

A black and white photograph of a person, possibly a student, holding a large sign that reads "NO PARKING ZONE". The person is silhouetted against a bright background of trees. The image has a grainy, halftone texture.

Welcome, incoming class of 1995

August 1991

Shifting Dullness

This Month in Medical History

Chris Tharrington

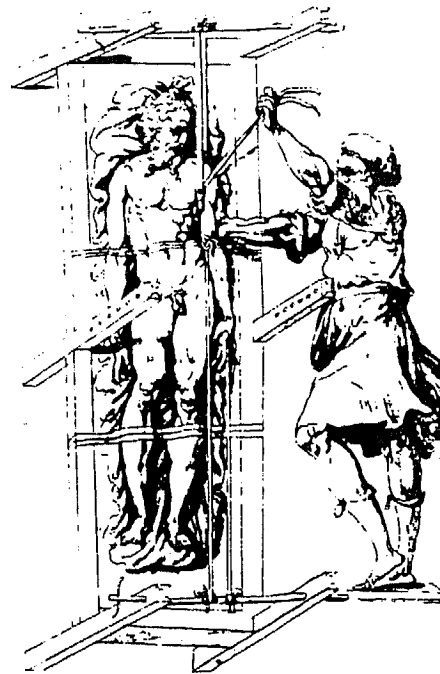
- On August 5, 1661, Richard Wiseman was officially appointed surgeon to Charles II of England, for an annual salary approximately equivalent to \$5000. Well-known as a skillful operator, Wiseman also wrote works on gonorrhea and cervical tuberculous lymphadenitis (known then as scrofula, or King's Evil). In reference to the latter, Wiseman claimed that, although he treated cases with surgery and hygienic methods, his rate of success did not approach that of his employer, who was capable of vanquishing the disease with the royal touch.

- Girolamo Fracastorio, an Italian physician born in 1484, died August 6, 1553. Acknowledged by his peers as one of the finest physicians in Europe, he was one of the first to perceive infections as being due to microorganisms (although he believed the latter to be without life). Fracastorio is perhaps more famous as the author of the well-known medical poem "Syphilus, or the French Sickness," which gave the disease its name. (Syphilus was a young shepherd in the poem).

- Joseph Lister first used carbolic acid in surgery on August 12, 1865, in a case of compound fracture. Pasteur's findings on fermentation stimulated Lister to experiment with various chemical and mechanical methods of antiseptics; before using carbolic acid he had studied putty, tin foil and zinc chloride. All his efforts were met initially with apathy and skepticism, but by the end of Lister's career the entire medical world recognized his enormous contributions.

- Inspired by the observations of William Harvey, an Italian named Francesco Folli first transfused blood from one animal to another on August 13, 1654.

- Ludwig Ignaz Philipp Semmelweiss was one of the first physicians to note the contagiousness of puerperal fever and the necessity of aseptic conditions in obstetric deliveries. Although Oliver Wendell Holmes' essay on the same subject (1843) predated that of Semmelweiss by six years, Holmes' reasoning stemmed from epidemiological studies, while Semmelweiss made clinical observations on the contagious character of puerperal fever. The findings of Semmelweiss received a much harsher reception among his European colleagues than had those of Holmes in America. Apparently of a sensitive nature, Semmelweiss broke under the strain



and became insane. Ironically he died at the age of 48—on August 13, 1865—from a septicemia, in the words of one historian, a "martyr to science."

- August 24 is St. Bartholomew's Day, an appropriate date to discuss the history of the hospital in London bearing the saint's name. In 1115 A.D., Rahere, jester to Henry I of England, became ill with malaria while on a pilgrimage to Rome. During his illness he was treated at the hospital of St. Bartholomew in Rome (built at the location of a temple to Aesculapius). Rahere vowed that, should he survive, he would establish a hospital to care for the poor of London as he had been cared for in Rome. After his recovery, he returned to England, and received a grant of land from the King in 1123. "Barts" was constructed on this site, and is the oldest hospital in continuous use in England.

- John Locke was born August 29, 1632. Although his name is associated chiefly with philosophy, Locke received medical education at Oxford and practiced as a physician for several years before changing interests.

- On August 31, 1821, Hermann Ludwig Ferdinand von Helmholtz was born in Germany. His life is of interest to medical history by virtue of his invention of the ophthalmoscope.

First Year Anxiety Quickly Dissipates

Greg Lucas

So you're a first year.

Congratulations on your decision to attend Duke Medical School. Undoubtedly your qualifications and diligent work have consistently placed you in the upper echelon of your peers. But as you walk into the amphitheater on the first day, just another school in a very long education process, something feels a little different. Grammar school, high school and college have all been means. You always knew that more was to come and that no indelible decisions regarding your future would have to be made. Even as you chose a major you realized that a liberal smattering of classes would easily allow you to apply competitively on the job market and to med, law and graduate schools. But somehow you ended up here and not any of those other places. By intent or caprice you have chosen an end. You are here to become a doctor — nothing else.

You feel stabbing pangs of trepidation. You wonder if you can hack the curriculum and stress, it certainly gets a lot of bad press nowadays. On a more vague and disturbing level you can no longer give yourself a good reason why you chose medicine as a career at all. Those answers you gave in the interviews seem pretty empty now. Perhaps something else would be better. Maybe a year off would have helped you decide. Maybe two years would have helped more.

You are now standing with a beer at one of the first-year social events and meeting all your new classmates. They are all smiling broadly. You smile broadly. They ask you where you went to school. You ask them where they went to school. They are happy and excited about beginning medical school. You tell them that you are, indeed, also happy and excited about beginning medical school. You wonder what the hell you have gotten yourself into.

As the doubts pile up at the beginning of first year, it is a good idea to step back and take a look at the big picture. You may be worried about your choice of medicine as a career and if it's really the right path for you. The answer to your question will not be found in any 50-cent platitude that you can recite, but in the simple fact that you are here right now.

You have worked hard in school and did well on the MCATs. You battled through a long and arduous application process and convinced professionals in the field, who see thousands of such applications, that you are someone who stands out. Moreover, you pursued your

goal successfully without being blinded by an overly romantic or idealistic view of medicine. Studies indicate that today's medical school applicants have a far more realistic or cynical view (the two are synonymous) of the medical profession than did applicants just 10 to 20 years ago. It requires little speculation to see why this would be so. Whereas, in the past, medicine was an opaque, paternalistic and often glorified profession, it is commonplace today to hear it exposed by the media as a web of stress, suicide, divorce, drug abuse and malpractice. Thus, the public's view of medicine has undergone a full swing of the pendulum. But, as in all things, reality invariably resides somewhere between the extremes. The point to be made is that you have chosen medicine in spite of the generally dreary view of the field that is promulgated today. Dr. Pounds and her staff do an excellent job of selecting not only good students, but students who genuinely wish to become physicians for the right reasons. Testimony to this fact is the minuscule percentage of students who drop out.

But what can you expect from first year? There's no way of getting around the fact that you will have to cram a veritable buffet of facts down your throat only to regurgitate them on an exam. Duke's program is particularly heinous simply because all basic science classes are mercilessly packed into the first year curriculum instead of one-and-a-half or two years.

Once this point has been made, however, it also must be noted that the first year curriculum is nothing you can't do. The crucial factor is discipline. No overwhelming intelligence is required, but it does take work and time to get the material down. In any given class, try to get an idea very early on what aspect of the B.S. the professors think is important (ie, their personal research) and focus on that. If this is not evident from lectures (and it frequently isn't), ask your big sib.

Above all else do not lose sight of the forest for the trees. You will be fed more facts this year than you can possibly remember. To attempt to memorize everything is an express ticket to insanity. Remember that you are embarking upon a lifetime of learning. A few solid principles well understood are infinitely more valuable than a thousand random facts immediately forgotten after the exam. Be sure to make a point to go out and have some fun; even and especially when you feel stressed out. There will be ample opportunities. Don't deny them to yourself.

A Shopper's Guide to Costs at DUMC

Greg Lucas

The astronomical cost of medical care has set into motion a broad range of changes in health care, politics and insurance strategy. In all likelihood the way that medicine is practiced and paid for by the year 2000 will be vastly different from the system as it exists today.

The following is a listing of the most commonly ordered drugs, tests and procedures at DUMC. There aren't any coupons in the paper and you'll never get a blue-light special. The prices are from 1989-90 and some of them may surprise you.

Room and Board Rates

Routine care	\$248/day
Psychiatry inpatient	500/day
Intensive care	750-1400/day
E.R. rate (depending on level of care)	50-700/visit

Laboratory Tests

Arterial blood gasses	\$37.50
Automated blood count	20
CPK total	16
Culture/sens	51
(blood, urine, sputum)	
Pap smear	19
Sputum cytology	101
Urinalysis	12

Transfusions

1st transfusion (includes type and screen)	\$167/unit
Subsequent units	122/unit
Platelet transfusion	406

Respiratory Therapy

Continuous ventilation	\$12/hour
Oxygen therapy	2.80/hour

Medical Supplies

NaCl .9%	\$30/Liter
Cath tray (Foley)	33.60 each
LP tray	39.20 each

Imaging Studies

Chest films (PA and LAT)	\$40/19
Chest films (portable)	113/19
Mammogram	38/25
Brain CT	466/187
Brain CT w/enhancement	526/213
Abdomen CT w/enhance	538/213
Angiogram	949/368
MRI(0-59min)	569/250
Nuclear bone scan	345/98

Diagnostic Tests

Echocardiogram	hosp/prof
Holter monitoring (per day)	\$235/135
Left heart catheterization	150/130
EKG	1725/665
Electrophysiology study	27.25/20
Colonoscopy	1750/1525
Bronchoscopy	190/400
EEG	285/400
Bone marrow biopsy	110/83
	50/43

Pharmacy

Codeine	\$20.60/day
Morphine inj	30/day
Tylenol#3	20.40/day
Acyclovir	158.10/day
Ampicillin	7.80/day
Gentamycin	1.50/day
Penicillin	9.20/day
Vancomycin	60.60/day
Heparin inj	10/day
Bleomycin	204/day
Aminophylline tabs	8.20/day
Digoxin tabs	2.10/day
Phenytoin Caps	2.05/day
Humulin	9.65/day
Streptokinase	125/inj.

Join the staff of Shifting Dullness! Positions are available for writing, editing, photography, art, computer layout and business. Look for representatives at the Activities Fair on August 22 or contact Kenny Boockvar at 286-3147.

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August 1991

MSIV

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Class News

MSIV

I hope the wards or the labs are treating you well. Don't forget to make an appointment to see your advisory dean for a Dean's Letter. Fill out the Dean's Letter Form ahead of time and bring a summary of your research.

Congratulations to the three other newly engaged men in the class: Todd Levine (engaged to MSIII Mary Landau), Bruce Klughertz and Bing Pao. Also congrats to Betsy Hilton Lasley who got married August 3, 1991.

Hope the applications aren't overwhelming you. The class address list should be finished by the end of August. If you have a new address and/or phone number, call Herb (382-0107) or Mac (477-2167). Details later on how you can get a copy.

MSIII

Bravo to the 93% of the class who selected a laboratory project for next year by the spring deadline. Those who have not yet selected a lab are urged to do so soon by the Dean's Office. See the July edition of the new official MSIII newsletter "MSIII Progress Notes" for details on the third year plans of many class members.

Congratulations to Frank Tong and Phyllis Chang on their recent engagement, and to Mary Landau on her engagement to MSIV Todd Levine.

MSII

Upcoming events: 1) Annual MSII versus MSI soccer game on Saturday, August 10 at 11:00 a.m. at the East Campus Soccer Fields. Giant subs and beverages will be on hand. 2) Big Sib/Little Sib Gala Affair on Saturday August 10 from 6-9 p.m. at Uncle Harry's Pub on Central Campus. Hamburgers, hot dogs and beverages will be served.

Our class gift to CTL is going to be a box (portable stereo, you know), and we ask that everyone chip in \$2.00. See Alison, who will haunt you anyway. A proposal has been made to put out a class newsletter each rotation (every eight weeks) with important deadlines, news, gossip, minutes of class rep meetings, lists of assignments to rotations (so we can find each other) and anything else anyone wants to include. Lots of people are needed to organize, write for and lay-out this newsletter. Please see Chris Cabell, Chris Woods, Chris Hasty, John Monks or Alison Toth.

Other news: Congratulations to Don Hoffman and John Britt on their weddings over break! Sign 'em up for the tour: word has it that Steve Malchow shot an 85 and Dave Schoenfeld shot a 90 (both personal bests) at Hillandale Golf Course recently. Was this for 9 or 18 holes?

Any news you want me to include? Give me a ring (Alison Toth) at 493-5261.

MSI

Welcome! See MSII news for upcoming events.

Shifting Dullness Staff

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Mary Lilly

Davison Council is the medical school's student governing body. Meetings are held every two weeks and are open to all medical students. Primary concerns of the Council this year are dispersing funds to student groups, sponsoring service projects, and organizing and funding social events. The Council also serves as a liaison between administration and students on issues such as grading policies, hospital committees, and budgets.

Service projects are an important Davison Council concern. See Service News for descriptions of activities. New this year for the Council will be work with the local AIDS Community Residence Association (ACRA).

Davison sponsored social events are notoriously well funded and well attended. House parties occur several times a year, and along with various departments "Renewal of System" parties are held for medical students and House Staff. The next Davison Council-sponsored party will be Saturday, August 10 at Tarawa Terrace at 9:00 p.m. Another upcoming social event is Med School Night at the Durham Bulls on Wednesday, August 21, time to be announced.

Issues which the Council has addressed this year include a proposal by the Task Force on Grading for modification of the Second Year grading policy to include less subjective, more objective measures of student performance. Budgeting issues and policies for use and cleaning of the student lounge in North have also been discussed.

A roster of Davison Council members and their telephone numbers is posted by the mail boxes. Minutes from the meetings are posted there as well. Feel free to contact members and attend meetings! Elections for members of the First Year class will be held soon.



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Sharon Castellino

Adopt-A-Highway project got off to a great start in May with the class of '92. Twenty-five people came out and did a great job of cleaning the two mile stretch of Pickett and Cambridge Roads. The new second year class continued the tradition on July 27 despite the doubtful weather. Thanks to all who have participated.

We have successfully partaken in two Habitat for Humanity projects. The most recent project day in April saw the painting (from start to finish) of a house that we had put roofing on earlier this spring. We hope to schedule some projects beginning in September.

The annual Activities Fair will be on August 22 at 5:30 p.m. in CTL. This will be an opportunity for new MSI's to meet representatives from the numerous medical school organizations, and to see that there is life outside the amphitheater. Refreshments will be served. (Note to organization leaders: if your group wishes to be represented and has not been contacted please call Sharon Castellino at 286-2749).

The Seventh Grade Sex Education program is in need of a new coordinator for the '91-'92 school year. The job involves organizing the medical students who teach the course, and scheduling the teaching with the local schools. It's traditionally a third year who undertakes this job, but it's open to all. Contact Ed Chen (383-1807) if interested.

Curriculum Committee

Work continues on curriculum reform, with medical student representatives pulling for more problem-based learning and fewer lectures. Clinical Arts next year will include student group sessions in which students, standardized patients, basic science teachers and clinical professors together will discuss certain model diseases. Student evaluation methods may change with "no fault" quizzes being mandated in certain first year courses, no repetition of test questions, more objective skills testing during the second year, and a possible addition of pass plus to the registrar's official grading system. Students, especially new MSI's, are needed to continue to provide a student voice on the faculty-dominated curriculum committees. We need to keep vigilant! The next open student curriculum committee meeting will be August 19 at 12:00 noon in 2243 Duke North (the surgery conference room). Call Andrew Muir at 383-2264 with questions.

August 1991



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Clubs Med

American Medical Association (AMA)

The Duke Student AMA gives the opportunity for medical students to have an impact on state and national health care policy as well as plan projects to help the local community. This fall the ever popular Lenox Baker Children's Hospital program, which allows MSI's to escape the library and spend time playing with the patients there, will be continued. Also planned for the fall is a pharmaceutical fair and a symposium on animal research. The state meeting will be held in Asheville, NC in November and the national meeting will be held in Las Vegas in early December. These are great chances for Duke students to meet students from all over the country. If anyone is interested in becoming involved with the Duke Student AMA, please contact Jill Levy at 489-8661 or Chris Tharrington at 383-4892.

Christian Medical/Dental Society (CMDS)

CMDS is a national organization of Christian physicians and dentists (students and graduates) who wish to integrate their Christian faith with their studies and practice. Throughout the school year we meet for the purpose of mutual encouragement, fellowship and growth in our faith. This year we plan to hold regular large group meetings, pot luck dinners and lectures by guest speakers. Our first meeting for the 1991-1992 school year will be a pot luck on Friday, August 16 from 7-9 p.m. Look for the flyer for details. Contact David Lee at 383-2955 or David Ting at 489-2045.

Student National Medical Association (SNMA)

The Student National Medical Association of Duke is comprised primarily of minority students and has a two-fold purpose. First, the group serves as a support group for minority medical students as well as a vigorous recruiter of minority scholars into the medical field. Second, we attempt to expose the rest of the medical school to minority issues and to the diverse cultures of minority students. Our national chapter is active both politically and academically, promoting our ideals throughout the community. Our local activities include rap sessions with high school students, blood pressure screenings and informational sessions throughout the year. This year promises to be very exciting, and we are looking forward to working with the class of 1995.

Shifting Dullness

Computer Interest Group News Michael Weiner

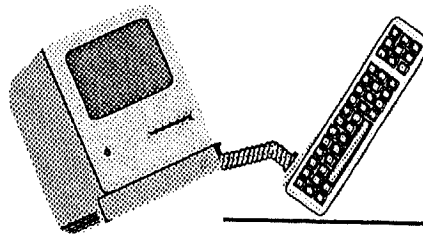
New computers. The reserve room of the Medical Center Library has three computers for general use. An IBM PS/2 30 286 and an IBM PS/2 50Z share a Hewlett-Packard LaserJet IIP printer, and have WordPerfect 5.0 and software tutorials for Medline and Grateful Med. A new Macintosh LC offers HyperCard, Microsoft Word 4.00D, and Microsoft Excel 2.2. It is connected to its own Hewlett-Packard DeskWriter.

Central Teaching Laboratories (CTL) have recently acquired five new computers from Computer Directions. In room M405 (green zone), you will find the 386SX machines, which are 100% IBM-compatible. One of the machines is devoted to use with the established network, and users of this machine will soon be able to print locally, to a printer in the same room.

Increased access/FREIDA. Beginning August 5, the large computer cluster (room M410) in CTL will be open from 5:30 to 7:30 p.m. every weekday except Wed. Users will have access to the Fellowship and Residency Electronic Interactive Database (FREIDA).

Shareware. A new library of software is now available for your use in room M405 of CTL. It is stored on the old IBM XT computer, and includes more than twenty shareware and public-domain programs, including some of the best in communications, utilities, archiving, and graphics. To run it, start up the machine and type SCIG. It is a self-explanatory program which allows you to copy programs in the library onto your own disks (5.25", double-sided, double-density). This library is maintained by the Computer Interest Group.

Computerized bedside medical records. Kevin Fitzpatrick, a physician associate in the Department of Surgery, will demonstrate a system of bedside medical records being developed at DUMC. Meet at 12:00 noon on Tuesday, September 10. For location, call Mike Weiner at 286-3147.



• Announcements •

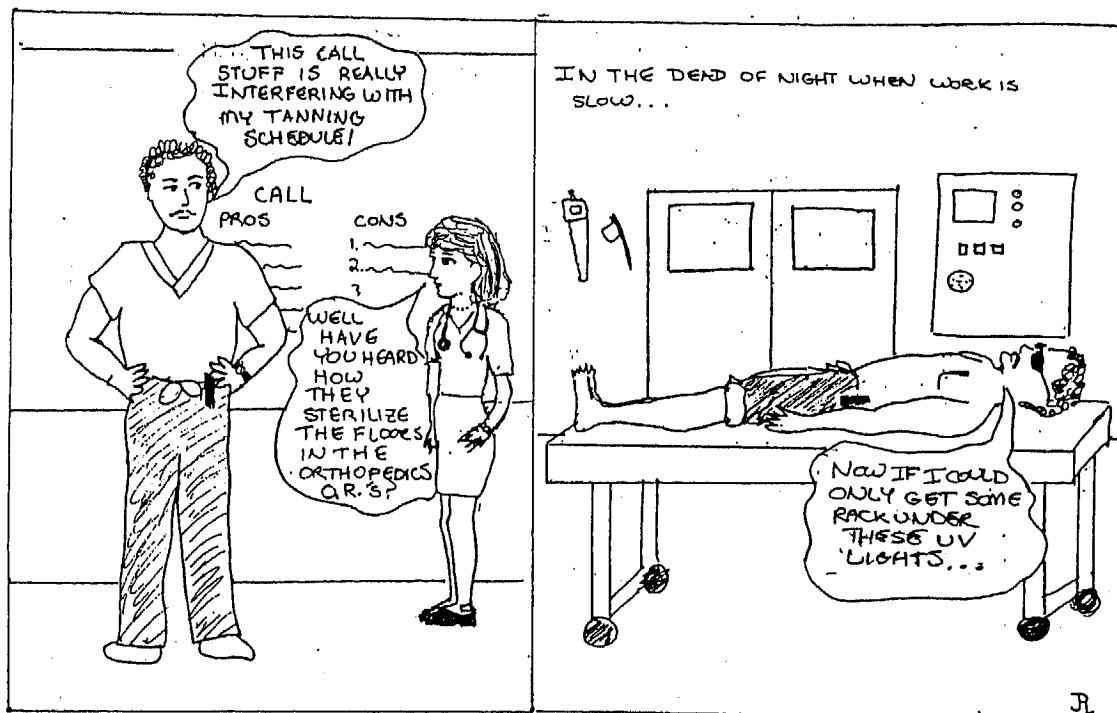
Intramural Recreation Sign-Up

Details for the fall intramural sports schedule are sketchy as of now. The captain's meeting for all fall intramural sports will be September 9 at 6 p.m. in Card Gym room 104. Organizational meetings for each sport will follow the same evening in the same location, with football kickoff at 7 p.m., regular football at 7:30 p.m., soccer kickoff at 8 p.m., and regular soccer at 8:30 p.m. The volleyball organizational meeting will be September 10 at 6 p.m. in Card Gym room 104. Final details will not be available until late August. Watch for a memo. Contact David Lee at 383-2955 with questions.

Practice Board Exams Available

Michael Weiner

Don't wait until it's too late, MSIII's and MSIV's! Practice now for the new United States Medical Licensing Exam (USMLE). Sample questions are available on CTL computers, and the class of 1994 has already begun to use it. Dr. Petrusa and CTL will arrange a time in September when new MSIII students can take a simulated, abbreviated exam. This may be helpful for those taking the Federal Licensing Examination (FLEX) as well. Find out what you need to learn. Watch for more details or call CTL at 684-5967.



Second Opinions

Congressional Regulation Plays On Public's Fears

Kenny Boockvar

The recent unfortunate incident involving the transmission of the human immunodeficiency virus (HIV) from a dentist Dr. David Acer to five of his patients has triggered congressional action and a public outcry against the recurrence of such an event. Although epidemiologists do not know how Dr. Acer transmitted the virus, and although infectious disease experts agree that the risk of a health care worker giving the virus to a patient during a procedure is extremely low, it must be assumed that a risk does exist. Any health care worker accepting the responsibility to do no harm to a patient would readily take maximum precautionary measures to prevent transmission of HIV: for HIV-infected workers this means refraining from participating in procedures in which there is any risk of exposing the patient.

This suggestion departs from the practice of medicine in the past. In the 1800's doctors with tuberculosis continued to take care of patients, though TB was even more contagious than HIV and was just as lethal. In addition, there was no question as to whether uninfected doctors would take care of infected patients: it was accepted as one of the risks of practicing medicine.

The Center for Disease Control (CDC) issued guidelines regarding HIV and health care workers in 1987 which have been updated this year. In summary the CDC recommends 1) that all health care workers adhere to universal precautions, 2) that workers with exudative lesions or weeping dermatitis refrain from direct patient care, 3) that workers who perform "exposure-prone" procedures should know their HIV and hepatitis B virus (HBV) status, and 4) that workers infected with HIV or HBV should not perform exposure-prone procedures unless they have consent from the patient and from an expert review panel. These guidelines leave the identification of "exposure-prone" procedures up to individual institutions. The guidelines also explicitly state that mandatory HIV testing of health care workers is not recommended.

The guidelines issued by the CDC are similar to but less restrictive than those issued by the American Medical Association (AMA) earlier this year, which urged HIV-infected physicians not to perform procedures in which there is an "identifiable risk" of transmission.

Shifting Dullness

The recent Senate measure sponsored by Jesse Helms responds more directly to public outcry against Dr. Acer, who did not disclose his HIV status to his patients. The measure, which would impose maximum penalties of ten years in prison and a \$10,000 fine for health care workers who know they are HIV positive and perform invasive procedures without notifying the patient of their condition, was passed by a large margin.

The Senate measure is objectionable to the medical community for several reasons. First, unlike the CDC guidelines, it does not emphasize that HIV-infected health care workers should refrain from doing certain procedures, only that those workers must reveal their HIV status to their patients. The assumption is that when the patient finds out that the worker is infected, the patient may then refuse the worker's services. Aside from practical difficulties, the avenue for discrimination is left open. Thus, the Senate measure reflects today's public's attitude toward HIV: the need to "root out" HIV-infected persons. A physician who reveals his or her HIV-positivity would undoubtedly be subject to discrimination and a loss of patient patronage far beyond the limited restrictions suggested by the CDC. Thus, the measure is a destructive rather than constructive one.

The Senate measure also declares criminality, which is an extreme punishment for someone who in general works in the patient's best interest. No doubt it is malpractice for a health care worker to transmit HIV to a patient, and it is malpractice for a health care worker to knowingly expose a patient to the virus, but these workers should be subject to review by professional boards and perhaps revocation of their licenses, and not be subject to jail. Making criminals out of HIV-infected persons is a way of publically branding them and will make them less likely to disclose their condition.

To prevent such inappropriate external regulation of medicine, the medical community has to be vigilantly self-regulating, and has to try to anticipate and defuse the public's irrational fears with appropriate measures. The CDC's failure to make its guidelines well known earlier allowed the Senate to take action. Fortunately, the measure is not likely to pass in the House of Representatives.

①

Dear EBach

Dear E Bach,

I have been watching alot of David Letterman lately, and I think you must have amassed an impressive list of "Top Ten" lists that deal with medical school.

Could you please share with us the top ten answers to questions such as the use of our Davison money, excuses for being late, etc.?

—Your most ardent fan

Dear Ardent,

Here are a few. Eat your heart out, Letterman.

QUESTIONS YOU WOULD MOST LIKE TO ASK INFORMATION (411)

10. What is the best remedy for a severe hangover?
9. Which way is really up? I'm sort of confused.
8. Do you believe in petting on the first date?
7. Can men and women really be friends? Please, be honest.
6. Is it more nature, or nurture, which determines our outcome?
5. Why do beer companies sponsor all of the big sporting events? Am I supposed to consume the delicious nectar as a vicarious participant, or encourage my idols to loosen up with a ha-ha before pro games?
4. Do you really think that Bill Laimbeer is the greatest of all time?
3. What came first, the chicken or the egg?
2. When will Hong Kong be fully given over to China?

AND THE NUMBER ONE QUESTION TO ASK INFORMATION (411)...

1. Where can I get a cold brew and a roachless motel when I pass thru your overrated town?

THINGS YOU WOULD LIKE TO FUND WITH ALL OF THOSE DAVISON COUNCIL DUES

10. Sorority Babes From the Slime Bowlorama II
9. Deans-only ethic groups
8. More peppermint patties for the candy room.
7. Head rests for the amphitheater seats.
6. Travel reimbursement for trips to the coast: 26¢/mi.
5. Good beer at social functions.
4. Scholarship money for three-sport I.M. athletes.
3. Cheerleading uniforms for our faithful following.
2. Progress reports sent home after every test. Yeah, great Eric.

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AND THE NUMBER ONE RECIPIENT OF HOPEFUL DAVISON FUNDING...

1. A LITTLE RESPECT AT DUKE GAMES. Slip the head honchos some green. Pay off Dick Vitale to focus on the grad student section. Maybe we can hire some creative undergrads to write us some really original, witty and biting cheers that we (the seventh man) can yell. Then again, maybe not.

THINGS YOU WOULD MOST LIKE TO SEE ON POINTS AS A GRADUATE STUDENT

10. Beer at the Hideaway.
9. Beer at Satisfaction.
8. Hepatitis vaccines.
7. Coffee anywhere.
6. Condos at Walden Pond.
5. Trips to the coast. We should arrange something with Exxon or Shell.
4. Durham Bulls games.
3. Parking tickets. Do you think I want to pay cash for that administrative travesty, which my status as a med student should exculpate?
2. Time Out. Get your cardiac fries without uncrumpling your lint-laden legal tender on those late weekend evenings.

AND THE NUMBER ONE BENEFICIARY OF A GRAD STUDENT POINTS SYSTEM...

1. A Ticketron outlet at Duke South to grab some concert tickets to Walnut Creek Amphitheater.

CAREERS THAT YOU COULD PURSUE IF ONLY YOU WERE NOT A MEDICAL STUDENT

10. Vice president of the United States of America.
9. Arnold Schwarzenegger or his spouse. Not a bad lifestyle when you think about it.
8. Depending on your gender, a nursing instructor or a football/hockey/lacrosse tutor-full time.
7. Bartender/barmaid.
6. Lawyer. Anyone who really responds positively to this one was never meant for medicine or law. You may have a career stuffing envelopes.
5. Mafia kingpin.
4. Information operator.
3. Driver of the Olympia Beer truck. Why do I feel such a kinship to this guy? Probably because I pay his salary.

(Continued on back page)

August 1991

Hippocratic Oath

I do solemnly swear to be just,

*(I remember Bill
who swore to
quit drinking this time
and I had to tell him
it was too late.)*

to respect privacy,

*(I remember Sue
who was so obese
she couldn't get up
and almost died
refusing to see the doctor
out of shame.)*

to care,

*(I remember Chris
who survived bladder cancer
only to die of lung cancer
and when I told him
he said he already knew.)*

for the good of the sick and the well,

*(I remember Rob
who lost control
of his mind at 22
and refused to be normal
and never will be.)*

to the utmost of my abilities,

*(I thank you
who trust me
when I don't know
how to care for you -
and I will remember.)*

Holly Lisanby, 6/25/91

• August Calendar of the Arts •

Art Exhibits

Mars Display Case (1st floor Duke North): Works by members of the Triangle Weavers Guild.

New North Display Case (1st floor Duke North): Photographs by Katie Reed.

Rauch Display Case (1st floor Morris Building): Woodwork by Mike and "Skeeter" Houston.

Music

August 11: The Paul Jeffrey Jazz Quintet will play at 5 p.m. in the Sarah P. Duke Gardens (Rain location-Nelson Music Room).

Film

August 8: Freewater Films presents "Chinatown" at 8 p.m. in the Griffith Film Theater (free with Duke ID).

Literary Lunchtimes

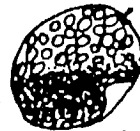
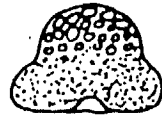
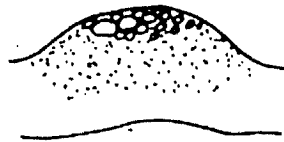
Fridays at noon in the administrative conference room, 14218 Red Zone. Call 684-2027 for copies of the short stories.

August 9: "The Bubba Stories," by Lee Smith.

August 16: Poet Paul Jones will read. Paul's chapbook, *What the Welsh and the Chinese Have in Common* was a NCWN winner.

August 23: Open reading and the poetry of Adrienne Rich.

August 30: We will spend three weeks on the novella, *A Month in the Country*, by J. L. Carr, "a haunting tale about the compensatory joy of the artist." Prescribed by Dr. Frank Neelon. To purchase a copy of the book, call 684-2027.



dullness



dullness

A. Distribution of Tympany B. Bulging of Flanks C. Shifting Dullness

Dear E Bach (continued from page 10)

2. Writer for "Sports Illustrated." Might not be a shabby avenue for meeting the person of your dreams. AND THE NUMBER ONE WISHED-FOR OCCUPATION IF YOU WEREN'T A MEDICAL STUDENT...

1. Dancer for the "C and C Music Company's" videos. In your dreams, Hoss.

TOP TEN EXCUSES WHEN ONE IS TARDY FOR CLASS OR ROUNDS.

10. I don't feel tardy.
9. I woke up early, but I was twenty miles from home.
8. The darned PRT broke down in a flash monsoon.
7. I thought that promptness was out in the 90's. Ever hear of fashionably late? Works great for parties and dinner get-togethers.
6. I went to the library to do some reading. Right, Slim.
5. This daylight savings time is wreaking havoc on my circadian rhythms.
4. These early classes are wreaking havoc on my circadian rhythms.
3. I had to go downtown to run an errand. (This one always works-see, everyone knows that going downtown is day-long affair.)
2. There was a killer "Two-fer" on RDU (name your

favorite group or one that your resident/teacher might allow as an excuse.) Note: K.C. and the Sunshine Band will never work. Here's a guideline for ages.

50 and over—I have no idea. Show tunes? Ella Fitzgerald? Try Bing Crosby's USO tour to pass at the VA.
40+—Elvis, the Everlys, Neil Sedaka. You really need to be full of it for this one. RDU doesn't play this stuff.
30+—You may have an ex-Woodstock buff. Hendrix, The Doors or Janis Joplin will please almost any crowd.
20+—Don't worry. This person has little business teaching you. Talk basketball.

AND THE NUMBER ONE EXCUSE FOR TARDINESS...

1. I placed out of rounds/class.

As usual, I welcome your inquiries and hope that my insights have been read.

I would like to extend a hearty welcome the incoming first year students. You'all have a chore if'n you want you should keep up with the class in front of you'all (please excuse my lapse into North Carolina dialect).

I remain, as always, indubitably and unequivocally,
Sincerely yours,
E Bach