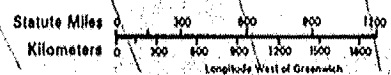
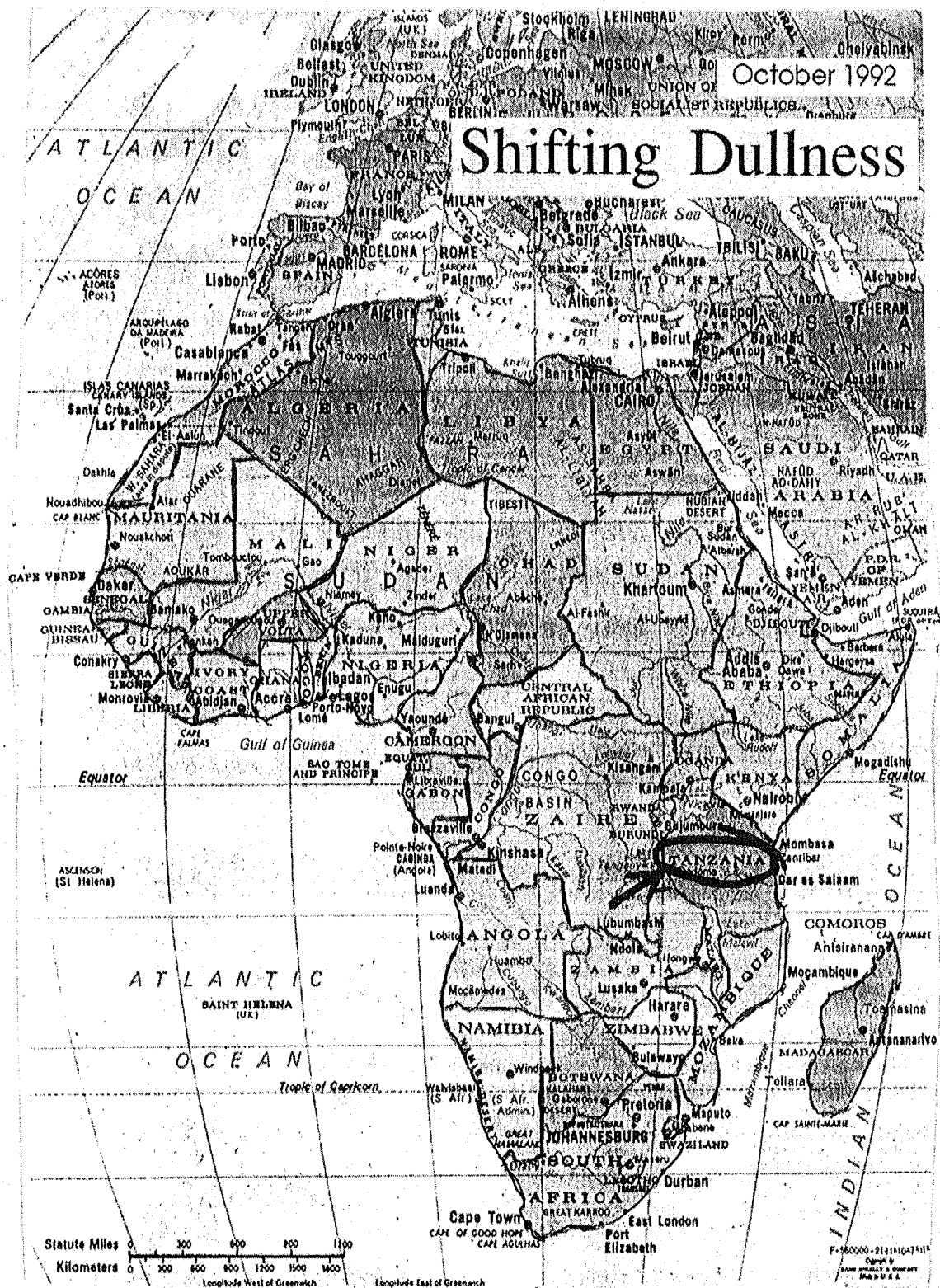


October 1992

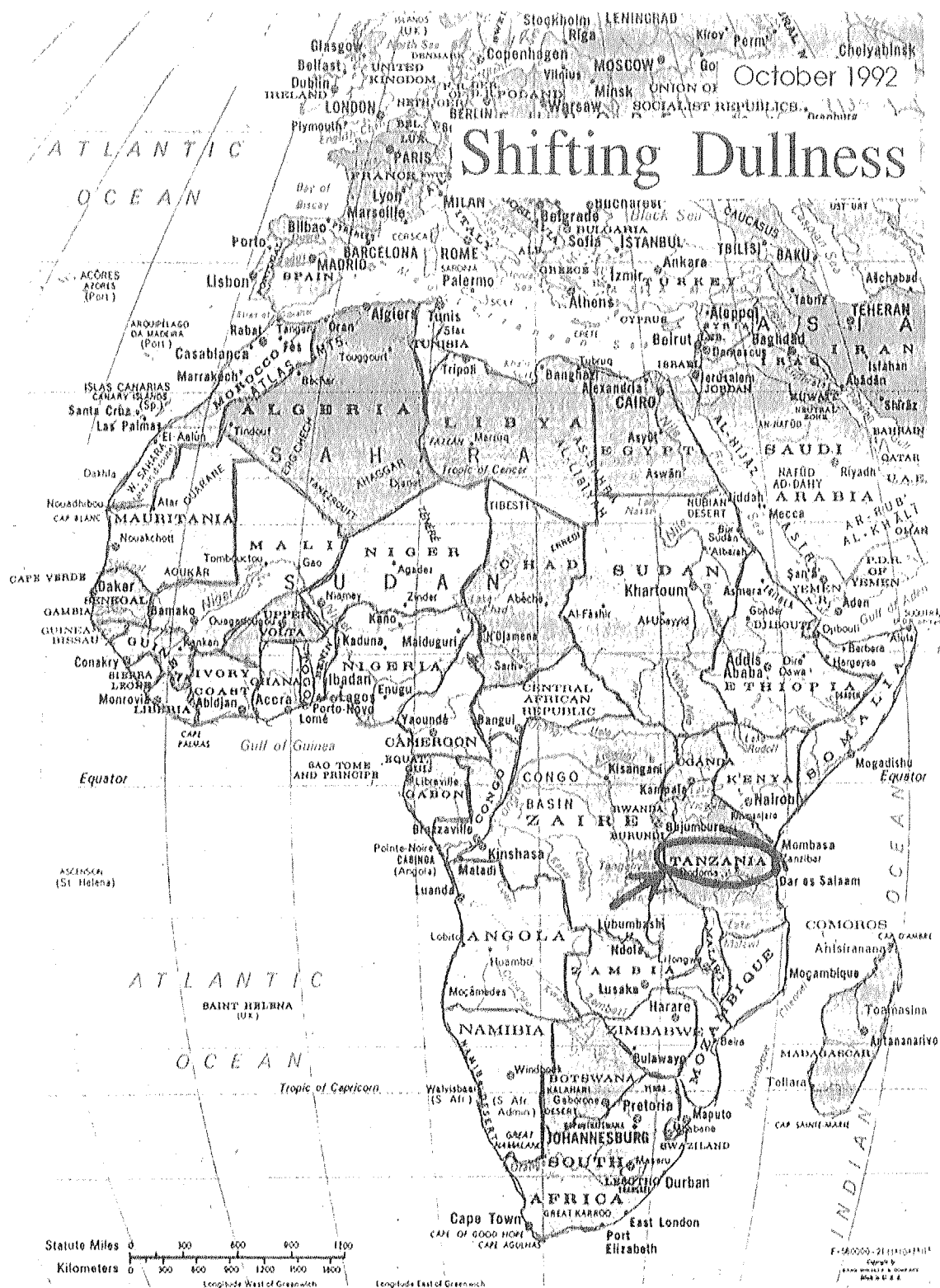
Shifting Dullness



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October 1992

Shifting Dullness



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Map by G. R. S.

• Francois Magendie(1783-1855) was born in France on October 6. He was one of the individuals who helped France gain world leadership in medicine in the early 19th century. While magendie never held an academic position, he combined his medical practice with experimental physiology and pharmacology. He is remembered for experimentally elucidating the separate functions of the anterior and posterior roots of the spinal cord, and for helping to found the discipline of pharmacology through his analysis of the actions of drugs. His use of animals drew the ire of the antivivisectionists of his time.

• The 500th anniversary of Columbus' discovery of the Americas is commemorated this year on October 12. The explorers of America are credited by medical historians with bringing syphilis to Europe, which spread from Spain to France and then was brought into Italy along with the soldiers of Charles VIII. While a number of years ago some historians suggested that in actuality syphilis was brought from Europe to the New World, recent evaluation of the evidence suggests that this is not the case. Whatever the truth may be, it is undeniable that the introduction of measles, small-pox and other diseases into the New World had horrific effects on the indigenous populations. Some Puritan settlers of North America, upon observing the sudden destruction of the Indian populations in their area, concluded that God was clearing the way for their settlement of the land as a sign of his support for their endeavor.

• Rudolph Virchow(1821-1902), born on October 13, was known in Europe as the "Pope" of medicine because of his extreme influence. He is perhaps best known as the founder of cellular pathology, and was a pioneer in the use of the microscope for such investigations. It was Virchow who overthrew the claim of Matthias Schleiden(1804-81) that the cell and its components arise from chemical precipitation out of an undifferentiated mass, to firmly establish the proposition that cells arise only from other cells. However, Virchow always remained suspicious of the bacterial theory of disease, emphasizing tissue response instead; his rejection of the work of Semmelweis concerning childbirth contributed to the failure of antiseptic practices to take hold in obstetric wards for many years. What is sometimes forgotten is that

Virchow began his career as a militant advocate of public health measures in Germany, pointing out that social problems are often the primary culprit in epidemics; as such he may be credited as being the father of social medicine, now often associated with epidemiology. In addition to advocating social reform he encouraged reorganization of medical education and licensure. His other interests included anthropology, archeology, history, politics, public health and sociology. Interestingly, Virchow's ideas of social medicine, although influential in many parts of the world, are rarely seen today in his native Germany. Some feel that this is because a perversion of his ideas of the relationship between medicine and government lent an ideological basis to some of the horrors of Nazi Germany.

• In 1772, Joseph Priestly discovered nitrous oxide gas; it soon came to be called "laughing gas" and was a big hit at parties. Many noticed that those indulging in this amusement, called "revelers", experienced a reduced sensitivity to pain. Nitrous oxide was not used for therapeutic purposes until 1842 when Dr. Crawford W. Long performed three minor surgical procedures using sulfuric ether; however, he did not publish his results. Two years later a Connecticut dentist named Dr. Horace Wells tested the properties of nitrous oxide by having one of his own teeth pulled while under its influence. After trying out this procedure on several patients he demonstrated the technique to Dr. John C. Warren's class at Harvard; unfortunately for Dr. Wells his patient cried out and he was booed and hissed. The first successful demonstration of the use of ether was accomplished by Dr. Wells' friend and fellow dentist William T. G. Morton on October 15, 1846. He performed an apparently painless procedure before Dr. Warren's Harvard class, news of the accomplishment spread and a new era in surgery began. The term "anesthesia" was coined by Oliver Wendell Holmes.

• Jonas Salk was born on October 28, 1914. His polio vaccine reduced paralytic poliomyelitis from 55,000 cases in 1955 to less than 200 in 1958.

• Gerhard Domagk was born on October 30, 1895. This German researcher, after testing the antibacterial activity of a variety of dyes, reported that protosil acted against

(continued next page)

October 1992

1. The Student Directory is being compiled by the Dean's office. Contact Linda Chambers and relay your current address and phone number.
2. The Medical Alumni Host Program has compiled a file of Duke alumni across the country who have volunteered to host Duke medical students as they interview for residency positions. The file is located in the Dean's office.
3. Good luck to Brian Bowman and Alex Kemper who tied the knot in September.
4. Congratulations to Michael Weiner who got engaged in August!
5. Dean's office deadlines:
 - a) Address labels ASAP to your Dean for Dean's letters
 - b) Addresses and money (\$3 each) to registrar for transcripts.
6. Airline discounts will be available to MSIV's travelling to interviews. While American, United, Delta, Northwest offer their supersaver fare, Continental Airlines is offering a 5% discount.
7. Couples Activity Student Group—see Linda Chambers for details at 684-2498.
8. Good luck with applications.

October in Medical History (continued from previous page)

streptococci in mice. The clinical introduction of this chemical dramatically altered the prognosis of many infections including "blood poisoning", which until then was nearly always fatal. A variety of sulfa drugs were subsequently derived from protons!

- Other events occurring in this month include the publication of the first issue of *Lancet* on October 5, 1823; the appointment of William Harvey to St. Bartholomews Hospital in London on October 14, 1609; 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 Anton Van Leeuwenhoek on October 24, 1632.

Shifting Dullness

Med Teams Playoff-Bound

Fred Rimmele

At Duke, the new school year brings with it not only the admittedly dim prospect of 365 more days spent in Durham, but the advent of a new IM season as well. This year, both first and third year students sought to vent their academic frustrations, not to mention their 'Type A' personality traits, in IM flag football, soccer, and volleyball.

Perhaps the most successful team fielded is the MSIII all men's flag football team, Club Med. The team has thus far posted a 3-1 record and seems to be headed to the playoffs. The highlight of the season so far was a game winning touchdown with less than seven seconds to go as captain/QB Steve "Skinny Legs" Mass hit Dow "You can't miss me, I'm too big a target" Hoffman in the endzone. Best wishes to Chris "Ouch" Hasty for a speedy post-arthroscopic surgery recovery.

The MSIII IM volleyball team, dubbed Grateful Med, is lead by co-captains Brian Fortuin and Brock Bowman. With a 4-2 record, it looks like they too are post season bound. Veteran spiker/wisecracker Cam Piller "of Strength" stated "One of our losses was to the former champs, and the other was to a team that we should've beaten but were forced to play a man down." Otherwise, he said, Grateful Med was kicking some serious butt.

The final team making a playoff bid is the MSI all men's flag football team, which is currently 3-2. The season included a 64-0 drubbing of the law school "B" team, avenging a 35-29 loss to the law school "A" team, last year's champs. Captain Paul Baird said "Inside sources informed me that the playoffs are a definite possibility," and added that he hoped the upcoming first gross anatomy exam would fire up his team for post season play.

Med3, the coed flag football team, is actually composed of both first and third years. It is lead under strong guidance of Carl "I was a military policeman and don't you forget it" Hasselman. Hampered by the fact that Duke allows all male teams to play in a coed league (can we get a tox screen on the IM administrator, folks?), the team is currently 0-3-1. Cheryl Padin and Jeff Henn have had consistently good games. Center-cum-IM reporter Fred Rimmele stated "The men of FUBAR are a bunch of cretinous hypospadiac pig-dogs and you can quote me on that, Fred."

Finally, the IM coed soccer team apparently was doing "quite well", according to an anonymous source, until they forfeited the season by missing a game. The team was unavailable for comment.

USMLE — For all you folks taking the USMLE this coming March & June, don't forget that there's a bunch of software in CTL to help prepare! For Step I, some useful software includes: multiple Physiology and Microbiology programs on the hard disks of the IBMs in the 24 hr cluster; NBMECBT, a nat'l board review program with questions for all three parts of the boards — in the big computer room in CTL; Pathology and Neuroanatomy Video Disks — also in the big computer room.

For Step II: NBMECBT - practice questions, case studies, and an atlas of clinical images; Advanced Medical Problems and Advanced Clinical Problems - case studies and questions on the CTL network; EKG, Arrhythmias, and Homeostasis programs on the network; Cardiac Auscultation program on the Mac II in the 24 hr cluster; Microbiology programs in the 24 hr cluster.

Please note that none of this software is in the USMLE format, so they basically review the concepts in a non-USMLE style.

MEDLINE — Just a reminder to people who have access to a computer with a modem at home: you can access Medline 24 hrs a day, FREE. The Med. Center Library has information on this and distributes disks with a pre-made script for the asking.

MODEMS — New Technology is approaching rapidly. The 1200 BAUDmodems are practically outdated; 2400 is what many home computers have today; 9600 is rapidly becoming affordable (>\$200, close to \$100 soon), and will soon be the industry standard; 14,400 — 16,800 — 19,200 are all around, but still expensive.

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Many other medical schools have a Women in Medicine group or office, and a large number of students—male and female—have shown enthusiasm for a similar group here at Duke. At our preliminary meetings, female students from all four years of medical school expressed their hopes of what this new group would be. In a field where male role models are plentiful, most of us want a chance to meet female physicians, residents, and fellow medical students to learn from others' choices and to better understand our own options. We want to benefit from others' experiences in balancing the many desires, obligations, and hardships that especially apply to females in medical careers.

More than just a forum for questions and concerns, however, this group wants to be active in addressing issues that concern us and that we feel may not be discussed elsewhere. We invite and encourage everyone—men and women—to participate in our future speaker series and workshops. We understand that both genders are affected by and involved in these issues and that everyone is valuable in finding solutions to problems. If you have concerns that you would like addressed, please let us know.

Finally, we want to be active in recruiting women to Duke University's School of Medicine. Following Dr. Pounds' suggestion, we will provide a set of phone numbers in the mailings for women who have been offered admission so they can call and ask questions. Knowing that a group for women exists may be a selling point for many women.

This is a group as diverse as the participants are with their individual needs and goals, and we welcome anyone to participate as we grow and evolve. We are also looking into reactivating the AMWA chapter that was here a few years ago. If you are interested in participating or have any questions, please come to the Nov. 5th meeting at 8:00, location TBA or call Sara Larson (MSI) at 286-4361 or Shannon Putman (MSI) at 383-3281. You can also touch base with us at noon on Fridays in the amphitheater in South Hospital.

Financial Opportunities

FOURTH YEAR STUDENTS: To be eligible for loan deferment, especially during spring semester 1993, the student must be enrolled *at least half time* toward meeting requirements for graduation. Taking only one class during spring semester does not qualify the student for loan deferment. Students are allowed to take an unlimited number of courses, tuition-free, after meeting the 72 credits required for graduation. However, the student does not qualify for loan deferment while taking those extra courses, nor does the student qualify for financial aid funds to support living expenses during enrollment for extra credits.

MEDEX LOANS are available to MSIV's for residency interview expense and for expenses associated with moving to the residency location after graduation. The applicant must already have loans through the MEDLOANS program. Applications available in the financial aid office.

VOCATIONAL REHABILITATION (VR) assistance is a state-operated program to help individuals with qualifying medical diagnoses, including medical students, become employed. For more information contact Mike Massey at 684-3848.

AIR FORCE AND NAVY SCHOLARSHIPS: Three-year scholarships are available for 1993-4 which cover tuition and living expenses. Service requirement is one year of service for each year of support. Deadline soon.

GASTON COUNTY, NC RESIDENTS are eligible for a \$3000/yr scholarship from the Gaston County Medical Society.

IRIDELL COUNTY, NC RESIDENTS are eligible to apply for a \$500 scholarship from Iredell County Medical Society.

MISSOURI RESIDENTS, especially those from southwest Missouri, are eligible for need-based scholarship assistance from the James H. Fulbright and Monroe L. Swyers Foundation. Scholarships are renewable each year.

FURTHER INFORMATION and applications for each of these scholarships is available in the financial aid office in the Dean's office. Several books with information on other outside scholarships and loans are also available there.

Shifting Dullness

Poetry Sweeps through DUMC

Julie Lapp

The winners of the "Write Us A Poem" contest, sponsored last spring by the Cultural Services Program of Duke University Medical Center, were announced in September. A total of 87 entries were received from patients, employees, faculty and students. The poems were judged by poet Richard Kenney of Port Townsend, Washington. The winners were Judy Goldman, Charlotte, NC (1st prize), Grey Brown, Greensboro, NC (2nd prize), and G. Kay Bishop, Durham, NC (3rd prize). Medical students who entered the contest were Carol Baker (MSII), Kenny Boockvar (MSIV), Genie Gillman (MSIV), Peter Higgins (MD/PhD), Andrew Rosenthal (MSII), and Jonathan Schreiber (MSIII). All entries are now displayed in the showcases of the North South Corridor at Duke North Hospital. Take a break and check them out.

Poetry Workshop for Health Care Providers

Grey Brown, Duke Medical Center's Cultural Services Program's first Poet-in-Residence, will lead a lunchtime workshop called "Working With Words: Inviting Writing in a Medical Setting" on Wednesday, October 28, from 12 to 1:30 at Duke Medical Center. Health care providers will be advised on points that will help them help patients and their families find the words to describe their experiences. Pre-registration is required for the free workshop, as seating is limited. Call 286-3361 to register.

Ms. Brown sees poetry as a means to help patients share their feelings and reach out to others while receiving medical care. In her prior work with the Duke Comprehensive Cancer Center, she found that poetry was an effective tool for creating more intimate interaction among groups.

William Carlos Williams Poetry Competition

The Human Values in Medicine Program at the Northeastern Ohio Universities College of Medicine is sponsoring its eleventh annual William Carlos Williams poetry writing competition. The competition is open to students attending schools of medicine or osteopathy in the United States and Canada. Final judging will be done by John Stone, M.D., a poet and essayist from Emory University School of Medicine. The top three poets will be awarded \$300, \$200, and \$100, respectively, and will be invited to attend a poetry retreat in Ohio in April. Entries should be submitted by December 31, 1992 to: Human Values in Medicine Program, Northeastern Ohio Universities College of Medicine, P.O. Box 95, Rootstown, Ohio 44272. Phone: (216) 325-2511. For more information about rules and guidelines, contact Kenny Boockvar at 286-3147.

A Journey to Tanzania

by David Ting

During the 1991-1992 academic year, I had the privilege of participating in a third year research program that brought together elements of biometry, epidemiology, and international health which involved a six month sojourn in Tanzania, East Africa. Because of the remarkable encouragement and support of the Duke International Health Program, the Division of Biometry, and the Dean's Office, my third year experience was as rewarding as it was unconventional. Everything about the experience - the flights to and from Africa, the contrast between American and African cultures, the disparity between high-tech medicine and low-tech health care, the frustrations and challenges of research in the developing world - was extraordinary. Every turn presented a new learning point. Every day was a new adventure.

Now that I've returned to Durham, I am eager to share some my experiences with Duke students. In this and subsequent issues, I will describe how I became involved with the International Health Program, what I did in Africa, and what I learned about life and health care in Tanzania. It is my hope that, by offering a glimpse of what I encountered last year, I may spur others on to investigate international health at Duke, to consider unusual research programs, and to persist in pursuing specific research interests, however unusual they may seem.

The International Health Program At Duke

Duke's first genuine participation in the field of international health began in 1986, when David Durack, chief of the division of infectious diseases, and Gunther Lallinger, faculty member in infectious diseases, initiated a collaboration between DUMC and the Muhimbili Medical Center (MMC) in Dar es Salaam, Tanzania. Durack and Lallinger envisioned a collaboration that would promote research and clinical training of both Duke and Muhimbili residents and faculty in international health. They were joined in their vision by Joseph Greenfield, William Anylan, and Ralph Corey, who together helped lay the foundation for a rapidly growing international health program at Duke.

In 1986, the first Duke International Health fellow arrived

in Tanzania. In succeeding years, Duke sent three other International Health fellows to Dar es Salaam. They were joined over the years by a steady stream of junior and senior residents from the Department of Medicine, all of whom spent from three to six months on the internal medicine or pediatrics services at Muhimbili, and many of whom also conducted clinical research during their rotation. Residents and faculty from Muhimbili have also had the opportunity to visit and rotate on the medicine service at Duke.

More recently, the Duke International Health Program has expanded to include collaborations with medical centers in China, Taiwan, and Brazil. Furthermore, the Department of Medicine has arranged for at least one senior resident per year to pursue advanced training in tropical medicine in England.

The Anemia Study

I became involved with the International Health Program in 1991. Earlier that year, the Duke-MMC collaboration had just completed the preparation for a two year longitudinal study of anemia in infants. Under the direction of Rupa Redding-Lallinger, the study would follow four hundred pairs of mothers and their infants from delivery until the children were twenty-four months of age. The babies would receive monthly physical exams and laboratory work, including hemoglobin, hematocrit, reticulocyte counts, malaria smears, and periodic iron store studies. By the time of completion, the study would represent one of the first major epidemiologic surveys of the hematologic status of infants in Tanzania, and would help address questions of the etiology of anemia in children in East Africa - a problem that accounts for 20% of all pediatric hospital admissions and 26% of pediatric ward deaths in Tanzania.

By mid-1991, the anemia study was prepared to begin recruiting its four hundred mother-infant pairs and commence with the collection of two year's worth of data. This meant that the study required an assistant to design and manage the data collection system and computer database, and also to provide statistical analyses. It was at this point that I joined the program as

(continued next page)

data manager, having been recruited by Durack, who was aware of my experience and interest in both computers and international health.

In August 1991, I travelled to Dar es Salaam, the de facto capital of Tanzania, to observe and assist in the opening of a new laboratory facility built at Muhimbili Medical Center specifically for Duke/MMC collaborative research. During the fall of 1991, at the advice of my program director, William Wilkinson, I returned to Duke to take courses in biostatistics, research methods, and infectious diseases. I also took epidemiology at the UNC School of Public Health. In January 1992, I returned to Tanzania, where I remained until June, working primarily in the Duke/MMC laboratory.

Culture Shock: Kafka Style

Tanzania is a tropical country lying along the eastern

coast of Africa, just south of Kenya and slightly below the Equator. Its land mass and population are a tenth that of the United States. Only 14% of the population lives in urban areas, compared with an urban dwelling rate of 74% in the US. Tanzania's largest city and commercial center, Dar es Salaam, is home to 1.5 million people.

When I had embarked for Dar es Salaam in August 1991, I had mentally prepared myself to face culture shock in all its flavors: language shock, social shock, and even food shock. I had read William Harrison's Mountains of the Moon, and arrived in Africa with visions in my head of getting bitten by the mother of all mosquitos, developing cerebral malaria, and then ending up underground with a stone over my head announcing: "He forgot to take his Mefloquin."

What I didn't count on was stepping out of late

(see Tanzania, p. 8)



twentieth century America and into a Kafkaesque comedy of the absurd, complete with existential turns of events, impossible twists of logic, and maddening rules.

To wit, when I first arrived in Dar, I was met by the Duke ID fellow, Bill Miller and his wife, Deb. Their welcome was exceptionally kind, considering the fact my flight had been held up for eight hours in Nairobi, Kenya, because the airline had suddenly decided to send the plane back to England instead of continuing for 30 minutes South to Dar. At any rate, Bill and Deb led me to the Duke car, which, as I plopped down onto its seat, greeted me with a plume of fine dust filling the air and instantly coating me like a human shake-and-bake. "oh, you'll have to get used to the dust here," Bill apologized sheepishly. "I see," I replied, trying to suppress the image of 20-grit sandpaper rubbing across my contact lenses for the next six months. I reached instinctively for a seatbelt, at which Deb advised, "Oh, you won't want to wear that, because the roads here are so bad here."

I had just begun to mull over the profundity of this statement, when we hit a stretch of road so pockmarked with holes and ruts, that I immediately understood what she had meant: had I been wearing a seatbelt over those bumps, the shear forces would have undoubtedly produced a clean below the torso amputation.

After 40 minutes of dodging car sized potholes, cars, goats and ten-ton trucks (which had no regard for the center line) and navigating a small river we reached the Duke house. As it turned out, the house was situated on a beautiful beach, which receded gently into the Indian Ocean. "This is going to be awesome!" I thought, unloading my bags as a warm sea breeze wafted through my window. Suddenly a stark realization: "hey that's no sea breeze!" Poking my head outside, I discovered that my refreshing sea breeze was actually fresh roasted garbage slowly baking in the backyard below my room. Later Bill informed me that everyone burns their trash in the backyard.

Many more lessons were in store for me over the next few months in this tropical wonderland. For example, wear long-sleeved clothing at night, or the mosquitos will chew you to shreds, always lock your doors because the house guards are on the take, Don't flush, because there's no water, learn to like beans and rice, drive on the LEFT side of the road, it's allowable to run over a dog, but NOT a goat, poultry is better than beef (cows eat roadside garbage, chickens eat feed), be sure to keep a fistful of Clpro with you (it's amazing what a little

prophylactic ciprofloxacin can do for you after you've guzzled a Fanta orange soda, only to find a roach stuck in the bottom of the bottle), learn to haggle, learn to like beans and rice.

Admittedly, I risk giving the impression that my time in Tanzania was miserable. Indeed, some who have travelled to Dar have returned to Duke with mixed - if not unfavorable - assessments of their experience. Let me emphasize that this is the last impression I wish to make. Actually, the inconveniences mentioned above were merely instances of culture shock. Once I had recovered from this period, I began to appreciate the beauty of the culture and the land, the friendliness and strength of the people, the desperation of their poverty and the challenges of their medical system. All told, these are the things, not the culture shock, that stand out in my mind when I recall my experiences.

Travel to Africa with *Visions in Action*

Visions in Action is a non-profit, non-sectarian organization offering one-year internships in African cities in Zimbabwe, Kenya, Uganda, and South Africa. The organization was founded out of the conviction that there is much that can be learned from - and contributed to - African urban development. By working as a part of a community of volunteers, interns can gain valuable hands on skills working in the developing world, while addressing the multi-faceted problems that Africans face everyday.

Visions in Action coordinates volunteer internships, matching interns according to their skills, interests, and experiences. Visions encourages people of any age, race, religion, economic, or professional level to participate, as this best reflects their mission of achieving social and economic justice in Africa. There are many opportunities available in the fields of health and medicine. Interns pay travel and living costs, plus a program fee, which covers a month-long orientation, language training, group housing, and overseas support.

Those interested in receiving information about the opportunities with Visions in Action are encouraged to write for materials from: Visions in Action, 3637 Fulton St. NW, Washington, D.C. 20007, or call (202) 625-7403.

• **Influenza vaccine now available for 1992-93.** Vaccination is recommended for elderly and high-risk patients, as well as their health care providers and household contacts. In addition to the immunosuppressed and those with chronic disease, patients at risk include children on ASA, since they have increased risk of Reye syndrome following influenza infection. Because outbreaks peak in January and February, mid-October to mid-November may be the best time to be vaccinated (Medical Letter 34, 9- (1992)).

• **Iron is associated with increased risk of myocardial infarction.** A study of 1,931 Finnish men aged 42-60 years revealed that serum ferritin ≥ 200 ng/mL increases risk of an MI by 2.2-fold. This may partly explain the altered incidence of CAD in many populations, including men, postmenopausal women, users of certain drugs, and people of some cultures. Iron is known to induce lipid peroxidation, which is implicated in the pathogenesis of atherosclerosis (J. T. Salonen et al., *Circulation* 86, 803 (1992); J. L. Sullivan, *ibid.*, p. 1036; L. K. Altman, *NY Times* 9/8/92, p. A1; G. Cowley and M. Hager, *Newsweek* 9/21/92, p. 69).

• **ATP acts as a fast excitatory neurotransmitter in the CNS.** Researchers studying rat medial habenula—part of a central cholinergic pathway—have found evidence for ATP receptors and ligand-activated ion channels. Both suramin (an ATP-receptor antagonist) and α, β -methylene ATP (a desensitizing ATP-receptor agonist) block evoked currents. Thus, ATP may be a cotransmitter at cholinergic synapses in the CNS (F. A. Edwards et al., *Nature* 359, 144 (1992); C. D. Benham, *ibid.*, p. 103).

• **Finasteride (Proscar), a steroid 5 α -reductase inhibitor, is the first approved drug for treatment of symptomatic benign prostatic hyperplasia.** The drug, now an alternative to surgery and mechanical procedures, can decrease dihydrotestosterone levels and stop or reverse prostate enlargement. Since it also depresses serum PSA, a baseline cancer screening should be obtained before initiation of therapy. The usual dosage is 5 mg PO qd, and a one-month supply costs a pharmacist \$52.50. long-term safety has not been established (Medical Letter 34, 83 (1992); FDA Medical Bulletin 22 (2), 9 (1992); S. L. Nightingale, *JAMA* 268, 1390 (1992)).

• **Prostate cancer kills more N.C. blacks—57 per 100,000—than any other American population studied.** Black Americans also have the world's highest incidence of the disease, despite low rates among African blacks. Annual digital rectal exams should be performed in men over 40. Researchers at Duke and UNC also recommend annual PSA tests in men 50 and over. Experts stress the importance of educating patients and providing access to screening services (C. Robertson et al., *NCMJ* 53, 447 (1992)).

• **Preimplantation diagnosis of cystic fibrosis (CF) is possible following in vitro fertilization (IVF).** Within just 8 hours, cleavage-state embryos were biopsied and studied. Following diagnosis of a predominant genetic subtype of CF, implantation of unaffected embryos into two women yielded one pregnancy and the subsequent birth of a normal girl. Although scientists also expect this method to be successful for other single-gene diseases, the safety of the biopsy has not been proven, and the success rate of IVF itself (live-born infants per cycle) is only 14%, with a cost of at least \$5,000 (A. H. Handyside et al., *NEJM* 327, 905 (1992); J. L. Simpson and S. A. Carson, *ibid.*, p. 951; *News & Observer* 9/24/92, p. 4A).



S.D. Quiz: Which is the mortar and which is the pestle?



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Cultural Calendar

MUSIC

- Oct. 24: GRUPO AYMARA, Bolivia's Premier Folk Ensemble. "A Salute to the Native Peoples of the Americas" at 8 p.m. In Reynolds Industries Theater.
- Oct. 30: Organ recital by Linton Powell at 8 p.m. In Duke Chapel.
- Oct. 31: Music Fair and Duke String School/Piedmont Youth Orchestra, 9 a.m.-9 p.m. Dorothy Kitchen.
- Nov. 7: Beaux Arts Trio, All-Beethoven program, at 8 p.m. In Page Auditorium. Box Office 684-4444.
- Nov. 7, 8: Parents' Weekend Concert with the Duke Wind Symphony at 8 p.m. In Baldwin Auditorium.
- Nov. 8: Duke Symphony Orchestra, conductor Lorenzo Mutil, at 4 p.m. In Baldwin Auditorium.
- Nov. 10: "Celtic Fiddle Festival" at 8 p.m. In Page Aud.
- Nov. 13, 14: La Boheme, San Francisco Western Opera Theater, at 8 p.m. In Page Auditorium. Call 684-4444
- Nov. 22: Organ recital by Dorothy de Rooij (Zwolle, The Netherlands) at 5 p.m. In Duke Chapel.
- Nov. 23: Misa Se la face ay pale, with Du Fay, director Thomas Brothers, at 8 p.m. In Duke Chapel.

ART

- Oct. 25: "The Last Llama: Inca and Spanish Images of 16th-century Peru," speaker Dr. Tom Cummins. At 3 p.m. In Museum of Art.
- Nov. 8: "Where They Raised the Boundaries: Indigenous Maps from America," speaker Ms. Dana Leibsohn. At 3 p.m. In Museum of Art.
- Duke Univ. Museum of Art — Nov. 6 - Dec. 20: Old Master Drawings, Collections of Joseph F. McCrindle. Nov. 6 - Jan. 3: Late Medieval Illuminations: Manuscript Leaves Collections of Jeanne Miles and Dr. Robert Parsons. Until Oct. 25: Inner Visions: German Prints In an Age of Expressionism. Until Jan. 3, 1993: American Art Before Columbus: Mexico to Peru.
- 107 Bivins Building: Exhibitions of contemporary artwork. Oct.: Wen Hal Ma. Nov: Student Show of Artists Books. Louise Jones Brown gallery, Bryan Center. Vickie Mitchell. Until October 26.
- Mars Display Cases, Duke North — Pastoral Services and Pharmacy Week Exhibit. Oct. 23 - Oct. 30. A Different View on Diagnosis, Toshiba Medical Systems. 'til Nov. 30.
- Rauch Display Case, Duke South — Ceramic Dolls and Seasonal Pieces by Mary Wade.
- Duke North Courtyard — Clyde Jones' Critters. 'til March.
- Eye Center — Works by blind carver Ronnie Sumner. Through October.

Shifting Dullness

LUNCHTIMES

- Oct. 27: Discussion of arts projects, speaker Gwyneth Lamb, 12-1:30 p.m. In South Board Room. Call 286-3361
- Oct. 28: Writing Workshop with poet Grey Brown, 12 - 1:30 p.m. Call 286-3361.
- Osler Literary Roundtable, Fridays at noon in Deans' Conference Room, M133 Green Zone, Duke South:
- Oct. 23: Mankind Journeys through Forests of Symbols, fiction by Fred Chappell. Oct. 30: Poetry reading by Grey Brown. Nov. 6: Poetry reading by Michael Chitwood. Nov. 13-20: "Men in the Sun," fiction by Palestinian writer Ghassan Kanafani.

FILM

- Oct. 28: Cabeza de Vaca, at 7:30 p.m., DUMA N. Gallery Freewater — The following films are shown at 7 & 9:30 p.m. in Griffith Film Theater, Bryan Theater, unless otherwise noted. Free to Duke students with I.D.
- Oct. 22: Romeo and Juliet; Oct. 23: Mississipi Masala
- Oct. 27: David Copperfield
- Oct. 29: Anne of a Thousand Days; Oct. 30: Edward II
- Oct. 31: Ichabod and Mr. Toad (10:30 a.m.)
- Nov. 3: Filmmaker Alan Berliner (8:00)
- Nov. 5: Far From the Madding Crowd (6:45, 9:30)
- Nov. 6: Where Angels Fear to Tread, Twilight Zone (mdnt)
- Nov. 10: Philadelphia Story; Nov. 12: Somewhere in Time
- Nov. 13: Hearts of Drknss; I'm Gonna Git You Sucka (mdf)
- Nov. 17: Filmmaker Jay Rosenblatt (8:00)
- Nov. 19: Doctor Zhivago; Nov. 20: Howard's End
- Nov. 21: Muppts Take Manhattan; Nov. 24: A Star Is Born

THEATER & DANCE

- Oct. 22-25, 28 - Nov. 1: Assassins, by Hoof 'N' Horn, at 8 p.m. In Sheaffer Theater. Box Office 684-4444.
- Nov. 1, 2: Buddy: The Buddy Holly Story at 8 p.m. In Page Auditorium. Box Office 684-4444.
- Nov. 6-7: HOT FOOT, renegade tap-dance, "Scorch Marks on the Floor" at 8 p.m. In Ark Dance Studio, E. Campus.
- Nov. 13, 14, 19, 20 & 21 at 8 p.m., Nov. 15 & 22 at 2 p.m.: Three Sisters by Anton Chekhov. Call 681-ARTS.
- Nov. 13-14: Ark Dances, student choreography at 8 p.m. In Ark dance Studio, East Campus.
- Nov. 14: Clyde Edgerton, "...He was born to tell stories," at 8 p.m. In Nelson Music Room, 201 East Duke Building.
- Nov. 23: Los Munequitos de Matanzas In "Patakin: African and Afro-Cuban Folklore, Rituals and Rumbas," at 8 p.m. In Page Auditorium.

Children < God (The Fall)

This is a story about winning. About running the perfect gel. About sharing an aquamarine-on-late grey morning with a phalanx of spinner dolphins. About stepping out of Duke South and nonchalantly tossing a half-eaten apple into a trash can 30 yards away, with witnesses. About the portfolio blonde choosing the seat next to you (Imagine, you) on the bus. About four o'clock in the afternoon among friends when laughter replaces conversation. About how powerful the word 'yes' feels when you pick up something from the CXR that the experts not only missed, but also belittled when you suggested such an interpretation was possible. About driving through a small town in which you stopped for sack lunch over ten years ago on a school trip, and remembering at a certain gas station there was a Saint Bernard that you could barely

get your arms completely around to tell your secrets to, how many things you were going to accomplish some day. About how important the

world suddenly becomes when your child for the first time takes the breast, or learns how to smell a tulip, or tugs at a choir robe. About finding the gas station, and being greeted by the Saint Bernard's grandson. About how clutching a mug of coffee evokes the voiceover ("for sugar and spice") on the old U.S. Savings Bonds commercial. About robbing your neighborhood jewelry store.

My first Saturday evening in Tokyo, and the local train suddenly gets crowded at Ikebukuro station. I am somewhat unprepared (contrary to misconception, not every train in Japan is crowded, although I later learned that Ikebukuro on Saturday is becoming for young adults what Harajuku is for teenagers on Sunday afternoons or Shinjuku is for three million sweaty businessmen on weekends), and into an aisle. If you've ever taken a soccer ball, forced it about three feet under water, and released it, you have an idea what it feels like when the door opens at Ikebukuro station on Saturday evening. I have seen people upended, clawing at the air for something to steady themselves. I have seen people separated from items they were holding, somehow ending up on the platform while their backpack or younger brother travelled unattended to the next station.

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"Ninety Saturdays in Tokyo, and it never happened again."

That night, I saw myself wheeled around and pushed into a curve you could trace with your index finger. Silken hair fanned out against the back of my neck, shoulders under my shoulders, my haunches rounding out the small of her back. The problem with crowding is the poor fit at the interface — the angle of a briefcase nuzzling your shin, avoided elbows forcing you past the focus point of someone's newspaper — yet here was my dorsal imprint: twenty-one, supple, awash in scent, and she felt so...alive. This was the first interface I have known to be organic, as maintaining the curve, pressing the curve beyond that required by the outside mass, became a mutually sought after thing, a wanted thing, our legs like shock absorbers over the clattering tracks so as not to compromise the fit, tactily, tacitly exploring our shared surface. Wonderful.

Pathetic. Frottage elevated to the purest expression of love. Well what did you want me to do when we arrived at the next station? Introduce myself? ("Hi. (Nervous

chuckle) Our backs seem so compatible. Is there someplace we could go lie down?") It was my first Saturday, and the population wasn't going anywhere. I figured things like this would happen all the time. Ninety Saturdays in Tokyo, and it never happened again.

The only time my father was late for church, he wrestled the car into a drainage ditch while attempting to tie his necktie on a road made skittish with rain. Everything survived but the marriage, and I had to stay with my cousins for the summer while my mother recovered from a fractured pelvis. I was seven or eight and they promised me it was a farm like Wizard of Oz but it was just a wooden house with a big back garden and a storm cellar that, although the door was authentic — tipped 30° from the horizontal, creaky, with an iron ring handle and X-the-Owl reinforcement, held no cinnamon preserves or potatoes caked with earth, only a forgotten engine from a '56 Roadmaster and sheaves of cancelled checks. I closed my eyes when I went in there, I don't know why, since I went in there ostensibly to explore, and stood at the bottom of the implanted concrete steps, facing the entrance. I had

(see Children < God, p.13)

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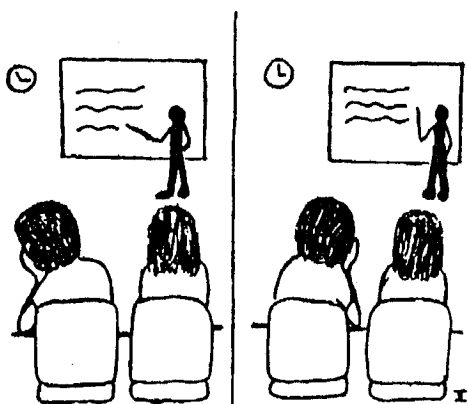
Children < God (from p. 12)

these white tennis shoes, and one morning, mid-late June, I opened my eyes and discovered that the light that seeped through illuminated only my shoes, gave them this kind of eerie, ethereal glow. I stood there, transfixed, the rest of me wrapped in darkness, and decided it was some kind of sign. (Reading this now, I wonder if my uncle wasn't some kind of primitive astronomer.) I passed this information breathlessly on to my older cousins, who, taunting, told my aunt, who told me to stay out of the cellar. The rest of my time there, no matter what time of day, no matter where I stood, I couldn't duplicate the results. They didn't believe me.

One-third of your life over, and you realize the things you dreamed about are never going to come true, that all you are good at is justifying the choices you settled for.

Soft, Icarus. Do not lose faith in me yet. This is a story about winning. I will buy some paraffin tomorrow. There is a talisman we must steal back from heaven.

—lea



Shifting Dullness

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Shifting Dullness



Dear E. Bach

Dear E. Bach,

Have you ever noticed that when you're whoopin' it up with a bunch of guys and that time comes to square up with the bar, the guy handling the cash invariably ends up with ten, twenty or, I've even seen, thirty bucks extra. What confounds me is, if just one woman were there, only one, the group would come out ten, twenty or even thirty bucks shy. I've seen a woman order an entree for \$4.95, a glass of wine and a dessert and when it's time to cough up some bills, she quips "oh, I had a sandwich and only one drink... it was about five dollars." Holy smokes!! E-Bach, I know you know who ends up taking it for this woman's unfathomable blunder.

Sure, I admit that for centuries men have simply paid for women, they just paid. But today we have equal rights, day care and "power womyn" who make immeasurably more money than I do. Why can't they just figure out that a paltry five dollar legal tender won't suffice for dinner, drinks, tax and tip.

Consider this scenario: two women go out to lunch. Each meal comes to about \$8.95 with drinks. Although the total including tax is \$17.90, each woman perfunctorily doles out a measly five dollar bill. Does the cashier just figure "well, they're women, and there were no men to take up the slack. I'll just waive the rest, just waive it" Or maybe she'll charge the guys at the table next to them the extra \$7.90 plus \$3.60 gratuity? All I want to know is, who do they think is going to pay!? Does everyone just put in "about...uh...five dollars" and the remainder comes from the "need a penny, take a genny, got a penny, leave a penny" cup? E-Bach please straighten out these liberated yet financially inept women?

Yours truly,
T. L. Adgeson

(for E. Bach's response, see p. 14)

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Advice From E. Bach

(continued from p. 13)

Dear Ladge,

My son, I can only say that my creditors will confirm that I have wrestled with this same issue, although unsuccessfully, for years.

In this age where the penny is worthless currency and the attributes of a gentleman are under the critical eye of all "Cosmo" disciples, I agree that this vexing issue must be redressed for the general consumption. You seem to have a modicum of intelligence, so try to follow me on this one.

As an aside, I would like to recognize you male Shylocks out there, who are guilty of the same wrong. Rest assured that your lonely Saturday nights have a basis in your reproachable history, when it comes time to collect for the check.

Let me offer an experience that one-ups your account. The E Bach is out in the D.C. area with a crisp \$100 and romantic intentions with an attractive and articulate woman. She asks whether her roommate, romantically bereaved of some

obstreperous neanderthal (sic), can accompany us. As is usually the case, her housemate was not as comely or intelligent as my date, but I agreed and we went out for Thai food. Ah, the elixir of love has a hefty price! As I tried to fixate on the lovely contours of her face and the sparkle of her deep, resonant eyes though the reflection from the sheen of her friend's silver/sparkle makeup, I sensed a third wheel. The check arrives, and I'm not expecting change from my hundred. After the bill has been paid, the unwelcome friend offers "are you sure about paying?" No you heinous troglodyte. I never intended to dine with you, much less sponsor your feeding frenzy. Here is where humanity and my weakness set in. Romance was in the air, although it was temporarily polluted by the cheap perfume and plebian wit of the troll. Since I wanted my companion to respond to my advances with alacrity, I paid cash and charged the rest of the weekend to the Underhills.

Now the Bach lives alone, in penury, after such rounds

of fire. I don't lack for substrate, but subsidy, if I'm ever to sip again from L'Elisir D'Amour. Allow me to list some red flags that should alert you to niggardly or distasteful traits in people, whether male or female.

1. She doesn't unlock your door after you open hers. E Bach opens doors for men and women, and his reasons stem from courtesy and not protective insecurity.

2. He/she is obsequious to a fault. These are the ones who don't care what they eat, what movie they see and where the original epicenter of the HIV epidemic was. You can bet that they are as indiscriminate about whom they date, so don't stroke your ego with their voluble but vacant praise.

3. "Can't we listen to something a little more mellow?" as an early evening request is a particularly regrettable thorn in my side. Rock like a hurricane.

4. He/she is late. Sorry, but there ain't no such animal as fashionably late to a date.

5. He/she can't stop talking shop. If you sample from the conversation menu that includes such favorites as music,

sports, "Rolling Stone" interviews and Dan Quayle blunders and come up empty, end the evening early and catch SNL at home-alone.

In hopes that people start rounding up when it's time to divvy up the check, I remain

Sincerely yours,
E Bach.

"I don't lack for substrate, but subsidy, if I'm ever to sip again from L'Elisir D'Amour."

Letters to E Bach are actual submissions from members of the Duke Medical community. Send letters to Eric Bachman at PO Box 2704 DUMC or drop them in the Shifting Dullness box in the Dean's office (candy alcove) or in the student lounge, sixth floor, Duke North.

Spring and All

By the road to the contagious hospital
under the surge of the blue
mottled clouds driven from the
northeast — a cold wind. Beyond, the
waste of broad, muddy fields
brown with dried weeds, standing and fallen

patches of standing water
the scattering of tall trees

All along the road the reddish
purplish, forked, upstanding, twiggy
stuff of bushes and small trees
with dead, brown leaves under them
leafless vines —

Lifeless in appearance, sluggish
dazed spring approaches —

They enter the new world naked,
cold, uncertain of all
save that they enter. All about them
the cold, familiar wind —

Now the grass, tomorrow
the stiff curl of wildcarrot leaf
One by one objects are defined —
It quickens: clarity, outline of leaf

But now the stark dignity of
entrance — Still, the profound change
has come upon them: rooted, they
grip down and begin to awaken

— William Carlos Williams

W. C. Williams, M. D. (1883-1963) was a general
practitioner of medicine.

Purely Purulent

Fred Rimmele

Upon attending my first Shifting Dullness meeting I was informed I had inherited a humor column named after unadulterated pus and was told to make it funny "or else." With this dire threat in mind, I spent my free time making a list of items that I thought were not only humorous about DUMC, but were at the same time fit for publication. After ten days of brain wracking, I concluded that things were as I had feared and that no such topic existed.

While waiting for ideas that continually failed to materialize I suddenly realized that it was nearing mid-October (not to mention the editor's deadline). Mid-October! A wonderful time to be a medical student! For just as a parched desert traveller sees an oasis on the horizon and is inspired to slog onwards to salvation (providing it is not a mirage, which would ruin an already strained metaphor), so too do medical students notice that it is mid-October and that the prospects of Thanksgiving and December vacations are looming near. And who in their right mind would not be energized by the thought of hearing "Do you want omelettes or pancakes for breakfast, dear?" at 11 a.m. Instead of "Dammit! Hold that clamp tighter! Whatsa matter, you gotta neur-o-logic problem, son?" at 8:35 a.m. (and again at 8:56 and again at 9:13, etc).

In any case, holidays, especially the family get-togethers, just aren't quite the same after having spent time in med school. Uncle Harry always wants to know what you can do about his bunion, and Cousin Vinnie (who desperately wants a body that looks like Jean Claude Van Damme's but is cursed with one much more like like Rick Moranis') pleads with you to review the pros and cons of using anabolic steroids. And of course, you just can't kiss Aunt Barb "hello" anymore without involuntarily mentally reciting the endocrinology of how she got that horker of a mustache.

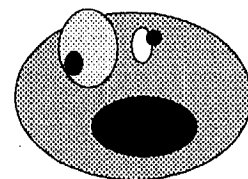
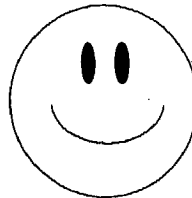
Gramps always winds up volunteering "our future

doctor" to carve the roast beast, as if two months of gross anatomy, two months of surgery, and three weeks of gynec make you the Ginsu wizard of the household. Modestly declining the offer and recommending that you be appointed first assistant ("How about I just hold the carving fork, Gramps?") generally doesn't work as an effective 'out'. Thus a complete hack job is done on the roast that Grandma spent eight hours on, and you ruefully conclude that Gramps has acquired a surgical technique through fifty years of holidays that is far superior to the one you learned at the nation's leading medical school.

I personally have not sat through a holiday yet where one of my relatives has failed to ask me "So, was (surgery, autopsy, obstetrics) gross?" Realizing instantly that this is inappropriate dinner conversation (since no other medical student is within earshot) and that a truthful answer will surely spoil the prospects of dessert, I always lie through my teeth and say "No, not too bad," and cleverly change the subject. "Uhm, can someone pass me more mashed potatoes?"

After dinner the clan assembles to watch The Big Game, which is a blessing since Mom can't force you to watch "that cute Doogie Howser show." In the course of the game somebody winds up on the astroturf clutching his knee, prompting twelve year old Cousin Billy to take his cue from the commentator and ask you "What's an anterior cruciate ligament tear?" Having never quite gotten the knee stuff down during the three and a half days spent on lower limb anatomy, you opt out by saying "Bad news for a football career."

Alas, the magic of having two major holidays within one month of each other comes but once a year, which is why mid-October is such a wonderful time. Then again, it's not quite as good a time as late-October, or early-November, but being a medical student, I take what I can get.



October 1992