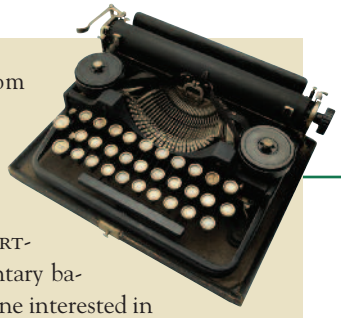


We're always glad to hear from readers—whether it's someone weighing in about an article in a past issue or someone asking to be on our mailing list for future issues. We are happy to send DARTMOUTH MEDICINE—on a complimentary basis, to addresses in the U.S.—to anyone interested in the subjects we cover. 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.

Two of the features in our Winter issue—one about books and one an excerpt from a book—came in for considerable comment, suggesting that our readers are a literate and thoughtful bunch indeed.

Read something, anything

I enjoyed reading "Book Case" in the Winter issue of DARTMOUTH MEDICINE [see **dartmed.dartmouth.edu/w10/f02**]. It reminded me of some advice I received years ago from Dr. Charles Bradford, an orthopaedic surgeon whom I came to know while I was a surgical house officer in Boston.

Charlie was a man with broad cultural and medical interests who had been a paratrooper during World War II. He taught me a great deal about orthopaedics, but he also advised me to spend the last 15 minutes of the day reading a book about something other than medicine. I've tried to follow that advice ever since.

Reading something, anything, fiction or nonfiction, will broaden your worldview—and that is reason enough to spend time with a book. If that book teaches you something that influences your professional life, so much the better.

RUSSELL W. HARDY, M.D.
DC '62, DMS '63
Gualala, Calif.

Stories, stories everywhere

I really enjoyed Joe O'Donnell's essay, "Listening for Stories," in the feature "Book Case." I couldn't agree with him more.

Joe has been an inspiration and role model to me since my first days in Hanover. Listening to the stories my patients have to tell has been one of the true joys of my practice. Encouraged by mentors like Joe, I started doing so with my first history and physical on a VA patient in White River Junction—and in the process learned firsthand about "the Greatest Generation."

I try to look for the story in every patient, and it helps keep me passionate despite the alphabet soup of EMRs and ACOs. Joe has helped inspire many in the Dartmouth medical community about the humanistic side of practicing medicine. He was ever so gentle with me when my wife was ill with cancer, and I continue to look to him for guidance through his contributions to DARTMOUTH MEDICINE.

DERRIK F. WOODBURY, M.D.
DMS '77
Tucson, Ariz.

All about the story

Yes, Joe O'Donnell, it *is* all about the story. Whenever my students and residents and I talked about the big chunk of medical practice that is not captured by sophisticated technology, there would surface the stories that we'd heard from our patients—from everyday occurrences to intimacies of their lives.

Sometimes my fellow anesthesiologists—that was my specialty for some 40 years—asked: "How is it that you hear all these stories?"

"Easy," was my reply, "just sit down and listen."

In my specialty, we would often see patients in situations of crisis—as they faced the prospect of surgery, of being unconscious, of giving over control. But no matter the specialty, the titles we carry—M.D., R.N.—allow us to ask questions of patients, and if we but walk to the bedside or desk and put away the laptop or chart so we can concentrate on listening, then the stories will spill out.

Here's but one example: One evening, making preop rounds at the VA in White River Junction, I sat at the bedside of an elderly man who was to have a transurethral prostatectomy the next day for benign enlargement of his prostate. We reviewed his medical history, I checked him over, and then we "visited." He had been in Korea, he ran a farm, he hayed, he had cows, he sold milk. He talked, I sat and listened. Then he summarized our visit: "Well, Doc, I'm just fine except for my gentiles." Barely did I make it out of his room before I was lost in laughter—and I Jewish to boot!

And another: It was hard to make my postop visit to a vital 50-year-old man after an exploratory laparotomy had found inoperable metastatic pancreatic cancer. I couldn't quite keep my tears to myself, and he, seeing my distress, said: "Thank you for crying." And then he told me that his teenage son had written a school essay comparing him to Conrad's Lord Jim. "How can I

This essay by DMS faculty member Joe O'Donnell set the stage for a feature about the impact that books, and stories, can have on physicians' practices.

This article in our Winter issue—excerpted from a book by Drs. Gilbert Welch, Lisa Schwartz, and Steven Woloshin—drew commentary from several readers.

live up to this?" my patient said.

I also remember an elderly Jewish lady at Massachusetts General Hospital whom I visited several times after her hip replacement, as she had no family in town. She was not eating much, and I remonstrated her. "You wouldn't eat this stuff either," she said.

"I'd try, it's important," I replied.

"Okay," she countered, "here, taste it."

I did, and she was right. We then we exchanged some of our favorite recipes.

If I'd always carried an extra notebook just for stories, I could now remember more of them. Physicians are privileged to be there to hear patients' stories, and medical students at Dartmouth are privileged to have teachers like Joe O'Donnell who lead them there. I urge his current students to go there—and don't forget the notebook.

Susanne J. Learmonth, M.D.
Corinth, Vt.

Second opinion on "the rules"

I was very impressed by the article "Changing the Rules" in your Winter issue [see **dartmed.dartmouth.edu/w10/f01**], but not surprised. As a retired orthopaedic surgeon, I have spent the last eight years as a nonsurgical second-opinion specialist. I have seen more than my share of MRI-diagnosed pathology in mild asymptomatic "walking time bomb" patients, and I have often recommended "tincture of time" as a successful medication.

Dr. Welch did not mention that by changing the rules, not only do "conflict of interest" M.D.'s and their supporting pharmaceutical companies profit, but by labeling patients now with questionable, marginal diagnoses, we have opened the doors to allowing insurance companies to reject claims for so-called preexisting conditions and to refuse coverage for legitimate treatment at a later date.

Donald S. Dworken, M.D.
DC '51
Bridgeport, Conn.

View of a near-victim

Thank you so much for the article "Changing the Rules." As a near-victim of an overzealous primary-care provider, I have had several opportunities to be overdiagnosed and overprescribed, potentially to my detriment. I declined but did so based on common sense; now I see that my hesitancy has a basis in fact.

Thank you for providing a balanced viewpoint of the many aspects of modern medicine!

Syd Taylor
Orange, Mass.

Wait—what about weight?

I initially thought "Changing the Rules" was an interesting view on the redefinition of what we consider "normal." But as the article went on, I became progressively more concerned by the omission of a critical aspect of treatment for diabetes, hypertension, and high cholesterol.

Not once does the article mention the benefits of an improved diet and increased exercise on these conditions; the resulting implication is that drug therapy is the only possible treatment course. In fact, the mainstay of treatment recommendations for type 2 diabetes and high cholesterol is diet and exercise. As for hypertension, many patients can normalize their blood pressure by losing weight. But the article discusses treatment as though it comes only in pill form. Would the author truly argue that there is no benefit to identifying patients in the early stages of these conditions and helping them institute some therapeutic lifestyle changes to potentially halt the conditions' progression?

Perhaps I am over-sensitive on this subject, because fostering lifestyle changes is the focus of my position at the Cholesterol Treatment Center in Concord, N.H. I work with children who have been identified with high cholesterol—doing everything I can to inform their parents about their child's cardiometabolic risk and to help them reduce that risk by making better choices about the food they feed their children. Are these kids "overdiagnosed"? I certainly hope not. And of the hundreds of kids I see, I can count on two fingers the number who are on cholesterol-lowering medication.

Likewise, I believe that adults also stand to benefit from understanding the numbers behind their blood sugar, blood pressure, and cholesterol levels—and learning how their daily choices can have a significant impact on their own health (and, often, on their numbers).

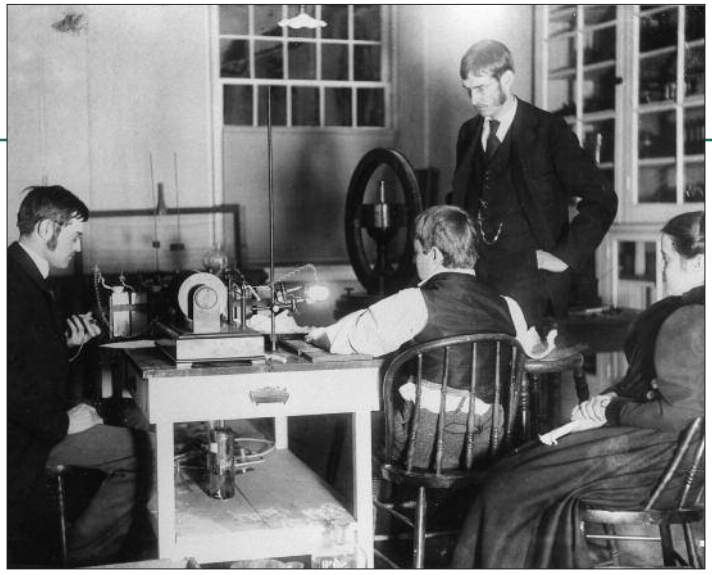
I fear that this article, with its emphasis on turning people into patients by lowering diagnosis thresholds, misses the core of what we hope to do as physicians—help people live happier, healthier lives.

Julia Nordgren, M.D.
DMS '99, HS '01-02
Concord, N.H.

Seeing the light

The Winter 1995 issue of Dartmouth Medicine contained an article describing the first clinical x-ray in America: of the wrist of Eddie McCarthy, a 14-year-old boy who fell while ice-skating on the Connecticut River.

On February 3, 1896, an x-ray image of his Colles' fracture was produced in a classroom in Dartmouth's Reed Hall by physics professor Edwin Frost, the brother of Dr. Gilman Frost, a professor at Dartmouth Medical School and Eddie McCarthy's



Above is a photograph of the first clinical x-ray in America, which took place at Dartmouth; it had been thought to be the first photo ever taken of a scientific experiment in progress. But a DMS alumnus points out that the photo below, of French neurologist Guillaume Duchenne, appears to supplant the Dartmouth photo's claim.

physician. That event was reported in a subsequent issue of *Science*. It was also documented photographically by H.H.H. Langill and Henry H. Barrett, and that photograph has long been thought by DMS to represent "the first photograph ever made of a scientific experiment in progress."

I recently attended an excellent lecture by former Harvard University president Derek Bok about his latest book, *The Politics of Happiness*. During this talk, President Bok mentioned "Duchenne smiles," named for the French neurologist Guillaume-Benjamin-Amand Duchenne (1806–1875), most famous for the eponymous form of muscular dystrophy that he was the first to describe.

Duchenne claimed to be able to differentiate smiles of true happiness from disingenuous smiles, or so-called "Pan-American smiles," insincerely flashed to all passengers by flight attendants for the now-defunct airline. As part of his research, Duchenne electrically stimulated the facial musculature of his subjects, producing distorted contractions and grotesque expressions. He published his findings, together with photographs of these scientific experiments, in his 1862 book, *The Mechanism of Human Physiognomy*. These photographs (one of which is reproduced above) thus predate the photograph of the Dartmouth x-ray experiment by at least 34 years.

While Dartmouth College and Dartmouth Medical School have made many original scientific contributions of which they can be immensely and justifiably proud (not the least of which is the taking of the first clinical x-ray in America), the claim regarding the first photographic documentation of a scientific experiment in progress does not appear to be accurate.

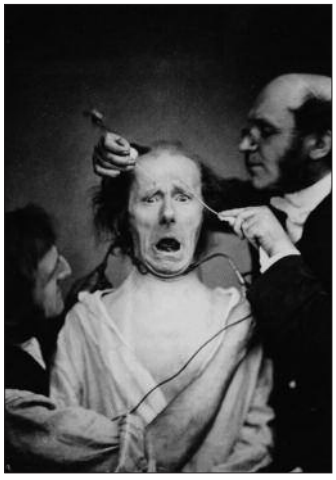
John D. Bullock, M.D.,
M.P.H., M.S.
DC '65, DMS '66
Dayton, Ohio

We're glad to correct the record on this matter. We hope at the very least that young Eddie McCarthy was a little less uncomfortable than Duchenne's subject appears to be.

Admirer of art

My husband sees several doctors at DHMC. I always enjoy Dartmouth Medicine when I am sitting in the waiting room there. I especially love the page where you have a piece of art by someone in medicine.

In fact, a couple of years ago I bought a watercolor from one of them—Russ Hardy, a retired neurosurgeon who is now living in California—and I love it.



Thank you so much for a wonderful publication.

Barbara Blodgett
Middlebury, Vt.

In the "small world" department, Hardy also has a letter in this issue—it is the first one on page 22.

Special memories

I rarely read Dartmouth Medicine from cover to cover, but last night I found myself looking at almost everything in the Winter issue—and suddenly I was looking at myself [see **dartmed.dartmouth.edu/w10/m01** and scroll down to the first photo, of the 1960 entering class, which included DMS's first woman student, Valerie Leval].

Valerie Leval and I were good, platonic friends during our two years at the old Dartmouth Medical School. Quite fittingly, I am the one standing at her left shoulder in the photograph of our class.

I have no memory of anyone ever saying anything negative about Valerie or about the fact of her having become a member of the class, and I really doubt that such comments happened even when I wasn't around. She may have been sensitive to the possibilities of rejection in such a unique position, but I know that she was liked and respected by all of us in our little tribe of 24 medical students.

We certainly were all quite aware that her presence represented an important new chapter in the history of the College. She was the very first female medical student at Dartmouth, and I wonder if she might have also been the very first full-time enrolled female student at Dartmouth altogether.

Those two years at Dartmouth Medical School from 1960 to 1962 were special for all of us in our class, I think. Looking back at all of my years of education and training, I regard those two years at DMS as the very best of times. It was a half-century ago now, and it is interesting to note just how sharp and vivid some of those memories

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still are. What a wondrous creation we have inside our head.

Thomas M. Ashby, M.D.
DC '60, DMS '62
Penfield, N.Y.

Regarding Ashby's question as to whether Leval was the first full-time woman student at Dartmouth overall, the answer is that she tied for the honor with a student in the graduate program in zoology who also entered in 1960. It was 8 years before Dartmouth's Tuck School of Business admitted a woman, 10 years for the Thayer School of Engineering, and 12 years for the undergraduate program.

Epitome of greatness

Thank you for "Heartfelt remembrances of a modest Texan" in your Winter issue [see **dartmed.dartmouth.edu/w10/v01**; the article reported on the death on September 13 of a former DMS dean, Dr. Robert McCollum].

Joe O'Donnell said it best when he stated that "Bob reveled in the success of others."

VITAL SIGNS

Heartfelt remembrances of a modest Texan

THEN & NOW

This piece in the Winter issue, on the recent death of former dean Robert McCollum, inspired an alum to write in.

Although my path crossed with Dean McCollum's for only a brief time, he epitomized for me the greatness of Dartmouth Medical School.

Scott Zashin, M.D.
DMS '84
Dallas, Texas

Important truth

I always look forward to receiving Dartmouth Medicine. In the Winter 2010 issue, I found a quote in the article about DMS's new dean, Dr. Wiley Souba [see **dartmed.dartmouth.edu/w10/v02**], that really made me think. Dr. Souba said, "It's always nice to feel like people are glad you're here."

That brief quote has inspired me, because I realized it is how I would want people to feel about me. No matter how old or young we are, we all like being part of a group, unit, or family. Being needed, cared about, and loved is what makes life wonderful.

I have seen and done a lot in my life. I am not wealthy in money but in other ways. I am now 66—retiring, going on Social Security, and able to see the big picture. Maybe 66 is not as old or wise as you get, but from here I can see the past and the future differently than I used to.

I have two grandchildren, twins, a boy and girl who are sweet 16. Sometimes I wonder how they look at me, at their grandmother, or at their 85-year-old great-grandmother, my mother-in-law.

A few days ago, my grandson and I got to talking about life, aging, and death—yes, death. I told him that when you look at a family, it is important to look at it as a continuous thing. We talked for some time, sharing our ideas about life, the past, and the future. The thoughts he had just amazed me.

I also told Kyle about the article in Dartmouth Medicine, about Dean Souba's comment that he wanted people around him to be glad he was there. I explained to Kyle how important it is to feel like the people around you are glad you are there. And I told him that people will want you around them if you are the type of person who makes them feel good. So we must each be sure that we always try to make people feel good.

Since reading that article, I have noticed many occasions when I actually have thought about that statement. It indeed does make you feel good if you feel as though the people around you are truly glad you are there.

Life is awesome. As we age, we begin to have a very different perspective on life. It starts to seem all too short, and the older you get the faster time goes by.

All we can do is cherish our family and friends, and live our lives as if every second of every day matters.

Thank you for the reminder of this important truth.

C.D. Burton, Jr.
Wilmington, N.C.

True purpose

Regarding the appointment of Dean Souba, thank goodness Dartmouth Medical School has a dean who fully understands the meaning of leadership and of finding true purpose in the physician's professional calling!

William R. Wellstead
DC '63
Bradenton, Fla.

Final notice

I'm a former member of the staff in the Dartmouth Department of Community and Family Medicine, and I have missed reading your magazine regularly since moving away.

I was up visiting recently and decided to *finally* ask you to send it to me—and also to my brother, as I always end up scanning articles and sending them to him so I can discuss them with him.

Thank you!

Diana Robanske
Nashua, N.H.

Cover to cover

I spent the holidays in Lebanon with my daughter Melody, a second-year student at DMS, and

continued on page 61

Letters

continued from page 25

her Malinois shepherd, Maverick. Melody had five issues of Dartmouth Medicine, and I read them from cover to cover while I was there. All the stories are amazing—they surely touched my heart. Noble, courteous, and committed people clearly populate the Dartmouth medical community.

I weave together similar threads in my own life, including by growing a big organic garden and taking bags of produce to our farmers market, by teaching hatha yoga, and by giving ayurvedic oil massage and Thai yoga therapy.

Loving kindness around the world is what I hope for. I would be honored to be on the mailing list for Dartmouth Medicine, to inspire my continuing quest for joy and giving. Thank you.

Jan Scheefer
Gunnison, Colo.

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