Kosovar exchange is a “profound educational experience” for DMS

When Dartmouth Medical School offered last year to help rebuild Kosovo’s only medical school—after years of ethnic cleansing and months of bombing had decimated its programs and buildings—the offer was intended as a humanitarian gesture. Little did DMS administrators, faculty, and students know that Dartmouth would gain as much as it gave.

Bombs: For 10 years, Albanians were systematically barred from Kosovo’s educational programs and hospital staffs. Then incessant Serb bombing destroyed much of the country’s infrastructure. But as soon as peace was brokered, the Albanian Kosovars returned and began to reconstruct their health-care system and refound their medical school at the University of Pristina.

Several DMS faculty members have since traveled to Kosovo to assess the situation. Former dean James Strickler, M.D., current dean John Baldwin, M.D., and neonatologist George Little, M.D., brought back discouraging reports: a hospital that barely had electricity, medical students with no books, and a general sense of despair.

But the Kosovars have rebounded quickly, with help from the International Rescue Committee (which Strickler cochairs), the World Health Organization, and DMS, among other organizations. Already, medical education has resumed there.

This year, two groups of visitors from Kosovo have come to Dartmouth. The dean of the Pristina medical school and two students spent a week here in January, and two more medical students—Lili Bajraktari and Florian Gegaj—spent the summer at DHMC, doing clinical rotations, shadowing Dartmouth clinicians, and staying with DMS students and faculty to get an idea of American life.

What is there to be learned from such a different medical culture? Quite a lot, it turns out. According to Strickler, medical education in Kosovo is still firmly rooted in the old Soviet-bloc (and even older European) model. “Teaching was almost exclusively in the hospital, and the relationship between students and faculty was far different than it is in the United States,” Strickler says. Even now, he notes, “there’s not the freewheeling exchange we have here; students are less accustomed to asking questions of their teachers.”

Eager: Third-year DMS student Jennifer Keller, one of the coordinators of the DMS-Kosovo project, agrees, noting that following one clinician for the whole day can be very instructive. But in Kosovo, she says, “a teacher comes in and asks which student would like to go see an asthmatic patient.” So, she adds, “if I’ve seen 30 asthmatics this month, I might want to wait for another teacher to come by and offer to take me with him to see someone with diabetes.”

Keller is eager to continue her involvement with the project. “Absolutely,” she says. “It’s
The festivities began two weeks earlier. The World Health Organization hosted a dinner at the Hanover Inn. The dapper dean then introduced the keynote speaker, John Irving—best-selling author of The World According to Garp.

The dapper dean then introduced the keynote speaker, John Irving—best-selling author of The World According to Garp. During Irving’s characteristically thoughtful keynote address, he acknowledged the profound change the students had experienced in the process of looking at the world. He also said that “it gives our students a profound understanding of how medicine is practiced in other parts of the world, in different economic systems and different cultures.”

Lili Bajraktari and Florian Gegaj, medical students at Kosovo’s University of Pristina, left behind scenes of devastation like this to spend several months this summer at Dartmouth, where they worked in various clinical settings.

The weather offers auspicious omens on Class Day 2000

On a day as significant as a graduation, it can be tempting to see omens in the weather. June 10, the date of DMS’s Class Day 2000, dawned with beautifully clear skies. A warm sun shone down on the family members and friends of the graduates as they gathered in midmorning in the Derzon Courtyard of DMS’s Hanover campus. A brass band played traditional tunes, while the musicians’ instruments sparkled with bright reflections.

Draped on the stage were the brilliantly colored hoods that would soon be bestowed on the graduates; the velvet linings of green, purple, yellow, and blue—representative of the students’ varied futures—looked lustrous in the sunlight.

Robes: The festivities began with a procession, the faculty in their academic garb leading a long stream of graduates clad in black robes with Dartmouth-green accents.

Dean John Baldwin, elegant in tails and a top hat, took the stage to open the ceremony. He urged the graduating students to acknowledge the “help of family and friends in the process of growth and discovery you are finishing today.” Baldwin also urged the students to remain young because, in a world of revolutionary change, “young people will take the lead.”

The dapper dean then introduced the event’s keynote speaker, John Irving—best-selling author of The World According to Garp. During Irving’s characteristically thoughtful keynote address, he acknowledged the profound change the students had experienced in the process of looking at the world. He also said that “it gives our students a profound understanding of how medicine is practiced in other parts of the world, in different economic systems and different cultures.”

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novelist, award-winning screenwriter, and a native of New Hampshire. Irving, who won an Oscar in 1999 for the screenplay of his own novel The Cider House Rules, told the gathering of physicians and scientists, “I am a most unscientific novelist and screenwriter. . . . I gave one fictional patient enough anesthesia to put everyone here to sleep,” he admitted.

Irving, who has become identified as an advocate for abortion rights, acknowledged that he’d been asked both to speak on that issue and to avoid it. The Cider House Rules deals with abortion, but Irving said he “never intended to write a novel and film about abortion.” He began the book from a love of storytelling, not “moral outrage.” He wanted to tell a story about the relationship between a doctor and an orphan. Yet as he researched the subject, he found that the decision to perform abortions was pivotal to orphanage hospitals, for such institutions often saw the results of unwanted pregnancies. “So, in The Cider House Rules, I made abortion a secret and an issue,” he said, “but it was never a secret and an issue I went looking for.”

Advice: Addressing the graduates, Irving advised, “If some of you become abortion providers, I hope the rest will be accepting.” He also argued against legislatures and other governmental bodies imposing nonscientific judgments on medical decision-making. “Congress should not dictate to doctors how doctors should do their job,” he said.

Although some members of the audience expressed quiet disagreement with his remarks by remaining seated, Irving got a mostly standing ovation on the conclusion of his speech.

Lesson: Lori Arviso Alvord, M.D., associate dean of student and minority affairs, then introduced Adrian Rossi, the medical student speaker. Rossi, who came to DMS after being a research assistant in anesthesiology at the University of Virginia, reflected on the first day of medical school and the ordeal of learning how to draw blood on his fellow students. He then found a lesson in this experience, theorizing that a unique characteristic of his chosen field is the simple fact that doctors touch people. “We touch people to diagnose them. We touch people to fix them. When we cannot fix them, we touch people to comfort them. And beginning with blooddrawing on that first day of medical school, we learned these skills from each other.”

Rossi speculated that the way his class had interacted emotionally would influence how they touched their future patients emotionally. “We felt they had been uniquely supportive and caring and that “that will make us not just talented doctors but compassionate physicians.”

Next, Constance Brinckerhoff, Ph.D., associate dean for science education, introduced Jonathan Cruz, the graduate student speaker. Cruz—who investigated the damage done by “bad cholesterol” in the lab of biochemist T.Y. Chang, Ph.D.—described confronting the bane of all graduation speakers: identify-
ing a topic. He turned to something fundamental to his chosen field: the scientific method. "What we often don't realize," he said, "is that this method can be used not only to explain scientific phenomena, but also to make sense of everyday life."

Cruz proceeded through the five steps of the scientific method to explain his presence at Class Day. First, he formulated the question: "Why are we here?" Then he formed a hypothesis, that "we have an inherent love for what we do."

For the next step, he predicted, "we must have tried hard, made sacrifices, and persevered." The fourth step of the scientific method is data collection, and Cruz suggested that this process was still incomplete because "our work is far from over." And so to his fellow graduates he said, "I challenge you all to be brave enough to continue pursuing what makes you happy."

The final step, reaching a conclusion, is thus, he said, "an ongoing process that is lifelong and constantly evolving."

Hoods: Brinckerhoff, together with Roger Sloboda, Ph.D., Gerald O'Connor, Ph.D., D.Sc., and H. Gilbert Welch, M.D., M.P.H., then conferred hoods on the master's and doctoral candidates. There were seven Ph.D. graduates in the biomedical sciences, as well as one Ph.D. and 25 M.A.'s in the evaluative clinical sciences.

Baldwin stepped back up to the lectern to present the Dean's Medal, an award for the best overall record of achievement for a medical student, to Christine Mackey. The John W. Stroehmehl Medal for Excellence in Biomedical Research went to Ronald Kaltreider for his work in pharmacology and toxicology. The other awards presented to the graduates, both at Class Day and at the Graduation Luncheon earlier in the week, are listed in the box on page 5.

Awards: Three faculty who had been selected by the graduating medical students as recipients of the 2000 teaching awards—David Nierenberg, M.D., and Deborah Peltier, M.D., in the clinical sciences and William Mosenthal, M.D., in the basic sciences—then hooded the 61 M.D. candidates. (The class had also conferred the Thomas P. Almy Housestaff Teaching Award on surgery resident Patrick Ting, M.D.)

Finally, John Rassias, a renowned Dartmouth College language professor, took the lectern to explicate the 2,500-year-old Hippocratic Oath for the new physicians who would be taking it for the first time. Rassias pointed out that Hippocrates referred to medicine as "my art," thus linking it to broad human concerns. Rassias also noted that "the oath binds all who take it to specific moral practices." Baldwin concluded the ceremony by leading all the physicians present in reading a translation of a statement whose origins are as old as Western culture.

The graduates and the faculty then recessed to a reception under a nearby tent, as the sun rose further toward its zenith and the day grew even brighter.

Jonathan Weisberg

Smiles, sunshine, and shades were all much in evidence at Class Day 2000. Maya Mitchell and Pascal Anglade revel in the occasion, while Keith Fournier gets a little help fastening his robe and 3 faculty convene for the procession. Then bagpipers Travis Matheney (left) and James Feeney—both members of the M.D. class—lead the way as the ceremony begins. The sun shone on the outdoor proceedings, impelling Gira Shah and Kaushal Shah (not related to each other) to don shades. Highlights of the event included the reading of the Hippocratic Oath, the hooding of the graduates (here, internist Deborah Peltier bestows an M.D. hood on Derek Davis), and countless family photo ops, including for M.D. grad Mike Betsy and Ph.D. grad Jonathan Cruz. Faces in the crowd included Dean John Baldwin, Elizabeth Wolfe and a young friend, keynote speaker John Irving, 14 medical student speakers and 5 arian Rossi, and the winners of the top two prizes—Ronald Kaltreider and Christine Mackey.
A healing presence: 
Naj Wikoff weaves the arts into medicine

If you choose to be an artist, says Naj Wikoff, director of the Healing and the Arts program of Dartmouth's Koop Institute, “your job is to uplift the human spirit.” A sculptor himself, Wikoff believes art should be not only in “pristine places” such as museums, but a vital part of community life. For the past several years, Wikoff has made it his mission to bring the arts into the lives of people suffering from illness and disease and to promote wellness through the arts in the community at large.

Wellness: Wikoff’s accomplishments were recently recognized with his election as president of the Society for the Arts in Healthcare (SAH), an international organization based in Washington, D.C.

While the idea that art can contribute to healing is hardly new, the formal integration of the arts into health-care settings—at least in Western countries—is a fairly recent innovation. The SAH, whose purpose is to promote “the incorporation of the arts as an integral component of health care,” was established just 10 years ago.

Wikoff says SAH members include doctors, nurses, hospital administrators, artists, and art therapists from the United States as well as Canada, Europe, and Asia. The organization’s major activity, an annual conference, was held this year in Providence, R.I., where Dartmouth’s C. Everett Koop, M.D., gave the keynote address. The SAH also organizes traveling exhibitions, such as a current display of quilts representing medicinal plants and herbs.

Not surprisingly, the arts are gaining a stronger foothold in medicine as technological advances and time constraints impinge on the doctor-patient relationship. “Health care is very hard on patients and health-care professionals alike,” Wikoff says. “Doctors and nurses do not have the time to give the more personal attention the patients desire and need—and that the health-care professional desires to give and needs as well.”

Venture: Before coming to Dartmouth in 1992, Wikoff was director of arts and productions at the Cathedral Church of St. John the Divine in New York City, a position that afforded ample opportunity to see what happens when the arts venture beyond “pristine places.” In New York, he worked with choreographers, composers, visual artists, and writers who brought the arts into the lives of people with AIDS, the homeless, gang members, and others. “I saw the arts literally help turn around and extend lives,” Wikoff says.

Although Wikoff arrived at Dartmouth as director of programming of the Hopkins Center for the Arts, he found himself increasingly interested in the nascent C. Everett Koop Institute and its possibilities for forging connections between the arts and society. By 1993, he was a member of the Koop Institute’s staff. Today, Wikoff coordinates programs for Dartmouth undergraduates as well as all members of the DHMC community, including patients, faculty, and DS students.

“In med school,” Wikoff says, “students are driven to absorb a tremendous amount of information, and they do not have a lot of time to nurture balance in their lives.” To help them find balance and creative outlets, Wikoff works with Joseph O’Donnell, M.D., to develop DS electives in the arts and humanities, including classes in drawing, yoga, creative writing, and improvisation. A Literature and Medicine course is offered to fourth-years. A popular elective called Creativity involves work on a creative project over an extended period of time; Wikoff says students have written plays, composed music, choreographed dances, and made ceramic bowls, coffee tables, snowshoes, movies, and Web sites. (See page 44 for the results of one student’s Creativity project.)

Collaboration: ArtCare is a program for undergraduates—primarily premeds and those in the arts—brings students together with patients and their families through weekly arts projects at DHMC. (See the box on page 9 for details of one recent ArtCare project.) These students “learn to see patients as people and not as a disease,” Wikoff says, citing the example of an undergraduate who made a tapestry with an elderly patient dying of cancer. The patient was initially reluctant to participate, recalls Wikoff. In kind but persistent way, the young student drew out the patient. As the student worked on a handloom at the patient’s bedside, the two gradually began to collaborate. The patient suggested colors and motifs; the student wove as directed. “It was a strong bonding experience for both,” Wikoff says, and a powerful example of how the arts can give patients a respite from pain and worry.

A rtCare students also participate—along with medical students, doctors, nurses, patients, and administrators—in the monthly noontime “Poetry and
In his own art, which "pansiveness found in Wikoff community," he describes as arrows in a doctor hospital . . . puts Dartmouth at the undergraduate school, and hospital . . . puts Dartmouth at the leading edge of integrating the arts into healing.

What is unique about all these activities is the amount of collaboration between different elements of our medical community," he says. "This interweaving of the medical school, undergraduate school, and hospital . . . puts Dartmouth at the leading edge of integrating the arts into healing." Visible: In his own art, which he describes as "rather outrageous sculptures," Wikoff makes his work accessible, not to mention highly visible. Intrigued by the shape and motion of tall ships, Wikoff has constructed a series of tall-ship sculptures using power poles for masts and bright banner nylon for sails. The first one, 112 feet tall, was erected in Wisconsin, where, he says, it "looked as if it were sailing on a great green ocean."

It is the sense of joy and expansiveness found in Wikoff's sculptures that can transform the experience of healthcare. "To me, the arts are but one of many arrows in a doctor's quiver," Wikoff says. "They are not about curing, but can be used effectively to support the process of healing, to enhance communication, to improve patient satisfaction, to build community . . . We need the arts to enrich the process of healing."

Catherine Tudish

Tile sculpture was a community creation

What do a sea turtle, a pencil, a pair of ballet slippers, and a guitar have in common? Each represents a personal notion of "well-being," and each is depicted on one of the more than 500 clay tiles recently mounted in the lobby of the outpatient clinic at DHMC. The tiles were created as part of an ambitious community arts project sponsored by the Koop Institute's Art Care program and coordinated by Canaan, N.H., sculptor Emile Birch (pictured above installing the tiles).

With the help of 25 Dartmouth undergraduates Birch conducted tile-making workshops throughout DHMC, as well as at area schools and community service agencies. Participants were asked "What gives you a sense of well-being?" and were given a damp square of clay and a simple carving tool with which to create a response. Tile-makers from kindergartners to grandparents showed a lively diversity of opinion on the subject. One child, Birch recalls, inscribed a detailed image of a cruise ship, explaining that a cruise with his parents had been one of the best times of his life. "You got 30 meals a day, and you didn't have to pay for them," the boy said enthusiastically.

Within the Medical Center, tile-making stations were set up in patient rooms, the main lobby, and the cafeteria. "There were lots and lots of people who wanted to do it," says Birch, who got many more tiles than he expected.

To create the frieze, Birch trimmed each tile into a parallelogram and, after firing, applied an antique patina of gold or teal or plum to "pick up and clarify the details." Mounted on laminated board in a design integrating thin diamonds of copper, the tiles now encircle the outpatient clinic rotunda. Patients passing through might not guess that the face of a baby was fashioned by his grandmother, tired after staying up all night to witness his birth. They might not understand the particular significance of a cat or a hiker ascending a mountain. But they will feel the aggregated power of these small images.

"It's a wonderful concept," Birch says, "because people will be able to see this for years to come. Such a collaboration emphasizes the way our lives intermingle in many ways."

Cholesterol expert Chang is named chair of biochemistry

"I'm a cholesterol biochemist wandering in the land of somatic cell genetics," says Ta Yuan Chang, Ph.D., when asked about his work. Yet if he'd made a different career choice in college, he might today be singing at the Taiwanese Opera House instead of serving as the newly appointed chair of biochemistry at Dartmouth Medical School.

Though he still occasionally treats colleagues and students to short performances of Chinese, Taiwanese, and English songs, Chang, who's been at DMS since 1976, does not regret dedicating his life to biochemistry. In both music and science, he says, "you have to be dedicated and enjoy what you're doing," but "it's easier to make a living as a scientist." And, he adds, there's "not so much travel!"

Cells: "T.Y." Chang began his scientific journey at the University of North Carolina at Chapel Hill, where he received his Ph.D. in biochemistry. He became interested in how cells regulate their cholesterol levels while working as a postdoctoral fellow with Dr. Roy Vagelos, first at Washington University and later at Merck Research Labs. There, he and colleagues started isolating what he calls "a unique weapon to solve cholesterol problems": mammalian somatic cells (any of a body's tissues or organs other than a sperm or egg, that is) with mutations that make them dependent on cho-
VITAL SIGNS

Cathy Chang, his wife and long-time research associate, achieved the first cloning of ACAT, an enzyme that cells use to convert the cholesterol they acquire from the bloodstream into a storable form called cholesterol ester. (This work was described in a feature in the Spring 1995 issue of Dartmouth Medicine.) The buildup of cholesterol esters in various cells—in the liver, intestines, and blood vessels—can lead to hyperlipidemia and atherosclerosis.

Neuronal degeneration: Although atherosclerosis is the most notorious problem involving cholesterol, there are others, including Niemann-Pick type C disease (NPC). Patients with NPC die in early childhood due to progressive deterioration of the central nervous system. NPC-1, another of the cholesterol metabolism genes cloned with the help of the Chang lab’s “unique weapon,” is mutated in humans with NPC.

How does a problem in cholesterol metabolism result in degeneration of neurons? To answer this question, Chang enlisted the help of two members of the biochemistry faculty with expertise in neuronal development and function: Leslie Henderson, Ph.D., and Robert Maue, Ph.D. Using mice lacking the NPC gene as a model, these three researchers and their labs have started uncovering the events that may go awry in the brains of NPC patients.

Chang sees this sort of collaboration as a natural outcome of the scientific culture in DM’s biochemistry department: “This department demands that every PI [principal investigator] be very independent, but intellectually we’re very close; the common denominator is scientific excellence. People pursue high-quality research, and people respect scientific excellence.”

Funding: Chang’s predecessor as chair, William Wickner, M.D., led the department since 1993 to number-eight ranking among all biochemistry departments in the country for funding per faculty member. The department counts among its 16 faculty a member of the National Academy of Sciences and five recipients of prestigious MERIT Awards from the National Institutes of Health. Chang’s goal is to build on Wickner’s legacy and to increase those numbers over the next decade.

“How to do this?” he asked the biochemistry faculty recently. “[I] need everyone’s input. I would like to emphasize that cohesiveness is our real strength.” Continuing to build and strengthen relationships among the members of the department, as well as with faculty in other departments at DM and at Dartmouth College, is another of Chang’s priorities. He hopes biochemistry can hire two more faculty members this year, with expertise ranging from biochemistry and cell and molecular biology to structural biology. He’s especially excited about the prospect of adding a structural biologist, since he sees that as a methodology currently lacking at DM.

In his own lab, Chang plans to continue studying ACAT, NPC, and other players in cholesterol metabolism. New roles for ACAT—including the enzyme’s possible involvement in gallstone formation—are being explored with help from A CAT-knockout mice. “We don’t have to worry to find things to do before we retire,” he says, laughing. “I think cholesterol research will go on forever.”

Marta Hristova

Vascular surgeon McDaniel is to be chair of anatomy

“I’m standing on the shoulders of giants,” says Martha McDaniel, M.D., of those who have, over the years, built up the DM Department of Anatomy, one of the School's oldest departments. She will succeed that pantheon as chair of the department in July of 2001. The first woman named permanent chair of a DM department, she will be replacing Stanley Carpenter, Ph.D., who retired recently after 34 years on the Dartmouth faculty.

Fundamentals: “Dartmouth has made a wise choice,” says Donald Cahill, Ph.D., a nationally recognized anatomist who is a visiting professor and the acting chair of the department during the transition. “She is an outstanding surgeon who has chosen to devote herself to the important fundamentals of medical education.” Cahill, who cited McDaniel’s “personal warmth, generosity, experience, and keen interest in anatomy,” is editor-in-chief of C linical Anatomy and has been a faculty member at Northwestern, the University of Miami, and Mayo.

McDaniel, a vascular surgeon, says, “There is a now-growing tradition of having surgeons who are finished with their active clinical practice continue to contribute their expertise to the community by teaching medical students about anatomy. Surgeons . . . work with anatomical features all the time . . . and they understand the medical prob-
Pondering the genome

Tackling a big subject in a small package:

The word “genome” looks no more or less intriguing than any other word in the dictionary. Its definition is modest—longer than some, but shorter than many. In Webster’s Collegiate Dictionary, for instance, only 10 words are used to describe the meaning of “genome.” And all 100,000 genes in the human genome fit into the nucleus of a cell too tiny to see with the naked eye. How can such a small thing be endowed with the power to draw the world’s unwavering attention?

Implications: Pondering the implications of that power was the charge of a recent gathering at Dartmouth. For two weeks in June, 20 faculty members from colleges and universities in 12 states and two countries gathered in Hanover, N.H., to explore the ramifications of deciphering the human genome and to learn from each other how to compel others to consider those issues with reasoned fascination, with intellectual insight and moral instincts, and without fear and loathing.

These individuals, chosen from more than 100 applicants, were the participants in this year’s Faculty Summer Institute at Dartmouth, called “Teaching the Ethical, Legal, and Social Implications (ELSI) of the Human Genome Project.”

DMS is unusual “in having a number of clinicians teaching anatomy,” MCDaniel says proudly. “It’s a good mix of classically trained anatomists and people who have had significant clinical experience.”

Laura Stephenson Carter
tutes of Health (NIH) awarded Dartmouth the first grant to address the ethics of the Human Genome Project. The ELSI Summer Institute (which is itself funded by an NIH grant) has been in existence in one form or another since 1996, and a number of DM S and Dartmouth College faculty are routinely asked for expert commentary by journalists seeking to interpret this brave new world.

Fitting: The summer day the ELSI group convened at Dartmouth was, coincidentally but fittingly, the very same day the world learned that the race to decipher the human genome was over. During that momentous announcement, Francis Collins, director of the National Human Genome Research Institute, said, “We have caught the first glimpses of our instruction book, previously known only to God.” The ELSI attendees clearly had their work cut out for them.

The ELSI Institute prepares college and university teachers to teach undergraduate courses on the ethical, legal, and social implications of genomics. A popular course offered at Dartmouth in 1997 and 1998 serves as a model. The goal of the two-week institute is to provide teachers from diverse disciplines with fundamental “literacy” in ELSI issues and with the skills and tools to stay abreast of a fast-changing field.

“This is, unquestionably, the era of genetics,” observes Ronald Green, director of Dartmouth’s Ethics Institute, sponsor of the ELSI program. “This will occupy us all for the foreseeable future.”

Coming from disciplines as varied as sociology, anthropology, biology, philosophy, law, and ethics, this year’s ELSI participants grappled with questions such as: Why do we want to study our genes? Who should have access to my genome? Who owns the genome? Should we be changing our genes? The themes arose from the universal realization that recent developments in genetics now provide humans with the potential to reinvent nature, and ourselves.

The goal for the ELSI participants—who came from institutions small and large, including Bucknell, UCLA, Duke, Tuskegee, the University of Florida College of Law, and Queensland University of Technology in Australia—was not to search for a single right answer to those questions. In fact, there are many right answers as well as many more questions.

Complexity: “A number of good things will come as a result of knowing all the genes in the human genome, just as there have been a number of good things that have resulted from being able to split the atom,” DM S geneticist Jay Dunlap, Ph.D., has noted. “But the results are not going to be all good. Yet we can’t pretend that we shouldn’t split atoms any more than we can pretend that we don’t want to know what all genes do. It won’t be as simple as developing antibiotics was—as intellectually or morally simple—because it was clear who was sick and who wasn’t. With genetics, we’ll find that we’re all sick.”

The intent of ELSI was to fos-
Burdick had fun building ELSI attendees are ex-
genomics with a rapt group of faculty from other colleges and universities. Ron Green, head of Dartmouth more time for deliberation.

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ering the human genome guage across cultures and disci-
plines is the essence of considering the human genome's impact, Green says. "We need people to be coming to this table from many perspectives, not with closed minds, but with a perspective that tolerates the viewpoints of others."

In collaboration with Dartmouth experts from molecular biology, genetics, genetic counseling, ethics, and policy-related disciplines, the ELSI participants considered many provocative topics. The group heard formal lectures and panel presentations and also met in small-group and one-on-one settings.

In the future, says Green, "we want to build in more 'air time' — more time for deliberation. These participants are too good to be passive, and we need to give them time to work with the information and models we offer. We want them to model good teaching, and we can provide a stronger model for that."

Ideas: ELSI attendees are expected to return to their home institutions with ideas they can turn into courses and other programs that will equip their own students to help determine how humankind's evolving knowledge of genetics is used.

Already, 60 ELSI "graduates" are back at work throughout the U.S. and around the world. Now, Green explains, the hope is to begin reaching not just teachers, but teachers of teachers, so more and more people can become conversant with these weighty issues. He pauses in mid-thought and then grins as he borrows a concept from the ELSI syllabus, concluding. "Basically, we want to clone this program."

Sandy Adams

From trails to teens: Schweitzer Fellows do community service

"It was a shame that the hospital was located in a beautiful forest, without having access to the forest," says third-year DMS student Timothy Burdick. Also a DC '89, Burdick had learned to build trails as a member of the Dartmouth Outing Club and was determined to make the woods around DHMC accessible as a sanctuary for visitors and staff. So he applied for a grant to design, build, and map a trail on the M edical Center grounds.

Burdick was, happily for local nature-lovers, one of eight DMS students selected as a 1999 New Hampshire-Vermont Schweitzer Fellow. The organization, which is affiliated with the A lbert Schweitzer Fellowship of America, funds 16 community service projects a year. The fellowships are open to students from DMS, the University of Vermont Medical School, and Vermont Law School.

Last year, DMS students received seven of the 16 fellowships (one of them shared).

A II year, Burdick marshaled volunteers—including community members, DMS students, faculty, staff, and other Schweitzer Fellows—to remove rocks and roots, clear branches, and carve a trail out of the woods. He and his crews worked until the first snowfall in November and then resumed their efforts once spring arrived.

The trail—which he's named the A lbert Schweitzer Trail—is now done. Visitors can pick up a map of it at the information desk in DHMC's main rotunda.

DMS Schweitzer Fellowships also went last year to Jennifer Hewett '02 and Benjamin Nordstrom '01, to develop a support group for hematology-oncology patients; Lisa Inman '02, to compile resources for anorexia nervosa patients and to pilot an eating disorders curriculum; Amy Orff '02, to establish a free health clinic at Pittsfield, N.H., High School; Mara Rendi '02, to explore the interactions between wilderness experiences and teen health; Katherine Sang-eun Rhee '02, to work with junior-high students in a local program called "Girls Rule"; and Cynthia Yang '02, to extend the DMS antismoking program to adolescents at local schools.

Fun: Burdick had fun building the trail, saying he enjoyed the physical labor in the midst of medical school's academic rigors. Now, he's turned from literally beating back the bushes to figuratively beating the bushes—for volunteers to help maintain the trail. He can be reached at timothy.burdick@dartmouth.edu.

Laura Stephenson Carter
From French lessons to fox-hunting, emeriti look forward to fun

The eight members of the DMS faculty who attained emeritus status during the past year have every right to rest on their laurels after a collective 178 years at Dartmouth. Some plan to continue working in retirement, and all look forward to having fun as well in various community service and avocational pursuits.

Roger Smith, Ph.D., the Irene Hizg Given Professor of Pharmacology and Toxicology, plans to continue teaching at DMS as well as at the community-based Institute for Lifelong Education at Dartmouth (ILEAD). It's a good thing, because people can't wait to sign up for the popular "Medical Detectives" course that he teaches at both the Medical School and ILEAD. (See "What Makes My Baby Blue" in the Summer 2000 issue.) He also plans to handle public relations for the ILEAD program and to continue writing for Dartmouth Medicine.

Smith came to DMS in 1960 after receiving his B.S., M.S., and Ph.D. from Purdue and working for three years in the Forensic Toxicology Section of the U.S. Army's European Medical Laboratory in Landshut, Germany. He chaired DMS's pharmacology and toxicology department from 1975 to 1987, was an adjunct professor at Vermont Law School from 1981 to 1987, has been an adjunct professor of environmental studies at Dartmouth College since 1984, and was appointed to the Given Professorship in 1993. He has also served on a number of national and regional committees, including for the National Research Council.

Leland Hall, M.D., an associate professor of surgery (orthopedics), is keeping his medical license active because he plans to practice medicine internationally. He hopes to accompany colleagues to a clinic in Guatemala where the community is dealing with water and sewer problems as well as medical needs.

Hall received his M.D. from the University of Oregon in 1955; spent a year in Korea as a flight surgeon; and completed his orthopedic surgery residency at the University of Minnesota. When he came to Dartmouth in 1963, he was one of only three orthopedists on the staff; there are now 12.

Hall also plans to travel, visiting children and grandchildren in Vermont, Florida, and Kentucky, as well as Kenya, where a daughter runs safaris. And he wants to spend more time building furniture in the woodwork- ing shop at Dartmouth's Hopkins Center; "they have a wonderful array of tools," he says.

Herbert Maurer, M.D., a professor of medicine, won't be relaxing too much in retirement. "I'll take two months off," he says, "then work for my wife part-time in an oncology practice in Bennington, Vt." His wife, Letha Mills, M.D., was formerly at DHMC and left to start her own practice a year or so ago. "I may also work for a disease management company as an assistant

Millionaire contestant shares his largesse

All of us are pretty sure that if we got the chance, we could win that million dollars on the wildly popular TV show Who Wants to be a Millionaire? But a man with ties to DHMC actually did—or at least got a quarter of the way there.

He's Dan DeMars of Norwich, Vt., who won $250,000 on the show last February. He was asked to return a few months ago for a "Tournament of Champions," with the stipulation that half his winnings would go to a charity of his choice. For DeMars and his wife, Leslie DeMars, M.D., a gynecological oncologist at DHMC, the choice of charity was an easy one. Both their mothers had died of cancer, so any winnings, they decided, would be donated to start the Evelyn DeMars-Helene Robbins Research Endowment at DHMC's Norris Cotton Cancer Center. "We thought about which charities we cared about," says DeMars, "and came up with the idea of creating a research endowment at Dartmouth to honor our mothers."

Unfortunately, DeMars didn't win in his return appearance—he was 0-for-3 in his "fast fingers" attempts to reach the show's fabled hot seat. But he decided that even if he didn't win, he would devote himself to the creation of the DeMars- Robbins Research Endowment.

The DeMarses moved to the area in 1997, and Dan recently started a consulting firm to help biotechnology and biopharmaceutical companies with research and development and marketing. "It's been quite a year," he says. "Not only have I launched a new firm, but I had a successful appearance on national television, made my Upper Valley neighbors proud, and started a research endowment here at Dartmouth. Is that all? A cualy," he adds, "one of the unexpected surprises this year was delivering the commencement address to the Class of 2000 at my high school back in Herkimer, N.Y."

The endowment, DeMars says, is off to a good start: "We've already had numerous contributions—several from some of my fellow contestants on Millionaire—and are well on our way to our goal of establishing a meaningful way to support cancer research. Naturally, we welcome all contributions!"
Maurer has many ties to Dartmouth— as an undergrad (Class of ’60) and then, after earning his M.D. at Albany Medical College, as a resident in medicine. After two years of military service, he returned to Dartmouth to complete his residency. When he joined the faculty in 1971, he was one of just four oncologists in the state—all of them at DHMC. Over the years, he’s done a lot of outreach—visiting community hospitals, educating patients, and consulting for community physicians. He was deputy director of the Norris Cotton Cancer Center from 1992 to 1995 and chief of hematology from 1993 to 1996.

And if his retirement plate still isn’t full, he “may even try to restart my cookbook related to diet and cancer.”

Harte Crow, M.D., a professor of radiology, is still a member of the DMS Admissions Committee and continues to work part-time in DHMC’s outreach program at Speare Memorial Hospital in Plymouth, N.H., as well as in the radiology section at DHMC.

As a challenge, he says, “I have recently begun studying French again after a 50-year hiatus, and I do a little watercolor painting.” He and his wife also like to travel in Europe, garden, hike, cross-country ski, and entertain their grandchildren.

Crow received his M.D. from the University of Pennsylvania in 1960 and did residencies in medicine at University Hospitals of Cleveland and in radiology at the Hospital of the University of Pennsylvania. He came to Dartmouth in 1971 as a general radiologist and was soon involved in the still-experimental field of diagnostic ultrasound. After spending his career in a specialty that has undergone a dramatic change, Crow wants to help others learn the technologies. “I’m hoping to spend some time in the next year to begin teaching ultrasound somewhere in the Third World,” he says.

Robert Porter, M.D., an associate professor of surgery (orthopedics), says that “to have had the opportunity to be a physician-surgeon over the past 30 years has been a great joy—first to learn, then to practice, then to teach,” he concludes. “I take care of the engine room,” he says. “I care for the patients and I keep an eye on the equipment.” The Porters have sailed all over the world—Greece, the North Sea, Denmark, and the Caribbean, as well as through the Panama Canal.

Judith Tyson, M.D., an assistant professor of obstetrics and gynecology, didn’t go to medical school until after she’d earned a master’s degree in Hispanic studies and had her children. She knew she’d need more science to even consider medical school, so she wangled her way into premed courses at Dartmouth in the 1960s—well before the College was coed. She received her M.D. from the University of Vermont (UVM) in 1970 and completed residencies in ob-gyn at Roosevelt Hospital in New York, in anesthesiology at UVM, and in ob-gyn at Western Pennsylvania Hospital. She joined the Dartmouth faculty in 1979.

An advocate for women’s health, she has also served since 1978 as medical director for Planned Parenthood of Northern New England (PPNNE). When asked by the PPNNE newsletter about her retirement plans, she said, “I haven’t a clue. . . . I want to do something probably completely different, but I don’t know yet what that will be. There have been times in life when I’ve sensed a plateau, and I’m not very good at plateaus. Pretty soon another mountain looms on the horizon and there I go after it. I’m waiting to see the mountain.”

John Ketterer, M.D., an assistant professor of obstetrics and gynecology, plans a “phased retirement” because “it’s good to still feel a part of the organization and not stop abruptly.” He will continue to work two days a week—seeing patients as well as teaching medical students and residents in the clinical setting. He has been at DHMC since 1981, as ob-gyn has “grown from a relatively small section in maternal and child health to a nationally known department with its own residency program.”

He looks forward to spending more time golfing, putting
New online system for prescriptions offers safety checks

Most computer-users have come to dread error messages. But within DHMC’s electronic patient record system, such messages could save lives.

More and more aspects of patients’ charts are being handled electronically in the Dartmouth-Hitchcock Clinical Information System (CIS). A significant recent addition was an online prescription system and medication list. This not only circumvents the age-old bugaboo of physicians’ handwriting but also provides several safety checks.

Joshua Lee, M.D., an assistant professor of medicine and a consultant to the team that created the software, says the program “allows [doctors] to see in one swoop everything else [patients are] taking and automatically checks the new prescription against medications they’re already taking and against allergies they’ve had.” If the program finds any negative interactions, it brings up a red screen with a message warning of the conflict. It’s a message that could prevent a serious mistake.

Dosage: The program, instituted in June, also provides dosage recommendations. Errors in dosage are very easy to make, as a single decimal place can mean the difference between a therapeutic and a harmful (even lethal) quantity of medication. According to Lee, this was the most complicated element to implement, because dosage is dependent on numerous variables—from patient characteristics such as weight and renal function to the form the drug is supplied in—all of them drawn from different sources.

In addition, the system notes if a patient has recently received the same prescription. “A patient can’t come and get a narcotic from one provider, then two days later show up and get it from a different provider without both knowing,” explains Lee.

The system is a response to the growing complexity of medicine. There are now so many drugs on the market that it’s impossible for one person to know all the interactions and dosages. Furthermore, developments in the field can occur very quickly, an ideal situation for a computer. Lee recalls a recent instance when a medication was pulled off the market by the FDA. “This occurred at about 4:00 p.m. on a Monday. By the next morning...” we had identified everyone within the Medical Center who had received either a prescription or a drug entry for this drug, and contacted all of their primary-care providers.”

The online medication software interacts within the CIS with other systems at DHMC, such as laboratory reporting and admission-data tracking. It also maintains compliance with an external standard called HL7, which is a means of making medical data understandable across different systems and platforms. “We need to be this complex because of the modern demands of patient care and the modern demands of health-care financing,” explains Lee.

Unique: He says there are two “unique strengths of CIS.” The first is that it “provides a tremendous amount of decision support at the time of medication documentation and prescribing in an ambulatory setting, which is new.” The second is its “seamlessness of crossover between the inpatient and outpatient realms. . . .” Most other systems were designed to be either one or the other,” he adds, “and this clearly was done to be both.”

Yet despite its complexity, the system must be user-friendly for physicians. All of the information they gather while interviewing patients must be entered into the computer before the system’s safety checks can be used.

Robert Wilkinson, M.D., a professor of radiology and of pediatrics, retired last fall and has been occupied since then building a new house in Hanover. He expects to also visit family and friends all over—France, Vermont, California, Colorado (for the Telluride Film Festival, of which his wife is a board member), and Utah (for skiing). He has also been a resident pediatrician at the Grenfell Mission in northern Canada.

A nother retirement activity for Wilkinson will be organizing a career’s worth of slides and radiographs depicting bone and joint injuries and diseases. He plans to then donate them to DMS and looks forward to holding informal sessions with students to discuss the collection.

Laura Stephenson Carter
Worthy of note: Honors, awards, appointments, etc.

Harold Sax, M.D., the Huber Professor and chair of medicine, received the Robert J. Glaser Award of the Society of General Internal Medicine for his "exceptional contributions to research and education in generalism." He was cited, among other accomplishments, for his leadership in evidence-based medicine.

Peter Spiegel, M.D., a professor and chair of radiology, was elected president of the American Society of Clinic Radiologists. The group's members are drawn from radiology departments at large multispecialty practices like the Mayo Clinic and Cleveland Clinic.

R. Peter Mogilnicki, M.D., a professor of medicine and chief of the medical service at the White River Junction, Vt., VA, was named to a three-year term as chair of a national VA policy-development committee, the Chiefs of Medicine Field Advisory Group.

C. Everett Koop, M.D., the Mclinern Professor of Surgery, was
named a trustee of the College of Physicians of Philadelphia.

John Baldwin, M.D., D.M.S. dean and a nationally recognized cardiothoracic surgeon, was named one of the 40 most distinguished graduates in the history of Stanford University School of Medicine. The selections marked the 40th anniversary of the school’s move from San Francisco to Palo Alto.

Paul Batalden, M.D., a professor of pediatrics and of community and family medicine, is chairing an expert panel on health-care quality as part of the Association of American Medical Colleges’ Medical School Objective Project.

Katherine Little, M.D., an assistant professor of medicine, received the Honorable William D. Paine II Award, given annually by the New Hampshire attorney general’s office and the Governor’s Commission on Domestic and Sexual Violence. Little was cited for her “lasting impact on New Hampshire’s . . . response to domestic and sexual violence.”

David Halsey, M.D., a clinical assistant professor of medicine, was elected vice chair of the American Academy of Orthopaedic Surgeons each year from 1988 to 1997 and found that 95 percent contained scenes of tobacco use,”

according to ABC News.com. The story said Sargent found 3,346 examples of tobacco use in the 250 films. “You ask yourself, ‘Where do kids get the idea that smoking is going to calm them down or make it easier to socialize?’” asks Sargent. “But just look at My Best Friend’s Wedding. Every time Julia Roberts gets nervous, she lights up.”

Columnist Matthew Miller wrote in the Baltimore Sun about the “nutty economics” of Medicare funding cuts, which mean “Medicare payments to HMOs vary wildly across the country, ranging from $3,000 per beneficiary in some midwestern towns to more than $9,000 in big cities. . . . Enter Dr. John Wennberg of Dartmouth, the nation’s leading student of these variations. As he told me recently, only a tiny portion of these regional cost variations can be explained by cost-of-living differences for supplies, wages, and the like. Instead, they’re driven by local differences in the number of doctors and hospital beds . . . a self-interested case of supply driving demand.”

Several recent studies have shown that survival rates after complex surgery are higher at hospitals that do a lot of the procedure. Nevertheless, “the importance of volume still isn’t recognized,” said U.S. News & World Report. “Busy hospitals aren’t safer merely because surgeons there get lots of practice, contends John Birkmeyer, a surgeon at Dartmouth-Hitchcock Medical Center, who has published widely on the significance of volume. ‘Hospital volume is a proxy for so many other things,’ he says. Like a blood bank that can support major bleeding.’ . . . Birkmeyer has concluded, in fact, that hospital volume is more important than are an individual surgeon’s numbers.” (See “Faculty Matters” in the Summer 2000 issue for more on Birkmeyer’s research.)

Associated Press reported on a recent study examining “the five-year survival rate—the standard measurement of a cancer treatment’s success.” The study had concluded that such statistics can be misleading. “Dr. H. Gilbert Welch, lead author of the study and a professor at Dartmouth Medical School, said the increase in the survival rates is mostly influenced by earlier diagnoses of cancer, not advances in treatment. . . . ‘We know that the five-year survival rate always goes up when we find cancer earlier in patients’ lives. Whether or not these patients have their deaths postponed is a different matter altogether,’ said Welch.”

The Washington Post turned to another Dartmouth expert for commentary on a similar topic. “In cancer, early detection is a medical mantra,” said the article. “Catching tumors before they have a chance to spread gives treatment the best chance of working. But that logical bedrock gets slippery when doctors ask a much-trickier question: Should people without symptoms be routinely screened for cancer? . . . William Black of Dartmouth Medical School said the Duke findings [which cast doubt on the value of such screenings] remind us that survival statistics can be misleading.”

The Detroit Free Press turned to DHMC for advice in a story on bed-wetting. Dr. Marc Cendron, a pediatric urologist, is quoted as urging parents to explain the problem to children as “a medical condition that may be hereditary, and they are not to blame. ‘Children deserve an explanation of what is happening to them,’ he says.”

A recent feature in Newsday explored the risks and benefits of hormone replacement therapy (HRT) for postmenopausal women. Among the
effects cited was quality of life. “A recent study by researchers at Dartmouth Medical School asked 286 women, 116 of them current HRT users, to assess quality of life. Current HRT users had a ‘higher health-related quality of life than past or never users,’ according to the study. But the authors said women’s perceptions of potential side effects were ‘highly variable.’” The lead author of the study was Dr. Anna Tosteson, an associate professor of medicine.

The shores of Cape Cod are the setting for “a conflict that reflects the precarious balance of ocean life,” reported the Boston Globe. Increased demand for calamari is jeopardizing the supply of “the slim, translucent squid [that] give scientists insight into everything from the roots of Alzheimer’s disease to the mechanics of vision.” George Langford, a biologist at Dartmouth College, has been studying the squid at Woods Hole since 1972. In three decades, he has seen the understanding of nerve functions grow exponentially.

A study by DM S’s Tim Ahles continues to attract major media attention. Wrote Reader’s Digest: “According to a Dartmouth Medical School study, chemotherapy may leave some patients with poor memories and concentration problems. Psychologist Tim Ahles found that people who got standard chemotherapy for breast cancer or lymphoma appeared to be twice as likely as those having surgery and/or local radiation to score poorly on memory and concentration tests. And the effects were present an average of 10 years after treatment.”

The Los Angeles Times also covered Ahles’s work, saying he “estimates that 20% to 30% of cancer patients who have chemotherapy continue to have cognitive impairment more than two years after treatment.”

Biotherapy magazine asked Dartmouth’s C. Everett Koop, “perhaps America’s most recognizable doctor” for “25 ways to stay healthy.” His tips included “don’t smoke” (#1), “stay fit” (#7), “buckle up” (#15), and “get shots and vaccines” (#21).

The Learning Channel featured a patient of Dartmouth neurologist Richard Nordgren, M.D. (pictured at left), and neuropsychologist Andrew Saykin, Psy.D., (below) in a show on cold-water survival. Caleb Record, a high school senior, was driving home one snowy night in 1997 when his car slipped off an icy road and landed upside down in a river. He was trapped underwater for 20 minutes, although the extreme cold kept him alive, he didn’t regain consciousness for five days. “When he arrived here he was still very sick [and] unresponsive,” Nordgren said on the show. Record had to relearn everything, from walking to reading, but was able to finish high school. Two years after the accident, he underwent functional MRI testing at DHMC to determine how well the memory portions of his brain worked. “What we found is that performance was excellent,” said Saykin. “We think that this probably bodes well for . . . further recovery of memory.”

How to distinguish between a sprain and a strain, and what to do in each case, was the topic of an item in Walking Magazine. “Although minor strains and sprains will heal on their own, you should seek medical attention immediately if there is acute swelling at a joint and/or persistent pain and tenderness to the touch,” says Ken Dolkart, M.D., an adjunct assistant professor of medicine at Dartmouth Medical School.

Another summer injury—bee stings—was covered in Child magazine. “If your child faints or has difficulty breathing, seek medical attention right away, because this may indicate a serious allergic reaction,” says William Boyle, M.D., a pediatrician and professor of pediatrics at Dartmouth Medical School.

In a profile of a teenager with severe bulimia, the CBS News.com Web site quoted Marda Herrin, a nutritionist at Dartmouth College, on the role that perfectionism often plays in eating disorders. “It’s so prevalent in our society, this idea that one needs to be perfect to succeed,” she says. “The perfect grades, the perfect family, why not add in the perfect body?”

National Public Radio’s Joanne Silberner reported on two recent studies that assessed screening for colon cancer. Some experts advocate screening everyone over age 50, said Silberner. But, she added, a national task force “found no evidence that colonoscopy should be routinely done on people with no special predisposition to cancer, though it is useful for people at high risk. Dr. Harold Sox of Dartmouth Medical School was on the task force, and the new studies haven’t sold him on colonoscopy.” Said Sox, “Is the standard going to be ‘It looks like it might work, so let’s do it’ or is the standard going to be ‘We’ve proven that it works?’” Silberner concluded by noting that “smokers routinely got x-rays to check for lung cancer, until someone proved that such screenings didn’t extend their lives.”
Surgeons' board of councilors.
Robert Drake, M.D., the Andrew Thomson Professor of Psychiatry, received the Exemplary Psychiatrist Award of the National Alliance for the Mentally Ill.
Joseph O'Donnell, M.D., a professor of medicine, received the Health Care Foundation of New Jersey's Humanism in Medicine Award. Recipients of the award must demonstrate compassion and empathy toward patients, serve as a role model for students, display effective communication and listening skills, and engender trust and confidence.

Lori Arviso Alvard, M.D., an assistant professor of surgery, was elected to the board of trustees of Vermont Law School.
Andrew Wallace, M.D., D.M.S dean emeritus, was elected a trustee of the Dorothy Rider Pool Health Care Trust.

Allan Munck, Ph.D., a professor of physiology emeritus, has been honored with the creation of a prize bearing his name. Funded by former students and colleagues of Munck's, it recognizes his "excitement for science, dedication to teaching, and . . . example of impeccable intellectual honesty, collegiality, and thoughtful mentoring." It will be awarded to an individual who exemplifies those qualities, "typically a senior and accomplished scientist or educator." The recipient will be invited to give a lecture at DMS and to designate another individual to receive a grant, "perpetuating Munck's assistance to colleagues far and wide."

Stephen Rous, M.D., a professor of urology, was the recipient of a Pfizer Scholars in Urology Grant.
Bruce Stanton, Ph.D., a professor of physiology (and a subject of the feature on page 38), was the first recipient of an endowed fellowship from the Mount Desert Island Biological Laboratory. The award is named in memory of the late Roy Forster, a longtime Dartmouth biologist.

Mae Jenison, M.D., a professor of environmental studies, was presented with an honorary degree by Princeton. She was cited for her work as a medical officer in the Peace Corps and as an astronaut and for her efforts to use technology to help developing countries.

Joyce DeLee, M.D., an associate professor of anesthesiology, and Richard Rothstein, M.D., an associate professor of medicine, were recently elected to Alpha Omega Alpha, the national medical honor society.

John Collins, chief executive officer of the Dartmouth-Hitchcock Clinic, has been reappointed to the board of directors of the Business and Industry Association of New Hampshire.

Deborah Holmes, Ph.D., director of the Center for Continuing Education, was elected to the board of the Society of Academic Continuing Medical Education.

William Geraghty, vice president for human resources, received the Outstanding Chapter President Award of the American Association for Healthcare Human Resource Administration.

Brian Lally has been named vice president of development at DHMC. He came to Dartmouth after 18 years at New York's Memorial Sloan-Kettering Cancer Center, where he was most recently director of development, individual gifts.

DHMC was ranked among the country's top hospitals in two specialties in the latest U.S. News & World Report survey of "America's Best Hospitals"—32nd in gynecology and 42nd in digestive disorders.

The magazine reviewed 1,701 hospitals nationwide this year.
Katherine Coburn, M.P.H., director of community health education, received the Smoke-Free New Hampshire Alliance Annual Merit Award.

Jamie Guth, manager of media services and acting director of public affairs and marketing, is president of the Health Sciences Communications Association.

Irene Bise, M.S.N., was named to the American Nurses Association's Honor Roll of Delegates.

Douglas Knuth, R.D., is the New Hampshire Dietician of the Year.


New on the bookshelf: Recent releases by DMS faculty authors

A merican Psychiatry after World War II: 1944-1994. Edited by Roy W. Menninger, M.D., University of Kansas School of Medicine; and John C. Nemiah, M.D., professor of psychiatry at DMS. American Psychiatric Press; Washington, D.C.; 2000. This volume summarizes the significant developments in psychiatry during the 50 years after World War II. Its essays, written mostly by people who lived through the changes, describe fluctuations in treatment strategies between a biological and a psychodynamic approach.

Critical Issues in Global Health. Edited by C. Everett Koop, M.D., Sc.D., McInerny Professor of Surgery at DMS; Clarence E. Pearson, National Center for Health Education; and M. Roy Schwarz, China Medical Board. Jossey-Bass; San Francisco; 2000. Essays by 75 renowned authorities explore the world's health challenges, including tobacco, communicable diseases, and the environment. "The miracles of science could and should be shared equally in the world," writes Jimmy Carter in the foreword.