

WillowBrook Prosthetics & Orthotics



Robert Diebold, C.O., Orthotist • David Loney, C.P., Prosthetist

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Sports and Medicine

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says. "I remember I cried the first time my Little League team lost. As you go along, you have setbacks that make you think the world is over. Then the next day, you get up and you realize it wasn't the end of the world."

In medicine, of course, former athletes are playing for higher stakes than just championship trophies or newspaper coverage. But as the father of two sons and a daughter who all played for winning soccer and hockey teams at Hanover High School and in college, Turco worries about students who move into adulthood on a wave of athletic and academic success—for which their parents ran interference.

"A lot of kids are insulated from setbacks," Turco says. "A colleague of mine said not long ago that the students he has are incredibly bright and talented, but one thing they've never done is fail.

"You've got to have setbacks," he says. "That's where you learn about yourself." ■

Worthy of Note

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ins was a writer and humanitarian who focused attention on the importance of relationships to health and healing.

Dartmouth-Hitchcock Medical Center was the recipient of two recent environmental awards: the 2002 H2E Environmental Leadership Award for its overall environmental practices, and the Making Medicine Mercury Free Award for eliminating mercury from the facility. Both awards were presented by Hospitals for a Healthy Environment (H2E), a national group sponsored jointly by the Environmental Protection Agency and the American Hospital Association. DHMC has been mercury-free since 1997, has eliminated the use of the toxic disinfecting agent ethylene oxide, and recycles 38% of its waste stream.

DHMC's **PainFree Program** received a VHA Leadership Award from VHA, Inc., a nationwide network of community-based health-care organizations. DHMC was one of six health-care organizations nationwide to receive the award. The recipients are chosen based on clinical effectiveness, operational performance, supply-chain management, and community health. ■

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Mountain Aerie

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cialized treatment centers. Dr. Dixie Snider of the Centers for Disease Control and Prevention, reflecting on the end of the sanatorium movement, observes: "In most places, unfortunately, an effective network of outpatient clinics was not substituted for the sanatorium."

Long gone were the public awareness campaigns that pervaded New Hampshire—involving play-writing contests, health crusades, and yearly slogans promulgated via poster campaigns—such as "Early Discovery, Early Recovery" and "Protect the Family Circle—Get a Chest X-Ray."

In 1970, the Glencliff Sanatorium was converted into the Glencliff Home for the Elderly. Through the efforts of Sandra Knapp, Glencliff's administrator from 1979 through 2002, and the current administrator, Todd Bickford, many of the unique architectural features of the original facility have been preserved. The main patient building still has its floor-to-ceiling windows that admit ample light and the sturdy columns that used to support the screened porches which were used for the open-air treatments (these spaces have now been framed in, however, to create additional patient rooms).

Glencliff continues to generate its own electricity, using a system of pipes running from a pond on the side of the mountain to a turbine several hundred feet below. The facility's connection with Dartmouth continues as well; Dr. Thomas Oxman, a professor of psychiatry, serves as the medical director for the home and travels to Glencliff weekly with DMS students.

Even today, the drive from the busy Dartmouth-Hitchcock Medical Center campus to the quiet mountainside retreat at Glencliff transports visitors to another place and time. There is still an undeniable, though indefinable, sense of serenity and health that washes over you the minute you open your car door at Glencliff. The venerable, well-sited brick and clapboard buildings; the expansive views toward Vermont; the mountain breezes; the friendly and collegial staff; and the peaceful, self-contained campus atmosphere recall a different, distant era in our approach to health. ■

Faculty Focus: Robert Drake, M.D.

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they'd have to stay in a shelter for a certain number of days. They'd have to get back in dual-diagnosis treatment, and they'd have to agree to a urine test or whatever makes clinical sense. Then they can come back in their apartment. We don't want them to be homeless," he adds. "That's not the goal."

Even Alcoholics Anonymous (AA) may not work unless consideration is given to the needs of dual-diagnosis patients. For example, Drake explains, "people with schizophrenia have a hard time in groups and . . . with intense social interactions. At [traditional] AA meetings, they hear lots of stories and messages about recovery that don't fit with their experience." But when AA gatherings are held in mental-health settings, then attendees "can hear *their* story, because everybody has a co-occurring disorder," according to Drake. "They will see and meet and hear people talk who are now abstinent and in recovery and doing really well."

Pioneer in Pathology

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trate our efforts on the elementary level. Over a period of seven or eight years, Gene and I made annual presentations to grade schools from Woodsville to Colebrook. The children were impressed and invariably asked many questions. We found that the younger students were far more impressionable and almost always took the message home. Many had parents, aunts, uncles, or grandparents who smoked and suffered from the diseases we talked about. Teachers reported that parents often called up to say their children had come home and tearfully implored them to stop smoking. One never knows the ultimate effect such a program has in a community, but I felt it was time well spent.

There can also be an intellectual aspect to even a backwoods practice. Over the years, I published a textbook on clinical pathology as well as papers on a variety of subjects, including waterborne giardiasis, a rare case of *Dirofilaria tenuis*, the need for experiments in medical education, the importance of routine admission lab tests in small hospitals, a natural experiment in

Drake refuses to accept all the credit for the success of these programs. "I worry that people sometimes give me credit for the things that other people have done," he laments. He proceeds to name everyone on his team and insists that he learns more from others than they possibly could from him.

That's "one of the wonderful things about being a professor," he says. "We have a Friday morning seminar to go over research projects. It's just been the most wonderful learning experience for me, because all these smart young people take turns presenting their projects. . . . We have this wonderful opportunity to get constantly trained and updated by all the young people."

But there is one thing that he'll take credit for. "If I've done anything at all," he says, "it's to bring together a lot of bright people who are sincerely interested in this problem of serious mental illness and improving the treatment system." ■

influenza immunization, and the introduction of *Système Internationale* units in a clinical laboratory. Most of these were single-author papers and none were done with benefit of a grant.

In the last 10 years before I retired, I served the three community hospitals in Coos County: Weeks Memorial, Upper Connecticut Valley, and Androscoggin Valley. I logged up to 35,000 miles a year on the road. Over the years, I had residents from Dartmouth or the University of Vermont spend a week or a month living in my home and shadowing me in my practice. Throughout my career, I was able to participate in Dartmouth Medical School's teaching programs and to maintain adjunct faculty status. I also encouraged Dartmouth-Hitchcock specialists to travel north to offer educational programs for local practitioners.

Several years before I retired, I turned my practice over to the Hitchcock Clinic. I was employed as a member of the Clinic until the afternoon in 1998 when I placed the cover over my trusty microscope and signed my last lab report, bringing to a close the career of a North Country pioneer in pathology. ■