EDITOR'S NOTE

It has been said that if it were possible to shrink the world's population to a village of precisely 100 people, keeping all existing ratios the same, there would be 57 Asians, 21 Europeans, 14 North and South Americans, and 8 Africans. Thirty people would be white and the other 70 would be of color, while 52 would be female and 48 male.

Fifty-nine percent of all wealth would be in the hands of just six of those 100 people—and all six would be from the United States. Eighty of that village's residents would live in substandard housing, 70 of them would be unable to read, and 50 would suffer from malnutrition. One would be near death, and one would be about to give birth.

In anyone able to read those figures, they surely engender gratitude—at being among the 30 percent of the world population that's literate. And in anyone not worried where tomorrow's meals will come from, they probably engender guilt as well—at *not* being in that half of the populace that will go to bed tonight hungry or malnourished.

But gratitude and guilt clearly are not a sufficient response to the realities of our "global village" as we enter the 21st century. The lives of this planet's inhabitants are intertwined today in a way that was simply not the case at the turn of the last century. Nowadays, the economy is global, politics is global, and most assuredly health is global. What happens halfway around the world may be as important as what happens next door. So understanding and appreciating the differences among the world's six billion citizens, and attempting to redress the inequities among us, are not just compassionate actions—they're essential.

The fact that that precept is supported at Dartmouth Medical School and Dartmouth-Hitchcock Medical Center is evident in this issue's "Vital Signs" section. See page 7 for the story of a pediatric urologist who's the latest of many faculty members to volunteer for an overseas medical mission, and page 10 for details of a Dartmouth-led effort to support Russia's beleaguered medical libraries.

In addition, one of the features in this issue is set almost exactly halfway around the world; it looks at the World Health Organization's polio eradication initiative in Pakistan through the eyes of a Dartmouth College graduate who spent a couple of months there helping with the effort (see page 44).

But this issue of the magazine also makes it clear that despite the importance of a global view, understanding and outreach are called for closer to home as well. The feature on page 40 elucidates the importance of a cross-cultural approach to health care within the United States, too, as a medical student describes his impressions of the Gallup, N.M., Indian Health Service Hospital and of the Veterans Affairs Medical Center in White River Junction, Vt. The issue also contains stories about a new student elective at another Indian Health Service Hospital, in Zuni, N.M. (page 11) and about a program to help northern New England health-care professionals address the problem of "health illiteracy" (also on page 11).

"Think globally, act locally" was the way Nobel Laureate Réné Dubos—a molecular biologist, an environmentalist, and a humanist—memorably expressed the importance of this sort of bifurcation of focus. He wasn't arguing against acting globally, as the slogan is sometimes interpreted, but was, rather, suggesting that global problems are best addressed by considering local ecological, economic, and cultural considerations.

Dubos might have been thinking when he coined that phrase of an eminent former dean of DMS who died in December. The last issue of Dartmouth Medicine carried word of the death in October of former dean Marsh Tenney; his passing was, sadly, followed closely by that of Carleton Chapman, dean from 1966 to 1973.

Informed by his studies at Oxford as a Rhodes Scholar and by his national stature in cardiology, Carl Chapman's approach to medical education was broad and visionary (see pages 3, 56, and 65 for varying perspectives on his career). But he was also committed to the health of the rural communities around Dartmouth—something not many medical school deans concerned themselves with in the '60s and '70s. I happen to know that personally, because I first met him as a neighbor in one of those communities—Thetford, Vt.—back in the '70s.

Carl Chapman will certainly be missed on the national stage. But equally importantly, he'll also be missed in some northern New England towns almost as small as that "village" of 100 people.

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