

Shifting Dullness

September, 1994

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Crystal Ball

In This Exciting Issue
Of
Shifting Dullness

**-Places to
Go, People
to See**

**-Crushed
Grapes**

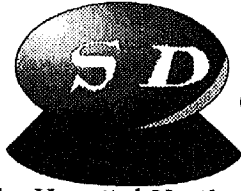
**-Journal
Watch**

-And Much More!



"Curing what ails you"

Crystal Ball



Crystal Bernstein

Duke Hospital North and the Durham VA are in a greater state of chaos than usual these days. Of course, these places have a great deal of baseline chaos, with the constant remodeling and general anxiety that plagues the men and women whose business is saving lives. But this anxiety is currently magnified by the influx of freshly-graduated house officers who have come to Durham to join the business. There is a generalized confusion about what color-topped tube samples should go in and which laboratory they should go to, how consults should be obtained, and what is the best way to get to the emergency room from inside the hospital.

Add to this disorganization about 200 medical students, and the pandemonium increases exponentially. The newly-turned second years are struggling to learn how to survive on their first clinical rotation and the fourth years are busy with their sub-internships or other clinically-oriented academic pursuits. And with the addition of us, the medical students, comes the worries concerned with getting orders cosigned, learning to perform various procedures and diagnostic physical maneuvers, and presenting patients and their problems in a logical and concise fashion. It's no wonder that Duke North and the VA are filled with people swarming around like a bunch of hornets in a nest that was just wopped with a baseball bat.

And who suffers most from this state of confusion? Certainly, upper-level residents bear a large part of the burden, with the responsibility of supervising underlings who are confronted daily with at least two dozen prob-

lems they have no idea how to manage and must consult about with a seasoned senior team member. The HUCs are

tormented as well by people who don't know how to order studies, what telephone numbers they need to call to find out test results, or who write their orders incorrectly over and over again so they must be repeatedly entered into and cancelled from our stone-aged computer system. The nurses are challenged by people who aren't quite sure what to do when they tell them their patient's blood pressure is 250 over 120.

But, without a doubt, those who suffer the most from our disorganization and confusion are our patients. They must tolerate being prodded by at least ten sets of hands on a daily basis, serving as pincushions for inexperienced medical student phlebotomists, and being asked to repeat their stories of how they came to be in the hospital about a dozen times. The especially interesting and cooperative patients are rewarded for their qualities by being requested to repeat themselves about three dozen times.

Ironically, our patients are the ones whose troubles and efforts we seem to appreciate the least. We continually hear fellow medical types saying "Mr./Mrs. so-and-so pulled his/her NG tube or IV line or spiked a fever again. He/She is killing me." Yet they are speaking of the same people who are providing us with our medical education. Granted, learning to become a capable and competent physician can be frustrating, and it may occasionally seem as if we are faced with endless obstacles we must overcome in order to reach our goals. But we should never forget to cherish and respect those who offer their minds and bodies for our medical endeavors. It is our job to serve them; we should not overlook the kind favor they are doing by serving us in return. ■



ANNOUNCING National Primary Care Day

"...the generalist could lead American medicine into the 21st century, not losing one whit of science on the way but at the same time recapturing the spirit of medicine that was humane and self-giving, not of a business, but of a compassionate profession" Former U.S. Surgeon General C. Everett Koop, M.D., 1993.

On Sept. 29, 1994, Duke medical students will host the first annual National Primary Care Day. Each of the nation's 142 allopathic and osteopathic medical schools will participate events that explore the opportunities and challenges of primary care. Nine national medical student groups and the Association of American Medical Colleges's (AAMC) Office of Generalist Physician Programs are sponsoring the event and coordinating activities on a national level.

At Duke, the goals of this event are to expose students to issues in primary care and foster interaction with faculty members in the four primary care fields, general medicine, general pediatrics, OB/GYN, and family medicine. On Sept. 29 at 5:30 pm in the Searle Center, Paul Halverson, Clinical Assistant Professor of UNC School of Public Health, Department of Health Policy and Administration will speak about the re-emergence of primary care and the changing demographics of health care. A reception following the talk is planned to encourage student-faculty interaction. This will be an opportunity for students to talk directly with faculty about their careers.

Any questions, Call Rebecca Usadi, Chairperson 382-7305. ■

Shifting Dullness

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Shifting Dullness is a Duke University School of Medicine production. Any opinions expressed on these pages do not necessarily represent the opinions of Duke University, the Editorial Staff, or the individual writers.

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.

Davidson Council Announcements

Vickie Ingledue

SOCIAL EVENTS

- A Couples Social will be held on September 17 at the home of Christy and Mike Armstrong. For more information, contact Allison Evanoff.
- Great Escapes III: canoeing at Merchant's Millpond in southeast Virginia. Sometime in September.

SERVICE ACTIVITIES

- 1994 Activities Fair, September 7, 1994, 5:30 p.m. in 422 CTL.

OPPORTUNITIES

- MS IIIs are still needed to host tours/lunches with interviewing students this fall! Any rising MS III who is interested should contact Ruth Clark (684-2985).
- Two MS IIIs will be appointed to serve as student representatives on the Duke University Medical Center's Institutional Review Board (IRB) during the 1994-95 year. Interested students will be asked to submit a statement of interest. Look for details in your mailbox or contact Andrea Coviello.
- The Committee for Technology and Health Education wants a medical student to serve on the committee, which focuses on the role of

computers in health education. Anyone with an interest in computers is encouraged to apply. Details will be in your mailbox soon.

ANNOUNCEMENTS

-Card access to the Duke North and Duke South student lounges will be installed within the next two months. See Sheba Hall to receive an access card.

-Lockers in the North Lounge are in short supply! Soon everyone will be requested to remove their locks from the lockers for a short period. During this time, all remaining locks will be cut from the lockers. Remember: It is simply lounge courtesy to remove your lock while you're at the VA or during your research year so that others may make use of the lockers!

-The Davidson Council Elections committee has chosen five student representatives to serve on the admissions committee during the upcoming year. They are Neil Horowitz, Archana Pradhan, Jonathan Mansbach, Russell Rothman, and Brad Hare. The SNMA admissions committee student representative is Carla McGuire. ■

Community Service

Steve Crowley

Welcome to all the new MSIs. Congratulations to all of you who have your finger on the pulse of the medical school by taking a few moments to delve into this fine institution of a newspaper. We would like to reward your curiosity with a little information regarding community service opportunities so that any other spare few moments you have might be equally well spent.

Activities Fair — The biggest news this month is that more news will be available at the annual medical school activities fair on Wednesday, Sept 7, in CTL in room 422 from 5PM-7PM. All of the finest service organizations will have representatives there explaining their goals and projects. There will

be free pizza made available for a limited time so don't tell your classmates.

Homeless Shelter and Soup Kitchen — Visitation will begin again during September, homeless shelter on one weekday evening per week from 7-9, the soup kitchen on the 2nd Saturday of each month. The weekday evening for the homeless shelter will be settled by the time you read this. We will keep you posted. At both locations, our plan is to help serve meals. If you have any interest or just want to talk, call Steve Crowley 383-1047.

Habitat for Humanity — The organization in Durham is off this month. Maybe this is a good month to clean around your own house.

Community Service and Other Announcements continued...

The Red Cross Blood Drive Pizza Fund—The race you've all been waiting for is here. What has been rumoured has become real. Any med school class who can get a total of 40% participation (approx. 40 different people attempting to give blood) during the period extending from 9/1/94 - 11/31/94 will win pizza for those blood donators, provided by the Davidson Council. Again, the council would like to acknowledge that people, particularly you med students, give blood to help those in need and not to win pizza. As a council, however, we are fond of publicity stunts. So not another few moments to lose— Call Susan of the Red Cross at 684-4799 for an appointment (appropriately located in the Red Zone on the 4th floor in Duke South). She will keep a strict tally of those attempting to donate.

Important: The information meeting for Dr. Hage's International Health/Search for Meaning Course is Tuesday, Sept. 6, from 5-6pm in

2003 Duke South. Call Dr. Hage for more info. **ATTENTION all women medical students!!** Mark your calendars!!! The process has already begun so that our current 'Women in Medicine' group will become an official medical student branch of the American Medical Women's Association (**A.M.W.A.**). We plan to hold our first annual meeting on September 20, 1994 at 7:30 p.m. (place to be announced). This will be a very important meeting to attend. Topics to be covered include: how to become a student member (if you aren't already) and what membership in A.M.W.A. means; new officer elections; our current activities (Womens' Health Coalition), upcoming activities (bring your ideas with you!), and much more! Refreshments will be served. Watch for fliers in your mailbox to specify the location of the meeting. Any questions?? Please call Allison Evanoff (383-7067) or Sara Larson (919-557-7138). Hope to see y'all there! ■

Upcoming Activities and some are FREE!

Matt Hepburn

1. Duke Football :It's FREE!!! There are six home football games this season. The team has a new coach, Fred Goldsmith, and is ready to assert themselves as a team that can win at least a couple games in the ACC. Granted, this is not Big Ten football, but admission is FREE with your Duke ID. At the very least, you should attend the inevitable upset of UNC. The schedule is as follows:

Sept. 3	Maryland	noon
Sept. 10	East Carolina	7:00pm
Sept. 15	Army	8:00pm
Oct. 15	Clemson	1:30pm
Nov. 5	Virginia	1:30pm
Nov.9	North Carolina	1:30pm

2. Broadway at Duke: Although you may have received the information in the mail, I would encourage you to review it, since you could see some fantastic performances at a

reasonable price. Ticket prices vary from \$63 to \$93. Call 684-4444 for more information. The deadline is September 9.

3. Nicaraguan Children's Choir

Sunday, Sept. 25 at 2pm at the Duke Chapel. Admission is \$5 at the door.

4. Centerfest: Admission is FREE!! On Saturday, September 17th, the streets of downtown Durham (Main street and Chapel Hill street) will be closed for two days and artists from around the state and the country will be displaying their creations. Food, live music and performances will be a part of this celebration of the arts.

5. Durham Blues Festival: Some of the best blues artists in America will appear in Durham on Friday, Sept. 23, and Saturday, Sept. 24, at the Durham Athletic Park. Gates will open at 7:00pm, and the performances will begin at 8pm. Admission is between \$10-15. ■

September, 1994



Journal Watch

Steven Kent and Umesh Marathe

Potential Role of Human Cytomegalovirus and p53 Interaction in Coronary Restenosis.

Speir et al. *Science* 1994;265:391-393. Coronary angioplasty causes vessel wall damage and induces a smooth muscle proliferation. This response is so excessive that a subset of patients (25-50%) develop restenosis. In restenotic lesions approximately 40% of those examined were CMV (+). IE84, a CMV product, binds p53 and abolished its ability to activate a reporter gene. Thus the smooth muscle cell proliferation is proposed to be a benign neoplasia caused by CMV reactivation- viral protein IE84 blocking p53's inhibition of cell cycle progression.

Autoantibodies to Glutamate Receptor GluR3 in Rasmussen's Encephalitis.

Rogers et al. *Science* 1994;265:648-651. Rasmussen's encephalitis is a rare catastrophic disease that begins in the first decade of life, affects the cortex of a single cerebral hemisphere resulting in intractable seizures, hemiparesis, and dementia. A correlation was found between the presence of Rasmussen's encephalitis and serum antibodies to the glutamate receptor (GluR3) detected by protein immunoblot analysis and by immunoreactivity to transfected cells expressing GluR3. The authors conclude that GluR3 is an autoantigen in Rasmussen's encephalitis and an autoimmune process may underlie the disease.

Neutralizing Antibodies to HIV-1 in Seronegative Volunteers Immunized With Recombinant gp120 From the MN Strain of HIV-1.

Belshe et al. *JAMA* 1994;272(6): 475-480. The purpose of this study was to determine the safety and immunogenicity of recombinant gp120 as a vaccine prototype to prevent HIV.

This was a double-blind placebo controlled study with 57 HIV-seronegative individuals at low risk for acquiring HIV infection. The vaccine was found to be highly immunogenic, eliciting antibodies to the immunogen, antibodies that block CD4 binding and those mediating ADCC. Antibody that bound gp120 was present after two doses of vaccine in 43/48 vaccinees. The authors conclude that the MN rgp120 vaccine was safe and immunogenic. But it is questionable whether the antibodies elicited are protective, and if so would the antibody response be strong enough to prevent infection with HIV-1.

REDUCED CORONARY VASODILATOR FUNCTION IN INFARCTED AND NORMAL MYOCARDIUM AFTER MYOCARDIAL INFARCTION

Uren et al. *NEJM* 1994; 331:222-7.

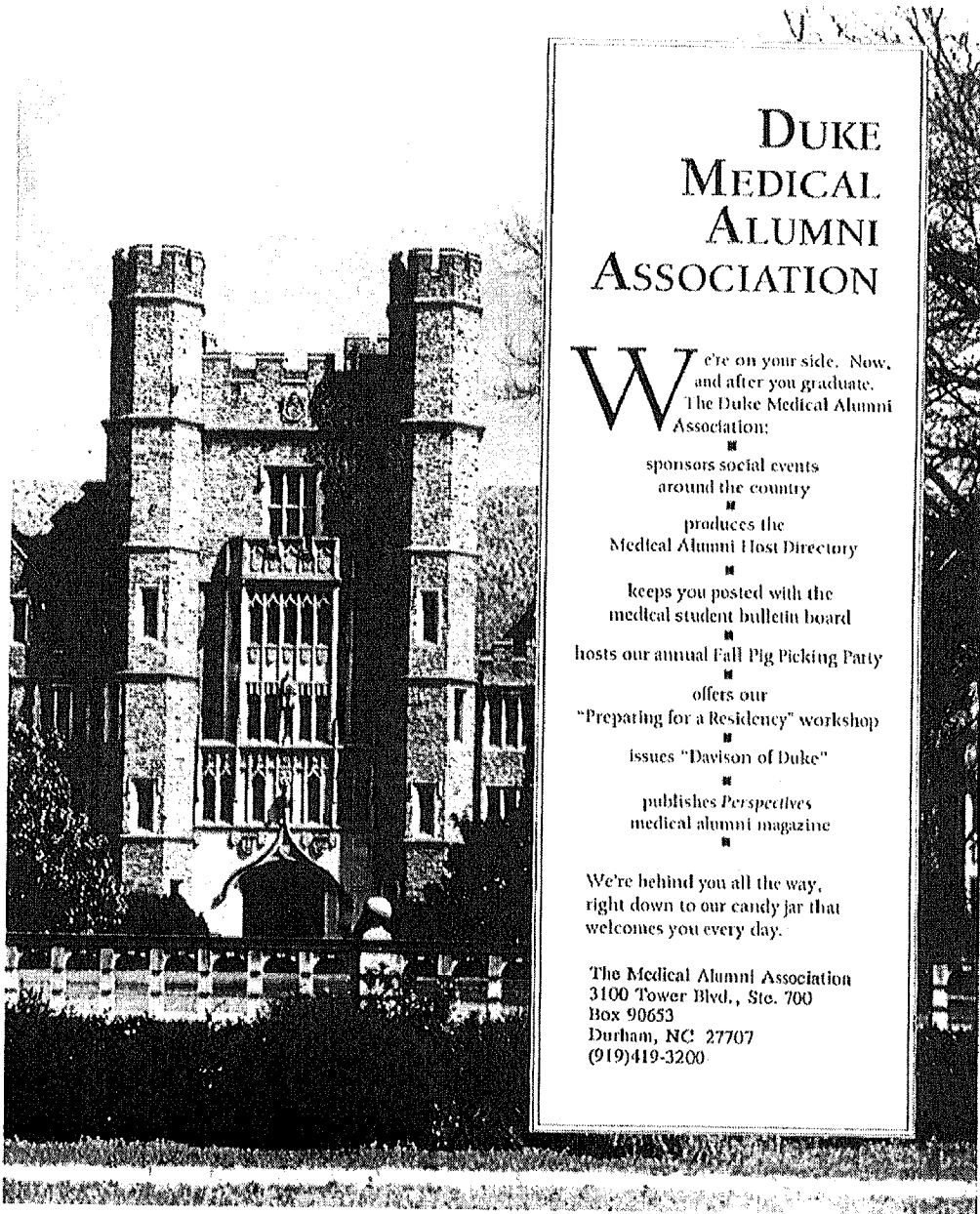
Patients with symptomatic coronary artery disease have difficulty vasodilating vessels not only in the region affected by atherosclerosis but also in regions supplied by unaffected coronary arteries. This study demonstrates that patients with single vessel disease after myocardial infarction exhibit an even greater vasodilator deficit in remote myocardium than similar patients prior to infarction. Maximal blood flow to these remote regions improves but does not return to normal after six months, despite successful recanalization of most of the patients studied. This vasodilator deficit may extend myocardial damage after infarction.

RECURRENT SQUAMOUS CELL CARCINOMA OF THE ANAL CANAL

Longo, Vernava, Wade et al. *Annals of Surgery*; 220(1):40-49.

Continued on page 9





DUKE MEDICAL ALUMNI ASSOCIATION

We're on your side. Now,
and after you graduate.
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Crushed Grapes

Greg Della Rocca
Those of you who have complained that the last "wine column" was about port can now rest easy. I have decided to wet your appetites with a column on a most traditional wine called Sherry. People use this wine for drinking (I know of few who actually enjoy it) or for cooking, in which case one cannot taste it at all. Actually, a column on sherry would probably annoy most of the wine snobs in this school, so I shall concentrate on one of the true traditionals of France. The wine is called Gevrey-Chambertin Bel-Air, and is from the famous Burgundy region.

Burgundy (Bourgogne) is a region of France along the northern section of the Rhône River. It is most famous for its red wines, which are very hearty and are all made from the grape "Pinot Noir". An exception to this includes wines from the southernmost region of Burgundy, known as Beaujolais, where the reds are made from the Gamay grape. The white wines from Burgundy are also immensely popular and quite good, but are much more expensive in this country these days due to new tariffs that have been implemented for white French wines. The white Burgundy wines are made from the Chardonnay grape. A famous region of Burgundy, well-known for its white wines grown in soil laden with shale, is most likely familiar to many of you: Chablis. When buying any Burgundy wine, you can be sure that you are getting wine that meets certain French government standards, as there are laws governing wine making throughout France (unlike in the United States). For example, if you would like a Pinot Noir, you are guaranteed that a red burgundy will be just that, 100% Pinot Noir. This differs from California wines, which can be blended slightly even though they may print the primary grape variety on the label.

Let's get one thing straight before proceed-

ing. American "burgundy" and "chablis" are jug wines, very popular, from the cellars of Ernest and Julio Gallo, for example. The names were given to these table wines for no good reason. These Californian wines are made from blends of not-so-good batches of grapes, producing enjoyable wines that, alas, do not quite approach the character of an exceptional Chablis or Burgundy wine. These jug wines are very affordable, however, and I consider them in the wine spectrum as I do **Olympia** in the beer arena.

Red burgundies such as Gevrey-Chambertin Bel-Air are classified according to the care taken in the wine making process. There are four classes of Burgundy wines. The first is "generic", and these are often unavailable in this country (typical table wines in France). The second class are the Village Crus, which are quite affordable and often are of fine quality. These wines are drinkable at a younger age (4-10 years, or even less) and complement a fine meal very nicely. The third class are the Premier Crus, of which Gevrey-Chambertin Bel-Air is one. These wines are a bit more pricey and normally require 6+ years of aging, especially for good vintages (the vintage is the year the grapes that have gone into making the wine contained in each bottle were grown; a wine without a vintage on it is a blend of more than one year of grapes). The Grand Crus are the most expensive and of the highest quality, and often need at least 10 years of aging. They are quite enjoyable, and would be nice to try when one decides that the extra **\$50.00 (or more)** is beginning to weigh down the bank account...

Gevrey-Chambertin Bel-Air is a hearty red wine that will easily complement a meal consisting of red meat, strongly-flavored game, or any dish with a cream sauce. Burgundies are rife with tannins, the chemicals that dry your mouth out when you are drinking tea. Tannins provide the right amount of astringency to cut

Crushed Grapes continued

through the creaminess of the sauce and "cleanse the palate" (at this moment, **snobs** may stick out their pinky fingers while sipping...). The wine gives hints of *oak*, *cherry*, and *butter* to the nose, and the tannins are not so harsh as to make the wine unpalatable on its own. The price is around \$25.00 or \$35.00 per bottle, no small expenditure, but it will provide the perfect complement to dinners centered around the foods mentioned above. It is a **myth** that red wines do not go with chicken dishes. A light chicken dish may be overpowered by this wine, but any chicken in a thick, creamy sauce complements the wine perfectly. This wine will complement cheeses as well (may I recommend Gruyère or Brie?). There is no sweet taste to it, which is important to note for those of you who only enjoy sweet wines.

Gevrey-Chambertin Bel-Air is very typical

.....
HELP WANTED!

**NO PRIOR EXPERIENCE
NECESSARY**

Anyone interested in becoming a member of the staff of Shifting Dullness, listen up! There is plenty that needs to be done:

- Business Manager/Advertising
- Design Editors
- Editorial Staff
- Writers(Creative & Scientific)
- Photographers

These are some of the positions that need immediate attention/assistance. However, if there is something that you would like to do or contribute that is not listed here, please do not hesitate to make yourself known. Call Matt Hepburn or Ed Norris at 490-5706 or Jamy Ard at 688-6410. If you do not have a phone or can not get to one write us at DUMC Box 2700. But if you do not know where the post office is, then just leave a note in CTL or in the candyroom.

September, 1994

of a hearty red burgundy wine and exemplifies what can result from careful wine making with the Pinot Noir grape, often known as the "head-ache" grape because of the care required in its growth. It is from the region called the Côte de Nuits, where the **bold**, full-bodied Burgundy reds are most often manufactured. Other wines from villages such as Chambolle-Musigny and Morey-St-Denis are excellent bets. These villages are located in the same area ("Gevrey-Chambertin" is the name of one of these villages, and "Bel-Air" is the vineyard name). I fully recommend either this or another wine from the Côte de Nuits in Burgundy for any occasion. These villages tend to produce excellent wines, and the quality only improves as one moves from the village crus to the premier and grand crus. It is difficult to go wrong here if one chooses to drop the necessary cash. In fact, I think I'll go have a glass or five at this moment... ■

.....
We do not care how you let us know--just do! No one, absolutely no one will be turned away. **There will be a staff meeting on Thursday, September 8, at 7:00 p.m. Come early to get FREE food while it's hot. Everyone interested is encouraged to attend.**

Journal Watch Continued

In this population of 164 patients with squamous cell carcinoma of the anal canal, 70% underwent local excision combined with follow-up radiation and chemotherapy. Results suggest that this multimodality therapy is as efficacious as radical abdominoperineal resection. However, in patients with recurrent disease (29% of the patients with potentially curable disease), salvage abdominoperineal resection appeared to be the treatment of choice for improved survival. ■

Medicine Abroad

Cortinne Linardic

This is the second in a series of brief reports about opportunities in medicine abroad.

The first report of this series (June 1994) described opportunities for working with Doctors Without Borders. However, this organization requires a time commitment of at least six months and usually recruits physicians with advanced training. So, consider this: how about working abroad while you are in your residency? Although there are only a limited number of programs in the country which have established health programs staffed by faculty and residents, we are privy to one of those programs right here at Duke.

The Department of Medicine at Duke began their International Health Program in 1986, with the establishment of an exchange program at Muhimbili Medical Centre in the coastal city of Dar es Salaam, Tanzania. Internal medicine residents usually spend about three months at Muhimbili, treating and researching diseases such as malaria, typhoid fever, tuberculosis, and AIDS. In exchange, physicians from Tanzania come to Duke for advanced training. The Department of Medicine has also established a program in Vitoria, Brazil, at Universidade Federal de

Espirito Santo and involves the treatment of such infectious diseases as malaria, schistosomiasis, leishmaniasis, and leprosy. Two other sites of international exchange are the National Taiwan University in Taiwan, and Beijing Hospital in China. Each of these programs has Duke faculty members who act as liaisons and supervisors; some faculty are in fact directly responsible for having established the exchanges.

Limitations of these international health programs stem from finite resources. First, due to space and financial restrictions only a limited number of residents may take part in these exchange programs. (However, 18 Duke residents will have participated in one of the four exchange programs during the year 1993-94.) Second, each resident usually spends only three to six months at a site, which may hardly be enough time to become accustomed to the new culture and new language, much less learn how to treat new diseases.

And the benefits of these international exchange programs? First consider the benefits to the international community. As opposed to programs such as Doctors Without Borders, which are roving bands of health care volun-



Four Tanzanian boys at the Muhimbili Medical Centre suffering from rheumatic heart disease await corrective cardiac surgery. Courtesy: Dr. Carol Dukes, Durham VA Hospital.

Continued on page 12

Places to Go, People to See

Rima Nasser

Hello again and welcome to the guide that will crack open this oyster of pleasure and enjoyment that Durham is. Right. Anyway, as you hopefully already know, this column is meant to provide you with interesting, entertaining, and/or enjoyable things to do around the triangle, to help you expand your horizons and maybe even get lucky...

I will continue to follow the same format.

I-Places to Hang:

A-Durham:

1-The Down Under Pub: (which sadly got cut out of our last issue) is an attempt at a British or Australian pub atmosphere, or should I say a poor attempt at that. It is exactly like your regular American bar, which is not a bad thing, but nothing really special. You can hang there though (i.e. it is hangable material), and I hear that on some nights it's a good pick-up joint. I haven't figured out which nights are good, but I will provide you with follow up if I do.

Location: Across the street from the Brightleaf Square parking lot, right next to the Oyster Bar.

2-Another Thyme: Also in the area. Very nice looking bar and good restaurant. An excellent place for sitting and slowly sipping your Cognac or whiskey or wine or even coffee. It is a tad more sophisticated than your regular sports bar, but it's not snobbish. It attracts a very random bunch of sometimes very interesting characters who may offer to be... forget it. It is an enjoyable hangout, a good break from studying, and a nice hideaway (not anymore I guess).

Location: On Gregson, facing Brightleaf.

3-The Hideaway: The campus bar. *Alcohol within reach.* Undergrad and grad hangout (Grads mostly on Friday afternoons), sometimes horribly empty, sometimes beautifully empty, sometimes crowded. Try your luck. Sort of grungy college atmosphere if you are yearning for your youth or

September, 1994

regressing, or you just haven't changed yet. No liquor, only beer.

Location: On campus. West campus, under the Bryan Center.

B-Chapel Hill:

1-Pantana Bob's: Newish place. Sort of like He's Not Here, beer, hang outside, meet people...you know. *Give it a try, especially if you're in a big group.*

Location: Hopefully we all know how to get to CH by now. If not, hop on 15-501 South, and exit on Franklin St. Go past Spanky's and He's Not, make a right to park in the parking lot beyond the Pizza Hut, and walk diagonally to the street parallel to Franklin street.

2-Local 506: The grungy theme re-emerges. Alternative crowd (whatever that means). They sometimes have good loud bands, and on Thursday nights you can boogie on down to your favorite funkadellic, house or just random music. It's a fun time, but it's not for the conservatives who find body piercing disgusting. Wear something white and brush off the dandruff because they have black lights.

Location: Still on Franklin, past The Cave, on the right hand side.

3-Henry's: A quaint little place. Small bar, also restaurant, cool outside area, inside is bare and sounds like a high school cafeteria because there is nothing to absorb the sound. Nothing special, but it's OK.

Location: also on Rosemary St., parallel to Franklin, around The Cave, and Local 506 area.

II-Restaurants:

A-Durham:

1-Niko's: Good, in fact excellent, Greek food. Try the lamb. Not a very wide selection, but what they have is just lovely. They also have a few good wines, and a very tasty different one: if you haven't yet, you must try the Retsina

Continued on next page



Places to Go Continued

white wine, which is a Greek traditional wine that has a tree resin flavor. Lovely. Prices range from the 15s to the 40\$ a head, depending on wine, appetizer and desserts.

Location: In Brighleaf Square.

2-Mark's New American Cuisine: A fantastic place, with interesting dishes in every course. This restaurant has a beautiful presentation, fresh atmosphere, and very palatable and exciting food. Sort of like Nana's, yet slightly less expensive. Good wine selection. It can be very affordable, prices ranging from about 15 to 50\$. *Very enjoyable, and I highly recommend it.* They will also be showing sculptures by Ann Woodward, through Sept. 30th.

Location: Right before the Green Room (sigh) on Broad street.

B-CH:

3-411 West: Italianesque...Very very nice. Great scallops&linguini, great pizzas and pastas, nice bar, good wine, lots of fun, and very affordable. Often quite crowded though, and they don't take reservations. *Well worth a try.*

Location: where else but on Franklin St., after the New Orleans Cookery, on the left hand side.

4-Cracovia Restaurant: You don't want to know how I found out about this place, but all I can say is that I'm glad I did. Eastern European food in a cozy villa setting. They had good duck last time I was there, if you're into that, and they have quite a variety on their menu. Slightly expensive...I'd take plastic with me, and I would dress up some, just because most people there are dressed up.

Location: I think it's on Rosemary, but call first for a reservation and better directions. Tel: 929-9162

C-Raleigh:

42nd Street, Oyster bar and Restaurant: Oh my God! *This place is just a blast.* Some of their sauces may be too heavy, but if you chose carefully you will enjoy your meal immensely.

A great frutti di mare selection, beautiful raw oysters, and sometimes on Thursdays and Fridays they may have good music going on. Price is variable, upper \$20s I would say, at least. Location off of Hillsborough St. in Raleigh.

.... Well this is enough for this issue. I hope this is helping make your stay here more enjoyable, and I hope it all makes sense...I have a really bad sense of direction, so you may want to call each place to inquire about exact locations, or if you like to experiment, just go for it. If there are things you would like to know about, tell us, and we will research them. Next time, I will mention more bars and restaurants, a few specialty stores and who knows what else I will come up with.

Enjoy! ■

Medicine Abroad Continued

teers working in changing locations around the world, these university-affiliated programs have settled themselves as dependable local resources for acute and chronic health care. Other benefits to the community include the training of their doctors in the United States. As well, consider the benefit to the American physician. It is an unparalleled opportunity to learn from unique patient populations with unique illnesses. The physician returning to the United States brings home not only new knowledge but a wider vision of human experience. ■



THINK ABOUT WHAT IF

Jamy Ard

What if you actually saw your big sib more than twice a year while scurrying through the halls of Duke South? **What if** you and your big sib had a chance to do a rotation together? **What if** you knew more about your big sib than just his or her test scores in gross anatomy? I guess the point is **what if** first year students had big sibs from the third year class rather than the second year class?

Upon arrival to Duke, many students are warmly welcomed by someone called their "big sib." Big sibs take responsibility for making sure first year students have the things required for surviving the "wonderful" first year of Duke Med. From personal testimony I can say that I was thoroughly impressed with the concept of having a more experienced upperclassman to pass along valuable information on things like which classes to go to and which classes could be missed (even though we all go to every class), which books were good to buy and which ones I could borrow, and the all important test file filled with valuable summaries, tests, and handy bacteriology charts. Without a big sib my first year would have been even more of a nightmare.

Now that I have successfully jumped all the hoops and have been promoted to second year status, I have the added responsibility of a little sib. However, as I begin my clinical rotations and vanish into the mist of Duke North, the Durham VA, and outlying family medicine clinics, my little sib could definitely begin to feel alienated. It is not that I do not care how my little sib is progressing, but simply a matter of time constraints. The only time I may get to see him is when we pass each other in the hospital,

both in a hurry to reach our respective destinations with not much time to chat. As questions arise, he may end up turning to someone else that has more time or is a bit more accessible. Let's see—who could that be? Maybe a third year student?

It only makes sense to have big sibs that can be accessible, knowledgeable, and the more experience they have—the better. Third year students obviously fit the bill: not as many time constraints and two years of experience versus one. There are definite advantages to be gained by first year as well as third year students if the little sib/big sib program were rearranged. Just imagine, **what if** you and your big sib actually had time to hang out together and get to know each other so that you knew his or her name without having to look at a name tag? **Think about it.** ■

The editors and staff would like to give a big "Thank you" to CTL for all of their assistance with Shifting Dullness. We appreciate everything!

Are You Considering the USMLE?

The Medical Library and the Central Teaching Lab have received a new software series called "Learning the Sciences Basic to Medicine." This is a set of basic science review questions and quizzes which could be used to prepare for Step 1. For access, contact Susan Shaw at CLT (684-5967) or Diane Futrelle at the Medical Center Library (681-6162). Topics include: cell structure and function, connective tissues and skin, cardiovascular system, respiratory system, renal system, gastrointestinal system, muscle - spinal cord - peripheral - central nervous system, molecular biology and genetics, endocrine - metabolic system, nutrition, reproductive system, and hematology. Pathophysiology is not considered.

1995 - 1997 USMLE TEST DATES SCHEDULE			
EXAMS	1995 FINAL DATES	1996 TENTATIVE	1997 TENTATIVE
STEP 1	June 14 - 15 September 27 - 28	June 11 -12 September 24 - 25	June 10 - 11 September 23 - 24
STEP 2	March 1 - 2 August 30 - 31	March 5 - 6 August 27 - 28	March 4 - 5 August 26 - 27
STEP 3	June 27 - 28 December 5 - 6	June 26 - 27 December 4 - 5	June 25 - 26 December 3 - 4

Remember that applications for all exams must be received three months in advance. The application deadlines will be written on the application form. The 1995 application forms for Steps 1 and 2 are expected in the CTL office by November 1, 1994. Applications for Step 3 are obtained by calling Joy Cooke, State Board of Medical Examiners, Raleigh, at 828-1212. Steps 1 and 2 are each \$200, Step 3 is \$700.

Central Teaching hours are now **8AM - 8 PM, Monday through Friday**. Carlos Sanford is the new employee, and as computer tech will provide after-hours assistance in this area, and keep Central Teaching equipment available for a longer period of time. He can be located in M458 Davison after 5 PM. ■



Chief Complaint Continued

life. Reclining amidst the wreckage of your garden, mint julep and cucumber sandwiches by your side, you will find that the years of your residency will slip away, especially if you take copious amounts of "mother's little helper" before heading to the backyard. Before you know it, you will be retired. Good luck.

Readers, if want information on pre-dating agreements, you can call a lawyer skilled in such matters at 1-800-533-2437. If you would rather find out how to send our surplus lawyers to Mozambique to help that country with its burgeoning dating controversies, call 1-800-438-5678.

Let's move on to our next letter. It comes from a medical student whose chief complaint is that the money has gotten funny and the change has gotten strange.

Dear Chief Complaint:

I'm a second-year medical student, and I've been having plenty of trouble stretching my buying dollar. I swear to Jesus I'm living on the ultimate of shoestring budgets, and yet, somehow, at the end of the semester, my loan checks have run out and I'm riding the bad credit bus, if you get my meaning. Right now, I'm trying to play catch-up with all my debts from the end of last semester, and the loan checks which are coming in right now just won't cut it. Can you recommend any alternate sources of income for me? Can I take out more loans, or am I stuck in the caphouse for the duration?

Signed,

Student Budget

Dear Budget,

Listen. You may think that you're living on a budget, but I'll bet you don't even know what the hell a budget is. For example: you probably go to the cafeteria every day and buy a cup of

coffee in the morning and pizza and a coke for lunch every afternoon. Already you're over five bucks right there. That's twenty five smackeros a week, you drooling sack: a hundred big ones a month. Over the course of a year, that's about a thousand clams. And you flushed it all down the toilet. Christ. You'd better be glad that you didn't print your real name in your letter to me, because if you did, I'd have published it, and Dr. Snyderman would have driven to your house himself just to kick your fool teeth in, right there in front of God and everybody. A fine example you are.

Even though you have no planning skills of your own, there is no reason why you can't live a live of glamour and extravagance. I'll tell you what you do. Go to CTL in the morning, and throw a few pennies in that ceramic fish change-thingy, just to make sure that the other coins in there jingle around. Then announce to the world at large: "Yep!...a quarter for a cup of coffee...best price in town!" Then pour a packet of cocoa mix into a cup, and fill it with coffee. This technique gives you dairy nutrition, and the mixture tastes like fancy coffee, like the kind served in gourmet restaurants. For lunch, eat six pieces of fruit from the fruit bowl in Dr. Snyderman's office, and twelve tootsie rolls. So right there, I've already saved you close to a thousand bucks, for which I am charging you a 5% finder's fee (please refer to the enclosed invoice).

C.C.

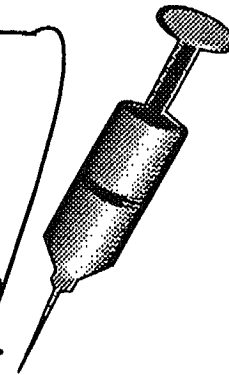
c/c Duke University Bursar's Office
encl.

That's all for this month. If you have a question you would like answered, anything at all, you can write to **Chief Complaint, c/o Shifting Dullness, DUMC Box 2700**. Or find one of our handy question sheets to fill out, helpfully posted around the hospital. ■

September, 1994

15

Chief Complaint



"Curing what ails you"

by Psychiatry Division Chief Obidiah Mellencroft*

Hello, and welcome to the first installment of **CHIEF COMPLAINT**, the column you write! Each month, I'll be answering your questions, helping you cope with the pressures and problems of the "medical life"!

Well let's wade right in with a question from a soon to be resident in a small town hospital...

Dear **Chief Complaint**,

While interviewing for residencies last year, I met the woman of my dreams. She and I fell in love, or so I thought. We decided to do our residencies at the same, small community hospital, so that we could be together, away from the hustle and bustle of city life, helping to deliver quality health care to the rural poor. I gave up my dreams of Cardiothoracic surgery, and laid aside my ambitions to be the best damn neurosurgeon in the entire universe. I gave them up for love.

I was accepted to do general surgery at the small hospital, but was stunned to find that the love of my life had lied. She had wanted to break up with me, finding me cold, arrogant, and boring, and had simply chosen a different residency program to avoid any confrontation. When I asked her why, she claimed that the entire relationship had been all in my head! Now I am stuck in some backwater, where

*This is a purely fictional character, but the writing is real.

16



nothing ever happens, and the patients pay with moonshine and chickens. What should I do?

Signed,

Lost his way in Dullsville

Dear **Lost**,

Well, one thing your story does demonstrate is the growing need for pre-dating agreements. Had you and your erstwhile love completed one before completing your applications, this tragic turn of events could have been averted. Thankfully, for the rest of us, the United States has more lawyers per capita than Mozambique. With careful planning, no one need suffer as you have suffered.

Of course, hindsight is 20/20. Right now, you need practical advice on what to do to make your life bearable for the next three to five years. I recommend gardening. There's nothing like being out in the garden, surrounded by flowers and bushes you have lovingly planted and nurtured, only to have the neighbors' kids graciously shower them after their all-night drinking binges when their folks are away, and the local dogs dig them up whenever a blind eye is turned to leash laws. Your garden will be your sanctuary, cleansing your mind of all thoughts of a successful career and the complete hash you have made of your

Continued on page 15

Shifting Dullness