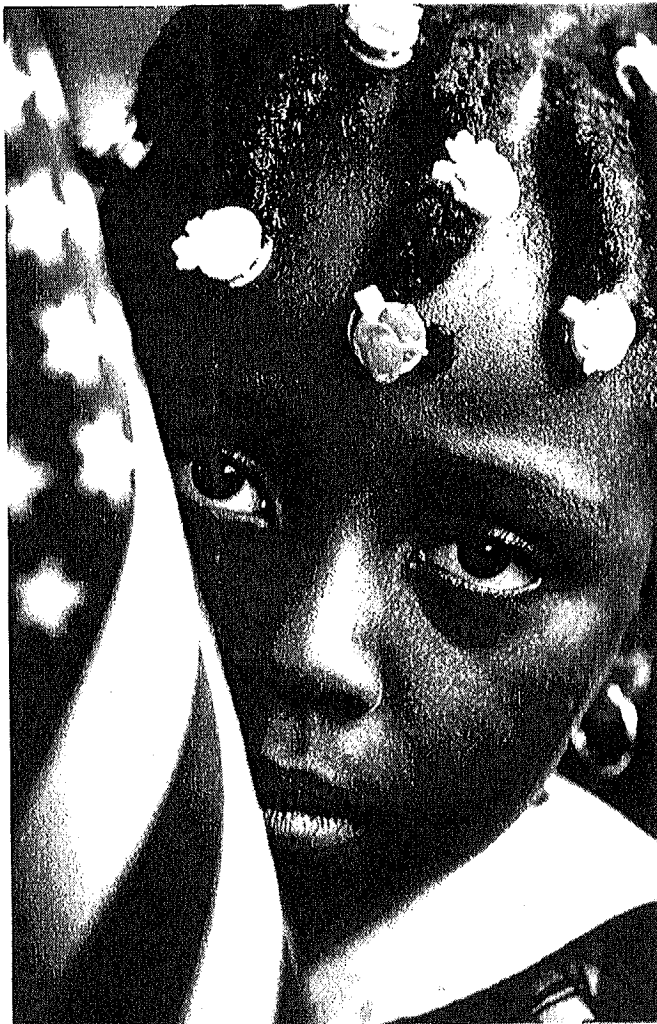


Shifting

February, 1995

Dullness

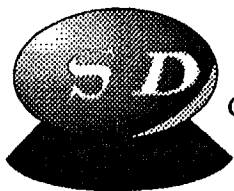


Stranded

Little black one
What you doing here?
Did you lose your way
Or did you think your were
Finding a way?
Ain't nobody like you been
In these here parts
As far as the mind can see
Cain't you tell by the way we smile?
There's no need to worry—
We've done this before
Little black one.

—Vanessa Grubbs

Crystal Ball



Crystal Bernstein

Having recently scoffed at the methods of cure employed by chiropractors, hypnotists, and other practitioners of alternative medicine, I feel compelled to point out a few strange therapies used by real, licensed, medical doctors. Although we don't claim to help others re-enter their past lives and call it therapy, we do practice some pretty unusual methods of treatment.

Take, for instance, a treatment most of us have heard of, if not directly witnessed: electroconvulsive therapy. Back in 1934 a man named Lazlo von Meduna discovered that patients with schizophrenia experienced fewer symptoms of the disease following seizures, which were accidentally or iatrogenically induced after withdrawal from medications (e.g., barbiturates). He and others also believed, incorrectly, that schizophrenia and epilepsy could not coexist in the same patient. And thus electroconvulsive therapy was born. Patients undergoing this therapy are placed under general anesthesia and paralyzed. They then have one or two electrodes placed on their heads, through which a pulse of electricity is transmitted, inducing a 30 to 60 second seizure. This treatment generally involves some degree of temporary memory impairment, but has few other side effects; in fact, 80 to 90 percent of patients with major depression respond to ECT, and they do so more quickly than those patients treated with antidepressant drugs. However, no matter how successful ECT actually is, I will always regard it as something that should be practiced in science fiction movies instead of hospital psychiatric wards, and I presume that those who have not

2



been desensitized to such things by attending medical school or having a bunch of weird aunts would probably agree with me.

And now consider an equally bizarre treatment: the attachment of leeches to the injured body parts of patients with severed digits or other extremity parts to maintain blood flow to the affected area. I was pretty shocked when I first heard about this one, but I have been reassured by reliable sources that the medicinal leech, or *Hirudo medicinalis*, often offers its services to keep victims of unfortunate accidents from losing their fingers forever. Leeches contain in their saliva inhibitors of

Leeches contain in their saliva inhibitors of platelet aggregation, plasma kallikrein, thrombin and other participants in the coagulation cascade.

platelet aggregation, plasma kallikrein, thrombin and other participants in the coagulation cascade. They are used by plastic surgeons, among others, to maintain patent vasculature in instances where vessels might become clogged. Apparently some leeches are bred for the sole purpose of performing this task, so you can't just use the ones you find in your local pond. Although I'm sure this is an effective and safe therapy, I can't help finding it repulsive.

I do not, however, find it as repulsive as I find the use of maggots to debride wounds of necrotic tissue. Yes, it's true: there is a doctor in California named Ronald Sherman who has a maggot farm, where the eggs of maggots who feast on putrid liver are harvested, sterilized, and sown into patient's wounds to feast to their hearts' content while simultaneously performing surgical wonders. The maggots eat only infected tissue, bathing the healthy tissue in an ammonia-like excretion that serves as a natural disinfectant. Their use was pioneered

Continued on Page 17

Shifting Dullness

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Advertisement for a magazine or publication, featuring a large stylized letter 'C' and the text 'Feb.' at the bottom.

Upcoming Events Around Duke and Durham

Chris Gamard

1. **North Carolina Symphony:** February is a great month if you want to catch the symphony! They're playing several concerts: Feb. 2-3, "Music from the Movies" pops concert at Raleigh Memorial Auditorium, 8pm (831-6060); Feb. 9, a classical concert with pianist Armenta Hummings at the Carolina Theatre in Durham, 8pm (560-3030); Feb. 18, another classical concert with cellist Daniel Gaisford, UNC Memorial Hall, 8pm (831-6060); and finally, Feb. 24-25 at Raleigh Memorial Auditorium again. Ticket prices vary.

2. **More cool music:** Not into that symphony thing? Then check out these other great shows. **The Bobs** will be singing at the Carolina Theatre on Feb. 18th at 8pm (560-3030). Cat's Cradle in Chapel Hill will feature Louisianian **Buddy Guy** on Feb. 15th and **They Might Be Giants** on Feb. 21st (967-9053). On a different note, there will be organ recitals at the Duke Chapel on Sun., Feb. 5th and Sun., Feb. 26th. These are **FREE!**

3. **Comedy:** The Artscenter in Carrboro (929-2787) hosts two nights of stand-up and improv acts: "Transactors Improv Company" on Feb. 17th at 9pm (\$7 adults, \$6.50 students), and "Selected Hilarity" on Feb. 24th at 8pm (\$6 adults, \$5 students). Charlie Goodnight's in Raleigh also has plenty of shows throughout the month (828-5233).

4. **Theatre:** Tennessee Williams' **The Glass Menagerie** will be performed at the ArtsCenter (929-2787) Feb. 2-12th. Shows are at 8pm Thurs.-Sat. and 3pm on Sunday. The musical **My Fair Lady** will be performed Feb. 14-19th at Raleigh Memorial Auditorium. Call 831-6060 for prices and times. Don't forget that you can call **684-ARTS** any time day or night for info on events at Duke!

5. **Mardi Gras:** Well, maybe this event isn't around Duke or Durham; but hey, if you're an MSI or III, you should seriously consider broadening your horizons at the carnival Feb. 24th-28th. Hope to see you there!

Shifting Dullness

EDITORS

Jamy Ard
Matt Hepburn
Edward Norris

STAFF

Crystal Bernstein
Vickie Ingledue
Steve Crowley
Julie Lapp
Todd Brady
Steve Kent
Dave McCarty
Greg Della Rocca
Allison Evanoff-Rooney

Michael DiCuccio
Rima Nasser
Tanya Wahl
Eric Halvorson
Umesh Marathe
Chris Gamard
Mike Morowitz
Lisa Crisclone
Ashvin Pande

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

Rima Says "Happy Valentine's Day"

Rima Nasser

Her Most Romantic Places to Go

The top places to go on Valentine's, for a nice romantic evening not necessarily in order of preference: Nana's, Aurora's, Niko's, Parizade, The New Orleans Cookery, 411 West, Mark's New American Cuisine (Broad St), Mark's Cafe (CH, Franklin), Anotherthyme, Cracovia, 42nd Street Oyster Bar in Raleigh, and Est Est Est in Raleigh.

- There is a new restaurant called La Grillade; French, lovely atmosphere. However the duck was dry, which to me means that the food isn't that good. Other dishes were quite appetizing, try the escargots... both dishes.

It can be very romantic. Prices are OK, about 20 to 30 dollars a head depending on what wine you get, and whether or not you get desserts. Location: Where Claire's used to be, on Chapel Hill road (the one TJ Hoops is on).

Her Most Romantic Recipe

Now for those of you who are more adventurous, I have a little surprise which I got from a delightful little book by Max de Roche called The Foods of Love, Containing the DELIGHTS, Vertues, Magickal Properties & SECRET Recipes for all manner of exquisite LOVE POTIONS & proven Aphrodisiacs. This is the menu given for Saint Valentine's Day, recipe and all.

"All lovers need the maximum strength they can derive. The recipes here serve them handsomely. Wild duck tastes far superior to the cultivated sort. Serve it with a simple green salad, and a good bottle of Burgundy."

Russian Egg Mousse

4 tbsp double cream, 3 eggs
1/2 tsp Worcestershire sauce
1 tsp powdered gelatin
1/2 pt Chicken and veal stock

To garnish: a little caviar.

-Hard boil and cool the eggs. Sieve the yolks, chop the whites and mix together. Soak the gelatin in a little stock for 5 minutes. Mix with

4 

the remainder of stock and gently bring to simmering. Cool the stock and when the gelatin is thick enough, add the egg mixture and cream, and stir in Worcestershire sauce.

Duck With Chocolate Sauce

1 duck (Mallard if possible)
1/3 bottle dry white wine
2 onions, finely sliced
Bouquet garni
2 carrots, finely sliced
2 oz dark chocolate
1 tsp olive oil, black pepper and salt to taste
Juice of 1 lemon
4 tbsp wine vinegar
Vegetables: 4 oz each of potatoes, celery and carrots, finely sliced. 2 tbsp of butter.

-Wipe the duck and prick it all over with a fork. In a flame-proof casserole, gently brown the onions and carrots in the olive oil and set them aside. Place the duck in the casserole with the oil and brown it all over. Set it aside.

Put the vinegar into the casserole and heat until it is nearly all evaporated. Add the wine, onions, carrots, bouquet garni, seasoning and the duck. Cover and simmer for 1 1/2 hours or until the duck is cooked.

Take out the duck and joint it. Keep it hot. Skim off the fat from the casserole and stir in the chocolate and lemon juice. Put the sauce into a sauceboat and keep it hot.

Fry the mixed vegetables in butter in a large covered frying pan. Make a bed of them on a serving dish. Place the duck on top and serve with the sauce.

Tropical Fruit Salad

Fresh tropical fruit as available
4 tbsp liquid honey
2 tbsp lemon juice
2 tbsp Cointreau

-Cut the fruit into small pieces, keeping the juices. Mix the remaining ingredients with the juices and pour them over the fruit. ■

Shifting Dullness

SHIFTING DULLNESS

with a **MSI-IV CLASS UPDATE**

MS I-Mike Morowitz

Academic Matters: As Neurobiology comes to an end, it has not escaped our attention that there are only two, count 'em, two blocks remaining in this academic year. Block III has been a good one, but we are ready to move on. Perhaps the most interesting thing said during the January block came while studying for finals when one of the course directors noted that "last year's class complained that the final was too easy." That now makes at least four courses thus far in which the directors have noted their attempt to "beef up" the classwork based on recommendations from the year before. Our sincere gratitude to the second year class for their anal retention.

Family Matters: Did you all notice the dejection among females throughout Duke South after the holidays? Indeed, Matt Kalady and Jason Bolden both returned from vacation engaged to be married. Kalady will wed Skyler Vinton in December, and Bolden will wed Yvette Green in 1996. Our best wishes to both of them. Interestingly, MSI's Matt Hanley, Carsten Sorensen, and Dan Yoder are each scheduled to be married on the same day this coming summer... MSI Jeff Greene and his wife Karla are expecting a baby boy on February 20... Class president Keith Berry's girlfriend is moving to Durham.

Miscellaneous: It's never too late to mention the success of the MSI Zonula football team.

MS II-Lisa Criscione

I know this isn't news anymore, but congratulations to Ric Ong and Katie, who were married over vacation! Also, congratulations to all the not-so-newly engaged: Keith Berend and Cindy, Marc Cook and Wendy, Hall Collard and Debbie, and Jim Duncan and Diedre!

Everyone who hasn't been busy getting
February, 1995

engaged has been busy on the wards. Gregg Colvin posed as an anesthesiologist and removed epidurals at will on OB/Gyn. Claire Horton and Jenn Meyer won a karyoke contest at the Allegheny county fair on Family Med. Steve Bailey lost the beard, cut the hair, and appears to be attending the second year of med school! Now that's news.

Any good stories from the wards? Let me know. I want to embarrass as many people as possible. p.s. Are there Dave's Notes for Medicine?

MS III-Ed Norris and Matt Hepburn

Ivan Mefford was in town during January. He is going to save the world as a family practitioner. He was recently acknowledged as the premier cook at Baylor Medical Center. Bill Hage was recognized as the February Athlete of the Month (see p.17). Michael Hardee reports that marital life is blissful as ever. We also want to document Cynthia Boyd's passion for football. Not only has she organized 38 medical school football games in the last six months, she has developed into a first-rate QB. In her first start, she threw 3 passes for no completions, 3 interceptions, two of these being returned for touchdowns. Her best game in the past month occurred when she completed 16-24 for 318 yards, 2 TD's and no interceptions. Umesh Marathe has returned from his self imposed exile at the Long Branch in Raleigh.

MS IV-Congratulations to Phillip Belmont, Andrew Gorski, Steven Kent, and Scott Shawen in their match to Walter Reed Army Medical Center in Washington, DC. It is also worth noting that Hussein Elkousy does more daily push-ups and sit-ups than the entire current MS III class will do in a given day. It is rumored that he may be joining the aforementioned MS IV's in military service as a drill instructor for Special Forces.

Crushed Grapes Greg Della Rocca

The biggest producer of wine in the world is the country of Italy, which produces red and white wines of exceptional quality (and from where many of our excellent classmates' ancestors hail). The most well-known of Italian wines are the reds, this is where I will concentrate. Italian wines are made from hundreds (no kidding) of different grape varieties. Wine is grown throughout the country (unlike in France or Germany), with over 20,000 vineyards spread throughout 80-90 provinces. Quality does not suffer, however, and there are laws governing wine production and labeling, much as in France.

When considering purchase of an Italian wine, check the label (and the price tag). There are some initials with which everybody should be familiar: D.O.C. and D.O.C.G. These initials stand for "Denominazione di Origine Controllata (y Garantita, if a 'G' is present)". They are essentially similar to the "A.O.C." used on French wine labels. The laws specify what grapes can be used in wine production, how high the alcohol content must be, the maximum density of vines in an area of vineyard, etc. Those vineyards producing wines adhering to all of the rules can place "D.O.C." on the label. "D.O.C.G." wines are at a higher echelon, and those wines are guaranteed to be of a certain caliber by panels wine tasters (there's a job I could deal with...).

The wines of the highest caliber hail from only two regions: Piedmont and Tuscany. Tuscany is often touted to produce the highest-quality wines from all of Italy. One type of Tuscan wine, familiar to most, is called Chianti. My personal favorite comes from the Tuscan category that has no true name; in the United States the wines from this category are called the "Super-Tuscans". Piedmont rates a very close second to Tuscany, producing the famous Barolo and Barbaresco.

Tuscany's Chianti is a red wine with a grow-

ing reputation (it was the unfortunate category of wine implicated in the ethylene glycol poisonings a number of years' back, featured at one point on *The Simpsons*®). Chianti is made from a blend of grapes, some of which are white wine grapes. Sangiovese is the primary variety, and any given Chianti must contain a minimum of 50% sangiovese in the blend. Other grape varieties used are Canaiolo (red, minimum of 10% of the blend) and Trebbiano (white, minimum of 10%). Chiantis looking for the prestigious DOCG classification must use a minimum of 80% sangiovese. Sangiovese is the most robust of the grapes used in Tuscany, so a wine containing a high proportion of this grape will likely have a fuller body. The Chianti price range varies widely, with "Chianti" at the bottom, "Chianti Classico" in the middle, and "Chianti Classico Riserva" at the top. This last category of chianti contains the highest-quality chiantis, which often come from small plots of land in Tuscany and have been aged in oak for an extended period of time prior to bottling.

The Super-Tuscans are some of the most expensive wines to be found. However, they are almost always of an exceptional character and can age for extended periods of time, improving all the while. Some of the most famous Super-Tuscans include Solata and Tignanello, both by Antinori, and Brunello di Montalcino, produced by a number of vintners. Most are beyond the student budget, but we can always dream.

Piedmont is the region of Barolo and Barbaresco. These wines are made from the Nebbiolo grape and are very heavy, complementing only hearty fares (they will overpower many chicken dishes, for example). A good Barolo or Barbaresco can age for many years, and they have a tendency to be priced accordingly (i.e. they are a bit pricey). However, a little-known red wine in the United States, called Dolcetto, is amazingly drinkable and is rather inexpensive. Dolcettos are generally drinkable at release, while most Barbarescos and Barolos



require at least four to six years of aging. Luckily, most of the latter two styles are not released until 3-4 years after the vintage, making them drinkable soon after hitting the shelves (of course, they will continue to improve with aging).

The subject of Italian wines is vast and difficult to adequately discuss, so the best thing to do is to go tasting yourself. The wine stewards at Fowler's should be able to help with any questions about any Italian wines, including those questions about the provinces of Veneto, Campania, and Abruzzo, which are other regions of Italy that we have not discussed. Aurora restaurant, in Carrboro, has an extensive wine list featuring Italian reds and whites (Super-Tuscans are included on the list), and the proprietor, Hank Strauss, is very knowledgeable about helping one choose a wine that will complement any of the restaurant's exceptional dishes. Italian wines are almost always better with food. Make sure that the fare is hearty if you will be serving a Barolo, Super-Tuscanor, or a Chianti Classico Riserva.

A sensational Tuscan wine that sells for less than \$15.00 per bottle is by Castello Banfi, and

it is their Chianti Classico Riserva. It is a fine enough wine to have received DOCG classification. This wine is aged at least three years prior to bottling, and is made from grapes grown in a narrow strip of land in Montalcino (a small area of Tuscany). It will accompany any fare consisting of red meat, pasta, or cheese. It is generally drinkable upon hitting the shelves and has a smooth character. Concentration reveals a full bouquet (with hints of flowers such as violets). This Banfi wine is not a wine that simply says "Hi. How ya doin'?", rather it sticks around for a lengthy conversation, with the fruity taste staying with the drinker for centuries, er, I mean minutes. Give it a try.

It can be a daunting task when trying to choose an Italian wine with the sheer number of different ones available from which to choose. Individual years tend not to be consistent throughout Italy (that is, 1982 may have been fantastic in Piedmont but not in Tuscany - that's actually true). So, the best bet is to concentrate on wines from particular vintners. If you like one Antinori (a producer in Tuscany) wine, you will likely be pleased with other Antinorian wines. And that's the truth. ■

Community Service Update

Steve Crowley

Blood Drive Pizza Fund — The tally is in. We now have confirmed reports (most of those from MSI's) that the MSI's, led by *Keith "Needle" Berry*, rallied at the close of the fall competition to produce a total of 38 blood donors, just 2 short of the required 40 mandated for pizza dissemination. According to administration officials, the resulting outbreak of anemia among the 38 led to an unprecedented proportion of final exam failures among the MSI's so that the Pizza Rules Committee feels compelled to offer the free pizza to the 38 in a bid to encourage hematopoiesis. A slice of this statement is true.

Habitat For Humanity — A constructive day

of building occurred on January 21. A plethora of MSI's led by *Pat Lager* were present to demonstrate the rigors of the Neurobiology block schedule. As far as I know, the MSI's did not break anything. Call Pat at 383-3168 to secure your place for the next Habitat outing scheduled for Saturday, February 18.

Shelter For Good Hope — *John Pazin* continues to lead closet cooks downtown on Mondays from 7-9 PM. To accompany him, call 383-1047 or sign up on the amphitheatre door.

Urban Ministries Soup Kitchen — Once again, Duke med students will serve lunch at the soup kitchen on Sunday the twelfth, this time in February. *Allison Rooney* has volunteered to spearhead this effort. In addition to cooking and serving food, avid sorters are

Continued on Page 18

Highlights from
Fundamental Issues in Healthcare

Mike Morowitz

While research has failed to demonstrate a clear relationship between intake of antioxidants such as beta-carotene and vitamin E and a decreased risk of cancer, they have sufficiently demonstrated an association between the two. In the attempt to heighten cancer prevention, the FDA ought to tell the American people just that. Barring the possibility that high dosages of antioxidants are toxic, there is no good reason to withhold such information from the public. The studies presented in the readings include biochemical experiments assessing the role of oxidative damage in carcinogenesis, randomized controlled trials assessing the ability of antioxidants to prevent cancer, and case-control and cohort epidemiological studies describing associations between cancer prevalence and antioxidant intake.

Biochemical studies have done well to establish some of the pathways involved in carcinogenesis, but each of the other categories has major limitations. First, consider the Finnish study of male smokers given either beta-carotene or vitamin E or both for six years. A high incidence of lung cancer was found in the group which was given beta-carotene, prompting some to suggest that antioxidants do not help prevent cancer, and may actually be harmful if given in sufficiently high dosage. Such conclusions are unjustified. These men had smoked for at least 36 pack-years, and so any increased incidence of lung cancer is probably due to their smoking. Further, the fact that the antioxidants didn't prevent the development of cancer in heavy smokers fails to address the question of what

anti-oxidants could do for non-smokers. It is certainly feasible that some antioxidants which may help prevent cancer in healthy people are not powerful enough to combat the damage incurred by 36 pack-years of cigarette smoking.

The epidemiological studies mentioned above have identified associations between antioxidant intake and carcinogenesis, but have failed to show any irrefutable cause-and-effect relationships which might help guide the FDA in policy-making. The foremost conclusion of such studies has been that persons with a high intake of antioxidants have a lower risk of particular cancers and cardiovascular disease. However, the decreased risk has not been large enough to eliminate the possibility that other, unspecified variables are lowering the risk of cancer. For example, people with high dietary intake of an antioxidant such as beta-carotene generally have diets rich in fruits and vegetables and are more likely to exercise. Such a study, then, based on epidemiological data, cannot rule out these factors as possible causes for decreased cancer risk. In fact, there is a good chance that all of these factors together help to decrease the risk of developing cancer.

The only conclusion to be drawn from this morass of evidence is that high intake of antioxidants has been associated with decreased risk of cancer. The Finnish study should not be used to refute such an association for the reasons discussed above. It did raise the possibility that antioxidants taken in sufficiently high dosages could themselves cause disease. Although the increased incidence of



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lung cancer and hemorrhagic strokes were probably due to chance deviation from statistical averages, laboratory animal experiments ought to be conducted to eliminate the possibility that antioxidant intake could itself be harmful. The current policy of the FDA should be as follows: if the suggested toxicity of antioxidants can be disproven, the public should be informed of the association between these substances and decreased risk of cancer.

An important footnote to this discussion of antioxidants is that, even if such chemicals are shown to decrease the risk of cancer, other modes of prevention such as a regular exercise regimen and a complete diet rich in fruits and vegetables are likely to be even more effective in long-term cancer prevention. Therefore, my recommendation to a patient or friend would be to concentrate on improving these aspects of their lifestyle and to wait for more data before taking any antioxidant supplements. I plan to adopt this same strategy for myself. ■

Mind-Body Medicine

Chip Spann, PA-C will be speaking Friday, February 10, about **the Duke Rice Diet: Yesterday and Today**. The lecture will be at noon in the South Amphitheater.

J. Davidson, M.D. will be leading a journal club on **Treatment of Acute Childhood Diarrhea with Homeopathic Medicine in Nicaragua** on Friday, February 17. The discussion will be at noon in M428 North.

For more information call Larry Burk at 660-2711 x5427 or MSIII Martin Clouse at 382-8391.

February, 1995

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Valentine's Personals

Editors note: Due to the strong participation in the Valentine's Personals this month, we plan to run a Personals section every month. You can utilize this space to advertise For Sale items, Rides, and Research Studies for no charge. Most importantly, you can respond to your Valentine's Personal or send a message to that favorite classmate of yours. It's more fun than E-mail.

Allison, Archana, Joanne, Becky, and Nikki:

Thanks and Happy Valentine's Day!
Love, Sara

Honey Bear:

Be my Valentine.
Love, Sweetie

Carolyn:

Lose that Rao character and fly away with me.

Renee:

Your smile never fails to brighten my day.

Jason Bolden:

Oh, baby! You are sooo fly!! Won't you be my valentine??
-Jennifer

Warren:

I wish I was your clothes.

To that sexy editor from Morehouse:

Happy Valentine's Day!!
-Jennifer

Stavra:

Your eyes are **heavenly orbs**- I'm caught in their orbit.

Ketan:

Being with you was phenomenal. It was a great experience. I learned a lot.

Cynthia:

Your allure knows no bounds; I'm *putty* in your hands.

My roomie Amara:

Happy Valentine's Day!!
-Jennifer

Lisa:

Your oceanic eyes sooth my fevered soul.

Matt Hepburn:

To a true Renaissance man, unparalleled in virtue and courage, have a fantastic Valentine's Day and a good year. We are all fortunate at your willingness to share your talents with mankind.

-Ed Norris

Ed Norris:

A truly joyous Valentine's Day would only be fitting to a man **dedicated** to the pursuit of excellence in all of his endeavors. May your discipline tempered with a celebration of life continue to be an inspiration to all of your admirers.

-Matt Hepburn

Rima:

Your bedroom voice *speeds* my pulse.

Dreamlover:

If I sang to you on Valentine's Day "If Only For One Night," you'd see in my eyes that it was not true because the heart never lies. What I really want to say this Valentine's Day is let me love you for the rest of your life.

-Jennifer

Tanya and Gordy:

Your dinners are delicious, your wines are winners, your coffee is "cool", and your house is heavenly. Thanks for letting me hang.

-Your big sib

Renee G:

Thanks for putting up with all my abuse in lab this year. Big sloppy kisses, may your **pigs always fly!!**

-Toddy "J"

Elahe:

Your smoldering look sets my heart afire.

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Duane:

Yes, Mr. Mitchell, I've heard you're all that. Intelligent, witty, and the ride is phat. But don't think I'm sweatin' when I jump first in line to be your fly girl Valentine.

-Jennifer

Lapp:

A tomboy at heart, yet it's your *femininity* that captures my imagination.

Matt H.:

You are my hero! You're the perfect male, a Greek God! Drop Janice and come with me!

-T. Jacobs

Todd Jacobs:

I have the upmost respect for you, but Janice is my one true love. I wouldn't leave her for all the money in the world.

-Matt H.

Crystal:

You should be an astronaut, for you are truly *out of this world*.

Bradley Hare:

Med School just would not be bearable without you.

-RAnonymous

C. Bradley:

Happy Valentine's to the **studliest** Gold's trainer of them all.

-S.

Allie:

A dork in reputation only, you're more appealing than a banana.

Wing:

You make my heart take flight.

Jen M.:

Your laughter brings joy to all near you.

Mike:

I love you like a husband.

-Archana

A.C.G.:

Thanks for your smile.

-J.

Jam Yard:

What would I do without you?

February, 1995

Ed Norris:

To my fellow unengaged roommate, at least we have Sunday nights in front of the TV, and Monday and Tuesday and Wednesday... . And don't forget M.A.N.T.I.S. on Friday nights.

DPAR!

-Mesh

Greg:

There once was a boy named **Rocca**
Who loved to play IM soccer.
I can't think of anything else.
Happy Valentine's Day!
Love your little sib.

Ed Neyman, well, you know, is watching his favorite show, up in the lounge, where he can't be found, but that's why I love him so.

XOXO Trixie.

To the Peachy Girls...

You are the best! It will be the "pits" without you next year! Happy Valentine's Day.
the REAL queen.

Matt:

I have a big sib named Matt.
He's tall and skinny not fat.
He makes me dinner when I don't have time,
Says his class is much cooler than mine,
And he gave me his books too.
You're a great friend, Matt!
Love, Lisa

To all my women:

Don't be jealous this Valentine's Day—
There's enough to go around.
-J. Ard

To all Shifting Dullness contributors:

Your commitment to a quality production has been amazing. Keep up the great work. Next Deadline: March 20. Happy Valentine's Day!!
-The Editors

To Linda Chambers:

Thank you for all of your help, support and ideas.

THE SNMA HOSTS 8TH ANNUAL MLK SYMPOSIUM

Jamy Ard

The Duke chapter of the Student National Medical Association held its Eight Annual Dr. Martin Luther King, Jr., Memorial Symposium on January 12 in the Searle Center. The symposium consisted of presentations and discussion by a distinguished group of panelists. The panelists included Dr. Brenda Armstrong, pediatric cardiology here at DUMC, Dr. Charles Johnson, endocrinology here at DUMC as well, along with Dr. Ira Smith, a local obstetrics and gynecology private practitioner, and Dr. Gregory Strayhorn, family medicine at UNC. The discussion of the role of African-Americans in medicine and healthcare: past, present, and future was moderated by Dr. Gabriella Dennery, a resident of internal medicine at DUMC. Although the turnout was low, the panelists delivered messages of harsh reality tempered with words of enlightenment and encouragement as though they were speaking to an entire generation of young men and women.

Dr. Johnson led the way discussing the survival of black physicians in the 21st century. His words were like those of a father disappointed in his children who had failed to achieve up to his expectations. Dr. Johnson stated, "This is the first time in the history of the African-American community that the present generation will have failed to exceed their forebearers." Because of increasing numbers of blacks in prisons, increasing black on black crime and family disarray, Dr. Johnson feels that the African-American community is actually moving backward rather than forward. He challenged those present to stress the value of education and place emphasis on family values. Otherwise, both the black physician and community would fail

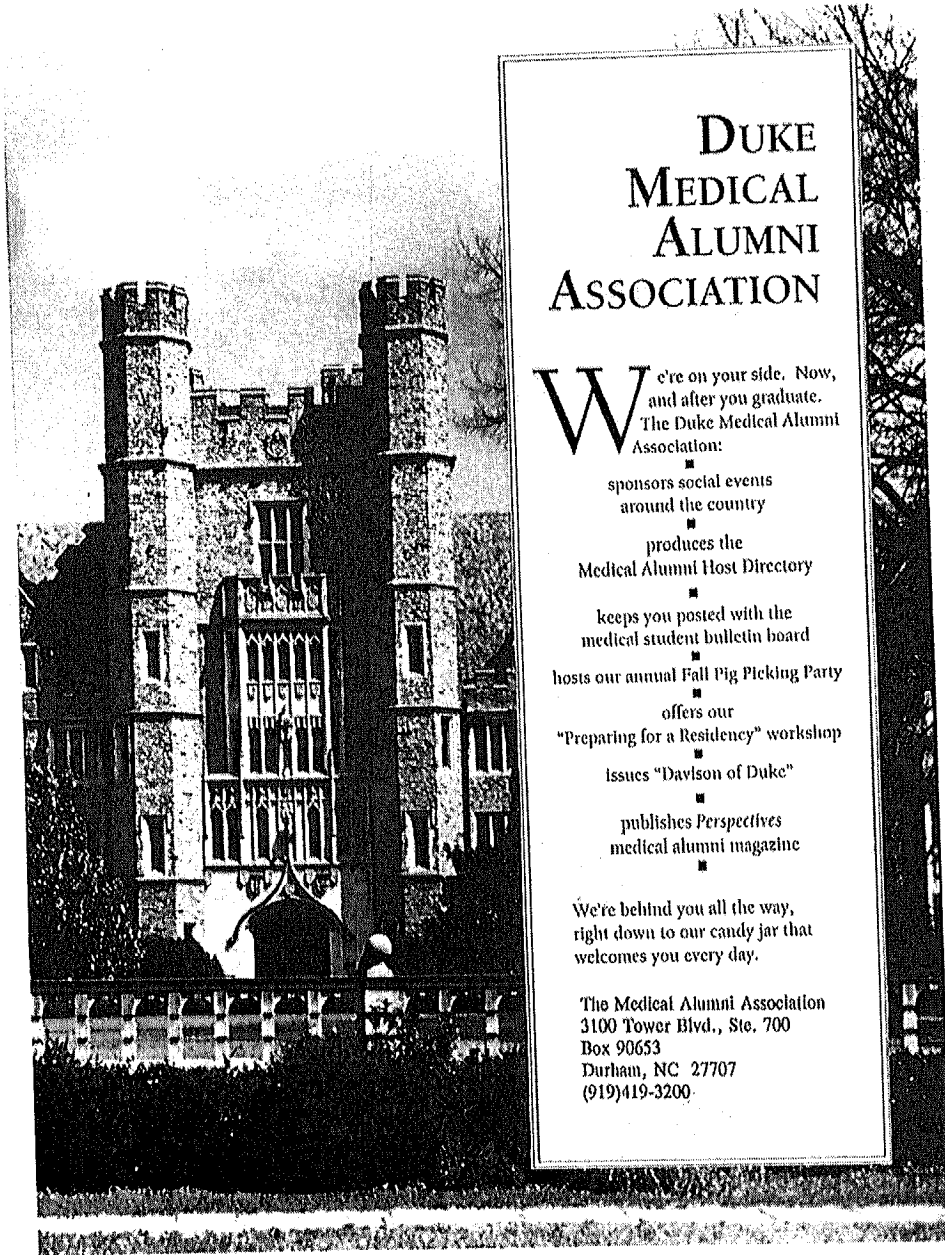
to reach higher ground.

Dr. Armstrong followed with a similar yet much closer to home perspective. Speaking as the mother of 2 sons and a public health advocate, Dr. Armstrong talked about how violence has had an enormous impact on the African-American community, to the extent that it is now one of the major public health issues for African-Americans. She also quoted dismal statistics that reflected the poor health status of blacks even in 1995. Dr. Armstrong then eloquently linked her message with the life of Dr. King using his dream of peace, commenting that his vision of peace was yet far away. The recurrent message here is that good, solid traditions of the African-American family and community have been left by the wayside as many have become complacent with their station in life. She warned listeners, however, that though we be satisfied with life as it is, institutional racism continues to exist as many are still unsuspecting and will fall easy prey.

Dr. Smith changed course and shared his outlook on the black physician's roles in managed care. It was his view in general that once the black private practitioner sold his or her practice to a larger HMO, that it would severely limit the ability of African-Americans to seek out their own physicians and have their specific needs met properly. Also by limiting the patient's ability to choose his or her own physician, Dr. Smith believes that valuable role models for young African-American children will be made inaccessible. He ended with a challenge to black physicians to "create a sense of political awareness. . .we must become pro-active about long range plans rather than reactive."

The evening was culminated by Dr. Strayhorn's presentation of a brief look at the history of African-Americans in medical school since the days of Martin Luther King, Jr. He began by saying that many of the advance-





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Davison Council News

Vickie Ingledue

SOCIAL EVENTS

Many thanks go out to all who helped make the Share Your Holidays Party a success! Extra special thanks are sent to Dr. and Mrs. Bradford for again being such wonderful hosts! The party was filled with the spirit of charity and good will thanks to those who gave their time and their gifts to help brighten the holidays of those in need.

Although the holidays are over, that's no reason to stop celebrating! A number of fantastic parties are just around the corner! Upcoming parties include a Valentine's Day Party, a Mardi Gras Party, and the Match Day Party (March 15) at Satisfaction's. Greg Della Rocca is graciously accepting offers from those willing to host the Valentine's Day and Mardi Gras parties!! You can reach him at 403-8538.

The Davison Ball is (tentatively) scheduled for March 25 at the Duke Museum of Art. A committee has formed and is in the process of ironing out the necessary arrangements but they welcome your input! All who are interested in helping out (planning, organization, decorating, etc...) please give Greg a call (403-8538).

And while you're thinking about the Davison Ball, remember that the 1995 Excellence in Teaching Awards will again be awarded at the Ball to the basic science and clinical faculty members as well as residents who have displayed excellence in and dedication to medical student education. Nominations will be coming up in the next month, so be thinking of who has really made a difference in your education here at Duke.

IM

Intramural competition is underway for the new semester. Contact Julie Lapp (419-8422) with any questions concerning upcoming events. ■

Roadside Assistance Continued from page 19
carnage, and am instantly greeted by an overpowering sulfurous stench.

A suffusion of red light floats outward as somewhere, deep in the bowels of the lab, a guttural voice rumbles, "Get out!" Having nothing better to do, I obliged, trying not to be too obvious in tucking my tail before I ran. Well, so much for number three.

In a fit of dejection (it seems I am always trapped in such fits), I thought of abandoning my beloved study track. Cancer types seemed, well, too carcinogenic. Maybe Path would be a good place to look. Pathologists seem to have a much better outlook on life. With a new plan in mind, I decide to call Dr. Bradford, he loves medical students.

I meet with The Man. A short list is generated, lots of people in heme/path. Sounds good. I meet with Dr. Z, the first name on the list. Things go very well. Lab requirements: work during the week (at the noble VA, of course); no week-ends, unless you *really* want to; lots of nifty projects, including some that have ties to cancer research. I visit the lab: small, cozy, only two technicians and no post-docs. It seems Dr. Z spends a good deal of time in the lab herself. I like the sound of this.

Okay, so there's going to be another med student in the lab, but plenty of projects are available. Given my previous experiences, my synapses are busily secreting whatever they can that even vaguely resembles coveted beta-endorphin. I instantly know this is the lab for me. And I can stay in my beloved Cancer track.

And so, the search ended. This knight so bold banished that shadow new fallen o'er his heart, as the gold-tipped minarets of El Dorado lay before him. But the lessons of my painful search for a lab were obvious to me: *the project does not matter*. Your hours do. Your work environment does. Make sure you can be happy there; there is nothing worse than being miserable in third year, brass ring of all brass rings. Happy Hunting, O Fellow Travellers! ■

February, 1995

15

Journal Watch

by Umesh Marathe and Steve Kent

Effects of Estrogen or Estrogen/Progestin regimens on heart disease risk factors in post-menopausal women

THE WHITING GROUP FOR THE PEPI TRIAL. JAMA 273; 3: 199-208.

Previous studies have noted a 50% decrease in cardiovascular deaths among post menopausal women who take estrogen replacement therapy. In this study, estrogen replacement therapy was shown to decrease LDL levels and increase HDL levels. No effects were seen on insulin levels or blood pressure. The effect on HDL may be significant as high HDL levels correlate well with decreased cardiovascular disease in post menopausal women. The researchers note that estrogen alone (without progesterone) had a greater effect on HDL and LDL levels than the estrogen/progesterone regimen. However, estrogen alone carries an unacceptable risk (34%) of pre-cancerous endometrial hyperplasia (unless yearly biopsies are performed). The authors recommend a estrogen/cyclic micronized progesterone regimen.

Expectant management of first-trimester spontaneous abortion

NIELSEN AND HAHN. THE LANCET 345: 84-86.

The traditional management of first-trimester spontaneous abortion is dilation and curettage. Dilation and curettage was compared to expectant management (no intervention; follow with transvaginal ultrasound at days 3 and 14) with regard to complications. Both had statistically similar rates of pelvic inflammatory disease (3% for expectant, 11% for D&C). Expectant management resulted in vaginal bleeding for approximately 1 day longer than D&C. Interestingly, only 21% of patients in the expectant group required D&C

based on ultrasound findings. These results suggest that expectant management with appropriate ultrasound and laboratory follow-up may be a legitimate treatment option.

Antibacterial treatment of gastric ulcers associated with *helicobacter pylori*

SUNG et al. NEJM 322;3:139-141.

Gastric ulcers (excluding NSAID-induced ulcers) which have positive cultures of *H. pylori* on endoscopic biopsy are shown to respond to antibacterial therapy (plus Mylanta). Antibacterial therapy cured 84% of the ulcers within five weeks compared to a 73% cure rate for omeprazole therapy. Notably, the recurrence rate at one year was ten-fold higher in the omeprazole group. Antibacterial therapy heals *H. pylori*-associated ulcers and helps to prevent their recurrence.

Efficacy of screening mammography (A Meta-Analysis)

Kerlikowske et. al JAMA 273;2:149-154.

This study is a meta-analysis using a literature search of English-language studies reported from Jan. 1966 to Oct. 31, 1993. A total of 13 studies were used. The conclusion of the meta-analysis is that screening mammography significantly reduces breast cancer in women aged 50 to 74 years regardless of screening interval or number of mammographic views per screen. This was based on 7-9 years follow-up. Screening mammography may be effective in reducing breast cancer mortality in women aged 40-49 years after 10 to 12 years of follow-up, but the same benefit could probably be achieved by beginning screening at menopause or 50 years of age. It is important to note that this study did not separate those women with a family history of breast cancer.

Shifting Dullness

Sports News: Athlete of the Month

Thanks for joining me for another exciting edition of Athlete of the Month! This month, I have chosen to feature a runner who puts in 100 miles per week!!! (Just kidding, Paul.)

All right, all right, so who is our lucky recipient? Well, Warren Kadrmas again declined an interview, so when I asked Bill Hage, MSIII, if he would like to be Athlete of the Month, he said, "Sure, I'll take it; thanks Warren."

In all honesty, though, Bill is quite deserving of this prestigious award. At the tender age of 3, Bill began a swimming career in Puerto Rico ("there was nothing else to do"), which now spans a couple of decades. By age 6, he was on a competitive team in Michigan, where he lived until age 15. Then it was on to competition in Durham, swimming for Jordan High School. Bill confirmed a rumor that he had competed against Matt Hepburn, MSIII, in a swim league in Ann Arbor, MI, reflecting that his team beat Matt's team consistently. When asked if he remembered Matt specifically, he replied, "I don't think so, and I don't think he recognized my face because he was always so far behind me."

Bill took his love of the water to college, attending Kenyon in Ohio, where he swam butterfly and the individual medley for four years. It is worthwhile to note that Kenyon has won 16 straight NCAA Division 3 championships in swimming; Bill was on the team for seasons 10 through 13.

So what is Bill's involvement in swimming now, and what makes him AOTM? Well, in the midst of this hectic third year, he is presently an assistant coach for boys' and girls' swimming at Jordan High, his alma mater. Both teams are 9-0, and are in contention for the state high school swimming title. Perhaps the most amazing aspect of this job is the fact that practices are held daily from 5:30 to 7:30 AM (Yes, that's AM). As a swimmer and former

February, 1995

Julie Lapp morning practicer myself, I'd just like to say give me surgery rounds at 6:00 AM anyday. Bill tells me that it is his love of swimming that gets him there everyday. To top it off, he puts in several thousand yards of his own in the evenings at the Duke Aquatic Center. He is a member of the NC Master's swim club in Chapel Hill, and will be competing in a meet at the end of March. Other athletic pursuits include intramural basketball and softball. He says he doesn't have enough time on his hands to run.

For your commitment to swimming and to the kids, we salute you, Bill Hage - Athlete of the Month. Best of luck to you and your teams in March.

* The state high school championships are March 7 in Chapel Hill. Think about getting there to cheer Jordan High and Bill on.

** By the way, Bill does say this of his own swimming ability: "I know I can beat Warren; in fact, I issue a challenge to him anytime he wants to show his face at the pool." ■

Crystal Ball continued from page 2

by Baron D.J. Larrey, who served as a battlefield surgeon to Napoleon and noticed the healing properties of maggots among soldiers suffering untreated wounds. Dr. Sherman has found the maggots most useful in treating gangrene, severely infected bedsores and diabetic ulcers, which are difficult to cure with standard treatments. They provide low-cost therapy, perform work that results in minimal scarring, and do not require the use of anesthesia; patients feel only an occasional gnawing or scratching. Which is fine and dandy, but I'm not sure I'd jump at the chance to provide a gourmet spread for a few hundred maggot larvae. I think I'd rather be hypnotized to my past life (before Napoleon's time) and heal my necrotic wounds with positive thoughts. ■

What's
About **Cost Effective
Medicine?**

Cost-effective medicine - great oxymoron isn't it? Right up there with classics such as military intelligence, federal budget and jumbo shrimp. Actually, here at Duke Med, it's the latest innovation in the second year curriculum. Beginning this school year, the last two weeks of the Psychiatry clerkship have been carved out to fit in this mini-symposium on health care delivery systems.

Unless you've been living in a cave, you're no doubt aware that change is in the air. In general, almost everyone believes the quality of medical care is high, it's just that it costs too much money. Despite the failure and consequent abandonment of legislative attempts at overhauling the way Americans finance their medical costs, the private sector, driven mainly by large employers and insurance companies, is pursuing revision at a heady pace. Duke, for instance, is not only pursuing marketing a new insurance product; but DHS, the insurance coverage for all Duke University employees, is changing to a capitated delivery system, effective July 1, 1995, a mere 6 months from now.

This new clerkship, Cost Effective Healthcare, makes sense of all the buzzwords and acronyms: managed care, PPO, capitation, HMO, QALY, and so on. Through a combination of readings, lectures, small group meeting and projects, students get a handle on the forces driving the changes in health care delivery, how these changes may affect all of us, and most importantly, how to think critically about both these changes and our current modus operandi. Through individual research into specific patient's course of hospital stay, students start thinking about medical indications for studies and treatments, and become familiar with billing practices. Did you

18

Tanya Wahl know that one MRI scan runs \$850? And one night in your standard hospital bed is \$450? We really don't have enough clinical experience as second year medical students to thoroughly evaluate clinical decisions; even so, it's an interesting exercise which demonstrates how difficult it would be to place quality measures on clinical outcomes. How much is an extra two years of life worth? How about walking without a cane after hip replacement?

Though a few lecturers display a clear bias, the course is not just a re-hash of first year Health Care talks, nor is it a thinly veiled threat that we'll all have to become primary care practitioners in this brave new world. The emphasis is on thinking about how to deliver the best care at the right price. Both of those components "best care" and "right price," are subjects for lively debate in the small groups. The time requirement for Cost Effective Healthcare is much less than for the other clinical clerkships, and there's no call, of course. Most of the time is eaten up by researching and writing up two patient cases and one project. There are also no exams. It makes for a nice break in the otherwise hectic 14 months of second year. Some wrinkles are still being ironed out in the materials and lectures, but overall it's not a bad class. And it definitely could have been real bad. ■

Community Service cont. from page 7 needed to organize all of the canned goods received by the organization over the holidays. Sign up on the amphitheatre door or call Allison at 383-7067.

Adopt-a-Highway — Not all the the MSI's were at Habitat on the 21st. Some were renovating our prodigal highway, which now has a sign indicating Duke Med School as its official foster parents. Drive down Cornwallis between 15-501 and Kerlee to perceive the essence of cleanliness. But drive carefully because our highway has a tendency to get trashed. ■

Shifting Dullness

Roadside

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Roadside Assistance continued

and-so? Well, why the [deleted] not? I can't believe you'd be so inept as not to talk to so-and-so, he's only the chairman of your [deleted] department and all. And don't ever call me again, ingrate." Eventually I settle on a nice lab, a big name, Dr. X, maybe you've heard of him?

So, by mid-November, I can walk around with that smug smile that says *I know what I'm doing next year and you don't*. My life is set. I plow through the next four months or so (finish Peds, onto Psych (blearrgh!), and then Surgery), giving no thought to my project.

It is now early March, and I'm on Surgery. I come home, late as usual, desperately needing food and sleep (not in that order). A message awaits my ears. It seems that Dr. X would like to speak to me. It being too late for decent folk to be awake (or even alive), I decide to call tomorrow.

Well, it seems that dear Dr. X has been offered a chairmanship elsewhere and will be leaving shortly. A mental picture of some social deviant pushing my shoddily constructed lean-to of a psyche into a foul swamp came to mind. Oh my. I've got *weeks* of Surgery left, to be followed by Family Med elsewhere. I can't look for a lab until maybe *June*.

The months trickle past, and it is now deep summer. I can once again devote what pittance of time I have to finding a lab I don't want to be in. Again I pore over the list of Cancerous types. Only, it seems, my goals have changed. Having survived Surgery, I now felt my needs would be best suited doing little actual lab work. I decided that taking root somewhere between the first and second cushions of my couch would be far more acceptable.

Off to lab number one. Dr. A's lab. A fine and beautiful place. Dr. A would kindly request that I refrain from taking any classes, work 60-80 hours a week, and ransom my first born. But he's got some nifty projects, and promises

I'll publish once, perhaps twice, as well as present a poster at some big convention thingy. Well, that's all well and nice, thank you, I'll keep you in mind.

Lab number two lay directly ahead. Really nifty project, some kind of brain thingy (gotta love Duke anatomy). Dr. B greets me precisely at our scheduled appointment. "Well, Mr. Roadside Assistance, we really like our lab a lot. As a matter of fact, we'd like you to live here. We'll provide you with a tent and an army cot, as well as your share of K-rations. I understand you can only work for twelve months? Bloody shame, that. I'd really like someone to hang around for once. Let's go tour the facilities."

Dr. A would kindly request that I refrain from taking any classes, work 60-80 hours a week, and ransom my first born. But he's got some nifty projects. . .

Brand-spanking new labs. Benches still have the plastic on them. Amid the profusion of pup tents and campfires, the troops lay scattered before me, pipettors slung neatly in holsters. Ammo boxes full of test tubes lay by tents; a P.F.C. was carefully carving a 96-well plate from a chunk of recycled plastic. A lowly sergeant shouted "Ten-hutt!" as the Boss walked in, and the troops snapped to. A cursory tour was given. I decided this was maybe not the place for me.

Let's try lucky number three, with an hour more to hide from my ridiculously bad Neuro resident while ostensibly looking for a lab. Dr. C is not in his office, but a rather interesting altar is. A medical student I recognized lay across the table, throat slit, blood drained into various crucibles. Stifling the appropriate panic, I go to Dr. C's lab, hoping to find him and possibly an explanation for the random fit of

Continued on page 15

Shifting Dullness

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

How Not to Look for a Lab: A Non-Interactive Guide

Michael DiCuccio

And then there was lab. The third year. A time to hone those vital laboratory skills, a time to make astounding contributions to science. A time to waste valuable research time and money breaking expensive equipment. And a time to drink beer. Or make it. Or both.

It was, of course, early November, and I was on Pediatrics. Have I mentioned recently how much I hated Pediatrics? In fact, I can think of no better reason for involuntary sterilization. Just kidding.

Anyway, Pediatrics. Out-patient clinics to be exact. Plenty o' time. I decided that *this* was my prime opportunity to scout out where I would spend my third year. I look long and hard. I decide that Cancer Biology is the place to be, and that those who are not in this track are, of course, mentally deficient. So many

20



great researchers, such neat topics.

My goals are, of course, modest. I want to do great, publishable research, on the scale of TIMI II, perhaps. I want to learn all there is to know about, say, the influence of cosmic radiation on uptake of murine mammary tumor virus in a non-immunocompetent, non-murine host.

A generous list of possible preceptors was provided through my study track. I begin calling people to set up appointments to see labs and discuss projects, getting such heartening responses as, "You know I'm going on sabbatical next year? Have you talked to so-



Continued on Page 19

Shifting Dullness