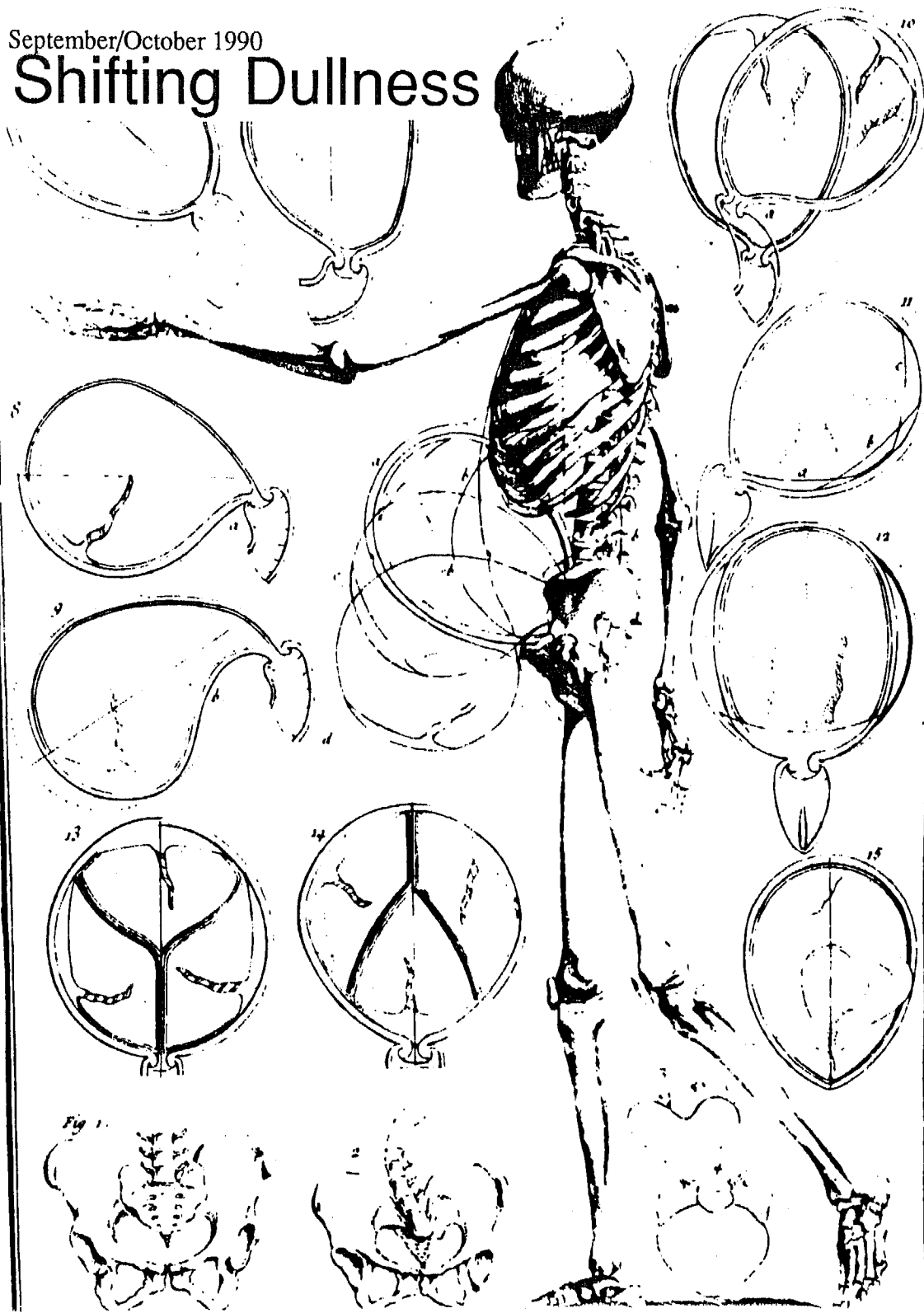


September/October 1990

Shifting Dullness





Medical History in September and October

Chris Tharrington

- On September 7, 1922, one of the great figures in American surgery, W.S. Halsted, died. Besides his surgical precision and much-acclaimed teaching at Johns Hopkins, Halsted's career was noteworthy also for his introduction of the use of rubber gloves during surgical procedures.
- Samuel S. von Basch, the first person to measure human blood pressure, was born September 9, 1837.
- Ivan Pavlov was born September 14, 1849 in Leningrad. Although famous for his experiments with conditioned reflexes, Pavlov also studied the physiology of the circulation and of digestion. Interestingly, Pavlov obtained a large part of his research funds by selling the purified gastric juice of experimental animals; sales were especially high after feast days.
- Mexico's first Independence Day was September 16, 1810. This seems an appropriate place to note that Mexico had the first hospital (1524), the first medical books printed (1570), the first chair of medicine (1578-1580), and the first medical periodical published (1772) in the Western Hemisphere.
- Galen, the greatest Greek physician after Hippocrates, was born probably on September 21, in the year 130 AD. He introduced experimentation to medicine, and his written contributions were the only real medical knowledge for the next 1400 or so years after his death.
- The Royal College of Physicians of London was founded September 23, 1518.
- St. Cosreas and St. Damain, patron saints of medicine, were martyred on September 27 in the year 303 AD. Legend has it that they were put to death by sword after

surviving fire, arrows, and crucifixion.

- The first issue of *Lancet* was dated October 5, 1823.
- Francois Magendie, an experimental physiologist and pharmacologist, was born October 6, 1783 in France. His noteworthy contributions to medicine include proving the distinct functions of the anterior and posterior roots of the spinal nerves. The antivivisection movement was active in his time as it is in ours; Magendie's personal life was made unpleasant by the repeated attacks of activists, including some of his own family members.

**My life is in the hands of
any rascal who chooses
to annoy and tease me.**

- On October 9, 1676, Leeuwenhoek first wrote to the Royal Society of London about his observations of bacteria. During the previous summer,

using his homemade microscopes and meticulously ground lenses, the Dutch scientist had seen organisms repeatedly in both sea and well water.

- John Hunter, one of the greatest surgeons in medical history, was born in 1728 and died October 16, 1793. Noting his own angina pectoris, Hunter once said, "My life is in the hands of any rascal who chooses to annoy and tease me." His words took on their most literal meaning when Hunter died after an angry but trivial dispute with a colleague.
- On October 25, 1977, a 23 year old hospital cook in the Southern Somalian town of Merka was diagnosed with the world's last known case of naturally acquired smallpox. He had exposed 161 persons, but - after identification, vaccination if needed, and surveillance - none developed smallpox. During the next several months the World Health Organization searched systematically but found no other cases, and declared smallpox to be eradicated from its natural environment. The virus exists now in only four laboratories.

Student L

Recently, Dr. Council regarding Duke North. This through the combi the Davison Coun medical students v a room with six st with TV and limit accomodate 200 s accomodating two problems have ari operation. These i than medical stud small group instru most problematic, medical students a rooms by Houseke issues was placed representatives aft who had received concerned about t currently working Dean's Office to r changes being ma

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Second Opinions

Student Lounge - Making It Our Own

Jim Davidson & Mary Amato

Recently, Dr. Graham approached the Davison Council regarding abuses of the student lounge area in Duke North. This area was acquired and renovated through the combined efforts of the Dean's Office and the Davison Council for the convenience and comfort of medical students while on clinical rotations. It includes a room with six study carrels, a large common room with TV and limited kitchen facilities, locker space to accommodate 200 students, and four bunked sleep rooms accommodating two students each. Unfortunately, several problems have arisen during the limited time of its operation. These include use of space by persons other than medical students, use of the common room for small group instruction for Physical Diagnosis, and most problematic, general trashing of the facility by medical students and poor maintenance of the sleep rooms by Housekeeping. A notice addressing these issues was placed in the lounge by student representatives after being approached by Dr. Graham, who had received complaints by many students concerned about the condition of the lounge. We are currently working with Dr. Tom Anderson of the Dean's Office to rectify the situation. Some of the changes being made include:

- 1) Changing the lounge combination; the new one will be available through CTL.
- 2) Removing the outside sleep room locks for ready access to both beds in a room at all times.
- 3) Maintaining a roster of locker use so that MS2's and MS4's have enough access.
- 4) Encouraging students to use available locker space in the main locker room rather than the ones in the sleep room area. Noise from lockers in the sleep room area has been a problem.
- 5) Installing a new microwave oven, which has been purchased by the Dean's Office.
- 6) Placing a suggestion/complaint box in the lounge. A committee overseen by the Davison Council will remain active and address issues as they arise with regard to the lounge.
- 7) Prohibiting the use of the lounge for course instruction of any sort.

With regard to the general trashing of the lounge, we are going to have to work together to solve this problem. Most would agree that at a minimum, students should place used towels and scrubs in appropriate bins, and newspapers in the trash (and not on the floor for others to clean up); trays and utensils from the cafeteria should be returned after use, and old food items in the refrigerator should be disposed of by their owners. Additionally, if students use a clean sleep room during the day it becomes that student's responsibility to leave the room clean for those who may need it that night. It is unreasonable to expect Housekeeping to reclean a room.

The numbers for contacting Housekeeping or Environmental Services are posted in the lounge. It is reasonable for us to expect that rooms be cleaned and fresh towels provided on a daily basis.

We are encouraged that since some attention has been focused on this issue, the lounge has taken on an improved appearance. Let's keep the lounge as a comfortable and convenient asset for medical students, as it was intended. Anyone interested in serving on the committee to maintain the lounge should contact Jim Davidson, MS3 at 596-9863 or Mary Amato, MS4 at 286-4983.

Shifting Dullness accepts letters of opinion from all members of the medical school community which encourage responsible dialogue. Opinions expressed do not necessarily reflect the opinions of the editorial staff. *Shifting Dullness* reserves the right to edit letters for length and style. Submit responses in the *Shifting Dullness* box in the Alumni Affairs Office or mail to PO Box 2765 DUMC, campus mail.

Angata Kiti

Peter Cegielski, MD

The rocky hills around us were over 500 million years old, the hard quartzite heart of once outrageous mountains. They were older by far than the East African Rift Valley from which we had come that morning. The broad flat valley between them was Angata Kiti. Carpeted green from the recent rains it hosted tens of thousands of migrating wildebeeste grazing on the fresh grass, cows nursing their newborn calves, bulls scratching out territories and sparring with each other. We camped under the only acacia thorn trees in sight, their flat, high crowns were umbrellas over the Land Rover and tents.

From up on the ridge, where we had gone exploring, we saw the two Masaai warriors walk up to our camp and start talking with our guide. Shortly afterwards a whistle reached our ears. We sat a few more minutes on our perch of ancient rock watching the sun turn the western sky to gold and fire while darkness enveloped the massive volcano to the east, rising up from the floor of the Rift. Ol Doinyo L'engai was still active. Having erupted a few years earlier, the mountain of Engai, God of the Masaai, earned its name.

We started the steep descent and were soon back at camp. The customary lengthy greetings were followed by distressing news. Our guide, who spoke a language similar to our guests, translated. The sister of one had given birth three days ago, prematurely. The baby had died right away and the bereaved mother was now very sick. She was in their manyatta, about 2 hours walk from the camp. They'd set out as soon as they saw our Land Rover, hoping we'd be able to help.

The two young warriors stood with their ankles crossed and leaned on their spears in typical Masaai fashion. Their locks, coated with ochre-colored mud, were pleated into braids and streamed down over their shoulders. They wore red tunics and colorful beadwork necklaces and earrings. They did not know that three of our party were doctors. Our guide had not told them, leaving that decision to us. One of them, the brother, spoke a little Swahili. I asked him what were the symptoms--abdominal pain? Yes. Fever? Yes. Did the afterbirth come out intact? He did not know. Yes we would come. We scraped together whatever drugs and

supplies we had and set out in the Land Rover with the two Masaai. Had they ever ridden in a vehicle before?

It was dark when we reached the manyatta. The high fence of bramble enclosed the huts of several extended families and, at night, kept their livestock safe from lions and other predators. The smell of smoke and animals was strong. We waited outside while the two conversed with older men. We were invited in. In the darkness it was difficult to follow the labyrinth of narrow pathways between huts. Weaving in and out of the children, which roamed unrestrained, we could feel the ubiquitous piles of cow dung as our feet sank into them. Highly prized as fuel and building plaster by our hosts, there was not even an inkling on their parts as to our discomfiture. The huts were about shoulder height and were built in an oval shape out of sticks and lashed together in a lattice with mud plastered over the wattle. A final layer of dilute cow dung smoothed over the mud gave a waterproof finish when it dried.

The entrance was a narrow, waist-high tunnel and as we moved through it our traditional Swahili greeting, "Hodi!" was answered with, "Karibu!" welcoming us. I squatted down to a level beneath the cloud of smoke layered up against the ceiling and, as my eyes adjusted to the light of the small fire and the irritation of the dense smoke, I could see the occupants of the hut. A young woman dressed in the red and white checkered cloth and colorful beads of the Masaai squatted on her haunches in front of a dais covered with skins--a sleeping platform--tending the fire and the cooking. A small pot of raw tripe was on the ground next to her. A man who appeared considerably older sat next to her. One corner had been penned off and a dozen baby goats the size of house cats climbed in and out of the enclosure, romping around the small interior of the hut.

A girl sat in a portion of the dais--a bedroom?--which had been partitioned off by a lattice of sticks, with a narrow opening for an entrance. It was apparent from the sight of her that she was ill. She was disheveled and weak, her face was a grimace of pain, and her eyes were unfocused. We asked the relevant questions to determine what had happened, but their Swahili was not very good. They did not have much contact with other people, not even other Tanzanians. The young woman was the girl's mother and had delivered her of the baby

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three days previously. It had died immediately. She did not pay close attention to the afterbirth and could not be certain that it was entire. The girl was in near continuous pain beginning shortly after the delivery and was not eating or drinking. Her skin was afire with fever, her eyes were listless and sunken, and her mucous membranes were parched. Her pulse was rapid but was not too weak. She lay down on her back with considerable difficulty due to her abdominal pain. With gentle palpation the tenderness clearly localized to her firm but still enlarged uterus.

Postpartum endometritis. We had no way of finding out whether there was a retained placenta. The nearest dispensary was 2 days of hard driving or a week of walking; we had passed it on our way. Nor did it have the facilities, the instruments, or personnel to perform the necessary dilatation and curettage. If there were still products of conception inside nothing we could do would help much. If not, the antibiotics we had scraped together would be surprisingly good treatment.

As we were talking and sorting our tablets the baby goats, accustomed to the strangers, playfully nudged our hands and climbed into our laps, seeking affection or a bite to eat. My first reaction was gleeful, as with any small furry creature. But that was quickly replaced with exasperation as they tried to eat the pills and the impact of their presence on the hygienic conditions came to mind. Their pellets were scattered about on the dirt floor. I wanted to exclaim, "Get these goats out of here!" but thought better of it. It was not my place. It would not be understood the way I intended it. It would not work.

We explained to them carefully how to take the medicine, "take one of this kind every day, and take two of this kind every day--one every morning and one every evening." It seemed so simple to us, yet so foreign to them. "No, not like that, every morning take these two pills, one of this kind and one of this kind. Every evening take one of these by itself. Now explain it back to me. How will you take them?" Several times we tried and the old man and the brother just could not get it right. Each time they explained it back incorrectly. Finally the mother, who had sat quietly watching but not speaking, could not contain herself any longer. She took the pills from our hands and explained it back to us perfectly. There was hope.

We reinforced over and over that it was essential that she drink lots of water, "this pan here, one of these full now and at least three more full ones every day." There was no salt nor sugar with which to make an oral rehydration solution, but the milk and blood and meat that make up their diet would have to provide the electrolytes she needed. What a strange concept to them,

drink lots of water. They do not drink water liberally, being accustomed to walking long distances to obtain it and carrying every drop to their families on their heads. Their very survival depended on being able to survive chronic modest dehydration with intervals of more severe water deprivation. It was a strange instruction to them indeed, but they seemed to understand and acquiesced.

We finished our explanations and then our lengthy salutations and returned to our Land Rover, escorted by the two young warriors, the elders, and the ubiquitous knot of wide-eyed children. No ceremony, no obsequious thanks, no big deal. In contrast to our culture, where the smallest courtesy requires acknowledgment with the words of gratitude, to the Maasai interdependence is a way of life. For human beings to help each other is the norm of behavior, the basis of survival, and no more requires thanks than the sun requires thanks for returning each morning.

The next day we drove on to the Serengeti and had a wonderful safari before returning to our home in Dar es Salaam. Back to our concrete hospital buildings with open wards of 45 beds and 95 patients, 1 intern and 5 nurses, with no running water and no chest x-ray film, no ampicillin and, "No sterile instruments today, Daktari. The autoclave is broken. We'll have to postpone this emergency surgery until next Friday." Despite these constant difficulties, the differences between the health care problems of the rural majority in Africa differ as much from the urban medical center where I worked, as did that urban center from the ultramodern hospital in the U.S. where I was trained. Likewise do the "cigar store" Maasai selling beads on the street corner in Arusha differ from their pastoralist cousins living as they have for eons. I wrote our guide a couple months later to ask if would he stop to inquire about our patient if he ever passed that way again. To this date I haven't found out whether she survived, but the young Maasai mother in Angata Kiti lives on in the minds of my friends and I as the archetype of the struggle to survive among the pastoral peoples who are now part of a rapidly vanishing Africa.

Shifting Dullness accepts contributions of creative writing, exposition, and personal reflection from all members of the Duke Medical Community. Call Holly at 688-7347 for more information.

Curriculum Survey Results

Kenny Boockvar

In May 1990 the Duke Medical Student Curriculum Committee distributed a questionnaire to medical students asking for their opinions regarding various aspects of the medical school curriculum. The questionnaire was developed at the request of faculty members who are in the process of restructuring the curriculum. Until now the faculty has not known what the medical student body thinks about such key issues as problem-based learning during the first year, redistribution of clinical rotation requirements, and the required year of basic science research. Medical students who responded to the survey included 91 members of the class of 1993 (now MSII's), 48 of the class of 1992 (now MSIII's), 65 of the class of 1991 (now MSIV's), and 51 of the class of 1990, for a total of 255 students, or about 64% of the enrollment. The responses of the four classes were very similar, and so were tabulated together. Results of the survey are summarized below.

A. The application process. When asked what factors had affected students' decisions to attend Duke, the most influential were Duke's reputation and its unconventional curriculum. Factors which were less important included the quality of Duke's faculty, the quality of the student body, Duke's geographic location, the cost of attendance, and the amount of financial aid available. The aspects of the curriculum which most attracted students were the opportunity for early clinical experience, the fact that basic science lectures are limited to one year, and the required year of basic science research. The amount of vacation time was a negative aspect.

B. Year one.

1) Evaluation. When asked to indicate the qualities of a good instructor, the students thought the

most important were the instructor's ability to communicate and the instructor's enthusiasm. When asked to what extent these qualities were exhibited by first-year instructors, no students responded "extremely well," about 20% responded "well," about 50% responded "satisfactorily," and about 30% responded "unsatisfactorily" (see table). Evaluation of first year courses by other criteria are shown in the table. Most students felt that only 40-60% of time spent in lectures and 40-80% of time spent in lab was used effectively. Clinical correlations were not well attended. Only 50% of the students said they had attended as many as 3/4 of the clinical correlations. 25% of the students had attended less than half of the correlations. When asked whether they felt they had learned adequate basic science by the end of the first year, 44% of students responded "yes," and 56% responded "no."

2) Changes. 48% of students responded that the improvement of "the quality and integration of lectures and labs" was the most important change to be made to the first year. The second most supported change was an extensive integration of problem-based learning during the first year. The three changes against which a majority of the students voted were a lengthening of the first year in its current format, an increase in the amount of lab time, and an increase in the amount of lecture time (see graph). When asked if they would approve of having graduate students teach didactic sessions if more instructors were needed to teach, 49% of the students responded "yes," 30% responded "no," and 22% had no preference.

C. Year Two.

1) Rotation changes. Students were asked what they would change if they could alter the length of

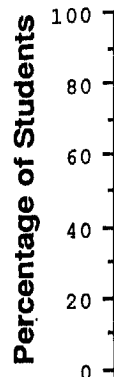
Evaluation of First Year Lectures

Percentage of Students Who Thought Criterion Was Met

Criterion	not at all	to a moderate degree		to a great degree	
Instructors communicated material well	3	24	56	17	0
Instructors were enthusiastic	8	20	49	23	0
Lectures were integrated into overall course structure	8	26	43	22	1
Handouts were helpful	0	13	49	32	6
Material was clinically relevant	5	28	51	15	0
Material appropriate for 1st yr students	4	21	41	30	4

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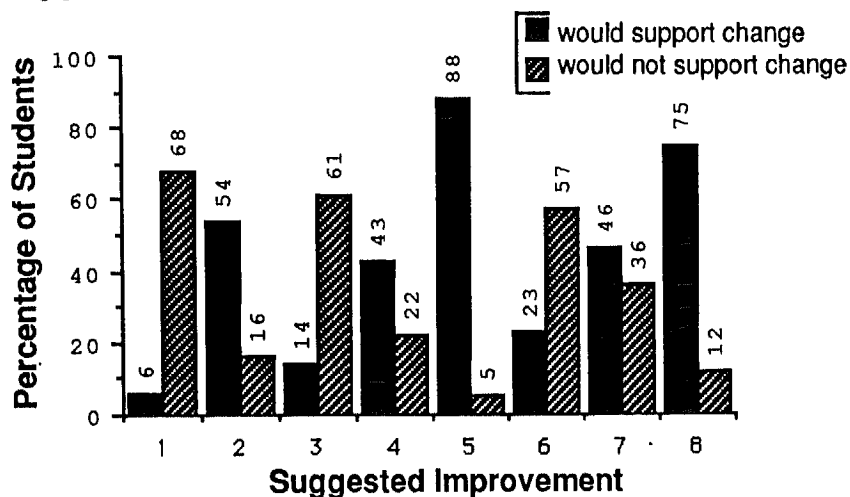
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Suggested Improvements in Basic Science Curriculum



- 1—More lecture time
- 2—Less lecture time and more independent study time
- 3—More lab time
- 4—Less lab time and more independent study time
- 5—Improving the quality and integration of lectures and labs
- 6—Lengthening the first year in its current format
- 7—Lengthening the first year to include more problem-based instruction
- 8—Integrating problem-based learning without lengthening the first year

second year rotations. The majority of students were in favor of lengthening the internal medicine and surgery rotations and shortening the psychiatry and eight-week family medicine rotations. Students also wished for more outpatient experience in internal medicine, neurology, psychiatry, and surgery, and less time spent rounding in pediatrics.

2) Interaction with instructors. 45% of students reported a negative experience with an intern, resident, or attending which has discouraged them from entering that specialty. Of the number of incidents reported, 27% were in internal medicine, 21% in surgery, 21% in pediatrics, 16% in obstetrics and gynecology, 7% in neurology, 7% in psychiatry, and 1% in family medicine.

D. Year Three. 92% of students felt that the third year research experience should remain a part of Duke's curriculum and 88% felt that it is influential in obtaining a residency position. 87% of students were in favor of increasing third year options to include such things as "health services research, epidemiology, and/or certain types of clinical research." Of third and fourth year students, 93% found the research year to be a valuable experience for them. When asked how eliminating the research requirement would affect their decision to

come to Duke, 79% said it would negatively affect their decision.

E. Year Four. Students are as in favor of the fully elective fourth year program as they are in favor of the third year research program. When asked how less elective time in the fourth year would impact their decision to attend Duke, 76% responded that it would have a negative impact. 72% of students noted that electives during the fourth year aided them in their career choice. 73% of students said they would like to have an elective rotation available *before* the third year. On the other hand, 19% of students felt that having certain required fourth year rotations

would improve medical education. 91% of students felt that the fourth year should not be lengthened to include more clinical rotations. In addition, 77% of fourth year students spent time during their fourth year working on their research projects.

F. National Boards. Soon a new national medical licensing exam will be required of all medical students. When asked what they would need to prepare adequately, the most frequent response was "time off to study," followed by "an eight week review course in pathophysiology to be taken at the end of the fourth year." 94% of students felt that this course should be optional. The majority of students did not feel that lengthening the first year curriculum is needed to prepare adequately for this exam.

The medical student curriculum committee would like to thank all medical students who filled out surveys. Shifting Dullness would like to thank the committee for making the results available for printing.

Clubs Med

Debbie Shih

American Medical Student Assn.

Sept. 18, 6:00 pm: All students interested in becoming members of AMSA are invited to sign up and enjoy free pizza or sandwiches in CTL. MS1's are especially encouraged to come. The many benefits of being AMSA members will be discussed.

Sept. 22: Joint Health Fair with UNC. Details to follow later. Please look for flyers. Questions about AMSA or the above events should be directed to Chris Stille, MS4 (490-1435).

American Medical Association

Thanks to all the MS1's who have signed up to participate in the Lenox-Baker outings! There will be a Drug Fair sponsored by the AMA at which drug companies come with lots of information and goodies in October, so be looking for signs about this. Congrats to the new AMA officers: President Dan Ray, MS3 and VP's Alex Kemper and Jill Levy, MS2's.

Rural Health Coalition

Sept. 22: Orientation to the Fremont Clinic for all interested first year students and new members. Questions about this or about the Rural Health Coalition should be directed to Michelle Aust (479-6713).

Alpha Omega Alpha

Nominations for medical students, house staff, and faculty are welcome. Notices for this were placed in boxes recently. Please fill these out and return them as soon as possible. Questions about AOA can be directed to Jim Schuster MD/PhD (383-6218).

MS4 News

Debbie Shih, MS4 President

Welcome to the last fall of our med school lives! I'm putting together the phone/address list for 1990/91. Anyone joining the 1991 graduating class (i.e. MD/PhD students or MS2's going on to their MS4 year) should contact me at 383-2016 to be included in our class

mailings and to be put on the phone/address list. Anyone in the entering class of 1987 who has changed their address or phone number since the 1989-90 school year should also contact me. Good luck to all those matching early! For those still in the hunt, here's some info you may not have known:

1) Interviewing Away: The Medical Alumni office has a list of hosts who will put you up while you are traveling to interview. This includes all Duke Med alumni. There is also a box next to the telephone in the Dean's Zone containing contact information on Duke Med alumni who are still residents. I've recently updated the box with information from all those new interns. The information includes the address, phone number, and some brief comments about their program. Please take advantage of these valuable resources.

2) FREIDA: Hallie in CTL has informed me that there is a schedule posted monthly in CTL for when you can use the system. CTL prefers people calling ahead to sign up for a time to use the system rather than coming ad lib. The system should be up in Mudd Library soon. I'll let you know more when it comes available.

3) Photos for applications: You can get black & white photos taken in Duke Audio-Visual in Duke South fairly inexpensively and quickly. There is a \$4 sitting fee. They will give you proofs to choose from and then prints are 6/\$7.60. Tom Oetting recommends them. Other photography studios offer passport photos in bulk at inexpensive prices, so look around.

For all MS4's: I'm interested in putting together a sequel to the MS1 Face Book. It would include application pictures (to show how med school has or has not aged us), and hopefully a paragraph from everyone relating some med school experience or how med school has changed you (ala "A Piece of My Mind" in JAMA). I think it would be a nice med school souvenir. If you have any ideas or are interested in working on this with me, please let me know. More info on this later.

Congrats to Kirsten Johansen who was recently married, to Kim Clausen who was recently engaged, and to Katherine Liu and Chris Suhr who are engaged! Good luck to Susan Roque on her imminent delivery!

CLUBS MED is an organizational bulletin board. Please contact Debbie Shih, MS4 (383-2016) if you have any information to be put in CLUBS MED.

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Announcements

Family Med Newsletter

If anyone wants to submit articles to the statewide newsletter of the Family Medicine Interest Group the contact person is Miles Rudd, 2462 Stantonsburg Rd., Suite 140, Greenville, NC, 27834. He can also be reached by phone at (919) 752-3758. Deadlines are Nov 1, Feb 1, and May 1.

MSI Activities Fair

The annual Activities Fair will be held September 25th at 2 pm in the amphitheater where a representative from each of the various organizations within the medical school community will present a brief description of their organization and the activities they partake in, hoping that you may be interested in joining their forces. You will then be encouraged to adjourn to CTL for refreshments where you may personally interrogate any representative you so desire.

Cancer Patient Support Program

Duke Cancer Patient Support Program needs volunteers to work four hours a week visiting patients and providing support to their families. For more information, call 684-4497. Let them know you are a medical student.

Habitat for Humanity

The Davison Council will be sponsoring a new service project for the month of October. We will be helping Habitat for Humanity build a house for a needy family on Saturday, October 13, from 1 to 5 pm. We have reserved 20 work positions for that afternoon, so we need definite volunteers. So mark your calendars; there will be a sign up for interested folks. We are looking to do additional projects this year with greater numbers, if there is a strong interest. Questions? Call Jim Davidson, MS3 at 596-9863.

Alumni Libation

Once again, bartenders will be needed to help with the 1990 Medical Alumni Libation on Saturday, November 17 from 10 am to 1 pm. This event will be held in Card Gym prior to the football game against UNC. The Libation is a very good time and is well attended. There will be a sign-up early in October for those interested. Questions? Call Jim Davidson, MS3 at 596-9863.

Davison Council News

Betsy Hilton

1. Attendance Policy - to run for reelection, a council member must attend 65% of council meetings.

2. Social events sponsored by the Davison Council will require the completion of a contract obtainable from the Social VP, Herb Chen. Of note, the contract states that there will be a two week limit for reimbursement after a social event, that the Davison Council has the right to deny or partially reimburse money if it was used inappropriately or violated the guidelines stated in the contract, that all fliers must be approved prior to distribution, and that all contracts must be signed prior to the social event.

3. A fall Medical School service project has been proposed to build a house for the poor through Habitat for Humanity. Details on how to get involved are found in this issue of *Shifting Dullness*.

4. Medical School students are reminded that all are welcome and encouraged to attend council meetings. Minutes of the biweekly meetings are posted outside the mail room in Duke South.

Staff	
Editors	Kenny Boockvar Stefano Cazzaniga Susan Roque Holly Lisanby
Davison Council	Betsy Hilton
Clubs Med	Debbie Shih
Events	Rowena Dolor
Writers	Mary Amato Eric Bachman Mike Battistone Peter Cegielski Jim Davidson Chris Tharrington
Comics	John Armitage
Business Manager	Melissa Corcoran
Graphics and Layout	Kenny Boockvar Stefano Cazzaniga Holly Lisanby

Correction

In the August 1990 issue of *Shifting Dullness*, the current president of SNMA was incorrectly identified. It is Wendy Olivier, MS4.



September / October Calendar

Rowena Dolor

Freewater Films

7 & 9:30 pm in the Bryan Center; free with ID
September

- 18 Loves of a Blond
- 20 Dark Victory
- 21 Tom Jones (midnight: Teenage Mutant Ninja Turtles)

- 22 Teenage Mutant Ninja Turtles
- 25 Kanal
- 27 All About Eve
- 28 Rita, Sue, & Bob, too

October

- 2 Ashes & Diamonds
- 4 Jezebel

DUMA Film Series

8 pm in the Duke Univ. Museum of Art, \$2 with ID
September

- 19 "Claes Oldenburg" and "Robert Rauschenburg: Retrospective"
- 26 "Lonesome Cowboys" by Andy Warhol

Quad Flix

Saturdays at 8 pm, Sundays at 3 and 8 pm, Bryan Center, \$3

September

- 22,23 Crazy People
- 29,30 War of the Roses

Music

Sept. 22 - Guarnieri String Quartet, Reynolds Theater, 8 pm.

Theater

Call Page Box Office at 684-4444

Sept. 26-Oct. 8 - Avner the Eccentric, Reynolds Theater
Sept. 29,30 - Sprint Scenes, Branson Theater

Sports

home games listed, free with ID

September

- 22 - Football: vs. Virginia, noon
- 23 - Men's soccer: vs. Clemson, 2 pm
- 26 - Men's soccer: vs. NC Wesleyan, 7 pm

October

- 3 - Men's soccer: vs. Guilford, 7 pm

Literary

Fridays at noon, Dean's conference room (M133). Call Cedar Koons at 684-2027

Stellar Stories

Sept. 21 - "The Elephant" and "Horses" by Slawomir

Mrozek

I Want to Read You a Poem

Sept. 28 - Poet Grace Freeman visits from Brevard

Miscellaneous

September

- 24 - GPSC Meeting, 7 pm in 106 Teer Bldg.
- 26 - Davison Council meeting, 5:30 pm in the Davison conference room
- 28 - TGIF, 5 pm at the Hideaway, specials on beer and soda

October

- 10 - Davison Council meeting, 5:30 pm in the Davison conference room

Renderings
Boston, Mass., 1989

1. The killer hiked
A bullet
From his hip-
Gun,
Drilled the mom-child
Meaning to make a visceral splash
In wretched
Red.
2. In Rembrandt's hands, children nod
and moms beam in washed-over brown.
It's all one line, you see, one long
interwoven line wrapping the child
and making the mom: it's the line
that carries blood from mother to child,
the steaming flow, through
the syncytium of new life.

Kenny Boockvar



A. Boockvar

Dear E Bach

Dear E Bach,

A recent poll in *Spectator* magazine of "Best in the Triangle" was overrepresentative of Raleigh and disappointing in its taste. Could you please rate your "Best of Durham" or equivalent?

Culturally isolated

Dear Cult,

Imagine my dismay when *Spectator* labelled Subway's factory grinders as the best submarines? Picture the horror in my eyes when Pizza Hut was named best pizza? How about my chagrin in response to Wendy's chili taking first place? In short, I reject the apocryphal survey and offer here my patrician tastes to counter the plebeian palate of the Triangle.

1) Place to be seen at DUMC:

No question here. It's Radiology Rounds. They dress like Wall Street, and drink coffee while discussing cutting-edge medicine, all in an atmosphere that masquerades as candlelight. The mood is set for medicine.

2) Place to drink coffee at DUMC:

Forget Duke North cafeteria. The diluted, undercaffeinated rotgut swill that comes out of those industrial-sized canisters should be bottled as weed killer. No, head for those conference rooms that have just finished and left behind a deep, dark soulful blend of South American ambrosia that is largely responsible for Western society's rise to economic and educational power. Food for thought: if Mormons in Arizona don't partake of caffeine, do they get anything done in a day? Honorable mention goes to the Gothic Book Shop in the Bryan Center...

3) Place not to be seen at DUMC:

Watch your back as you try to sneak down to the deli line late at night to really find out what a pimento cheese sandwich tastes like. Not only will you regret your food selection, but your social status will likely sink.

4) Place to make a fashion statement:

Although we are all restricted to white coats and stethoscopes during our clinical years, there are still opportunities to show off that new tie or killer combo. For men and women alike, the place to be seen is in the candy room or on the steps in front of the public policy building. I should think it rather pretentious to walk to

the C.I. or far on to campus accoutered in clinical vestments. At least take off the white coat and stash the stethoscope.

5) Place to be seen in the middle of the day during third year: The quarry.

6) Place to get away from it all:

The Sarah Duke Gardens offer an excellent arboretum, scenic walkways and the opportunity to crash some really high class weddings.

7) Place to meet undergraduates:

No, it isn't the Hideaway. Although the only campus pub brings together undergrads and grads alike, the bias is toward seniors and law students. Try campus kegs, outdoor sponsored concerts on the quad, or set up a table in the Bryan Center offering blood pressure screenings for students.

8) Theater in Durham:

No contest. The Willowdale has seats that move perfectly to accommodate your form. In fact, they're almost too comfortable. Order a Coke before viewing the show.

9) Ideal place for a first date:

Satisfaction is too frequented by people you will know. The C.I. is too frequented by people you don't know. Try a picnic in the gardens or a trip to the old West Point on the Eno where privacy can be enjoyed without feeling isolated. Dinner and a movie is the most cliched date ever. Unless the dinner is Wild Bill's pizza and the movie is "Mars Needs Women," you will both be so entertained by dining and watching the movie that conversation will not lend itself to intimacy.

10) Ideal place for a second or later date:

Satisfaction, serving the best pizza in the area, will suit almost anyone's need to have low-lit atmosphere, good food, imported beverages and an opportunity to pay for that greasy food with your gas card.

I have many more suggestions, which will emerge in subsequent issues. I thank my readership for its astute questions and I look forward to answering your many queries. As always, I will remain,

Sincerely yours,

E Bach