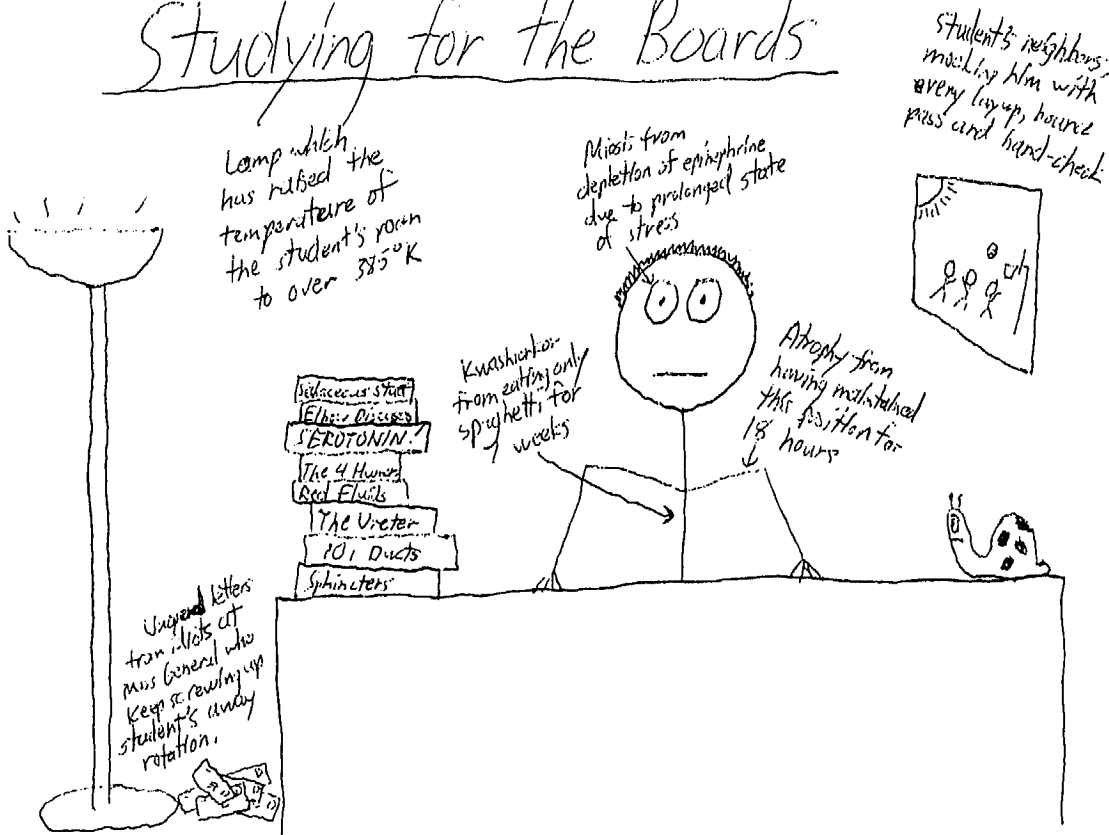


Shifting Dullness

June, 1997

The fantastic Jeff and Mike are studying for the Boards issue!

Studying for the Boards



Inside this Honduras-free issue:

- A correspondence with Dr. Reves (p. 6-7)
- New! Alumni Corner! (p. 5)
- The classic Drayer/Morowitz antioxidant debate (p.12)
- Nothing about Honduras (p. 2)

Plural Effusions

Jeff Drayer

I used to be a well-rounded person. I used to enjoy listening to music, walking outside on sunny days, playing basketball and reading books. I used to stand up straight, a confident young man who met every day as a new challenge. I used to look at things critically, choosing to make my own decisions about what I saw in the world around me. I used to smile, my cheeks red and my eyes bright.

But that was all long ago, in those happy-go-lucky days on the wards when my actions might only help determine the course of a patient's care or my unsteady hand might only mean a large, painful hematoma for those whose blood needed drawing. That was before I began studying for the Boards.

Now I sit slumped over my desk every waking hour, sickly and pale, oblivious to the outside world, unknowing whether it is day or night, warm or cold, anabolic or catabolic. I dread each new day as an unslayable dragon or a vancomycin-resistant enterococcus; unbeatable, something only to be survived so that I may live to see another. I no longer think for myself—rather, I blindly accept everything I read as truth and expend my mental energy only in the hopes of storing it in some crevice of my memory formerly occupied by a baseball statistic where I can only pray it will be successfully retrieved from when the crucial moment arrives.

Throughout my recent journey through the labyrinth of medical esoterica, I've attempted to use several different strategies to learn the vast amount of worthless facts so priceless for the Boards. At first I decided that, rather than just memorize a list of facts that, if laid end to end, could circle the earth 178 times, I would instead

try to actually understand each concept so that I could intelligently reason out all of its associated characteristics when the need arose. Needless to say, this lasted about two days, until after making it through only five pages in 16 hours I still didn't really understand what was meant by the concept of a "cell."

So I regrouped by watching some television and sitting by the pool for about a week, and then came back fresh and invigorated for another try, this time using the strategy of pneumonics (Latin: "pneumo"—filled with air; "nics"—poorly coached basketball team full of punks and thugs) to help me remember things. And after a happy week of coming up with hundreds of clever sentences such as "Crafty Mules Never Eat Orange Blouses on Thursdays," I finally realized that all I could remember were the sentences, but not what each word actually stood for, or what basic principle they were associated with. Time to start again.

Time was slowly running out now, and all the hours I was spending on the golf course trying desperately to come up with some effective studying strategy incorporating neither understanding nor pneumonics was proving fruitless. Yet I still refused to simply memorize lists of medical facts that were as long and as interesting, though not as useful, as a Roman census. So finally I hit upon the idea of staring at each page for four minutes until I could close my eyes and still see it, imprinted upon my memory like a cartoon on Silly Putty, except in this case also including the placement of all the bold-faced words and diagrams rather than Betty and Veronica. But I soon realized that just as the Silly Putty must be mushed up again, and

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only be placed in the "Shifting Dullness Box"
located underneath the candy shelf in the Deans'
Office.

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eventually rinsed in turpentine, to get all of the Beetle Bailey newsprint off of it so that Hagar the Horrible could then be imaged, similarly, in order to memorize each new page concerning diseases of the cystic duct, I would have to forget the preceding pages involving diseases of the ampulla of Vater. I was getting nowhere.

So, after several days of hard thought spent lying in bed doing crossword puzzles, I came upon the idea of simply reading through each review book, sort of like a novel, soaking up all that I could, gaining a few important concepts here and there, until finally I would hold within me a set of loose associations which I could use heuristically when faced with a question on the Boards whose answer was not immediately apparent, such as "where is the spleen?" I followed this plan for a week, speeding through each section of my physiology book with the zeal of someone who knows he will soon be caught up to his peers, no longer lagging them like the external oblique behind a descending testis. But after polishing off all of physiology in one week and then scoring a 14% on the comprehensive exam at the end of the book, I knew what it was I had to do.

And so now I sit, day after night after day, memorizing lists of facts the lengths of which were heretofore unknown outside of Biblical times. My senses have dulled, my muscles atrophied, my rare conversations, often held only with myself, never reaching more than one or two simply-constructed sentences such as "give me a pen," "I can't feel my legs," or "kill me now."

And as black as my days are, my nights are far darker still. My dreams are rampant with horrifying imagery. One night I struggle to escape the strangling confines of a pressure-volume curve even as microorganisms with and without polysaccharide capsules lunge and scratch at me with the morbid and unrelenting fervor of mourning Iranians toward a deceased Shah. Another night a thousand muscles wrap around me with Kafkaesque macabre, demand-

ing to know each of their origins and insertions before I wake up, unable to scream, bathed in the same cold sweat I used to get whenever my parents used to make me eat lamb.

But soon the day will come. The day when my reams of memorized "knowledge" will finally be strewn haphazardly upon the answer bubbles of the Boards. And then, finally, I'll once again be able to open my blurred and sensitive eyes upon the outside world. I'll slowly be able to assimilate myself back into the society I previously came so close to fitting into. I'll be able once again to embrace the sound of the singing birds as more than just the signal of something whose feces can be a rare cause of tuberculosis.

Of course, as in everything, I think there is a lesson to be learned from my experiences. Something that each reader can use to his or her own benefit, that can be passed down from sib to little sib, perhaps in the form of song or epic poem, from generation to generation. Some may have learned that it's important to get an early start to be well-prepared for the Boards. Others might have learned that each person must tailor their studying strategy to their individual learning style. And me? I've learned that no matter what happens, you can always retake the Boards in September. ■

Can You Write? Type? Refrain From Drooling On The Keyboard?

Then you probably already realize that you're just what Shifting Dullness is looking for! Call Drayer at 403-9413 today!!



This is a new feature in *Shifting Dullness* featuring either original work by a Duke alumnus or a profile of an alumnus. Our medical school benefits substantially from the contributions of former Duke students who still look back fondly upon the school that taught them the Krebs cycle. In honor of the time and money which they have devoted to all of us, we bring you the Alumni Corner.

Billy F. Andrews graduated from Duke Med with the class of 1953. After training at Duke and the Walter Reed Army Hospital, Dr. Andrews joined the pediatrics department at Louisville, where he remains today after an illustrious career serving as Chairman of the Department of Pediatrics and eventually as Chief of Staff of the Children's Hospital. Dr. Andrews' CV is longer than your average issue of *Shifting Dullness*. Featured below is the *Children's Bill of Rights*, which Dr. Andrews wrote in 1968. Since that time, it has been translated into many other languages and become a universal symbol of a commitment to the welfare of the world's children.

The Children's Bill of Rights (1968)

We hold these truths to be self-evident:

That each newborn infant is the most perfect and helpless of all of the creation;

That each newborn is as individual as the stars of our universe;

That each newborn has the inalienable right to be wanted, loved and protected; and while growing to maturity within and without the womb that every measure possible, as is known, be undertaken to afford the very best environment, nutrition and opportunity for growth and development;

That proper shelter, nutrition, clothes, education and health measures be provided each child to assure that each, with maturity, can assume the full responsibilities of adulthood and citizenship;

That the personhood of each child be fully appreciated and that each be informed of all matters including health as they grow in intellect and in capability; and that they learn to be involved, as maturity allows, and to participate in all decisions concerning their well-being;

That when and if correction is deemed neces

sary it will be applied with the greatest of respect and care and without mental or physical abuse;

That we shall as a society make every effort to establish for the children of today a firmer footing than we have ourselves enjoyed in all ways;

That we have witnessed from the very mistakes of nature much that has greatly benefited all of mankind and that infants and children with birth defects shall be our responsibility to rear to the fullest potential possible that they, too, shall share the rights to Life, Liberty, and the Pursuit of Happiness which is their birthright.

And that we fully realize that the level of civilization attained by any society will be determined by the attention it has paid to the welfare of its infants and children.

Therefore, in full awareness of these truths, we vow upon our honor and all we hold to be sacred to do our very best to bring about a better world for those who succeed us in order to repay our predecessors for our own gift of life.

A Correspondence with Dr. Reves

A few months ago, I wrote an editorial in which I disagreed with some of the thoughts attributed to Dr. Reves, chairman of anesthesiology, in the Chronicle concerning the ongoing changes in health care and, specifically, the trend of decreasing residency spots. Dr. Reves replied to me via email, and since then, we have corresponded several times. I believe not only is it fair to hear Dr. Reves' opinion, but also interesting. So here we go.

Dear Jeff,

I just read your editorial which criticized statements attributed to me in the Chronicle. I think you have addressed a topic which is important, one that we in our department and the other departmental leaders in this and other medical centers are acutely aware of. The purpose of a residency is to continue education and to foster learning. I feel strongly that it is not for clinical service and to work long and hard hours. When we elected to reduce the size of our residency we did it for only one reason: to enhance the educational experience here at Duke and we have done so. There are only so many good teaching cases at Duke (or elsewhere.) I stand by my comment that reduction of numbers of residents enhances the educational quality of our program. I think the majority of our residents as well as impartial observers (including you if you were to come see it) would also agree that the residency is improved. Nevertheless, you raise, quite properly, the concern that a smaller house staff could mean more work (service) provided by our residents. We have jealously protected the work-free hours of our residents to keep them approximately constant. We have hired others and asked attending physicians (faculty) to do the service formerly provided by residents! This is a matter of any number of records. It is inaccurate to suggest or to state that because there are fewer residents that all the additional work will be borne by those who choose to come

to Duke voluntarily as residents. If that were the case we would not have been one of the few residencies in the Southeast to fill in the match this week. We have restricted resident service obligations in the ICUs and the ORs. We have hired more non-resident personnel to do the work. I invite you to come look at the numbers and see how we have worked very hard to make education of our residents a high priority while maintaining the quality of the resident staff. I would be delighted to meet with you and explain this all to you at your earliest convenience. As with any editorial, you are entitled to your opinion, but it might be bolstered or changed once you get all the facts. I suspect you would change your opinion about our leadership being "misguided." I do thank you for bringing up an important topic, which I assure you we have spent a great deal of time thinking and acting on.

Sincerely yours,
Jerry Reves

Dr. Reves,

Thanks for your reply to the editorial. I do appreciate the time you put into explaining your position and making me more aware of what is going on. I will admit that I did not know that the residents' hours remain about the same despite there being fewer of them.

However, another issue I have, one that you may share as well, and have certainly, I'm sure, given a great deal of thought to, is that the fewer residents you have working there, the more nurse anesthetists and other non-MD personnel there must be to take up the slack. And though I am certain, from having met several of them, that the nurse anesthetists are excellent at what they do, still, I would imagine that doctors are simply more well-trained for the practice of anesthesia, especially in emergencies when intimate knowledge of the rest of the body and its function is necessary.

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Shifting Dullness



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I guess what disturbs me is that as public officials and insurance companies decrease the amount of funds available to medicine, the quality of health care will inevitably drop some amount. Yet I'm not sure the public is acutely aware of this. I'm not sure they don't simply think that everything is just being made more streamlined, but that everything is as good as ever. Because the more that people believe that, the more money will be taken from medicine, and the worse it will get. I wish, then, that there was a little more of a stern warning coming from physicians to the public, telling them that this can't go on indefinitely. As long as these sorts of things, such as cutting residency spots, continues, it will only get worse, and I don't think it's fair to the public (the consumers) or the field of medicine for everyone not to be made more aware of the potential danger of what's being done.

I do recognize that anesthesia might not be as hard-pressed by the decrease in residency spots, since as you said, there are only so many good learning opportunities there anyway, and other specialized personnel can take up more of the burden. But I do think that as spots are cut in other departments, such as OB/gyn and medicine, the effects could end up more detrimental.

But I do realize that this is all something that you and the other departmental leaders have given a great deal of consideration. And I would like to take this opportunity to say that I'm very proud to be at Duke, where it seems the hospital leaders have done an incredible job of handling all the changes that have been occurring. I would just hate to see it get out of hand, led by a relatively uninformed public who thought they were doing right.

So once again, thank you very much for taking the time and effort to read and reply to me. I do sincerely appreciate it.

Sincerely,
Jeff Drayer

June, 1997

Jeff,

Thanks for continuing the dialogue. The problem in American medicine is the one you are outlining. We have a society which doesn't want to continue to face escalating health care costs, despite the quality. We also have a glut of physicians, especially fueled by the immigration of international medical school graduates (who have no school loans) into a glut of residency positions. The only responsible thing to do is to control the number of medical students and international graduates and then fix the number of residency spots to match the needs in the specialty. In anesthesia, clearly physicians should make the medical evaluations and prescribe the anesthetic plan. They are not the most cost effective way to provide anesthesia any more than it would be to have a cardiologist in the CCU at each bedside all the time.

I think the challenge in GME is to try and predict the greatest needs for workforce and try and size our residencies so that residents get great experiences in the residencies where there is societal need. We probably should restrict the number of GME residency positions to the number of U.S. Medical School graduates, maybe plus 10%. This sort of planning was actually in the ill-fated Clinton health plan. If it had been the only thing in it, it would have passed and you and I would not be having this discussion.

I think this topic is a major issue and I will send you a paper I have written on the subject. As for Duke students, there will be plenty of opportunity for our students to get positions in the places they choose, because you have such a fine record and a good education.

Thanks for the comments.

Jerry Reves ■

The unfortunate part about a good thing is that, eventually, it has to end. Jamy Ard has been an editor of *Shifting Dullness* for 3 years. He was the only one who ever knew things like how much money we had, who had subscriptions and where they lived, how to work the computers and where the printer's office was. True, he may not have been the most talented, or the best looking, but for three years, he was the backbone of the *Shifting Dullness* staff.

For two years we spent a lot of evenings together with Jamy. He was always the first to laugh when we made fun of him, and the first to get us back. We had an awful lot of fun together, and for the rest of our lives, we'll remember it as one of the very best parts of medical school.

Jamy's still here, about to start his internship in medicine. Jamy, we wish you only the best of luck, and want to thank you for all the hard work and, most of all, for being a great friend. Thanks.



CONGRATULATIONS

*to our new
Duke Docs!*

We're proud to welcome you as our newest members of the Medical Alumni Association family. Best wishes as you continue your training, and remember the MAA is your connection to the past and your bridge to the future.



Continued from page 11

and-brimstone myths of doom. We at the Duke University School of Medicine are neither interested nor amused.

But suppose for a moment that we took Mr. Morowitz's suggestion. Suppose we eradicated all of the oxygen radicals from our bodies. Where would that leave us? Immunocompromised or dead, that's where. Without oxygen radicals our neutrophils would be at the mercy of the tiniest bacillus. Inflammation would be a thing of the past. With our body's first line of defense shooting blanks, rubor, dolor and calor would be just a distant memory. Indeed, in the words of Jeff Greene, biochem Ph.D. and MSI, "without oxygen radicals, you're hosed." Hosed? Is this the state Mr. Morowitz would like to see humanity come to? That question I cannot answer. Fortunately there are those of us who care enough not to let yellow journalism such as this go uncontested. Let us hope this is true when the next jargon-spewing madman makes his way into Shifting Dullness. Thank you.

Sincerely,
Jeff Drayer ■

Shifting Dullness would just like to wish all the third years and other board-takers the best of luck this June 10th-11th. And of course, on June 12th, we can all start forgetting everything again.

Drayer in the Kitchen

Well, the truth is, I don't really cook very much, and what I do cook isn't all that good. However, there's a whole column that needs to be filled up here, and I've gotta go study something about the Sphincter of Oddi. So, here's one of my favorite recipes. I certainly hope you enjoy it as much as I, and occasionally my roommate Matt do.

Spaghetti

16 oz. spaghetti (dry)
3 quarts water, tap
2 jars Healthy Choice "Garlic Lover's" tomato sauce

Place water in large pot. Place pot on stove top (just one burner is necessary) and heat until boiling or until the water begins bubbling, whichever comes first. Place spaghetti in bubbling water. Stir. In separate pot, pour in sauce and heat on "lo" or "medium," depending how hot you want your sauce. When spaghetti is done, remove each noodle by hand and place on a large plate. Or, if you have a colander, feel free to use that. **WARNING:** make certain the colander is right-side up. Then, place finger in sauce, and keep it there until it starts to hurt. Remove sauce from heat, pour over spaghetti.
Serves 1.

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not concern us in the least, and we would, in the future, appreciate more factual and less opinionated journalism from Shifting Dullness. Thank you.

Sincerely,
Jeff Drayer
Trip Meine
Matt Hanley
Mike Bolognesi
Matthew Kalady
Anthony Beutler
Jeff Greene
Julie Story Byelerly
Leisha Kneize
Daniel Yoder
Amie Hsia
David Zidar
Duncan Rougier-Chapman
John Scarborough
Ning Wu
Ashvin Pande
Jane Gagliardi

To the Editors:

You can imagine my surprise when, thumbing through the March 1995 edition of *Shifting Dullness*, I encountered a full-page letter written in response to my previously published treatise on antioxidants. If truth must now be told, that article was not intended for print. Nevertheless, the article found its way into the public arena, I am heretofore prepared to defend it. Like Galileo asserting the ways of the universe or Lieut. Frank Dreben babbling to the chief of police, I now stand naked before the medical school clad only with my belief in the need to eat broccoli-type foods.

I doubt that my critics are in any position to debate this issue. Has Jeff Drayer or Trip Meine ever seen a superoxide ion face-to-face? I have. Have Mike Bolognesi or Julie Story-Byerley even

June, 1997

pissed off an oxygen radical, spent hours trying to regain the electron that it had stolen, only to see it go and ravage cell membranes anyway? No, they probably have not. I have. I have seen what reactive oxidative species can do, and it's not pretty.

Our only hope, people, is antioxidants. Without them, we are at the mercy of some gnarly radicals. As for my colleagues who penned that infantile letter last month, they have unfortunately declared themselves to be anti-anti-oxidants. I, however, firm of mind and swift of pen, am passionately anti-anti-antioxidant. I hope my detractors burn in hypochlorous acid. Honestly.

Sincerely,

Michael Morowitz

To the Editors,

I was prepared to let the whole thing go. But the letter to the editor that appeared in the May 1995 *Shifting Dullness* struck a chord within me. Michael Morowitz's apocalyptic view of today's antioxidant situation has me appalled. His own glucose-6-phosphate dehydrogenase deficiencies aside, had Mr. Morowitz simply approached me personally rather than splatter his reactionary opinions all over page four, I would have been the first to offer him some of my own superoxide dismutase. Sadly, this was not the case.

There are many of us who do not partake of anti-oxidant laden foods at the ludicrous levels that Michael proposes. Are our cell membranes "ravaged?" Do we spend our hours trying to regain "stolen" electrons, as Mr. Morowitz's rantings would lead his readers to believe? The answer is no. Perhaps the Mind-Body study group would be a better forum for Michael's fire-

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Shifting Dullness

Duke University
P. O. Box 2865
Durham, N.C. 27705

Dr. Jim Gifford (2)
Medical Center Archivist
Box 3702, DUMC

Shifting Dullness was not always the literary dynasty you see before you today. No, once upon a time it was run by a couple guys named Ed and Matt, and some other guy named Jamy got stuck helping them. But then, one ill-fated day, first-year med student Mike Morowitz turned in a disk to the SD box with his monthly class report. But when Matt mistakenly printed Mike's Fundamental Issues in Health Care paper, outlining in painstaking, nerve-shattering detail the usefulness of antioxidants in the average person's diet, an era began. A heated debate began, and the rest is history.

Since this is, more or less, the two-year anniversary of the event, and since everyone's too busy studying for the boards to bother writing anything, we bring to you now another look at the argument that started it all.

And rumor has it that to this day, Drayer and Morowitz continue to argue over this very emotional point, sometimes to the point of throwing broccoli.

Dear Editors,

After reading Mike Morowitz's highly opinionated "review" of antioxidant effects on cancer risk, our disgust at such shoddy journalism compelled us to respond. Mr. Morowitz begins his article by demanding that the FDA tell the people of America that antioxidant intake indeed reduces the risk of cancer. If the author's goal was to send the good people of this country into a frenzied state of beta-carotene-consuming hysteria, such a demand might very well accomplish his mission. Based on the author's sourceless "research" and "biochemical studies," perhaps this is a bit premature. Mr. Morowitz then goes on to make several leaps of logic, such as that people who eat more fruit exercise more; observations based only on flimsy heuristics and personal biases. Finally, the article concludes with a recitation of what the author plans to do for himself. Quite frankly, Mike Morowitz's use or disuse of antioxidants does

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