

# Shifting Dullness

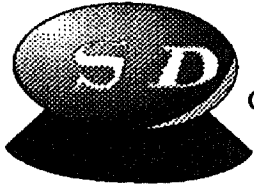
December, 1994



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# Crystal Ball



Crystal Bernstein

If it hasn't happened to you yet, it will. You, with your infinite fund of knowledge and wisdom gained upon enrolling in medical school, will be called upon to explain some mystery of the medical world to one who has not had the grand pleasure of sitting through hours and hours of lectures in Duke South amphitheater or fumbling with an ophthalmoscope/stethoscope/blood pressure cuff/gualac card over countless hospital beds in Duke North. Your aunt will ask you why her dog isn't eating and does nothing but sleep. Your mother will tell you that her friend's wrist has been bothering her a lot lately and ask if you have any recommendations.

And, if you, like many of us, are still trying to piece together all the bits of basic science and clinical science and hospital ritual that go into forming a cohesive picture of how people become ill and then well again, you will not really know what to say when you are posed with these questions. But you'll feel that you should be able to shed at least some light on the situation. And, if you are like some of us, to avoid sounding completely ignorant, you will give your concerned relative or friend whatever advice your mother gave you when you were sick. Like "don't overwork yourself" or "take lots of vitamin C" or "make sure to get plenty of rest." Unless the concerned relative is your mother, in which case you will give her the advice your father gave you, like "if it hurts to move your arm, then don't move it" or "it's just a tincture of time — you'll feel better eventually." Of course, there will be the rare occasion when you actually do have an idea of what is

going on with your "patient." In that case, you will probably refer him/her to a real doctor because, heck, what do you

know? You're just a medical student. You probably even have questions of your own that you thought would be answered in medical school, like why you have to close your eyes when you sneeze or why yawning is contagious.

Your role as "the person in the medical field" becomes even more difficult when someone close to you becomes ill. You'll receive calls from family members who want to know why the doctors are always in such a hurry and don't explain things. Or if your loved one is

**I always knew there was a reason that chicken soup was so popular.**

going to be okay. And all of these questions get mixed up with your own concerns about what is really going on with the patient and worries that perhaps he/she is not receiving optimal care. You feel that in order to offer real comfort, you have to somehow use your inside track on the world of medicine. And then you realize you don't really have the inside track, and you have no idea what to say. And you'll wish you had gone to graduate school.

When does one become comfortable enough with his or her medical knowledge that he or she feels confident in dispensing it to friends or relatives? I suspect this does not happen until one finishes medical school. Or perhaps when one completes a residency program. Or maybe that feeling never comes. And maybe that's why, when dealing with those closest to them, doctors tend to give the same advice their mothers (or fathers, as the case may be) gave them. I always knew there was a reason why chicken soup was so popular. ■

## Upcoming Events Around Duke and Durham Chris Gamard

**1. Exhibits: Durham Arts Council-** check out the work of local artists in the 40th annual "Juried Art Show," in the CCB gallery, through Jan. 5th. Call 560-2713 for details.

**Duke U. Museum of Art-** "Art of the 60's and 70's: Selections from the DUMA Collection," through Dec. 30th.

**N.C. Museum of Life and Science-** "Black Achievers in Science" introduces visitors to scientists from all over the U.S. who have led their fields in new directions. Through Jan. 16th. As always at the Museum, there are plenty of hands-on science, technology, and nature exhibits for all ages. Call 220-5429 for more info. This place is really cool!

**2. Duke Chapel:** G.F. Handel's "Messiah" will be performed Dec. 2nd, 3rd, and 4th at 7:30p, 2p, and 3p, respectively (one show each day). Tickets to this popular event are \$12 and can be reserved at 684-4444. On Sun. the 11th,

"Christmas Music from Around the World" will be performed starting at 4p.

**3. 4th Annual First Night in Raleigh:** This celebration of the arts occurs on New Year's Eve from 6pm to 12:30 am and includes music, dancing, entertainment and lots of food. Tickets are \$5 before the 25th, \$7 at the gate. A great way to spend New Year's if you're in town!

**4. Freewater films:** As the name implies, free with Duke I.D.!

Sat. 12/3 The Neverending Story (10:30a)

Tue. 12/6 Voices from the Front

Wed. 12/7 It's a Wonderful Life (7&9:30)

Eddie and the Cruisers (12am)

**Also:** Don't forget to watch Duke basketball!! Coach K and the Devils take on the Michigan Wolverines at home on Dec. 10th. LET'S GO DUKE!

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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.

## **Annoucements**

### **DAVISON COUNCIL NEWS**

General: Welcome to the new MSI representatives: Keith Berry, President; Michael Brodsky, Ashvin Pande, John Scarborough, and Carolyn Weaver. Remember, MSI's, these are your class representatives - get to know them and share your views with them.

#### **Social: Upcoming events**

•December 4, 1994: Annual "Share your Holiday" party at Dr. Bradford's house. Time: 7-10 p.m. Watch for fliers for more details.

•Davison Ball: planning will begin soon. Anyone interested contact Greg at 403-8538.

#### **Lounge Committee:**

As most of you are probably aware, we are in the process of renovating the Duke North Student Lounge. New furniture has been ordered and plans are being made to paint the lounge area. A new measure to increase security is the card readers. If you do not have a card yet, please see Sheba Hall in the Dean's office ASAP, as you may soon find yourself locked out at those crucial early a.m. hours.

#### **Graduate and Professional Student Council**

Lou Brenner, MSIII, is one of the med school's representatives to this organization. He recently attended a meeting and has provided us with the following update:

•Holiday Party at the Hideaway on Dec. 9.

•Every Friday afternoon is TGIF at the Hideaway - pitchers are \$2.00 off.

•Neil Horowitz, MSIII, is serving on the Health Insurance Committee. Anyone with gripes and/or suggestions, call Neil at 383-7700

•Lou is serving on the BB ticket committee. Call him with any concerns at 383-7700.

•There is room for 3 additional representatives to this council. Ten MSI's have expressed interest and the Davison Council election committee will meet to decide the reps.

•Meetings are every other Monday night (next meeting December 5); anyone is welcome to attend.



### **AMSA NEWS**

The next meeting for the American Medical Student Association will be Wednesday, Dec. 7 from 7:00 to 8:30 pm in CTL. **Three massage therapists** will be on hand (no pun intended) to briefly discuss the benefits of massage therapy and to lead a "Hands-on" demonstration. Everyone will give and **receive a neck and shoulder massage**. Significant others are welcome to attend.

Future AMSA events include a talk on Child Abuse from Protective Services in January, a Valentines Day Mixer with UNC medical students, and the National Convention in San Francisco from March 9th to 12th. For more information call Linda Fetko at 286-5848 or Matt Flynn at 419-0483.

#### **Family Medicine Interest Group (FMIG)**

FMIG has a packed 1995. Events lead off with a practical discussion of Common Dermatologic Conditions by Dr. Al Meyer on January 17th, then follow with a suture workshop on February 21st. FMIG will hold a Residency Workshop on April 1st (No Foolin'), with Family Med residents on hand to provide up-to-date information. The Annual Family Medicine Dinner will be in April, and in May will bring the Ankle/Knee Workshop on May 16th. To RSVP or for more information call Tia Blake at 684-3620 x200, Matt Flynn, or Linda Fetko.

## **Shifting Dullness News**

Our deadline for the next scintillating issue will be January 3 at 5:00 pm. We would appreciate submissions before then if possible. Encourage your parents to subscribe to Shifting Dullness in the soon-to-be-arriving brochure.

The first annual Shifting Dullness Christmas bash will be upcoming to reward the outstanding work of our staff for the last eight months. The staff will be contacted about time and place. Thank you,

Eds.

## Community Service Update

### *What you can do for your community*

As the holiday season approaches, many of you are looking for an excuse to make that annual visit to Toys-R-Us to see this year's new games without suffering ridicule at the hands of your colleagues. As of press time, over 40 underprivileged individuals will receive presents named on their Christmas lists, courtesy of Duke medical students. In each class, groups have been formed to collect the gifts on the Christmas list of a given recipient. Thanks to all of you who participated. Thanks also to John Scarborough, Tanya Wahl, Allison Evanoff, Cynthia Boyd, and Vickie Ingledue for coordinating this event. The gifts are to be purchased before the Share Your Holidays party at the Bradfords on December 10 from 7-10PM, at which time the gifts will be wrapped. The following week, some of the groups will deliver their gifts directly to the recipients' homes. The rest will deliver their gifts to the Department of Social Services who will be responsible for disseminating these gifts to the recipients. Please come have fun and help wrap at the party whether or not you had a chance to join a group filling a Christmas list. To see so many medical students reaching out at a time when they are so busy has been truly encouraging.

**Red Cross Blood Drive Pizza Fund** — As of presstime, a clandestine operation by the MSI's was under way. An inside source confirms that on 11/17, ten MSI's donated blood, pushing their class into the lead with 27, making a mockery of the the MSIII effort (21). The bad news is that the blood from each of these 10 MSI's tested positive for Hepatitis A, so that their efforts cannot be counted towards the 40 needed for pizza. Furthermore, those 10 are to return to the 4th floor, this time to the Student Infirmary, for further serological test-

ing. Just kidding. Seriously, at a clip of 10 donations a day, the MSI's may very well have made 40 by the 11/30 deadline. If they did, congratulations, and would they share some of their pizza with the MSIII's?

**AIDS Volunteer Network** — As of 11/17, MSI coordinators are still needed. Talk to Sandy Bliss at 220-7118 if you can help.

**Habitat For Humanity** — Building ongoing at the Gerard St. site. We will plan to build every 3rd Saturday of the month, from 8AM-12PM, excluding December. Call Pat Lager at 383-3168 or Rima Nasser at 490-6685 if you have a hankering to hammer.

**Soup Kitchen** -- We will continue to prepare and serve a meal at the Urban Ministries Soup Kitchen on the 2nd Sunday of each month. Turn out on 11/13 was fantastic. Our next outing is on 12/11 from 11AM-1PM. Sign up on the door of the amphitheatre or call Steve Crowley at 383-1047.

**Homeless Shelter** — The Shelter For Good Hope will probably be filling up if the weather ever does grow colder. We need 2 volunteers every Monday night from 7-9, even if you only cook spaghetti. Call Steve Crowley for a slot or sign up on the amphitheatre door. Plans to assist physicians from Lincoln conducting an outreach medical clinic at the shelter on Thursday evenings are still in the works. Call Matt Hepburn at 490-5703 if you're an interested MSIII.

**NC Center For Therapeutic Riding** — Volunteers are needed particularly on Wednesday evenings to guide mentally and physically handicapped individuals through their horse-back riding lessons. The stables are about 15 minutes west of Durham, out where the stars are brighter. Call Cynthia Boyd at 383-7046 for more information. Boots are not mandatory. ■

## Places to go, People to see

Rima Nasser

*Howdy y'all. Not a dull moment in this Mecca of the south. Bet you missed me last month. I will make up for it, but until then, here are some cool joints around town, old and new.*

### I. PLACES TO HANG

A- Durham :

1. **Bull City Brewery:** Yes it is finally open, the event many have been waiting for impatiently (especially those who are sick and tired of going to Sats). Well dear readers, it ain't bad, but it ain't much either. What is it? A too large restaurant, with a too small bar that makes it's own OK beer (I only approve of the amber, and slightly at that), and they have an upstairs that is actually not bad, if you're with a group of fun loving friends. When I went they had an excellent band, but I've no clue how reproducible an experience that is. Anyway, it's a new place to hang, slightly different from Sats, which remains, in my humble opinion, superior, and just around the corner. They also have an outside which will be appealing after this extended cold front that they call winter departs. The food is OK, and I was starving. Ah, what the heck, it's worth a try.

Location: Across the parking lot from Sats.

2. Have I mentioned **The Green Room** ?

3. **Valley Square Billiards:** Yet another pool hall. Nice atmosphere, safe, and clean. I don't know what kind of people usually go there, because both times I went it was for a pool league, but it seems to be pretty cool, and I guess it's a good place to go if you want to shoot some stick and not run into me (see 2).

Location: You know where that Deli Dog joint is on University drive, street, blvd? Well get there, and if you're heading north, hang a right, and Valley square will be on your left in a little shopping plaza kind of thing.

4- I also need to mention that most of the restaurants that I have raved about in the past have bars and make an excellent quiet hang

out, if you just want to sip some wine and communicate with people. Try **Parizade**.

B- CH: Oh my God I have neglected the scene on the hill. Let's see...

As you walk up and down Franklin street, there are many bars and pubs and coffee houses. I have already mentioned the ones I find special. I don't know! Just be creative.

C- Raleigh:

1. **Five O** : I think that is what it's called... It won't matter anyway, because it's not written anywhere that I could find, and most of you quiet, shy, reserved people wouldn't want to go there. It is a blast. Loud SKA, Punk rock, Hip Hop, intermingled with some Techno. Medium sized dancing area, large standing space, all kinds of people (many of whom are wearing black- ah yes), in fact a good time in general... for the people who don't mind all of the above, along with the stench of beer. Look your meanest when you go there.

Location: Hillsborough road in Raleigh which you should be familiar with by now (across the street from NC State). The bar itself is upstairs, you go through a pair of glass doors, and what number it is I am not too sure, but it is definitely worth a try. Just ask someone on the street. Make sure they don't look too suspicious, or too innocent.

### II. RESTAURANTS:

A-Durham:

1. **New Orleans Cookery:** Yes, there is one in Durham, and it is just as good as the one on the hill. Fine food, fine beer, excellent service, and just around the corner. Prices are very fair (but not cheap), around \$20 a head with either wine or dessert. Like the one in Chapel Hill, no plastic, so take cash.

Location: Take Main St. beyond Bright leaf, until it becomes a one way street. The Cookery is right there on your right, next to some ravioli factory. Very quaint.



2. **Papas Grill:** Let's see. That was sort of OK, not too fantastic, but all right. I was not hungry, so I only tried some appetizers. They have free wine tasting etc. on Thursday nights I believe. It's kind of Greek. Frankly I need to try it again before I can give you an opinion.

Location: on Hillandale, in that shopping plaza across the street from the pediatric clinic.

3. **Kyoto:** Have I mentioned this heavenly place before? I don't think so. Anyway, it has provided me with some of the most enjoyable culinary experiences I have had in Durham. Very good Sushi and Sashimi, and the cooked stuff is good too (they cook in front of you, Hibachi style). It's Japanese if you haven't guessed yet, and it is fantastic. Sushi is expensive, and I guess any dinner there would cost at least \$18 a head. Well worth it.

Location: on 15-501 in Durham, across from South Square, by Circuit City.

4. **Yamazushi:** I mention this other lovely Japanese place mainly because it is excellent, and many people prefer it to Kyoto (not my personal opinion) in terms of Sushi. They don't have the Hibachi going (i.e. they don't cook in front of you) but the food is quite good. The atmosphere is a tad more traditional (traditional Japanese that is). Price range is similar to

Kyoto, depending on how much Sake you down.

Location: there are a couple, the one I go to most often is the one in Woodcroft Shopping center. There is another one around where highways 54 and 55 intersect.

B- CH and Raleigh: I have been to a couple of cool places, one vegetarian place in CH and a Jamaican place in Raleigh, but y'all are going to have to wait before you hear about them.

III. OTHER:

-**Little India** is a little store that has all kinds of Indian spices and other cooking needs, some jewelry, Indian video tapes etc... Located in that plaza on University across from South Square Mall, right next to Saladella.

-**Saladella:** great deli and middle eastern food. Good stuffed grape leaves, excellent Tabbouleh. By Little India.

-**The Yogurt Pump:** love of my life for the past month or so. Great fat free creamy (was that an oxymoron?) yogurt. Located in Woodcroft Shopping Center.

-**Suman's:** They have opened up an Indian restaurant across the street from Bright leaf (man that Durham downtown area is just BOOMING). Haven't tried it yet, but it will be in the next issue. Just thought I'd mention its existence.

## OSR information

Mark Weinberg

You should have recently received the "Duke OSR Update" in your mailbox. It described what OSRs are and some of the happenings at the National AAMC meeting in Boston. Some highlights (in case it found its way to the circular file before you could read it):

- **MSIV's:**

Interviewing time is here and the Housing Exchange book for 1994-5 has arrived. Need somewhere to crash when you go to interview. The book is full of volunteers at schools all over the country who will be happy to house you for a day or two.

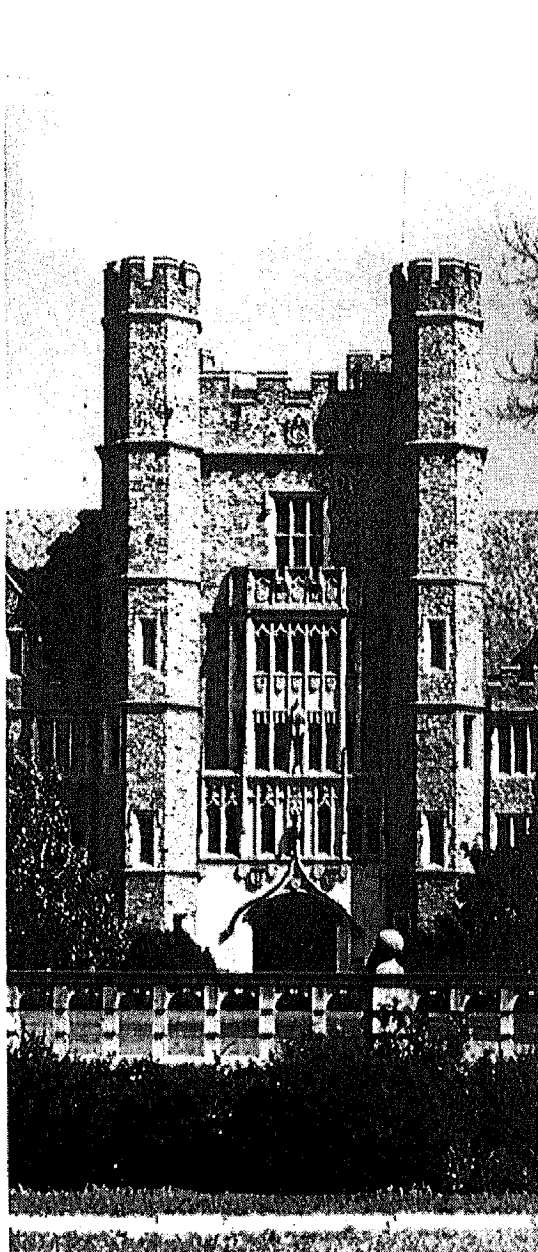
- Get involved in medical education on the December, 1994

national level:

Positions are available on 5 of the subcommittees of the OSR. Any medical student can serve. Applications are due Dec. 16th so contact us soon (see below). Positions are available on:

- The Group of Student Affairs Committee on Admissions
- The Group of Student Affairs Committee on Student Affairs
- The Group of Student Affairs Committee on Financial Aid
- The Liaison Committee on Medical Education
- The Women in Medicine Coordinating Committee

Continued on Page 10



## DUKE MEDICAL ALUMNI ASSOCIATION

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## AMWAtch

Allison Evanoff and Beth Johnson

In early November, eight representatives from our newly founded student AMWA (American Medical Women's Association) chapter attended the 79th National Meeting of AMWA in Orlando, Florida. Over 200 other medical students, residents and physicians from across the U.S., Canada and even Holland also participated in the 5-day event. The conference included numerous seminars on issues such as reproductive health, domestic violence, and career management. Those who attended found the entire event to be inspiring, empowering, educational and loads of fun! In addition, Duke's own Dr. Diana Dell, an attending in OB/GYN, was inaugurated the national president of AMWA.

Particularly moving and inspirational was Dr. Dell's inaugural address. We wanted to include an excerpt from her speech, in order to to highlight some of the ideals of AMWA:

*"Twice in the recent past I have heard medical women use the offensive term 'feminazi' — one was a medical student, whom I thought might not know any better; one was an accomplished woman physician, whom I thought should know better.*

*My dictionary defines feminism as "the doctrine advocating social and political rights*

*for women (that are) equal to those of men." By that definition, I am a feminist physician.*

*The American Medical Women's Association cannot apologize for its feminism. As the number of women graduating from American medical school doubles and triples, who will advocate that these young women must have professional privileges that are equal to those of men, if we do not do so?*

*We were founded in 1915 in uncertain times by feminist medical women of strength, courage, and determination. As I begin this year as president of the American Medical Women's Association I vow to continue in that spirit.*

*...we will continue to work for social, political, and medical rights for women that are equal to those of men*

*...we will continue our efforts to improve the education of all physicians about those issues that are unique to women's health*

*...we will continue our advocacy role in the area of reproductive health*

*...we will continue to lobby for better access to health care for all Americans*

*...and we will be the voice of women physicians as they gain their rightful place in medicine of America."*

*Our sincere congratulations to Dr. Dell!! We anticipate an exciting year and are already looking forward to Seattle in '95!*



Back row - Susuan List, M.D.; Middle row - Nikki Gorman, Jennifer Marshak, Archana Pradhan, Diana Dell, M.D., Wingfield Ellis, Sara Larson Clay, Christie Armstrong; Front row - Allison Evanoff, Beth Johnson.

# Crushed Beer Cans

Eric Halvorson

**Aahhhh** . . . the satisfaction of brewing one's own. A miracle, a process, an evolution - a beer. I remember the first time I did it. The beer was O.K. (the homebrew taste was undeniably good or bad), so I drank it and got used to it. All went well until I went to a bar. I had my first sip of mass produced urea beer and practically spit it out. Compare a Guinness to a Keystone Light, a Sam Smith's to a Schlitz (not the 22oz "Master Cylinders" - those are cool), a Dab dark to a Meister Brau. I'm not saying my beer would put Bass Ale out of business - only that there was a, well, hmm . . . let's just say some serious contrast.

Brewing beer is easy - it's fun, it's cheap, it's cool, generally impressive, you can talk about it for hours at parties, and you can finally stick your nose up to the "Crushed Grapes" folks. Let's face it:

## **BEER IS COOLER THAN WINE.**

Maybe not as sophisticated, but . . .

So here's how it works, details aside: malt, hops, and water are fermented with yeast in a bucket for one week at around room temperature. The beer is called "wurt" at this point, and the yeast is feeding on the sugars in the

malt. Some folks add corn sugar, especially when making paler beers. This can increase the alcohol content (whoa!) but tends to add more of that funky cidery taste that is the hallmark of simple homebrews. Stouts and darker beers are made with less water per amount malt to achieve the heavy darkness. Good water must be used, and all of the equipment must be really sterilized and clean. Hops can be added at different times: during boiling for bitterness, at the end of boil for flavor, and/or after 3 days in the bucket for aroma. Bottle or keg it, age it, and drink it. Total time: 2 weeks minimum for paler brews, up to 2 months for a stout. Look up "beer brewing" in the yellow pages - there's a place in Raleigh that will ship stuff, and get a book if you want details.

I just made some nut brown ale, but since I was doing things from scratch and I like very bitter, strong beers ("liquid bread"), I went overboard with the hops and it now tastes like this stuff I had in London when I was 16. I called it puke at the time. I've come to like it. . . I have to.

**OSR** is cont. from page 7

- OSR info folder :

A large volume of information is sent to OSR reps. A folder now exists in Linda Chambers' office so the student body can have easy access to this information. Its contents are:

-The Annual Report of the AAMC

-A Legislative & Regulatory Update - find out what bills are being debated and how they will affect you.

-Women in Medicine: An Update - some fascinating statistics about women in medical school, professorships, and each specialty  
The contents of this folder will change monthly

so pay attention to Shifting Dullness for a list of what's there.

- MSI's: The current OSR folks will be looking for a rep from the class of '98. Stay tuned for more information - coming in Block III.

Any further questions, or if you want more information contact:

Doug Skarada 382-7303

Jenny Sung 489-6952

Mark Weinberg 493-4373

## Letters from our Readers

To the Editors of Shifting Dullness:

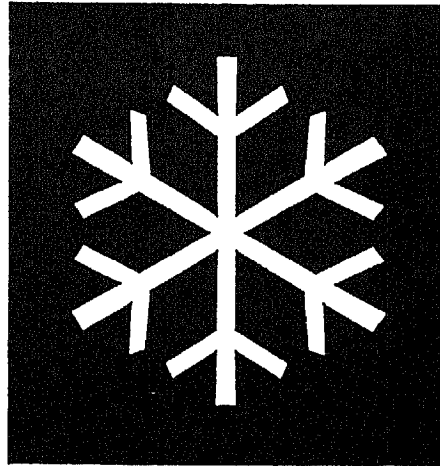
We are writing in an effort to help correct a travesty that is being perpetrated on the readers of your publication. For the last several months, you have run an "Athlete of the Month" column featuring various members of our medical community. Unfortunately, by not selecting Warren Kadrmas, MSIII, as your AOTM, you have lost all credibility with your truly knowledgeable readers. We do not intend to denigrate the exciting exploits of the long-distance runners you have featured on an almost monthly basis—well, actually that is our intention; who cares about running for several hours just to finish up where you started? Anybody with a lot of spare time could do that. Warren excels in the truly athletic endeavors: basketball, football, baseball, etc. He even picked up golf last spring and already shoots in the low 80s.

Led by Warren, the class of '96 has excelled in intramural competitions. Anyone who has had the opportunity to wonder at Warren's skills would agree to his greatness. We therefore suggest that Warren should be your AOTM every month. If you insist on writing more stories about long-distance running, please give them an appropriate title, something like "Second Best Athlete of the Month", or even "Students with A Lot of Free Time."

Sincerely,

Paul Baird

President-Warren Wannabes



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## Medical School "NEWS"

**MS I's :** Trip Meine and Mike Morowitz

The unprecedented success of the MS I Zonula Occludens intramural football team has prompted men, women, and children throughout the City of Medicine to ask themselves: Who are these MSI's and where did they come from? There has been many a day this fall when two, three, even four unnamed observers have quietly opened the door to the Amphitheatre just to steal a peek of the new protocols. Thus we bring to you a profile of the Duke School of Medicine Class of 1998. There are a hundred new faces, and ninety-nine stories (one guy is really boring, frankly). Who can we tell you about this month?

Who personifies the brute intellectual force, the acumen, the footspeed, the *je ne sais quoi* of our class? Maybe the McDonnell-Douglas Rocket Science space engineer. Or the savvy MD/PhD candidate from Shelby, Montana who rides a cool motorcycle and spouts Zen philosophies. Naaah.

Remember when you applied to medical school? You thought you'd impress the admissions committee by working in that genetics lab? Well, this month we feature MSI Matthew Hanley. What you are about to read is not fiction. It is the real-life life story of a rather extraordinary individual.

By the time he was four, Matt had lived in Philadelphia, Florida, Vermont, and Saudi Arabia. After grade school in Saudi Arabia and secondary school in Britain, he returned to the US to attend Holy Cross. Despite having never thrown a football, he walked on to a darn good Holy Cross football team, where he played for four years. Impressed? We're just getting started. Following graduation, Matt sauntered to Cairo to (and we quote) "brush up on my Arabic." Why would our hero do something like that? Well, how else could he have taught inner

city children in Amman, Jordan? Indeed, he spent six months doing just that.

With his work in the Middle East done for the time being, Matt came to Washington, D.C. so that he could (and get this!) sell cars for Rosenthal's Arlington Mazda. How did that go? Let's just say that there's a certain Salesman of the Month plaque somewhere in Mr. Rosenthal's office with a certain inscription, "Matthew Hanley, June 1993." But there are only so many cars to be sold in Arlington, so Matt went on to (and we quote again) "a small internship at the National Head Injury Foundation in D.C. and later to the Washington Eye Bank where I harvested corneas". (Do not fret, you're not alone: the authors of this column have no clue what it means to harvest a cornea—is it something you do once a year six months after you have sown them— but we were too embarrassed to ask him.)

And now he's in medical school. Older. Wiser. Engaged. Oh did we leave that out? Matt is engaged to be married this coming June. Best of luck with everything Matt, and congratulations on being selected Otis Spunkmeyer's MSI of the Month.

**MS II's:** They are on the wards. 'Nuff said.

**MS III's:** Albert Chang says hello from Stanford, "the weather is great." Umesh Marathe says hello from the Longbranch in Raleigh and invites everyone to come out any night to "Two Step." Congrats to Bill Downey on his recent wedding!

**MS IV's:** Andrea Coviello is in Nepal and says hello to everyone here in Durham. Congratulations to this month's Athlete of the Month, John "The Leg Breaker" Savarese. See page 17.

## **Out in Left Field** Ashvin Pande

"The People have spoken," cried a jubilant Phil Gramm, "and they want less government!" The Republicans had just reconquered the US Senate, and were about to win the House of Representatives for the first time since 1946. Clinton and the Democrats were reeling.

An interesting aspect of this past election was the recent political obsession with "less government." This past election, Republican partisans would have you believe, was a clear mandate against Bill Clinton and the Democratic reign of government. The People, they might say, spoke out against the Democratic philosophy of "Big Government." They didn't want the government to involve itself in American society any more. They wanted the Free Market to rule.

Several editorials in recent news magazines have suggested that this is a backlash against the growing encroachment of the government upon American society that began with FDR and his New Deal and peaked with LBJ and his Great Society. Others have proposed that this reflects the underlying social and economic conservatism of America, an America that was conceived out of a suffocating colonial government and that from its birth embraced capitalism and the free market. On a more local level, this mistrust of government revealed itself in local congressional races, with each candidate competing to distance himself or herself from the President and each promising lesser and lesser government.

Indeed, the Free Market did rule on November 8, 1994. But it is not at all clear to me that this will be the best for America. Of course, almost every economist will tell you that the free market is what is most efficient. And generations of politicians have concluded that the more free market, the better. But few have actually made clear what the free market is all about.

Because from Economics 101 we learn that the free market does not do what is good or what is right. It just does what is most efficient, i.e. it is simply what happens when each individual works maximally towards his or her self-interest. And so in proposing that the free market be allowed to determine the solutions to our problems, we equate an idealized point on a supply and demand curve with a real ethical and moral value. We are saying that the most efficient solution produced by this non-sentient system is the right solution.

And history shows the free market to be not quite so potent as one might believe. Certainly, if you're selling widgets or potatoes or VCRs, then the free market is the way to go. American economic might is what it is today because of our capitalist instincts. But when dealing with aspects of society which are larger than simple dollars and cents, one must be wary. For instance, according to my introduction to economics class, racism results a deadweight loss, i.e. an economic inefficiency, and thus is corrected by the free market. Yet the free market did nothing to provide Black America with equal rights and the right to vote. Instead, it took the government to "interfere" with the Civil Rights Act of 1964 and the Voting Rights Act of 1965. The free market did nothing to help poor and elderly Americans afford health care. Rather, in 1965 the government created Medicaid and Medicare. Is it what's most efficient? Probably not. But is a healthy citizenry best for our society? Few would disagree.

Nevertheless, the Republicans and the Free Market have won. I don't necessarily believe in them, but as a good American, I sincerely wish them both the best of luck because their failure would be no victory for me. But frankly, I believe that we must search a little deeper and more critically at what America said on November 8 before Phil Gramm and Bob Dole get that excited again.

## INFECTIOUS TB

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Todd Brady

### Putting Some Feeling Back Into Your Life

The psychosocial dominates medicine these days — there's no more room for the medical fundamentals of the past. Physical exams are losing favor, labs are done only on the black market, and no one orders whole-body MRI scans anymore ... It's the social history that counts. For instance, if you mention the patient's potassium, you sure as heck better tell how the patient *feels* about potassium. I remember once presenting a patient to an attending. "You didn't mention the most important thing," she said at the end, "How the patient *feels*." She went on and on, using some derivative of the verb "to feel" at least nineteen times per sentence. By the time she had finished, I felt horrible. That's the problem with concentrating on the psychosocial; doctors spend so much time thinking about their patients' feelings, that they ignore their own, and then feel worse than the patient. I propose a solution: whenever the medical care provider asks how the patient feels about subject X, the medical care provider should then state how he or she feels about subject X. This way it's impossible to ignore how the doctor feels, and everyone will feel better in the end.

Allow me to illustrate with an example. I once saw a young boy in the Emergency Room who complained of an ear ache. I had just stepped into the room when his mother fervently scanned my nametag and scowled. "I will not have medical students looking in my son's ears," she snapped indignantly. At first I

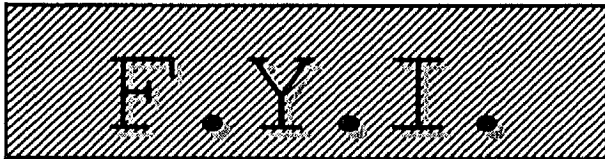
didn't know quite what to say. But I had been trained well, and after a second it flowed out effortlessly: "How do you feel about that?" Her face contorted in ways that I had previously thought anatomically impossible. "I feel that I do not want you to look in my son's ears!!" she belted out at such volume that my ears hurt. As she slammed her hands over her son's pinnae, I should have replied, "Well, now that you have told me how you feel, let me tell you how I feel. I feel like shoving this otoscope up your hiney." We would have both expressed how we felt, and there would have been no painful hidden feelings among either of us.

Then there was the time that I walked into a young woman's hospital room and her mother stood up and said to her, "I don't think he looks like he's in high school." Now, the average medical student might have been a tad discomfited by such a statement. But not me, I took Clinical Arts. I instantly picked up on the subtle fact that my patient might feel worried that her medical care was guided in part by someone so young. I suavely turned to the patient and asked, "Does having someone so young as your medical care provider cause you to feel worried?" Her reply was, and I quote, "Huh?" Had I been fully in touch with my own feelings, I should have said, "Well, now that you have told me how you feel, let me tell you how I feel. I feel like shoving this otoscope up your hiney." Don't get me wrong, that reply isn't the only one that works for me. I also might have told her that I felt like, say, she needed five or six herbal enemas. Then we would have both felt just fine.

At the state psychiatric hospital in Butner, we like to ask patients there if they have ever harmed animals, perhaps because hurting animals is a popular way of expressing feelings when you're mentally ill. I asked a rather strongish young man if he had ever harmed animals. "No, never," he said, "but I did nail a cat to a tree once." How this failed to qualify as

harming an animal I didn't know. Nonetheless, I decided to get to the most important part of the picture: "How do you feel about nailing cats to trees?" The man didn't respond, but he did get very red in the face and started to growl, the whole time looking like he wanted to nail me to a tree. Clearly, this would not be the time to tell him that I felt like shoving a metal instrument with a light on the end up his hiney. The appropriate answer would be as follows: "Well, I feel like chaining you to that wall over there." Thus, he would know how I felt about him, and I would sort-of know what he felt about me and cats. Everyone would be happy.

The holiday season is not the time to let pent-up feelings bother you. Take the psychosocial one step further, and you'll feel a lot better. ■



#### **Duke Hosiptal Sponsors Piano Concert**

**MARGUERITE MARTY**, a Duke senior, will present a varied one hour concert of piano music in the foyer of Duke North Hospital, Erwin Road, Durham, on Sunday, December 11, 1994 at 2:30 p.m. Music by Scarlotti, Chopin, Tchiakovsky, Hayden and Granados will be featured in the one hour concert. Hospital patients, family, and staff, as well as the interested public are invited to attend. This concert is sponsored by the Cultural Services

Program of Duke University Medical Center. For information about the concert or any of the other arts events or exhibits scheduled at the medical center, call 286-3361.

The **MIND-BODY MEDICINE STUDY GROUP** would like to announce two meetings: An open lecture on Friday, December 9, from noon to 1:00 in South Amphitheater given by Barrie Cassileth, PhD, on the topic of "Alternative Medicine Research and the NIH Office of Alternative Medicine" and a journal club on Friday, December 16 from noon to 1:00 in room M422(CTL) conducted by Harold Koenig, MD, discussing the article "Religious coping and Depression Among Elderly, Hospitalized Medically Ill Men," taken from *Am J Psychiatry* 1992; 149: 1693-1700.

# **H a p p y Holidays**

**from the Staff of  
Shifting Dullness**

# Journal Watch

by Umesh Marathe and Steve Kent



## IDENTIFICATION OF A DISTINCT POOL OF SPHINGOMYELIN INVOLVED IN THE SPHINGOMYELIN CYCLE

*Linardic, C.M. and Hannun, Y.A. J. Biol. Chem. 1994;269:23530-23537.*

Sphingomyelin (SM) is a phosphosphingolipid found ubiquitously in eukaryotic membranes which has recently been identified as a critical lipid in the transduction of some extracellular signals across the plasma membrane. Only 10-20% of cellular SM appears to be involved in the signal-induced hydrolysis of SM known as the SM cycle, raising the possibility of a unique "signalling" pool of SM. Dogma states that SM is located almost exclusively within the plasma membrane outer leaflet, and without any significant intracellular distribution. Using bacterial sphingomyelinase (bSMase) from *Staphylococcus aureus*, we studied the distribution of SM in HL-60 human leukemia cells, and identified a bSMase-sensitive outer leaflet SM pool, and a distinct bSMase-resistant SM pool. We then further characterized these pools by their differential solubility in Triton X-100 detergent and by their kinetics of labelling by a [<sup>3</sup>H]-precursor. The signalling pool was distinguished by resistance to bSMase, solubility in Triton X-100, and delayed labelling. In ultracentrifugation studies, the signalling pool cofractionated with the plasma membrane. Since the SM cycle involves hydrolysis of SM by a cytosolic sphingomyelinase, and the intracellular release of water-soluble SM breakdown products, the signalling pool of SM appears to localize to the inner leaflet of the plasma membrane, or to a closely related compartment. These studies identify a unique signalling pool of SM and challenge previously held ideas on the nature of SM membrane distribution.

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## SPECIFIC ROLE FOR PROTEIN KINASE C BETA IN CELL DIFFERENTIATION

*Christopher J. Gamard, Gerard C. Blobe, Yusuf A. Hannun, and Lina M. Obeld. Cell Growth and Differentiation 1994; 5: 405-409.*

Protein kinase C (PKC) consists of a family of closely related isoenzymes (most of which serve as receptors for phorbol esters and related tumor promoters), whose critical role in acute signal transduction events has been firmly established. In this study, evidence that sustained changes in protein kinase levels may participate in long term, rather than short term, cellular events was provided. By using an antisense oligonucleotide directed towards PKC beta messenger RNA, the upregulation of this isoenzyme was blocked and the differentiation of human promyelocytic leukemia cells in response to 1,25-dihydroxyvitamin-D3 was inhibited. Thus, in addition to its "classical" role in short term signalling, the regulation of PKC may result in long term functional consequences.

## REDOX-DEPENDANT SHIFT OF OxyR-DNA CONTACTS ALONG AN EXTENDED DNA-BINDING SITE: A MECHANISM FOR DIFFERENTIAL PROMOTER SELECTION.

*Michel B. Toledano, Paul Baird et al, Cell, 78:897-909, Sept. 9, 1994*

The OxyR protein is a transcription factor which is able to act as both an activator and a repressor of transcription. The protein is able to sense the oxidative state of the cell and subsequently activate the expression of antioxidant defense genes in response to oxidative stress, while in reducing conditions OxyR can repress its own expression. Though OxyR demonstrates specific recognition of its target DNA, a consensus recognition sequence was

**Continued on Page 17**  
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never obvious. Toledano, et al, showed that oxidized OxyR binds as a tetramer to four consecutive major grooves on one face of the DNA helix, recognizing four ATAGnt elements spaced at 10 bp intervals. In contrast, reduced OxyR binds over five major grooves on the same helical face, failing to directly contact the central ATAGnt and instead inducing a bend in the DNA at that location. This differential binding may explain how OxyR can act as both an activator and a repressor of transcription depending on the redox state of the cell.

#### **TRANSFORMATION OF LUPUS-INDUCING DRUG CYTOTOXIC PRODUCTS BY ACTIVATED NEUTROPHILS**

*Jiang et al. Science 1994;226:810-813.*

Several drugs, including procainamide and hydralazine, have a well-recognized risk of inducing systemic lupus erythematosus. The mechanism by which these drugs induce lupus is unknown; interestingly, these drugs do not share common pharmacological action or chemical structure. Jiang and colleagues present evidence suggesting that these drugs are all substrates for myeloperoxidase, a neutrophil enzyme that produces toxic oxygen metabolites for cell-killing. In particular, all of these drugs exhibit increased cell-killing properties when incubated with activated neutrophils. These results may suggest that the drugs trigger lupus after they are converted to cytotoxic by-products.

#### **SAFETY AND POTENTIAL EFFICACY OF AN AEROSOLIZED SURFACTANT IN HUMAN SEPSIS INDUCED ADULT RESPIRATORY DISTRESS SYNDROME.**

*Weg, JG et. al for the Exosurf ARDS Sepsis Study Group JAMA 1994;272(16):1433-38*

In this prospective, double-blind, placebo-controlled, randomized clinical trial 51 patients were entered within 18 hours of developing sepsis or sepsis syndrome. Surfactant or

saline were aerosolized continuously for up to five days using an in-line nebulizer. Measurements of efficacy included ventilatory data, arterial blood gases, and hemodynamic parameters. Aerosolized surfactant was well tolerated when administered continuously for up to five days but it did not result in significant improvements in patients.

#### **REDUCTION OF MATERNAL-INFANT TRANSMISSION OF HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 WITH ZIDOVUDINE TREATMENT**

*Connor et al. NEJM 1994;331:1173-80.*

Pregnant women who are given AZT during

**Pregnant women who are given AZT during pregnancy have a two-thirds lower risk of transmission of the AIDS virus to their offspring.**

pregnancy have a two-thirds lower risk of transmission of the AIDS virus to their offspring. The risk of transmission in the control group was 25%, compared to 8% in the mothers treated with AZT (followed by six weeks AZT treatment of the newborn).

#### **THE APOLIPOPROTEIN E ALLELES AS MAJOR SUSCEPTIBILITY FACTORS FOR CREUTZFELDT-JAKOB DISEASE**

*French Research Group on Epidemiology of Human Spongiform Encephalopathies. Lancet 1994;344:1315-1319.*

Previous research has found a link between the presence of the type 4 allele of ApoE and the incidence of Alzheimer's disease. The type 4 allele is now shown to be a risk factor for Creutzfeldt-Jakob disease (CJD), a neurological disease associated with a prion infection. The odds ratio for the presence of the type 4 allele was as high as 4.2 when comparing CJD patients to controls.

## **Sports News: Athlete of the Month**

Julie Lapp

Greetings, sports fans, and welcome back to Athlete of the Month!!! This month, our lucky athlete is fourth-year medical student John Savarese, who just recently completed the New York Marathon. When told of this distinctive honor, our recipient humbly accepted "on the behalf of the 30,000 other runners and [his] aching gluteus maximus."

John has been a self-described "off and on" runner. A native of Boston, and from an Italian heritage, he claims that he spent most of his youth running from his innermost fears and the police. Now a Duke med student, he has turned his attention to greater causes. In fact, he obtained \$200 worth of pledges for the marathon, in support of pediatric cancer research at Memorial Sloan-Kettering Hospital in New York. He categorically denies that any of this money will be used to start a rapidly growing medical honor society.

John described his training for the marathon as a story of tragedy and triumph. Over the course of months, he hit valleys when all the actin and myosin in his legs just plain hurt. But somehow, through it all, John found the strength to go on, ultimately running his first 26.2 mile race in 3:47.28.

John contributes much of his endurance and drive to the emotional support of **Team Savarese**, a devoted group of fans and trainers who traveled with him to NYC. Race day support came from Franco Recchia, Scott Lunin, Peter Argenta, Ajita Grewal, Marc Leonardo, two sisters, and a cousin (only one cousin?.... I thought you were Italian!) as they cheered him on to the finish. John especially thanks Marc, who drove Team Savarese into NYC at 2:30 am Saturday, and the inspirational Zane Atkins, MSIV, who also ran the marathon that day. Not to be forgotten, John is extremely grateful to those here at home who also pledged their money, especially the class of 1998, headed up by Mike Bolognesi.

When asked about words of wisdom for future AOTM hopefuls, Mr. Savarese says that anyone can do it... "I am living proof, and so is Oprah" .

With this, we congratulate you, John Savarese.... Athlete of the Month.

**\*\*\*Be sure to tune in next month** to Athlete of the Month as we focus in on a third year med student.....I won't say who.

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### **INTRAMURAL SPORTS HIGHLIGHTS**

In flag football this fall, both the first year and third year teams did exceedingly well. The third year team, **Jack's Boys**, achieved a record of 4 wins and 1 loss, outscoring their opponents 258-7 on the season. They were unfortunately upset in the quarterfinals of the playoffs. Star quarterback Warren Kadrmas was absent for this game, but he is featured on the all-league team along with Paul Baird, Greg Galdino, Jeff Hardacre, Matt Hepburn, and Edwin Spencer. The most outstanding defensive performance was by Ed Norris, who got 1 interception, 4 sacks and 2 defensive TD's all in one game, while playing defensive line. The first year team went all the way to the finals of the playoffs, losing to Kappa Sig. I'm told it was a great game. Congratulations to both teams.

The MS III soccer team also had a great year, losing a heartbreaking final game 1-0 in the last ten seconds of the game. Congrats anyway for the awesome season. **Get 'em next year.**

In other news, the first year team of Matt Kalady, Anthony Beutler and Jason Bolden won the 3-on-3 basketball competition earlier this month. There are 4 MS I teams, 3 MS III teams and 1 MS IV team commencing the IM basketball season this month. Anyone who has news that they would like included in this column, PLEASE call Julie at 419-8422.

### **Roadside Assistance continued**

also prevents males from planning vacations in a sane and orderly manner. So, for example, if one were to plan a trip to California, a sane person might say, "Gee, we're going to San Francisco, let's fly out, spend seven days in the Bay Area, sleep well, do a little sight seeing, and generally relax." Under the influence of a strong Y chromosome, such an idyllic trip to the Bay is transformed into Spring Break in Kalifornia, Birthplace of Roadside Assistance. Yes, some of us *did* go to Kalifornia last spring. Yes, we did try to break as many laws as possible. And yes, we had more fun than you.

I just finished Surgery. Let's pause for a moment to let this sink in: *I just finished Surgery*. No more four hours of sleep, only to wake and plant one's nose really far up some attending's butt the next day. No more five nights of call in one week. And it's party time. The pre-Spring Break party of 1994 (for those of you who don't remember much of that night) was a classic. The Kalifornia group stayed until 3:00 am. Wait, dudes, our plane leaves at 6:30 am. From Greensboro. And we have yet to buy tickets. I could see the Eternal One in the Sky ripping our well-planned itinerary to shreds, commanding, "Just wing that mother. And don't forget your Y chromosomes."

We crashed for an hour at someone's house and then drove to Greensboro. Our flight is a milk run; we pause in Cleveland for breakfast, lugging a certain somewhat drunken member of our party downtown to eat. Then to Denver and finally Paradise By The Bay. I don't sleep on planes, and had very little sleep prior to the Surgery final; however, sleep was not our purpose out here.

Okay, time to pick up the rental vehicle. Being hip and burly men, we wanted a 4x4. Enter The Roadside Assistance / Customer Courtesy Vehicle direct from Woodside Alice's Restaurant, Woodside, California. This two-door Chevy Beast (er, *Blazer*) came with a large blue stripe around it, a glaringly obvious

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"Unocal 76" sticker, and a siren. It also came with no brakes, no horn, no registration, a broken speedometer, a spare set of spark plugs, an extra quart of oil, and a pint of brake fluid. And, of course, half a pack of Camels that, sadly, wouldn't light. Clearly, this was a vehicle made with the Y chromosome in mind; a heap like this could only appeal to a man.

Instead of getting much needed rest, we pick up a friend who is to join us on our Death

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**Clearly, this was a vehicle made with the Y chromosome in mind; a heap like this could only appeal to a man.**

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March through Yosemite, pause to eat, and it's off to Yosemite, four and one-half hours distant, arriving at 2:00 am. We sleep in the truck in the parking lot (note: I didn't sleep). In the morning, we wake and walk 11 miles, up 6000 feet in altitude carrying 50 pounds of gear apiece. We pitch camp and get our first reasonable night's sleep in 72 hours. Came the dawn and we arise to a blizzard, break camp, climb up another 1000 feet and then walk back to the truck, covering 22 miles in 36 hours while traversing up and down 7000 feet of altitude. Our march down from the mountain was fuelled by our only remaining food: two tins of smoked oysters and a bottle of red wine (can anyone guess which camping gourmet went on this trip?).

It was, by then, night and time to drive back to the Bay. By the time all was told, we were in bed by four, to get another tortured four hours of sleep. The rest of the trip was much of the same. Plans like these do not emerge from sane minds; only under the disastrous influence of the Y chromosome do such perturbed ideas of fun (and boy were they fun) emerge. To quote one of the alumni of Kalifornia, "We were such *merl*!" ■

## Ode to a Y Chromosome:

**Why are Men so Male?** Michael DiCuccio

For those of you who are not male, and at the risk of blatant offensiveness, we here at Roadside Assistance would like to do our bit to explain the hidden mysteries of the Y chromosome. Men, you see, are given to wanton fits of bodily noises, poor personal hygiene, and an inability to make rational vacation plans. It is high time someone explained this.

What is it that makes a man male? It is, of course, the Y chromosome. As we all know, on a genetic level, there are two proto-oncogenes carried on the Y chromosome, *blch-2* and *c-flt*, whose expression is crucial to the male phenotype. These genes, of course, code for those wonderful displays of orificial talent which many males are given to demonstrate at inopportune moments. The Y chromosome also has the uncanny ability to blind most men to the most shocking of household grime. Anyone who has witnessed a male bathroom can attest to their utility as biologic warfare testing grounds or as a paradigm for carcinogenesis and/or chemical mutagenesis. What is even more shocking is that men actually shower in such places, intending to become clean.

Along with the bathroom, a man's refrigerator can attest to the wanton neglect and apathy with which most males view cleaning. Men know no capacity for letting a refrigerator get out of hand. My own refrigerator, shared in common with three other males, can tell a tale of neglect and abuse that would make the weak of heart cringe in fear; indeed, the tale of its final cleansing and purification ranks with *The Exorcist* in fear-evoking potential.

It was Sunday night, and, with nothing better to do than watch *Duckman*, I decided that the Green Monster needed a good bathing. Over the last few weeks, the fridge had acquired a sour expression (and odor) that made its already menacingly green and scratched exterior seem somehow demonic. Of course, it

had not been cleaned prior to our occupancy of the house three months prior, and now was much worse.

First, to empty the beast. Oh, what treasures I found. A block of green fuzz - sorry, I guess that was cheese at some

point. Some intact kiwi fruits and three bags of not-so-intact grapes. Several jars of nasty stuff with Chinese writing and some Thai peanut sauce, as well as a large and unlabelled jar of something yellow. Four, yes, four opened jars of spaghetti sauce and a limp bag of something orange that, sadly, got on my ungloved hand. A minimum of five opened bottles of salad dressing ("Guys, when was the last time any of us ate a salad?"), and three opened bags of flour tortillas. And a slew of things too hideous to mention, some of which were actively smoking.

Next, to remove the drawers. Oh, my, what is that? The puddle of rank and vile stuff in the bottom of the refrigerator was beyond description. To this day, I believe that one of the more malevolent slime molds of Duke Forest hunkered its way into our house and took up residence beneath our De-Luxe Vegetable Crisper. This was one of those times when you were glad your mother was not around; generally, parents distress at their sons saying such things as, "Look, the walls really are white!", whilst peeling sheafs of crusted and/or slimy gunk from the walls of a refrigerator. Eventually, the fridge did clean up nicely, and had loads of room to boot, once the nastiness was taken out.

The same Y chromosome that permits males to withstand levels of household toxins far greater than the established EPA standards

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Shifting Dullness

