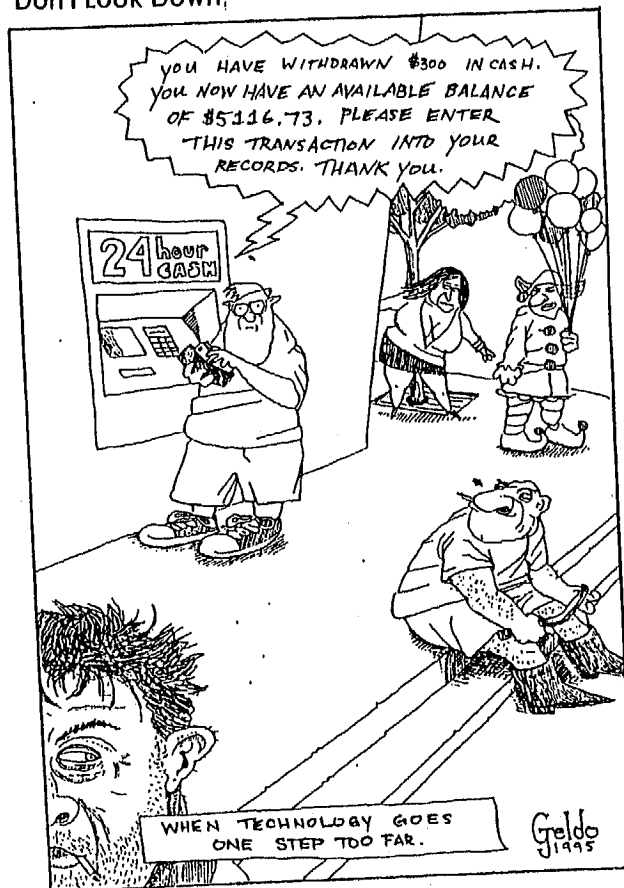


# Shifting Dullness

November, 1995

Don't Look Down,

by Geldo Gastrin!



## In this month's Milieu

- Ard's still on the Ward (p. 6)
- Get the Pooch Scoop (p. 8)
- Drayer lets loose on Morowitz...again (p. 11)
- RA and the Dragon Button (p. 16)

# Plural Effusions

Jeff Drayer

Greetings from Eden. Some say it's paradise, but from the basement of Mrs. Tanner's house, it just looks like the place I'm doing my family med rotation. And it's taking some getting used to, doing medicine in a tiny rural town. After all, in Durham you don't go to the Food Lion and recognize the woman in front of you by her ganglionic cyst. You don't look at the man in the car next to you at a stop light and wonder whether the hydrochlorothiazide got his diastolic blood pressure down below 110. But in Eden you do, and it's a bit weird.

But I'm not here to write about the oddities of Eden. That could take days. No, instead I've decided to tell you all about my newest hobby—self-medication. Because contrary to what you might think, the family doctor's office doesn't just contain stethoscopes and snot. It contains boxes and boxes of medication which drug reps just leave sitting on the counters. For free. It's like a big buffet of health, and as many of you know I am powerless to turn down anything that is free.

It started innocently enough. You see, I have very thin membranes, so it only took me about 14 minutes to get sick my first day at the office. Pretty much I opened my mouth to speak, and six little kids sneezed in it. So by 8:30 my nose was like a faucet, and I began to search desperately for a way to turn it off. Just as I prepared to cauterize my nostrils, out of the corner of my eye I noticed a green and yellow gleam coming from a closet. I whirled to face it and found myself staring into a sea of colors and slogans. And directly in the center sat a green box adorned with big yellow letters: Bromfed. Now, I'd never heard of Bromfed, but upon further investigation I found that it contains

psuedoephedrine, which I thought I remembered to be in Seldane D, which worked very well for my allergies until I ran out. I took one, and my runny nose immediately slowed to a trickle. Pleased, I took another one an hour later, turning my nose into an arid desert of olfaction. I smiled.

I could have stopped there, but as the day wore on I began to feel the lure of the drug closet compelling me to make another visit. I peered in at all the lovely reds and blues and purples and

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**I have very thin membranes, so it only took me about 14 minutes to get sick my first day at the office. Pretty much I opened my mouth to speak, and six little kids sneezed in it.**

---

began to gain courage. I searched my body for some imperfection which I could cure with drugs, and settled upon the pinched nerve in my leg, which I hypothesized to be due to inflammation. So I turned to the ibuprofen-based area of the closet, and decided upon Motrin caplets. Unsatisfied with the taste, however, I tried some orange-flavored chewable Motrin, and have since made them my after-meal dessert, often on top of ice cream.

By this time, though, I was sleepy from all the Bromfed. Some searching turned up Claritin D, which promised to relieve my nasal congestion while not making me drowsy. I took a couple, stuffed seven or eight into my pocket to get me

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through the night, and went home.

After a restful night full of pink, antibiotic dreams I took my Claritin and headed off to work. I fearlessly grabbed an Otis Spunkmeyer Wild Blueberry Super Almond Delight muffin in the office, ate every last oily crumb, and then calmly downed two mevacors and a lipid. Three hours later I went to the bathroom, and just to make sure I didn't have a UTI took a ceftin or two. I was beginning to enjoy this. I even took some estrogen, just for the heck of it. Yes, this hobby was exactly the kind of healthy diversion I needed to take my mind off the intense pressure of seeing earache after earache for nine hours every day.

However, after a few days it occurred to me that I should be concerned about drug-drug interactions. Sure it seemed unlikely. And up until then I figured it would just say something on the box if there was a danger. After all, who has time to read that crazy tiny print in those little instructions they give you. But all the same, I figured it couldn't hurt to take a couple

antiarrhythmics prophylactically, just in case. I haven't looked back.

Yes, having a hobby has really invigorated me. It gives me something to look forward to as I make my way through the new challenges

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**I even took some estrogen, just for the heck of it. Yes, this hobby was exactly the kind of healthy diversion I needed...**

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that each day presents. There's always a reward for me at the end, and it makes all the hard work not only less painful, but also more satisfying. And I think this satisfaction in myself and in my work is the most important thing to me. It takes my mind off the difficulty of the work and just makes me happy in general. It's a good feeling to have, one I'd like to keep. Which is why if I ever do lose interest in my hobby I won't worry—I can always take a couple free samples of Prozac. ■

# Shifting Dullness

## EDITORS

Jamy Ard

Matt Hepburn

Edward Norris

Jeff Drayer

Mike Morowitz

Tanya Wahl

## STAFF

Crystal Bernstein

Greg Della Rocca

Michael DiCuccio

Allison Evanoff

Chris Gamard

Orel Hershiser

Umesh Marathe

David Letterman

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Shifting Dullness

Duke University Medical Center

P.O. Box 2865

Durham, NC 27710

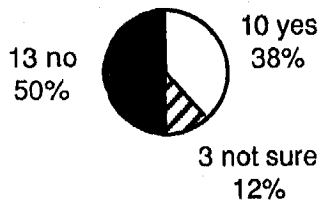
Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box" located underneath the candy shelf in the Deans' Office.

# The Monthly MSI Poll

poetry  
corner

## Poll #5

"If you were diagnosed with Huntington's Disease (the gene) tomorrow, would you withdraw from medical school?"



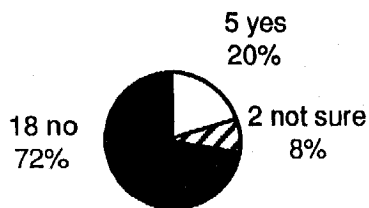
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Kitties and Frogs  
And Hogs,  
And Dogs  
On logs.  
Shotgun May Ham.

--Andy Chambers

## Poll #6

"Do you agree with the OJ verdict (not guilty)?  
NO = guilty / would have preferred a guilty verdict."



Shifting Dullness needs articles! If you have anything even faintly interesting to say, don't hesitate to commit it to paper and drop it in the box in the candy room! Shifting Dullness would also like to congratulate the Cleveland Indians on winning the American League pennant.

Happy  
Thanksgiving  
from SD!

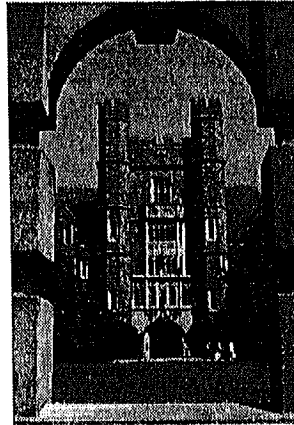


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# On the Ward

with Ard

By now I'm quite sure that many of the recently inducted second year students have come to recognize that the \$20,000 they will spend for this year of clinical rotations comes with an enormous number of benefits. Where else do you get to pay someone so that you can do their busy work for them? Or, how often do you willingly give someone money to ask you hundreds of questions about which you are clueless? However, it is all part of the educational experience, and we should not expect anyone to spoon-feed us. \$20,000 worth of information is much better served with a shovel.

Part of this feeding process involves what is affectionately termed pimping. What pimping actually involves has nothing to do with men wearing big hats, fur coats and bell bottoms; on the contrary, pimping usually refers to an upper level resident or attending physician directing questions on various medical topics to lower level residents and students. One's position in this scheme generally dictates how that person feels about pimping. Obviously students have the most to gain and lose by being pimped. Many students have made names for themselves by answering any number of questions hurled their way, gaining the respect of all present as a very knowledgeable student. And then there are those of us who have left major impressions with all present as well; the kind of impressions that bring looks of disgust to the faces of attending physicians at the profound void between our ears. Occasionally, a student may be able to redeem one hour's previous misfortune by doing well during a subsequent pimp session. However, on any given day, even the brightest of students can take a fall.

Unfortunately there are no rules or regulations concerning the conduction of these pimp

sessions. Typically, the pimpees find themselves at the mercy of the pimper, which can be close to non-existent in some cases. Ideally, pimp sessions should be valuable learning and evaluation opportunities for all those involved. Students should be able to demonstrate that they have a working understanding of the **PERTINENT** and **BASIC** information concerning some topic that they have had a chance to read and/or discuss. Residents and attendings should be able to gauge whether a student needs help in certain areas of the subject matter and should take the opportunity to reinforce important points and concepts. However, the only thing ideal in this world is Janet Jackson.

The following scenario is usually pretty typical. After a long night on call and only three hours of sleep, attending rounds finally arrives. You are brimming with information on the subject you spent all night reading. You feel quite confident that there is not a question about *this* particular subject that you can not answer. Attending rounds start out well with you spouting off a few basic facts and some nice statistics, but all of a sudden, out of nowhere, you are hit with a tangent; and your attending is out of the starting gate chasing that tangent. The longer the chase continues, the farther the discussion moves away from the chapters that you memorized the previous night. That's when the pimping really gets fast and furious, and just as fast as the attending comes with questions, you spit back a "Sorry, but I did not get a chance to read about that topic," or "Sorry, I do not quite know the exact answer to that one." By the time rounds are completed, it is glaringly obvious to everyone that the best word to describe you is "slacker."

What can you do to protect yourself? I wish I knew. Reading more is not the easiest solution



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due to time constraints. One could find themselves reading everything under the sun trying to guess what topics tomorrow's questions will cover. I always found it helpful to employ the help of fellow students to draw the fire of the pimper until I could regain consciousness. This is usually done by someone making a distracting sound or gesture. However, some people can take this diversion tactic a little too far. Faking things like seizures can get you a lot of medications that you really do not want. Whatever method you decide to use, keep it simple, and *never let'em see you sweat!*

### **Announcing the 1996 Alpha Omega Alpha Student Research Fellowship**

Up to 40 fellowships may be awarded annually to students in their first, second, or third year. Each will provide \$3000.00 to the student for support of the proposed research, and \$500.00 to the faculty supervisor to meet expenses incurred in support of the student's project. Students with Ph.D. degrees and those enrolled in Ph.D. or M.D./Ph.D. programs are not eligible. Each school with an active AOA chapter may nominate only one candidate.

The application must include:

- a. a one-page outline of the proposed research project with title;
- b. a curriculum vitae and bibliography of the student, who need not be a member of the AOA, and the student's social security number, current address, and telephone number, and year of graduation;
- c. a letter of support from the faculty supervisor, indicating his or her anticipated degree of involvement and plans for supervision of the research; and
- d. letters of endorsement from the AOA councillor and dean.

Incomplete applications will not be accepted.

Applications must be submitted to the AOA chapter councillor by December 15, 1995.

For more information contact Mark Routbort at 684-4241(work) or 489-1052. ■

November, 1995



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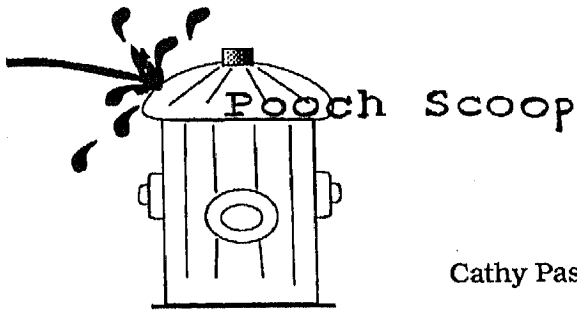
**For more information call:**

**Jamy Ard 688-6410  
Matt Hepburn/Ed Norris 490-5706**

**For a good time call:**

**Mike Morowitz  
Jeff Drayer**





Cathy Pascoe

I know what you're thinking.

"I, a third year (first year), having survived the trials of CPX and slides of Speedy Reedy (having moved out of the dorm, further away from the clutches of my parents), having learned not to microwave raw eggs in their shells and not to wash my red wool blanket with my white underwear....I am an adult! And as such, I deserve all the rights and privileges entitled to me. Namely, I want a dog!"

Having grown up around dogs (say, twenty of them at any one time), I find myself uniquely qualified to tell you what to do in this matter. And as Queen of Canine Knowledge, my first responsibility is to talk you out of this hair-brained idea. First of all, while you may have some cushy months ahead of you, most dogs live a bit longer than gerbils and will still be with you after the end of this year. I'll concede that you could limit yourself to the equivalent of Derm Rotations your entire fourth year, but what happens after that? Do you remember what your Medicine rotation was like? Imagine having that lifestyle your entire internship year. Unless you have a significant other who's willing to pick up your slack during, say, your entire residency, you are not going to have the where-withal to take care of yourself, let alone a pooch.

Let's talk money. The first thing to consider is your housing situation now and in the future. While you may have found an affordable, dog-friendly house around here, you're not likely to be so lucky when it comes time to move out of Durham. The South is incredibly dog-friendly

compared to other regions, and you might just price yourself out of housing in areas such as San Francisco, Maryland, or New York. Are you willing to turn down the most amazing residency position on the planet because you can't afford a house that will allow dogs? To your housing expense list you'll need to add the cost of having a yard (unless you think your residency position will allow for two trips home a day to walk your dog), and this can be a very pricey commodity in other parts of the country (or even non-existent, in the case of NYC). Another consideration is your roommate situation. Sure, you might have lucked out this year in finding someone who likes or at least tolerates dogs. Are you certain that you will be so lucky later? Can you afford housing without a roommate?

Now that we've jacked up your future rent and made abode-shopping a pain-in-the-neck, lets look at the expense of owning a dog. Can you really afford it at this time? The first year I owned my puppy, I spent \$256 in vaccinations and neutering fees (a special package rate my vet offered). This is in 1990 dollars. Note: Dog number two (in 1994) cost more like \$310 in vaccinations/spaying. Getting back to dog #1, this figure does not include the \$31 spent when Pogo cornered a squirrel and required stitches and \$30 spent getting a health certificate so that Pogo could get on the airplane (another \$200) when I moved. Nor does it include boarding fees when I went away at Christmas and spring break (\$13 a day) or the bordetella vaccines and health certificates as required by the boarding facility (\$40/year). Let's not forget the heartworm medications you'll need (\$38- \$80 a year, depending on the dog's weight), heartworm exam (\$21/yr.), vitamins, dog food, rawhide chews, nail clippers, brush, pail for water, collar, leash, and dog crate (more on this last item in another article).

Let's talk about another form of investment you will need to make if you get a dog: time. At a bare minimum, you will need to care for your dog's basic needs by feeding it twice a day,

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letting it relieve itself (outside of the house), exercising it, making sure its environment is adequate (picking up poop, keeping the dog warm/dry/clean enough), and grooming it (if you were dumb like me and got one with long hair). If you like being evicted and paying fines for having a dog that barks all the time or bites little children, this time expenditure will be adequate.

If, however, you plan on liking your dog after it outgrows being infinitely cute, you'll want to spend time training it. The reason this takes so much time is that dogs learn by repetition. By repetition, I do not mean several times a month or even weekly. Rather, you will need to enforce what you want to get across several times a day. Take house-breaking, for example. If you get a puppy, expect to spend the first few months taking your dog out every 3 hours, 24 hours a day, rain or shine. In order to teach your dog how to interact appropriately with you, strangers, and strange situations, you'll want to play with it, have other people play with it, and expose it to new environments (the car, the neighborhood, the park). In addition, I highly recommend an obedience class. There, experienced trainers can help you learn not only how to teach your pet to sit, stay, etc., but also how to prevent your pet from learning bad habits such as chewing on shoes, jumping on people, or sneaking up on you and nipping you in the funny bone. Most trainers recommend several, short sessions a day (i.e. 3 to 6, ten-minute sessions per day). Just as with kids, bored pets become trouble-makers. In the end, spending time and attention on your dog will prevent it from getting bored and becoming a nuisance to you and those around you.

Now that I've really gotten your attention, let's ask a more fundamental question. Are you ready for the responsibility? Having a dog can be really, really fun—especially in the first three months. It's after this "honeymoon phase" that taking the dog out in the rain, cleaning up accidents, and being a human chew toy becomes a bit, well, burdensome. If you are not

interested in being "it" when your dog yaks on the rug (always at 3 am), or having to give your dog attention when you have three hours to eat, sleep and get back to the hospital, then perhaps you should consider something requiring less commitment, like a goldfish. Raising a dog is perfect training for parenthood. So ask yourself, "Can I afford the time and expense required to have a child?" A baby might actually be a better choice for you: dogs never become independent, no third-party payer will pay for its medical bills, and "Grandma" is not likely to be sending big checks in Fido's name. One final consideration. Chances are, your family had a dog that became Mom's pooch when you and your siblings lost interest. I have news for you: She's unlikely to fall for that one again.

So, if you've figured out that you have neither the time nor the funds to own a dog, take heart. There are other types of pets that don't have the life span, require so much attention, and aren't as expensive to own. In addition, there are plenty of dogs out there belonging to other people that could use attention from a "godparent." (Mine are available for romping just about anytime.) Finally, if you've been able to reason through this and decide against it, you may have been right in your original supposition: YOU ARE AN ADULT! For those of you lacking the maturity to agree with my arguments (or for those of you who see right through my do-as-I-say-not-as-I-did posturing), we'll talk more about training in future articles.

**Announcing the 1996 Fourteenth Annual  
Alpha Omega Alpha Student Essay Award**

The purpose of this award is to encourage medical students to address general topics in medicine and to enable Alpha Omega Alpha Honor Medical Society to recognize excellent and thoughtful student presentations in a tangible way. Essays must be written by students while they are in medical school. Authors do not have to be members of AOA.

First prize is an all-expense-paid trip to a national medical meeting of the student's choice in the continental United States, and a \$750 honorarium. Up to five (5) additional honorable mention awards of \$500 each may be made.

The topic of the essay may be any nontechnical aspect of medicine, including, for example, medical education; medical ethics; philosophy as related to medicine; reflections on illness, science, and the culture; and the history of medicine. The manuscript should not exceed 15 double-spaced pages, may include no more than 20 bibliographic references, and must represent original work. The paper must not have been offered to nor published in any other journal and must be submitted to *The Pharos*, the official publication of AOA, which has the right of first refusal. One original and three copies (pages typed and numbered; do not use covers or binders) and a covering page with the authors's full name, address, phone number, name of medical school and year of graduation, and social security number, should be sent to Dr. Robert J. Glaser, Editor of *The Pharos*, 525 Middlefield Road, Suite 130, Menlo Park, California 94025. ■

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## A Shifting Dullness Editorial

By Jeff Drayer

Last month's unfortunate issue saw a raving Michael Morowitz spew on and on about how the only sensible form of government is a hepatogarchy. This, obviously, could be no farther from the truth, and as always Mr. Morowitz's opinions certainly do not reflect those of Shifting Dullness nor of its other editors.

Why is a hepatogarchy synonymous with a recipe for failure? One need only look to the ancient Roman "Empire" for evidence. Consolidated under one all-powerful ruler, the Romans spent 800 years standing around naked until being overrun by barbarians. This is the kind of system proposed by Mr. Morowitz, and we as freedom-loving Americans can not stand idly by while such insane rabble-rousers attempt to inflame us. But what can we do? Obviously our democracy ("rule by the demos") is not working, as the O.J. Simpson trial recently confirmed. Some believe a Renal blarchy, with two equal kidneys and a system of checks and balances involving the three branches of the renal artery is the answer. But this Renal system is far too complicated for anybody to understand, even though there are some who incorrectly believe that you should try. No, what I'm talking about is something that political philosophers have pondered on for over 3000 years. And most importantly, it has worked in practice just as it has in theory. The Egyptians called it "Rule by the Hemoglobins." But today we know it by its more common name, given to it by the great Greek thinkers. It is the Hematopoietic System. And it works.

One must only harken back to the great Persian Empire and its finest ruler, Xerxes the Great. Rather than try to impose control over his vast lands from his throne as a hepatogarch, Xerxes instead allowed all of his peoples to rule themselves, maintaining their own governments and their own cultures, and forced them

only to pay a tax to him yearly based upon their population and their income. And under this system the Empire flourished. This is the perfect example of the Hematopoietic System, where each organ rules its own territory of small areas, or "Erythro-sites." Each of these sites is strung together by the intricate network of vessels forming an impenetrable mesh united by the same ruler, whose home base remains in the heart, which is divided into four houses, or "Chambers." And as payment for this service each site must only pay a tax, what today is called its "Oxygen Debt." In this way a perfect, harmonious whole is created from many smaller parts, each of a different function, and each adding its skills to the benefit of the whole. What good is a kidney with no urethra? By getting the two to work together this System creates a symbiotic relationship rather than two separate, unifacted organs.

But, you may ask, where exactly does the Hepatogarchy fail? I will be happy to tell you as much as I can fit, due to space<sup>1</sup> constraints. Firstly, why should rule come from the liver? Throughout history non-elected sole rulers have maintained power through what was considered Divine Right, with their power supported and therefore justified by an outside organization, almost always the Church. Who will support and justify the liver—the Endocrine System? Are we to believe that an organ that spends all its time with mundane tasks such as detoxifying stuff and making clotting factors is fit to rule over us *de novo*, let alone *in vivo*? Furthermore, a ruler has no true power without the strength to enforce it. Should we expect the Musculoskeletal System simply to sign over its actin and myosin peacefully to another organ? Perhaps in Mr. Morowitz's delusional fantasies, yes, but not in the real world. Also, Mr. Morowitz calls the liver "the most reliable organ." I don't know what information he is basing this on, but any ruler that

<sup>1</sup>Which we cannot bend<sup>2</sup>

<sup>2</sup>(See September Plural Effusions)

continued on page 14



And now for this week's thrilling conclusion to . . .

## Striking Epiphanies

by Howard Weeks

As we drifted in the lulls between rapids, the various rafts engaged in water fights assisted by paddles and buckets. The most memorable moment was when we had the draw on the raft next to us. Ethan stood majestically with a bucket full of water, poised to soak the defenseless enemy. He paused for a brief moment considering mercy, but the glint in his eye told me that the surgeon in him had taken over. He reared the bucket over his left shoulder and began the arc that would propel 5 gallons of water onto their upturned faces. Ethan's muscles strained mightily as he brought the bucket to the end of its trajectory designed to ensure a total soaking of the unfortunates. However, Ethan failed to account for centrifugal force (not to mention letting go of the bucket) and the bucket continued the full arc thus expelling him out of the boat. I have to admit that it was quite impressive to see him do a double spiral before smacking into the water. Yes, the finest Duke has to offer the medical profession.

The afternoon continued with various pathetic rapids and lulls in which we lazily swam. Kind of reminded me of Cost Effective Medicine. After a lunch that made the Rainbow Room leftovers seem finger-lickin' good, we started the river in earnest. The valley walls closed in, the river banks became obscured by brush and fog and an eerie silence fell. As we rounded a bend we discerned the familiar notes of a banjo. A young toothless boy with a flat affect was strumming away on a rotting foot bridge spanning the river. Shadowy figures darted from tree to tree on both banks. We spotted a raft from another company abandoned on the far bank. Ethan and I wanted to investigate and offer aid if needed, but our guide sternly told us to "paddle like you've never paddled before." As the beached raft passed out of sight I could swear I heard someone scream "Sui-ee, Sui-ee." I re-

doubled my paddling.

Finally we came to the Class V rapids. These were the rapids for only the brave, the tough and the blissfully ignorant. The first was named "Go Left and Die." Strangely this experience was reminiscent of surgery. We had experienced the mind numbing exhaustion of holding our paddles (retractors) erect at the ready with nothing to do until the shout from our guide (the attending). The same hot pulsating flash passed through our bodies as we tried to assess just what we were supposed to have been paying attention to and how best to read the mind of the guide as did during all those long days in the OR. As he pointed out our apparent lack of masculinity and questioned our worth as carbon based life forms, I swore he was related to Siegler. There were moments when I was sure we would perish, but then the team pulled together and plunged the paddles into the water simultaneously and we narrowly avoided disaster. Before I knew it we were through the rapids and drifting into the landing.

We had done it. We had survived various seemingly impending dooms only to emerge whole and confident. This had been done, not alone, but rather by pulling together and helping out the other teammates. I am not often a very introspective individual, but at this moment I had an epiphany. If someone was to try and navigate the course of second year on their own they would surely dash their brains out on a rock and suffer a slow and painful death as the cold dark waters pulled them under and filled their lungs. But by working with fellow classmates you can give support when another is in need and draw support to help shore up your weaknesses. I was literally aglow with my new found enlightenment all the way back to the base camp. I eagerly began envisioning meetings with my little sib and dean's group for the purpose of helping prepare others as best I could. When we arrived at base camp I was in the midst of preparing a seminar on teamwork when I heard "Free Beer." A second epiphany struck. Hey, I'm a third year now - let them figure it out on their own.

Shifting Dullness



# DAVISON COUNCIL NEWS

Allison Evanoff

**MSI Representatives:** Congratulations to the new MSI Davison Council representatives:

Anita Kuo (President), Margaret Boozer, John Hewitt, Tito Rosas, and Sunil Sudarshan. We look forward to working with you during the upcoming year.

**Beepers:** are now available. Please call Keith Berry (383-6286) to find out how to sign up. Many thanks to Keith for all of his time and effort that he has put into this!!

**Share Your Christmas:** It's that time of year already. For those of you who aren't familiar with this, Share Your Christmas is one of our annual service projects — one in which we are able to buy Christmas gifts for some local underprivileged families. Once the gifts are bought, we have a Christmas Party in early December where we wrap all of the gifts. Each class has a representative, with whom anyone interested can sign up. This year's class representatives are as follows: MSIs - Margaret Boozer; MSIIIs - Mike Bolognesi; MSIIIs - Russell Huffman; and MSIVs - Cynthia Boyd. If you are interested in participating, please contact your class representative or Jenny Sung, our service Vice President.

**Alumni Council:** The Alumni Council recently had their fall meeting and several exciting things were discussed:

- They will be donating a computer and printer to the Duke North Lounge, which will have DHIS, Internet, and word processing access.

- They plan to donate a sizable amount of money to help with the development of an exercise facility for within the medical center. The details for the project are sketchy at this point, but the plans are being developed.

- They plan to compile a list of e-mail addresses for all graduating MSIVs as they head off to internship. This should help keep the lines of communication open with the new alumni.

- The Alumni are also interested in increasing the amount of interaction between students and alumni. One thought is to change the student/faculty tennis tournament to a student/faculty/alumni tournament.

If you have any questions about any of the above, feel free to call either of our Alumni Council representatives, Matt Hepburn (490-5706) or Doug Musgrave (479-6632).

**Yearbook:** We have not yet found a staff willing to put together a 1996-1997 Aesculapian. If we are going to have one, we need to get started with the plans ASAP. There will be an organizational meeting in the near future (date TBA...watch for fliers!) where we are asking anyone remotely interested in helping out to come. At a minimum, we need one person from each class, otherwise, we cannot guarantee that your class will be adequately represented in the yearbook. Any questions or comments, call Linda Chambers or Allison Evanoff (383-7067).

S.D. Editorial, con't

becomes fatty and enlarged after only six beers can't be working that hard. And may I also point out that Michael's so-called "p450 system" can't get rid of any drugs unless they're seized and delivered to it by the blood. I mercifully rest my case.

As to Mr. Morowitz's choice for President, his faith in "Descending" Colon Powell is obviously misplaced—a simple endoscopy will prove that to even the most devout hepatocrat. A much more logical choice is current front-runner Phil Gramm-Stain. His platform centers around the War on Sepsis campaign which promises more bacteria-free zones throughout the nation. But he doesn't concentrate only on domestic issues—his world view encompasses the entire

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Are we to believe that an organ that spends all its time with mundane tasks such as detoxifying stuff and making clotting factors is fit to rule over us *de novo*, let alone *in vivo*?

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globin, a view shared by Hematopologists everywhere.

In summary, I do not hold Mr. Morowitz's ignorant rantings against him, though each reader may judge for him/herself. His poor logic is simply the unfortunate product of a generation bent on quick fixes and easy answers. However, I do agree with Mr. Morowitz that it is time for a change. But rather than groping, or palpating if you will, for the nearest organ in hopes of some miracle, I have given this issue some serious thought. And the only logical conclusion in the search for the perfect government, as I have clearly shown, is the Hematopoietic System. I believe the great Doctor William Osler said it best when he stated, "Hematopoietic we stand, hepatogarchic we fall." This, I think, says it all. ■

R. A. continued from 15

medical personnel become more apt to hallucinate as sleep deprivation progresses. Regardless, your own personal dragon would be a godsend.

What better device to have in an Oncologist's office? Picture a scene with a typical patient. An elderly gentleman with lung cancer comes in with his family. He was recently diagnosed with cancer and now comes for treatment. He is stage four, worried, and in a lot of pain. He is obviously not long for this world. He is clearly in need of a button labelled "dragon". You press it for him.

Out pops the dragon, consoling and considerate. He describes to the man and his family that things are better these days, that we can ease his pain and allow him to live in comfort and enjoy time with his new grandkids. The dragon lets him cry, reassures him that while his life is limited he still has many days left and that we can make those days of comfort. The dragon has all the skill and savvy of a professional grief counsellor, and the man leaves the office much relieved.

Simple solutions like buttons clearly labelled "dragon" rarely exist in medicine; the trick is to recognize them and use them when you can. Many of you know I plan a career in internal medicine. Most of you probably don't, and don't care anyway. But one thing you can be sure of: my office will have a button clearly labelled "dragon".

Yours should too.



R. A. con't

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**R. A. continued from 16**

The kid settled back, as my attending turned to a few minute's worth of chart work. Then, quietly, the kid said, "I wanna see the dragon." Without hesitating, my attending turned to a bewildering panel of buttons, dozens of them, some lighted, some rather plain. Amid this field was one clearly labelled "Dragon". This one he pressed.

Pediatric Ophthalmology examination rooms are long affairs, designed with the testing of distance vision in mind. There is a captain's chair for examination; around the chair are the dangly gadgets and confusing doohickeys used in routine ophthalmologic exams.

There are also toys.

At the far end of the room was a considerable array of stuffed animals. Big Bird was there. So was Oscar the Grouch. A television was equipped with Aladdin, playing continuously to quell uneasy tots. Amid this jumble, tucked away in the center, was a small green dragon.

As my attending pressed the button, the dragon came to life. It pranced. It danced. It walked to and fro. And then it stopped, flapping its wings and sputtering the impotent sputter of a mechanical, wind-up toy. Then it resumed its dance. The kid loved it.

What an office. This place had everything an ophthalmologist would need. Ophthalmoscopes (indirect and direct). Foreopter for refraction. Slit lamp for exam. Drawers full of lenses to demonstrate new vision. Lights set at convenient angles and a myriad of buttons to control them.

And a button clearly labelled "Dragon".

What if every office had a button labelled "dragon"? What if every office had a way of instantly conveying that everything was going to be okay? What if we all had a personal button labelled "dragon"? What a concept!

Take this situation. You are on attending rounds, after personally admitting five the night before and managing several crashes. You got no sleep. Three people died. In addition, your

attending chooses this day to pepper you with impossible questions. Instead of repetitiously answering "I don't know," you press the button clearly labelled "dragon".

Poof! Before your very eyes, a shimmering dragon appears, complete with fangs, claws, rather ominous-looking tendrils of smoke wafting from its nose, and a particularly nasty disposition. The dragon rears and strikes, instantly decapitating the offending attending. Your team gasps.

Okay, perhaps that's a little much. Perhaps instead the dragon decides to carry on a learned discourse on the gastrocolic reflex with your attending. At least the sleekit beastie was there to save you.

Or picture this: You're in surgery, hanging hook after being up for 36 hours straight, having slept less than five hours all week. You're desperately trying to concentrate, trying to understand what's going on while battling intense muscle spasms, trying to forget that you failed to detrus after the last case and that you're bladder has finally reached the breaking point.

So what do you do? Press the button clearly marked "dragon". From the ceiling, one o' them nifty holographic projectors drops and poof! Before your very eyes, a disembodied abdominal aortic aneurysm floats, rotating in three dimensions, and then ruptures, replete with sound effects. Naturally, your favorite dragon provides a running dialogue on physiology, operative technique, emergent protocols, and outcomes data. A brief pause ensues, during which the surgeons ooh and aah at the technically gifted multimedia display. You scrub out, run to the john, grab a snack, catch forty winks, and return in time to catch the closing arguments.

Or, alternately, out pops a dragon, human-sized, and of even temper, who politely scrubs in and takes your place. You then go find bliss in a bathroom stall and a nice bed, while the substitute dragon carries on in your place.

Some may argue this has already happened. Some may argue it happens frequently, as

**Continued on page 14**

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# Shifting Dullness

Duke University  
P. O. Box 2865  
Durham, N.C. 27705

Dr. Jim Gifford  
Medical Center Archivist  
DUMC Box 3702

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## A BUTTON CLEARLY LABELLED "DRAGON"

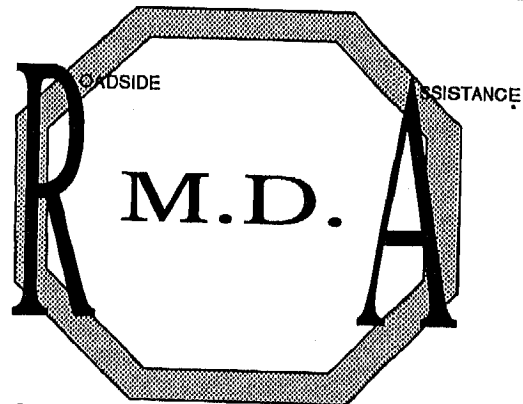
Michael DiCuccio

Pediatric Ophthalmologists really know how to run an office.

It is late in the day, and everyone is tired. The last patient is yet to be seen. He enters the room with parents in tow, a strapping bespectacled boy of four, and seats himself proudly in the captain's chair, ready for examination.

He is obviously mature beyond his years, or can at least act the part very well. He had a traumatic cataract with subsequent repair and many unfortunate post-operative complications. From his frequent visits he obviously knows his way around the office pretty well.

He asks, in an unassuming voice, to see where his cataract was. Always prepared for such situations, my attending removes a model



eye from the shelf and disassembles it, revealing the lens. "And the cataract was here," the attending remarked, passing quickly over the anatomy so the four year old would understand it.

With a keen curiosity the boy asked, "And you took it out and replaced it with a plastic one?" Here was a kid who knew what was going on.

