

SIGHT FOR SORE EYES: Over 100 Dartmouth medical students volunteered at 14 area nonprofit organizations on DMS's fourth annual Common Good Day in October—doing school vision tests, clearing trails, singing at a local senior home, and much more.



When bad things happen to a “good person”

“He slides and he’s fast,” says Dr. Daniel Herz, a pediatric urologist at DHMC. Herz is describing the means of locomotion used by one of his patients—two-year-old Phung Thien Nhan, who has only one leg. The boy “will throw his good leg out, and his arm,” explains Herz, “and he’ll scoot and slide on the floor.”

Mauled: Thien is like a whirlwind as he gets around—an apt metaphor for his tumultuous but amazing young life. His 17-year-old mother abandoned him at birth in July 2006, in a jungle in central Vietnam’s Quang Nam province, leaving him under a pile of papaya leaves. Three days later, some local villagers found him. He’d been mauled by an animal and was barely alive; his genitals and most of his right leg were gone and his wounds were covered with insects.

His rescuers rushed him 60 miles to the nearest hospital, where doctors saved his life. They amputated his leg at the

hip and did initial urethral surgery so he could keep his urinary function. At the hospital, some visiting Buddhist monks gave him the name Thien Nhan, meaning “good person.”

But the doctors couldn’t afford to keep him, so they returned him to his mother’s family, where he was neglected and undernourished and had to forage outside for his own food.

Yet Thien was soon a minor celebrity in Vietnam; his story touched many people, including Greig Craft, president of the Asia Injury Prevention Foundation. He looked into

the situation and learned that the boy had just been adopted by a Vietnamese journalist and her husband—but they needed help with Thien’s expensive long-term surgery.

Craft knew Dr. Joseph Rosen, a DHMC plastic surgeon, from Rosen’s medical missions to Vietnam. Rosen and Dartmouth teams travel regularly to Hanoi to train surgeons there. (For more about Rosen’s work in Vietnam, see page 60 in this issue, as well as dartmed.dartmouth.edu/summer07/html/vs_hanoi.php.)

Craft asked Rosen if he would oversee Thien’s care—several more genital surgeries over the next 10 to 15 years, plus eventually the fitting of a robotic leg. Rosen agreed. They arranged for Thien to come to DHMC in August 2008 so Herz could perform a urethral dilation—widening the boy’s urethral opening and

stitching it to his skin to hold it open. The surgery was funded by private donors recruited by Jennifer Ames, the OR operations manager at DHMC.

Older: The boy also traveled to the Rehabilitation Institute of Chicago while he was in the U.S., to be evaluated for a robotic prosthesis that he’ll get in Vietnam when he is older.

Rosen and Herz are confident that Thien will be able to receive the rest of his care in Vietnam—including urethral and penile reconstruction and the fitting of the robotic leg. While the boy was at DHMC, Herz determined

The baby was abandoned under a pile of papaya leaves in the jungle.

that his existing urethra is healthy and extends all the

way to his bladder, which will make grafting a urethral tube—built with tissue from inside his cheek—much easier. “He defies a little bit of logic,” says Herz, who is “surprised that he’s always in such good spirits.”

Sojourn: The boy and his adoptive mother and father stayed with Ames during the family’s sojourn in the Upper Valley. Thien and Ames’s teenage son soon became fast friends. “They went out on our front lawn,” she recalls, and “were ripping up the grass and throwing it. . . . By the time they came back in, . . . Thien was calling my son ‘brother’ in Vietnamese.

“It’s a miracle that he survived,” she adds, “but it’s a miracle that he is the child he is, to be so loving and trusting.” For more on his compelling story, see www.help-thien-nhan.blogspot.com/.

MATTHEW C. WIENCKE

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1902 DMS Circular of Information:

“Applicants for admission to this School must have (a) graduated from a registered college, or (b) satisfactorily completed a full course in a registered Academy or High School, or (c) have had a preliminary education considered and accepted as fully equivalent.”



\$110

Annual Dartmouth Medical School tuition in 1902

\$438

Average annual household income in the U.S. in 1900

\$210

Fee to take the Medical College Admission Test at a U.S. test site in 2008

3.7

Average undergraduate GPA of first-year students in 2008



Jennifer Ames, left, checks on Phung Thien Nhan before his DHMC surgery, as the boy’s adoptive father holds him.