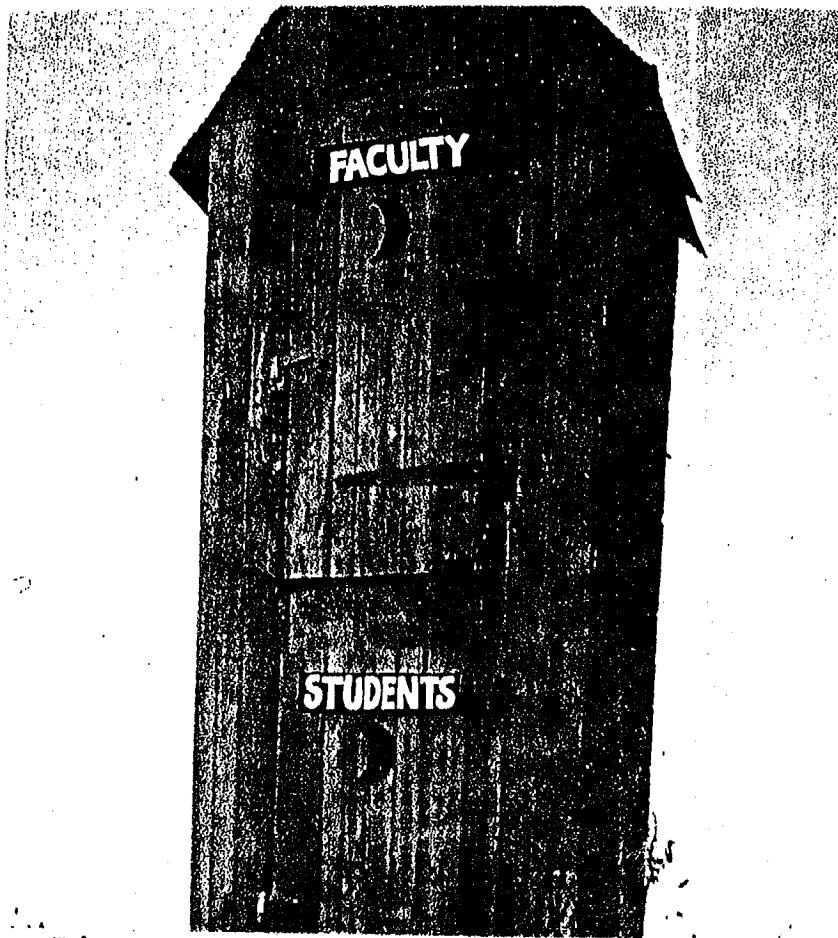


# Shifting Dullness

SEPTEMBER 1993



from "The Vanishing American Outhouse," by Ronald Barlow  
courtesy of the Engles collection

## **Inside this issue:**

- *A primer on efficacious body language - page 6*
- *MS IIs win softball tourney, get Nike endorsement - page 10*
- *Durham 5th best? - back page*



## Service Committee Column

- by Katie Moynihan

Thanks to all those who participated in the Activities Fair! Many groups were represented and we were happy to see the enthusiasm of the new MS Is - very impressive for post-exam. Keep up that energy!

For those MS Is who didn't attend and for everyone else, here is a list of upcoming events sponsored by the Service Organizations:

**Sept. 18th - Habitat for Humanity** - Call Claire Horton (220-2685) or Keith Aldridge (382-3366) for information.

**Sept. 22nd - Domestic Violence Coalition** - Informational/organizational meeting for all those interested. Mailing will follow soon with details about training sessions (which will be held Sept. 28th & 30th and Nov. 5th & 7th.

**Sept. 22nd - Cancer Support Program Training** - Volunteers provide emotional support, friendship, and a more humanistic hospital environment for

cancer patients and their families. They orient new patients to the Comprehensive Cancer Center, identify the specific needs of individual patients and family members, and assist in obtaining the resources to meet those needs. Call Rachel Schanberg (684-4497) for details.

Upcoming events to keep in mind:

**October - AIDS Awareness Roadshow** - This is a **BIG PROJECT** at Durham Academy. We are going to present an AIDS education program to the entire school and then break up into small groups. This means we need participation from all MS Is who indicated interest and from all MS IIs, IIIs, and IVs who are trained from past years. MS Is will get information in the next few weeks about training. More info will follow with details of time, date, place, and content.

**Nov. 6th - Children's Miracle Network Sports Auction** - Consider joining Coach K and his boys in this funding effort. More details will follow.

### Shifting Dullness Staff

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September, 1993



# September in Medical History

- by Moshe Usadi

- Robert Knox (1791 - 1862), a Scottish born anatomist and anthropologist residing in Edinburgh, was born on the fourth of September. Like many anatomists of the time, Knox had contacts with individuals known as "resurrectionists" who obtained cadavers surreptitiously. When the activities of a pair named Burke and Hare (who murdered to obtain the bodies sold for dissection) were brought to light, Knox was accused of complicity. He was eventually completely exonerated, but his prestige was irretrievably damaged and he never regained his former status as one of the most famous anatomy teachers of his time.

- William Stewart Halstead (1853 - 1922), the well known surgeon who taught at Johns Hopkins, was born on September 23rd and died on the seventh of this same month. In addition to his many innovations in surgical technique he was the first to introduce the use of rubber gloves to the operating room and investigated the injection of cocaine into nerve trunks in order to block sensation.

- In 1854 John Snow (1813 - 1858) made an important discovery concerning the spread of cholera, then raging in London, when he realized that certain large areas of London were served by two separate water companies, one of which drew its supply from a relatively pure source and one which utilized water contaminated by sewage. Because of historical accident, many blocks had houses side by side that were served by different companies. "As there is no difference whatever, either in the two houses or the people receiving the supply of the two water companies," observed Snow, "it is obvious that no experiment could be devised which would more thoroughly test the effect of the water supply...No fewer than 300,000 people of both sexes, of every age and occupation,

and of every rank and station...were divided into two groups without their choice, and, in most cases, without their knowledge." By demonstrating that customers of one company contracted cholera in enormously greater numbers than customers of the other, he convinced authorities in London that, contrary to accepted theories of the time, cholera was spread almost exclusively through contaminated water. On September 8th, he shut down the supply from the Broad Street Company, thereby eliminating a widely used source of cholera and winning himself a place in the history of epidemiology.

- In the fall of 1918, Woodrow Wilson, the 28th President of the United States, undertook a series of speeches across the US in order to gather support for American participation in the League of Nations. On September 25, 1918, while in Pueblo, Colorado, the President needed help getting onto the platform; his voice was weak, he mumbled, and seemed to have trouble organizing his thoughts. One prominent physician listening to the speech on the radio

*...his voice was weak, he mumbled, and seemed to have trouble organizing his thoughts. One prominent physician listening to the speech on the radio diagnosed stroke on the spot.*

diagnosed stroke on the spot. Later that day Wilson found himself unable to move his left side, and he suffered a permanently disabling stroke on October 2nd. Many historians feel that if President Wilson had been healthy, his political and oratorical skills would have won support for the League of Nations,

PLEASE SEE HISTORY, NEXT PAGE

*Shifting Dullness*

## History, from previous page

and if he had died public sympathy would have accomplished the same thing. However, as it turned out, the United States never joined this international body.

- Riter von Basch, the first to measure human blood pressure, was born on September 9, 1837. In 1773 the clergyman Stephen Hales inserted a hollow tube into the neck artery of a horse and watched it rise nine feet in a glass column, but it was 143 years before Basch created his "sphygmomanometer" so that human blood pressure could be measured without breaking the skin. This device was refined by Scipione Riva-Rocci in 1896, who defined systolic blood pressure; in the 1950's Korotkoff used a stethoscope to achieve a more accurate systolic reading and detect the diastolic blood pressure as well.

- Thomas Sydenham (1624 - 1689) was born on September 10th. His attention to bedside medicine rather than theory along with his detailed descriptions of gout, influenza, measles, scarlet fever, and other conditions earned him the title "the English Hippocrates." Sydenham's interest in describing diseases made him the leader in the school of medical ontologists, practitioners who felt that diseases were discrete entities that could be thought of as distinct from the human body and arranged in orderly systems of classification, much

like Linnaeus had ordered the animal world. However, he also showed some sympathy to a physiologic interpretation of disease in his belief that health and illness depended on the character of the air and food, the amount of exercise, rest, sleep and alertness, the retention or evacuation of bodily fluids, and the calmness or perturbations of the mind.

- Ivan Pavlov (1849 - 1936) was born in Leningrad on September 26th. After studying in Germany he became Professor of Pharmacology and then of Physiology at the Military Medical Academy in Russia. While he made detailed investigations on the heart, liver, pancreas, and alimentary tract, his most famous work was on the conditioned reflex.

- The coca leaf was used by the Incas to calm and stimulate, but it was not until the 19th century that cocaine was purified by Pierre Robiquet. It was first used as an anaesthetic on September 16, 1884, when Karl Koller applied it topically to the eye; Sigmund Freud had studied its anaesthetic properties before this point but did not pursue the work. Shortly after this Halstead injected it into nerve trunks to block sensation, and in 1898 it became the first drug to be injected into the spinal canal. Once cocaine's dangers and habit forming characteristics were discovered, other, more benign, anaesthetic agents were developed.

# Join Shifting Dullness!!

If you are interested in writing, editing, photography, art, cartoons, or layout, and did not hook up with us at the activities fair, please call Fred Rimmele at 286-2645 or Greg Lucas at 682-1779. We are looking for people from all classes; experience is not necessary.

"Shifting Dullness - all the news that misfits print"

As three MS IVs, we have not only been subjected to the cruel and seemingly whimsical currents and eddies of fate which pass as the clinical grading system at Duke, but have also learned the subtle, sometimes ephemeral, methods to increase our chances of nailing the "H". Working hard, developing a rapport with patients, and gaining proficiency as a physician is but a small part of these "bedside maneuvers." Here, we offer a tutorial on more subtle forms of looking good. Here, then, is a sampling of do's and don'ts with respect to

## Faces on the Wards\*

\*or, How to Look Good...and Not Look Bad...on Rounds

by Andrew Mellin, Steve Mass, and Fred Rimmele



**Honors:**  
Head nodding, chin holding, and eyebrow raising are often seen as signs of intense interest. Note also the strong positioning of the New England Journal of Medicine.

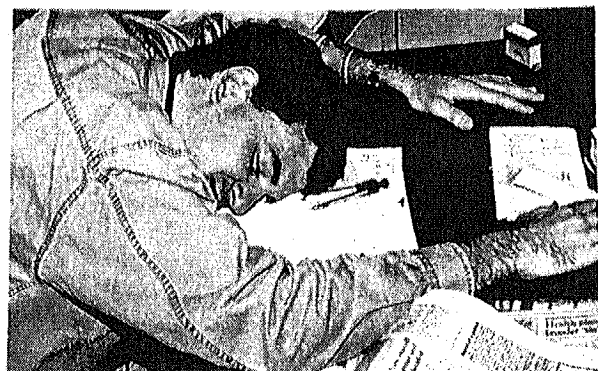
I LOOK QUIZZICAL AT FIRST, THEN VAGUELY REPULSED, AND LATER, QUIETLY AMUSED. THEN I'LL SUDDENLY ARCH MY EYEBROWS AND BLINK A LOT, AND THEN I LOOK SKEPTICAL AND DISBELIEVING.



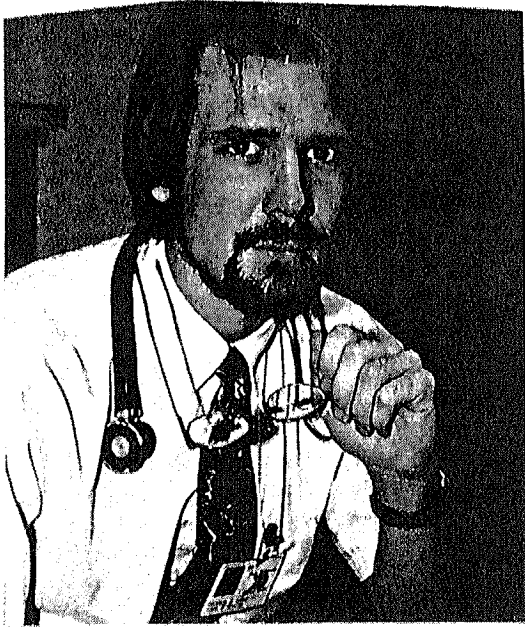
**Pass:**  
Looking bored, acting irritated, and repeatedly checking your watch during rounds spells death.



**Honors:**  
Looking very busy and learning creative paper shuffling is key to high performance.

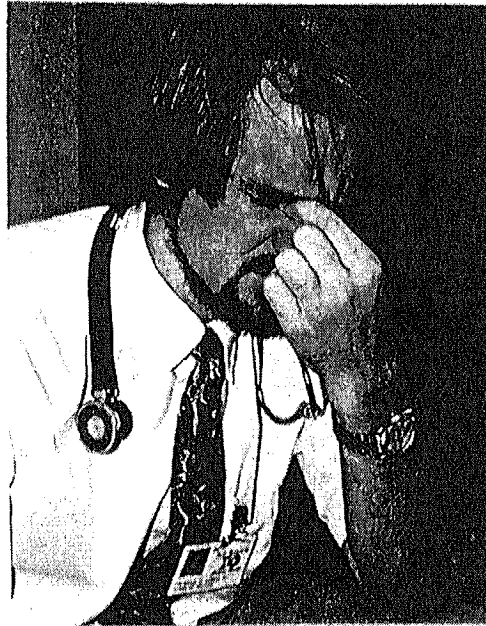


**Pass:**  
Falling asleep where your team can find you isn't.



**Honors:**

Attendings, fellows, and residents occasionally say some really stupid things. However, always look like whatever has just been said is the most interesting thing you've ever heard. Eyeglass chewing is for advanced myopic students only.



**Pass:**

Never look as if your superior's statement has caused you direct physical pain.



**Honors:**

The strategic distribution of baked goods is always a strong move.



**Pass:**

Lack of interest, and even lack of aggression, is a quick way to grading doom.

# A Two Part Dissertation on the Nature of Medical School

-by Steve Mass

## Part I: Things I've Learned After It Was Too Late

Unless the prevailing attitude of the administration has changed dramatically since the Fall of '90, the word to first year medical students is still "P equals M.D." However comforting a thought this may be, it is not entirely true. Honor grades matter. As any fourth year will attest, most applications ask for class rank and AOA status, the latter being almost entirely dependent upon the former. Those programs which do not seem particularly interested in an Honors count are usually in understaffed fields which do not always fill their match. The more competitive programs are very interested in grades. Some will not even consider an applicant who is not AOA or who does not fall into a certain percentage of their class rank.

So it is probably more accurate to say "P equals Primary care." This attitude certainly prevails at Duke, despite the medical school's proud claim that it does not keep an official class rank. An application to the Internal Medicine residency program at Duke asks for class rank. This may seem at first to be an attempt to weed out candidates from the so-called inferior schools, which do keep a rank, but it is not: the very next line asks the applicant to *guess* his class rank if his school does not keep one. Obviously, grades mean something.

The very same holds true for Boards scores. The Dean's office has constantly downplayed their importance, arguing that they are at best an arbitrary assessment of a student's capability. In this regard, they may be right; Boards are a somewhat arbitrary assessment. However, they are also very important. Most residencies ask not only if the applicant has passed, but what his scores are. Some even want categorical breakdown of scores; i.e., scores in biochemistry, anatomy, etc.

Two years ago, many members of the class of '94 applied for the Eugene Stead Scholarships, which fund third year research. Named after the former chair of the Department of Medicine, applicants are evaluated, primarily, by medicine faculty. The

medicine faculty were uniformly adamant, and uncharacteristically vocal, in their opposition towards taking the Boards during third year. Because they felt that studying for this test would detract from research time, they questioned every applicant as to his plans in this regard. They even considered openly prohibiting any recipient from taking Boards third year, despite the fact that this is the most logical time to take them. Now, two years later, we see that an application for Internal Medicine at Duke University asks for Board scores. For such an unimportant test, the Boards seem awfully important.

The real shame is that the Boards are not that difficult with a little work. Neither is school work. It seems that the administration is trying to shield their students from unnecessary anxiety. But this is not their proper role. Clearer input into what is and what is not important, from the first year onward, might prevent some unnecessary anxiety come Match Day.





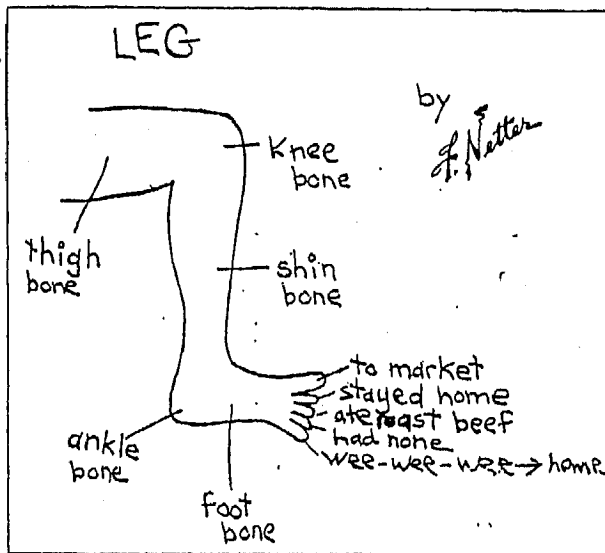


This fall, the Duke Med Class of '96 intramural softball team once again captured their division title with a perfect record (5-0). The "Fatty Streaks," coached, organized, and otherwise motivated by Julie Lapp, repeated their performance from the Spring League, when they went 6-0 and got championship rings (well, O.K., T-shirts). With Class President Steve Crowley and many other MS II celebrities in the line-up, the Streakers mercilessly pounded grad students from all walks of life, and pummeled the Radiology Department in the final. The last victory came despite the Radster's best efforts to recruit "ringers" (or was it just my imagination that their team was completely different from when we beat them in the regular season...and I don't want to hear "tough call schedules" as an excuse!).

Besides Coach Lapp and Prez Crowley, other stellar performers included the following: Ivan "The Terrible" Mefford, pitcher, who, when asked the secret to his success, responded, "Before the

game, Advil. After the game, pitchers at Sat's. Then I'm ready to go another seven innings."; Matt "Mickey" Hepburn - when asked for an interview, this modern day hero responded, "Can't. Gotta go study."; Ed "Let's keep stats, I'm battin' .750" Norris, who was suprised at the championship, stating, "When our star catcher and spiritual leader Cynthia "Peppermint Patty" Boyd went into salary arbitration and said she would sit out the whole year, I thought we were dead meat."; Bryan "Hulk" Kelly, who was reported to grunt, "Dee udda teams ver little girlie boys, und ve crushed dem like itsy bitsy dried up dog turds."; Greg "Prime Time" Galdino, who, when asked about the team's future after an 11-0 career record, replied, "As long as we continue to use the free agent system and pay-per-view telecasts, we'll continue to succeed no matter what Bill and Hillary do to the intramural system." Finally, team mascot and handicap Todd "If I were playing first, that would have been an out," summed up the entire season by saying, "Duh....Softball fun!!"

FRANK NETTER :  
THE EARLY YEARS



**Without Trying, cont.** from p.9

at your first delivery, using words like "beautiful" and "miracle" in between sobs. I thought I was being extremely clever when I told one of the residents that I was deeply saddened, because I, as a man, would never know the joy of childbirth. Unfortunately, she had already given birth herself, so she wasn't about to fall for it. But she did fall for the brownies I brought in the next call night.

Psychiatry: If you work too hard, or know too much, you'll embarrass your resident. Fortunately, this is rarely a problem since you need not come in at all. But you should show up, use phrases like "His support group is inadequate," "I'm concerned about his coping mechanism," and "I think we should bump up the Haldol." The last phrase, if nothing else, will make you a favorite of the patient's family, and they might even bring you brownies the next day.

## Skeptic, continued from back

exciting places to live. Where else could you get abducted from Kroger at knifepoint at 8 PM? Get attacked by rapists while running through Duke Forest? Stumble upon a decaying body on Duke Campus? Whoa, what's that noise behind you? Ha ha, just kidding. But seriously, here in Durham, we are very proud of our exceedingly high per capita crime rate, which compares favorably with other high ranked cities, like Fayetteville.

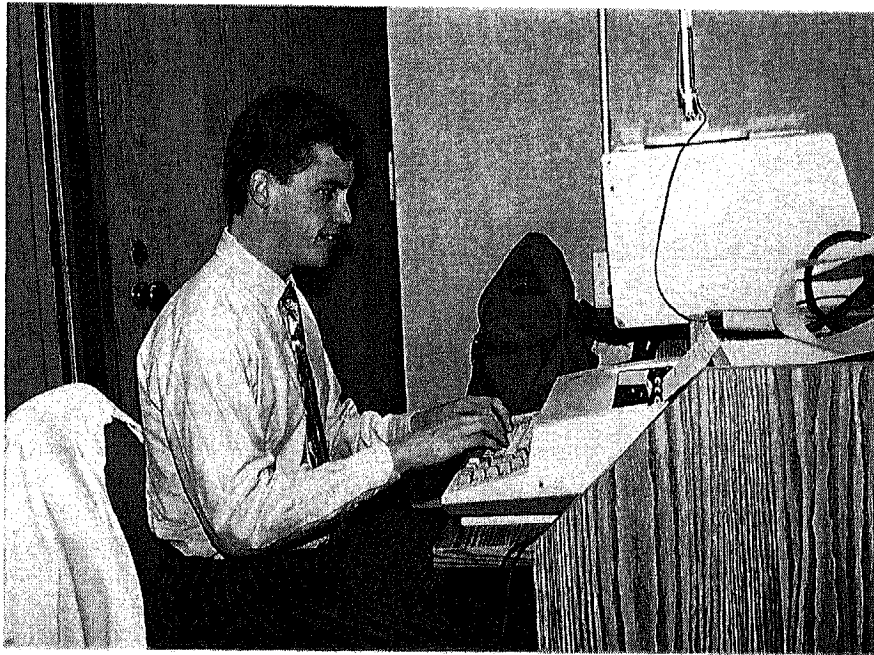
4) Night life - With two bars, a couple of pool halls, a Putt-Putt golf course, and a bunch of mediocre restaurants, we're sure that Durham (conveniently located only twenty minutes from Chapel Hill) is where it's at!

5) Duke Medical Center - Despite the fact that it plunged from the third best medical school to sixth (displaced by the Blistering Sands Clinic in New Mexico and the Bongwater U. School of Medicine in Louisiana, as well as Wash U), that there was a huge controversy over the retiring of

two departmental heads, and that the parking situation sucks dog meat, we think that Duke Med will be a tremendous influence upon your decision to live in Durham. And with Duke's attentive and well educated group of medical students, wouldn't you feel safer having a life threatening illness here, in the City of Medicine, than anywhere else?

Anyway, that's what I figure they were thinking when they published that list. However, a friend of mine pointed out, "They're not saying that Durham is the fifth best place in the country to live. They're saying that the Triangle is. You're not including Raleigh or Chapel Hill."

No, I'm not. And it's too bad that these folks counted Chapel Hill and Raleigh with Durham, or else Chapel Hill could have easily swept the ranking.



MS IV Mike Turner demonstrates proper posture while typing his residency applications

# Septic Skeptic BY FRED RIMMELE

Several weeks ago, I sat down to my standard morning ritual of eating raisin bran while reading the newspaper (I can also walk down a stairwell while chewing gum, in case you were interested). Spooning a heaping teaspoon of tasty and healthy fiber into my mouth, I quickly scanned the front page headlines. To my shock, this is what leapt up off the paper at me:

## TRIANGLE RANKED FIFTH BEST PLACE TO LIVE IN NATION

My mouth dropped open, allowing milk and masticated bran flakes to seep into my beard. A raisin clattered noisily on the table before being snatched up by a Hot Wheels® sized cockroach. I nearly aspirated. What nation? Which Triangle? Whose universe? I mentally screamed.

**WHAT NATION?  
WHICH TRIANGLE?  
WHOSE UNIVERSE?**

There must be a misprint, I thought, as I desperately scanned the article, which listed the nation's top 125 livable cities. I found that Fayetteville (aka FayetteHell, FayetteNam) was ranked 104th. Folks, if you threw 103 darts at a wall map of the world, you couldn't come up with 103 worse places to live than Fayetteville (and I'm not even excluding the darts that land on large bodies of water or big chunks of ice). Obviously, there wasn't a misprint - it was just a crappy poll. Clearly, either the folks who put together this ranking were suffering from diffuse anoxic brain damage, or lotsa moolah changed hands.

But wait, said the teeny tiny voice which represents my non-cynical side. Perhaps the Triangle really IS the fifth best place in the nation to live. (To

which I replied, Yeah, right after Blistering Sands, NM; Frostbite, AK; Eastern Jabib, ID; and Bongwater Creek, LA). But this little voice wouldn't go away, even after I took an extra Navane tablet. OK, I thought, so let's try to list the reasons why the Triangle is the fifth best place to live in the USA. Here, then, is my version of how a leaflet (put out by the Durham Chamber of Commerce) might read:

Did you know that a recent, highly respected poll recently ranked Durham as the fifth best place to live in the country, recently? Well now you do! And with all that it has going for it, we think you too will rank Durham high on the list of places you'd like to live. Why, just look at all the positive aspects of our all American town:

1) Weather - Most people wrongly assume that Durham is a great place to live because of the mild winters. They're only partially correct. The real draw to Durham is the torridly hot summers, which average about five months long. During this time, residents are blessed with excruciating humidity and wickedly high temperatures (why, just this past July, the official average daily temperature for the area was 101 with a heat index of 107!). Enjoy high heating bills? Sweaty clothing? Inability to venture outside? Interested in growing fungus out of every conceivable body orifice? Then Durham's the place

for you!

2) Location - Durham is a veritable hub of activity. Conveniently located three hours from the beach, four hours from the mountains, four hours from DC, and six hours from Atlanta, we're sure you'll agree that Durham is indeed "At the center of it all."

3) Crime - From a crime perspective, Durham is one of the most

IT'S THE  
CORNUCOPIA  
FROM  
HELL.



PLEASE SEE SKEPTIC, PAGE 11