ll three of the features in our Winter issue appear to have touched a chord with our audience. We heard from readers who told us they'd shared articles with family members or colleagues, who mentioned that they'd like to see more articles on historical subjects, and who asked permission to use images from the magazine in course materials. We always appreciate knowing what resonates with readers. Let us know if an article moves you or fascinates you. Or puzzles you or intrigues you. The only thing we hope not to do is bore you!

Running commentary

My daughter, who is a freshman at Dartmouth College, sent me the article "The Longest Run" (see dartmed.dartmouth.edu/w09/f03). It is one of the best articles I have ever read from a patient's point of view about what it's like to be in that situation.

I am a nurse, and I really appreciate the fact that Jonathan Stableford was willing to share his experiences; he did a thorough and heartfelt job.

Thanks for such a great story, so well done!

Elna Narula, B.S.N. Gaithersburg, Md.

Essential insights

Thank you for sharing Jonathan Stableford's story about his battle with and recovery from acute respiratory distress syndrome. I absolutely marveled at the extent of his recovery. My son, Thomas, is a student at Phillips Academy (PA), where Jon Stableford teaches English, and I recall listening to him speak at a visiting day in April 2007. I was

e're always glad to hear from readers—whether it's someone weighing in about an article in a past issue or someone asking to be on our mailing list for future issues. We are happy to send Dartmouth Medicine—on a complimentary basis, to addresses in the U.S.—to anyone interested in the subjects we cover. Both subscription requests and letters to the editor may be sent to: Editor, Dartmouth Medicine, 1 Medical Center Drive (HB 7070), Lebanon, NH 03756 or DartMed@ Dartmouth.edu. Letters for publication may be edited for clarity, length, or the appropriateness of the subject matter.

inspired by his approach to teaching and delighted that our son would have the opportunity to learn from him and others like him at PA. It is hard for me to hold these two very different images of him in my mind.

I am a pediatric oncologist and bone marrow transplant specialist. I care for children who often are fighting for their lives. I suspect that they find the experience as jarring as Jon Stableford did his own experience, but they lack his eloquent words, considerable intellect, and emotional strength.

I was especially moved by his

description of the "essential self, the real me." He wrote: "It is what remains when an illness suddenly strips away good health and personal history. But it's invisible to those treating the illness unless they look carefully, and it's often obscured even from the patient himself."

In late October, we moved my father, now 88 years old, to an assisted living facility for patients with Alzheimer's. This dreadful disease strips people of the ability to articulate or make sense of their personal story, but I have to believe that it cannot strip away the essential self. Over the holidays, Thomas spent a lot of time with his grandfather, communicating with him through music. In one of the most moving experiences of my life, I watched my father's face change from worry and confusion to complete serenity as Thomas touched his essential self with the piano, playing pieces by Haydn and Brahms.

I am very grateful to Jon Stableford for telling his story so beautifully. It has allowed me to gain a measure of perspective on my father's situation. And I will share it widely with my trainees and colleagues—so we don't forget to care for our patients' essential selves, while we also treat their illnesses.

Susan K. Parsons, M.D. Boston, Mass.

E-ager for e-mailable version

I see that the Winter 2009 issue of Dartmouth Medicine is not yet online. I would like to e-mail the article "The Longest Run" to my son, a 1986 graduate of Dartmouth College and a 1982 graduate of Phillips Academy. I think he probably knew Jonathan Stableford, the author of the story. In any event, I know he will be interested to read the article. It was excellent.

James W. Ryan, M.D., Ph.D. Dartmouth College '57 Augusta, Ga.

It usually takes between two and three weeks after our paper edition goes in the mail before our online edition can be posted. We hope eventually to have both editions come out simultaneously; in the continued on page 60



This Winter feature, a first-person narrative by an English teacher (and runner), details his recovery from a life-threatening bout with pneumonia and sepsis.

continued from page 22 meantime, we appreciate readers' patience (and we are delighted to know that readers are making use of the ability to e-mail articles).

Side suits

I receive Dartmouth Medicine regularly and want to comment on a recent article. "The most unspeakable terror" (see dartmed. dartmouth.edu/w09/f02) suited me; my congratulations to the authors.

Please include more articles like this. They show another side of medicine—one that other readers, I think, will also value.

> Virginia L. Close Norwich, Vt.



The most by Endy Baserio, William Corbett, Antis Editori, and Lock Wilson, R.D. unspeakable terror"



A member of the DMS faculty collaborated with three undergraduates on this feature about the eventual elucidation of a terrifying disease of the 19th century.

Knowledge of Knowlton

I just read "The most unspeakable terror" in the Winter DART-MOUTH MEDICINE—good article! Congratulations to the authors.

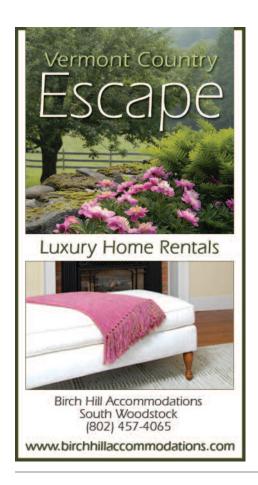
Charles Knowlton, who is mentioned in the article, is indeed a fascinating character. He also found his way into print in an article by Michael Sappol in the Fall 2009 issue of the Bulletin of the History of Medicine.

I'm very interested in early medicine, especially its movement into rural areas and the frontier, and am presenting a paper this summer on another 19th-century medical controversy, calomel, at the Society for Historians of the Early American Republic.

> Dan Allosso Keene, N.H.

Issue was pro salute publica

As I read the Winter 2009 issue of Dartmouth Medicine (from cover to cover), I began to realize that this particular issue could



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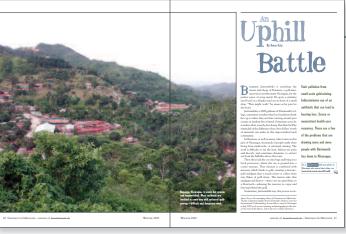
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have been given the theme of "Dartmouth medicine and public health."

The feature "An Uphill Battle" (see dartmed.dartmouth.edu/w09/f01) was about hearing loss in Nicaragua due to the neurotoxic effects of mercury as well as to pervasive exposure to loud noises there. Both of these international health problems are covered in public health journals.

Another feature, "The most unspeakable terror," discussed puerperal fever in the 19th century and the resulting epidemic of maternal and infant mortality—another subset of the field of public health and epidemiology.



A number of people with Dartmouth connections are helping forge long-term solutions to several interrelated health (and public health) problems in Nicaragua.

The concepts of "contagion" and "hygiene" were mentioned often throughout this wonderful and comprehensive article on a historical public health issue.

I wish you continued success with Dartmouth Medicine.
Daniel M. Anzel, Dr.P.H.
Dartmouth College '55
Los Angeles, Calif.

We didn't set out to give our Winter issue a public health theme; in fact, it's sometimes only in retrospect that such threads become apparent. But more and more experts are making the case for a closer integration of medicine's focus on the single patient and public health's population-wide focus, so neither is it an accident that there is a growing emphasis on public health within medicine—and within the pages of Dartmouth Medicine.

Gold standard

It was with great interest that I read the article in your Winter issue about gold amalgamation continued on page 62

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continued from page 61

in Nicaragua and the efforts to limit the release of mercury into the environment. I teach a course in industrial toxicology at the University of Pennsylvania and gave a talk on "Industrial Mercurialism: Agricola, New Almaden, and the Danbury Shakes" at the 2008 conference of the Society for Industrial Archeology.

Would you be willing to share your photographs of the homemade retort and the other mercury-related equipment? With your permission and appropriate attribution, I would like to incorporate them into my course materials.

> LLOYD B. TEPPER, M.D., Sc.D. Dartmouth College '54, DMS '55 Villanova, Pa.

The photographs for that particular article were taken by a member of the magazine's staff, so we were able (and happy) to give Dr. Tepper permission for their use in his course materials. When photographs in Dartmouth Medicine have been taken by a freelance photographer, however, it is the freelancer, not the magazine, who must give permission—but permission requests can always be directed to the magazine.

Paper trail

I beg to differ with the conclusions of Dr. Ian Paquette [see dartmed.dartmouth.edu/w09/d02 and scroll down to the item titled "Doctor disparities," which reports on a study Paquette led, showing that people who live in rural areas are more likely to suffer a perforated appendix than people who live in cities; one reason suggested in the paper for the regional difference is that there are more general surgeons in urban than in rural areas.

What is needed in rural areas are more general practitioners (diagnosticians) rather than more surgeons, to intervene at the acute stage of appendicitis rather than the end stage. Patients are more likely to consult their family physician for symptoms of a bellyache, not a surgeon. An early diagnosis is the key to preventing the calamity of rupture. Teamwork is also important. For years, the diagnosis of acute appendicitis was made in my office and the cure was effected by my DMS classmate Jim Harshbarger—before the

availability of and without the need of an expensive and duplicative spiral CAT scan.

> RAYMOND E. JANKOWICH, M.D. Dartmouth College '52, DMS '53 Stratford, Conn.

Dr. Paquette and his collaborator, Dr. Samuel Finlayson, responded as follows: "We agree with Dr. Jankovich that the low supply of primarycare physicians in rural areas likely contributes to barriers to timely evaluation and treatment of patients with appendicitis. However, the progression of a patient from initial symptoms to cure follows a chain of events within a healthcare system in which surgical care is clearly an integral part. We believe that both componentsprimary care and surgical care—are necessary to provide good, timely care for rural patients who fall ill with appendicitis."

Vive la (médecine de) France

Recently I came across your excellent magazine and want to congratulate you on a publication of fine quality.

I am American but now live in Francea beautiful, interesting country with a fine

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MARCH

March 1, 2, 22, 23, 29, 30, 2010 Hematology Oncology Mini-Course (N) Dartmouth-Hitchcock Medical Center, Lebanon, NH

Dartmouth Radiology Third Annual Symposium: Role of PET-CT in Cancer Management (M)
The Mount Washington Resort, Bretton Woods, NH

March 10 - 12, 2010 An IV Therapy Course for LPNs mouth-Hitchcock Medical Center, Lebanon

March 22, 2010
Surgery for Diabetes: Who's the Right Candidate,
What's the Right Procedure? (M & N)
Dartmouth-Hitchcock Medical Center, Lebanon, NH

March 29, 2010
Fun at WORK?: Cultivating Workplace Wellness with
Humor, Optimism and Creativity (Holistic Series) (N)
Dartmouth-Hirchcock Medical Center, Lebanon, NH

April 5, 2010

Updates on the Prevention, Diagnosis and Management of Patients with Vascular Disease: 2010 (M & N)

The Center of New Hampshire, Radisson Hotel, Manchester, NH

April 6, 13, 20, 27 & May 4, 11, 18, 2010

Dartmouth Community Medical School:

Bionic Man and Super Woman

Kellogg Auditorium, Dartmouth College, Hanover, NH

April 9 - 10, 2010 Geriatric Update 2010 (M & N)

Tumors of the Anterior and Posterior Skull Base: Anatomy, Diagnosis, and Management (M)
The Common Man Restaurant, Concord, NH

May 3, 2010

Managing Medical Emergencies: For Physicians
Working in Emergency Departments (M)
Dartmouth-Hitchcock Medical Center, Lebanon, NH

May 3 - 4, 2010
The Third Annual DHMC Conference on Nursing Excellence: Preparing Nurses for Success in Today's Complex Clinical Environments (N)
The Woodstock Inn, Woodstock, VT

May 10, 2010

2nd Annual Otolaryngology Updates for the Primary Care:
Office Management of Common Ear, Nose, and Throat
Diseases (M)

Dartmouth-Hitchcock Medical Center, Lebanon, NH

May 14, 2010

Pediatric Issues: Yours, Mine and Ours 2010 (N)

Dartmouth-Hitchcock Medical Center, Lebanon, NH

Ambulatory Care Nursing Update: Diversity in the New Decade (N) Colby-Sawyer College, New London, NH

May 20 -21, 2010

Ultrasound for Emergency Providers:

Basic and Advanced (M)

Dartmouth-Hitchcock Medical Center, Lebanon, NH

May 21, 2010
Tumors of the Anterior and Posterior Skull Base:
Anatomy, Diagnosis, and Management (M)
Location TBD, Portland, Mame

May 24, 2010
The 6th Annual Dartmouth Conference on Advances in
Heart Failure: "Special Topics 2010" (M & N)
Dartmouth-Hirchcock Medical Center, Lebanon, NH

June 3, 2010
Fundamental Disaster Management (M & N)
Dartmouth-Hitchcock Medical Center, Lebanon, NH

June 4 - 5, 2010

Fundamental Critical Care Support (M & N)

Dartmouth-Hitchcock Medical Center, Lebanon, NH

June 18 - 19, 2010

Northern New England Neuroimmunology
Symposium 2010 (M & N)

Mountain View Grand Resort and Spa, Whitefield, NH

July 17, 2010

Center for Liver Disease Patient and
Family Awareness Day

Dartmouth-Hitchcock Medical Center, Lebanon, NH

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medical system. So I follow with interest health-care developments in the U.S. Having lived either in France or Canada since my marriage, I am used to being able to see doctors or obtain care without having to worry about the costs. The costs are admittedly high; we pay through our tax system to underwrite medical coverage for all.

But the system is efficient. Everyone is covered, we may consult doctors or use hospitals and clinics of our own choice, our rate of death in childbirth is very low, and our longevity is high. It would seem that such a system provides many benefits. The French refuse to contemplate any other.

It seems high time the United States got around to providing universal coverage.

Jane Triaureau Cergy, France

Additive request

I would very much like to be added to the mailing list to receive Dartmouth Medicine on a regular basis. My interest in DHMC stems from having a second home at Eastman, being the father of a staff member, and having recently been a patient (in the ER and orthopaedics). Thank you.

John W. Brackett, Jr., M.D. Oxford, Conn.

Close encounters

I was introduced to your magazine during my husband's recent stay in the hospital. I found it intriguing and informative. I would like to be placed on your mailing list.

We've been very pleased with the specialty care my husband has received over the past two years and are glad we live so close to a top-notch hospital like Dartmouth!

Belinda Decker Charlestown, N.H.

Receiving end

My wife and I are interested in receiving Dartmouth Medicine. I just completed the Dartmouth Community Medical School in Manchester, and every time I visit the Lebanon campus for an appointment I enjoy reading your publication. Many thanks.

JONATHAN KIPP Londonderry, N.H.

We are delighted to add to our mailing list anyone who is interested in the subjects that we cover. See the box on page 22 for details.

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