

Nov  
1989

# Shifting Dullness

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# Second Opinions

## Matters of Life and Death

Melissa Corcoran

To be diagnosed with cancer is to face death. People with cancer often are in a state of emotional chaos due to a myriad of fears (dying, suffering, treatment, rejection, and isolation), often perpetuated by the mass media and by past experiences (friends or relatives who faced cancer). The ability to recognize and share these feelings in an environment like a cancer support group may allow the patient and family to deal with the consequences of cancer or "life after cancer" more effectively.

Reach to Recovery (a national cancer support group for women with mastectomies), is a working example of the beneficial effect of talking with other women who have gone through the same experience. To the women who are in this program, hope is instilled by seeing living proof that there is life after a mastectomy. More than a physician's reassurance, observing the improvement of other women alive and adjusting well years after surgery provides newcomers with optimism. Besides providing living inspiration, leaders impart information explaining the biological and medical aspects of the disease with the belief that uncertainty and a lack of information are anxiety provoking.

Often the most serious problem a cancer patient has to deal with is the sense of isolation from family members. Patients who have had body-image altering surgery such as mastectomy or colostomy have a low self image and feel unacceptable to their spouse and others. Such destructive feelings and emotions lead to unsatisfactory personal relationships. By investigating and experimenting with new behaviors, maladaptive social behavior (the outward manifestation of inward struggle) may be discovered, examined, and hopefully corrected. In addition, through "vicarious" or "spectator" therapy, imitative behavior may help "unfreeze" inappropriate behavior patterns. For example, the cured patient who fears the return of cancer may treat himself like an invalid and lose months or years of "normal" life. With all energies focused on unresolved anxiety, life becomes distorted and often loses meaning. Group therapy attempts to redirect this energy to productive outlets.

The cancer patient lives in a social system that reaches far beyond the family unit. Specifically, sense of self and reactions to death are often conditioned largely

by society. Because man is committed to a social existence, society's focus on the future, youth, bravery, and independence may place a heavy burden on the cancer patient. With feelings of being without a future ("futureless"), old ("lifeless"), afraid and dependent, they feel isolated from the mainstream of American society. Because they view life differently, they withdraw and isolate themselves from the living, feeling "less human and unacceptable to others." Through caring and compassionate volunteers in the many cancer support groups, the psychological distance that separates the cancer patient from the "living" can be bridged. The patient's sense of loneliness and abandonment is replaced by the realization that people still need and care for them. Patients gain insight into themselves and their impact on others.

Cancer groups allow expression of feelings that are not encouraged by society. People with cancer have a strong need to express their feelings and to be understood and accepted. A cathartic process is achieved as inner thoughts and feelings are liberated in an accepting environment. With feelings and emotions out in the open, the patient has a better opportunity to deal with them and perform reality testing by "bouncing ideas off others." It is not strange to hear that many cancer patients believe that their cancer is a payment for some past wrongdoing. Such thoughts vividly point out that the emotional aspect of cancer often overrides normal intellectual insight.

Such a program is available to volunteers at Duke University through the Cancer Patient Support Program. In the medical school curriculum, there is no human compassion and feelings course or "How to Appreciate Life" textbook. And as most things go, you can not learn about these things in a vacuum. As Elisabeth Kubler-Ross, MD, author of ten books on death and dying, once said, "The dying patient has gotten rid of all the baloney we carry with us all our lives, and has certainly become aware of what's relevant in life.... They are the best philosophers of life, if a doctor can sit for a few minutes and really listen. Dying patients are fantastic creatures."

Whether you can give 4 hours or 40 minutes a week, your help is eagerly accepted by Rachel Schamberg, director (684-4497) or Mary Beth, assistant director (684-6914). And as always, if you want the "inside scoop" you can call Melissa Corcoran (544-5551).

# Medical Student Research

Matt Roe

One of the novel features of the curriculum at Duke University School of Medicine is the third year elective research experience. As the curriculum is receiving close scrutiny it is possible that the third year could be significantly altered. I believe that eliminating or changing the third year would be detrimental to the education of Duke medical students and to the School of Medicine itself.

In a recent *New England Journal of Medicine* article (321:972-973), Dr. Irwin Arias of Tufts University School of Medicine identified a growing concern in medicine about the decreasing number of research physicians in the United States. The percentage of NIH grantees with an M.D. degree fell from 37% in 1970 to 26% in 1987; Dr. Arias attributes this decline to inadequate postgraduate training for physicians in medical research. He is concerned about this trend because he astutely recognizes that clinical medicine and basic science are inextricably tied together in the fight against disease. The investigation of disease-related problems requires individuals experienced in both clinical medicine and basic science.

Dr. Arias proposes bridging this gap by training basic science graduate students in pathobiology to orient them toward the disease-related problems of clinical medicine. But where do medical students fit into the picture?

A select few medical students across the U.S. participate in the Medical Scientist Training Program (MSTP) sponsored by NIH which provides scholarship support for students to obtain a combined M.D. - Ph.D. degree. Graduates of the MSTP program are well-versed in the problems of clinical medicine and the techniques of basic science, and are thus well-qualified to utilize biomedical research in the fight against disease. But, due to limited funds for the MSTP program and the long time needed for adequate training in both clinical medicine and basic science, far too few research physicians are entering the medical ranks today. By giving its students a year of exposure to biomedical research, Duke is doing the next best thing to help produce more research physicians.

Medical students who are given the opportunity to explore basic science problems through independent, elective research will be more apt to become interested in biomedical research than those who are force-fed basic science material in lecture courses. A brief exposure to

research can be enough to generate an interest which medical students could explore later in their postgraduate training through research fellowships. Even if an elective research experience did not inspire further pursuit, medical students would still gain a lasting appreciation for the application of biomedical research for solving clinical diseases.

With the pace of biomedical research quickening every day, advances and new treatments for disease-related problems are becoming commonplace. Giving Duke medical students a chance to participate in this exciting field allows them to contribute to new breakthroughs and to lay the groundwork for future breakthroughs. To deny medical students that opportunity would be detrimental to the ideals of the Duke University School of Medicine.

*Shifting Dullness* accepts letters of opinion from all members of the medical school community which encourage responsible dialogue. Opinions expressed do not necessarily reflect the opinions of the staff. Place responses in the box in the Alumni Affairs Office or mail to PO Box 2765 DUMC, campus mail.

*Dear MSIII* was created with actual questions by MSIs. Place submissions in the Candy Room. *Shifting Dullness* thanks you for your contributions.

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# New Curriculum

Kenny Boockvar

This year's MSI's have just completed their first "block" of courses following a new first-year curriculum in which they take short, accelerated basic science courses and participate in an innovative program in medical humanities entitled "Clinical Arts." The changes are meant to integrate the basic sciences with clinical learning and to reduce the number of courses taken at any one time during the first year. According to administration and faculty, this year's alterations are an initial step in a series of extensive, long-term changes intended to allow greater clinical/basic science correlation and greater independence for students in their medical learning.

Under the new curriculum, the fall and spring semesters are each divided into two eight week long "blocks" in which students take only three graded courses. The division of the semester into two parts allows a more rational grouping of courses and a better subject correlation among those taken at one time. This year the first block consisted of Biochemistry, Genetics, and Cell and Tissue Biology, each of which presented a molecular or cellular perspective of human biology. The second block presents the organ and organismic level of human biology with the courses Microanatomy, Gross Anatomy, and Physiology. In order to fit into this scheme, the old Microanatomy and Physiology courses were remixed into the new courses Cell and Tissue Biology (first block), which discusses the structure and physiology of cells and tissues, Microanatomy (second block), which discusses organ system structure, and Physiology (second block), which discusses organ system physiology.

Courses that were formerly taught in a semester, such as Biochemistry and Gross Anatomy, are now taught in just eight weeks at a very rapid pace (in the first block MSI's were subjected to two Biochemistry lectures a day). Although keeping up at such a fast pace is difficult, students have fewer courses to think about at a time. Since the courses are interrelated and less disjoint, students can better focus their studying. Weekly quizzes force them to keep up with the large amount of material presented.

This year's MSI's also gain the benefit of having to take fewer exams and quizzes per course, since courses are shorter. Most courses are graded on the basis of one midterm exam and one final exam. In order to include the three or four exams per course that were given in past years, this year's MSIs would have had to take a major exam in each course every two weeks. According

to curriculum revisors, the decreased number of exams is part of an effort to de-emphasize the necessity for medical students to memorize out-of-context facts. In addition, the new class and exam schedule allows MSI's to find out their first block final course grades in early October, enabling them to evaluate their performance in medical school earlier than in past years and perhaps to alter their plans.

The second major change in the first year curriculum includes a diverse set of activities in which students are not graded, presented by the Clinical Arts program. Students in previous years participated in two of the activities now encompassed by Clinical Arts: attending weekly presentations by medical experts on various problematic themes in medicine such as bioethics, mental illness, or nutrition, and discussing these themes with advisory Deans during weekly small-group meetings. As in past years these sessions are intended to expose students to difficult humanistic problems in medicine—issues which doctors must confront daily.

The new aspect of Clinical Arts is its introduction of first year students to patient contact. One afternoon a week students spend time with residents or doctors on the wards or at outpatient facilities such as Pickens Health Center. On hospital rounds students learn from residents how to examine different aspects of the patient and then attend a wrap-up lecture on physical diagnosis. These activities are meant to correlate with basic science lectures in Physiology and Anatomy. On the outpatient clinic rotation students have the opportunity to interview patients and to observe patient examinations. Student interviews can be taped and then evaluated with a doctor. In addition to this clinical exposure, once every four weeks students participate in what are called special "projects." These are not clinical experiences but glimpses at some of the many facets of medicine. For example, students follow chaplains on their rounds, visit a homeless shelter, or participate in dramatic readings based on doctor/patient interactions. In this way, students' long hours in lecture and lab are given clinical meaning and students are exposed to the diverse practices of medicine.

The Clinical Arts program also assumes the responsibility of teaching students how to improve their own health. Some of the weekly talks by experts have covered topics such as nutrition and cholesterol level maintenance. Students have had the opportunity to have their cholesterol checked and their diets analyzed. In addition, students have also participated in evaluations of their own emotional health. According to Dr. J. Lloyd Michener, the director of the Clinical Arts program, in order for students (and all health-care workers) to appreciate the problems of other people,

they have to know and be content with themselves. Thus the Clinical Arts program exposes first year students to the delicate art of treating patients while staying healthy oneself.

So far both faculty and students have reacted positively to the new first year curriculum. In an informal survey, students have said that they appreciate the reduction in the number of classes taken at one time, although the pace of classes is definitely challenging. Dr. Saul Schanberg, Chairman of the Curriculum Steering Committee, says that this year's students' grades are as good as those of past classes, and that so far intellectual enthusiasm and lecture attendance have been relatively high. In general, students have enjoyed all aspects of the Clinical Arts program despite the fact that the logistics of a few of the activities still have to be ironed out. Students appreciate the low pressure environment. Dr. Michener says that the program is in a fluid stage and will change throughout the year according to students' feedback. Students hopefully will play a role in the discussion about further curriculum change, as members of the Davison Council's Curriculum Committee join the faculty curriculum committees, according to Jim Bass.

## Dear MSIII

Eric Bachman, Eric Weidman

Dear MSIII,

*Observation, palpation, percussion, auscultation: Do I have to know which applies to which?*

Dear Confused,

I sympathize with your confusion and in fact some of us don't remember which is which. The above classic components of the physical exam were once important parts of a patient work-up, but are now outdated in this "med-tech" era. Today's med student need only know how to order every lab test in the book and a CT scan.

Dear MSIII,

*Is DSB a legitimate medical phenomenon?*

Dear MSI,

DSB, dreaded seminal backup, was first described by Vesuvius in 1872 and is a phenomenon that eludes all but the most perceptive practitioner. The original study was conducted on Yiddish monks in the highlands of Hungary. Affecting about 92% of post-adolescent males (the other 8% attend law school) at any given time (except hoidays), DSB can be diagnosed by the classic triad: 1) erections over 20% of the time, 2) positive "postage stamp" test, and 3) hypersexual behavior in the absence of limbic system lesion. A prevelant syndrome during first year, there is no accepted therapy.

The ideas behind the first year changes—correlation of basic science material with clinical experience and reduction of the amount of student time spent in lecture or cramming for exams—are ideas which will be employed in the revamping of more of the medical school curriculum beyond Clinical Arts and the block semester format. Dr. Schanberg hopes that significant changes in the curriculum will be made yearly. The committee believes that students should not be restricted to learning solely by lecture, which takes up too much time during the first year. It intends to introduce different teaching techniques, including problem-based case study learning, small group learning, computer simulation laboratories, and patient simulation exercises, some of which may begin this year. The committee is also re-examining larger aspects of the Duke medical curriculum such as the partition between clinical and basic science training and the value of the third year research experience. Although no consensus has been reached on what should be done, according to Dr. Matthew Cartmill, a member of the Curriculum Committee, systematic changes will be made which improve the quality of medical education at Duke while retaining the uniqueness of Duke's curriculum.

Dear MSIII,

*If residents wear their stethoscopes around their necks and you wear yours in your pockets, what should I do with mine?*

Dear MSI,

Do you have to ask? I recommend you place it around your patient's neck. Most likely they have light-years more experience with one than you do!

Dear MSIII,

*Will there ever be time in my medical school career for an adequate sex life?*

Dear MSI

NO, and it only gets worse after you've earned your degree. Just kidding. There is time during any phase of medical school for an adequate sex life. For those who aspire to a somewhat more satisfying sex life, here are a few points to consider:

- 1) Sleep deprivation doth not the flame extinguish. There may be times that you talk yourself into being too exhausted. Don't do it. Go with how you feel, not with how you look.
  - 2) Don't schedule time with your mate. Contrary to all the stress-management / time-budget workshops you have attended, scheduling takes all the flare out of it.
  - 3) Invest in some really good bubble bath.
  - 4) Find cozy corners to escape to during breaks.
- Consider Charleston, Savannah, Atlanta, the beach, and the Cricket Inn.

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# Clubs Med

Debbie Shih

## Rural Health Coalition

Founded in 1978, the NC Student Rural Health Coalition is a non-profit organization which works to improve health conditions in northeastern NC, the poorest and medically underserved region of the state. The Coalition's primary focus is the Clinic program, which consists of free monthly health screening clinics in three areas. The clinics are promoted and organized by the local health councils and staffed by area med schools.

Duke serves the Fremont (Wayne Cty.) Clinic every third Saturday. The team consists of a med school faculty preceptor, 3 MSIs (who perform lab work) and 3 MSIIIs (who perform H&Ps). Beginning this year, joining the Coalition counts as a 4 credit course taken in the third or fourth year. Classes are every Tuesday and include speakers on rural health. The next clinic date is Nov. 11. Anyone is welcome to participate in the clinics or the classes, even if not currently enrolled. It is a good opportunity for MSIs to get a head start on learning clinical skills and for MSIIIs to keep their skills polished. If interested or want more info, call Jen Schradie (684-5880) or John Paolini, MSIV (383-3450).

## American Medical Assoc.

A nationwide organization of med students and physicians. The student chapter at Duke is planning a meeting on 11/7 at 7 pm in CTL room 248. The topic will be planning a service project at Lenox Baker Children's Hospital. All members should attend. Also, the Asheville State Meeting is 11/10. Any interested participants are welcome. If you have any questions, contact Lisa Gangarosa, MSIII (493-9583).



## Student National Medical Association

SNMA is an organization of minority and third-world students in American med schools, which seeks to meet those needs unique to these med students and to provide community service. Meetings are held every other Tuesday. Call Tamera Coyne (490-1576) for more info.

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## American Medical Students Association

AMSA is the largest med student organization, focusing on supplementing medical education, and offering health insurance and other services. "Meet the Residents" program will begin again, bringing DUMC residents from various fields to talk with med students about residency. These are every 2-3 weeks, and are held at noon in one of the conference rooms outside the Rainbow Room. All four years are encouraged to attend.

Nov. 11 - ROPES course, a trust-building obstacle course offered by the Duke undergraduate program. Any questions, contact Jim Bass, MSIV (489-1323).

## Alpha Omega Alpha

AOA is a national honorary medical society which promotes excellence in medical education. Membership is limited to 1/6 of the students in any class (half MSIIIs and half MSIVs), based on academics, integrity, potential as a physician, leadership, and because they are "worthy to serve the suffering," according to the society's motto. Residents and faculty are occasionally elected as honorary members. New members are elected each fall and are inducted in the spring.

## Seventh Grade Sex Ed

Med students spend 8 one hour sessions in local 7th grade classrooms discussing reproduction, contraception, adolescent sexual pressures and answering students' questions. Volunteer teachers are usually MSIs, who are counseled about presentations prior to the sessions. Janice Gault, MSIII (490-5785) will speak to the first years about the program in late November.

## Family Med Interest Group

This organization is concerned with presenting issues of primary care and the practice of family medicine. The meetings are the third Thursday of each month in 1103 Duke North, 5:30-7:30 with dinner! The next meeting is Nov. 16. Contact Rich Sumrall, MSIV (493-8941).

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# Davison Council

## Davison Council News

Diane DeMallie

After Hugo, several students expressed interest in a med student disaster group to cooperate with the Red Cross to help in the event of another disaster. Ann Sharpe and Shauna Farmer will be forming this group.

For the last three years, Bill Adamson has been Duke's one representative to the AAMC National Conferences. Other schools send up to 7 representatives. Bill feels it would be beneficial for Duke to send more than one representative. The Council approved the idea of sending a second, third, and fourth year student to the conferences. These students would be elected through the Elections and Awards Committee. Bill will discuss funding options with Dean Graham.

The Surgery Renewal of Systems is tentatively planned for Nov. 15. On Nov. 11, there will be Alumni Libations in a large tent outside Card Gym at 10 am. Afterward, the Davison Council is planning to sponsor a tailgate before the Duke/NC State game. Safety was discussed, and it was decided that all Davison Council parties should have a posted list of designated drivers.

## MS IV Class News

David Shoemaker

Residency application/interview time is upon us! Some of the class of '89 will provide info about programs, regions of the country, life as an intern, and a place to spend the night while interviewing. Response cards from them include addresses and phone numbers and will be placed in the card file outside Linda Chambers' office as they are returned. Also, let me know if you have any ideas about a class party to be held in the next month or two. I am also beginning arrangements for the Senior Class Dinner to be held around the time of graduation. Any input is appreciated.

## MS III Class News

Debbie Shih

The following ideas for class activities are in the works: recycling newspapers throughout the med center; organizing a drug awareness program in area schools; a tailgate in conjunction with the Davison Council on Nov. 11; a class ski trip for Jan. or Feb. 1990; a large party with a band at the end of the year; possibly we could charge admission and give any profits to a charity. The address list will be coming out soon!

## MS II Class News

Betsy Hilton

The social calendar includes an End-of-the-Semester Holiday Party. From rotations: surgery student Bethan Banks received the honor of flying with the transplant team to Florida. Peds students have been seen catching babies and tending the Nursery with TLC. OB/GYN students are priding themselves on having monopolized the front row parking in Pratt St. lot. Several reports say that surgery, medicine, and neuro students are managing to tolerate sleep deprivation.

We would like to congratulate Dan George and Delia on their engagement, Mark Aaron and Rosemary on their engagement, and Rob and Beth Deucher on their baby girl. Mac and Tracy have set their wedding date for July '91. Also, please welcome Sarah Weiss and Robin Patty, who were with us in PD and who will be joining our rotations this year. Finally, please let me know if anyone has any news or party plans.

## MS I Class News

Lenny Steinberg

Our class will be sponsoring a new game show for med students, entitled "What city is this?" and will assume the time-tested format of Family Feud, hosted by Andy Lodge. Contestants will include the Katrina-Mark-Dave-Fred-Terry family as well as the Bobby-Andrea team. Questions for the show will come from our own Matt Roe, with John Krauss as technical adviser and Monica making sure that no question is asked twice. Monica will also be speaking on behalf of all contestants. Stay tuned!

## MD-PhD

We'd like current MD-PhD students, in at least their third year, to interview prospective students or to take them to dinner, and students from any class to take them out to lunch. This is a good way for you to help applicants decide whether Duke is the place for them. Call Pat Burkes (684-6866) or Charlene Chu (493-9583). Also, we'd like to bring a well-known speaker who many of us would like to hear for the annual MD-PhD Poster Session. Call Russell Nash (383-3358) or Eric Bachman (382-0497) ASAP with suggestions.

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# Calendar of Events

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## Special Events

- Nov. 2 - Major Speakers: Fr. George Stallings, 7 pm, Duke Chapel.
- Nov. 8 - Bob Dylan, 8 pm, Cameron Indoor Stadium.
- Nov. 10 - Dance Black Concert, 8 pm, Page Aud.
- Nov. 10-12 - Homecoming Weekend.
- Nov. 11 - Blue and White Night, concert and dance, 9 pm - 12:30 am, Von Canon Hall, Bryan Center.
- Nov. 15 - "Drugs in Medicine," panel discussion, 7 pm, 2002 Duke North.

## Film

Freewater Films, Bryan Center Film Theater, 7 and 9:30 pm, free with ID.

- Nov. 2 - Heavy Traffic, Wizards
- Nov. 3 - Dangerous Liasons
- Nov. 7 - Pixote
- Nov. 9 - Fantastic Planet
- Nov. 10 - Pelle the Conqueror (12am: The Wolf Man)
- Nov. 14 - Bye, Bye Brazil
- Nov. 16 - The Computer Animation Show
- Nov. 17 - Babette's Feast (12: Dr. Jekyll & Mr. Hyde)
- Nov. 28 - They Don't Wear Black Tie
- Nov. 30 - Vampires in Havana, Robotech (Page Aud.)

Quadrangle Pictures, Film Theater, 7 and 9:30 pm, \$3

- Nov. 5 - Dirty Rotten Scoundrels
- Nov. 11-12 - Chances Are
- Nov. 19 - Beaches

## Theater

- Oct. 17-Nov. 4 - Hoof 'n' Horn presents "Guys and Dolls," Reynolds Theater; call 684-2072.
- Nov. 5 - Broadway at Duke, "Me and My Girl," 8 pm, Page Aud. Call 684-4444.
- Nov. 11-18 - "Artist Descending a Staircase," by Tom Stoppard, Reynolds Theater; call 684-4444.
- Nov. 17-18 - The Durham Savoyards present "Trial by Jury" and "Places, Please!" 8 pm, Page Aud.

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## Art

Rowena Dolor

- Oct. 2-Nov. 13 - Boats and Barns, paintings by Anne-Royal Watson, Rauch Display Case (Morris Bldg.).
- Oct. 25-Nov. 20 - photographs by Marthanna Yater, East Campus Library.
- Oct 30-Nov. 27 - New Horizons Quilters Exhibit, Mars Display Case (Duke North).
- Nov. 13-Dec. 30 - handmade porcelain dolls and clothing by Claire Cudak, Rauch Display Case.
- Nov. 9-Dec. 2 - paintings by Danielle Epstein, Brown Gallery (Bryan Center); reception Nov. 9 at 5-7 pm.
- Nov. 10-Dec. 2 - Jeff Bennett, Flowers Gallery.
- Nov. 10-Dec. 31 - the Art Museums of Louis Kahn, Duke Museum of Art.

## Music

- call 684-4444 or 684-2534 for ticket info.
- Nov. 2 - John McCutcheon concert, 8 pm, Page Aud.
- Nov. 3 - Aspen Wind Quintet concert, 8 pm, Bryan Center Film Theater.
- Nov. 4 - Chamber Arts Society present "An Die Musik," 8 pm, Bryan Center Film Theater.
- Nov. 10 - Duke Choral Fall Concert, 8 pm, Baldwin Aud. (East Campus).
- Nov. 11 - concert by the Pitchforks, Page Aud.
- Nov. 16 - Duke Wind Symphony, 8 pm, Page Aud.
- Nov. 18 - the Ciompi Quartet, "Beethoven Quartets," 8 pm, Nelson Music Room (East Duke Bldg.).
- Nov. 28 - Duke Artists Series, soprano Kathleen Battle, 8 pm, Page Aud. (students get \$2 discount).

## Alumni

- Nov. 9 - NC Medical Society reception for Thad and Lee Webster, in Asheville, NC. RSVP in Candy Room.
- Nov. 9-12 - Medical Alumni Weekend.
- Nov. 10 - "Physicians' Compensation: The Development of a New System," and presentations on various topics by alumni, 2:30-4:45 pm, Searle Center.
- Nov. 11 - Davison Society/Medical Alumni Association Libation, beginning 10 am, in a tent near Cameron Indoor Stadium; sign up in Alumni Office. Free.
- Call 684-6754 or 684-2210 for more info.



## Studs Dominate Intramurals!

Mark Backus

Okay, so we didn't really dominate the wide realm of intramural sports. In fact, MSI teams seemed to crumble at the appearance of undergrads who have never had to dissect a cadaver. It all started early in Biochem when Bob Cihak organized a nearly invincible softball team for a fraternity-sponsored tournament. Softball went down in defeat 11-10 to [IKE and 9-7 to AEI], proving that beer power is stronger than high crossbridge cycling rates. The mighty med school team tasted defeat despite the presence of Brian "hummer" Bowman at third and solo home runs by Andy "boomer" Kaplan and Mark "King" Backus (Q: Who ever strikes out in softball . . . twice?). The intramural football team posted the best MSI record with 2 and 2, giving them second in their league. No need to record that the wins were by forfeit. Scott Dean starred as QB and Min Kocher (captain) and Gerry Reece starred as wide receivers. Intramural soccer might have obtained a World Cup berth . . . until they posted their 1 and 3 record. Most games were excruciatingly close, including a 3-2 loss to NROTC, a 1-0 loss to Team X, and a 2-0 win over Mire Court. Dave Bright recorded the shutout win in goal, while leading scorers were George Verghese, Mike Sicard, and Mark Backus. Jeremy Rich provided gnarly defense, eventually sacrificing his nose in the last game of pain. Coed Naked Volleyball proved that med students were too distracted by nakedness to play efficiently. Led by team captain Marc (Marquito) Carruth and by staunch playing from Geni Gillman, Scott Palmer, Phyllis Chang and Andy Lodge, med school volleyball dominated too infrequently for accurate publication at this time. . . . See y'all next quarter!

## GPSC News

Rowena Dolor

A reminder that the Hideaway has become a lounge for grad and professional students, 11:30 am-4 pm, with food items, pool-playing, and TGIFs every other Friday (11/3, 11/17) with entertainment and discount beer.

Safewalks offers walking escorts for students 10 pm-2 am Sunday through Thursday, while Saferides offers rides on/off campus; call 684-8403. Why not volunteer as well for 2-hour Safewalk shifts.

Call Eddie Estes of Materials Management (684-5947) if you want to start recycling at your lab.

Pickens currently has two types of AIDS tests available: confidential (free, results go into medical records and are used for statistical purposes), and anonymous (\$35, but not used as data).

## Cultural Vitamins

Cultural Services and the Dean's Office have arranged for discount tickets (\$14) and a talk with the author on Tuesday, November 14, for the new Broadway-bound Tom Stoppard play, "Artist Descending a Staircase." If you don't know the loopy wit and many-layered intelligence of this popular English playwright, you are in for a treat, both at the play and, especially, at the conversation with refreshments afterward. To make this happen, at least 20 people have to sign up. Call 684-2498 or 684-2027.

For all those interested in working with Ann Shepherd's "Doctors' Dilemmas" project, the improvisational staging of the William Carlos Williams short story "The Girl with the Pimple Face," she will hold two late afternoon meetings on Monday, Nov. 13 and Wednesday, Nov. 15, at 5:30-7:30 pm in the Medical Center Board Room, for all students who want to participate, whether or not you already have met with her. Come talk to her, see what's going on, and audition for one of the performing groups, for she needs actors to commit themselves to the project. Performances will not be until February or March.

Urgent plea from Florence Nash: "What happened to our poetry constituency??? Just because we changed our location from the Aging Center Conference Room to the Dean's Office is no reason for the attendance to have dropped off. We want you to come, so I am prepared to make you an unprecedented offer: the next six people to sign up for poetry might Win Valuable Prizes: a red wheelbarrow, two cruise tickets to Byzantium, a free weekend at a charming lake-side hideaway in Innesfree, and much, much more! They might not, of course. See my lawyer." She is of course referring to "I Want to Read You a Poem," every other Friday noon (alternating with "Stellar Stories") in the Dean's Conference Room. Call Florence Nash (684-2498) or Joy Javits Stewart (684-2027) in advance to get the readings for the week.

## Corrections

We apologize to Kenny for having misspelled his name several times in the last issue. His correct name (we hope) appears in this issue.

It has come to our attention (courtesy of Tim Conrad, MSIII) that parking space #6 (off Wannamaker Drive) is probably not open to med students. We apologize if you received any parkings tickets; we'll vouch for you.

# Read Our Lips:

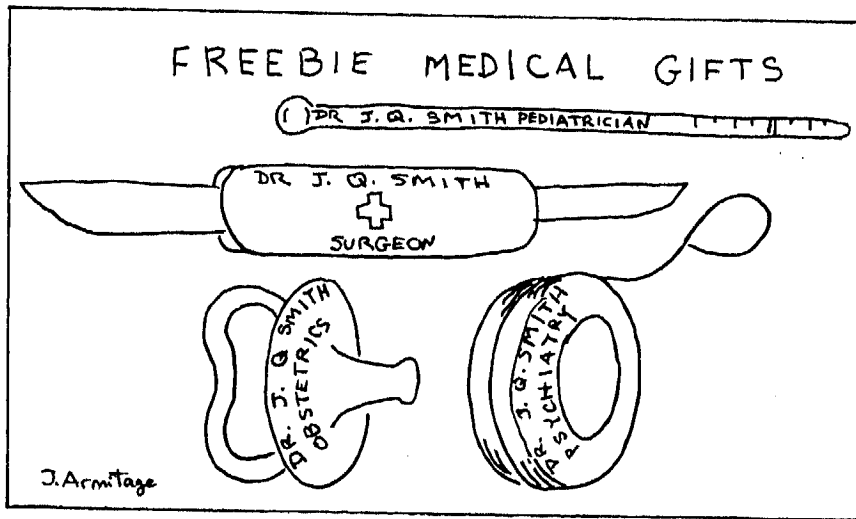


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(behind the Brownstone Inn)  
receiving donations 10AM-1PM daily

The Nearly New Shoppe gives \$100,000 yearly for medical school scholarships. Bring us your unwanted clothes and household items to convert into Duke scholarships.

### William Carlos Williams

## Poetry

The Human Values in Medicine Program at Northeastern Ohio Universities Medical College is sponsoring the 8th annual William Carlos Williams poetry competition for med students in the US and Canada. Submission deadline is 12/31/89. Winners receive a monetary reward, an invitation to Northeastern to read their poetry and to attend a poetry retreat in Cook Forest National Park, all expenses paid. Mail entries to: PO Box 95, Rootstown, Ohio 44272. phone: 216-325-2511 for details.

### Mobilize for Women's Lives Nov. 12, Washington DC

Join the Durham chapter of the National Organization for Women at this pro-choice rally to keep abortion safe and legal. A charter bus is available from Durham at a cost of \$35 round trip. Call Sara at 544-0135 or Paige at 682-0594

### *Shifting Dullness*

#### staff meeting

Nov. 3, 5:15pm in the Hideaway,  
under the Bryan Center  
walkway on West Campus. Attend  
the TGIF and participate in  
planning the December issue.  
All are welcome.

# Purely Purulent

Eric R. Weidman

Do you remember countless lectures where you sat totally dazed and confused by the lecture content, and then when the lecturer asked for questions, no one in the audience understood enough to formulate one? Did you feel uneasy when such a lecturer proceeded to glare at you with that "I know you weren't listening to me because medical students these days are lazy" look? Have you ever searched in vain for an appropriate question, but found none? If you answered yes, then the following **inappropriate** questions are for you!

-Ma'am/Sir, then who, really, put the "ooo" in "hampoo?"

-Sir/Ma'am, what the dickens are those plastic tube thingees that anesthesiologists wear attached to their shirts/caps/ears?

-Try this one to further "mesh" the arts/literature with medicine: Ma'am/Sir, if I understand you correctly, are you implying that *Sleeping Beauty* slipped into a coma secondary to a drug overdose?! What did Prince Charming use to revive her? Can modern day ER docs kiss like that?

-Sir/Ma'am, that was an absolutely fascinating discussion of a very important topic in medicine. We are all truly honored to have your distinguished presence here today. I know that Ms./Mr. \_\_\_\_\_ (fill in name of random student sitting to your left) has done extensive work in your field, and I'm sure he/she would welcome this opportunity to ask a relevant question.

-Ma'am/Sir, could you, perhaps, offer us your understanding of what you just said?

Any further questions will obviously appear brilliant in comparison.

**Things to think about** (as if you don't have enough already):

**Mash** verb, to convert (something) into a soft, pulpy mixture resembling mash (any fermentable starchy mixture or livestock food).

**Push** verb, to exert force against an object.

Please, remember these definitions next time you ride an elevator when floor choices are made!

**Rothschild** noun, If one assumes that Neil Roth, MS III, is the son of a certain Mr. Roth, then one can conclude that he must be one of Mr. Roth's children, or, for short, Roth's child. Thus, could Neil be a true Rothschild heir at Duke, or is he yet another imposter?

## Med School Suggestions:

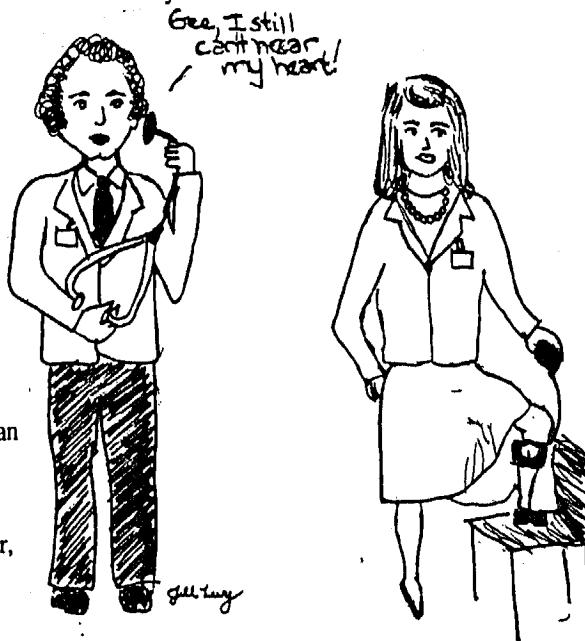
1. Coffee and donuts at early morning lectures. Guaranteed to increase attendance. Sounds like documenting this could be a good third year research project.

2. Lecture notes and handouts made on dittos. Remember those handouts in grade school made with blue ink and the distinctive "fresh off the press" smell? Sure you do! What's better than smelling one fresh biochem handout booklet? TWO freshly printed biochem booklets! Guaranteed to *at least* get notes within reading distance of the student's eyes.

3. Rounding on the Road. Practice preventive medicine, present patients, AND get in a workout while you and your team enjoy an early AM jog with your attending. No need to join an expensive health club on your student budget! Remember, when the pimping gets tough, the tough get jogging. An out-of-breath attending asks no questions.

4. Medical Trivia Jeopardy. Contestants may win cash, prizes, washers and dryers while they and the audience improve their roundsmanship abilities. Or to make it more lifelike, forget the prizes and publicly humiliate those with wrong answers. Already a proven hit!

Gun Hur says, "Don't ask what you can do for your own medical education, ask what your medical school can do for you!"



MS1's on the loose in the Clinical Arts Program!