

We'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.

**A** medical whodunit in our Spring issue drew several letters—including one relating a similarly scary poisoning episode, but with a similarly happy ending.

#### Requiescat in comedia

I enjoy receiving DARTMOUTH MEDICINE, as it revives many wonderful memories of my years in Hanover, both as a child (I was born at MHMH) and as an adult working in the DHMC Development Office.

The article “Wild Greens” in the Spring issue was of special interest. My father, Robert “Bob” Rand, Hanover’s funeral director and, in 1966, the owner of the town’s only ambulance service, was the driver on that hair-raising ride to and from the Lake Mitchell Trout Club. He recounted that story many times and often said how fortunate those diners were to have survived their “special” luncheon delicacy.

Dad often asked Jack Wright (the Rand family physician) or Dumps MacCarty if they had any exotic greens they were willing to share. Many such jokes passed among the three over the years.

Dad now rests in Hanover’s Pine Knoll Cemetery, but knowing his sense of humor, I’m sure he would have a few more choice comments to share with the MacCartys and Wrights!

DOT RAND JEFFREY  
Indianapolis, Ind.

#### Good memories

I loved the nod to Berton Roueché in “Wild Greens,” the story about the Indian pokeweed poisoning in your Spring issue.

When I was a pharmacology graduate student at Dartmouth, I very much enjoyed a journal club in the same vein run by Dr. Roger Smith, one of the authors of your article, so this story brought back good memories about those gatherings.

Thanks for a great article about a very interesting event! I do wonder, though—did the esteemed cook ever try her hand at exotic local greens again?

KYLE MACLEA, PH.D. '03  
Holt, Mich.

#### Proper name

I was out of town when the “pokeweed poisoning” occurred at Dartmouth, but I recall that my colleague Dean Seibert arranged for the peripheral blood leukocytes of those poisoned to be placed into culture.

It was known that true pokeweed extract, when added to short-term leukocyte cultures under the right conditions, causes mitosis in the B-cell subpopulation of lymphocytes. This action had been discovered at Rhode Island Hospital by Patricia Farnes and Barbara Barker, following their astute observation that lymphocytes underwent mitosis in the blood smear

of a child who had ingested the berries of *Phytolacca americana*, known as “pokeweed.”

Of course, the agent in the Dartmouth poisoning was not *Phytolacca americana*, so the cultures that Dean Seibert prepared failed to make new DNA or to mitose.

But the excitement that the 1966 event generated was sufficient to cause me to remember the proper name for the plant with the mitotic activity for all these many years.

O. ROSS MCINTYRE, M.D.  
DMS '55  
Lyme, N.H.

#### False hellebore strikes again

I greatly enjoyed Roger Smith’s article “Wild Greens” in your Spring issue. I had the pleasure six years ago of taking a course he taught in the Institute for Lifelong Education at Dartmouth (ILEAD). Had I known then that he was interested in accidental poisoning with Indian poke, also known as false hellebore, I would have immediately sent him an account of my own experience.

In the spring of 2004, I had a discussion with John Williams—a forester, birder, and naturalist

and now my husband—about whether or not skunk cabbage grew on my land in Rumney, N.H. At the time, I didn’t know that he was always right about the identification of wild plants. I maintained that I had seen skunk cabbage growing in my meadows, and he maintained that it was false hellebore.

One pleasant day I took a walk with a friend and picked what I was sure was a fresh, young skunk cabbage. We brought it into the kitchen and cut it open, but it did not smell like skunk cabbage so we threw most of it out, leaving the stem on the cutting board for some reason. The next day, I made myself an egg-salad sandwich; seeing the stem, and mistaking it for the green of spring onion, which I often saved after using the bulb, I chopped it up finely and added it to the egg.

About two hours later, I began to vomit. Then I had diarrhea. I realized I must have eaten false hellebore. I looked it up in *Edible Plants of New England*, which said that the alkaloids are concentrated in the roots and lower stem. Still, I didn’t really worry until I began to feel a tingling in my fingertips. I then changed into easy clothes, unlocked the door, phoned 911, and lay down to wait on the couch in the living room. I threw up one more time, a watery mess on the stone hearth.

When the ambulance came from Plymouth to take me to the local hospital, Speare Memorial (I live only 35 miles from DHMC, but Speare is even closer), I asked them to please noti-

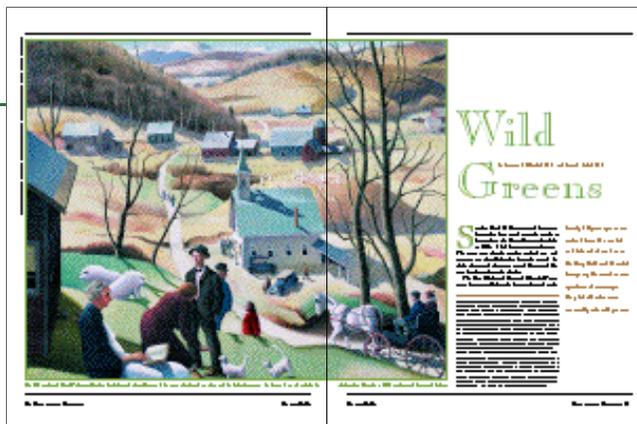
fy John Williams. He and I arrived at the hospital simultaneously. I saw him through the glass entryway as they were carrying me into the ER on a gurney. I sat up and waved because I didn't want him to worry.

They'd tried to start an IV in the ambulance but couldn't get a needle in my vein, and I asked them to stop because it hurt. When I arrived at the ER, they did start an IV after taking my bloodpressure. It was 40 over 20, and my pulse was just 30. John had to convince the attending that I had not tried to commit suicide by purposely eating false hellebore.

I'd had the presence of mind to bring my plant book with me so they could see what I'd eaten, and in no time at all they were able to go online and get all the information they needed. It was very distressing to learn that there was no antidote. Atropine, which was administered in the incident that Roger Smith wrote about, was not mentioned. While I was still hooked up to the machine automatically reading my vital signs, John leaned over and kissed me. I could see that my blood pressure went up dramatically.

I spent the night in the hospital, and John spent the night at my house taking care of my dog. When I was discharged the next day (my blood pressure was back to my usual 110 over 60, but I had to convince them that I normally had nice low pressure), I went home to find that John had also cleaned up the mess on my hearth.

What a find he was. We were



An account of a poisoning 40 years ago (above) and of a building project completed this year (below) were among the Spring issue articles that came in for comment.



married six months later, and I never, ever question his plant identifications.

JODY WILLIAMS  
Rumney, N.H.

**Good place, good people**

I read with interest your Spring issue article "A Healing Place," having been part of the Project for Progress team over the last five years as the wayfinding and signage consultant to the architects, Shepley Bulfinch Richardson and Abbott.

The article was very well done and had an interesting dual perspective from the author, as both an architectural critic and a parent. The challenges of any

medical facility growing to accommodate new services, technologies, and patient needs are enormous. DHMC has grown significantly—and has continued to put the patient and visitor experience first in planning and implementing the expansion.

Orientation was an important part of the project. Architectural cues, views to the outside, placement of artwork, landmarks, and lighting were all considered and integrated into the design of the hospital.

But from my perspective, it is the caring clinicians, administrators, and volunteers that make DHMC the place it is—and the new expansion allows them to

do their work with patients in a more spacious, comfortable, and healing environment.

DENISE LUGAR  
Cambridge, Mass.

**Personable presidents**

I enjoyed the article in your Spring issue about James Varnum's 28-year tenure leading Mary Hitchcock Memorial Hospital. If my math is correct, Hitchcock has had but two presidents in the past 58 years. I wonder if any other medical center has enjoyed that remarkable record of longevity.

I never had the pleasure of knowing Mr. Varnum, but when I arrived for my interview as a prospective intern in 1952—four years after his predecessor's appointment—Mr. Wilson met us at the main entrance and took us to lunch in the cafeteria himself.

After the often frightening, regimented, and impersonal interviews at other hospitals, which hospital do you suppose was my first choice in the then-brand-new intern-matching program? Good guess!

JEROME NOLAN, M.D.  
HOUSESTAFF '52-54  
Wilmington, N.C.

**Letter of credit**

I borrowed the Winter issue of DARTMOUTH MEDICINE from the book rack at my doctor's office here in Nashua, N.H. I knew I couldn't finish it there, but I am going to put it back at my next appointment.

I was especially interested in the letters pertaining to the article "Evermore"—Nancy Price Graff's account of her battle with



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depression. The letter by James Noyes of the Dartmouth College Class of 1968 was especially compelling; he has real courage and deserves a medal for his letter—I salute him.

I am in the autumn of my years and have struggled with depression since I was 11, maybe even earlier, and the battle goes on. I have had so many diagnoses and different pills, I have lost count. I truly know what Saint John of the Cross meant when he spoke of “the dark night of the soul.” And too many doctors now have joined the ranks of the pill pushers. After an hour’s talk, they hand you a diagnosis and a script for the newest pill: “Here, take this and come back in three weeks and let me know how you feel.” But I keep going because maybe one of those pills will finally do the trick and I will be cured.

This is the scourge of mental-health care in America.

I’d love to get a copy of the issue in which Nancy Graff told her story; she, too, deserves credit for sharing her experiences.

RITA M. PARKER  
*Nashua, N.H.*

#### Lessons learned

I was very interested in the article by Nancy Price Graff in your Fall 2005 issue. She eloquently described her ongoing treatment for chronic depression, including as an inpatient at DHMC.

I understand far more about what she has gone through than I would have a year ago, for I spent the winter term this year—during my junior year at Dartmouth College—as the activities

therapy intern on DHMC’s Inpatient Psychiatry Unit. My internship involved recruiting, training, and coordinating the other student volunteers who conduct leisure activities for patients on the unit. It also involved daily interaction with people suffering from mental illnesses such as schizophrenia, bipolar disorder, major depressive disorder, and dementia.

I learned during my internship that mental illness is much more common than we think, and that it is a very stereotyped view of the mentally ill that we see in the media. I also discovered that patients’ appearance is not necessarily consistent with the severity of their disorder. At first, I found it easy to dismiss those who were missing limbs, drooling, and saying things that made no sense—until I realized that they had emotions and interests all their own and sometimes even similar to mine. On the other hand, I found that an attractive, positive exterior can sometimes belie serious inner turmoil.

As I spent more time with the patients, I came to see each one’s

unique charms, talents, and dreams. Soon, the stereotypes I’d brought in with me were replaced by meaningful relationships with the patients. I began to understand that they are just like the rest of us, that mental health is a continuum of symptoms, and that all of us share universal challenges related to trust, honesty, and dependency.

Finally, I learned that like many other enterprises, mental-health care is very much a team effort. Each member of the team—psychiatrist, medical student, resident, nurse, therapist, intern, and volunteer—contributes a piece of the puzzle of patients’ treatment. In fact, volunteers play an especially significant role, as patients sometimes present themselves in different ways to different people.

I am very grateful to have had this opportunity to open my mind, expand my comfort zone, and challenge myself. Through lessons such as these, I came to realize that I, too, experienced healing on the unit.

ANGELA FANG  
DARTMOUTH COLLEGE ’07  
*Hanover, N.H.*

#### Pioneering spirit

My father suffered severe burns as a young man during World War II, and growing up we couldn’t help but notice that his ears were very different—practically carved out of his head.

I recently obtained his military records and read the reports of the many surgeries he had at Cushing Hospital between 1945 and 1947. Major Radford Tanzer [later a longtime member of the Dartmouth faculty] was listed as his doctor in the records.

I then found the article about Dr. Tanzer’s development of the technique for total ear reconstruction in the online edition of DARTMOUTH MEDICINE. It was very interesting to read that his work on my father led not only to my father getting a second chance at a quality life, but that it was pioneering work which led to even greater advances. I appreciated your story about this wonderful doctor.

TIM COSTELLO  
*Guilford, Conn.*

#### Shhh . . .

I’d like to request a subscription to DARTMOUTH MEDICINE, starting with the fascinating Spring 2006 issue—which I spent too much time reading in my doctor’s office this morning. I used to read the magazine when I was the medical librarian at Brattleboro Memorial Hospital and would like to see it regularly again. Thank you.

MARTHA J. FENN  
*Brattleboro, Vt.*

See the box on page 24 for details on being added to our rolls. ■