

Dullness

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April 1992

- Students' exams will include interactions with standardized patients. The Josiah Macy Jr. Foundation has granted \$500,000 to North Carolina's four medical schools for this purpose. Educators hope to improve—in addition to general clinical skills—communication between health professionals and their patients. Duke students will most likely take the test, consisting of 20 encounters, during or just following their second year in medical school. Faculty in family practice at East Carolina University have already begun testing their third-year medical students with standardized patients. Until now, however, educators elsewhere have used the actors and actresses only for teaching purposes (R. Kanigel, Medical schools to test bedside manners, *The News & Observer*, 18 Mar 1992, p. 1B).

- Yogurt may prevent candidal vaginitis. A one-year crossover study of 13 patients whose daily diet contained or did not contain 8 ounces of yogurt with *Lactobacillus acidophilus* showed that the yogurt consumption was associated with a 3-fold decrease in candidal vaginitis. Although not all commercial yogurts contain *L. acidophilus*, that used in this study yielded more than 108 CFU/mL. One editor notes that despite these results, commercial yogurt may not deliver lactobacilli reliably ((1) Folk remedy seems to help fight vaginal yeast infections, *The New York Times*, 10 Mar 1992, p. B6; (2) E. Hilton et al., Ingestion of yogurt containing *Lactobacillus acidophilus* as prophylaxis for candidal vaginitis, *Ann. Intern. Med.* 116 (1992):353-357; (3) D. J. Drutz, *Lactobacillus* prophylaxis for candida vaginitis, *Ann. Intern. Med.* 116 (1992):419-420).

- Type A mothers have type A infants. Forty-eight hours after birth, newborns of women rated type A for "job involvement" cry more than those of type B mothers. The type A mothers also describe their infants as less predictable at 3 months of age. Critics caution that babies' personalities are difficult to characterize, and the study shows inconsistencies across a variety of measures of type A personality; the Jenkins Activity Survey was used to determine the mothers' personality types. Nevertheless, the primary investigators propose possible etiologies of the differences they found: these include increased autonomic and endocrinologic reactivity during pregnancy, genetic predisposition to type A

behavior, and differences in maternal handling ((1) Study suggests Type A moms resemble babies, *The News & Observer*, 5 Mar 1992, p. 3A; (2) S. J. Parker and D. E. Barrett, Maternal type A behavior during pregnancy, neonatal crying, and early infant temperament: do type A women have type A babies?, *Pediatrics* 89 (1992):474-479).

- Sigmoidoscopy could decrease mortality of colorectal cancer by 30%. In patients 45 years or older, the \$60 screening every 10 years is nearly as effective as more frequent testing. Researchers found that regular colonoscopic examination—costing about \$500—in patients who have undergone rectosigmoid polypectomy is valuable primarily in patients with a history of tubulovillous, villous, or otherwise large (≥ 1 cm) rectosigmoid adenomas, since these masses are most predictive of development of remote proximal colon cancer. Other patients reporting colorectal cancer in a first-degree relative should also receive a screening colonoscopy between the ages of 40 and 50 ((1) D. Brown, Cancer screening supported, *The News & Observer*, 5 Mar 1992, p. 1A; (2) J. V. Selby et al., A case-control study of screening sigmoidoscopy and mortality from colorectal cancer, *NEJM* 326 (1992):653-657; (3) W. S. Atkin et al., Long-term risk of colorectal cancer after excision of rectosigmoid adenomas, *NEJM* 326 (1992):658-662; (4) B. Levin, Screening sigmoidoscopy for colorectal cancer, *NEJM* 326 (1992): 700-702).

- Antigen presentation can be presented by a second pathway. Peptide antigens presented to the immune system by HLA-A2.1 are usually products of cytoplasmic protein degradation that enter the endoplasmic reticulum (ER) via specialized transporter proteins. Inside the ER, the peptides then bind to and stabilize the MHC I molecules, which then find their way to the cell membrane for presentation. Researchers now have evidence suggesting that an alternate pathway exists, by which signal peptidases in the ER cleave previously intact, transporter-independent proteins entering the ER directly from ribosomal machinery, leaving HLA-A2.1-bound "signal peptides" ((1) M. Hoffman, Antigen processing: a new pathway discovered, *Science* 255 (1992):1214-1215; (2) R. A. Henderson et al., HLA-A2.1-associated peptides from a mutant cell line: a second pathway of antigen presentation, *Science* 255 (1992):1264-1266).

Fourth Years Excel In Residency Match

Shifting Dullness would like to congratulate the graduating seniors on their successful residency matches. 65% of the 94 who entered the match received their first choice and 93% received one of their top three choices. Programs are listed by specialty with numbers entering specific programs (if more than one) in parentheses.

<u>Specialty</u>	<u>Number</u>
Internal Medicine	23
DUMC (9), Brigham and Womens (5), Johns Hopkins (3), U. Pennsylvania (2), Mass. General, San Diego Naval Hospital, U. Washington Affil., Vanderbilt.	
Internal Medicine (Preliminary)	14
U. Pennsylvania (2), Baystate Med. Ctr.-MA, Beth Israel-MA, Brigham and Womens, CA Pacific Med. Ctr., DUMC, Mayo Graduate, Medical College of Virginia, St. Mary's Hosp.-CA, U. Alabama, U. Colorado Denver, UNC, Washington Hosp. Ctr.-DC.	
Surgery	10
Brigham and Womens (2), Johns Hopkins, Medical U. of South Carolina, Tulane U., UCSD, UCSF, U. Florida Med. Ctr.-Shands, U. Utah Affil. Hosp., Vanderbilt U.	
Orthopaedics	8
DUMC (3), UCLA (2), Emory U., Hosp. Special for Surg.-NY, U. Florida Med. Ctr.-Shands.	
Pediatrics	6
DUMC (2), Childrens Hosp.-Boston, Childrens Hosp.-PA, Childrens Nat'l Med.-DC, U. Cincinnati.	
Radiology	6
DUMC (3), Barnes Hospital-MO, Brigham and Womens, UCSD.	
Ophthalmology	5
U. Texas S. West-Dallas (2), Emory U., Mass. Eye and Ear, New England Eye Ctr.-Tufts.	

<u>Specialty</u>	<u>Number</u>
Surgery (Preliminary)	5
DUMC (2), Mass. General, Santa Barbara-CA, UCSF.	
Transitional	5
Roanoke Mem. Hosps.-VA, St. Johns Mercy-MO, U. Hawaii, U. Pittsburgh-Montefiore, Virginia Mason-WA.	
Urology	4
DUMC (3), Stanford U. Med. Ctr.	
Anesthesiology	3
DUMC, UCSF, U. Florida Med. Ctr.-Shands.	
Neurology	3
Emory U., Johns Hopkins, U. Pennsylvania.	
Pathology	3
DUMC, U. Texas S. West-Dallas, Wilford Hall USAF.	
Psychiatry	3
DUMC, San Mateo County-CA, Univ. Health Ctr.-Pittsburgh.	
ER Medicine	2
UCSD, U. Louisville-KY.	
Med/Peds	2
DUMC, Good Samaritan-Phoenix.	
Ob/Gyn	2
Brigham and Womens, Medical College-Georgia.	
Otolaryngology	2
DUMC, Mayo Graduate.	
Family Medicine	1
David Grant USAF-Travis, CA.	
Laboratory Medicine	1
Washington U.-MO.	
Neurosurgery	1
U. Pittsburgh.	
Physical Medicine and Rehabilitation	1
Mayo Graduate.	

Medical Student Voices Concerns to DUMC Parking Committee

Steve Lee

Due to much student discontent concerning parking, Steve Lee has been appointed by Davison Council to be the student representative on the medical center parking committee. There are two points of relevant information: 1) The spaces remaining on Pratt Street will be closing in the beginning of April due to further construction on parking garage III. 2) Parking garage III will be ready in Feb. 1993. At that time, busing to the Hillsborough lot will be terminated and the Erwin/Research Dr. H/RX lot will be converted to a non-H gated lot. Parking at garage III will be optional at \$320/ year.

Parking is difficult for students due to our irregular hours. Unless you are willing to spend \$320, the problem will be exacerbated when the new garage is functional due to truncation of existing lots. I have suggested making part of the Yearby Ave H lot a gated medical student lot, and the committee may consider this. In the meantime, there are still approximately fifteen N lot spaces available for an additional \$50. This lot is gated and is located near Trent Hall. If you have any questions or suggestions, please contact Steve Lee at 383-2264 or DUMC box 2855.

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Dr. Robert DeLong Speaks at First AMSA-Sponsored Talk on International Health

Moshe Usadi

The American Medical Student Association (AMSA) hosted the first of its series of talks on international health on Monday March 16th at 5:30 PM. Dr. Robert DeLong, a pediatric neurologist here at Duke, presented a talk and slide show about his experiences studying cretins in South America and China. Dr. DeLong emphasized the cultural and public health aspects of his research over purely scientific matters; this approach was highly appreciated by his audience, mainly MSIs, who had approached their basic science saturation by that time of the day.

While it would be difficult to reproduce Dr. DeLong's informative and engaging talk, several pearls bear mentioning: The type of cretinism he studies is secondary to iodine deficiency; as such it is most common in areas far from the sea, especially in places such as mountains where the iodine has been leached from the soil by glaciers, or deserts where it has been removed by the elements. Symptoms include mental retardation, stunted growth and motor spasticity and gopher, all of varying degrees, and in the absence of therapy tends to get worse from generation to generation. However, even a severely disabled mother will give birth to a normal child if she is given iodine replacement prior to conception.

Although cretinism is theoretically easy to prevent, getting iodine to remote villages has proved extremely difficult. Strategies have included giving all women of childbearing age shots of iodine, distributing oral supplements, encouraging the use of iodized salt, and introducing iodine to water supplies; Dr. DeLong has been involved in variations of all these approaches. Many aspects of therapy are yet to be discovered such as: Before what stage of fetal development must iodine be given to a mother to ensure a normal infant? Does providing iodine to children who already have signs of deficiency ameliorate symptoms? Can subgroups be identified that are more susceptible to iodine deficiency?

Several interesting social tidbits were also offered. For instance, in contrast to most forms of spasticity, that associated with cretinism tends to be proximal rather than distal; this means that many cretins retain motor dexterity and can perform useful tasks. In Dr. DeLong's experience cretins are well treated by their families and community. In the cultures which Dr. DeLong has observed, cretinism is often considered a genetic disease, although this is not the case; this has even led to edicts in some parts of China forbidding individuals with mental retardation of any type from reproducing.



Dr. DeLong speaks warmly of the scientific curiosity, humanitarian motives and wanderlust of the many physicians and other health care providers from all over the world that he has encountered in his travels. He certainly inspired the thirty or so listeners in his audience, and I would not be surprised if he begins to get calls from people interested in third year projects. For those interested in other aspects of international health, Dr. Warren will give a talk on the Canadian health care system on April 21, and a talk on the Duke Infectious Disease project in Tanzania is planned for May; watch for flyers.

Anyone wishing to become more involved with AMSA should consider attending the next meeting on Monday March 30, from 12-1 PM in CTL room 428. Seven students attended AMSA's national conference in Washington on March 19-22 and we are brimming with ideas that we want to share. We have even agreed to host AMSA's southeast regional conference with the Chapel Hill chapter in the fall. Anyone with questions, comments and suggestions should look for flyers or messages in *Shifting Dulness* or call Rebecca Usadi at 929-8272.

Computer News

Michael Weiner

Buying a personal computer. Attend this 3-hour Continuing Education workshop, on 25 April. Learn how to assess your needs and options. Registration is \$25; call 684 6259 with Visa or MasterCard handy (The Data Channel, Duke Univ., 3 Mar 1992).

CTL's computer room has a new combination for access. Contact CTL for details.

PS/2 users can receive new support service. IBM's HelpWare provides financing, leasing, trade-in credit, and unlimited, toll-free, technical support to PS/2 and OS/2 users. With this service, IBM hopes to attract and reward users who pay high prices for the IBM name (PC News online, reference ZNT:PCW 32 (1992)).

Windows 3.1 for \$50 arrives in April, with free seminar. Microsoft personnel will host their own technical support seminar on 21 April, at the Omni Durham Hotel. Also included in the presentations will be Excel 4.0 and Word 2.0. To reserve a seat, call (800) 942 1185 ((1) PC News online, reference ZNT:PCW 34 (1992); (2) Pers. comm., Microsoft Corporation, 16 March 1992).

Lower Macintosh prices. Apple has reduced prices on many popular models. The Classic II, for example, now sells for as little as \$1,061 at the Duke Computer Store (The Data Channel, Duke Univ., 3 Mar 1992).

April 1992

Class Updates

MSIV

Herb Chen

Congrats to the MSIVs for a successful match day. 93% got one of their top three choices. With graduation rapidly approaching, please make sure you let Unda Chambers know if you are going to be out of town. We're sending out a lot of stuff. Be sure to check your PO Box regularly. Some details on graduation events:

1. Senior Class Banquet will be May 14 Thursday at the Durham Hilton. Formal wear requested (Tyndall's at South Square). Invitations will be in boxes by the end of the month, please respond promptly. You may bring one guest. This function is totally paid for by the Dean's office. Senior "gag" gifts will be given — if you want to help with these, give Herb a call at 383-4960.
2. Senior Class Picnic will be May 16, Saturday, from 12 to 3 at Duke Homestead. Cost is \$2.50 per person. All you can eat Bullock's pig and chicken pickin. Flyers will be in boxes by April 1, you must buy tickets by May 1. All family and friends welcome.
3. Senior Class Party will be Saturday night, May 16 at Bill Ricci's place. Time TBA.

MSIII

Lyndon Jordan

1. MS III end-of-the-year cruise party and beach trip scheduled for May 8-10 at Atlantic Beach, North Carolina. Reserve your place now (contact Lyndon Jordan).
2. Student-Faculty Show T-Shirts available while supplies last at the Medical Center Bookstore (temporarily located at Trent Hall). Parents Weekend is scheduled for April 11-12. Get your tickets now.
3. AOA Research Symposium planned for April 16. Contact John Paolini for details.
4. Course registration for fall classes and rotations deadline: April 8. Remember to obtain Dean approval for your work prior to that date.
5. Newly engaged classmates announced in upcoming edition of MSIII Progress Notes. Watch for it.
6. MSIII Ski Trip was a success, overlooking a little precipitation and bus difficulties. Photos forthcoming. Call Lyndon Jordan for details: 493-7877.

Financial Aid Application packets are available in the financial aid office, 126 Davison. Deadline for upperclassmen is April 15.

Students with any ideas about how to improve the medical center's library should contact Mike Weiner, a member of the Medical Center Library Advisory Committee, at 286-3147.

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MSI

Franco Recchia

CONGRATULATIONS!! Wedding bells resound once more through the amphitheater, as the engagement of Kevin Potts was made public in a press conference Friday. Another groom-to-be, Doug Skarada, was selected as one of Duke's representatives to the AAMC. (Also announced was the election of Doug Drachman to the leadership of the Duke Students for the Brady Bunch; he promises pilgrimages to Hawaii and the Grand Canyon.)

COMING SOON: Renewal-of-Systems is Thursday, March 26, 5:30 p.m. Adopt-a-Highway cleanup is Saturday, March 28, at 9:30 a.m. After huge success, a second Outward Bound outing is planned for late April.

NEWS UPDATE: Mike Gottsman is in stable condition, after his nasty scuffle with three knife-wielding Tar Heel fans at the Bubble left him with a minor scratch; the cause is uncertain, police reported following the three funerals, but has something to do with a girlfriend from Dallas. Thanks to North Carolina's great highway signs, Daryl Chen unfortunately missed the exit for Mongolia and emerged, dis-oriented, in the rear of the amphitheater. (This tragedy, coupled with Mike Datto's appointment to head the NIH and Allen Grisson's conviction for note-service fraud, has left the third row in complete disarray.) The senseless, white-coat crime continues, as Ketan Shah faces three counts of grand larceny, in connection with the Ravi N. Samy Memorial Videotape Foundation scandal. THAT'S NOT ALL! Jane Woo admitted involvement in the plot to smuggle Peppermint Patties from the Candy Room to Duke undergrads for old J. Crew catalogs, and Katie Moynihan confessed to only *pretending* to put donations in the Sunday collection at Immaculate Conception. At least Beth Jo's twin boys are doing fine.

Application Packets are in for the students planning to take Step 1 or Step 2 of the United States Medical Licensing Exam (USMLE, formerly the National Board Exams). Application deadline for the Sept exams is July 9. See Carol Relly in the CTL office, M401 Davison.

The Big Four Intramural tournament will be held on Saturday, May 2. Registration and competition will begin at 8 and 9:30 am respectively. The tournament will be held at East Carolina University in Greenville, NC. Currently competition is planned in flag football, soccer, basketball, and volleyball, but softball and fisbee golf may also be included. Contact Dave Lee to sign up a team or for more info.

Debate Continues on USMLE and Loan Deferment

Chris Cabell

This report is an update of issues pertaining to the Duke Medical Student body, particularly classes graduating in 1994 and thereafter. The first issue regards the upcoming USMLE exam. In December, the committee which makes proposals to the governing board of the USMLE met. At this meeting they proposed that the USMLE be graded in a similar fashion to the old NBME. The committee recommended that the scores for the exam be reported to the students. As has been the case for the NBME, it is up to the student to release the scores to residency programs. If the student does not release the scores, the residency programs cannot receive the scores. The more competitive residency programs such as orthopedics and ophthalmology all but require the scores to be released to them before they will consider the application.

This development will be important as each student plans a strategy for taking the USMLE. In a recent memorandum from Dr. Graham and Dr. Petrusa, different options for taking the exam were discussed. This memo does an excellent job of summarizing Duke's position on the exam, as well as of presenting a number of options in scheduling Step I and Step II along with the pros and cons of each option. If you have any questions please feel free to contact me at 598-1843.

The second issue which I would like to discuss is student loan deferment. In late January we instituted a petition drive among the 1st and 2nd years to urge our congressmen to support the plight of their indebted constituents. Many people have received responses from Congress, and last month Tim Valentine's office printed a response to our petitions in *Shifting Dulness*. The responses that I personally received were very positive. Senator Edward Kennedy, chairman of the Committee on Labor and Human Resources, wrote, "I have received a great deal of mail about the elimination of the student loan deferment This is an important issue and it is clear that we need to devote more attention to studying the implications of changing the current deferment provisions."

Our own senator, Terry Sanford, wrote, "I understand that the price of medical school has skyrocketed in recent years. Further, the combination of undergraduate

and graduate loans add to the difficulty of repaying student loans. Medical students, however, have some of the lowest default rates on student loans. I do not want to see medical students forced into unnecessary hardship due to unfair classification. Nor do I want to see the pool of qualified physicians decrease further due to a perceived inability of young doctors to repay their loans. Internships and residencies are an extension of medical education and should be treated as such."

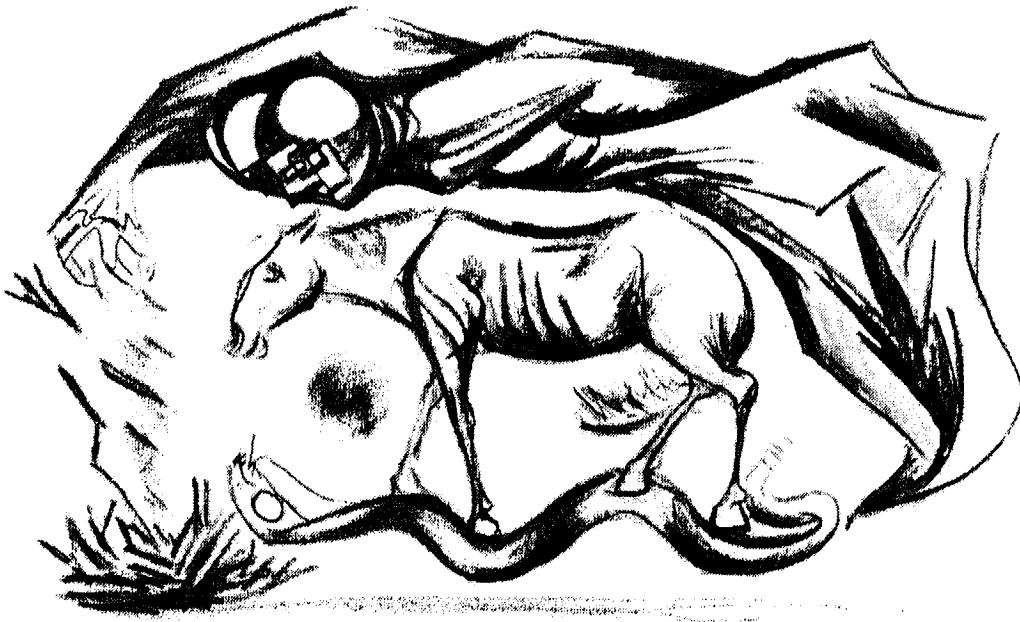
Senator Jesse Helms wrote, "What you say makes a lot of sense, but then government is not known for listening to sense Deferring repayment requirements for medical interns is certainly something Congress should consider this year since the college student loan programs are slated to be reauthorized."

To date, the House of Representatives Bill H.3553 has not come to the floor for discussion and vote. On February 21, the Senate passed S.1150 by a vote of 93 to 1. Our very own Senator Jesse Helms was the lone dissenting voice. A number of amendments were made on the floor. S.1150 stipulates that deferment of medical student loans will be eliminated "for loans made to borrowers on or after July 1, 1993." This only applies to the Stafford and SLS programs. No such grandfather clause exists for the Perkins Loan program. The bill also eliminates the limitations and stipulations placed on forbearance that were included in earlier versions of the bill. As it currently reads, "a lender shall grant a borrower forbearance of principle and interest (or principle only at the option of the borrower) ... for a period equal to the length of time remaining in the borrower's medical or dental internship or residency program."

This bill did not include the provisions for loan deferment for which we petitioned. Once the House bill, H.3553, is passed, the two bills will go before the conference committee made up of members from both the House and Senate which will develop a compromise bill. S.1150 is a serious blow to our cause. I will continue to keep you informed of the issues as they develop. Please feel free to call me at any time if you have any questions.

The American Association of Physicians from India (AAPI) is holding an abstract presentation session for medical students of East Indian origin in Detroit, June 26-28, 1992. First prize for best abstract is \$750. Interested students

should request an entry form from the following address: Kesavan Kutty, M.D., Academic Chairman of Medicine, St. Joseph's Hospital, 5000 W. Chambers Street, Milwaukee, WI 53210



Jackson Pollock, *Untitled*, circa 1939, colored pencil.

Anatomy Engravings Remain a Mystery

Kenny Boockvar

Recently scholars in medical history, science history, art history and classics, and a paper expert, along with G. S. Terence Cavanagh, curator emeritus of Duke University Medical Center's Trent Collection in the History of Medicine, gathered together in Holland at Leiden University. They met to discuss four seventeenth century copper engravings, known as the "Four Seasons," which have been housed in the Trent Collection since the 1940's. Despite experts' investigations, much about the engravings remains unknown, including the name of the artist and the location and date of their making.

On March 19, 1992, Mr. Cavanagh spoke at the Duke University Museum of Art regarding the present understanding of these works. The only known recorded copies, they present in a didactic manner the medical, scientific, botanical, zoological and geographical knowledge of the time, as well as popular folklore and astrology. Each engraving portrays a different stage of human development associated with one of the four seasons, beginning with spring and childhood and progressing to winter and old age. Each shows two central figures, male and female, whose anatomies are explicitly drawn, sometimes with overlapping flaps of paper to show different cross sections. The autumn engraving employs this technique to portray different positions of the fetus during pregnancy.

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By modern standards the level of scientific understanding in the engravings varies. The spring scene displays what Cavanagh believes may be one of the earliest portrayals of dental anatomy. A brain section on the same engraving shows clearly the blood vessel arrangement now known as the Circle of Willis—long before Willis described it. However, archaic medical teachings abound in the engravings, some in the form of Latin quotes from Hippocrates like "the north wind causes cough, sore throats, hard bellies and difficulty making water" (Cavanagh translation). The engravings also emphasize the importance of four basic body fluids: phlegm, blood, yellow bile, and black bile. Astrology charts give advice on when to take one's medicine, when to submit to bloodletting, and when to travel.

According to Cavanagh, many engravings like this were produced for the public in the seventeenth century. What distinguishes this set is its comprehensiveness and exquisite detail. Cavanagh speculates that perhaps the anatomical explicitness of the "Four Seasons"—which is greater than that of other engravings of the period—may have contributed to their rejection and eventual destruction. In addition, Cavanagh thinks that the engravings may carry biographical or autobiographical

(see *Engravings*, p.10)

Unofficial Guide to the Fourth Year

As in past years, in March *Shifting Duitness* conducted a survey of MSIV's asking for their opinions of fourth year electives and advice on the residency selection process. The following are direct quotes from responders, who were asked to list courses that they would and would not recommend, and for their thoughts on residency selection.

Courses recommended:

Anesthesiology (ANE 240C): "Excellent rotation for pharmacology and line and airway management—a must if you're aggressive!" "Was disorganized, but I learned a lot of general principles of medicine."

Cardiology Consults (MED 245C): "Every good doctor needs to be able to read EKG's." "Good especially for non-medicine people, especially surgeons; mostly pre-op evaluations."

Gastroenterology Consults (MED 260C): "Excellent attendings."

Interdisciplinary Seminar in Medical-Legal-Ethical Issues (IND 300C): "Work with law and divinity students; see medicine and ethics from the point of view of people outside medicine."

Infectious Disease (MED 280C): "An essential clinical supplement for all fourth years—microbiology and pharmacology are not enough." "Good microbiology brush-up." "Excellent for synthesis of problems and for teaching, especially Drs. Sexton and Corey."

Medicine Emergency Room (MED 220C): "Become proficient at diagnosis—only rotation that you really get to diagnose often."

Medicine Intensive Care Unit (MED 223C): "MICU gives better ICU experience than other ICU's." "Get to do lots of procedures." "Superb for managing lots of problems, learning to present complex patients, and learning lines."

Medicine Subinternship (MED 211C): "Good experience—necessary whatever field you're going into."

Nephrology (MED 300C): "Learned fluids/electrolytes, dialysis, management of renal failure—necessary whatever field you're going into." **Acute service consults:** "Good teaching, MICU/SICU experience, and have to integrate lots of medical problems."

Pediatric Cardiology (PED 231C): "Light and easy."

Advanced Pediatrics—Rural Clinics (PED 210C): "Good overview of well-child care and some basic sick-child care. Great hours. Away from Duke."

Surgery Subinternship (SUR 299C): "Dr. Iglehart is excellent to work with and provides good teaching and practice in

the OR." "Steep learning curve; recommended attendings: Drs. Wolfe, Van Trigt, Pappas, Leight, Lowe, Akwari, Iglehart, and Bollinger."

In previous years these courses were also recommended: **Advanced Family Medicine (CFM 259C)**, **Clinical Coagulation (MED 275C)**, **Correcional/Forensic Psychiatry (PSC 353C)**, **Family Medicine Preceptorship (CFM 299C)**, **Gynecology Clinics (OBG 249C)**, **Neuroradiology (RAD 211C)**, **Orthopedics (SUR 259C)**, **Pediatric Infectious Disease (PED 211C)**, **Pediatric Neurology (PED 281C)**, **Pediatric Radiology (RAD 210C)**, **Pediatric Surgery (SUR 276C)**, **Psychosomatic Gynecology (OBG 250C)**, **Pulmonary Medicine (MED 230C)**, and **Radiation Oncology (RAD 215C)**.

Courses on which opinion varied:

Dermatology (MED 250C): "Great info, great hours." "Sacrificeable."

Radiology (RAD 229C): "The faculty and residents are not interested in teaching medical students." "Sacrificeable." "Poorly organized, ... but a necessary course."

Courses on which opinion varied in past years' surveys include **Endocrinology (MED 290C)**, **Geriatrics (MED 400C)**, **Neuropsychiatry (PSC 260C)**, **Otolaryngology (SUR 239C)**, **Pediatric Hematology and Oncology (PED 217C)**, and **Rheumatology (MED 320C)**.

Courses not recommended:

Medicine Intensive Care Unit VA (MED 224C): "Too hit-or-miss as to whether you will have patients or not. Duke is probably better."

OB/Gyn Subinternship (OBG 247C): "The way the services are set up, it is difficult to function as a subintern; I was a glorified second year. The residents are miserable. You only learn to be a technician, not a physician."

Ophthalmology (OPH 212C): "Unless you are going into it and need the recommendations."

Pediatric Intensive Care Unit (PED 250C)

Poison Control: "Easy units but minimal learning."

VA Surgery Intensive Care Unit (ANE 241C): "No work. Easy five credits."

In previous years' surveys, these courses were also not recommended: **Gastroenterology (MED 260C)**, **Office Orthopedics (SUR 261C)**, and **Surgery Trauma Service (at Duke) (SUR 303C)**

(see Guide, p. 9)

Advice about choosing electives:

- "Stick to rotations that are used to having students; otherwise they won't know what to do with you."
- "On deciding a specialty: narrow your interests early and take rotations until you find something that you can do every day for the rest of your life. Ask Duke's big name doctors for recommendations. About subinternships: there are no rules or requirements."
- "Unless you really want to go to a certain place, don't bother going away for rotations. Don't do a subinternship first; brush up on ID, renal to get back in mode."
- "Do a subinternship and an intensive care unit course at least one of which is in the area in which you want to apply for residency—to see if you like it as much as you thought you did and to give the department a basis on which to recommend you (i.e. do the rotation before September). The rest of the time do a variety of consult rotations and enjoy fourth year!"
- "Do only one subinternship and one intensive care unit. You may consider doing a rotation away but I don't think it's necessary. Go overseas if you can."
- "You *must* do a rotation at Duke in your chosen field early (letters, contacts, etc.). When requesting applications ask whether a rotation away is required for an interview (especially true in some fields). If none require, do one at your favorite non-Duke place. It will give you perspectives as to what to look for at other places you interview. Do a rotation away in your chosen field. After that, enjoy fourth year."
- "Highly recommend rotations away in your specialty, particularly with competitive programs, e.g. MGH, Brigham and Women's, Johns Hopkins, UCSF."
- "Avoid courses that aren't often taken—they tend to be disorganized, with residents and staff who don't know what your role is. Or, at least be warned. Don't kill yourself; get call rotations out of the way early."
- "Try to do a subinternship early, or over the transition period for interns for more responsibility. Definitely do MICU; the learning experience is better at Duke."

Advice about residency selection:

- "Take December or January off or schedule very flexible rotations. Apply to fifteen places, interview at 5-10, and rank 5. Never trust anyone except your parents."
- "Take January off if you are interviewing a lot. I interviewed at 7 places over Christmas break and took three days off (no problem) from my January rotation (MICU)."

- "Interview at enough places to insure that you will find one where you feel you will safely match (the more competitive specialties may require more interviewing). Don't interview unless you are serious about ranking the program."
- "For surgery interview at 10-12 places. *Do not* take time off to interview if you only have one month off (Hughes people). Rotations will allow you time to interview."
- "If you are applying to greater than 15 places take either August or September off to complete applications. Less than fifteen, it's not worth losing a month in the spring. December is a great month to take off for interviews since you get off Thanksgiving through New Year's. If you're on the ball, you can get most of your interviews during this month."
- "Never trust residency program directors *unless* they were former Duke faculty or students. Take December or January off to interview."
- "I applied to 7 programs, which is plenty for pediatrics and for my saturation level. A good technique for obtaining information is to ask a post-call intern how they like the program."
- "During interviews try to be in the city more than one day to get a better picture. Talk to fellow interviewees *as much as possible*. They can be your best source. Get residents home phones, beepers, full names, so you can call them back."

Shifting Dullness Staff

Editors	Kenny Boockvar Greg Lucas Moshe Usadi
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significance in the images of the aging of a man and a woman together. Current promising avenues of investigation focus on the engravings' geographic data.

On display in March at the Duke University Museum of Art were the "psychoanalytic" drawings of Jackson Pollock (see this issue, pages 7 and 11). In 1939 Pollock entered the care of Dr. Joseph Henderson, a Jungian psychoanalyst in New York. In order to draw out the reticent Pollock, Dr. Henderson suggested that the artist bring some of his drawings to the sessions. Dr. Henderson kept these drawings, many of them revealing sensitive material, until ten years after Pollock's death. At that time, in 1966, he sold them. They were first published in 1970. Arguing that Dr. Henderson breached patient-doctor confidentiality, Lee Krasner, Pollock's widow, sued Dr. Henderson, and eventually lost in 1977. The Duke exhibition assembled 55 of these images from public and private collections in the U. S., Germany, Japan, and Venezuela. The exhibition moves on to The Art Museum at Princeton University, where it will show from April to June, and the San Francisco Museum of Modern Art, where it will show from July to August.

New Medical Literary Journal

Auscult, a new literary journal dedicated to the art of medicine, is now considering submissions of original poetry, short fiction, essays and artwork. *Auscult* is a biannual production that was founded last year at the Medical College of Wisconsin. If interested in submitting, please send originals, preferably with two photocopies and a copy on a Macintosh compatible computer disc to: *AUSCULT*, PO Box 13252, Milwaukee, WI 53213.

Opportunity in Nicaragua

We are looking for an MSII or higher (including housestaff or attending staff) to go to Nicaragua for one month from approximately 6/20-7/20 with an eclectic team of health care professionals to do a community health assessment of San Jorge, a town of 10,000. Must be able to speak Spanish and know or be willing to learn some simple techniques. Contact Peter Cegielski, M.D. at 681-5447 for more info.

Electron Micrograph Captions:

Cover—Two heart cells X: 14,500. n=nucleus; m=mitochondria; g=glycogen granules.

Page 13—Mitochondria snaking in and out of focus X: 50,000. Mark is studying the effect of technetium on mitochondria in the lab of Dr. LeFurgey.

ART EXHIBITS

Duke University Museum of Art Main Gallery: Diaghilev's Ballets Russes from the Collection of Robert L.B. Tobin, 4/10-6/14; North Gallery: Peter Goin, Nuclear Landscapes Photography Exhibit, 4/10-6/14; South Gallery: African Art from the Collection of Ambassador and Mrs. George McGhee, 4/10-6/14.

Duke Hospital North and Mars Exhibit Cases: Juliet Barrus, oil paintings, 4/3-5/1.

Morris Building Rauch Exhibit Case: Joan E. Jones, pencil portraits, 4/3-5/1.

Bryan Center Brown Gallery: Sue Van Loon, sculptural installation, 3/15-4/12.

East Campus Lilly Library: Exhibit sponsored by Amnesty International.

MUSIC

April 3-4: Beethoven's *Ninth Symphony*, performed by the North Carolina Symphony and the Durham Civic Choral Society, at 8 p.m. in Duke Chapel.

April 4: Iranian and Kurdish music by the Dastan Ensemble, at 8 p.m. in Reynolds Theater.

April 10-11: The Duke Symphony and the Duke Opera group perform two one-act operas, at 8 p.m. in Baldwin Auditorium.

April 11: The Juillard String Quartet, at 8 p.m. in Reynolds Theater.

April 12 (Palm Sunday): Duke Chapel Choir sings Poulenc's *Stabat Mater* and Liszt's *Via Crucis*, at 8 p.m. in Duke Chapel.

April 14: Workshop in Performance Practice at 8 p.m. in the Nelson Music Room, East Duke Building.

April 18: Clompi Quartet, Russian quartets, at 8 p.m. in the Nelson Music Room, East Duke Building.

April 23: Student Chamber Music, Jane Hawkins, conductor, at 8 p.m. in the Nelson Music Room, East Duke Building.

April 23-24: Bella Davidovich, pianist, and the Danish National Radio Orchestra, in Reynolds Coliseum at NCSU. Call 515-2835.

April 24: Kyung Wha Chung, violinist, at 8 p.m. in Page Auditorium.

April 25: Duke Wind Symphony Alumni Reunion Concert at 8 p.m. in Baldwin Auditorium.

April 26: Duke Wind Symphony at 3 p.m. in Sarah P. Duke Gardens.

(continued next page)



Jackson Pollock, *Untitled*, circa 1939, colored pencil, lead pencil.

DRAMA AND DANCE

- April 2-3: Duke Dance Program, at 8 p.m. in Reynolds Theater.
- April 6-12: Duke Drama presents *Mad Dog Blues* by Sam Shepard. Call 684-2306.
- April 8 - May 10: Playmakers presents Shakespeare's *Twelfth Night*, in the Paul Green Theatre, Chapel Hill. Call 962-PLAY.
- April 16-17: Ark Dances (Spring) in the Ark Dance Studio, East Campus.
- April 16-18, 22-25, May 14-15: Hoof 'N' Horn presents *Me and My Girl*. Most shows at 8 p.m. in Reynolds Theater.
- April 28-29: August Wilson's *The Piano Lesson* as part of the Broadway at Duke series, at 8 p.m. in Page Auditorium.

SPECIAL EVENTS

- April 10: Springfest Crafts Fair 10 a.m.-5 p.m. in the James B. Duke Quadrangle (Bryan Center in case of rain). Concert 7-11 p.m. in the Clocktower Quadrangle.

READINGS, LITERATURE

- Literary Festival: "Southern Writing and the Crisis of Memory." April 10: "Southern Identity and the Problem of the Past," panel, 3:30-5 p.m. in the Video Screening Room, Bryan Center; April 10: "Forgetting and Remembering Who We Are," reading, 8 p.m., Von Canon Hall, Bryan Center; April 11: "Language and Memory," panel, 11 a.m.-noon, readings, 1-9:30 p.m., Von Canon Hall, Bryan Center.
- Literary Lunchtimes: Fridays at noon in the Dean's Conference Room, M134 Green Zone, Duke South except where indicated.
- April 3: "A Jury of Her Peers," by Susan Glaspell in 14128 Red Zone, Duke South.
- April 10: Poet Amy Spanel will read for Good Friday.
- April 17: "Cowboys Are My Weakness," by Pam Houston.
- April 24: Dorothy Spruill Redford will read and discuss her work *Somerset Homecoming*.

Shifting Dullness

FILM

- Freewater**—All films at 7 p.m. and 9:30 p.m. (unless otherwise indicated) in the Griffith Film Theater in the Bryan Center. Free to Duke Students.
- April 2: *The Man from Snowy River*.
- 3: *City of Hope*. Midnight: *Blazing Saddles*.
- 7: *Kwaidan*.
- 9: *We of the Never Never*.
- 10: *Drowning By Numbers*. Also at midnight.
- 14: *In the Shadow of the Stars*, filmmaker Alle Light, at 8 p.m.
- 16: *Walkabout*.
- 17: *Prospero's Books*. Also at midnight.
- 21: *Darby O'Gill and the Little People*.
- 23: *Breaker Morant*.
- 24: *My Twentieth Century*.
- 28: *Wings of Desire*.



DUKE MEDICAL ALUMNI ASSOCIATION

We're on your side. Now,
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The Duke Medical Alumni
Association:

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produces the
Medical Alumni Host Directory

■
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medical student bulletin board

■
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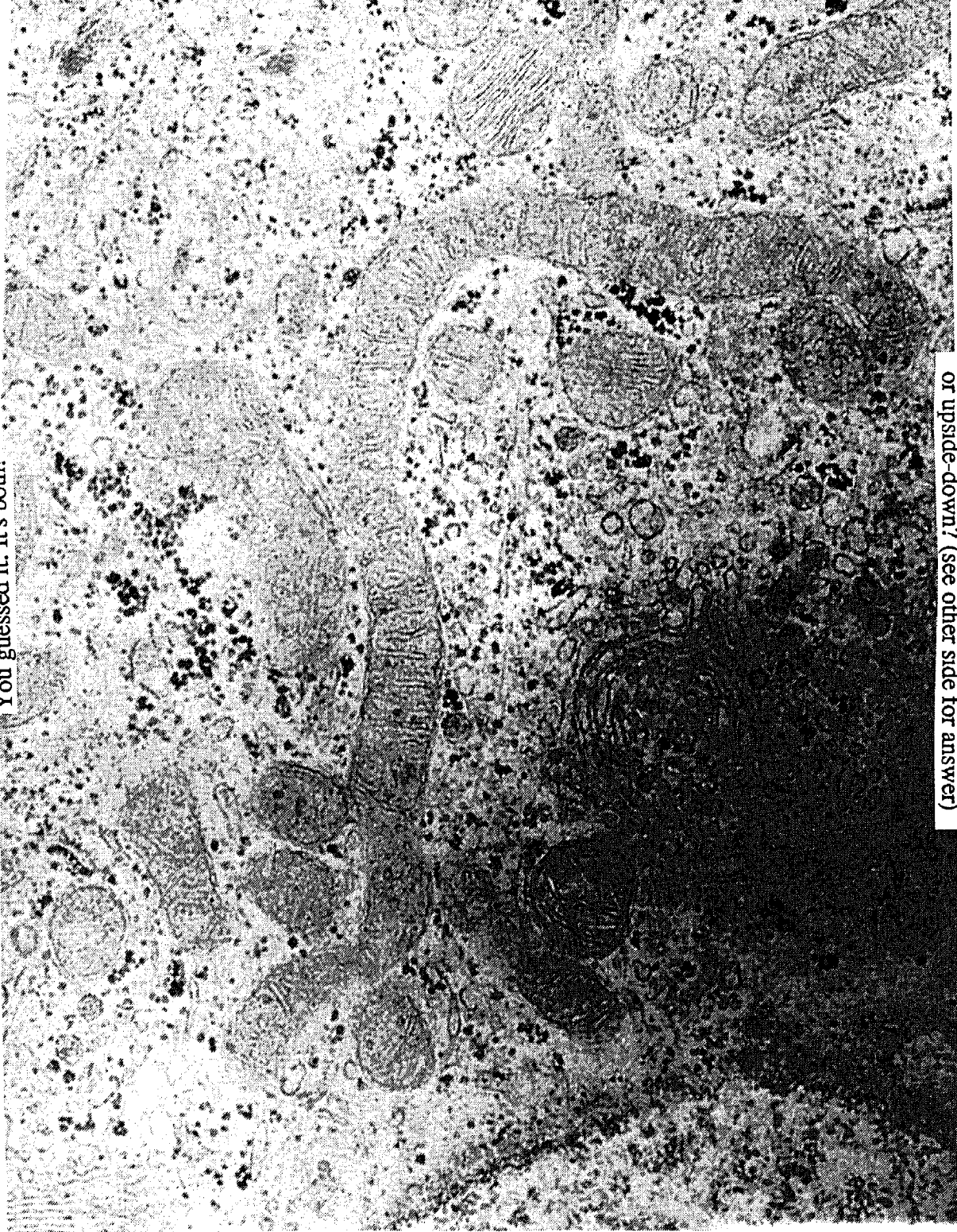
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We're behind you all the way, right
down to our candy jar that wel-
comes you every day.

The Medical Alumni Association
M144 Davison Building
Duke University Medical Center
(919)684-6347

Shifting Dullness quiz: is this picture upside-up or upside-down? (see other side for answer)



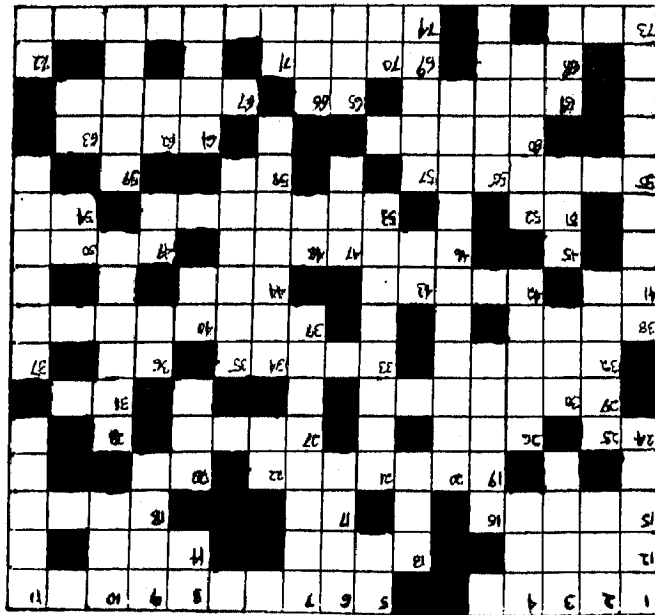
You guessed it: It's both!

- Down
- 1. Paralysis
 - 2. lateral
 - 3. sponge
 - 4. Essential Amino Acid (abbr)
 - 5. Administer orally (abbr)
 - 6. Hook-shaped structures
 - 7. Person with morbid desire to be sick
 - 8. Unit of chromosomal map distance (abbr)
 - 9. Test for specific IgE concentration
 - 10. denoting scarring
 - 11. Denoting nucleus
 - 13. Unit of conductance
 - 16. virus
 - 20 Return to well-adjusted functioning
 - 21 Stricture of a canal
 - 22 Metal giving strength and ductility to alloys (abbr)

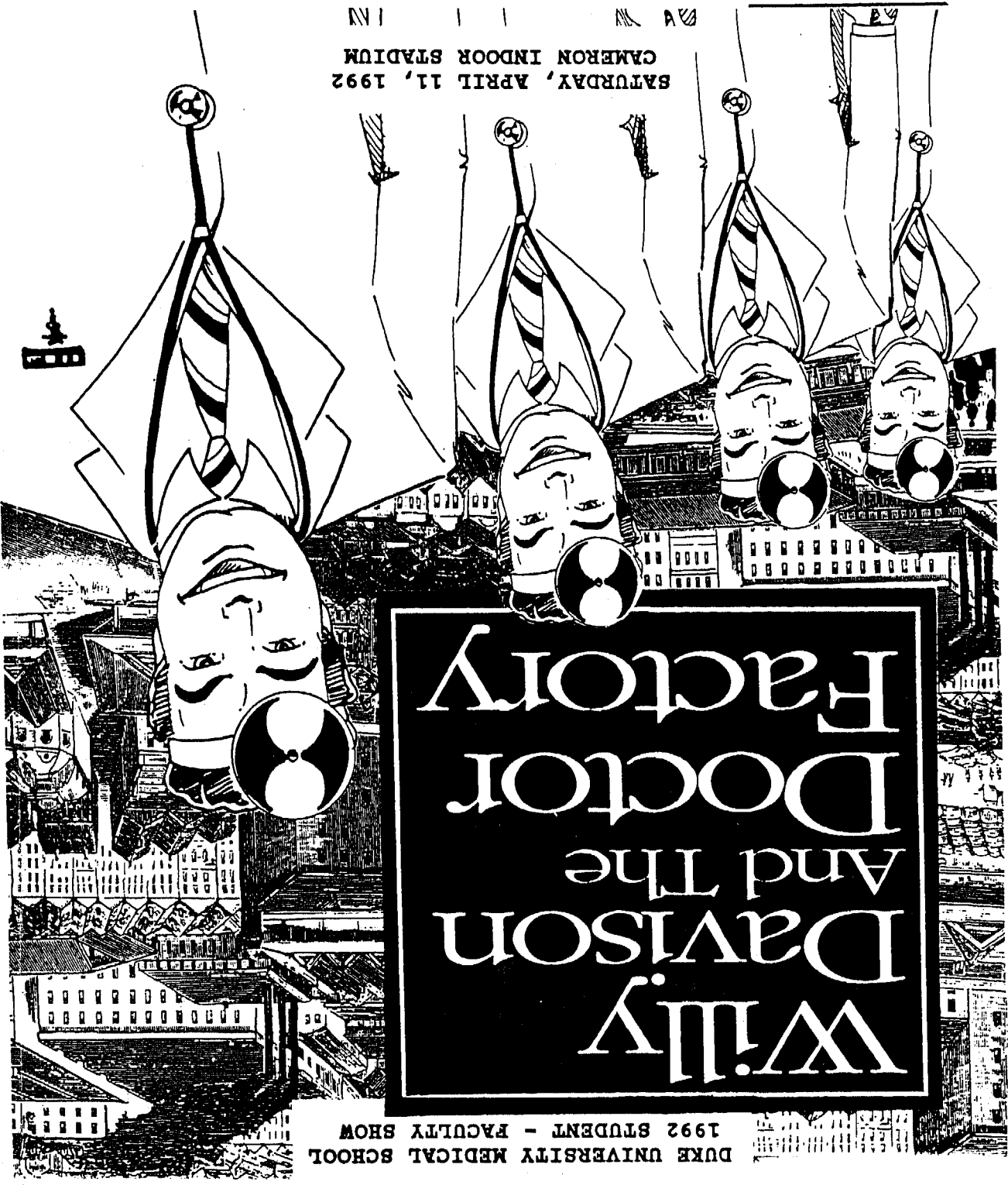
- Across
- 1. Hipbone
 - 5. Syndrome of boxers and alcoholics
 - 12. Relating to the lower GI office
 - 13. Disease caused by EBV (abbr)
 - 14. Grand
 - 15. 1.0567 quarts
 - 17. Most alkaline element (abbr)
 - 18. Burn severely
 - 19. Odonatologists
 - 23. Feline scan (abbr)
 - 24. Ytterbium
 - 26. Ingested
 - 27. One trillionth
 - 29. Relating to the womb
 - 31. Every day
 - 32. Radioactive element resulting from decay of radium.
 - 33. Not denatured
 - 36. Nuclear power element
 - 38. Before
 - 39. Castor oil, for ex.
 - 41. Singular of-
 - 42. Sperm
 - 44. Proctan
 - 46. Cartilage
 - 49. Aster
 - 51. take
 - 53. Octodecanoic (acid)
 - 54. hospital
 - 55. flow
 - 58. Intraocular tension
 - 60. Destructive
 - 61. Displaying multiplicity
 - 64. Afflicted by a witch doctor
 - 65. Antidiuretic hormone (abbr)
 - 67. Vector Ornithoses
 - 68. 23rd letter of Greek alphabet
 - 69. Purulent discharge from penis or vagina
 - 73. soft
 - 74. Poisonous substance which acts on GI tract

- Down (continued)
- 23 Field hospital bed
 - 25 First degree
 - 26 egypti, yellow fever mosquito
 - 28 Issue in a jetlike stream
 - 30 Test in which patient describes pictures (abbr)
 - 34 Cupped
 - 35 Equivalent of intern, but lives outside the hospital
 - 36 Physical therapy (abbr)
 - 37 Relating to nerve cells
 - 38 Result of ruptured lysosomes
 - 40 Say this
 - 43 1/8 oz (abbr)
 - 45 Gingiva
 - 47 Has capacity of 7-9 items and lasts minutes (abbr)
 - 48 Tellurium (abbr)
 - 49 Subcutaneous (abbr)
 - 50 node (abbr)
 - 52 Hemorrhoids
 - 56 Puncture
 - 57 Linear elevation
 - 59 potential
 - 61 Half a quart
 - 62 Lowrencium (abbr)
 - 63 Bone
 - 64 Human placental lactogen (abbr)
 - 65 Animal doctor
 - 66 Ulnate
 - 70 Lymph node (abbr)
 - 71 Tincture (abbr)
 - 72 Registered nurse (abbr)

—by Jai Robert Kumar



SAURDAY, APRIL 11, 1992
CAMERON INDOOR STADIUM



Willy
 Davison
 And The
 Doctor
 Factory

DUKE UNIVERSITY MEDICAL SCHOOL
 1992 STUDENT - FACULTY SHOW

Application for Dean of Duke Medical School

Classified

Applicant: Thank you for your interest in the position of Dean of Duke University School of Medicine. Please complete the following application and return it to: "Gotta-find-someone-fast" Search Committee, Box 3701, Duke University Medical Center, Durham, NC 27710. Applicants younger than 16 years of age must also submit parental permission letter.

Name: _____ Social Security Number: _____

Address: _____

Are you a U.S. citizen? _____ If no, give alien ID number: _____

- Highest educational level achieved:
- Self-educated
 - Community college
 - High school graduate
 - Some high school

Have you ever smoked marijuana? _____ Are you smoking it now? _____

If appointed to dean of the medical school, how would you prioritize the following goals? (please number 1-4 for most to least important)

- Close candy room and use funds to place economical aluminum siding on the Davison Building.
- Eliminate research during the third year in favor of a massive review for the science boards, including intensive 8-week courses in all the major basic science disciplines.
- Returnish Dean's Office — specifically, get rid of Lava lamps and incense burners left by the former dean.


Short Essay: If you could be any of the players on the Duke basketball team, who would you choose? _____

What single factor was most crucial in your decision to apply for this position?

- Was impressed with the PRT.
- Would have my own parking place.
- Wanted to be dean at a school with a good basketball team.

- How did you hear about this position?
- Ad in *Shifting Dulness*
 - Parole Officer

I attest, that to the best of my knowledge, the above information is correct (Please sign or make an "X") _____



DEAN OF MEDICAL EDUCATION

Duke University Medical Center is seeking candidates for the position of Dean of Medical Education.

The Dean of Medical Education is the primary administrator responsible for the curriculum development, coordination and evaluation of the following educational activities within the Duke University Medical Center:

- medical student education, graduate medical education, continuing medical education, and allied health education.
- The Dean of Medical Education will work closely with both the Chancellor for Health Affairs and Vice Chancellor for Academic Affairs on strategic planning initiatives and will administratively report to the Vice Chancellor for Academic Affairs of the Medical Center. The administrative authorities of the Dean include admissions, student affairs, academic records, curriculum management, and administration of the Medical Center's educational programs. Minimal requirements include: earned doctorate(s), experience in academic administration, a distinguished record of research and/or teaching that would qualify for appointment to the rank of Professor, and a motivating interest in academic education.

Screening of candidates for the position will begin April 1, 1992 and will continue until the position is filled. Applicants should send a curriculum vitae and other credentials to: **Dean of Medical Education Search Committee, Box 3701, Duke University Medical Center, Durham, NC 27710.**

Duke University

Medical Center

Duke University is an Equal Opportunity/Affirmative Action Employer.

Sharp or Dull?

Penis (from p. 3)

And so we ask ourselves, we, who have been born into the universal cult of the phallus, we, who were raised in a society where our 'models' are vapid, compliant, come either smeared honey-pout lips and pneumatic boobs, we, who are still only grudgingly accepted (in numbers disproportionate to our representation among the educated, let alone our numbers in a nation which denies us the opportunity to

become educated) as supplicants to a tritenity which historically had as the only entrance requirement for our esteemed coevals a professed desire to diddle with women's private parts, we ask ourselves, "Are we going to take any more denigrating locker room bull**** from the back pages of a male-dominated newspaper?" -Anonymous, found stored on the Mudd Library Mac hard disc under "Duke Men - Do they measure up?"

Table 1: Mean of Adult Penis Length - 5 studies

Source	N	Length (cm)	age	Notes
Schonfeld	54	13.25	20-25	1, 2
Kinsey	2578	15.86	adult	3, 4
Winter	30	12.4	20-25	5
Nigeria	320	8.16	17-23	6
Money	65	16.69	18-63	7, 8

Notes:

1. From part of a larger study of the "genital status of about 1500 normal white boys and men from birth to 25 years of age" conducted in Tennessee.

2. Fully stretched penis as measured by the examiner.

3. Further broken down into white college (N=2376, 15.63 cm) and noncollege (N=143, 15.60 cm) and black college (N=59, 16.36 cm).

4. Erect penis, not measured by the examiner.

5. A portion of 253 subjects from Manitoba which included primarily hospitalized and healthy children.

6. Along with 21 university students. The method of assessing penis length was not mentioned.

7. All healthy medical students from various parts of Nigeria. Method of determining length unavailable but almost certainly from measurement of the flaccid, non-stretched penis.

8. "Not a true random probability sample but rather a fortuitous sample of healthy men (57 whites, 8 blacks, no significant difference between penis lengths by color), who were encountered (around Baltimore, presumably) either professionally or socially ... who agreed to contribute their measurement to science ... They were not ethnically descended from stock reputed to be

8. "Penis measurements were obtained by having a subject grasp the glans of his penis between his thumb and first finger and stretch it as far as he could along the underside of a 12-inch ruler which was held in position by the examiner on the dorsal side of the penis. The end of the ruler was pushed firmly and snugly toward the pubic symphysis so as to measure the penis from as close to the bone as feasible, without hurting."

Having been queried a number of times about the proper length of a man's penis, I can only relate the story of Abraham Lincoln, who when asked how long a man's legs should be, replied, "Long enough to reach the ground."

-Will Rogers, shortly before passing out.

"Whilst the stranger was giving this odd account of himself, the master of the inn and his wife kept their eyes fixed full upon the stranger's nose - By saint Radagunda, said the inn-keeper's wife to herself, there is more of it than in any dozen of the largest noses put together in all Strasburg."

-Laurence Sterne, *Tristram Shandy*

Sharp or Dull? Focus: The Penis

"They amicably laid it down, that there was a just and geometrical arrangement and proportion of the several parts of the human frame to its several destinations, but within certain limits - that nature, though she sported - she sported within a certain circle."

-Laurence Sterne, *Tristram Shandy*

"The literature is wholly inadequate as to the normal range of size of the penis."

-Lieutenant Schonfeld, Medical Corps, U.S. Army

The designation micropenis, first used in 1970, should be distinguished from microphallus, an extremely small penis with variable degrees of hypospadias, and webbed penis, a penis of normal size which is buried and enclosed by the skin of the scrotum.

-Micropenis - I. Criteria, Etiologies, and Classification. *Johns Hopkins Medical Journal*

Beware those with agenesis of the penis (apenia), megalo penis, elephantiasis affecting the penis, or bipenia (see below).

-from "Healthy Devils" - a primer distributed to entering Duke University Students

"Diphallia, first described by Wecker in 1609, can be divided into three categories: Diphallia of the glans, bifid diphallia, and complete diphallia, or double penis. This defect occurs once in 5-6 million births."

-*Urology* 27:258-9, 1986.

Penis length has been determined using a variety of techniques and in a variety of states. The length of the relaxed, flaccid penis is influenced by environmental factors and suprapubic obesity - measurement varies excessively and is therefore not reliable or reproducible. The length of the fully stretched penis is practically identical with the length of the erect phallus, and can be defined by the equation: $E.P. = (.985 \times F.S.P.) - .0095$. Schonfeld again, with E.P. measured by marking on a strip of cardboard on 4 successive mornings the length of the erect penis on its dorsal surface from the pubo-penile

"No appreciable difference in size of the fetal clitoris versus the fetal penis was noted until 14 weeks' gestation ... The majority of the prenatal growth of the penis occurs after 14 weeks' gestation at an almost linear rate. The penis stretched length of the full-term infant was 3.5 cm +/- 0.7 cm."

Journal of Pediatrics 86:395-8, 1975.

Doctors from Israel determined penis length by extending callipers from the root of the penis to the edge of the glans during unforced stretching, a Seattle group measured from the pubic ramus to the tip of the glans penis by placing the end of a straight-edge ruler against the pubic ramus and applying traction along the length of the phallus to the point of increased resistance, an "easily appreciated end point", and the seminal Hopkins article stated "a ruler or calliper should be pressed against the pubic ramus depressing the suprapubic fat pad as completely as possible. The penis should be stretched by grasping the glans between the thumb and forefinger" - neglecting the length of the foreskin if any. Kinsey simply asked each respondent to mark the length of his erect penis on a card and drop it in the mail.

-Hal Linden, "FV1" (the missing episodes)

"For reasons unknown, however, his (Schonfeld's) mean erectile and/or stretched lengths of the penis were shorter than the erectile length obtained in the Kinsey survey during the same era by an inch or more It would appear that Schonfeld did not stretch the penis to its full extension, as is customary in contemporary clinical measurement."

Money et. al. *JSMIT* 10:105-116, 1984.

(To the nearest half-centimeter) using a ruler, a fully stretched but still flaccid penis, and the same anatomic landmarks, taking the mean of three independent observations.

(see Penis, p. 4)

April in Medical History

Moshe Usadi

• William Harvey (1578-1657) was born on April 1. His demonstration of the circulation of the blood helped to discredit the then popular concept of the pneumonia, a mysterious extra element in the human body, and helped to inspire Descartes' notion that animals and the human body might be machines. Harvey is less well known for his autopsies on a gentleman named Thomas Parr in 1635, whom the physiologist claimed was 153 years old.

• Joseph Lister was born on April 5, 1827. The son of a wine merchant who distinguished himself in scientific circles by developing an achromatic lens that was remarkably free of flaws, in 1897 Lister became the first physician to be elevated to the peerage. He achieved this status largely in recognition of his battle against what was known as "hospitalism" - postsurgical infections such as erysipelas, pyemia, septicemia and hospital gangrene. Building on the work of Pasteur, he decided a technique of antiseptic surgery in 1867. However, it was many years before the bulk of doctors both accepted his theory and fully understood his technique.

• Harvey Cushing was born on April 8, 1869. Trained as a general surgeon, he became recognized as the world's greatest neurosurgeon, and had a disease, law, syndrome and ulcer named after him. Although Halsted's resident, he felt closer to Sir William Osler and published his "Life of Sir William Osler" in 1925.

• Sir John Ptingle (1707-1782) was born on April 10. A Scotsman, he served as the Surgeon General of the English army from 1742-58, becoming the father of modern military medicine and the originator of the idea of hygiene in jails, hospitals and ships as well as in army barracks.

• The first paper on Treponema pallidum, the causative agent of syphilis was published on April 10, 1905. Osler alluded to the protean presentations of this disease when he advised, "Know syphilis in all its manifestations and relations, and all things clinical will be added unto you." J. Earle Moore mentioned a traditional treatment for this disease and demonstrated a more philosophical approach with the lament, "Two minutes with Venus, two years with Mercury."

• James Parkinson (1755-1824) was born on April 11. A pupil of John Hunter, he wrote his "Essay on Shaking Palsy" about the disease that was to bear his name in 1817, and is credited with the first English description of appendicitis. He also was a political radical and

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pamphleteer who was often in trouble with the authorities and a talented amateur paleontologist who wrote several important works on fossil remains.

• John Shaw Billings, the founder of Index Medicus, was born on April 12, 1839. This Indiana native was also a distinguished Civil War Surgeon and helped to plan the New York Public Library.

• Benjamin Rush (1745?-1813), considered by many to be the father of American psychiatry, died on April 18. This important revolutionary leader and physician told his students to abandon all aristocratic affectations as "incompatible with the simplicity of science, and the real dignity of physic" (Starr, The Social Transformation of American Medicine, 1982). He is credited with classic descriptions of dengue and yellow fevers and the observation of the relationship between infected teeth and septic arthritis. In Medical Inquiries and Observations Upon the Diseases of the Mind (1812) he put himself in the materialist camp of psychiatry by attributing all operations of the mind to motions excited in the brain.

• Other notable events in April include the dedication of the Duke University School of Medicine and Duke Hospital on April 20, 1931; the foundation of the first medical society for blacks on April 24, 1884; and Watson and Crick's publication of the double helix model of DNA on April 25, 1953.

April 25, 1953.

April 25, 1953.

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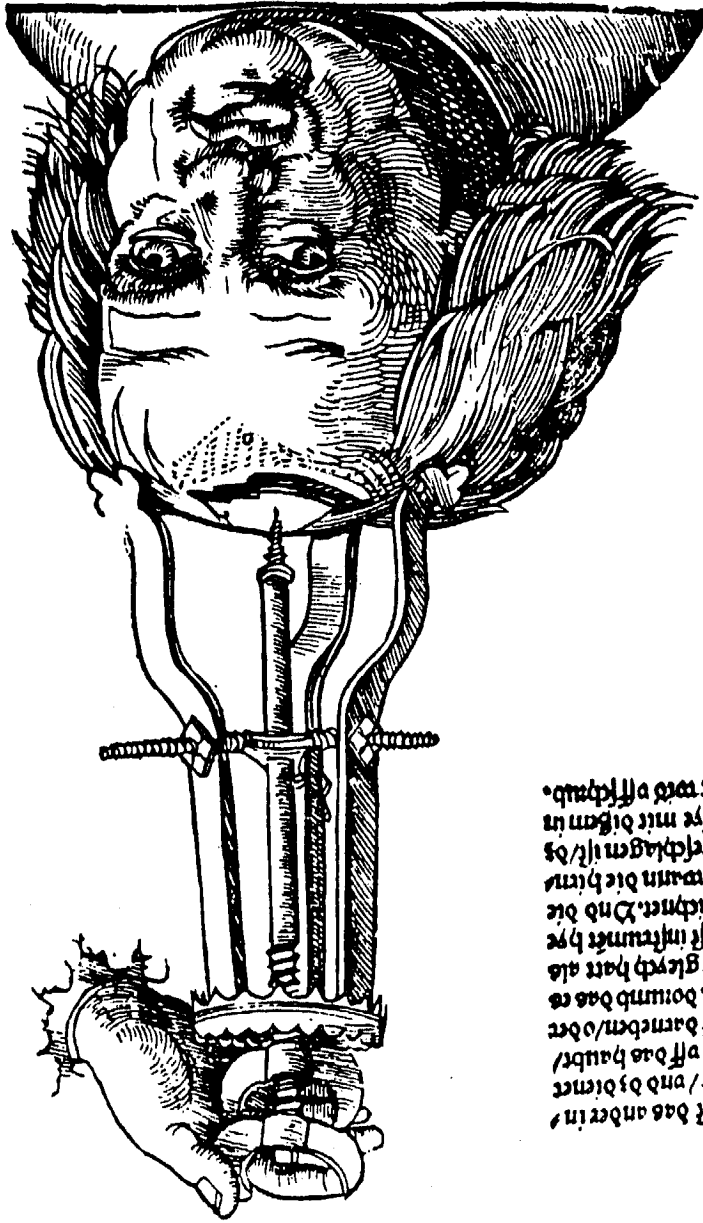
April 25, 1953.

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April 25, 1953.





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 mcr oben off das haubt /
 daz sunst darenben / der
 hirtend . dorumb das es
 nit bieret gleich hart als
 das nachst instrument hie
 vor verzeichnet. Und die
 net auch wann die hirtus
 schal in geplatzagen ist / daz
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 stroment recht offschneib .

Sharp or Dull?
 April 1992