A rticles from two and three issues ago are still resonating with readers. Among the pieces coming in for comment were “At last . . .” and a companion feature on care of the dying in Winter 1999, as well as that issue’s cover story on Denali; “In Schweitzer’s Shadow” in the Spring issue; and “What Makes My Baby Blue?” and “Good Will” in the Summer issue. Readers also sought further information on clinical research described in two recent stories.

Resonant frequency
Although several months have passed since I received your Winter 1999 issue, I find that the thought-provoking articles on end-of-life care continue to resonate in my mind and heart.

The reflective editor’s note, Mary Daubenspeck’s feature on palliative care at DHMC, and all three personal meditations on death go to the heart of the matter. Each one helps your readers take in on a deeper level the inescapable truth inscribed on a headstone in a Sicilian graveyard: “Where you are, I was. Where I am, you will be.”

In addition, my husband and I thoroughly enjoyed the dramatic account in the same issue of Dudley Weider’s adventures on Denali.

Sheila Harvey Tanzer
Hanover, N.H.

Remembering Schweitzer
I enjoyed very much Will Anninger’s account of his experience in Lambaréné, Gabon (“In Schweitzer’s Shadow,” Spring 2000). I was Dr. Schweitzer’s surgeon for a few months at the end of 1960, after I had finished my general surgery residency.

It was an amazing experience to work with Schweitzer, and I totally concur with Anninger’s next-to-last paragraph about Schweitzer’s being “an enlightened thinker.” I always said that those who criticized him should at least try to do something for other human beings.

I have not returned to Lambaréné since then, and I found the photograph of the old hospital buildings extremely poignant. I remember so many instances of working with Dr. Schweitzer in the dispensary and operating in the little theater.

I am a graduate of Harvard Medical School, but because of a contribution to Dartmouth Medical School to honor Dr. Radford Tanzer, I receive Dartmouth Medicine. I am glad that I do, because it was a wonderful opportunity to relive those days. Incidentally, after I returned from Gabon, I put together an article with Dr. Richard Friedman for the New England Journal of Medicine, about Dr. Schweitzer and his hospital.

I wish Will Anninger the best of luck in the future.

Robert M. Goldwyn, M.D.
Brookline, Mass.

Burning questions
I enjoyed Will Anninger’s article about Schweitzer immensely. He is a very good writer.

I was surgeon-in-chief and medical director of the Hospital Albert Schweitzer in Haiti for not quite 10 years, and I worked in other more primitive clinics in Haiti for several months more. I have the same question Anninger raises in his article: How does one keep the flame alive?

Dr. Mellon, the founder of the facility in Haiti where I worked, died a few years ago. Dr. Mellon was a devoted disciple of Schweitzer and felt a commitment to continue all things Schweitzer. Dr. Mellon spent most of his day in the countryside but always attended the Saturday morning conference. Mrs. Mellon was in the hospital clinics all day on Monday, Wednesday, and Friday and part of every other day. The hospital is definitely not an evangelizing institution, but there is a spiritual presence. The Schweitzer-Mellon connection had an effect on how the place functioned. Mrs. Mellon is still there and active at age 88. But will it be the same when she dies?

Then there is the old question of who benefited more from this work, we or the Haitians—the donor or the recipient? I had the time of my life there, worked very hard, and of course contributed much to the health of Haitians. It was good for my family, too. We did home schooling, had no TV or movies, etc.

However, my return to the States was traumatic. I was out of synch with the mores of modern U.S. medicine, particularly the monetary aspects of it. Two years working at the Frontier Nursing Service in eastern Kentucky helped me to adjust, however.

I am not the philosophical type and generally think it unproductive to spend time on such amorphous concerns. That is why I became a surgeon. But I do thank Will Anninger for his excellent article.

Frank J. LePore, M.D.
DC ’34 and HS ’38-40
Westport, Mass.

Blueprint
I enjoyed Roger Smith’s article in the Summer issue about “blue
The only anthology of Roueché's stories currently in print is a paperback titled *The Medical Detectives*. His other collections of medical detective stories (all of them originally written for the *New Yorker*’s "Annals of Medicine" section) include *Eleven Blue Men*, *The Orange Man*, *The Man Who Grew Two Breasts*, and *Annals of Epidemiology*, plus an expanded, two-volume edition of *The Medical Detectives*; they may be available in libraries. Roueché fans may be interested to know that Roger Smith, with the help of DMS students, has written addendums to some of Roueché's stories (which are from the '40s to the '70s) — updating their scientific and medical aspects; the addendums are at http://www.dartmouth.edu/~rpsmith/index.html.

A matter of perception
I enjoyed "What makes my baby blue?" by Roger Smith in the Summer issue.

However, the article's explanation of the perception of blue color from a superficial vein is incorrect. Although it is commonly believed that reduced hemoglobin is blue, measurement of the spectral transmittance of blood reveals that reduction does not appreciably alter the dominant wavelength from red. Dr. Peter L. Reisfeld, in an article titled "Blue in the skin" in the *Journal of the American Academy of Dermatology* (42:597-605, 2000), persuasively argues that the bluish color of superficial veins is better explained by color contrast than by other theories, including light-scattering. It is thus likely that the blue color associated with cyanosis is also not explained by the color of deoxyhemoglobin, since a similar appearance can be seen when the body temperature is reduced. Cyanosis is more likely related to changes in superficial blood flow, although how this results in the perception of blue is unclear to me.

John W. Melski, M.D.
DMS '68
Marshfield, Wisc.

Roger Smith replies as follows to the questions raised in this letter: "I would like to thank Dr. M. Elski for his kind words about my article and for drawing my attention to the very recent and interesting paper by Dr. Reisfeld. It is certainly true that when oxyhemoglobin is degassed with nitrogen, the spectrophotometric shift from the dominant wavelengths is not particularly dramatic. But I think what I was talking about in my article is not what the spectrophotometer sees, but what is seen by the naked eye. The evident change in color from a robust red to a bluish-purple cannot be denied.

"I absolutely agree that that change becomes much more ambiguous when it takes place only incompletely in blood vessels under skin layers that have different degrees of pigmentation. However, as I read Dr. Reisfeld's article, it seems to me that he is attempting to explain why veins appear blue in spite of some reasons why perhaps they should not. By going to extreme lengths with varying backgrounds, different areas of surrounding skin, and color-matching with standardized chips, he found that most subjects perceived the color of veins to be yellowish-gray and not blue. He then explains the original perception of the blue color as due to color contrast instead of the former theory of light-scattering. Our eyes may be deceiving us, but, at the bedside and in the laboratory, we see what we see. When the concentration of deoxyhemoglobin in blood increases, the subject's skin becomes more blue, not more yellowish-gray.

"Thanks to Dr. M. Elski and Dr. Reisfeld for reminding us that blood flow is an extremely important determinant of skin color."
Hopeful note
I was very impressed with two articles in the Summer 2000 issue of Dartmouth Medicine—the story titled “Good Will” by Dr. Donald Kollisch and the “Viewpoint” essay on medical errors by Dr. Joseph Wilder.

During the final illness several years ago of my longtime friend Ilse Winter, and after her death, I suffered much pain and disappointment over the medical attention she received. Dr. Wilder’s essay mentions all of my experiences.

But on the other hand, how comforting it is to know that there are people like Don Kollisch on the staff—he is just the kind of physician one likes to have. There are many of them at DHMC, but also some of the other kind as well.

And further cause for optimism is offered by one other piece in the same issue: the brief item in the “Media Mentions” section about Dr. Joseph O’Donnell’s work in trying to “nurture a new generation of kinder, gentler doctors.”

There is hope in sight!
Martina Quellmann, R.N.
Hanover, N.H.

Choices
I have just finished reading the article in the Summer issue about Dr. Lisabeth Maloney’s choice to limit her career hours so she can spend more time with her children. I agree that this is a laudable goal, and I, as well as many woman physicians, struggle with how best to balance family and professional demands.

However, reporting her decision to limit her workweek to 45 hours as tremendously gutsy and a possible hindrance to her career shows how little progress has occurred in the medical establishment’s understanding that highly competent women should be able to limit their hours when their children are young without feeling their career is at risk.

The other presumption that needs to be challenged is that the most dedicated physicians are the ones who spend the most hours at work.

Dale Pollack, M.D.
Keene, N.H.

Be a SPORT!
When I received the Summer issue of Dartmouth Medicine, my attention was riveted by the article about Dr. James Weinstein’s Spine Patient Outcomes Research Trial (SPORT), because I am uncertain what to do next about a sometimes very painful back condition.

A set x-rays and an MRI last year, my condition was diagnosed as DISH (diffuse idiopathic skeletal hyperostosis) syndrome. My doctor’s opinion: “If you can’t walk a mile, we’ll talk about surgery.”

At 77, I’m athletic and in very good health otherwise. I ride a bike four or five miles about five times a week, which causes no pain at all. I had no pain skiing last winter either, though I do feel modest pain by the end of a round of golf. And I don’t walk well, but can go two or three miles with only modest pain. The sharpest pain comes during the night, upon turning over in bed or getting up.

Could I be one of the 1,450 SPORT enrollees? Are any New Jersey hospitals participating? Or could I be enrolled at DHMC?

David T. Nufft
Dartmouth College ‘44
Monroe Township, N.J.

A according to the D HM C Spine C enter, which is coordinating the study, patients who can answer “yes” to any of questions 1 to 3 below may be eligible for SPORT:

1) Have you ever been diagnosed with either a herniated disc, spinal stenosis, or degenerative spondylolisthesis?
2) Do you have low-back pain that radiates into your buttock, thigh, or leg?
3) Do you have any loss of sensation or weakness in your lower legs?

However, patients who can answer “yes” to any of questions 4 to 6 are not eligible for SPORT:

4) Have you ever had surgery on your back?
5) Are you pregnant?
6) Are you under 18 years of age?

The institutions participating in SPORT, and a phone number at each for more information, are:

- DHMC, 888/794-2225
- H ospital for Special Surgery in New York, 212/774-2984
- N YU H ospital for Joint Diseases in New York, 212/598-6114
- Thomas Jefferson H ospital in Philadelphia, 215/955-4987
- U niversity H ospitals of C leveland, 216/844-8053
- Rush Presbyterian-St. Luke’s M edical C enter in Chicago, 312/243-4244, ext. 4101
- Washington University in St. Louis, 314/747-2817
- Nebraska Foundation for Spine Research in Omaha, 402/496-5513
- William Beaumont H ospital in Royal Oak, M ich., 248/217-0528
- E mory U niversity in De catur, G a., 404/778-7172
- UC SF M edical C enter in San Francisco, 415/514-1509.

CAPD query
I graduated from DMS in June and am now in residency in Pittsburgh. I was very interested in the article in the Summer is-
some of us experience minor
malfunctions; others may need a
major overhaul, like a valve job
or even a new motor (a trans-
plant); still others wear out or
rust. But sooner or later, every-
on runs out of gas (time) and
the car(cass) stops.

Have you ever experienced
the panicky feeling when you
suddenly realize that your car’s
gas gauge reads “empty,” and you
don’t know if you have enough
to make it to the next gas sta-
tion? My problem now is know-
ing that there’s no chance for an-
other fill-up, that my journey is
about to end abruptly—when
and where, nobody knows.

So here is my suggestion: Un-
til medical science achieves the
miracle of extended life, perhaps
the American Medical Association
could establish a senior corps of physicians—septuagen-
rarians and octogenarians—who
would have empathy for the ills
and fears of their contempor-
aries. And let me remind
younger doctors that I am not a
statistic—if I were, I would have
died several years ago.

Encouraging words
I received a copy of your maga-
zine after a recent visit to the
Medical School and found it in-
teresting and informative. I par-
ticularly enjoyed the articles in
the “Viewpoint” and “Student
Perspective” sections.

In this age of so much nega-
tive publicity about health care,
it was encouraging to hear about
all the wonderful contributions
the Dartmouth community is
making to medicine.

Keep up the good work!

M usiek to a teacher’s ears
Dartmouth Medicine is a won-
derful magazine. I am a teacher
in Littleton, N.H., and I enjoy
reading it whenever I’m at
DHMC. I happened to pick up a
copy of your Summer issue on a
recent visit, and I really enjoyed
the article about Dr. Frank
Musiek and CAPD.

Since I am only down there a
couple of times a year, however,
I usually miss one or two issues.
I’d like to be guaranteed to get
them all! Thank you for offering
such a wonderful publication.

Sharon M. Dodge
Littleton, N.H.

Devotee of Dartmouth doings
I’ve been reading your fine pub-
lication for several months,
thanks to an existing avid sub-
scriber, Joseph W. Davis, DC ’36.
Recently Mr. Davis suggested
that I get my own subscription!
Would you please add my name
to your mailing list?

I’ve only been in the Upper
Valley for 11 months but am de-
lighted with this area, ILEA D,
Dartmouth doings, etc.

Karin W. Akin
Hanover, N.H.

Delayed reaction
I am not sure how we could have
missed being on the subscription
list of your excellent magazine.
We have been at the College
since ’61! Please add us to your
list. Thank you in advance.

Walter and Miriam Arndt
Hanover, N.H.

It’s not necessary to have lived near
Dartmouth for 11 months—much
less 411 months—to be on Dart-
mouth Medicine’s mailing list.
We’re happy to add anyone inter-
ested in the magazine to our sub-
scription rolls. See the box on page
24 for how to contact us.