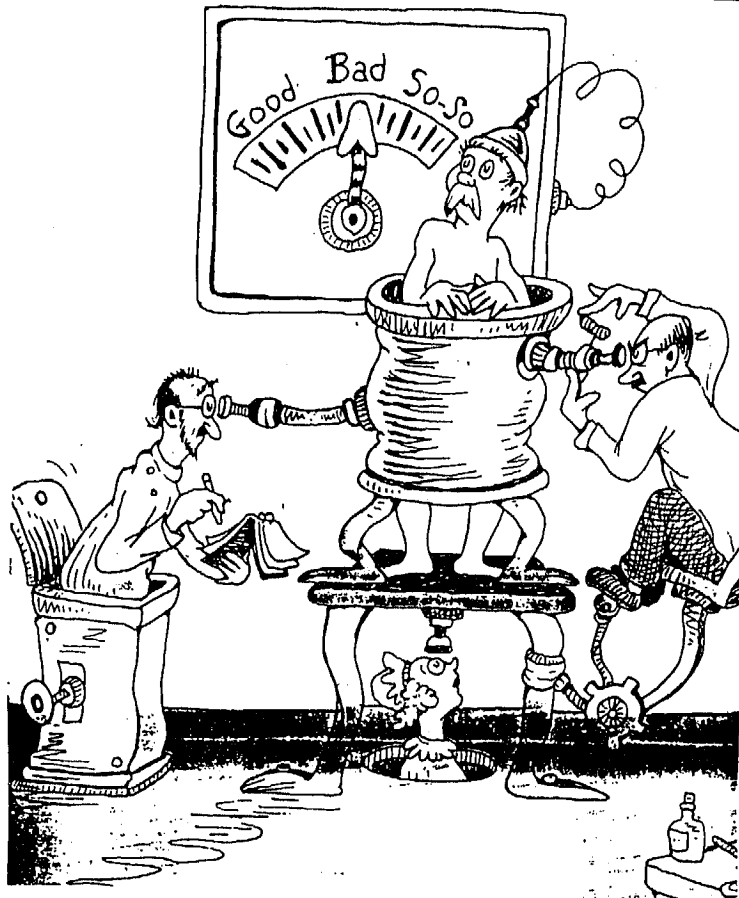


Shifting Dullness

October 1993



from "You're Only Old Once" by Dr. Seuss

Inside this issue:

- *The budget bill and radiology - page 2*
- *Women in surgery - page 7*
- *A new column by Matt and Ed - page 10*
- *Medical History, Journal Watch, Computer News, and the Septic*

October in Medical History by Moshe Usadi

- François Magendie (1783-1855), the French clinician and experimentalist, was born on October 6. He is credited with establishing pharmacology on a scientific basis, and in so doing helped France gain world leadership in medicine in the early 19th century. Many French physicians of the time, influenced by the mathematical methods of Pierre-Charles-Alexandre Louis (1787-1872) of the Paris Clinical School, began to wonder whether the medicine of their time caused more harm than good; Magendie's works on such drugs as strychnine, emetine, quinine, iodine and bromine gave evidence that there were useful tools in the physician's pharmacopeia and prevented the full expression of therapeutic nihilism. In 1841 Magendie started the career of one of the most influential figures in physiology by selecting the young Claude Bernard (1813-1878) as an assistant and convincing him to move from clinical practice to biological investigations.

- Hugh L. Hodge, one of Pennsylvania's leading teachers of obstetrics in the 1840s and 1850s, delivered his lecture *On the Non-Contagious Character of Childbed Fever* to his medical students on Monday, October 11, 1852. This constituted a response to the claim made by Oliver Wendell Holmes and some others that childbed (puerperal) fever was spread from patient to patient by physicians. Hodge presented several scientific reasons to support his thesis, but he also made it clear that his rejection of Holmes' assertions were rooted in his very vision of his profession. "What rewards," he asked "can possibly compensate the obstetrician, who has reason to believe that he has poisoned even one of those valued and lovely beings who rested confidently and implicitly on him for deliverance?"

- Rudolph Virchow (1821-1902), born on October 13, is perhaps best known as the founder of cellular pathology, and was a pioneer in the use of the microscope for such investigations. Theodor Schwann (1810-1882) identified the cell as the basic

biological unit of plants and animals in 1839, and this was accepted by Virchow by 1845. But at that time both of these individuals believed that cells arose from a nonliving, formless substance called blastema. Pus, according to this theory, formed when blastema oozed through the intact wall of blood vessels into tissue, and only then turned into cells. Virchow was finally to formulate the concept of *omnis cellula a cellula*, that all cells arise from preexisting cells, around 1860. It is interesting to note that Virchow conceived of the organization of cells in a body as analogous to the organization of people in a society, and believed that the cause of disease could often be most constructively attributed to social organization rather than anatomical or physiological causes. Virchow's lifelong suspicion

Virchow conceived of the organization of cells in a body as analogous to the organization of people in a society.

of the bacteriological theory of disease may have stemmed from his feeling that an emphasis on bacteria would detract from the perceived need to eliminate social inequality and oppression, which he thought much more dangerous. The most famous example of this suspicion was his rejection of Semmelweis' statistical data supporting the idea (introduced by O. W. Holmes as noted above) that puerperal fever was spread between patients by physicians.

- The first successful public demonstration of the use of ether was accomplished by William T. G. Morton, a dentist, on October 15, 1846. Ether, or nitrous oxide gas, was discovered by Joseph Priestly in 1772. In the United States, anesthesia was at first held in contempt by physicians, who felt that it was

Please see OCTOBER, page 7
Shifting Dullness

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October

Budget bill wreaks havoc on those planning radiology match

Lloyd Stambaugh

As many of you have heard by now, the national budget bill this year contained a small clause affecting government reimbursement of house officer salaries that will have a profound impact on residency spots available in radiology over the next two years.

In the past, our government contributed significant support to residents' salaries as long as they remained in a residency program. In the new age of health care cost containment, the economic leash has been tightened. Under the current legislation, each physician will receive government salary support only for the number of years required to achieve board eligibility in his or her specialty. Radiology residencies are most affected by this change, because many programs have traditionally required an intern year in addition to four formal years of radiology training. However, board certification in radiology requires only four years of residency training. Thus, specific programs which require an intern year plus four years of radiology residency will receive government support for only

four of these five years. Approximately half of the existing residency programs for radiology have required this internship year in the past. Such programs will probably respond by dropping their internship requirement. Over the next year or so, this will translate into a significant reduction in residency slots because many of the existing first year positions are reserved for physicians who are doing a preliminary intern year now and have already matched at these programs. Positions in residency programs that have not required an intern year historically, will not be affected. For those of you more than two years away from residency, do not worry; the transition will be over before you apply. In short, matching for a residency in radiology (and any other specialty with a similar optional internship requirement) will become more competitive for the next two years.

But to look on the bright side, I like to believe every eye has a silver wiring. At least Clinton has not started mandatory reductions in the number of radiology residency positions—not yet.

The Judges are deliberating...

Shifting Dullness would like to thank the six people who submitted entries to the Most Humorous Ward Story contest. The victor will be notified as soon as the judging is completed and the winning submission printed in the next thrilling issue.

Davison Council News

Alison Toth

- Congratulations to newly elected MSI representatives to the Davison Council: Meera Srinivasan (president), Lisa Criscione, Russell Hoffman, Robin Nelson, Allston Stubbs.

• Service Activities

Duke Cancer Patient Support Program. Contact Vickie Ingeldue, MSIII for more information at 419-1168.

BioLinks Program for local teens at NC Museum of Life and Science will be held on 10/30, 11/20, 12/04 and 12/11. Topics presented by medical students include AIDS, alcoholism/drugs, breast cancer and cardiovascular disease.

Durham Community Kitchen: 2nd Sunday of each month. Students help in preparing and serving meals at local soup kitchen. Contact Darin Smith, MSIV at 383-9650 for more information.

Lenox Baker Children's Hospital needs teacher's aides, recreation aides, patient escorts, and volunteers for special activities. Contact Gayle Howard at 382-2530 for additional information.

Rural Health Coalition meets on 10/19, 11/2 and 11/16 at 7 p.m. Pickens.

Domestic Violence ER training: contact Raquel Buranosky, MSIV at 383-6109 for more information.

• Social Activities

October: Oct. 30 - Halloween Party. Watch mail for flyer this week.

November: Nov. 4-7 - Medical Alumni Weekend including Libation and Tailgate on 11/6 from 11:30 a.m. to 1:30 p.m. Nov. 19 - Dept. of Medicine Renewal of Systems, Multi-Purpose building.

December: Share Your Christmas party. Details TBA.

March: March 4 or 18 - Davison Ball.

April: April 8-10 Parents' Weekend. April 9 - Student Faculty Show.

• The Future

Match Day: Wednesday, March 16.

Hippocratic Oath Ceremony: Friday, May 6.

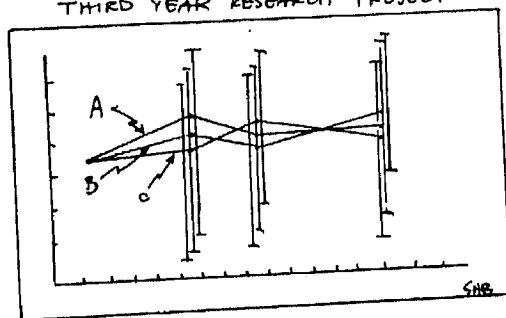
Graduation: Sunday, May 8.

• Other

Intramural Sports Captains' Meeting in 114 Physics Building on Nov. 1. Three on 3 tournament at 7 p.m. and men's and women's IM basketball at 7:15 p.m.

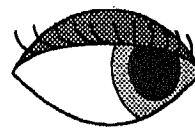
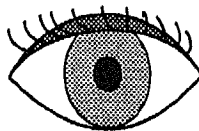
Durham-Orange County Medical Society is interested in attracting medical students to join. Free for MSI's to join, 10\$ per year for other classes. Benefits include 5 dinner meetings a year, the opportunity to meet practicing local physicians representing all fields of medicine and surgery, the opportunity to hear discussions on topic such as malpractice, and a subscription to the North Carolina Medical Journal. Please contact Alison Toth, MSIV at 493-1558 if interested.

THIRD YEAR RESEARCH PROJECT



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Journal Watch



Greg Lucas

- With the advent of multi-drug resistant tuberculosis, increasing attention is being directed at understanding the pathogenic mechanisms by which *M. TB* produces chronic infection. A group at Cornell recently published results of their efforts to isolate genetic material from *M. TB* that confers the ability to invade human cells and survive intracellularly, effectively evading oxidative killing. The team used recombinant vectors to transform a non-pathogenic strain of *E. coli* with random fragments of DNA from the tuberculosis bacillus. The end-point of their work is the discovery of a 1500 base pair sequence that, when introduced into an *E. coli* strain produces several intriguing phenotypic alterations. First, the transformed strain of *E. coli* is able to invade and multiply within a human HeLa tumor cell line, whereas the wild type strain does not possess this ability. Second, the transformed *E. coli* are able to invade a human macrophage cell line at five times the rate of the wild type strain. Third, after 24 hours of incubation within the macrophage cell line, the transformed *E. coli* were present and viable, while the wild type strain had been completely digested. Further studies indicated that the first half of the *M. TB* sequence may be primarily responsible for the increased ability to invade human cells, while the second half is at least necessary for prolonged intracellular survival in macrophages. Additionally, it was noted that the segment of DNA in question contains some homology with genes in *Listeria* and *Shigella* that code for proteins necessary for their observed invasiveness. It is hoped that through further characterization of the TB DNA and its protein product(s), new drugs or vaccines may be targeted to this key step in the pathogenesis of tuberculosis. (*Science*, Sept. 10, 1993)

- It now appears that *Mycobacterium avium complex* (MAC) may infect most, if not all HIV-positive patients at some time during the course of their disease and contribute significantly to morbidity and mortality. Once disseminated MAC has set in, its eradication is difficult and often impossible owing to the toxicity of the agents that must be employed. A randomized double-blinded, placebo controlled study was recently completed to test the efficacy of prophylaxis against MAC with rifabutin. Approximately 550 HIV-positive adults with CD4 cell counts below 200 and no current or past infection with MAC were randomly assigned to receive rifabutin or placebo daily. The incidence of subsequent bacteremia was significantly less in the rifabutin group as compared to the placebo group (9% vs. 18%). Additionally, signs and symptoms associated with disseminated MAC were significantly reduced in the rifabutin group, including: severe fever and fatigue, decreased Karnofsky score, anemia and alkaline phosphatase elevation. Hospitalizations from any cause were significantly lower in the rifabutin group, and there was a trend toward increased survival, however this did not reach statistical significance. Overall the drug was tolerated well and no increase in resistance was observed in MAC isolates recovered from patients receiving rifabutin when compared with those taking placebo. (*New England Journal of Medicine*, Sept. 16, 1993)

- A step forward was recently made in the quest for gene therapy as a treatment for inherited disease. A group from Baylor and UNC has been working with a strain of inbred dogs with hemophilia B (factor IX deficiency). A functional copy of the

(See Journal, pg. 6)

Journal, cont. from pg. 5

canine factor IX gene was placed into a retrovirus designed to infect and integrate DNA into hepatocytes, the usual production house of clotting factors. The virus was injected directly into the portal vein, providing direct access to the liver. Initially, the group was discouraged as treated animals were found to be producing only about 0.1% of the normal amount of factor IX. However, even such small amounts produced a

reduction in the bleeding time from an average of 50 minutes prior to treatment to 20 minutes after treatment. The normal bleeding time for dogs is 6 to 8 minutes. Moreover, the production of factor IX in treated dogs has persisted for 9 months. It is hoped that increasing the activity of the transferred gene 10 to 100 fold will be sufficient to completely normalize clotting times and serve as groundwork for treating this and similar diseases in humans. (*Science*, Oct. 1, 1993)

Who

As a fourth chosen to pursue a eager to offer my t any woman who i choice. It is no sec female role model to say, however, th only that our acc course, the danger women, envision morbid and empty and familial relati the end of the tun oncoming train. T models does little and we contribut female role mode find. Fortunately, I recently

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- On October 2 in the Southern diagnosed with October, 1993



Mike Gimbel

Where are all the Women Surgeons?

As a fourth-year medical student who has chosen to pursue a career in general surgery, I am eager to offer my thoughts, advice, and support to any woman who is considering such a career choice. It is no secret that, as women, we lack female role models in the field of surgery. This is not to say, however, that women surgeons do not exist; only that our access to them is severely limited. Of course, the danger in this deficiency is that we, as women, envision for ourselves lives marked by morbid and empty existences, devoid of all social and familial relations. We assume that the light at the end of the tunnel is nothing more than an oncoming train. This deficit in accessible role models does little to encourage us to pursue surgery, and we contribute to the vicious cycle which makes female role models in this particular field difficult to find. Fortunately, there may be an answer...

I recently returned from a meeting in San Francisco of the American College of Surgeons, during which I attended a networking breakfast sponsored by the **Association of Women Surgeons (AWS)**. Prior to this conference, I was not aware that such an organization existed. In fact, this group has been in existence since 1981 and has increased its membership to well over 1,200 participants.

The AWS has one principal mission — to inspire, encourage, and enable women surgeons to realize their professional and personal goals. Approximately 2/3 of the current members are in practice, with the remainder at various stages of their surgical training. Students are encouraged to join in order to facilitate interaction with other women in the field at an early stage. The AWS has recently published the ***Pocket Mentor, A Manual for Surgical Interns and Residents***, which they have made available to all women surgical interns and residents free of charge. As students, we also have access to this item. If you are interested in pursuing general surgery, any one of the surgical subspecialties, or obstetrics and gynecology, and are interested in receiving a free copy, please let me know.

I strongly encourage any woman interested in pursuing a surgical career to take advantage of this tremendous opportunity and become a student member of the AWS. It really is exciting to meet and talk with women who are in various stages of their training and/or careers. Role models do exist, albeit in small numbers, and I offer you a route of access to this invaluable resource. Talk to me if you are interested in more information.

Maggie Lee, MSIV (383-5531)

October, continued from page 2

pain that allowed them to monitor the progress of their patients; in the obstetric field, many believed that labor pains were the fruit of Eve's sin, and that to reduce them was sacrilegious. Ether was much more widely embraced by dentists. John Snow, who demonstrated the spread of cholera through fecal contamination, was an enthusiastic proponent of anesthetic in England. The term "anesthesia" was coined by Oliver Wendell Holmes.

- On October 25, 1977, a 23 year old hospital cook in the Southern Somalian town of Merka was diagnosed with the last known case of smallpox.

161 people were exposed to this individual but after identification, vaccination if required, and surveillance none got the disease. The small pox virus continues to exist in a few laboratories.

- Other events occurring in this month include the publication of the first issue of Lancet on October 5, 1823; the feast day of St. Luke, the patron saint of medicine in general and military surgeons in particular, on October 18; the birth of Thomas Bartholin, codiscoverer of the lymphatic system, on October 20, 1616; and the birth of Jonas Salk on October 28, 1914.

October, 1993

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Newsflash!! The Medical Center Library has FINALLY switched over to a computerized checkout system. This is an historic moment! We will no longer have to fill out a whole handwritten FORM for each book we want to check out (at least for most books — the system isn't up to 100% yet). The new system has been in the works for years, but thanks to Susan Feinglos, the new library director, it finally got priority and was implemented.

Electronic Mail

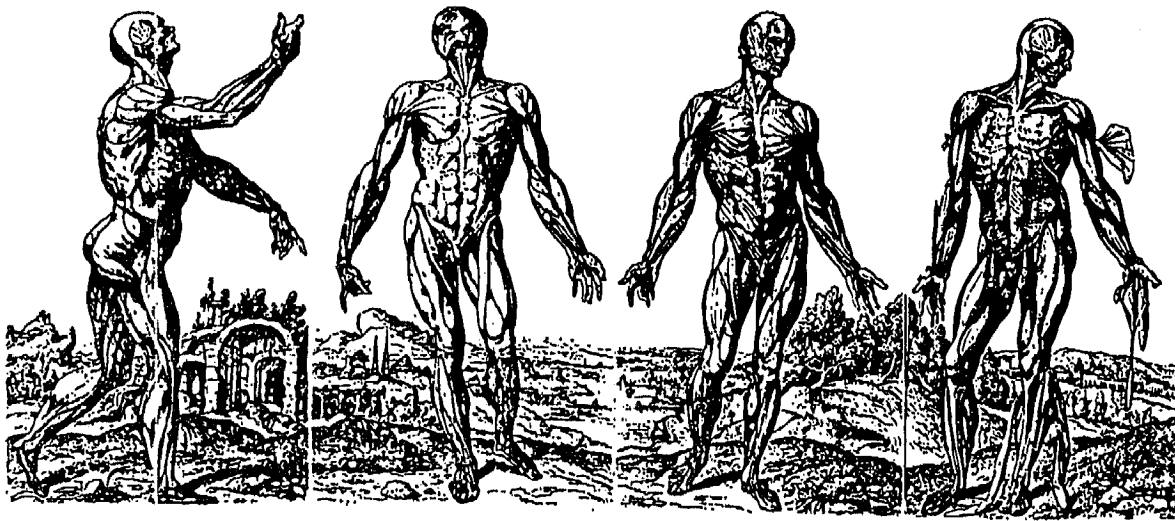
Do you have friends at universities in other states or even in other countries? Well, if you're like me, you probably don't call them very often because it's expensive, and you probably don't write them very often because it takes a lot of time and thought to compose a one or two page letter. Well, there's another option: E-mail.

E-mail is just a generic term for electronic mail, or mail via computers. Institutions around the world are hooked up via computer networks that allow quick & easy communication. The main network in use these days is called "internet." So all you need is an internet address for yourself, and internet

addresses of your friends at other institutions. How does one get an internet address? Good question! There are many ways, two of which I actually understand: One way is to ask Susan Shaw in CTL to give you one, and then she can show you how to use it on the e-mail software on the computers in M410. The other way is to request a Dukenet account in the Academic Computing Center (on Research Drive). This latter method has the advantage of being able to use it on many more computers (including the computers in Perkins Library, CTL, and even by modem), as well as giving you access to the zillion user groups, where you can read and add to discussions about practically everything, including auto mechanics, ethical issues in medicine, and Triangle for sale ads.

It may sound a little bit confusing, and, well... it is. But the basics can be learned pretty quickly, and it's a fun way to spend all the countless hours of free time you have each day!

If you'd like any more info about electronic mail, or any other computer-related information, don't hesitate to call me at 382-0203.



Editors

Graphics

Cartoon

Photos

Writers

Matt and Ed,
DEAR MATT AND

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Signed, H
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Dick Van

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DEAR MATT AND

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October, 1993

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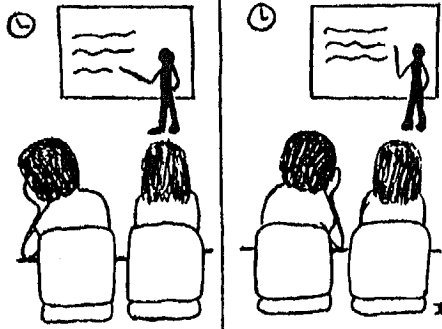
Emile El-Shamma

Matt Hepburn

Ed Norris

Greg Lucas

Fred Rimmele



Shifting Dullness

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Matt and Ed, continued from page 10
DEAR MATT AND ED,

"It is only the great men who are truly obscene. If they had not dared to be obscene, they could never have dared to be great."

Signed, Havlock Ellis, 18th century English Psychologist and Writer (or perhaps it was Dick Van Patten)

Dear Havlock,

This explains our sincere respect for John Kruk, American Gladiators, our own column, Fred Rimmele*, Steve Crowley, and Franco Recchia.

DEAR MATT AND ED,

I'm finding that there are so many attractive women in Duke Medical School, I would have too much trouble choosing one for my future mate. I am confident they would all choose me. Please give me some advice on how to select the perfect wife.

Signed, "Pierre"

Dear Rocco,

The question of marriage has unfortunately proved to be an impossible quandary for us to resolve. Hermann von Keyserling, the 19th century German philosopher, argues, "Marriage sets up an indissoluble state of tension, and its very existence

*Ed note: Your feeble efforts at brownnosing the editor remain unnoticed.

October, 1993

depends on the preservation of this state. Man and women, both as individuals and as types, are fundamentally different, incompatible and essentially solitary." The Beach Boys have countered by reasoning that, "We could be married, And then we'd be happy, Oh wouldn't it be nice." We, therefore, equivocate on this issue, but we encourage you to continue to search for your one true love.

DEAR MATT AND ED,

I am a second year medical student currently on my clinical rotations. I yearn to be relaxed, fun, and light hearted. However, I continue to feel the urge to grovel, cheat and brown nose. I realize that this is costing me friends and peace of mind, but I am overwhelmed by the drive for the "H." Can you help me?

Signed, FIERCELY COMPETITIVE

Dear Competitive,

It is hard when you are surrounded by gunners to maintain a proper perspective on medical school. Force yourself to say "Hello" once a day and sincerely mean it. It will be difficult at first, but the benefits of friendship, regular bowel movements and decreased coronary artery disease will soon become apparent.



? ? ? ? Dear Matt and Ed ? ? ? ?

By Matt Hepburn and Ed Norris

Second year students are often referred to as "sophomores", a word derived from the Greek *sophos*, meaning wise or clever, and *moros*, meaning foolish or silly (We didn't read this anywhere; Stavra Xanthakos told us). In order to carry on the grand tradition of sophomores perceiving themselves as erudite while openly exhibiting ignorance, we offer the readers of *Shifting Dullness* an advice column in which we answer your letters and offer suggestions on the topic of your choice. These first letters are more or less transcriptions of conversations in which our peers have called upon us for our opinions:

DEAR MATT AND ED,

We have been big fans of yours since your very first advice columns for the Greenville High School paper. You give STRONG advice, and your guidance has improved our scholastic performance, enriched our personal relationships, and given us insight into the human soul. Your personal lives must be so interesting. Please tell your new readers a little bit about yourselves.

Signed, Matt Hepburn and Ed Norris

DEAR HEPBURN AND NORRIS,

Thanks for your loyalty over the years. It is readers like yourselves that inspire us to strive for excellence in journalism. Here's some personal info: Ed Norris, a second year med student from M.I.T., enjoys fine wine and interior decorating. Matt Hepburn, also second year, enjoys the library, Dr. K. soda, and the visualization of world peace.

DEAR ED AND MATT,

I am despondent at the lack of sensitivity of my companion. I demand that we have quality sharing time at the expense of evenings with "buddies", and that we openly discuss our emotions and feelings for each other. My significant other disregards my pleading in lieu of watching Jake "the Snake" Roberts pummel Brutus Beefcake in a WWF wrestling match. As I yearn to talk about our future together and try to plan romantic picnics in Duke Gardens, our weekends wind up being football-watching marathons. Can you give me some advice as to how to make my future mate

more sensitive to my needs??

Signed, I LOVED "STEEL.MAGNOLIAS"

DEAR MAGNOLIAS,

It is clear that your girlfriend is not in touch with her deeper emotional side. You should try to develop sensitive and compassionate feelings in her. You must always be patient. She may not be capable of the emotional sensitivity that you clearly possess. If your girlfriend is not willing to make the first step towards a deeper, fuller relationship, you may have to subtly persuade her by adopting her feelings. Instead of a romantic picnic, why not start with playful mud wrestling in your back yard? Do not, DO NOT make her eat quiche or drink mineral water. The emotional trauma could be permanent.

DEAR MATT AND ED,

I have the biggest, hugest, largest, longest crush on the most dreamy, incredible, adorable, sensitive, emotional second year medical student. I just don't know how to approach "My dream date." I know that if I do nothing, my life will not be worth the chalk dust left in the amphitheater. I know that I am only a lowly first year student. Please help me.

Signed, I AM NOT WORTHY

DEAR NOT WORTHY,

Todd Jacobs is overrated. We realize that you may be mesmerized by his good looks, but beneath the sweet exterior lies a vile and bitter person.

Please see MATT AND ED, page 9

Shifting Dullness

Skeptic, continued from back

We hit the entrance at the same time, and to insure his spot, he swings his medicine bag (which contains the unabridged full volumes of Harrison's and Sabiston's) into my groin. Hal! The advantage is now mine, for he has forgotten that I have not had a date in over ten months. Thanks to my disuse atrophy, I am completely unphased by the blow and continue bulldogging forward. The momentum of his swing has slowed him down; I hurl out my left elbow and nail his larynx. He goes down with an impressive inspiratory stridor. I enter the elevator to the sound of golf-clapping. "Hit nine please," I say calmly. Never let them see you sweat.

I am wedged between two men who weigh twice what I do. Someone directly behind me stinks of tobacco; I place her usage at 245 pack years. I can feel my bronchial columnar cells becoming dysplastic just from standing near her. Somewhere in the back, a child is crying.

Buttons 2,3,4,5,6,7,8, and 9 are pushed. We go up one floor, and the elevator stops. Large Man #1 gets off. I want to yell, "Use the stairs. THE STAIRS. Work off that Big Mac, you sorry bastard," but I don't, because the OB nurse yells it out for me. Three more people fill up his spot. It is now 7:57 AM.

We stop again; one person gets off. Waiting to get on, looking at us expectantly, is a gentleman. Who's about 86 years old. In a motor zed wheelchair. With an oxygen tank.

No one moves. No one looks at him. Ahhh, hell! I get off, showing that chivalry is not dead in the South, even if it takes a New Englander to prove it. "Damn hippie," he gasps at me as he whirs onto the elevator, "get a haircut!"

I'm on the third floor. It's 7:59 AM. I glance at the floor indicators; all the other lifts are opening on Floor 1. I can only imagine the carnage that is occurring two flights below me. Oh, the humanity!

Only one option left. With 4.5 seconds remaining, I hit the stairs, bounding up six flights three steps at a time. By floor five my cardiac output hits 8.7; I think I briefly enter V-fib at floor seven. By the time I reach the ninth floor I've got the worst headache I've ever had in my life. I sprint down the hallway, knocking over an ambulating patient and his IV pole, and hurl myself into the Hemodialysis Unit.

The Renal Fellow is waiting for me. He checks his watch. "It is 8:02, Fred. Do you not care about this rotation, that you show up so late?"

My scream can be heard throughout the hospital.

Alpha Omega Alpha News

Shifting Dullness would like to congratulate the newly elected members of AOA:

MS III

Devin Binder
Michael Datto
David Kandzari
Stacey Kent
Andrea Monroe
Alison Morris

MS IV

Carl Hassleman
Mark Hester
Robert E. Lee
Greg Lucas
Patricia Keough Naslund
Amy Pickar
Dave Schoenfeld
Stuart Sheifer
Judith Stenftenagel
Joff Thompson



October, 1993

11

Septic Septic BY FRED RIMMELE

This column has been rated R because of gratuitous violence.

No one under 17 admitted without parent or guardian.

I have this recurrent fantasy:

It's 7:50 AM as I stride boldly (shoulders held back and pectorals thrust outward, of course) into the front entrance of North. Marching through the lobby, I come to the elevator banks.

No one else is there.

I hit the up button, and all six elevators open simultaneously. No one is on any of them. I enter the nearest one and push the ninth floor button. The elevator rises rapidly, non-stop, all the way up to nine. I exit and get to the Hemodialysis Unit at 7:55, five minutes early for the Renal Consult Service's morning gallops. The fellow (who's from Iceland, of all places), says, "Fred, you are early again. Your obvious eagerness and enthusiasm means that I will give you an H."

I don't have a God complex. I am God.
Then I wake up.

*I don't have a God complex. I am God.
Then I wake up.*

In real ty, it's 7:50 AM as I scurry into the front entrance of North, checking my watch. I realize I forgot to shave today. Again. Dodging a small cluster of people who are walking as fast as their brains can manage without needing to shut down any major vital functions, I arrive at the elevator banks. No less than thirty tense people are staring anxiously at the floor indicator, trying to guess which elevator will hit the ground zero first. One woman is repeatedly punching the up button, not understanding that, unlike VVIR pacemakers, elevators do not have an "on demand/response" function.

Suddenly, elevator number two opens, and this seething tide of humanity surges towards it. The elevator lobby now looks much more like the moshing pit at a Megadeth concert, bodies hurling and crashing in every direction. It does not matter to this roiling crowd that the elevator is, in fact, going down; like hyenas at a kill, all that matters is getting a piece of the action. The elevator fills and closes, leaving the maimed and moaning human wreckage strewn behind.

More people are queuing up in the lobby. I've got to act fast or risk being late, or, just as bad, getting crushed to death in the inevitable melee. Lifts 1 and 3-6 are on higher floors and going up; my only chance is to sidle up to 2 and catch it on the 'bound.

I shove and push my way to 2, stepping over the injured and ignoring a nasty comment from (who else) an OB nurse - "Damn medical students. They think they own the place." Oh well, if I had to wear pink clothes all day, I suppose I'd probably be pretty pissy too.

I'm standing I front of number 2, which is rising from the T level. My most serious competition is on my left, another MS IV. He is swift, agile, and (when it comes to elevators) deadly. I nod imperceptibly at him, and he nods back. We've fought each other for elevators before, and like the ninja and the samurai, we have come to respect each other's capabilities.

Number two opens, and a mighty cry rises from the crowd. One space on the elevator. It's him or me.

He goes into his trademark short sprint, stutter-stepping and dodging, while I put my head down and power forward. This could get ugly.



Please see SKEPTIC, p. 9