved by primary-care physicians through long association—is no longer available. In the 15-minute office visits now mandated by insurance companies, immediate problems are all that can be dealt with.

Second, the high compensa-

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tion for high-tech, subspecialty interventions—in contrast with relatively no compensation for time spent listening to a patient—is a disincentive.

Third, the institution of the hospitalist—a model of care now prevalent in the U.S.—means that at their sickest and most vulnerable, patients are signed over, by the doctor they have learned to trust to understand their wishes, to a total stranger. This stranger not only knows nothing about them but will cease to have contact with them

if, and when, they leave the hospital—advance directives and chart notes by the referring doctor notwithstanding.

Our health system is not designed to provide “slow medicine” for most patients.

ANNE H. WILLARD
Bloomfield, Conn.

Picture-perfect

I recently saw a painting made from a photograph of the nation’s first clinical x-ray, performed at Dartmouth in 1896. It reminded me that I saw the pho-

to in your magazine with the figure on the far right unidentified. It is my grandmother, Margaret Thurston Frost, who before she married Dr. Gilman Frost was the head nurse at Mary Hitchcock Hospital. I meant to write then but didn’t get around to it. Maybe that figure has always been unidentified. If so, I hope the record will be corrected.

I might add that for generations, all male Frosts have gone to Dartmouth, starting with my great-grandfather, Dr. Carlton P. Frost, who was instrumental in founding Mary Hitchcock Hospital. There is a young Carlton P. Frost at Dartmouth right now.

MARGUERITE FROST
New Westminster, B.C.

The photo to which Frost refers is reproduced below. It has been published in DARTMOUTH MEDICINE several times over the years, sometimes with the identities of all four individuals included in the caption and sometimes, if space was tight, without naming them. But all four names are definitely part of the historical record. This is a highly significant photograph, as it happens, for not only does it depict an important medical event but it is, as far as can be determined, the first photograph ever taken of a scientific experiment actually in progress.

Germane to the times

Please convey to the authors of the feature articles in the last issue that this recipient of DARTMOUTH MEDICINE thinks they were splendidly written and very germane to the times. I’m a grateful recipient of the magazine
continued on page 59



Pictured here are Drs. Edwin and Gilman Frost (left and standing) performing the nation’s first clinical x-ray, on Eddie McCarthy (center), as Margaret Frost (right) looks on; her granddaughter wanted to make sure her name was known.

Letters

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zine. It always takes me back to some of my fondest recollections of time, place, and association—my residency in pathology and internal medicine at Dartmouth in the 1950s. Thank you.

CHAUNCEY G. PAXSON, M.D.
HOUSESTAFF '51-56
Lopez Island, Wash.

Varying viewpoints

When we moved to New Hampshire seven years ago, we received copies of DARTMOUTH MEDICINE addressed to the previous owners of our house. As a medical technologist who has done research, taught, and worked in clinical laboratories for more than four decades, I enjoyed reading the pertinent, well-written articles that presented varying viewpoints on clinical issues—from both the professional and the patient perspectives. After reading several articles by DMS alumna Emily Transue, for example, I purchased her book and found it compelling.

We no longer receive DARTMOUTH MED-

ICINE and would like to be placed on the list ourselves to get the magazine. Thank you for producing a unique publication that deals with many of the important problems and advances in health care today.

ELIZABETH EPP
Merrimack, N.H.

A very happy patient

I would greatly appreciate being added to your mailing list. The first thing I do, whenever I enter Dartmouth's Norris Cotton Cancer Center for my six-month checkups, is look for DARTMOUTH MEDICINE. Norris Cotton and DHMC are truly amazing when it comes to patient care—I have been a very happy patient since 2003.

BARBARA GOHLKE
Gorham, N.H.

Valuable and relevant

Recently, while at the library in Sunapee, N.H., I came across your magazine. I was stunned to find that such an interesting, handsome magazine existed. I have been going to DHMC for all my care since moving to Newbury, N.H., in 2002 and have been

continually impressed by the comprehensive facilities and professional staff. So the contents of your magazine are valuable and relevant to me. I noted that complimentary subscriptions are available and would dearly appreciate being added to your mailing list.

CHARLES CRICKMAN
Newbury, N.H.

Humanitarian approach

I used to have a complimentary subscription to DARTMOUTH MEDICINE and enjoyed it immensely, since I was a student of health and nutrition in both high school (where I was introduced to the publication) and college. Do you still send it out to interested readers? As curious as I was about what goes on at DHMC, I most of all enjoyed the stories about the staff and students—which were written so fluently—as well as the humanitarian approach to medicine.

ELIZABETH A. WALSH
Wentworth, N.H.

We do indeed still "send the magazine to interested readers." See the box on page 22 for details about being added to our mailing list. ■

UNIVERSITY OF VERMONT, COLLEGE OF MEDICINE

State Medicaid Medical Director

The University of Vermont College of Medicine (UVM/COM) is seeking a new, non-practicing faculty member at the Associate Professor or Professor level to serve as Medical Director for Vermont's Medicaid Program (known as OVHA — Office of Vermont Health Access). OVHA provides healthcare coverage for over 140,000 Vermonters and, as the only publically run, statewide managed-care organization in the country, plays an innovative role in Vermont healthcare reform and in improving health outcomes for its citizens. As Director of Medicaid's Clinical Unit and chief liaison to legislators, insurance providers, and other state program units, this individual will make key policy decisions and shape administrative strategies to enhance the operating efficiency of both Medicaid and related healthcare initiatives across the state. The successful applicant will be part of a growing public/private partnership between Vermont state government and the University of Vermont and will be expected to collaborate with other academic divisions of the University on policy and research. Applicants must be (1) eligible for physician licensure in the state of Vermont, (2) board certified in an appropriate discipline (Family Medicine, Internal Medicine, or Pediatrics preferred), and (3) have fellowship and/or work experience to undergird teaching and research in health services, outcomes, and/or policy. Applicants are encouraged to visit the OVHA (<http://ovha.vermont.gov/>) and UVM/COM (www.med.uvm.edu) websites for further information. A strong commitment to the value of diversity and inclusion are required. Applications will be accepted until the position is filled. The University of Vermont is an Equal Opportunity Employer and encourages applications from women and people from diverse racial, ethnic and cultural backgrounds. Candidates should submit a curriculum vitae and letter of interest. These materials should be sent, electronically if possible, to:

Richard Wasserman, MD, MPH, Chair, OVHA Medical Director Search Committee
c/o Linda Thatcher
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