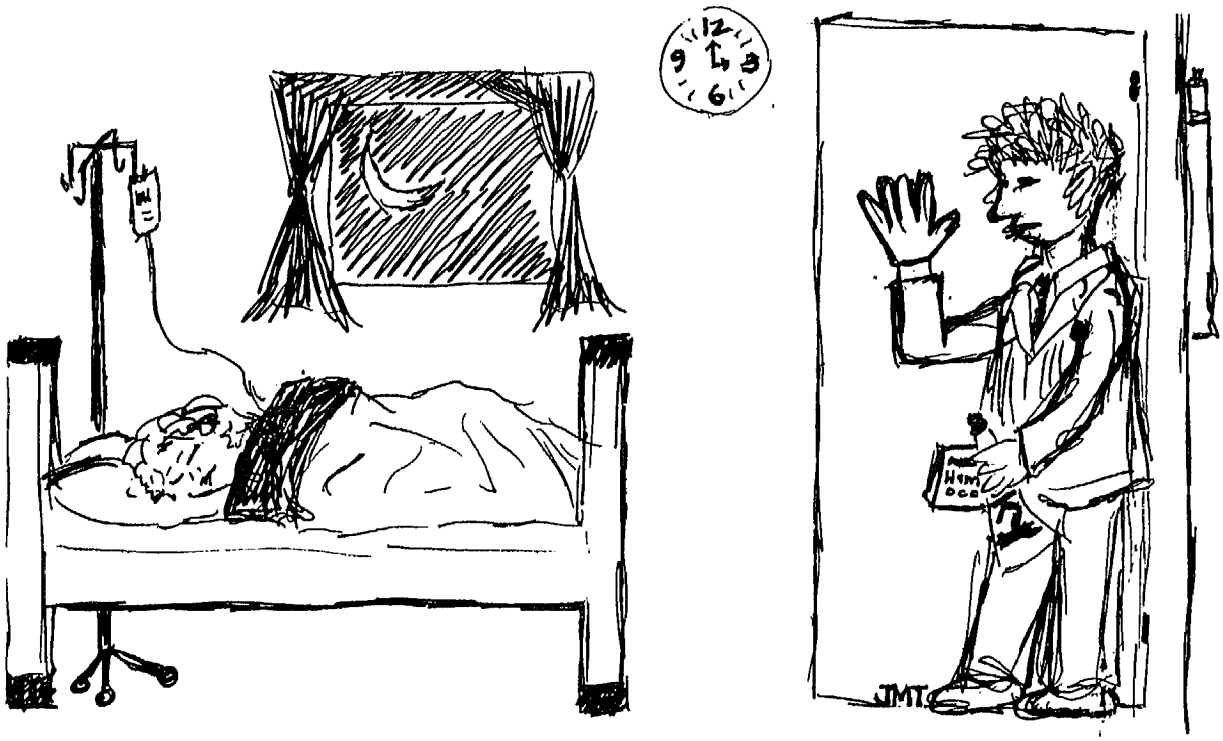
Shifting Dullness

The "Thank God Drayer is out of town" issue

June,1997



Inside this dictator-free issue:

Pleural Effusions

Jeff Drayer

Ah yes. Fourth year. After the tireless, painstaking pursuit of medical Truth and pulmonary nodule characteristics in the laboratories of radiology, after the constant, irrepressible quest for basic science knowledge while studying for the boards, I am once again free to roam the wards with the merry abandon of someone who no longer is forced to do research or study basic science. But occasional flashbacks to second year remind me that being on the wards entails staying up past my bedtime (9 PM), writing epic notes and dealing with more bloody stool than appears in the med school brochure. Therefore, it was with some trepidation that I reentered the world of clinical medicine.

Because, of course, in the lab, whenever I didn't understand something, or even sometimes when I did, I could just ask a grad student, and he'd do my work for me. I never had a single worry. But the wards are a whole different world. After all, I don't remember how to write orders. I can't recall what, let alone how many, things are included in a chem 7. I forget which end of the needle to use for a routine blood draw, or even which part of the face to stick. So the first day, when my dermatology resident handed me a pink piece of paper and told me to do a consult on room 8123, I found myself more than a bit hesitant, and not just because I couldn't remember where room 8123 was. But, since the one thing I did remember from second year was to never admit when I didn't know how to do something, I headed off toward Duke North, equipped only with my stethoscope, a clipboard, and a vague, hazy concept of what a vesicle was.

Of course, upon arriving, I wasn't quite sure what to do, so I thumbed through the chart for a few minutes, trying to look like someone who was actually getting some information out of the patient's dietary restrictions. But as hard as I looked, and as many fluids as the patient was allowed, I could not find any notes from dermatology. That was when I realized, obviously, that I was dermatology, and was being counted on to provide some kind of specialized information. Harkening back to the firm grounding in patient relations provided to me by my clionical arts background, I decided that the appropriate step, at this point in the consult, was to go in and actually talk to the patient.

What I had forgotten about the internal medicine floors, though, was that most of the patients were too sick to bother remaining conscious, and the woman in room 8123 was no exception. She was, as far as I could tell, simply a small woman connected to an enormously swollen set of legs. I stood there for several moments as a soft, drowsy voice began to mumble something inside my head. "You're doing a consult...On the dermatology service...Dermatologists deal with the skin...This patient has some skin..." Skin! Yes, that was it! Ignore the swelling, the pitting, the weeping—all I had to do was probably check her for some macule or something. And so, happily, I began examining her face for any weird-looking spots. And sure enough, there it was; a mole. On this septic, cirrhotic, stuporous, thrombocytopenic, arthritic, asplenic woman with congestive heart failure, I found a mole. Time to start writing it up.

So, I took out my trusty ruler and began measuring this area on her cheek when I heard

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from the doorway, "so, are you gonna wrap them?"

No particular answers came to mind, since I couldn't see how the word "them" could refer to a single mole, let alone why someone would want to wrap a mole in the first place. So I just looked dumbly at the medicine resident standing at the door long enough that she had to ask again, "are you gonna wrap them?"

It was clear that staring at her wouldn't make her go away. Didn't she know I had to measure this thing and write it up so I could get back in time for the Zyrtec lunch?

"Are you dermatology?" she asked, trying somehow to communicate with my slack, frozen countenance. When it nodded, she continued, more slowly now, with emphasis. "Then are you going to have to wrap them? Her legs?" Suddenly the prospect of having to explain why I was measuring the woman's face seemed a very real, very uncomfortable possibility. I had to get rid of the resident. What should I do? Pretend to have not gotten to that part of the exam yet? Fake a seizure? My ability to lie on demand had atrophied during my year off the wards, and I was now having a lot of trouble. But I had to remain in control. Always look like you know what you're doing. Which is why, though my stupified facial expression never changed, when my dry lips slowly parted, releasing a gutteral, gravelly "y-e-e-s-s-s," I was pleased to see the resident nod her head, issue a quick thanks, and walk off down the hall.

Very happy with myself for completing a successful consult, I began to pack up my things to leave when my beeper went off. It was my resident, wanting to know what we needed to do with room 8123. Wrap 'em, I said confidently. We've gotta wrap 'em.

"Sure," he agreed. "How come?"

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Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box" located underneath the candy shelf in the Deans' Office.

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My mind began slogging through the maze of recently-learned basic science, and while I could have named where every atom in a pyridine ring came from, the only explanation for what I wanted to do to this patient that I could get to come out of my mouth was the soft, hesitant half-question, "edematous?"

"All right— go ahead and wrap," excalimed my pleased resident. "Just remember, first the zinc, then the coban." Click.

"She was, as far as I could tell, simply a small woman connected to an enormously swollen set of legs."

Zinc? Cobalt? Wha? Needless to say, the next hour could translate into a tale as long, complicated and violent as a treatise on the Battle of Antietam, though with more oozing legs. But rather than put down on paper just what happened in that room, lest the authorities or their lawyers choose to use it as "evidence," let's instead see what we can learn from this whole episode. My derm resident, of course, should learn never to trust a Duke med student coming back to the wards after his year of research. The medicine resident should learn not to trust a guy who is representing the dermatology department but yet still doesn't know the difference between a macule and a pustule. The patient should learn to go to Durham Regional next time, and the makers of zinc wrap should learn to put a warning on the box saying that it is indeed possible to attach one's stethoscope to a patient's leg with their product, and also that even unconscious people not only think that stuff tastes awful but can experience difficulty breathing through it as well. And what did I learn from the entire experience other than that coban wrap is not easily removed from moist surfaces? I learned that life in the hospital, even on consults, is not all that simple, that a lot of specialized information must be known by the various subspecialties in order for appropriate care to be given to our patients, and that no matter how ill-prepared you might be for some situation in the hospital, there is no event too complex nor any procedure too difficult that you can't simply blame the disastrous results on the nursing staff. ■

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membranes. The days are full of rashes, which are all treated with cream, as well as bumps, which are all cut off. And the nights are spent finding a relatively clean bed where I won't be arrested and thinking about this profession of medicine. Why is it that we make such a big fuss about which hospital someone trained at, who someone did their research with or how well-recognized our letter-of-recommendation writers are at other hospitals? At the departmental picnic last week, I found myself reflecting, as I spiked a volleyball into the chest of the department chair, that the expression of surprise and dismay etched into his face was the same one that would be worn by Dr. Haynes, Dr. Anderson, or any dermatology department chair in the country, if put in the same situation. But as I passed one of the other students telling the head of the residency selection committee that she really thought dermatology was right for her for a number of reasons and could she perhaps list some of them and, well, then could he maybe then tell her about some of his interesting experiences in dermatology because he must have had so many in such a long and distinguished career--that was when I realized where the big fuss comes from. And in four years when she's the chief resident, nobody will be sur-

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prised, and it will all continue.

So far, then, it seems I've learned a lot up here. And though some of it has been skin related, some has not. And a lot of it was things that I always suspected, but needed to go somewhere else to really know for sure. But late each night as I wander through the urology floor, looking for an empty patients room to throw my aching, weary frame into so I can sleep for a few hours until the nurses discover me and throw me out, I look around and see a hospital to which a doctor could grow accustomed and, in fact, even grow to love, much like Duke. Much, in fact, like any hospital.

This is the first in a series of 3 articles by Jeff Drayer as he travels in search of a residency program, any residency program which will overlook his eccentricities and down-right strangeness and let him in. Look for next months scathing report on the state of derm residencies in Grenada. ■

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!!!

TO THE STUDENT BODY OF DUKE MED:

I would like to thank the student body of the Duke University School of Medicine with all my heart for honoring me with the Golden Apple Award for Teaching.

As a student of the classics, I know how valuable golden apples are: the competition between three goddesses for a golden apple led directly to the Trojan war. Three golden apples saved Atalanta's future husband from the consequences of losing a lethal foot-race with her, and won him a kingdom. The acquisition of a golden apple from the garden of Hesperides was one of Heracles most difficult labors, for which he recruited the aid of the titan Atlas. Yes, I know how valuable golden apples are, and from the heartfelt congratulations I have recieved from the residents and faculty, I can tell you that this award and medical student education are highly valued in the Department of Surgery and the medical school at large.

I owe this award not only to you and the pleasure I get from sharing knowledge with you, but also to another figure from the classics, the old hemlock-chugger himself, Socrates. I stand ready to use his method any time you need my help to demonstrate to you the knowledge you didn't know that you already possessed.

Sincerely yours,

R. Anthony Perez-Tamayo, MD-PhD

The Citrin Acid Cycle

One painful year of med school down, three to go. I know it seems like just a drop in the bucket. And while my first year of medical school was just one of many flaming hoops that I will have to jump through to become Dr. Deb, I can't help but feel a little jubilant. Sure I suffered through months of hopeless toil when the only reward for my rising every morning was a free Snickers at the Candy Jar and a frosty Mountain Dew. Sure I ate Ramen noodles 7 nights out of 10 to stretch my budget. Yes, I even contemplated the letter from Duke Infertility Clinic about donating eggs for money. I even stooped to levels like getting seventeen packs of salteens from Duke South Cafeteria to supplement my Laffy Taffy lunch (you guessed it- also free from the candy jar. But hey, I made it, albeit a little worse for wear, and I am proud to say, that unlike some, I made it through without ever spending a night in CTL playing Quake until my fingers were raw (Numb, but never raw).

I start my summer vacation with a new outlook on life. I can finally load the dishwasher with the last block's dishes. I can even wake up after 8 am and hit the snooze without an overwhelming anxiety attack or feelings of guilt. The most exciting part, however, will be when people call or ask what I am up to and I can honestly say "nothing." Not that anyone ever asks anymore, they are used to my answer. Yep, it's time to blow the dust off the old gym membership card, buy a lounge chair, and do some serious movie watching.

Alas, I can't help but reminisce about the love and fine times of my first year. The deceptive first block, when we thought med school was way too easy and wouldn't think of not going out every night. It was so nice of Fran to stop in the weekend before our first test, we really didn't need power or food to study anyway. I think people were actually reading class notes before the lecture back then- amazing, isn't it? Then came block two, and the introduction of those clicky, annoying, four color pens. The sound still rings in my ears, along with Dr. Highlander's voice: "You want to know **what** about that part of the anatomy Jamila?" Yes, gross anatomy was definitely a meat market in more ways than one. The bonds of several undying loves were forged over the dissecting table, and many PT's finally met the men of their dreams.

The rest of the year snowballed into such a blur, that I can only remember a few parties and lots of pizza courtesy of the divine Dean Grady. The fond memories of Dean's lunch bring tears to my eyes. For those of you who know Rodney, suffice it to say that he was in my Dean's lunch. For those of you who don't, imagine the deeply emotional conversations that followed Rodney's insightful comments, such as, "You mean Barbie isn't made to proportion?" and "Women won't marry a man who weighs less than them, that's why they diet before their wedding." Rodney says the things that women think that men think but are afraid to say-do you follow?

I think that I will enjoy my second year of med school, if only for the fact that my eyesight will not deteriorate further. I hope to come back to this mecca of entertainment and culture known as Durham in August as a refreshed, buff, and tanned second year. Heck, perhaps I will even give my car a wash.

This year has been one of the most overwhelming years of my life, and there are too many memories and nightmares to recount them all. Of course this little ode to my class would not be complete without a special thanks to all of the friends, upperclassmen, faculty, CTL miracle workers, and parents who kept us sane, or at least helped us put on a happy face. Bless you all. I only hope you are ready for three more years of loans, moans, and groans.... ■

Lymph: Physiologic Fluid or CIA Cover-up?

by

Geoffrey Harris

As this medical school's representative to Students Leery of Inconsistencies In Medical Education (SLIME), a national organization dedicated to exposing problems in medical training, I feel that it is my duty to inform this school about our recent state convention. This year's convention was held in beautiful Fayettenam, NC at the I-95 Super 8 and included two days worth of lectures and expositions on topics such as "Surviving in the Managed Care Realm," "Ebola in the Outpatient Setting," and "Underwater Sigmoidoscopy: Stool in the Pool."

I realize that SLIME is not accepted as a legitimate student organization here at Duke because of the unfortunate iced tea incident at our annual BPH screening day last September. However, we stand firm in our dedication to identify problems with medical knowledge and education.

The main focus of this year's convention was the lymph system. It seems that the lymphatics, a seemingly logical body system, is in fact a complete fallacy. In the Middle Ages, early European anatomy books created another circulatory system to explain certain enigmatic phenomena. Work in the 1940's by researchers at the American Medical College of the Caribbean began to readdress medieval mysteries and actually proved that lymphatic drainage is neither explainable nor consistent with circulatory theory. The ground breaking article, "A Load of Lymph: The Thoracic Duct Debunked," appeared in the February 30, 1949 volume of the Journal of the American Academy of the Association of the College of Physicians. This article became well known and textbooks of medical information in the 1950's began to expunge the lymph system from current volumes. In 1960, across the country, only UNC was still teaching about the lymph system.

Everything changed in 1963 with President Kennedy's assassination and the subsequent formation of the Warren Commission. In order to espouse the "Magic-Bullet Theory"(and rebuke coup d'etat and CIA conspiracy hypotheses) an enigmatic tract is required to guide the bullet through the President's body. It was the CIA that realized that the "good old lympsystem" could keep the public in the dark and hold control of the military industrial complex. Consequently, medical information was altered, curriculums changed, and professors brainwashed. Now, researchers with SLIME have uncovered the conspiracy.

It seems that physicians and anatomists around the world are now pawns to a CIA institution referred to as the Organization Requiring Grandiose Anatomical Symbolism and Misinformation, or ORGASM. This agency is also responsible for shams such as: the circle of Willis, round ligament, thymus, cochlea, superficial inguinal ring, introitus, and dermatomes. To date, CIA programs have also tried to subvert the efforts of the medical community to establish diagnostic criteria for fibromyalgia, attention deficit disorder, hypoglycemia, and chronic fatigue syndrome, conditions well recognized by physicians since Galen.

I realize that many of you must be thinking, "What about swollen lymph nodes during the immunologic response to disease?" Let me just say that once again the government has taken a well known physiologic event and spread propaganda and misinformation to further their control over our daily lives as caring physicians. In truth, the proper explanation for swollen "lymph" nodes is beyond the scope of this article but involves a discussion of the complicated

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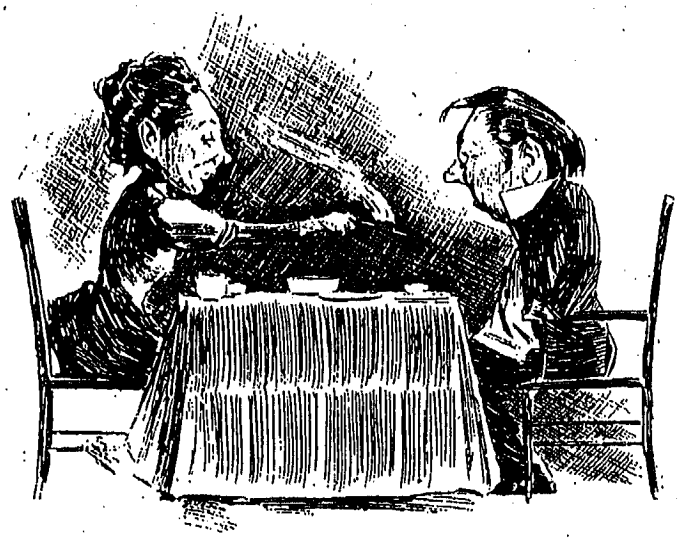
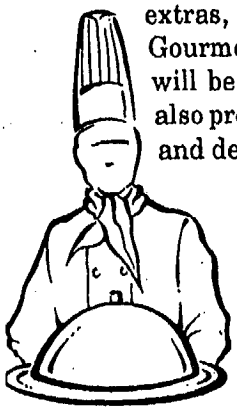


Avoid this.

Allow Your Personal Chef to handle all your culinary needs.

School is busy enough. Why not spend your time with friends and family instead of in the kitchen? Whether it's a buffet for many guests, a holiday brunch for 12 or a gourmet dinner for two in your home or at an intimate location, I can provide all the extras, including china, candles, linens, and music. Gourmet dinner parties are my specialty. Your kitchen will be even cleaner than the way I found it! I will also prepare your favorite dishes, soups, baked goods, and desserts for daily or weekly meals.



Your Personal Chef

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interaction of the four humours.

Clearly, the government has no right to control medical knowledge. I strongly urge every physician and medical student to help SLIME fight this injustice by writing to local politicians and representatives about the lie that is lymph. True patient care cannot come without factual and legitimate medical education.

Finally, anyone interested in joining our local slime chapter should attend our next meeting where I will discuss the early history of medical malpractice dating back to the ancient Greek civilization. Members are encouraged to read the recent SLIME journal article regarding Hippocrates's first malpractice suit after accidentally cutting a patient's ureter while trying to cure hysteria. ■

Shifting Dullness would like to take this opportunity to recognize Mike Morowitz, longtime editor and writer for this publication who is stepping down after two years with us. Mike, your talents will be sorely missed. Now all's we have to do is get rid of Drayer!

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of protoplasm that added nothing to their care or well-being, that I actually had a role and wished to be taken seriously. The means to that end for myself and many medical students is to act as "THE RECTALIZER." Through long discussions with my roommate (the main proponent of the rectal exam theory of existence) and intensive psychoanalytic therapy, I have come to realize that this unpleasant piece of medical student scut actually served a purpose other than randomly searching for fungating rectal vault masses. The rectal exam is a way for medical students to proclaim to the world, "yes, I am young and inexperienced, yes, I have to show identification to see R-rated movies, but I am part of the health care team and I will prove it by sticking a finger in your butt!" In this sense, the rectal is perfect because no one else wants to do it and it is virtually impossible to mess up, providing you have had Ob-Gyn already and realize that their are multiple bodily orifices and getting the right one is sort of important. Plus, it provides valuable information that stool obsessed geriatric patients love. I can't tell you how many times I have seen a 91 year old lady dance a little jig singing words from the top-40 hit "There is no blood in my stool" after an exam. They seem to believe that the magic of the hemoccult card and developer are on par with that "big donut thing that takes pictures of my brain."

Just as Einstein's theory of relativity breaks down when discussing the physics of black holes, so does the rectal theory of existence break down when at the Veterans Administration Hospital. This is because vets have all developed a reflex that whenever someone in a white coat enters the room, they drop their drawers, turn around and grab their ankles, much to the chagrin of the new, white clad nursing students from the Durham School of Polytechnic Faith Healing. Even the standard vet wize crack of "Whoa doc, got your whole fist up there?" fails to seem humerous after the six-hundred and thirty second time. In fact at some of the VA surgical clinics they bring out the surgilube in big five gallon pails with the phrase "to lube is to love" spray painted on the front.

Now, some of you may be beginning to doubt the power of the rectal exam as it applies to medicine, but I assure you that the patients identify it as an essential part of the healing process. An interesting experiment might be to line up a patients nurse, attending, chief resident, senior resident, intern, janitor, drunk off the street, and medical student (in descending order of medical importance according to common wisdom). Once these folks were assembled, ask the patient to identify each individual. The answer would probably be, "My nurse, never seen him before, or him, or him, the overworked, underpaid intern, the janitor, the drunk and the guy who stuck his finger in my butt."

I think the preceding discussion will be invaluable for that new class of medical students who are about to descend from the clouds of first year down to the real world of the wards. Remember, in the words of Dr. Randall Bollinger, Duke Department of Surgery, the only two reasons not to digitally rectalize a patient are not finger or no rectum.

PS: This expose is dedicated to Geoffrey Harris, who deep down inside him, in places people don't talk about at parties, aspires to be a rectal surgeon and who also gives haircuts for the amazingly low price of $5. Geoff is the son of an Ohio school teacher and he earned his reputation on the mean streets of Bexley, Ohio. Known for his biting sarcasm and cynicism, he uses language like a cat-o-nine tails to whip residents and attendings alike. After discovering that he hates every aspect of clinical medicine, Geoff has decided to follow in Drayer's footsteps and become a dermatologist. Godspeed little doodle! ■

On the Road

by
Jeff Drayer

Greetings from Boston! Now, as fourth year begins for many of us, we find ourselves trying to figure out where to apply to do our residencies. This becomes difficult because a) most of us really don't want to do a residency, and b) we don't actually know anything about any of the hospitals we're applying to. So, as any responsible reporter would, I've taken it upon myself to investigate some of the more popular hospitals to which Duke students apply. My assignment for this month, then, is the Massachusetts General Hospital. So, when it turned out that somehow Duke had not procured my suite in the Ritz-Carlton for the month of July, I settled in on my friend Marks floor, and began my assignment. And so as not to alert anyone as to my real mission, I quietly disguised myself as a fourth-year med student on the dermatology rotation, and began my study. Here now is the shocking story of my month at Harvard.

Stiff-necked and sore, I arose from the floor and took the 2-hour ride to the hospital, moistly packed into a subway car with a scantily-clad mass of sweaty body parts which I later realized actually composed several hundred dermatology patients. After arriving and smearing myself with bactroban, I found the conference room and there met my fellow students. And, though they were pale and didn't have funny accents, what really struck me about these people was, much like their counterparts at Duke, how very, very incredibly agreeable, friendly, and interested they were in what was going on around them. For instance, they all, every last one of them, was seriously thinking about a career in dermatology, and each, as it turned out, was very interested in working in the clinic that just happened, I later learned, to include the chair of the department. They were all, I might note, very interested in helping the chief resident carry her bag and slide projector to her car which surprised me, knowing as I did how excited they all were to start reading the journal articles on dermatology given to us and which they thought looked fascinating, exciting, and very fascinating.

But soon enough, I was off to the clinic, which I now warmly refer to as ACC 489, where I was to spend the next 28 days. And to my surprise, the residents there were not wearing military dress, and the attendings didn't walk around with rifles and foaming, bloodthirsty dogs on leashes, the way it had always been described to me. And as the first week passed, I began to see that the folks here were rather normal, and by that I mean as normal as any residents and attendings are who go into a field associated with the department of medicine; they were obsessed with their patients, meticulous to the point of routinely contracting ulcers over spelling errors and all had file cabinets full of literature about 17 feet long. But as I got to know them I came to realize that their differentials were no longer, their liquied nitrogen no colder, and their orders written no more illegibly than ours here at Duke.

As I lay awake on my friend Denise's couch the Friday night after my first week, I began to think. I began to think that maybe the people here were just about the same as the ones at Duke. Maybe, even, just about the same as doctors everywhere. I shuddered, and lapsed into a cold, dreamless sleep.

The rest of the rotation so far has been about as expected; lots of diseased skin, pleasantly interspersed, at times, with diseased mucous

(cont'd on p.4

IN MY VIEW
by
Lyn A. Sedwick, M.D. '78

At the last Duke Medical Alumni Council meeting in April, Mike Morowitz, who ably serves you as medical student representative to the Council, invited members of the Council to submit articles for publication in *Shifting Dullness*. I admit to reading this publication regularly and enjoying it hugely, even though my tenure at Duke as a medical student was so long ago that I didn't even have the same Duke Hospital as you do. Sometimes the humor in *Shifting Dullness* (love that title) can be appreciated by non-physicians but often it is only comprehensible to us, the initiated. It is a wonderful fraternity that we join when we enter medicine. However, this membership comes at a price of denial and delay in your life that can set in place behavior that can be counterproductive to your growth as an individual. It is about this behavior that I want to warn you here.

More than other professionals, physicians tend to become wedded to their work. Althought this nuptial bond may help your practice/career get started and be productive, which helps pay back those staggering educational loans faster, it can exact a toll on you professionally and personally. Now, in medical school and during house staff training, you must find time to do something besides medicine. What you choose to do is not important--you may want to learn belly dancing, as one of my classmates at Duke did--but it is vital to keep growing and learning as an individual outside the scope of medicine. The hardest time of your career to continue extracurricular interests is coming soon--your internship and residency years. Nevertheless, your medical training does not need to consume your life, no matter where you are or what you are doing (same belly dancer learned to play the flute during her residency in medicine--at Southwestern.)

The reasons for having nonmedical interests and abilities are many but I'll give you just a few. First, you may think now that there is nothing you'd rather do than spend every moment seeing patients, reading medical articles, attending medical meetings, etc. but believe it or not, there will be times in your professional life when you will be just plain bored. Your extramedical interests can help you through these doldrums so that you always have something you look forward to doing, even if for a while it isn't going to the office or hospital or lab. Second, you might never get out of your professional doldrums and decide sometime during your medical career that what you really want is anew career. If you have a hobby or activity you enjoy that has vocational potential, you may have a second career ready to go. My father turned to a hobby (collecting South American gold treasure coins) after 20 years of teaching Romance languages at the college level. That "hobby" put my younger brother through college (Duke) and financed a remodelling of an old beach house into a lovely weekend retreat.

The most important reasons for developing non-medical interests, however, are that they refine and define you as a person and give your live meaning when you decide to retire from medicine. Nothing is more boring at a social event than a physician who can't talk about anything but medicine or how current events impact him as a physician. Although he might find some similar physicians to talk to him, or nonphysicans looking for a cocktail consult, he is not connecting with anyone on a personal

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level. Who you are is not just "a doctor" just as a patient with diabetes is not just "a diabetic." Your personality is the sum of your experiences, interests, education and preferences. You become less than a complete person when you allow your education to be your definition. Being involved with interests outside medicine helps you to grow and develop as a person, and may bring you into contact with others with similar interests which can take you into new directions you wouldn't reach by yourself. If you take a creative writing course, you might meet someone who wants to collaborate with a non-fictions article for the local newspaper. If you join a community theatre group, you might learn to direct or manage some part of the business.

Most importantly of all, even if you always enjoy medicine and nothing ever replaces it professionally, there will come a time to let someone else manage middle of the night calls, medicine refills on Sunday, staff meetings at the hospital and consults at nursing homes. You deserve to retire when the time comes. If you can't imagine what you'll do with yourself when you do retire, start trying to imagine that now and never stop. Your unique and wonderful life as a physician will be better if you do. ■

Shifting Dullness would like to take this opportunity to thank the Duke Medical School Alumni Association for their unwavering support of this publication. Without you it wouldn't be possible. Thanks!

Nate in the Kitchen

Unlike Drayer, I happen to be very comfortable in the kitchen, in fact it is one of my favorite rooms in the house. And since I had a whole column to fill up I decided to fill you in on one of life's best kept desert treats. Just be thankful I didn't let Geoff ramble on about conspiracies and government plots; God I wish he would keep taking his medication.

Guinness Stout Ice Cream Floats

Ingredients:
16 oz. can of Guinness Stout Beer chilled to perfection
3 scoops of premium golden vanilla ice cream (the real McCoy, not that low-fat Healthy Choice crap that you can find in Sandy Moreira's freezer)

Directions:
Mix the two ingredients together in a large frosted mug. Enjoy. Now many of you may be saying to yourselves, "I'd rather drink toilet water than Guinness." I implore you to give this recipe a try and then form an opinion, I think you will be suprised. If you get a float all made up, try it and find you don't like it, I can be reached any time day or night at 405-6822 for emergency Guinness Stout Ice Cream Float drinking.

Stay tuned for next months installment entitled "Beer: It's not just for breakfast anymore."

Shifting Dullness

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IRISH AND PROUD

BY NATE MICK

As I near the end of my second year medical school experience, I feel I have learned many important lessons and maxims that will serve me well throughout the remainder of my career. Dedicating the following discussion of these lessons to Jeff Drayer, who is currently doing an away rotation up in Boston, would be entirely appropriate, especially since the first topic just happens to be the rectal exam.

When our Physical Diagnosis course began at the end of our first year, we were faced with the realization that we would actually have to converse with and examine actual patients. This was slightly disconcerting to me, as I knew that patients would be extremely leery of telling someone with my youthful countenance all about their deepest, darkest secrets or letting me fumble my way through a physical exam. What I came to learn in those first few weeks, and was continually reminded of during the next few months, was the need to establish some degree of credibility and respect as part of the health care team. I'm not going to tell you that my goal was to have patients look upon me as the primary caregiver in any particular situation (though it is a really nice feeling when it happens). No, my goal at the beginning was to convince patients that I was not a useless piece

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