Shifting Dullness

October, 1995

Don't Look Down by Geldo Gastrin

IF YOU DARE LOOK ANY FURTHER:

Plural Effusions

Jeff Drayer

Over the years, I've heard a lot of talk from fellow students about coffee. About how much they need it, about how they can't live without it, about how they can't wake up in the morning until they've licked every last grainy, smelly drop out of the bottom of their three-liter "instant" coffee machines. But not having much coffee experience myself, I always had to take their word for it. Actually, other than the liter-and-a-half I drank right before the MCATs (rendering myself unable to fill in those microscopic scan-tron answer spaces) my only previous coffee encouter had involved drinking three ounces of instant coffee (and about 14 ounces of milk) at four in the morning the night before my biochem final last year, which resulted in what I realize in retrospect was a reentry tachycardia of about 230 beats per minute. It was all my roommate Matt could do to restrain me from ripping my heart out of my rib cage with a bread knife and stomping on it until it finally resumed a normal sinus rhythm (this was the gold standard for defibrillation before electricity was invented).

So for a time I was scared to death of coffee. And then, just as the flashbacks were down to one a week, they put that new little Yuppie Espresso Stand (Y.E.S.) in the cafeteria. And once I gained enough courage to go near it, I saw that it advertised all sorts of yummy-sounding things. How could a mocha-cherry-cinnamon double iced cappucino be bad? Who wouldn't drool over a tall whipped vanilla nut latte with fudge-almond cream? And of course, these things must be good because A) I had no idea what any of it meant, but I imagined that tall, attractive people wearing black turtlenecks did and B) you needed at least three pieces of American paper currency to pay for something there, and that didn't always mean bills of the one dollar variety.

So though I didn't partake of the coffee itself, I once again began to find myself siding with it, attributing my earlier "bad trip" to impurities in the beans or a bad mixing job.

The makers of coffee ice cream have obviously never actually had coffee before. At first I thought I was in one of those commercials where they replace the Folger's crystals with dirt or something.

And when my attending suggested the other day that he and I go down to the cafeteria to talk about our patients and get some coffee, I was secretly thrilled. I finally had an excuse to get a triple karamel kreme kappucino, and no one could stop me. We got downstairs, and my eyes immediately zeroed in on the pretty colors and smiling faces of the Y.E.S. in Duke North. We got to the counter, and my attending ordered a Cappucino Grande. Wow. I didn't even know they made something like that. I mean, not only was it Cappucino— it was Grande. Well, this sounded like the mother of all trendy drinks, so I regained my composure and ordered one as well. My attending handed over the $23.96, and then I watched as he sprinkled some cocoa on top of his frothy steamed milk.

Continued on page 3

Plural Effusions continued

Cocoa! I did the same, excited at the prospect of finally joining the Coffee Generation, which for so long had kept its doors closed to me. We sat down at the table and he began talking, but I couldn't hear— I was too busy savoring what I imagined was the sweet, creamy smell of Cappucino Grande (I couldn't actually smell anything, but I figured that had to be a flaw of my own, which I would make a point of soon overcoming). Finally, I closed my eyes, raised the cup to my lips, imagined the light, silky taste— sort of like warm coffee ice cream— that was to come, and drank deeply. And it tasted like...coffee. Which tastes...bad.

I hadn't been so disappointed since the Cleveland Cavaliers traded Ron Harper. THIS is what 17% of the gross national product is spent on? THIS was what everybody on my rotation couldn't stop going on and on and on about in that glassy-eyed, drool-flecked way that coffee drinkers get when they want to feel like they're in a situation so utterly stressful and malignant that the only coping mechanism not yet exhausted by their uniquely experience-tortured bodies is their ability to metabolize xanthines? The makers of coffee ice cream have obviously never actually had coffee before. At first I thought I was in one of those commercials where they replace the Folger's crystals with dirt or something. But I wasn't. I felt duped, tricked by society. Like the way everyone keeps telling me Layla is one of the greatest songs of all time, or that it's possible to learn the renal system. It took all of my willpower to drink that entire Columbian monstrosity. And of course then came that whole atrial fibrillation thing, but by then I didn't care. I didn't know what to do— I was dismayed and confused, once again savagely taunted and mocked by a world I've tried so hard to fit into. Besides, what could I do— all they had were dull plastic butter knives. ■

Shifting Dullness

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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.

MORO REFLECTS

Mike Morowitz

Many of the problems which have plagued this country in the modern era — drugs, crime, political ineptitude— are problems lacking simple solutions. Lately, I have been using the extra time afforded me by the Psychiatry rotation to ponder the following question: is the American form of government, the democracy, equipped to effectively deal with society's current ills? I do not believe it is. I think that we must look to an alternate method of governing the populace, of curing society's ills. Possibilities I have considered include turning to an *oligarchy*, rule by the few, or to a *matriarchy*, rule by the mothers. But, having fleshed out arguments for and against many of the possibilities, I have come to the conclusion that America's only hope, our only chance for survival, is the *hepatogarchy*, or, rule by the liver.

Some will undoubtedly mock the notion of changing to a portal system of governing. But the astute and imaginative amongst us should realize the virtues of adopting a more hepatic way of life. The liver is the most reliable human organ; the dedicated, untiring, don't-take-no-for-an-answer type organ which can be hard to find these days. Please consider the following. The liver is the centralized power which delegates responsibities to other organs but receives venous return from all its constituents just to "check on things." Its control of glycogenolysis/ gluconeogenesis serves as an effective regulator of fuel storage and fuel expenditures— its own Secretary of Energy. The p450 system is unparalleled in its ability to get rid of drugs— the endogenous Drug Czar. Hepatic production of serum proteins is also the infrastructure upon which important physiologic processes may take place, e.g. hemostasis and osmotic regulation. These are just a few examples which illustrate the elegance of the hepatogarchy. And I haven't even used the word ascites.

The portal system of governing is not just the crazy figment of a budding hepatologist's imagination. It is a system grounded in both theory and facts.

Anticipating the difficult struggle which may accompany our efforts to put a hepatogarchy in place, I have come up with the following campaign slogans:

• *Walk softly and carry a big liver.* This has nothing to do with alcohol or fatty change. This twist on TR's familiar saying conveys the idea that effective government stems not from meaningless political babble, but rather from an oversized liver.

• *Liver free or die.* There's no two ways about it: it's hepatogarchy or nothing!

(Continued on p.5)

*Practice random kindess and senseless acts of hepatocellular function.*This slogan is aimed to gain the vote of the disinterested American youth. We want our kids to know that they can conjugate bilirubin, produce bile and still "be cool."

The portal system of governing is not just the crazy figment of a budding hepatologist's imagination. It is a system grounded in both theory and fact. Economic progress will be charted not by GDP or GNP, but by SGOT and SGPT. Needless to say, national secruity will be provided by the gall bladder. The leader of the government will be the President, whose office is fashioned after the current system. This position will be filled by common elections, but my personal choice for President is Colon Powell. Powell is a popular hepatocrat with opinions which may just be centrist enough to bring together the traditionally opposing views of the acidic upper GI tract and the foul-smelling lower GI tract. Such a junta would work to secure the place of the hepatogarchy in American history for generations to come.

Like Thomas Paine, I appreciate the burden of educating the masses about a political system which has not been tested for thousands of years (Actually, there was a highly successful hepatogarchy somewhere in the Middle East years ago which fell prey to the Roman Empire. It's time has come again, I think). I trust, however, that in time the irrefutable logic of a government modeled around the liver will prevail. For now I must be content in proclaiming that, today, *ich bin ein Hepatogarch!* ■

DECISIONS, DECISIONS

Cameron Dezfulian

With the coming of the Grad student basketball ticket campout, I decided to be innovative and get a bunch of my first year classmates together to rent a U-haul and generator— to do the campout thing in style. So I passed around a sign-up sheet asking all interested parties to sign. Unfortunately, I underestimated the burdensome yoke of commitment I was attempting to rest upon my peers. Many of them retaliated by signing up and writing "maybe," in parentheses, next to their name.

It was not until viewing this survey that I grasped the broad meaning of the "maybe," a word much more ambiguous than at first glance. You see, as straightforward as "maybe" seems, the context in which it is written provides numerous gradations to the word's nebulous spectrum. Here are a few of the nuances of "maybe" I experienced via this survey.

A teasing maybe: "Maybe" followed by ellipses as if to say, "I'll get back to you, Cam. Don't call me, I'll call you."

An authoritative maybe: "MAYBE", bold faced, all in caps, underlined several time, I think this one meant to say: "My answer's maybe, and that's final."

A clueless maybe: Two question marks in rapid succession.

ee cummings maybe: first name, last name and "maybe" all in lowercase.

The pharmacist's nightmare maybe: "Maybe" scribbled so it read "razle" to the unaided eye.

The alternative maybe: "Perhaps."

The medieval alternative maybe: "Perchance" and "Mayhaps."

The weatherman maybe: The likelihood of "maybe" expressed as "maybe-to-no." Kind of like: "partly maybe with a 30% chance of no by Friday."

The closet maybe: A ditto sign in parentheses (" ") directly under another "maybe." This one's made it past denial but falls short of willing acceptance.

However, I'd like to thank Kelli, Brooke, Betty and Angie for being the only four to be so bold as to offer an unconditional "yes" to the question. When I'm dying in the ER, I hope one of you is making the decisions.

But *maybe* I'm being unfair. *Maybe* it's my fault for not being clear in my instructions. *Maybe...* if I had provided a box to check "yes" and "no," this mishap would have been avoided. Then again, I'd wager a *maybe-to-no chance* people would check the line between the "no" and "yes." Or *perchance* they would append a *"maybe"* box and check it. *Maybe* it's unfair of me to look for such a commitment. **MAYBE NOT!**

The Probable "Maybe" Who-dunnit Contest

How well do the MSI's know they're classmates. Below are listed the varying categories of "maybes" with the names of the various proprietors. Write down your guess on matching the "maybes" to their authors. The winner gets a 1-year free subscription to "Shifting Dullness" and automatic "Honors" in all classes sponsored by Dr. Barbara Sheline.

Categories	Author Names
Authoritative maybe	Kirk Charles
Weatherman maybe	Alison Rose
Alternative maybe	Joy Twersley
Clueless maybe	Peter Whang
Pharmacist nightmare maybe	Sandy Moreira
Teasing maybe	Herb Greenbaum

Submit all answers to (wherever you guys want.)

Davison Council News

by Allison Evanoff

Beepers

It is no longer just talk. We will soon have beepers available to all medical students. Keith Berry, MSII, has chosen a local company which will provide beepers to Duke University Medical Students. One year contracts will be available for either $7.00/month if you purchase a beeper for $69, or $8.00/month rental fee. A $10.00 activation fee will also be charged, but will be discounted $5.00 if someone you refer also gets a beeper. Unfortunately, the cost will not be allotted for in your financial aid; it is your choice to purchase a beeper and it is your responsibility to finance it. All numbers will begin with 405- and Keith plans to compile a directory once people have their assigned numbers. We cannot tie into the 970- Duke system, as this is a much more expensive option. Keith will soon be distributing instructions on how we can sign up. Many thanks to Keith for arranging this!!

Help Wanted

Dean Puckett is interested in formalizing the tutoring program for the MSIs. Greg Della Rocca is compiling a list of persons interested. All years are invited to participate. The time commitment can be left to your discretion—you can specify which subjects, the amount of time, and the time of year that you are help to help tutor. Please let Greg (403-8538) know if you are interested ASAP.

Teaching Awards

The Davison Council recently adopted a new policy for teaching awards. In addition to the Golden Apple and Excellence in Teaching Awards (which remain unchanged in our new policy), we have developed two new awards: the Basic Science Teaching Award and the Clinical Science Teaching Award. Briefly, the Basic Science Teaching Award would consist of one

award being given each block during year one. The MSIs would be asked to submit the name of one instructor who was the most outstanding teacher during that block. The Clinical Science Teaching Award would consist of one attending and one resident receiving the award for each required MSII rotation (including neurology). Students would submit the name of one resident and one attending on their evaluation forms as required by the registrar. At the end of each clinical year, the resident and the attending with the most votes would be the winners in each of their departments. This new policy goes into effect immediately.

Community Service Opportunity

Gayle Howard is looking for someone to take over the coordination of volunteers at Lenox Baker Children's Hospital. The volunteering consists of playing with diabetic children one morning a week for several months out of the year. The coordinator needs to make sure that 2 or more volunteers are signed up to participate on the scheduled days. It's a lot of fun, and a great service opportunity. If interested, please contact Gayle (382-2530) ASAP. ■

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*(**Roadside** continued from p.15)*

year old man who fell on an outstretched shoulder. The lungs were clear and the mediastinum was narrow. In fact, it appeared the heart was missing. Clearly a rare case of congenital acardia; someone in the group piped in with the answer.

Film after film whipped past. The chest of a 67 year old who fell on an outstretched hand. The pelvis of a 34 year old who fell on an outstretched hand. The foot of a 78 year old who fell on an outstretched head. And so on. Finally, without much ado, the cases ended, and we adjourned for a brief break.

Our next lecturer arrived, complete with dueling slide trays. With a wry smile, he sized up his anxiously waiting group of medical students and asked, "Alright, there's always an AV nerd in every group. You can't hide. Who is it?"

In unison, all in the group raised pointed fingers at me - what a vote of confidence. Okay, so my reputation precedes me. Okay, so I lettered in audiovisual equipment management in high school. With this dubious distinction, I was called on to man a mysterious set of switches, some red, some orange, some of which said "Do not touch." I discretely avoided the ones saying "Autodestruct" and "Arm photon torpedoes"; after all, the lecture hadn't begun yet, and saving a secret weapon as a form of violent protest might be useful. In short time, the slides were arranged and the lecture began.

An hour later, I woke from a thoroughly enjoyable postprandial nap, having even drooled on my desk and my neighbor. However, my neighbor didn't notice because he was too busy drooling on his neighbor. Shaking the sleep out of our arms and legs, we rose with and prepared to leave. After all, it was 3:10 already - time to go home. We even went ten minutes over time today.

So what exactly do we do on Radiology? We look at films in darkly lit rooms. We pretend we actually know our anatomy and pray someone doesn't ask us to ferret out some small anatomical detail we've never heard of. We sit around in the dark. We look at films of people who fell on outstretched limbs/shoulders/faces. We go into lecture rooms and turn off all the lights and fall asleep.

Ah, the joys of Radiology. ■

***Alpha Omega Alpha* would like to announce the 4th year students elected to membership.**

Cynthia Boyd	**Charles Hare**
Louis Brenner	**Matthew Hepburn**
Ketan Bulsara	**Todd Jacobs**
Michael Di Cuccio	**Bhagwan Rao**
S. Wingfield Ellis	**Benjamin Yeh**
Teresa Fralix	

Shifting Dullness Salutes You!

THE VISIONARY LEGACY OF GEORGE PHILLIPS, JR., MD

On July 1, 1994, Dr. George Phillips, Jr. was appointed Associate Dean of Student Affairs at the Medical School, and the next day he died unexpectedly. The medical students lost a valued mentor, the Sickle Cell Center lost an irreplaceable clinical director, and many of us lost an unforgettable friend. The memorial service on July 11, 1994 was one of the most spiritually moving ceremonies ever held in Duke Chapel which was almost completely filled with an equal mixture of black and white faces. Soulful gospel music was played over the sound system, and numerous speakers shared their memories of George. Of particular note was a special letter of gratitude that was sent from the North Carolina State Legislature thanking him for his efforts in testifying during the hearings on the practice of alternative medicine by physicians in the State.

George's vision of the future centered around the careful integration of the best in alternative medical practices with state-of-the-art technologic medicine. He had the wisdom to recognize that while many of these unconventional approaches lack adequate scientific documentation, they offer potentially powerful methods for stress management which may lead to significant cost savings. On one level his argument was basically an economic one. People are already spending millions of dollars out-of-pocket on these therapies, so why shouldn't the Medical Center begin to meet the public demand for scientific knowledge about these alternatives while capturing a share of a growing market? Considering the level of public demand it should come as no surprise that some insurance companies and HMO's are beginning to provide coverage and reimbursement for a variety of complementary therapies. Many of these options can be integrated into comprehensive plans for health promotion and disease prevention at the primary care level as described in an article entitled "Cost-consicious providers take to holistic medicine" in the August 21, 1995 issue of Modern Healthcare.

On another level George's purpose was a deeply spiritual one. He wrote the following poem several days before he died:

When I get tired I can go a little further
Knowing that he walked on water.

Calm your fears and help your brother
Open your heart to the man that walks on water.

Those of us who had the priviledge of knowing him recognized in him a unique emphathic manner that was treasured by patients and colleagues alike. He shared this emphasis on sensitivity and caring with his medical students in the Clinical Arts Course by teaching a holistic patient-centered approach that included exposure to alternative medical practices where appropriate. In the September 4, 1995 issue of American Medical News an article entitled "Bridging the Gulf" presents "patient-centered care" as one possible solution to concerns about the diminishing level of quality in the interactions between patient and physician in the managed care environment. "It's a generic term to describe a whole variety of strategies which tend to be more respectful (than traditional medicine) of the pivotal role that the patient plays in the

(continued on p.9)

onset and management of symptoms and recovery from illness. The goal is to strengthen the partnership between physicians and patients, empowering patients to become more actively engaged in their own care."

An excellent example of a patient-centered approach to the successful integration of alternative and conventional medicine is "Anodyne Imagery," which will by the topic of the Second Annual George Phillips, Jr., Memorial Lecture on October 11, 1995. The talk will be sponsored by the DUMC Mind-Body Medicine Study Group which was co-founded by Dr. Phillips in 1993. This technique has been recently introduced into the DUMC department of radiology and is a combination of communication skills, relaxation methods, and guided imagery that is taught to nurses, technologists and physicians to assist them in helping patients deal with the anxiety and pain associated with a variety of stressful medical procedures. This approach allows the patients to access their own resources to cope with these situations as an alternative to sedation with medication. The process results in patient empowerment while facilitating the performance of the necessary high-tech diagnostic or therapeutic procedure, thus combining the best of both worlds. George would have loved it.

Larry Burk, MD
Assoc. Professor of Radiology ■

poetry corner

Sunrise

From my window
I saw the sun rise over the horizon
Splashing rays of color
Against clouds like wisps of cotton
And slates of stone.

These are the colors
Man only strives to recreate
Magenta, Periwinkle, Mauve--
All pretty names he assigns
To fill in the gaps.

So awesome
So breathtaking it was
I wanted to run into it
And feel bathed in my promise
Of this new day.

--**Vanessa Grubbs**

A Shifting Dullness Exclusive!

Extraplural Spaces

Jeff Drayer

Localize the lesion. I am haunted by these words.

After a month of neurology— a month filled with more stenosis and demyelination than I ever thought possible—I have begun having dreams. And in these dreams I am searching, but for exactly what I am not able to say. The object is elusive, and even when I find something, I'm never sure that it's the thing I am looking for. The landscape of my dreams is a hazy, vaguely familiar place filled with characters I've grown to recognize in the way that one would a seldom-seen acquaintance. There's the smooth easiness of the midbrain. The glib, flashy parietal lobe of the cortex. The raging fire and brimstone of the amygdala. The cold certainty of the pons. And as I interact with these entities I grow more confused, more frustrated. I know there's something wrong, and I know I can fix it, if only I can get to that right place, find that hidden amyloid plaque. But in my dreams, I cannot. Sadly, I am mocked by glial and neuronal cells alike as I trudge through the wasteland of the lower temporal lobe; I cross the midline countless times, yet never reach my goal.

And within these dreams I have visions, visions I cannot entirely explain. I see upgoing toes and left-sided neglect. I see agraphesthesia and dysphagia. But despite these things that I see, my quest goes unfulfilled. Why? Is it a production problem, or a comprehension problem? I have no idea. But I keep searching. And every night, no matter how many ganglia I pass through, the problem goes unsolved.

When will these dreams end? How many more nights before I'm able to grasp that neurofibrillary tangle by both ends and pull it straight? I don't know. But when they do— when I sleep the whole night without a single lacunar embolus— then I'll have finally won. And when the sun rises that morning, the dark mysterious world of neurology will be a thing of the past. But by then I'll probably already be on family med.

Striking Epiphanies

Howard Weeks

I can hardly believe it— 2nd year is over! It seems like just yesterday that I was happily showing up for the first day of Surgery with a gleam in my eye and a spring in my step. Now of course I am a veteran medical student as indicated by the stooped shoulders, limp from fallen arches and the blank eyed stare of the damned.

But there is light at the end of that tunnel which for once, isn't an oncoming freight train; 3rd year! To celebrate this remarkable metamorphosis I was duped into going white water rafting with Ethan, a fellow MSII. We decided to tackle the New River because it had several Class V rapids and after OB/GYN we feared no pain nor suffering inflicted by mere mortal endeavors.

Unfortunately, the river is in West Virginia which is a 5 hour drive from Charlotte where I was doing family med. Not to mention the fact that I was going to be in Chapel Hill the night before for the CPX exam. (Ah yes, the CPX. Don't worry; you too will one day experience the joy, but take condolence in the fact that UNC students look on it just as favorably.) Anyway, the short and skinny of this geographical discussion is that I ended up having an 8 hour drive since I was scheduled for afternoon clinic in Charlotte. Heart-stricken that I couldn't utilize the time to read Harrison's I turned to reflecting on the past year.

Somewhere in the middle of Virginia as I was navigating construction barrels and steep inclines with an awe inspiring 2.8 L engine, I was reminded of my OB/GYN experience. I attribute this to the fact that I had only gotten a few hours sleep after the CPX and had been up for almost 30 hours. I had that same funny feeling like my body was covered in forty weight oil, my breath was likely a medical hazard and I was sorely in need of a surgical cap. That was when I realized the most important lesson I had learned during those 8 weeks; sleep is a waste of time. Why, if I were sleeping I would never have seen all those orange barrels or flashing blue lights in my rearview mirror.

After they stressed the need for medical disclosure for the 8th time, I got concerned. I therefore decided to mention to my guide the green discharge and painful urination I had been experiencing over the last week.

Let's be honest, isn't it necessary to go 95 mph down the hill so that you can maintain 45 mph going up the other side? I guess a course in physics isn't required for state troopers anymore.

Well, I arrived in Charleston, W.Va. and met Ethan around 11:30 PM. A joyous reunion was had by all. As we were talking, our host showed us a PBS documentary entitled "The Dancing Outlaw." This film concerned the life of one of West Virginia's finest citizens, Jessco. Actually, his name was either Jesse, Jessco or Elvis depending on which personality was in control. If you perked up at this bit of info then you must have enjoyed your Psychiatry rotation. During this film we saw Jessco's family and friends as they appear in nature. Let's just say that this film could serve as the textbook for mental illness and should be required viewing in all medical schools across the nation. For all of you Northerners who are so fond of making fun of North Carolina's genetic heritage, you haven't seen anything until you've taken a West Virginian genogram. After locking all the doors I drifted off to sleep on a hard couch across from Ethan. My last waking

Continued on page 14

The Monthly First Year Poll

The first year class has instituted a weekly "poll," to get to know the opinions of the members of the class on various issues, from lighthearted to controversial. Answers to the question are anonymous and voluntary. So far, questions have been YES or NO only and can be submitted by anyone who wants to.

We hope that the "polls" will stimulate informal dialogue and that those feeling especially strongly about a particular question will submit their opinion for publication. We wish to emphasize that we respect anyone's opinion and anyone's desire to participate or not. At this time, the poll is limited to the first year class, because no others are gathered in one place (the amphitheatre) at one time. The poll could be extended in scope and size, or we may not have enough interest. Time will tell.

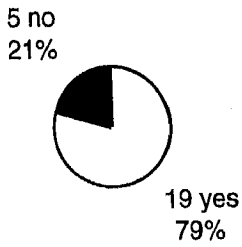
The questions thus far:

Poll #1, August 21
"We realize that this question cannot be "easily answered Yes/No, but as best you "can, please state whether you consider "yourself in favor of the death penalty."

Poll #2, September 5
"Should marijuana be legal?"

Poll #3, September 5
"Do you have a significant other?"

Poll #4, September 14
"Should taxes fund NPR?"



A Weekend You'll Remember for Years to Come.

The experiences at Medical Alumni Weekend make a lasting impression on all those who attend–alumni, faculty, and students alike. Here's your chance to gain new perspectives, discover important information, and form new friendships. Make plans now to join us for these events:

Friday, October 6

Pediatric Potpourri: Current Issues and New Therapies
7:15 TO 11:30 A.M.
This special CME program features presentations by pediatric specialists from Duke and across the country.

Ethical Dilemmas in Health Care Reform
2:15 TO 4:15 P.M.
Two leading activists provide the opposing positions of "The Clinical Perspective on Setting Limits" and "Preserving Patient Autonomy."

Saturday, October 7

History of Duke Medicine
8:45 TO 10:45 A.M.
Medical students join together with alumni for this new program featuring presentations by distinguished faculty and alumni, plus a trivia quiz and continental breakfast.

Pre-Game Luncheon Buffet
11:30 A.M. TO 1:30 P.M.
Medical students can spend time socializing with alumni and faculty and enjoy a buffet at the Washington Duke Inn—at a reduced cost.

For location and registration information for these Medical Alumni Weekend programs, call Teresa Dark at 419-3200.

DUKE MEDICAL
ALUMNI ASSOCIATION

SCHOOL OF MEDICINE ALUMNI ▲ HOUSE STAFF ▲ FACULTY
Connection to the Past. Bridge to the Future.

Con't from page 11

thoughts were of many call nights spent in the company of fellow victims, I mean students, up in the lounge. If only the sheets had that infamous odor courtesy of Duke laundry.

The next morning found us at the river and ready to depart. We were placed in a raft with four other men from another group. Ironically, they were all from NC and even attended NC State. I was quite excited as there are so few of my fellow alumni at Duke and quickly bonded with shared experiences of tractor pulls, cow tipping and the occasional turf management class. We were warned over and over about not standing in rapids and discussing any medical problems with your guide. After they stressed the need for medical disclosure for the 8th time, I got concerned. I therefore decided to mention to my guide the green discharge and painful urination I had been experiencing over the last week. Knowing that in the event of an emergency my guide was now fully prepared to handle the situation, I eagerly turned my attention to finding a seat and a paddle.

Floating down the river was fantastic. Words can't do justice to the beauty of the surrounding cliffs, the sound of water rushing over rocks, the feel of the wind and the smell of cigarettes. Yes, 5 out of the 8 occupants of my raft smoked. Instead of getting upset or nauseated I thanked them profusely for insuring my future employment. I explained that I had done Medicine at the VA and proceeded to share my experiences with many of my patients. After a rather graphic and detailed discussion of all the tests I ordered on patients to identify the source of putrid sputum and reasons for coughing up bits of lung like furballs, I noticed fewer cigarettes. Of course, accidentally dropping the pack in the river probably helped.

Tune in next month for the exciting conclusion of Striking Epiphanies!

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*(**Roadside** continued from p.16)*

should not have been there. From behind me I heard the ominous voice of my attending. "Okay, Mr. Roadside Assistance, what's wrong?"

Don't panic. It's just an attending. I paused momentarily, to add some weight to my diagnosis. Too indistinct to be metastases. Too diffuse to be pneumonia. Too focal to be edema. Deciding the best response was to hedge, I replied, "Um, I think something's wrong in the lungs." Seeing as I was doing chest radiology, this was probably a good guess.

"Well, true, but what?" my attending shot back. If only he could be satisfied with a simple explanation. I braced myself and prepared my description. "Well, there's this fluffy, cloudy opacity over the right upper lobe. Towards the southeast of the film, there's a dense, heterogeneous hurricane-like opacity. The lingula is occluded by an ill-defined opacity resembling a Texas sandstorm. In addition, it appears that a warm front is moving across the whole chest and a disorganized low is bringing more rain to the Pacific Northwest . . . Sorry, I guess that's meteorology, not radiology." Once again, too much TV takes its toll.

Briefly shaking my senses back together, I proceeded to give a lengthy description of what may or may not have been either a diffuse infiltrate or a wad of aspirated coins. At the end, I summarized by saying that I could not rule out an intracranial mass lesion. Amazingly, this seemed to throw him off the trail momentarily, and he stepped back to consider.

After a moment, he stepped forward and pointed to something, perhaps a lingular density, perhaps a smudge on the film, perhaps some hallucination brought about by my well-rested state. When one becomes used to sleep deprivation, a return to normalcy can have dire consequences. "What's this?" he said. Oh no. The Naming Game had begun.

"Um, I don't know," was the best reply I could muster. My attending quickly shot back, "Ever hear of the azygo-esophageal recess? Well, that's it." Deftly his fingers outlined something I could vaguely imagine being there. His hand zipped to something else. "What's this?"

Another indistinct smudge. I pondered a moment and prepared my standard response: "Um, I don't know." My attending looked mildly disappointed. "Bony metastasis in the posterior ribs. What's this?" Again, his hand darted somewhere else. Something very dense was sitting near or in the vertebral column.

Panic. Calcification? Too dense for bone. Metal? Again, my stock answer meekly dribbled out of my mouth: "Um, I don't know." This time, my resident piped in. "Panopaque. This guy had a myelogram years ago, and that stuff hangs around forever."

And on and on. Chest film after chest film revealed to me anatomic details I barely knew. Piriform sinuses. Bronchus intermedius. Aortopulmonary line and window. Well, another morning of humiliation in front of attending and resident. Too bad for me.

Time for lunch. I'll pause to let that sink in - you gotta love a rotation that schedules lunch. No conferences. No consults. No films, lectures, seminars, or workshops. Just plain old sittin' on the Old Chem steps and eating lunch in the sunshine. Ah, what luxury.

And, after Lunch (yes, capital Lunch), time for lectures. Three more hours of films with teaching. Our lecturer, the Hero of Jersey City, New Jersey, arrived with an armful of hand, pelvis, chest, and spine cases, all from individuals who had fallen on outstretched body parts. Time for the first case. Our lecturer produced a picture of hands and wrists, telling us that these came from a 67 year old lady who (of course) fell on her outstretched hands. An obvious fracture deformed radii, ulnae, carpi, and about every other bone we could see. We students quickly responded with a disorganized chorus describing the defects.

Next film. Another chest. The history? A 45

(continued on p.7)

Shifting Dullness

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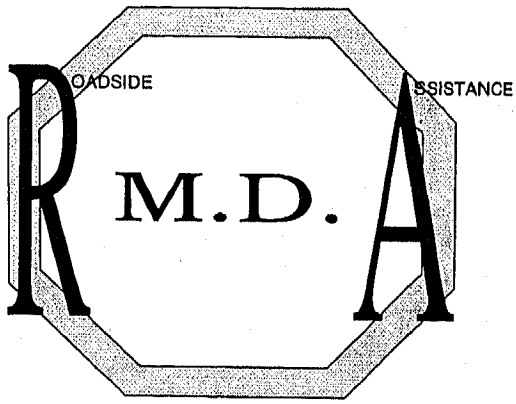
A Day in the Life of RADIOLOGY

Michael DiCuccio

Beep. Beep. Beep. Beep. I really hate my alarm - it has the most peculiarly noxious beep I've ever heard. But it wakes me up, so I can't really complain.

It was, of course, 7:30. I am, of course, taking Radiology this month. Which means that my day nominally begins at 8:30, although after a rough day of sleeping in I could stretch this to 9:00 if I wanted. And, as any of the students of Radiology can attest, there are days when you leave the hospital at 2:30. Man, this life is tough.



I arrived, bright and chipper, at the Chest Board and resigned myself to a few hours of chest roentgenography. First film. Finally, in three days of chest radiology, I get to see some pathology. A lady's film is presented to me. I recognized a few largish white blobs that looked familiar (such as the heart and the diaphragms; Duke anatomy really pays off), but there was an abundance of whitish blobs that probably

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