

**S**ometimes we get lots of letters about a single article—as was the case in the last issue, when nearly a dozen people wrote in about a feature describing writer Nancy Price Graff's decades-long struggle with chronic depression. But sometimes the feedback we get is all over the map—as is the case in this issue. So herewith is a “spring medley” of readers’ opinions, questions, and reactions. Plus, sad to say, one correction.

#### Watch for speed bumps!

As a retired engineer, I could not help noticing the statement in the Winter issue “Editor’s Note” that “velocity is a function of both time and speed.” Actually, it is a function of both time and acceleration, the acceleration being that of gravity as modified by the angle of the incline. Velocity and speed are numerically identical, the difference being only that velocity also has direction in addition to magnitude.

ROALD CANN  
Springfield, Vt.

*Editor Dana Grossman responds: “Oh, dear. Ironically, speed (at the proofreading stage) was to blame for the error. I kept tweaking that passage till the last minute. Unfortunately the sentence got garbled in the process, and none of us caught it. I appreciate the correction of the record, of course. It’s reassuring to know that DARTMOUTH MEDICINE has readers who care enough to write in about points like this.”*

#### Unusual research finding

Research can, indeed, yield unexpected results. As I read the “Discoveries” section in DART-

**W**e’re always glad to hear from readers—whether it’s someone weighing in with an opinion about an article in a past issue or someone wanting to be added to our mailing list to get future issues. We are happy to send DARTMOUTH MEDICINE—on a complimentary basis, to addresses within the United States—to anyone who is interested in the subjects that 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.

MOUTH MEDICINE’s Winter issue, I was intrigued by a photo on page 5 and thought I recognized the name of the researcher—Dr. Brenda Sirovich. I wondered if she might be a gifted dark-haired fourth-grader I taught 33 years ago in New York City.

Through the kindly assistance of DARTMOUTH MEDICINE, I received a most delightful response revealing that my suspicions were correct. Dr. Sirovich’s research brought together two women with a sincere affection for each other and culminated in a joyous reunion.

My husband and I are retired. We live in the Upper Valley and use the Dartmouth medical system as our health-care provider. I know that medicine comes in many forms, and reconnecting with this talented researcher is one of them. Thank you, DARTMOUTH MEDICINE.

JOANNE E. SOBEL  
Norwich, Vt.

#### A musical interlude

Thank you for the article “Dancing the Night Away” in your Winter issue. I write on behalf of myself and my seven sons, as well as my late wife, Christine, in

whose memory our family donated the Steinway grand piano mentioned in the article.

Your story offers reassurance that the intent of the gift, which was made in 1993, is still being realized more than 10 years later, giving DHMC the capacity to provide for the total care of patients and their families.

The volunteers who play the piano are to be commended for their efforts; truly, as your story noted, “music hath charms.” May the piano long continue to allow “dancing the night away” for patients, families, and staff hoping for recovery. Christine would have approved of this aspiration; she continues to live in our memory through DHMC.

JAMES WALKER  
Norwood, Mass.

#### Harking back, looking forward

Dr. Paul Lena’s essay “A life in medicine” in the Winter issue of DARTMOUTH MEDICINE brought back recollections of medicine as it “used to be” when he and I were both residents in medicine at Hitchcock. As Archie Bunker and “the Dingbat” used to sing, “Those were the days.”

When I was a boy, the police-

man was referred to as Public Servant Number One. But when I practiced general medicine in a small Vermont town before going into pathology—and it was general indeed—I found out that it was really the country doctor who was Public Servant Number One, available 24 hours a day, every day of the week.

Making house calls to deliver babies at 2:00 a.m. deep in the countryside, sewing up lacerations on a Sunday afternoon, setting bones, making rounds in a cottage hospital with only rudimentary laboratory and radiology services (you read your own films) before seeing patients in the office for three hours in the morning, making house calls in the afternoon after lunch, and never being far from the telephone: all of that was the way of life for the family doctor.

Also part of the picture were \$4 fees for office visits (\$8 for a house call) and care for everyone who called on the phone or walked in the office door, regardless of their ability to pay. That’s the way it was before Medicare and Medicaid. You took care of the sick, whoever they were.

There is no doubt that over the years the quality of care has improved almost exponentially, and I don’t buy the “good old days” mythology. But I do marvel, for instance, at emergency physicians who work 40 or 48 hours consecutively in a well-equipped and -staffed hospital, with guaranteed relief when the tour of duty is over for the week, plus all sorts of benefits and six- or near-six-figure salaries. Plus no

follow-up responsibilities in patient care—just call the attending and move on to the next patient. That was not the image I had of what the doctor's life and the doctor-patient relationship would be or, indeed, what it was when I started my career.

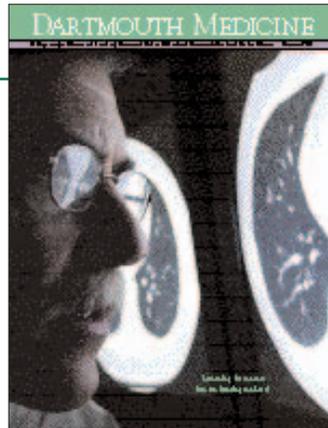
With doctors like Paul Lena, the doctor-patient relationship wasn't just a meaningless buzzword but a real part of the healing process.

Paul is right in describing his point of view realistically, and I'm pleased that he has helped to put present-day medical care in perspective. The fact that he has continued to serve society in retirement is in the highest tradition of medicine. Caring for the sick, helping out, teaching the young—all these are, or should be, the doctor's calling throughout his or her life.

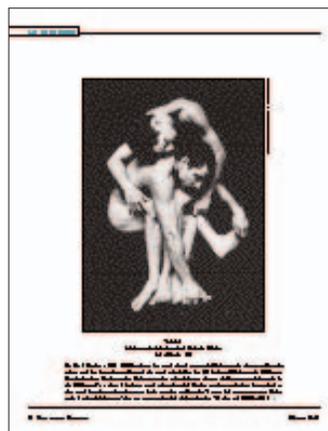
But we physicians still have a long way to go in defeating the enemy. Even in this prosperous and generous country, there is a need to care for those who have limited access to quality medicine, to help prepare for devastating epidemics, to push back further the perimeters of medical knowledge.

For the enemy is not government regulations, or insurance companies, or patient-advocate lawyers, or politicians who "just don't get it." The enemy is disease, pain, misery, suffering, ignorance, and irresponsibility. That was the doctor's challenge in the past, and it is still and will be forevermore.

ROBERT W. CHRISTIE, M.D.  
HOUSESTAFF '51-53 AND '55-56  
Lancaster, N.H.



The cover story in Summer 2005 . . .



. . . the Winter "Art of Medicine" . . .



. . . and this essay inspired comment.

#### An artful photograph

I was delighted with the Winter issue of DARTMOUTH MEDICINE, and not just because it contained an article that I wrote ["The

Dufek File"]. I thought the whole issue was outstandingly good—starting with the "Editor's Note" and ending with the striking photograph in the "Art in Medicine" section. That photograph reminded me of Dartmouth's own Pilobolus dance company, which so effectively combines dance with athleticism.

In any case, it's a remarkable photograph. Thank you for making all alumni proud of Dartmouth Medical School.

TIMOTHY TAKARO, M.D., '42  
Asheville, N.C.

#### Screenwriter

I appreciated the viewpoints expressed in "Are We Hunting Too Hard?" by Jennifer Durgin. [This Summer 2005 feature focused on the work of several DMS researchers who advise patients to make careful choices regarding cancer screening to avoid the "overdiagnosis" of "pseudodisease"—microscopic evidence of cancers that may never progress to causing symptoms but that result in a cascade of additional tests and sometimes unnecessary treatments, both of which can cause harm.]

I have personally been caught in the overtreatment cycle following a 2001 mammogram that showed microcalcifications. After two excisional biopsies, several second opinions, and much agonizing, I have decided to pursue watchful waiting. Along the way, however, I have been treated with criticism and disdain by doctors who refused to help me pursue watchful waiting. After all, it's my quality of life that I want to preserve. I think doctors

should take that into account if they really want to serve their patients.

So from a patient point of view, I totally agree with the article. I can't say how much psychological harm I've endured. I feel guilty for not following my doctor's advice to have a mastectomy and angry that I'm being pushed to treat something that is very slow-growing and may never become invasive. Yet I don't want to leave my kids without a mother. So, yes, I agree with the doctors in the article who were quoted as saying that sometimes screening can do more harm than good.

Now I know how limited mammography is in detecting breast cancer. I think more research needs to go into being able to predict which cells are likely to become invasive cancer and which aren't, so women whose microcalcifications will never progress aren't treated unnecessarily. Hopefully, microarray technology will help with identifying gene markers and be available to clinicians soon. I hope I can wait it out until then! Also, more research needs to go into better screening methods, since mammography is not the total answer. Maybe something totally different needs to be looked into, such as a blood test for certain proteins or enzymes.

Anyway, thank you again for your good article.

DONNA CAROLLO  
Glenwood, Md.

Readers who missed the article referred to in this letter can find it at <http://dartmed.dartmouth.edu/summer05/>



**B**e sure to tell us when you move! If your address changes and you want to keep getting DARTMOUTH MEDICINE, just tear off the address panel from the back of a recent issue, write your new address next to the old one, and mail it to: DARTMOUTH MEDICINE, 1 Medical Center Drive (HB 7070), Lebanon, NH 03756. It helps us greatly—since our mailing list is drawn from six separate databases—if you send the actual cover or a copy of it. If that’s not possible, please include both your old and new addresses. Note, too, that if you receive more than one copy of the magazine, it’s because of those six databases (which are in different formats, so they can’t be automatically “de-duped”). We’re happy to eliminate duplications, but it’s a help to have the address panel from *all* the copies you get, not just the one(s) to be deleted.

[html/hunting.php](http://dartmed.dartmouth.edu/html/hunting.php). In addition, those interested in the subject of breast imaging may want to read about a DMS faculty member who is researching a new modality; that article is at [http://dartmed.dartmouth.edu/winter05/html/disc\\_imaging.php](http://dartmed.dartmouth.edu/winter05/html/disc_imaging.php).

### Self-care convert

As a general practitioner in London, I read your Summer 2005 article on Dr. Martha Regan-Smith’s self-care project with excitement, since I am taking steps to establish a think tank here in London exclusively dedicated to self care. I am convinced that it has an immensely important future. I appreciate learning of the people in Australia with whom she studied, and I plan to follow her work, too. Thank you for writing about it.

DR. FRED HANSEN  
London, England

### The shadow knows

I just finished reading “‘Me and my shadow’ is mantra for a new medical student elective” in the Summer 2005 issue of DARTMOUTH MEDICINE.

I would like to contact Ellen Ceppetelli, the nurse mentioned in the article, to ask her about her experiences in setting up the nurse shadowing program for medical students; such programs are much needed for all medical schools. Can you send me her contact information? Thanks very much for your help.

SANDY SUMMERS, M.S.N.,  
M.P.H.  
Baltimore, Md.

*Although we have a policy of not giving out story subjects’ contact in-*

*formation, for obvious reasons, we are always glad to forward queries like this. If readers are interested in following up on a story in our pages, just get in touch with us at the magazine; our mailing address is in the box above and additional contact information is on page 1.*

### Body of knowledge

After learning about NPR’s coverage of the Dartmouth Medical School memorial service for the cadavers that students use in their anatomy studies [see the Summer 2005 issue of DARTMOUTH MEDICINE], I wanted to find out how I could arrange to donate my body. Thank you.

ANNE GRANT  
Providence, R.I.

*Details about Dartmouth Medical School’s Anatomical Gifts Program are available at <http://dms.dartmouth.edu/anatomy/gifts/index.shtml>.*

### Observation post

Thank you for featuring me in the “Clinical Observation” section of DARTMOUTH MEDICINE’s Winter issue. Numerous people have come up to me and men-

tioned seeing it, both in and out of the Medical Center. It has been a great ice-breaker, and I have had fun conversations with lots of people with whom, previously, I might have just passed the time of day.

JOHN SEIGNE, M.D.  
Norwich, Vt.

*See page 16 for this issue’s “Clinical Observation” or [http://dartmed.dartmouth.edu/winter05/html/vs\\_clinical\\_observation.php](http://dartmed.dartmouth.edu/winter05/html/vs_clinical_observation.php) for Seigne’s Q&A.*

### Supportive role

Please add me to your rolls to receive DARTMOUTH MEDICINE. My son is a first-year student at DMS, and I greatly enjoyed being a “second reader” of the copies of the magazine that he received during his visits to the School. Your perspectives and approach to health-related issues are highly informative and exceptional in their scope, variety, and writing quality. As I strive to play a supportive role during the course of my son’s medical education, DARTMOUTH MEDICINE will be a helpful tool for my own learning and understanding.

Thank you for the chance to receive an excellent publication.

THOMAS GOLETZ  
Downers Grove, Ill.

### Personal insight

I am writing to request a subscription to DARTMOUTH MEDICINE. I am an L.P.N. and currently work at Bellows Falls Pediatrics. The doctor I work with receives your magazine, and he always tells me I am welcome to read his copy—if I can find it!

I am on the phone almost daily with the DHMC Physician Connection Line, and I go to many DHMC nursing conferences. I enjoy the magazine, as it puts so much of what I do at DHMC on a personal level, so I would appreciate being sure I can read every issue.

By the way, I believe Mary Hitchcock, after whom your hospital was named, was born in Drewsville, where I live.

CINDY HAYES  
Drewsville, N.H.

*Mary Hitchcock was indeed born in Drewsville, in 1834.*

### Informative source

I’d like to be added to your list of subscribers. I have been reading the magazine for several years, obtaining a copy whenever I’m at DHMC. I find it extremely informative and want to be sure I receive/read every issue.

CAROLYN COX  
Rutland, Vt.

### Class action

I was recently admitted to the DMS class that will start in the  
*continued on page 60*

## Worthy of note

continued from page 22

the annual Experimental Biology conference in San Francisco.

**KC Wright**, M.S., R.D., a registered dietitian in DHMC's outpatient cardiology clinic, was selected as an evidence analyst by the American Dietetic Association.

The **ALS Clinic** at DHMC was recently certified as an ALS Center of Excellence by the national ALS Association. ALS is amyotrophic lateral sclerosis, commonly known as Lou Gehrig's disease. DHMC's ALS Clinic was only the 24th to be certified by the national association.

The **Bone Marrow Transplant Program** at DHMC was recently accredited by the Foundation for Accreditation of Cellular Therapy.

The **Midwifery Service** at DHMC was presented with the "With Women, For a Lifetime" Gold Commendation from the American College of Nurse-Midwives. The award recognizes midwifery services that have provided innovative and compassionate care to women and their families, expanded access to women's health care, engaged in com-

munity outreach, and educated midwifery students.

**Errata:** An article in the "Discoveries" section in our Winter 2005 issue, about Lee Witters's work with an enzyme known as AMPK, misstated the degree that he holds. Although Witters is primarily a researcher rather than a clinician, he has an M.D., not a Ph.D. DARTMOUTH MEDICINE herewith also grants him a G.S.H. (Good Sense of Humor), since his message informing us of the error read as follows: "Thanks for the . . . story and the awarding of a Ph.D. degree to me (always thought I deserved one!)." And we assign ourselves to a refresher course in fact-checking—especially since, more seriously, there was an error in a "Vital Signs" article in the same issue. A story about a new approach to treating pancreatic cancer stated, "So far, the cancer has not returned in patients who had surgery." The passage should have stated that there had been no *local* recurrences of the cancer in those patients—in other words, no further evidence of *pancreatic* tumors, although there may have been metastases elsewhere. We regret all errors, but especially one of such substance. ■

## Letters

continued from page 27

fall of 2006. While I was in Hanover for my interviews, I was given a copy of DARTMOUTH MEDICINE and I loved it.

I wonder—am I eligible to receive a subscription at my home here in Arizona? If so, I would love to get on your mailing list.

Many thanks!

MARK TYSON  
Tucson, Ariz.

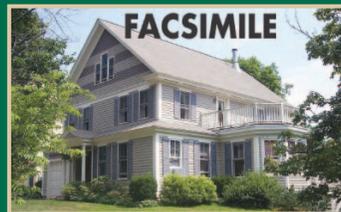
### Article aficionado

I am the father of a premed student at Colgate and also make quarterly visits to my neurologist, Dr. Thomas Ward, at DHMC, where I have often enjoyed the articles in DARTMOUTH MEDICINE.

I notice that it's possible to be added to your mailing list. May I please subscribe?

FREDERICK R. LOFGREN  
Lyndeborough, N.H.

We are happy to add to our subscription rolls anyone who is interested in the subjects we cover. See the box on page 25 for details. ■



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