

Plastic surgeon, after 40 years as a “fixer,” gains emeritus status

Ever since injuring his hand as a child, Forst Brown, M.D., had an inkling he would be fixing injuries similar to his own. After a 40-year career doing exactly that, as a hand and reconstructive surgeon, he was recently named a professor emeritus of plastic surgery at DMS.

Duties: When he joined the plastic surgery section at Mary Hitchcock Memorial Hospital in the late 1960s—sharing duties with just one other plastic surgeon—the section had a very active burn unit and did cleft palate surgery for the entire state of New Hampshire; later on, Brown’s focus became rheumatoid hand surgery.

He also held numerous administrative posts at MHMH: director of the Emergency Department, chief of the Section of Plastic Surgery from 1983 to 1998, and vice chair of the Department of Surgery from 1983 to 1995. He was also active in regional emergency services planning in the 1970s, “setting up EMS services up and down the Connecticut River,” he says.

Brown earned his M.D. from Harvard in 1959, then completed residencies in general surgery and plastic surgery at University Hospitals of Cleveland from 1959 to 1967.

Active: He has been active in organized medicine, including as president of the New England Society of Plastic Surgeons; a member of the executive com-

MEDIA MENTIONS: DMS AND

Among the people and programs coming in for prominent media coverage in recent months was Dr. **Henry Bernstein**, a member of the American Academy of Pediatrics’ infectious disease committee. In an article on testing for H1N1, *USA Today* reported that “because virtually all flu cases have been H1N1, doctors can be fairly sure that anyone with flulike symptoms who’s positive for influenza A... has H1N1 flu. At this point,” Bernstein told the paper, “if symptoms look like the flu, ‘it’s H1N1 until proven otherwise, almost.’”



“If young athletes want to preserve their brains after a head injury, however minor, the typical jock advice to suck it up and get back in the game is not only bad, it’s potentially life-threatening,” reported the *New York Times*.



“‘If in doubt, sit them out,’ is the strong recommendation of Dr. **Robert Cantu**, one of the nation’s leading experts on sports-related concussions and their consequences” and an assistant professor of orthopaedics at Dartmouth Medical School. “‘No athlete should be physically exerting himself if he has any concussion-related symptom,’” Cantu told the *Times*.

In the wake of the deadly Fort Hood shooting, Dartmouth psychiatrist Dr. **Andrew Pomerantz** appeared on “The Takeaway,” a public radio news show. “There has been a lot in the news recently about the stresses and strains on the caregivers in the military,” Pomerantz said. “The military has suffered a lot of losses of psychological counselors over the years. It’s been actively recruiting more and it has been beefing things up pretty well. We also know a lot more about how to deal with the stresses of deployment, . . . but something like this happens and I think all bets are off.”



CNN.com discussed the movement to give patients more information about the actual cost of

their care. “Hospitals say they’re responding to a growing demand from patients who are paying for more of their health care out of pocket, thanks to rising deductibles and the advent of high-deductible, consumer-driven plans. . . . Even individual hospitals are striving to offer more transparency. **Dartmouth-Hitchcock Medical Center** . . . posts very detailed information about prices on the hospital’s website. . . . It’s part of the medical center’s mission to provide transparency about costs, outcomes, and patient satisfaction.”

“Insomnia—difficulty falling or staying asleep—can wreak havoc on people’s lives,” asserted *U.S. News & World Report*.



“About 30 percent of adults experience some degree of insomnia at some point in their lives. . . . ‘Almost everyone who walks the face of the Earth will have at least a very transient period of sleep disturbance at some point in their lives,’ due to stress, pressure, worry, or even medical problems that cause pain and distress, says **Michael Sateia** . . . chief of sleep medicine at Dartmouth-Hitchcock Medical Center.”

“What if you undergo surgery, spend months in rehabilitation, and still feel no better?” asked *Good Housekeeping*.

“That’s what happened to Catherine Johnson, 50. . . . For seven years, her life revolved largely around pain from a slipped disk in her back. She’d tried . . . everything. . . . Finally, a new doctor referred her to the Spine Center at Dartmouth-Hitchcock Medical Center in Lebanon, N.H. After 14 full days in the functional restoration program . . . she found relief.”



For advice on finding the right doctor to treat back pain, the magazine spoke to Dr. **Rowland Hazard**. “Orthopaedic surgeons and neurosurgeons both treat spines. . . . ‘The important thing is to find someone—of either specialty—who’s taken a fellowship focused on spine surgery,’” Rowland said.

The *Los Angeles Times* investigated the reasons for the high cost of care in Los Angeles hospitals.

D H M C I N T H E N E W S



“There’s pretty good evidence that we simply overbuilt the acute-care sector, and we’ve done that more extensively in places like Los Angeles than we have elsewhere,” said Dr. **John Wennberg**, founder of the *Dartmouth Atlas*. . . . ‘Some places just have a lot more hospitals and doctors . . . and it doesn’t seem to have a beneficial impact on outcomes.’” National Public Radio’s “All Things Considered” asked Wennberg how he became interested in regional variations in health care. He said it was all because of which Vermont town he settled in years ago. “If my kids had been going to the school system in Stowe, they would have had a 75% chance of getting their tonsils out. If they’d gone to the Waterbury school—where they actually did—it was about 20%,” Wennberg said.

“Last year pharmaceutical companies spent more than \$4 billion urging patients like you to ‘ask your doctor’ about their drugs,” reported Associated Press. “But if you want a prescription that won’t empty your wallet, while still keeping you well, you might start asking your doctor about drugs you don’t see on TV. . . .



Just because a drug is approved doesn’t mean it works very well,’ said [Dartmouth researcher] Dr. **Lisa Schwartz**. . . . ‘You really need to know more to see whether it’s worth the cost.’”

Debate continues, the *Boston Globe* reported, over a controversial back treatment called vertebroplasty. “The minimally invasive surgery . . . is under scrutiny after two recent studies in the *New England Journal of Medicine* concluded the popular treatment to ease pain from back fractures, typically caused by osteoporosis, is no more effective than a sham surgery.” But many doctors continue to believe in its effectiveness. “The controversy perfectly illustrates why the U.S. should more carefully study surgical procedures before they become widely available . . . , said Dr. **James Weinstein**” of Dartmouth.

“Whether the nation faces a physician shortage is a matter of debate,” noted the *New York Times*. “But a new study suggests there are already fewer doctors practicing than had been estimated, because of a lag in reporting retirements. The new study . . . estimates that the United States has 788,000 active physicians—65,000 fewer than calculations have suggested. . . . That did not necessarily mean there would be an acute shortage of physicians,” Dartmouth economist **Douglas Staiger** said, but “we need to get the baseline correct in order to make future forecasts.”

The *St. Petersburg Times* also tackled the issue of physician supply. “Some experts say that by 2025 the nation could be short by as many as 44,000 adult-general-care physicians,” the paper stated. “Some medical experts say we don’t need more doctors—we just need to get the doctors we have to stay in primary care and to practice in underserved communities. . . . ‘We’ve been adding a lot of doctors to our health-care system over the last 20 years, and we’ve dug ourselves deeper and deeper in a hole,’ said Dr. **David Goodman**” of Dartmouth.

“Just as older people tend to avoid psychiatrists, psychiatrists do not seem to want to spend their careers with old people,” said the *New York Times*, noting that only 1,800 are board-certified in geriatric psychiatry. “That is about 4,000 to 5,000 fewer than needed, said **Stephen Bartels**, director of the Dartmouth Centers for Health and Aging. . . . And geriatric psychiatrists are so unevenly distributed that whole states—like Idaho, South Dakota, Utah, and Wyoming—have only one or two.”



“It’s hard to feel sorry for America’s family doctors,” stated *Time* magazine. “Any job that averages \$179,000 per year and lets you be your own boss is a job most folks wouldn’t turn down.” So, the magazine asked, “Do we simply pay doctors too much? The truth is, we pay them all wrong. . . . ‘We need a transition to rewarding the actual value of care,’ says Dr. **Elliott Fisher**. . . . ‘For now, our payment system is getting in the way.’”



mittee of the American Association for Hand Surgery (AAHS); and associate editor of that organization’s newsletter, *Hand Surgery Quarterly*. He and his daughter, Mary Lynn Brown, DMS ’84, an orthopaedic surgeon, were the first father-daughter members of the AAHS. He also received the AAHS Clinician Teacher of the Year Award in 1995.

Travel: He was bitten by the travel bug back in the 1960s, while serving in France during a brief stint with Walter Reed Army Hospital. Now that he’s fully retired, he enjoys a lot more travel, throughout Europe and China. And when he’s at home, he keeps busy using software to digitize old Kodachrome slides from his early trips. “I’m very pleased with them,” he says. “They show up on a TV screen with very few fixes.”

For someone who spent his career fixing mishaps, it’s a pretty good way to enjoy retirement.

MATTHEW C. WIENCKE

MARK WASHBURN



Plastic surgeon Forst Brown is now retired, after 40 years on the faculty.