

Eureka moments

By Dana Cook Grossman

All truths are easy to understand once they are discovered," wrote astronomer Galileo Galilei. "The point is to discover them." The 17th-century Italian is best known as the inventor of the telescope, but if he'd been drawn to the life sciences instead of the physical sciences, he might have conceived of the microscope.

As it was, the idea of using lenses to see tiny rather than faraway objects was left to Antoni van Leeuwenhoek, a Dutch inventor who is credited with constructing the first microscope in the 1670s, three decades after Galileo died. Nevertheless, the Italian's observation about the process of discovery is just as pertinent to biomedical science as it is to astronomy and physics—not to mention every bit as true today as it was when he penned the thought close to 400 years ago.

In fact, sages of more recent vintage have wrapped the same concept in slightly different words. In the 19th century, American naturalist Henry David Thoreau wrote: "The process of discovery is very simple. An unwearied and systematic application of known laws to nature causes the unknown to reveal themselves." And 20th-century Russian-born writer Isaac Asimov, who was not a scientist himself but whose novels realistically probed the future of science and technology, wrote: "The most exciting phrase to hear in science, the one that heralds new discoveries, is not 'Eureka!' (I found it!), but 'That's funny . . .'"

Actually, careful readers of this magazine may be saying "That's funny . . ." right now, as they look at the page facing this essay. The section that used to fall opposite this "Editor's Note" was called "Vital Signs." It was a catchall institutional news section that contained an assortment of stories about research findings, clinical advances, human interest tidbits, educational programs, and more. But since medicine—especially its expression at Dartmouth—is a vibrant, growing enterprise, there's been more and more such news to share in recent years. Just as a patient's vital signs—heart rate, blood pressure, and so on—are a measure of an individual's health, so, too, has the growing depth and richness of our "Vital Signs" section represented a measure of the institution's health.

But finally we had a "eureka moment": the section had simply become too sprawling. So starting

with this issue, we've broken out all the stories concerning research and put them in a section of their own, called "Discoveries." Thus the department heading on the facing page is not a new name for "Vital Signs" but represents a division of what used to be an omnibus news section. From now on, news about research—from the basic, clinical, outcomes, or educational arenas—will be in "Discoveries." And the rest of the stories that have been in "Vital Signs" will still be in a section of that name—which in this issue starts on page 11.

We decided on this way of making the split partly because research stories seemed to be the easiest to "isolate and purify," to use a fitting phrase. But it's also an appropriate split because the vibrancy of DMS and DHMC research has never been stronger (see page 19 for the latest measure of the strength of this part of the institutional mission).

Yet the strength of Dartmouth's commitment to the humanity of medicine has never been stronger either, as is evident from many other news stories, essays, and features in this issue. So we've also introduced another change, in the very back of the magazine. Turn to page 72, and you'll see that we're balancing the extra emphasis being given to research in the front of the magazine with the creation of another new section, called "Art of Medicine," in the back of each issue. Here, we'll share a work of visual art that has some medical component to it, some message that health care is not simply about medicines and machines but also about the most meaningful parts of our lives.

That equal acknowledgement of the science and the humanity of medicine couldn't be more apt than in a publication bearing the Dartmouth name. There are institutions that turn out more research, and other places where the human element is an essential part of the institutional ethos. But I think you'd be hard-pressed to find a medical center where the head and the heart are integrated as thoroughly as they are at Dartmouth.

Observant readers may also note in this issue a new design for the department headings and a new, matte cover finish. Such ongoing changes are part of our "unwearied and systematic" effort to move you, touch you, entertain you, inform you. And maybe even provide a "eureka moment" or two.

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