

Several features in the Fall issue prompted readers to write in. The cover article, about paintings of surgical scenes, generated three letters. And a retired faculty member questioned some of the factual details in another feature.

### Remarkable paintings

I am the grandmother of Brett Chevalier, a first-year student at DMS who had arranged for me to receive DARTMOUTH MEDICINE. I was delighted recently to receive my first copy and was fascinated by the reproductions of the remarkable paintings of Dr. Joseph Wilder. I suddenly realized that this was the Joe Wilder we knew in New York in the 1960s, when my husband was treasurer and business manager of the Riverdale Country School and Dr. Wilder was an active parent there. In fact, in 1964, he gave my husband an inscribed copy of the newly published second edition of his textbook, the *Atlas of General Surgery*.

I have written a note to Dr. Wilder and would appreciate receiving an address to which I may send it. Many thanks.

VIRGINIA C. HAHN  
Acton, Mass.

*We are happy to pass along comments from readers to contributors to the magazine, although we don't give out their addresses without their permission. Wilder, however, has said he would be happy to have us share his contact information with readers. He can be reached by e-mail at wilderjoe@aol.com, by phone at 212/586-7518, and by snail mail at 60 West 57th Street, #11L, New York, NY 10019.*



**W**e're always glad to hear from readers—whether it's a letter from a longtime subscriber who's weighing in with an opinion, or a note from someone who would like to become a longtime subscriber. In fact, we are happy to send DARTMOUTH MEDICINE—on a complimentary basis—to anyone who is interested in the subjects that are covered in the magazine. We regret, however, that the complimentary subscription offer can be extended only to addresses in North America. Both subscription requests and letters to the editor may be sent to: Editor, DARTMOUTH MEDICINE, One Medical Center Drive (HB 7070), Lebanon, NH 03756, or via e-mail to: [dartmed@dartmouth.edu](mailto:dartmed@dartmouth.edu). Letters for publication may be edited for clarity or length.

### Remembering an old friend

Congratulations on the superb article in the Fall 2002 DARTMOUTH MEDICINE, about my DC '42 classmate “noted artist and surgeon Joe Wilder.” It arrived just in time to coincide with a visit from Marilyn and Nelson (Tufts '42, alas) Blackburn. Nelson is a '45 graduate of Columbia's medical school, as are both Joe and I. In addition, Nels was an actual roommate of The Man at Columbia. Their apartment was such a favorite watering hole for DMS grads such as Forbes Delany, me, and the late Warren Taylor, Frank Dain, and Jerry vonWedel that many thought of Nels as another one of us.

We all enjoyed the write-up about Joe and his paintings, including the comments by Drs. Koop and Starzl and art critic Donald Kuspit. On the Blackburns' annual visit here from Maine, we don't need much excuse to start retelling tales about Joe, but the generous spread on

our mutual acquaintance provided a welcome extra push.

HARRY KRAMER  
DC '42 AND DMS '43  
Holden, Mass.

### Many memories

Thanks for your great article on Dr. Joe Wilder's paintings! I am a surgeon, retired from a rural practice with no housestaff. But we had great ER, OR, recovery room, and anesthesia staff as support. When I left the OR, they put up a banner saying, “Thanks for 27 years of friendship.”

I had already retired when I received my August 1991 *Journal of the American Medical Association*, which featured one of Joe Wilder's paintings—*Contemplation*—on the cover. I had it framed and hung on my wall. It brought back many memories!

I look forward to Dr. Wilder's upcoming book.

LYNN C. STOKER, M.D.  
HOUSESTAFF '54-'59  
White Bear Lake, Minn.

### Of veracity and vividness

I would like to comment on the “compelling” story told by the old drifter in the Fall 2002 DARTMOUTH MEDICINE, as related by Dr. Emily Transue, DMS '96 [“Adrift”]. I'm afraid the story would be more “compelling” if only it were true. However, there are so many inaccuracies that I suspect it is a fairy tale.

I applaud the effort of Dr. Transue to pull background color from her patients. I also have tried to broaden and deepen my perception of patients by talking about their military experiences, particularly during my long association with the White River Junction VA Hospital. When such sagas are retold, they are vividly accurate because of the intense emotions generated in the original setting. By contrast, let me point out the many inaccuracies in Dr. Transue's tale.

The implication of aerial combat involving a carrier-based plane with a large crew, from which there were only two survivors after a crash in the Pacific, bears examination. In 1945, almost all carrier-based planes (dive-bombers, fighters, or torpedo planes) had one- or two-man crews. And those planes would not have carried large life rafts capable of sustaining two men for six weeks, with “plenty of water” (which would have amounted to 30 to 40 gallons).

Also, the other survivor in the raft was identified as a captain, which in the Navy is equivalent to an army colonel (four stripes). This rank would suggest duties other than a combat-pilot role (even on a carrier).

And the chance of a submarine effecting a rescue in the open Pacific six weeks later would approach the miraculous. Remember that George Bush, Sr., was rescued almost immediately by a sub after ditching on a monitored island strike. (Maybe the yarn-spinner was trying to one-up Eddie Rickenbacker; this real hero, a WWI ace who shot down 25 German planes, was awarded the Congressional Medal of Honor and the Croix de Guerre. He retired as a captain and in 1938 became president of Eastern Airlines. In WWII, he had to ditch in the Pacific and barely managed to survive 27 days on a life raft.)

In addition, if the sub had returned all the way back to Pearl Harbor from the combat zone, it would have taken a long time and the immediate effects of the two survivors' exposure would have lessened. Also, the role and attitude of the "sergeant" don't add up. First of all, this was a Navy story and naval enlisted men are not "sergeants" unless they are Marines, but Marine personnel on a carrier probably would not have been dispatched for this hospital trip. And a non-commissioned officer wouldn't dream of addressing a commissioned officer in the manner suggested. There is a huge chasm between the ranks. Since the patient in question and his doctor (whose rank was hidden) were both certainly commissioned officers, the "sergeant" would have been extremely respectful in his address and responses.

The patient also refers to his "regiment." This is an Army



**The letter and response below explore the details, and essence, of this Fall feature.**

term (usually two or three battalions) and not one used on a naval carrier. And there were no "floating palaces."

The last straw in this fabrication was the presence of a three-star bedside caregiver! Colonels and naval captains ran hospitals in 1945, and they delegated patient care to lieutenants and lieutenant-commanders. I doubt if there were any three-star admirals or generals in the whole medical branch of the Navy or Army in 1945. (Perhaps a one-star one in Washington, D.C.)

I was a sergeant in the Army during the time in question and can vouch personally for the impossibility of the supposed verbal exchange. I'm afraid that and the many other aspects mentioned above definitely put this saga in the "tall tale" category.

WALTER FREY, M.D.  
Fairlee, Vt.

*Dr. Frey is a professor of medicine emeritus at DMS. We invited the author of "Adrift" to respond to his observations. "Dr. Frey's thought-*

*ful comments are much appreciated," Transue wrote, "and he raises many valid questions about the historical plausibility of my patient's story. Some of the inconsistencies he notes may be in my recounting; I may have substituted 'captain' for 'pilot,' for example; I apologize for any inaccuracies my memory might have introduced.*

*"It is also likely that the story had changed in my patient's mind over time—words that he could pull from his mind substituted for ones he could not, the time on the raft lengthened, the ranks exaggerated. This was, after all, a man with neurological problems who had spent the last 20 years living on the streets and who had difficulty finding even simple words; neither his memory nor his vocabulary is beyond suspicion. I know he spoke with conviction—the 'vividness,' as Dr. Frey so correctly describes it, born of 'intense emotions generated in the original setting.' But we know from research on eyewitnesses that memories, however vivid and intense, are not always accurate. I cannot validate my patient's facts; the only*

*physical evidence I have to vouch for his story is the several hundred cancerous and precancerous lesions removed from his face and back, indicating what the dermatologists deemed an 'extraordinary' history of prolonged sun exposure.*

*"For me, however, the heart of the story does not rest on its factual accuracy. Rather, I was fascinated that the telling of it—not offered spontaneously as a boast, but drawn out by questions—lifted him for a few minutes out of the shell of isolation and silence imposed by his neurologic disease. The story may have been embellished by time (as many stories are), altered by his disease, or even fabricated. Yet none of these diminished its transformative power for this patient. Telling the story—whatever its degree of objective truth—lifted him out of one psychic and indeed physical state and opened the way, temporarily, to another. We know that this can happen, but still it is a mystical thing to witness. This, rather than any interest in discovering a lost war hero, was what inspired me to put the experience to paper."*

### Vaccination vexations

The article by Dr. Seymour Wheelock in the Fall 2002 issue ["President Wheelock & the Smallpox Caper"] was a good read. Coincidentally, Dr. Wheelock was the pediatrician for one of my sons around 1965.

It was also interesting that I read it just a day after I read an essay in *Atlantic Monthly* about a group of parents in Boulder, Colo., who refuse to let their children be vaccinated for various diseases, including whooping cough. Boulder now has a much

higher incidence of this disease than the rest of the state, among both the refuser families and the general population. The author cited this as a case of breaking a social contract under which people accept some personal risk to avert greater risk to the community, an intriguing variant on the Eleazar Wheelock episode.

STEPHEN H. TAYLOR  
Meriden, N.H.

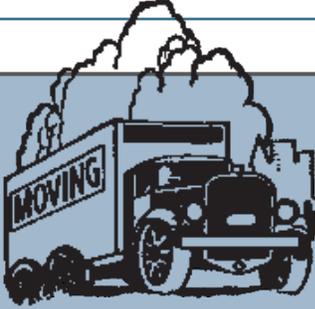
### Revisiting the classics

I was glad to finally meet John Nemiah, albeit not in person but on page 5 of the Fall issue of DARTMOUTH MEDICINE. I knew his father, the late Dartmouth classics professor Royal Nemiah, who delighted in whetting my '60s enthusiasm by telling me, an aspiring classics major and premed, that his son, a Harvard professor of psychiatry, had studied the Plautine plays at Dartmouth. (I was proud to have just won a citation for my interpretation of the plague sequence in Thucydides' *Peloponnesian War*.)

So perhaps it would be even more accurate to say that Dr. Nemiah was, in fact, starting "his fourth—make that fifth" instead of "his third—make that fourth" career when he joined the DMS faculty in 1985.

As far as I am concerned, as an internist in my late fifties (in at least my fifth career), those contemplative hours translating Greek and Latin or discussing them in tiny, intimate classes represented my "first career."

I long ago saw the phrase *Hic mors vivet succurere vivem* (or something to that effect—meaning "Here death shall live in



**B**e sure to tell us when you move! If your address changes and you want to continue to receive the magazine, just tear off the back cover of the most recent issue, write your new address next to your old one, and mail it to: DARTMOUTH MEDICINE, One Medical Center Drive (HB 7070), Lebanon, NH 03756. It helps us greatly—since our mailing list is drawn from seven separate databases—if you send the actual cover (or a photocopy), rather than just your new address. Note, too, that if you receive more than one copy of the magazine, it's because of those seven databases. We're happy to eliminate duplications, but once again it's a great help if we have the address panel from the cover of *all* the copies you receive, not just the one(s) you'd like deleted.

order to help the living") on the wall of a hospital autopsy room.

Let me close with *Ave atque vale*—"hail and farewell"—Cattullus's comment at the grave of his recently deceased brother.

PETER DORSEN, DC '66  
Minneapolis, Minn.

### Coincidental connections

The "Editor's Note" in the Fall issue of DARTMOUTH MEDICINE mentioned coincidences. I agree that they happen all the time—often seemingly impossible ones. I can't resist mentioning several pertaining to Dartmouth and/or DARTMOUTH MEDICINE:

There was a whole page in the Fall issue on Heinz Valtin ["8x8 study prompts a deluge in the press (as well as in puns)"]. He has an unusual last name—one I have come across only once before. A book called *Out of the Night* by Jan Valtin was an important source for a two-volume history that I wrote about North German Lloyd shipping.

I also noticed a story about a psychiatrist named John Nemiah. Is he a son of Professor Royal Nemiah, who taught German during my time at Dartmouth?

I also came across a reference to Dartmouth in a publication that I receive from our HMO. It noted the organization's participation in the Leapfrog Group, a program fostering "better staffing and improved technology that Dartmouth Medical School says could save more than 58,000 lives and prevent 522,000 serious medication errors each year nationwide." I quoted the item in my Dartmouth Class of 1936 newsletter, the "Tithe."

And today, the *San Francisco Chronicle* had a long article, titled "FBI Probes Redding Doctors' Heart Surgeries," that quoted Dartmouth.

Connections like these surely do help to make life more interesting and rewarding.

EDWIN DRECHSEL, DC '36  
Berkeley, Calif.

### Staying in touch

I recently received a copy of DARTMOUTH MEDICINE and noticed that you offer complimentary subscriptions. I spent 12 months in the University of New Hampshire medical technology program a number of years ago and would appreciate receiving Dartmouth medical news.

MARY ZOUKIS PAPANASTAVROS  
Weston, Mass.

### Career relevance

Please add me to your mailing list. I am a Class of 2000 graduate of Dartmouth College and always enjoy your magazine when I pick it up on campus or come across it while visiting friends. As a master's student in nutrition, I find relevance to my life and career aspirations in almost every article!

MEGHAN P. SULLIVAN, DC '00  
Garden City, N.Y.

### A patient plea

My first visit to DHMC was in 2000. During that time, I received excellent medical care—plus had the opportunity to read DARTMOUTH MEDICINE. I enjoyed every article!

My medical visits are no longer as frequent, and I miss your publication. I would greatly appreciate being added to your mailing list. Thank you.

MARY E. SOUTHER  
Concord, N.H.

*We are happy to add to our mailing list anyone interested in the subjects covered in the magazine—being a medical technologist, nutritionist, or patient is not a prerequisite. See the box on page 21 for details. ■*