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## EDITOR'S NOTE

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In a recent presentation at Hanover's Kendal retirement community, DMS Dean John Baldwin made the point that history is basically biography. (See pages 44-45 in this issue for the details of his talk.) Another way of putting that observation is that it's *stories*, not merely facts and dates, that make a historical event come alive.

That's why historical myths can prove so enduring—they are usually based on compelling stories. How many parents have impressed on their youngsters the importance of telling the truth by relating the tale of George Washington chopping down the cherry tree and then gravely confessing to his father, "I cannot tell a lie"? Yet the story is apparently as fanciful as it is charming.

But true stories can be enduring as well. There seems to be less doubt among Abraham Lincoln's biographers about the veracity of the oft-told tale of the borrowed book that got ruined by rain. Young Abe had been lent a book by a kindly neighbor and was aghast when rain came in the chinks of the Lincoln cabin and soaked the book. Abe, having no money with which to replace the volume, worked off its worth by doing several days' labor for the neighbor. The neighbor was satisfied, and the future president both discharged his debt and gained possession of the first book he ever owned.

And here's a fascinating twist to the story: The book that "Honest Abe" borrowed from his neighbor was *The Life of George Washington* by Parson Mason Weems—the earliest-known source of the less-honest, chopping-down-the-cherry-tree legend. Now *there's* a memorable detail.

The precept that stories are the best way to make a point pertains to realms other than history, of course. The moralistic lessons of *Aesop's Fables* were driven home indelibly by the tortoise and the hare and the boy who cried wolf, not by an unvarnished list of dos and don'ts. Charles Dickens did more to achieve reform in England's workhouses and orphanages with *David Copperfield* and *Oliver Twist* than he ever could have with straightforward social activism. And Upton Sinclair, in his 1906 novel *The Jungle*, brought the horrors of the meat-packing industry to the attention of the nation in a way no one else had been able to do.

I believe that the power of stories must be considered in putting together a magazine like Dart-

mouth Medicine, too. It is not in reciting lists of organizational achievements (well, we have to do some of that) or in crowing about ourselves as an institution (oh, once in a while we can't resist) that we truly communicate the essence of Dartmouth Medical School and Dartmouth-Hitchcock Medical Center. It is, instead, in telling stories—which abound in and about a place having to do with something as elemental as health and well-being—that we most effectively convey the institution's worth.

Sometimes we do so by telling true stories. For example, an excerpt in our Spring 1999 issue from the autobiography of DMS's Lori Alvord, the nation's first Navajo woman surgeon, proved so inspiring that it recently won an award from the New England chapter of the American Medical Writers Association (see page 18 for details).

But sometimes we use fiction to make a point. It's not that such stories are *false*; they are true in spirit, if not in letter. In fact, in 1991, we won the top national writing award of the Association of American Medical Colleges for a piece of fiction—a story titled "ICU" by Beth Bailey.

And there's another case in point in this issue—the feature titled "Good Will" on page 22. It's a basically fictional story about a family physician's relationship with a patient. We might have dealt with that topic by describing DHMC's family medicine residency program and the accomplishments of the family physicians on our faculty.

Instead, we were lucky enough to latch onto a faculty member who clearly has a way with words. His moving story is one that surely far more people will take the time to actually read than would have plowed through a more prosaic account. His piece doesn't hit readers over the head with the point that family physicians are trained to see the whole patient, not just the disease at hand (which, of course, is something that all primary-care doctors are trained to do and that subspecialists are coming to see the importance of as well). We just leave it to the good sense of our readers to divine that message from a good read. I suspect it's a message that will prove far more enduring as a result.

Dana Cook Grossman

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