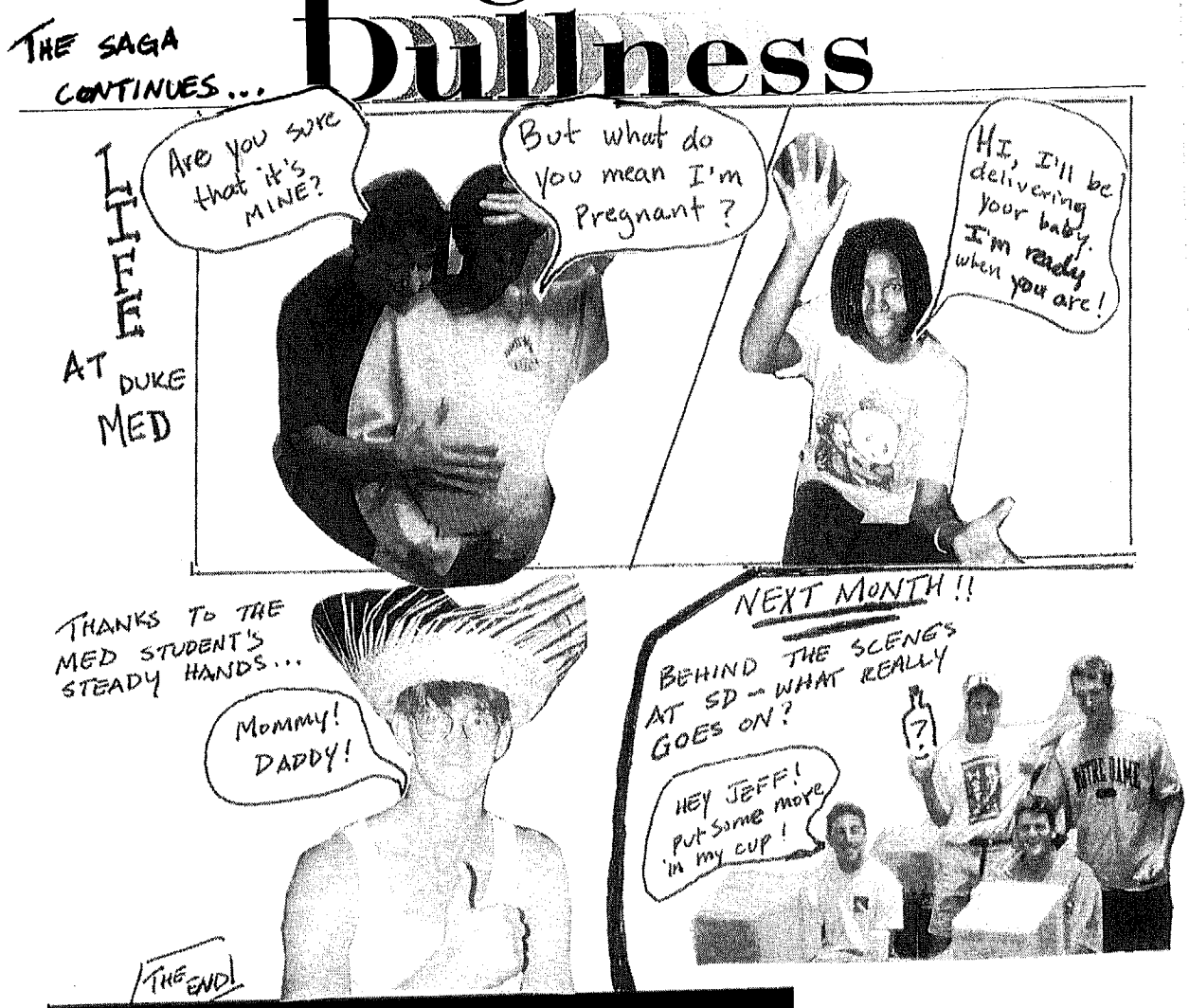
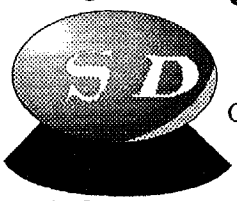
# Shifting Dullness

*September, 1995*




## Inside this tasty issue

# Crystal Ball



Crystal Bernstein

The end of summer is near. Although the daily high temperature is still around 90 degrees and all your favorite Thursday night television shows are still reruns, fall is sneaking its way into your sun-baked, waterlogged conscience. The Sunday newspaper is filled with glossy advertisements for back-to-school clothes. Family station wagons loaded down with microwaves, sweatshirts, and dorm-sized refrigerators are barreling into the Triangle. The days are getting shorter.

"So what?" you say. "As a medical student at this fine university, I have forsaken all summer vacation frivolity so that I may immerse myself in this great and noble discipline. What do I care about the weather?" Nonetheless, the passing of the summer months is significant. For first years, it heralds the beginning of sitting for hours and hours in a dimly lit room watching someone wave around a laser pointer. For second years, it means walking around the hospital with a bunch of doctors who are talking about things you don't understand very well. For third years, well, lets forget about the third years. For fourth years it means facing a gigantic mound of paperwork that must be completed if you expect to be gainfully employed as a doctor. The end of summer has always signified the beginning of more studious pursuits.

And this brings me to my point. With this time of seriousness and studiousness upon us, we need something to brighten our days and lighten our hearts. So I, along with the assistance of others who have spent many hours in Duke hospital, have compiled a list of Favorite Hospital Things.

First, **FOOD** (the free kind, of course). Everybody loved the giant cookies from the Red Eye and the interns/residents who brought them upstairs. Unfortunately, the Red Eye is a thing of the past. The big cookies still exist — you just have to know where to find them. Some good places are: Cardiology grand rounds, general surgery attending rounds, and medicine gallop rounds. The surgery Blue team breakfast is always a nutritious and educational way to start your day (eating breakfast in the presence of gastroenterologists probably aids your digestion). The Tuesday/Thursday neurology rotation free lunches are also quite nice. Free nourishment abounds in the hospital; you need only be on the lookout for it.

Next would be favorite hospital people. This list would have to include the guy from the O.R. who walks around the hospital in his scrubs and blue bonnet and smiles and says hello to you and that he misses you in the O.R., no matter how long ago it was that he saw you there. Roger the echo whiz is always a cheerful person to run into at the V.A. Mary the H.U.C. on 8100 gets the job done right. And the sandwich-making ladies in Duke North cafeteria make your lunch happier.

Nothing brings a smile to my face like my favorite hospital hairstyles, though. First would definitely be the surgery library secretary with the gravity-defying tower of hair ornamented with glittery paint and faux jewels. Dr. Drucker's hairstyle is definitely one of the hospital's best, especially if you catch him right before a trim. And no list would be complete without the H.U.C. on 5800 with the bowl-shaped coif sculpted to his skull. His hairdo is complemented by his snazzy outfits. A true joy to behold. So be on the lookout for these and other blah-busters on your travels in the hospital, and let me know if you have any bits of joy to add to the list! Happy fall!

Shifting Dullness

## Upcoming Events Around Duke and Durham

Chris Gamard

1. **CenterFest '95:** One of the oldest and largest street fairs in North Carolina, it features live musical performances, handmade arts and crafts (on exhibit and for sale), and lots of food and drink. CenterFest is scheduled for Sat. Sept. 16th (10-6) and Sun. Sept. 17th (12-6) and takes place in Five Points Plaza downtown. Admission is a whopping $1. Call 560-2722 for info.

2. **Bull Durham Blues Festival**: This 8th annual music festival will be held at the old Durham Athletic Park downtown on Fri. and Sat. Sept. 22nd-23rd. Shows run from 6pm-midnight. The musical lineup will include the Bobby Blue Band, Dr. John, the Fabulous Thunderbirds, and several local and regional artists. Tickets are $15 for one night or $25 for both nights. Call 683-1709 for info.

3. **BIG CRAWFISH**: Otherwise known as lobster, they can be enjoyed at the **5th Annual Lobster Feast** happening on Sun. Sept. 24th at Brightleaf Square from 5:30-8:30pm. Tickets can be purchased in advance by calling 560-2736.

4. **More Live Music**: This month's offerings include: **Widespread Panic**, playing at Walnut Creek Fri. Sept. 8th at 6pm; **Better Than Ezra**, playing at Marrz in Raleigh on Sept. 14th at 9pm; **Walnut Creek Blues Music Festival**, featuring B.B. King, Jimmy Vaughan, Etta James, and Elvin Bishop, on Sun. Sept. 17th at 6pm. Tickets for all these shows are through TicketMaster.

5. **Airfest '95**: This family event features hot air balloons, airplanes, and other aircraft. It takes off Sat. and Sun., Sept. 30th-Oct. 1st. Proceeds benefit the Exchange Clubs' Child Abuse Prevention Center in Durham. Call 682-9111 for information.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Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box" located underneath the candy shelf in the Deans' Office.

# *DAVISON COUNCIL NEWS*

by Allison Evanoff

**Welcome Class of 1999!**

The new MSIs have arrived and are an enthusiastic group. Orientation activities were a success and a big THANK YOU to the entire class of MSIIs who helped organize the week. A special thank you goes to the following MSIIs for going above and beyond the call of duty: Marnie Bartholomew, Keith Berry, Anthony Beutler, Jason Bolden, Jeff Drayer, Joanne Jenkins, Liz Kahn, Wendy King, Tim Lahey, Matt McClure, Brian McDonald, Trip Meine, Rick Nettles, Ashvin Pande, and Amy Shia.

What a class it is! The Deans' office released some interesting statistics about the Class of 1999. Of 7500 applications, 850 students were interviewed and 186 were offered positions, yielding a final class size of 100. To put it another way, 75 persons applied and 8.5 interviewed for each position. This year set a record for the lowest number of acceptances offered, so congrats to both the entering MSIs as well as to the Admissions Committee for a job well done!

**Class of 2000**

Yep, as the new class has just arrived, it is already time to begin planning for the next one. The new student members on the 1995-1996 Admissions Committee were recently selected. Congratulations to the following rising MSIIIs: Tuan Ha, Elizabeth Joneschild, Caleb Nelson, Meera Srinivasan, Tanya Wahl and Michael Yen. Good luck!

**Out with the old, in with the new..**

As we talk about the new entering class, we must not forget those who will be departing soon. And a great way to do just that would be with a 1995-1996 yearbook! Linda Chambers is still interested in putting together a staff for the 1995-1996 Aesculapian. Her goal is to have a yearbook every two years and the Alumni Council has recently announced that they would help fund the effort. If we are going to have one this year, we need to begin soon. It is meant to be an effort by all four classes. Anyone interested, please contact Linda Chambers ASAP.

**History of Medicine at Duke**

On Saturday, October 7, 1995, during Medical Alumni weekend, the Alumni will sponsor a lecture to be given by Duke history and medical center faculty and alumni. All medical students, faculty and alumni will be invited, and FREE breakfast will be provided by the Alumni Association. It is hoped that in the future, a History of Medicine Club might form, to further the interest in this important aspect of medicine.

**Teaching Portfolios**

We all have probably had or known some really terrific instructors which end up being denied tenure because they have not done enough in the research arena. Well, Duke is taking initiative to address this issue. At a recent meeting of the Executive Curriculum Committee, it was decided to begin using Teaching Portfolios as a part of tenure proposals. Linda Lee in the Registrar's office was given a $150,000 grant to begin developing the portfolios. Student input will likely be a significant part of the portfolios.

**Graduate and Professional Student Council**

Congratulations to Peter Baek, a rising MSII and one of our medical school representatives to GPSC, was recently elected Treasurer of the council. Now we know that our GPSC fee will be put to good use in Peter's hands!! Thanks to Peter for getting involved!

**Friendly Reminder**

As the new year gets underway, so do various activities, meetings, etc. Anyone wishing to advertise their event on the med school calendar, please write it on the sheet next to the calendar, now found both near the mailboxes in Duke South, as well as in the student lounge in Duke North. Feel free to call me (383-7067) with information.

Shifting Dullness

# A Weekend You'll Remember for Years to Come.

The experiences at Medical Alumni Weekend make a lasting impression on all those who attend–alumni, faculty, and students alike. Here's your chance to gain new perspectives, discover important information, and form new friendships. Make plans now to join us for these events:

## *Friday, October 6*

**Pediatric Potpourri: Current Issues and New Therapies**
7:15 TO 11:30 A.M.
This special CME program features presentations by pediatric specialists from Duke and across the country.

**Ethical Dilemmas in Health Care Reform**
2:15 TO 4:15 P.M.
Two leading activists provide the opposing positions of "The Clinical Perspective on Setting Limits" and "Preserving Patient Autonomy."

## *Saturday, October 7*

**History of Duke Medicine**
8:45 TO 10:45 A.M.
Medical students join together with alumni for this new program featuring presentations by distinguished faculty and alumni, plus a trivia quiz and continental breakfast.

**Pre-Game Luncheon Buffet**
11:30 A.M. TO 1:30 P.M.
Medical students can spend time socializing with alumni and faculty and enjoy a buffet at the Washington Duke Inn—at a reduced cost.

**For location and registration information for these Medical Alumni Weekend programs, call Teresa Dark at 419-3200.**

DUKE MEDICAL
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# On the Ward

**with Ard**

As I finally complete my financial aid application for the 1995-1996 school year, I am once again reminded of the enormous expense of medical school education. First of all, there is a mere $20,500 for tuition. And because the student lounge is not the ideal home environment, I must pay rent for an apartment at the rate of $450 per month plus utilities. Even though my parents consider it a luxury, most people communicate via the phone, easily adding another $50 to $100 a month to the above expenditures. But wait; I have yet to place a morsel of food in my mouth and I have already spent in the neighborhood of $27,000 for one year of medical school.

With the price of food paralleling the cost of medical education, it is a wonder that a student can maintain a balanced diet on a fixed budget. Also, with little time to grocery shop and prepare the gourmet meals that we are all accustomed to, a growing number of fast food restaurants are being financed with Federal Stafford loan money. As our nutrition declines and our loan money dwindles, we begin to consider wearing a cardboard sign stating all the things we will do for a hot meal. However, before you go there, let me inform you of few alternative approaches to fulfilling your FDA daily requirements.

Often I found myself eating 2 to 3 meals a day in the hospital, especially if I was on call. This began to add up quickly, and I could not have continued to spend money at that rate. Obviously the easiest thing, I thought, would be to bring a sack lunch, and dinner for those days I would be on call. This idea in theory is easy ,but in practice, it is a whole new ball game. I did not realize how much time it took to actually prepare the meal and package it into plastic containers and bags. That was time I could use to do more important things—like sleep, for instance. And because I became attached to the snooze bar, I was usually in a rush to arrive at the hospital on time. In my haste, I would leave my lunch on the counter top at home, ruining a perfectly good meal, and I still had to fork over $3.50 for a meal in the cafeteria. I also ran into the problem of not wanting to always eat leftovers. O.K. . . . so, I was being a little picky, but no matter how good the red beans and rice were on Sunday, by Thursday, I was hoping to never see another bean in my life. Refrigeration during the day also turned out to be another issue of concern. The refrigerator in the student lounge was usually more convenient for my use; however, with the variety of almost noxious aromas that escaped upon opening the door, it was amazing that I could still taste my food. I won't even mention the sites that accompanied those smells. At any length, brown-bagging became a bit more of a hassle that a convenience.

If you find the above to be true for you as well, consider these alternatives:

1. Beg your resident to take you to the free dinner for house staff known as the Night Owl—This was formerly known as the Red Eye and in my opinion, was much better and easier to access. However, others feel differently. Now all you need to do is act like a resident physician, take all the food you want and sign your name on the list. It's as simple as that. However, if you get caught or nervous you will have to pay.

2. In the instance that your resident won't allow you to go with him or her— Go by yourself after he or she returns; you will soon realize that you don't need them for much.

3. Make friends with the drug reps— Essentially drug reps bring wonderful lunches and even breakfast to doctors so they can push their drugs. Just think of it as a milder version of

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special interests groups lobbying congressmen. All you have to do is show up, regardless of your current rotation, and act interested in the conference or whatever is being said. Don't feel shy about taking the food, and always take the extras for later—it's already paid for courtesy of the drug reps. Some of these things occur on a regular basis like the Cipro breakfast on Surgery (Thursday at 7:00 a.m. [the only thing on Surgery worth getting up for]) and journal clubs on Medicine. Generally residents will tell you when there is a free lunch. The exception to this of course is on Ob/Gyn, so keep a look out.

4. Know where the food galley is on each floor—These small kitchen areas generally hold trays for patient's meals along with other freebies that can serve as snacks or meals. Saltines, juice, sodas, and milk are usually pretty easy to come by. Patients often complain if their tray is missing, so I would be hesitant about helping myself to a tray. However, Ensure is always in abundant supply and can be quite the culinary delight when chilled.

*Remember*—no matter how busy things may seem, students should always be given time to eat. Nobody I know learns very well with a blood glucose of 30. ■

The **Mind-Body Medicine Study Group** of DUMC presents two intriguing meetings this month.

1. An open lecture will be given by Maya McNeilly, PhD. from the department of Psychiatry. She will talk about **"The Physiologic Effects of Meditation"** on Friday, September 8 at Noon in 1034 South Amphitheater.

2. On Friday, September 15 at Noon in M422 of CTL, the monthly Journal Club will meet. This month the discussion will based on the article by Maharishi Ayur-Veda entitled **"Modern Insights in ancient Medicine"** found in JAMA 1991: 265: 2633-4,37. The leader of the discussion will be Veeru Goli, MD, assistant professor in the departments of Psychiatry and Anesthesiology.

# Plural Effusions

Jeff Drayer

Ah, orientation. We watched one hundred new faces come in from one hundred cities we can't remember, having graduated from one hundred colleges we can't keep straight. And let me tell you, we oriented the hell out of them.

Yes, in the Duke tradition of doing much more than we should in less time than exists[1], so went orientation week. After keeping them out 'til three and then making them show up the next morning at eight, I stood in front of my 1:00 tour group and looked upon their pale haggard faces, eerily reminded of the look cartoon characters get when they're stranded on an island and are just about to imagine that their companion looks like a big hot dog. And why not look so? They had just been through the most grueling four hours they'll experience until it's time for Dr. Blackshear's lectures on lipoproteins. Bus schedules! Public safety! Parking garage rules! It's so overwhelming, but I dragged them through the tour anyway, with such fervently necessary and medically relevant stops on our schedule as Cameron Indoor Stadium and the view from the 9th floor of Duke North. I even got to ask directions to the Duke North student lounge so we could all experience together our first look at those three couches and the television, none of which they'll see again for over a year.[2] Sure I finally let them go, but only because it was time for them to get ready for a marathon dinner, at which they were forced to swallow not only some potentially awful mexican food, but also three hours of quite unsolicited advice.

This goes all week, but then finally, it's the weekend. Time to relax? I don't think so. Up at nine for sports day so they can soak in the 95 degree rays of the sun and shave away their knees on the artificial turf. When they're well done, send 'em home for a quick nap and then a night of pool, greasy food and line dancing. The next day is service projects, many involving sharp objects, and then a picnic. This ends mercifully at sundown, so that the newly oriented MSIs can go tend to their wounded and then get a little sleep. And they better, 'cause class starts early Monday morning. It's funny, looking back to first block, I could never remember why I took so many afternoon naps. Now I remember— I was still recovering from orientation week.

But now I've gotten a chance to see orientation from the MSII side. It's quite different. There isn't the pressure of having to remember everyone's name. There isn't the need to be at every event from start to finish. I finally think the slide show's funny. The only thing that seems to have remained the same is that whenever somebody asks me their list of people they knew that were undergrads at Cornell, I still never recognize a single one of them.

But most of all, orientation as a second year is fun. I've got a hundred friends in my class, and though I'll be seeing them all at different times throughout the year, who knows when we'll all be together again. The amphitheater's been taken over by a new horde of students, and there's really nowhere else for us all to gather. I suppose there might be a party here or there at the beginning, but too many people will be in Blowing Rock or bed for it to be exactly the same. And besides that, Duke won't be giving us free pizza.

I guess what orientation as an MSII really reminds me of is putting pledges through a fraternity initiation. Inundating them with things to remember. Giving them a thousand tasks to accomplish. Placing them in new, disorienting settings. Affording them extremely

1. Unless we were to bend space
2. We can't bend space

little time to sleep. Making them so tired they can barely think, and then planting evil, sinister thoughts in their minds, such as that it's possible to learn the renal system. It's hard and it's tiring. But when it's finally all over each one of them, at some time or another, will find him or herself sitting on the bed and thinking back upon these past few days. And there will be a big grin on every face because each one has finally made it— after all the pre-med classes, the applications, the interviews— they all finally belong. And really, when you think about it, isn't all of med school kinda like that? I think, actually, it is. ■

Attention 3rd and 4th Year Students

On September 12 at 4:30 p.m. in Room 2002 of North Hospital, an information session on the 1996 seminar "Exploring Medicine: Cross-Cultural Challenges to Medicine in the 21st Century" will be presented. The video "Viva los Gringos" will be shown. Questions and answers regarding the course and trip to Honduras will be provided by the participants from the 1995 trip.

The 1996 seminar will focus on the "Soul and Spirit of Medicine." Applications will be available at the presentation. Further information can also be obtained from Dr. Marvin Hage, 681-5220 or e-mail hage0001@mc.duke.edu.

## *Learn about the History of Medicine at Duke! All students, faculty and alumni welcome!*

On Saturday, October 7th, a group of Duke University and DUMC faculty and alumni will be discussing the history of the medical center. The event will be sponsored by the Medical Alumni Council and a FREE continental breakfast will be provided. Informal discussions between all participants will be encouraged. This event will be an opportunity for students, faculty and alumni to interact and learn about the original intent of the founders of DUMC and how these goals were implemented.

Student participation is **essential**, so if you are remotely interested in history and/or are looking for an opportunity to meet respected faculty and alumni, please plan to attend. The event starts with breakfast at 8:45 a.m. Please contact Teresa Dark at 419-3200 to RSVP.

This event will also be the initial meeting of a new interest group: a History of Duke Medicine club. This organization will involve a bimonthly gathering at the houses of various faculty members for informal discussions on topics in the History of Medicine. Dr. Bradford has volunteered his house as a possible site for the next meeting. Please come to the event on October 7th, and learn more about this new group. Questions, call Matt Hepburn (490-5706).

**Duke AMWAtch**

Welcome Potluck: AMWA (American Medical Women's Association) will be sponsoring a Potluck Dinner as our first event of the new school year and to specifically welcome in the new MSIs. Please mark your calendars: the Potluck will be held Tuesday, September 12 at 7:00 p.m. in the East Duke Building Parlor (Room 119). For those of you new on campus, the East Duke Building is the first building on your right when you turn into East Campus from Main Street. All are welcome!

**Election of Officers:**

With a new year beginning, that means new leadership within school organizations. We will be holding a brief meeting on Wednesday, September 20 at 7:00 p.m. in the Duke South Amphitheater for the election of 1995-1996 officers. Refreshments will be served!! The positions include: President, Vice President, Secretary, Treasurer, and MSII and MSIV class representatives. If you are interested in any position, you must attend this meeting. Please call Sara or Allison at 383-7067 with questions.

# JOURNAL WATCH

with Umesh Marathe

TIME OF ONSET OF NON-INSULIN-DEPENDENT DIABETES MELLITUS AND GENETIC VARIATION IN THE B3-ADRENERGIC-RECEPTOR GENE.
Walston et. al NEJM 1995;333:343-347.

NIDDM is one of the more common inherited diseases; most forms do not have a simple mendelian pattern of inheritance. The B3-adrenergic receptor is expressed in visceral adipose tissue and is thought to contribute to the regulation of resting metabolic rate and lipolysis. It is a receptor coupled to a G-protein that activates adenylate cyclase, increases cAMP and results in lipolysis and thermogenesis. A missense mutation was found in the gene for the B3-receptor that results in the replacement of tryptophan by arginine (Trp64Arg), detected with allelic frequencies of 0.31 in Pima Indians(642), 0.13 in Mexican Americans (62), 0.12 in African Americans (49), and 0.08 in whites (48). Among the Pima study group the frequency of the Trp64Arg mutation was similar in both diabetic and non-diabetic subjects, but for subjects who were homozygous for the mutation the mean age at the onset of NIDDM was significantly lower (36years) than in heterozygotes (40 years). Also subjects with the mutation tended to have a lower adjusted metabolic rate. Those Pima Indians without the mutation still developed NIDDM but at an older age (41 years). It's important to note that the mutation in the B3 receptor is not associated with NIDDM but may be associated with the time of onset of NIDDM. A fascinating study that will serve to increase our understanding of this all too common disease.

TRANSFORMING GROWTH FACTOR Beta RECEPTORS AND MANNOSE 6-PHOSPHATE/ INSULIN-LIKE GROWTH FACTOR-II RECEPTOR EXPRESSION IN HUMAN HEPATOCELLULAR CARCINOMA.
Sue et. al Annals of Surgery 1995;222:171-178.

TGF-beta is part of a superfamily of peptide-signaling molecules important in regulating cell growth; it is secreted as a latent complex and must be activated by mannose 6-phosphate/ insulin-like growth factor-IIr (M6-P/IGF-IIr). The loss of responsiveness of hepatocytes to TGF-beta has been implicated in carcinogenesis, either with loss in expression of TGF-beta receptors or M6-P/IGF-IIr. Thirteen separate human hepatocellular carcinomas (HCC) and surrounding tissue were obtained from operating room samples, RNA was extracted from both normal and malignant liver tissue and analyzed using a RNase protection assay. In HCC there was roughly a 50% percent reduction in the mRNA levels for TGF-beta receptors relative to the surrounding normal liver, with a similar reduction noted in receptor protein levels. The M6-P/IGF-IIr mRNA and protein levels were reduced in 7 of 11 hepatocellular carcinomas. Immunohistochemical staining demostrated and absence of intracellular TGF-beta in HCC cells. The authors conclude that HCC cells have a significantly reduced expression of TGF-beta receptor that may give them a selective growth advantage. ■

**RA, cont. from p.12**

First and foremost, life as an Ebola virus would suck because you're not really alive. You're a virus. You rely on living tissue to reproduce yourself; once presented with a suitable culture medium (say, Don King or Don Ho), however, your primary drive kicks in. The Ebola virus, of course, knows only one word: more.

Secondly, life as an Ebola virus would suck because it would be your primary mission in life to kill. Granted, this has a sort of limbically-appealing Terminator-like feel to it, but just bear in mind that the Ebola virus is more efficient than futuristic androids; the virus kills cleanly with only seven proteins and RNA arrayed in a pile of knotted spaghetti.

Imagine a sort of Kafkaesque scene. One night, you, mild-mannered Duke medical student, fall asleep after a tormenting day on Surgery or Pediatrics, letting yourself drown in a sea of tormenting dreams. The next morning, you wake up and - poof! - you're an Ebola virus. But, hey, it's not so bad, you're pretty svelte as viruses go and apart from being immobile and generally hard to see, things aren't so bad. However, unlike poor Gregor Samsa, if anyone is going to take care of you, it's gonna be through at least three layers of latex prophylaxis, and they won't be taking care of just you - it would be you and ten billion of your closest cousins.

So now what? Your job is well known - you cause a nasty hemorrhagic fever in many varieties of primate. Unfortunately, no one in this world knows exactly where the Ebola virus lives normally, so we can't tell you where your home is. Also, we can't tell you what bus to take from work to home - if the virus is carried by an insect vector, this vector has yet to be found.

In essence, you'd be kind of stuck. You're submicroscopic. Although you're simple and elegant and have a strange sort of appeal, you're lethal as hell. Your roommates, unable to find you, might choose to file a missing persons report; after all, you could just be in the hospital.

But, hey, there's always a bright side. An Ebola virus never has to take call. An Ebola virus knows nothing of VA paperwork. An Ebola virus could really give a flip about a CT requisition form. As an Ebola virus, you wouldn't ever have to worry about scheduling a follow-up appointment - you'd be too efficient to need to see a patient twice. And an Ebola virus never needs to perform a rectal exam.

And remember: it can always get worse. You could be a derelict Ebola virus, a mutant incapable of reproducing itself. Or you could be quenched in bleach, forever destroyed in a cloud of free radicals. Or (horror of horrors), you could be the wimpy Reston strain, capable only of infecting sooty mangabeys.

The Ebola virus is an example of what one writer has called "the Loki factor." Nature, being a highly organized system, has seemingly no room for misfits, no room for scoundrels. And then the Ebola virus appears, and its sole mission is to destroy. It is the element of chaos in an otherwise perfectly constructed rain forest.

Certainly, there are more important killers in our world. Cancer, heart disease, AIDS, tuberculosis - these diseases cause more problems each year worldwide than an Ebola virus could hope to cause. And, like the Ebola virus, these diseases are a reminder that our stay here is temporary.

But the Ebola virus, moreso than the others, serves to remind us that we are not in control of our own environment. The Ebola virus, like the Bubonic plague of the Middle Ages, has the ability to destroy all it contacts; it carries a greater than 90% fatality rate, has no cure and no immunization, and is contracted through unknown mechanisms. The Ebola virus appeared in society as a result of the "taming" of the African rain forest through encroachment and destruction by humans. It serves as a reminder that some things in this world are off limits

So, life really isn't so bad. Trapped in the hospital at three in the morning performing rectal exams? Being brutalized by your chief for not knowing Ranson's criteria? Don't sweat it. Your life will get better. At least, it could always be worse - you could be an Ebola virus.

# Shifting Dullness

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Dr. Jim Gifford (2)
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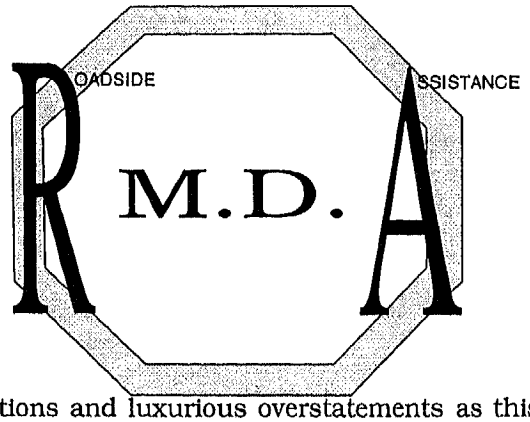
## *Well, at least you're not an Ebola virus*

Sometimes life sucks.

You try to do everything you can to have a good day, help people, save lives, stamp out disease, and something jumps up and bites you in the patoots.

Those of you who have been at the VA for anything can realize the truth in this statement. You have suffered through agonizing hours while your patient's orders for IV fluids, transfusions, and vital life-saving medicines remain valiantly untouched while the overworked nurses and staff go about their business.

Sometimes, for no apparent reason, you become the brunt of another's anger. Take, for instance, a recent experience of mine. A certain resident on a consult service was upset with the care I and my team had provided for a patient. He chose to vent his spleen at me, inglorious sub-intern. For many agonizing minutes I was forced to sit through a deluge of outright fabrications and luxurious overstatements as this resident convicted me of malpractice.




So, you see, sometimes life sucks. But just remember - it can always get worse.

You could be locked in. You could have bloody, projectile diarrhea. (Actually, the thought of unleashing bloody, projectile diarrhea on the aforementioned resident is somewhat satisfying). Or you could be an Ebola virus. That would really suck.

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