

Shifting Dullness

September 1992



MSI's lunch as Davison looms.

- Robert Knox (1791-1862), a Scottish anatomist and anthropologist residing in Edinburgh, was born on the fourth of September. Like many anatomists of the time, Knox had contacts with "resurrectionists," who obtained cadavers surreptitiously. When the activities of a pair named Burke and Hare who murdered to obtain the bodies sold for dissection were brought to light Knox was accused of complicity. Knox was eventually completely exonerated, but his prestige was irretrievably damaged and he never regained his former status as one of the most famous anatomy teachers of his time.

- William Stewart Halstead (1853-1922), the well known surgeon who taught at John Hopkins, was born on September 23 and died on the seventh of this same month. Halstead was the first to introduce the use of rubber gloves to the operating room. At first they were used to protect the hands of the operating room nurse who was to become his wife, but after a student suggested that they be used by operators since they could be sterilized, they were worn by surgeons as well.

- Rifer von Basch, the first to measure human blood pressure, was born on September 9, 1837. In 1733 the clergyman Stephen Haies inserted a hollow tube into the neck artery of a horse and watched it rise nine feet in a glass column, but it was 143 years before Basch created his "sphygmomanometer" so that human blood pressure could be measured without breaking the skin. This device was refined by Scipione Riva-Rocci in 1896, who he defined systolic blood pressure; in the 1950s Korotkoff used a stethoscope to achieve a more accurate systolic reading and detect the diastolic blood pressure as well.

- Thomas Sydenham (1624-1689) was born on September 10. He believed that observational skills and experience were far more valuable than scientific theories. He also dismissed microscopic anatomy as inferior to visible anatomy readily correlated to the patient's state of health. His attention to bedside medicine rather than theory along with his detailed descriptions of gout, influenza, measles, scarlet fever and other conditions earned him the title the "English Hippocrates". Sydenham also showed himself to be a follower of Francis Bacon in his assiduous collection of random scientific facts until he could generate a generalization through induction. Sydenham believed that health and illness

depended on the character of the air and food, the amount of exercise, rest, sleep and alertness, the retention or evacuation of bodily fluids, and the calmness or perturbations of the mind. His reputation allowed him to influence strongly the clinical practice of his time.

- Walter Reed (1851-1902) was born on September 13. When the United States occupied Cuba after the Spanish-American War yellow fever became a major problem, Reed was made the chairman of a commission sent to seek a solution. A mosquito was claimed to be the vector for this disease by the Venezuelan Beaupurthy in 1853, and it was identified as *Aedes aegypti* in 1881 by the Cuban physician Carlos Finlay, the commission confirmed this fact by devising human experiments that were carried out on members of the commission, soldiers of the occupying force, and civilian employees.

- The coca leaf was used by the Incas to calm and stimulate, but it was not until the 19th century that cocaine was purified by Pierre Robiquet. It was first used as an anesthetic on September 16, 1884, when Karl Koller applied it topically to the eye; Sigmund Freud had studied its anesthetic properties before this point but did not pursue the work. Shortly after this Halstead injected it into nerve trunks to block sensation, and in 1898 it became the first drug to be injected into the spinal canal. Once cocaine's dangers and habit forming characteristics were discovered other more benign anesthetic agents were developed.

- Anton Van Leeuwenhoek (1632-1723), first described microorganisms on September 17, 1683. A cloth merchant in Delft, Holland, Leeuwenhoek spent his spare time making lenses for microscopes so efficient that they were unsurpassed until the 19th century. In addition to describing microorganisms he was the first to recognize blood corpuscles, studied spermatozoa and noted the striations on skeletal muscle.

- Ivan Pavlov (1849-1936) was born in Leningrad on September 26. After studying in Germany he became professor of pharmacology and then of physiology at the Military Medical Academy in Russia. While he made detailed investigations on the heart, liver, pancreas and alimentary tract his most famous work was on the conditioned reflex.

1. Our class conveys sympathy to Chris Ervin, who lost his father August 25, 1992.
2. **The Student Directory** is being compiled by the Dean's office. Please contact Linda Chambers to relay your current address and phone number.
3. **AOA elections** are soon- watch for details and ballot in your box.
4. **Don't miss III**
 - Student-Faculty Fall Tennis Tournament on September 20, 1992.
 - application deadline for Michael R. Nathan Memorial Fund Award is September 15, 1992. Contact George Parkerson, MD, for application.
5. **Residencies, anyone?**
 - Additional postcards to request residency applications are now available in CTL.
 - The Medical Alumni Host Program has compiled a file, located in the Dean's office, of Duke alumni 'cross country who would like to host Duke medical students during residency interviews.
6. **CONGRATULATIONS** and BEST WISHES and LONG LIFE and HAPPINESS and ETC. TO:
 - Kenji, who got married this August!
 - Brian B. and Alex who are getting married (not to each other) this September!
 - Scott D. who just got engaged! (Wedding date still to be set)

IM Sports News

Steve Lee

Congratulations to our two softball teams for killer seasons. The Duramatters, led by captain Phil Belmont won the post-season championship in a thrilling game featuring the talents of Ted Passe and Scott Lunin. Kenny Boockvar and Steve Lee headed the "Duke Med" to a fun, exciting and mud filled season. With the bat of Lou, the cannon of Maggie Lee, and the quote of the season from MAC ("Tag his ass") it was fun for all, except for those who lost eyes.

Next up, its IM flag football, volleyball and soccer headed by captains Carl Hasselman, Maggie Lee and Chris Woods respectively.

SEPTEMBER:

- 1) Recognizing Domestic Violence In the Office Setting
Speaker Kit Gruell of Durham Coalition for Battered Women
Wed. Sept 9, 7:30 pm Rm 224 Green zon
- 2) Training and Educational Session for AMSA's Immunization Program
Speaker and Advisor Dr. Dennis Clements, Duke Pediatric Vaccine Unit
Wed. Sept 23, 5:15 pm Rm 224 Green Zone

OCTOBER:

AMSA Southeast Regional Conference III
Oct. 16-18, cohosted by Duke and UNC AMSA
Speakers will include Dr. D. Sabiston on Major Contributions to Medicine by Medical Students and Dr. B. Bruckmeyer on Migrant Worker Health...

Any questions? Call Rebecca Usadi 382-7305 or Andrew Shiller 286-2322.

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Engel Society Bridges Student/ Faculty Gap ——— Kenny Bookvar

Dr. Frank Engel, a Duke Professor of Medicine who had a particularly close relationship with students, established a fund some years ago to encourage interaction between faculty and students. Today the "Engel" Society consists of 12 Duke faculty members and 12 Duke medical students (6 MSIII's and 6 MSIV's) who meet two to three times a year over dinner to discuss subjects of medical interest. Last year dinner speakers included Dr. Ralph Snyderman, DUMC Chancellor for Health Affairs, who spoke about the long term future of Duke University Medical Center.

New members are elected by faculty and students currently in the society, and election is based on "excellence in academics," according to Mike Berend, former medical student president of the group. Faculty members are elected for three year terms. Current



faculty in the society include Nancy Allen, Assistant Professor in the Division of Rheumatology and Immunology, C. Skip Burton, Assistant Professor in the Division of Dermatology, James Douglas, Assistant Professor in the Division of General and Thoracic Surgery, John Falletta, Professor in Pediatric Hematology/Oncology, Lizzie Harrell, Section Head of Microbiology and Immunology in the Microbiology Laboratory, Dirk Iglehart, Assistant Professor in the Division of General and Thoracic Surgery, Harry McPherson, Professor Emeritus in the Division of Endocrinology and Engel Society faculty moderator, Tom McIntosh, Professor in the Department of Cell Biology and Delbart Wigfall, Assistant Professor in Pediatric Nephrology. Students participate for two years, as MSIII's and MSIV's. Dinners have been held at the Regulator Cafe in Hillsborough, Shug's in Chapel Hill, and the North Carolina Museum of Art in Raleigh.

DUMC Professor Wins Alton Achsner Award

This year, the Alton Achsner Award Relating Smoking and Health, one of the largest monetary honors in the United States, has been awarded to Theodore A. Slotkin, Professor of Pharmacology and of Psychiatry at Duke University School of Medicine, and to Murray E. Jarvik, Professor of Psychiatry and of Pharmacology at UCLA.

Dr. Slotkin is honored for his pioneering work that demonstrated the harmful effects of maternal smoking on the fetus. His research has related nicotine to growth retardation, birth defects, and damage to the fetal nervous system, demonstrating that birth defects could be produced by lower amounts of nicotine than those affecting growth. His work went on to demonstrate the insidious role of nicotine in producing the behavioral and nervous system damage associated with maternal smoking. Dr. Jarvik is honored for his work on recognizing nicotine addiction and treatments for its alleviation.

Prior recipients of the prestigious award have been honored for their work in demonstrating the relationship between cigarette smoking and lung cancer; emphysema, the functional impairment of the lung by smoking; and the identification of several important enzymes and chemicals naturally produced in the lung that are destroyed by cigarette smoking thereby leading to lung diseases.

Recipients were selected by the Award Committee chaired by Dr. Claude Lenfant, director of the National Heart, Lung, and Blood Institutes of Health.

The Alton Achsner Award Relating Smoking and Health was named in honor of the late Dr. Alton Achsner, one of the founders of the Achsner Medical Institutions in New Orleans, La., and the first physician to relate cigarette smoking to lung cancer. Since that time, others have related cigarette smoking to many other diseases.

The award, which includes a medallion, scroll, and \$15,000, is made possible through a grant from Marion Merrell Dow Pharmaceuticals Inc., and will be presented to the honorees at the annual convocation of the American College of Chest Physicians in Chicago on October 26, 1992.

● Announcements ●

AOA NOMINATIONS

The Duke Chapter of Alpha Omega Alpha, the national medical honor society, will be electing new members from the third and fourth year classes. Membership is limited to one sixth of the graduating class. Please check your Duke mail box for applications. Additionally, nominations will be accepted from members of the third and fourth year classes for distinguished faculty, housestaff and fellow medical students to be elected to AOA. Return nominations and applications as soon as possible. If you did not receive an application or know of an interested student studying away, please contact Mike Scard (489-8172) or Pat Burks (684-2412).

STUDENT/FACULTY TENNIS TOURNAMENT

The Davison Club student-faculty Fall tennis tournament will be held Sunday, Sept. 20 at the West Campus Tennis Courts. Please sign up by Sept 15 in the Candy Area if interested.

RESEARCH FELLOWSHIPS

AOA research fellowships are being offered to first, second and third year medical students who are not enrolled in an MD/PhD program and who submit a proposal. Up to twenty-five fellowships of \$2000 may be awarded. An application must include a one-page outline of the proposed project, a curriculum vitae, a letter of support from the faculty supervisor, a letter of endorsement from the AOA councillor and dean. Submissions should go to: AOA honor medical society, 525 Middlefield Rd, Suite 130, Menlo Park, CA 94025 and be postmarked by 1/15/93. The department of Emergency Medicine at Mt. Sinai is offering a \$1000 award for the best submission by a student describing and discussing an acute care situation. For more information, inquire at the Deans Office.

STUDY AWAY

Two awards are available for third or fourth year students who choose to study abroad. The Allen Travel Award is for students traveling to Africa for research-clinical study of health care. The Davison Scholarship is for eight weeks of clinical study away. Elective booklets from other institutions across the United States are now available in the Research Reading Room of the medical center library. If you have any questions about study away, see Barbara Gentry in M129.

Shifting Dullness

ESSAY CONTEST

The AOA will be sponsoring a national contest in which medical students may submit essays on non-technical aspects of medicine, such as ethics, education, philosophy, etc. Students need not be AOA members to apply and submissions, which should be less than 15 double-spaced pages, must be submitted by 1/31/93. The winning essayist an all-expense-paid trip to a national medical meeting of his or her choice and a \$750 honorarium. The original and four copies with appropriate identifying information should be sent to Dr. Robert J. Glaser, Editor of *The Pharos* 525 Middlefield Rd, Suite 130, Menlo Park, California 94025.

FAMILY MEDICINE INTEREST GROUP

Would you like to be adopted by a practicing family medicine physician? The Adopt-a-Medical Student program allows students to establish a long-term relationship with a practicing doctor in the field of family



medicine. This program is designed to provide students with additional exposure to primary care, that is often lost, and enable them to retain interest in this field. Please contact Moshe Usadl (382-7305) or Judy Bunn (800-872-9482) for more information.

LEARN SAFETY SKILLS

A self defense mini course, sponsored by the Davison Council will be held in the Safe Skills Center on Sept. 20 from 10 a.m to 2 p.m. Please contact Kelly Michelson at 383-0201 for more information.

•**Cystic fibrosis has a new animal model.** Breeding mice to homozygosity of a disrupted CF transmembrane conductance regulator (CFTR) gene results in loss of cAMP-activated chloride secretory responses. Signs include failure to thrive, meconium ileus, and obstruction of glandlike structures. In contrast to humans with CF, who usually die of lung infections, most mice in the studies succumb to intestinal obstruction. Nevertheless, pulmonary changes are evident, and the animals may be used to study pathogenesis and new therapies (J. N. Shouwaert et al., *Science* 257, 1083 (1992); L. L. Clarke et al., *ibid.*, p. 1125; M. Barhaga, *ibid.*, p. 1046; *NY Times*, 8/22/92, p. L9).

•**Ritodrine in preterm labor does not decrease perinatal mortality significantly when gestational age is above 28 weeks.** Infants were evaluated at 18 months. Although the tocolytic, beta-adrenergic agonist inhibits uterine contractions for 24-48 hours, a placebo-controlled study of 708 women with preterm labor also showed that incidence of chest pain and cardiac arrhythmias increases in treated women. In addition, potentially fatal maternal pulmonary edema occurs in 3-9% of cases. The drug may still be useful after 28 weeks gestation if time is needed to administer glucocorticoids or other treatments

(Canadian Preterm Labor Investigators Group, *NEJM* 327, 308 (1992); K. J. Leveno & F. G. Cunningham, *ibid.*, p. 349).

•**Tuberculosis gene encoding catalase and peroxidase restores sensitivity to INH in a resistant mycobacterium.** Researchers used molecular biological techniques and the *M. tuberculosis* gene, *katG*, to produce the results in *M. smegmatis*. The work was supported by the finding that *E. coli*, which is normally insensitive to INH, becomes susceptible when *katG* is over-expressed. Other forms of resistance may also occur, and sensitivity in *M. tuberculosis* has not yet been achieved. If much resistance to TB indeed occurs through conversion of INH to a biologically active form, scientists can try to synthesize the metabolite directly (Y. Zhang et al., *Nature* 358, 591 (1992); B. R. Bloom, *ibid.*, p. 538).

•**Mivacurium chloride (Mivacron) is a short-acting neuromuscular blocker.** This nondepolarizing drug, now available for intubations and other short procedures, takes 2-3min to compete for cholinergic receptor sites. Bolus doses (0.15 mg/kg) can cause histamine release. Metabolism occurs by plasma cholinesterase. Succinyl choline remains the drug of choice for rapid induction of anesthesia (*Medical Letter* 34, 82 (1992)).

Robert Koch (1843-1910) in his laboratory, in a late 19th century magazine illustration



Cultural Calendar

MUSIC

- September 18: Virtuoso Baroque Concert at 8 p.m. In Nelson Music Room.
- September 24: Early Music at Duke, Peter Williams, Harpsichord at 8 p.m. In Nelson Music Room.
- September 25 Pete Yellin, Alto Sax and the Duke Jazz Ensemble at 8 p.m. In Nelson Music Room.
- September 26: Hsalo-mei Ku, Violin, Faculty Recital at 8 p.m. In Nelson Music Room.
- September 26: Hexagon - Chamber Arts Society at 8 p.m. at Reynolds Industries Theater, Bryan Center. Box Office 684-4444.
- September 29: Emanuel Ax & Yo-Yo Ma at 8 p.m. In Page Auditorium. Box office 684-4444.
- October 8: Lecture by Peter Williams at 8 p.m. In 104 Biddle Music Building.
- October 10: Indigenous Instruments at 8 p.m. In Nelson Music Room.

ART

- 107 Bivins Building: Exhibitions of contemporary artwork.
- September: Photographs by Scott Taylor. October: Illustrations by Wen Hai Ma
- Foundations Gallery — North Carolina Clay 1992. An exhibition of 350 works by North Carolina clay artists
- Mars Display Case I Duke North — Bob Blake watercolor paintings.
- Mars Display Cases II & III Duke North — Triangle Weavers Guild.
- Eye Center Display Case, DUMC — Bob Stanck exhibition of wood carvings.
- Duke University Museum of Art — American Art before Columbus: Mexico to Peru. Sept. 11 - Jan 3.
- North Carolina Museum of Art — Knowledge: Aspects of Conceptual Art. Aug 8-Oct 25. Also: From the Ground Up: Experiencing Architecture. Until July 3.

LITERARY LUNCHTIMES

- Fridays at Noon, Deans' Conference Room, M133 Green Zone, Duke South
- September 18: Awards ceremony for Write Us A Poem competition.
- September 25: "Traceleen at Dawn," short story by Ellen Gilchrist.

DANCE

- September 18: Performance Artist Fred Curchack in "What Fools These Mortals Be" at Reynolds Industries Theater.
- September 25: Li Chiao-Ping Dance at Reynolds Industries Theater.
- October 2: "Spirits Crossing," with Tiye Giraud and Juan Lazaro. Music of today with African and Bolivian roots. Sheafer Theater, Bryan Center.
- October 8-9: Skies, Crises, Mysterles and Some Horses: An Evening of Dance by Clay Tallafiero at Sheafer Theater, Bryan Center.

FILM

- Freewater — All films are shown at 7 & 9:30 p.m. In Griffith Film Theater, Bryan Theater. Free to Duke students with ID.
- September 15: The Go-Between
- September 17: Batman (1966)
- September 18: City of Hope
- September 22: Secret Places
- September 24: Here Comes Mr. Jordan (1941)
- September 25: Naked Lunch (7, 9:30, and midnight)
- September 29: Mary, Queen of Scots
- October 1: The Fly (1958)
- October 2: Mike and Spike's 1991 Animation Festival (7, 9:30, and midnight)
- October 3: The Ghost and Mr. Chicken
- October 6: A Room With A View
- October 8: Cousin, Cousine
- October 9: Shadows and Fog. Animal House (midnight)
- October 13: Stevie
- October 15: Cape Fear (1962)

DUKE GARDENS

- The Sarah P. Duke Gardens are open free to the public daily from 8 a.m. until dusk.
- October 3, 10: Fall sale: chrysanthemums, bulbs, and other plants. From 9 a.m. to noon.
- October 10-25: Peak of chrysanthemum bloom.

Children < God (Patois, cont.)

"Despite the fact that this unfortunate gentleman's doctor has neglected to determine a blood pressure, let alone check for pulsus paradoxus, he has correctly guessed that this is, as he puts it, a 'respiratory event'. While we allow our tech the luxury of a controlled intubation, would Mr. Stand by your Man think it beneath him to draw the first blood gas?"

Codes are a team sport, which is okay, provided you get to choose your team. Even if his pressure wasn't shocky, he didn't have great pulses, and if I went femoral, which would be easiest, they would all question whether it was venous. Brachial was another success story unavailable - the RT himself could have used it but I have given up attempting it when another doctor is in the room - it elicits the SYCOHA ("Stop! You'll clot off his arm.") reflex, which is surprisingly common among health-care providers despite having almost no factual basis. (If you're going to give objections, at least give the right ones: See *Southern Medical Journal* 77:786-89 for the best discussion, and note in their case report that NO THROMBUS WAS FOUND.) Eventually, like you're doing, I said, "Look, it's just a blood gas."

Even at the wrist, though, I was struck by indecision - should I hump it with Kerlex (which I never did) and invite ridicule, to detour cries of "Why didn't you prop it up?" If, heaven forbid (or maybe heaven had a part in this, maybe God was casting for *Job II*), I wasn't successful the first time? Were they going to follow Indian hot tub rules for the post-Povidone wait (five minutes for temporary sterility)? Jesus, I thought, you've done this a million times in front of the people who trained these dead beats, just stick the damn artery.

I removed the watch from his left arm (I wasn't crossing over to the other side), noting that the nurse had put it on the wrong way when he came up from the emergency room. It was a Movado, stainless steel band, which seemed somewhat incongruous for what was for all outward appearances a subsistence level farmer.

"Your time is up," I whispered to myself. The needle was flung, and blood immediately spilled into the barrel, each wave pushing at the plunger like linemen greeting a blocking sled. My confidence, flagging, was restored, and I exhaled audibly. Then, for some reason, the flow

stopped.

I use a Marksman syringe, because it has a sharp tip and a small gauge and you can cradle it like a pencil. Making the blood do mechanical work after a strike appeals to me also - I have never pre-set the plunger. I like to watch it fill, imagining that it's a new form of energy I've entrained. The watching is a reward for the fear, not of causing pain - by now, the arterial stick is nothing more than taking bodkin to leather, as insensate as the earth pierced through and through by a javelin - but of the unknown, that goes with every blood draw.

There are three failures in needle work (viz. failure to locate, failure to procure, failure to protect) that are your responsibility. Failure to locate is, up to a point, a geographical concern, but the best blood men are risk-takers, not geographers. As Edgar Owen said of the early oil wildcatters: "A hunch and the nerve to act on it were vital qualities in prospecting." Failure to protect is stupidity or clumsiness or poor preparation (delay leading to clotting in the syringe, filling the wrong tube, entrusting an important sample to a messenger) that renders previous success meaningless. It can only be learned through experience, as the time I got a blood gas and promptly squeeze it from the tube while rushing to cap it. Thankfully, performed once, a similar act is never repeated.

Of the three, failure to procure provides the most opportunities for open conflict. Right off, failure to procure should be distinguished from the anesthesia department's lament, "I got a flashback, and then when I went to advance - poof," which translated, reduces to, "I am inept." With the former, the vessel is cannulated (or at least violated) and makes promises, but after an initial volume, or show, of blood, SOMETHING occurs (The interpretation of something depends on the magnanimity of your resident. A kind one will blame it on spasm and give testimony. A maladjusted one will accuse you of being unsteady, and make you suffer through minutes of repositioning. Both when this happens to them will blame the equipment and yell at the nurses.), and depending on what you wanted, either the line is useless or the yield is inadequate to run labs on through regular channels.

(see Children, p.9)

Children (from p.8)

I am good, extremely good, at needle work but with a twist. Either I get it the first time (the most frequent occurrence, which is why I'm so vaunted) or I never get it, ever. When the blood stops midsentence, I don't analyze. If it's a gas and I can move it, I take what I have to CPED, the only lab where a little primping and empty praise gets them to hand-roll it into the machine. If pressed, I would attribute the SOMETHING to punishment, or comeuppance, for an almost uninterrupted run of success. There is rarely failure with the Marksman, but occasionally, after about .3 cc, the filling stops, and it is no use aspirating. That's all you get.

"Good catch," the SAR said, "Throw it back. We can't use it."

Flashback: I am stooped over on the toilet in the men's room, drawing 20 cc of blood from my arm for a set of perfunctory (slight fever), unwarranted (day of discharge, no other complaints) cultures ordered by my resident on one of my patients. She does not want me to draw them, it is ridiculous to charge her for a lab that no one will follow up on, and I can't get blood after three tries, although she doesn't know any better, because her head is turned away and I tell her after the second miss that I need "just a little more." I am angry at myself not for coming up with this idea now, after three attempts, but for lacking the courage to do it when I first thought of it, which would have saved a lot of time and bother.

You go into a kind of depersonalized, jittery funk when donating blood, your brain broadcasting mind static to x-out the illegality or implications of what is taking place. There I am gnawing at the tourniquet with my teeth like a damn junkie, laughing my only concern whether I should include the words "Budgetary constraints" in my explanation if someone sees into this stall. I slept well that night, thank you, and the cultures grew out contaminants.

"Strong show," I corrected, "derived from the Texan, from oil showings, or pockets of oil, encountered in test holes. These create excitement but are not commercially exploitable. The show is either strong or weak, not good or bad. Here's the jargon, now go fish: Searching for a vessel is not a water sport. It is prospecting for a valuable commodity beneath the ground, an activity too similar to oil exploration to deny the rich metaphors of. Examples (some already given) abound: In both enterprises, the tendency to concentrate the most intense activity at anticlines, and go deeper after initial failure. Oil men speak of the "dry hole" and of "drillers feeling their way" at a new site and the well "comin in" - We could revitalize

our exchange with euphemisms (assigning blame to the vagaries of the substratum, wildcatters say a dry hole next to a productive well is "off the structure") and terminology (needles as drills, i.v. poles as derricks, catheters as casing, and pumps as donkeys) borrowed from drilling."

I didn't really say that. I start-and-stopped a second time, mute, at the same site (calculate the odds of that happening), but by then, my resident had returned and they had lines and whatever blood they needed from below. Actually I didn't say anything, since my coping mechanism for humiliation is to stand there pathetically, abjectly silent, averting my gaze from imagined tormentors, staring through them to the middle distance. In my sweetly paranoid way, I figured they would tell the oroner that I had killed him, and explain the lack of CT findings supporting pericarditis at conference by accusing me of taking his place in the scanner. (Naturally, the family would refuse an autopsy after he died the next day.)

At that precise moment, exactly at that instant, the meaning of "despair", which had floated out of reach (unformed, illusive) my whole life, ventured too close and, like the eagle circling the drowning Pequod, was trapped "between the hammer and the wood."

de•spair (d' spâr) n. The concurrent discovery of a universal truth - that unless you play, you have no chance to win - and an unalterable fate - that every time you play, you will lose.

I had to get out of there, and I swear the best excuse I could manage was something about as banal as "I better take this watch to his wife." I was so preoccupied I almost left the floor with it, his wife's "Hey" stopping me as I passed the waiting room.

Having just experienced devastation, I could feel real sympathy for her, and for the first time in medical school, I read my throwaway line "Is there anything I can do?" with contrition, not aloofness.

"There is nothing you can do," she said flatly.

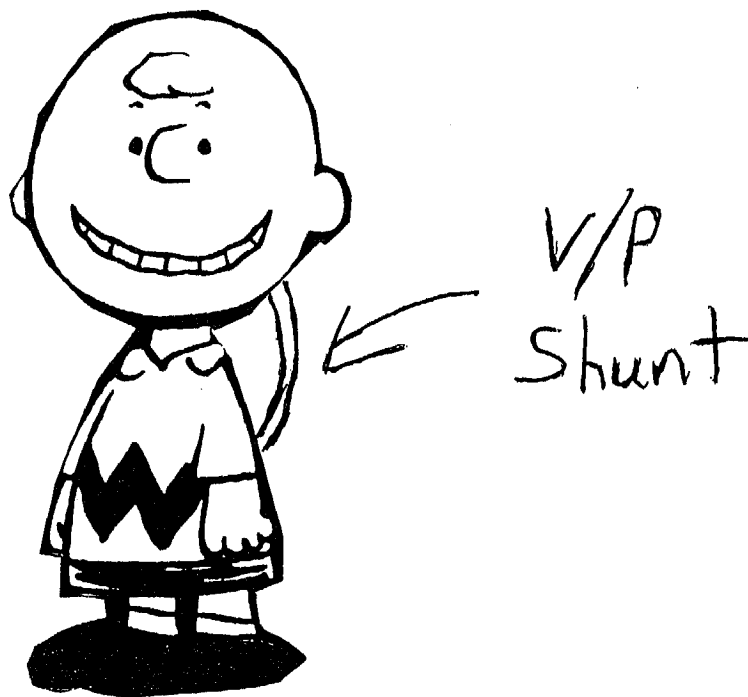
Her location allowed her to see and hear into his room, and as I looked at the watch, the moon reflected in a pool of ink, I must have been unconsciously running my index finger over the words engraved on the back of it, or why, fighting back tears, did I keep repeating the name of the jewelry store in my hometown?

-HMS

When Comics Come to Duke

Few people open a newspaper and actually read the news first. Almost everyone flips open to the comics first. It is possible that this is simply because they provide a rapid injection of enjoyment with minimal effort on our part. Or perhaps, the comics represent a safe and secure microcosm into which we can retreat for a few minutes. A world where nothing bad ever happens and characters are young forever. At Shifting Dullness, we began to wonder what it would be like if this little world were to collide with reality in its ugliest form. Specifically, what would happen if familiar cartoon characters were evaluated and treated at Duke.

*Charlie Brown presented to Duke pediatrics for a standard yearly check-up, when an eager new MSII in the clinic, while diligently performing all parts of the exam, discovered that his head circumference was a good 3 standard deviations above the mean. A subsequent MRI demonstrated greatly enlarged ventricles and Charlie Brown was given the diagnosis of congenital non-communicating hydrocephalus. Upon being told of his misfortune, Charlie Brown commented, "Well, everyone has always called me a blockhead; and I guess the block was in my Sylvian aqueduct." Consults ensued from Peds Neuro, Peds ENT, Peds Heme-Onc, Peds Psych and Neurosurgery. After considerable debate regarding the potential pros and cons associated with treating a syndrome that appeared stable, it was decided that a VP shunt was in order, since Charlie Brown's chronically dysthymic mood was likely to be a result of his hydrocephalus. All involved were sanguine that a release of pressure would ultimately result in a happy, well-adjusted teenager, like Archie Andrews. Charlie Brown tolerated the procedure well. However, upon returning home, his course was complicated by a fulminating encephalitis which was felt to have been caused by an unidentified zoonotic organism from Snoopy. The infection was unresponsive to antibiotics and the patient is currently being maintained in a persistent vegetative state in the PICU.



*Dennis the Menace was brought to Duke by his worried mother with the complaint that he has failed to reach puberty and has, in fact, acted like a six-year-old for over 23 years. Following a grossly abnormal hormonal evaluation, the child was found to have normal ovaries and a uterus by ultrasound, qualifying him as a true hermaphrodite - a genuinely rare finding. His strip will soon be renamed Denice the menace.



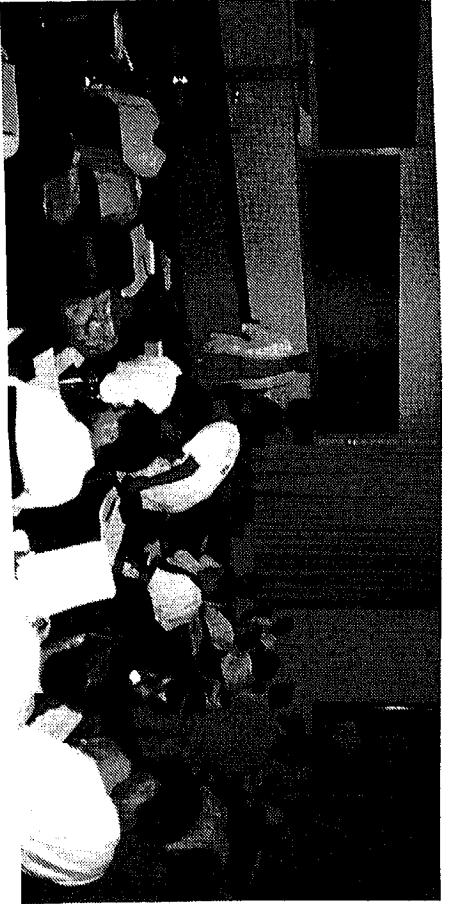
"Hmm . . . No Beard
Yet!!"

*Popeye the Sailor presented to the V.A. screening clinic, looking as tan and muscular as ever, but complaining of some mild dyspnea and a nagging cough. A chest film demonstrated a football sized mass along the right hilum. Further studies revealed this to be a small cell carcinoma producing an SVC syndrome. In fact, Popeye's impressive tan was really venous stasis and his massive upper body musculature was found upon more careful examination to be pitting edema. Risk factors include smoking a pipe day and night and being a vet. Popeye, when informed of his grave diagnosis, casually quipped, "Ahh well, at least I don't have the clap again." Heme-Onc recommends high dose spinach chemotherapy.

*The Simpsons became a true Duke fascioma, when Maggie's neonatal screening exam reported her to be hyperthyroid. Subsequent evaluation of the family found that each member had a clear-cut case of Grave's disease. Currently, an extensive work-up is being conducted to search for a genetic/environmental etiology for this hitherto undescribed phenomenon. The only report of a comparable cohort in the literature was that of George and Barbara Bush.

*Opus the penguin reported to Duke in an attempt to once and for all get to the bottom of his flightless status. During the course of his work-up, Opus underwent a brain MRI. Although the penguin carefully checked his person for metallic objects before entering scanning area, both he and the radiologist completely forgot about the magnetic receptors behind the optic orbits of all birds that are so crucial to their orientation. While being scanned, all of his magnetoreceptors were subsequently aligned with the polarity of the MRI, producing an unhappy neurologic deficit causing the patient to face plant whenever attempting to walk. Opus was discharged on Alprazolam, however the medicine was soon stolen by Bill the cat.

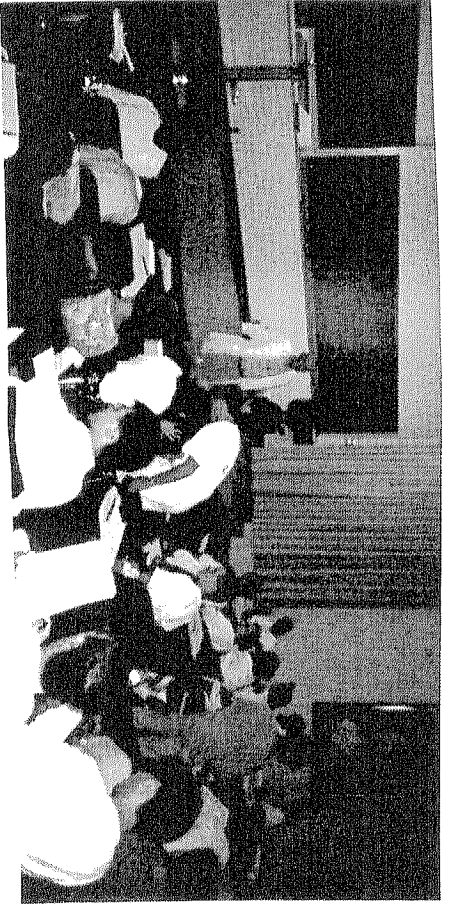
—Greg Lucas and Kenny Boockvar



"Free-rad" Fridovich dismutates for first years.



Amphitheater anarchy.



"Free-rad" Fridovich dismutates for first years.



Amphitheater anarchy.