Shifting Dullness

May, 1993

An etching by Granville. The attendings are the shark and sawfish, the medical students are ants, rats, ravens and vultures.

Inside:

"It's a Miserable Life"

1993 Medical Student-Faculty Show

Saturday, May 8th
Cameron Indoor Stadium

BBQ Dinner 6:30 p.m., Show 8:00 p.m.

New Davison Council Members Announced

Andrew Muir

The following students have been elected to serve on the Davison Council in the upcoming academic year.

Davison Council president	Allson Toth
Service Vice-President	Katie Moynihan
Social Vice-President	Andrea Coviello
Treasurer	Annemarie Thompson
Intrmural Chair	Maggie Lee

MSIV Representatives

Chris Hasty - President
Rick Gillespie
John Monks
Chris Woods

MSIII Representatives

Robb Romp - President
Robby Dabal
Vickie Ingledue
Jeff Johns
Peter Smith

MS II Representatives

Steve Crowley - President
Cynthia Boyd
Martin Clowse
Todd Jacobs
Elahe Mostaghel

MD/PhD Representative Greg Della Rocca

Student Curriculum Committee News

Chris Cabell

The transition to new leadership in the Student Curriculum Committee (SCC) is under way. For the next year, Rory Pryor, MSII, will be the chair and Steven Feingold, MSII, will be the vice-chair.

There were two major initiatives that the SCC implemented this academic year. The first project involved surveying the current MSIIs about the quality of their first year. This survey compared the basic science courses to one another to see which ones were strong or weak and to provide reasons for these differences. The results of this survey were also compared to a similar survey done last year in order to determine if course directors made changes in an attempt to improve educational quality.

The second major initiative surveyed the current MSIIIs about the quality of their second year. This is the first time, to our knowledge, that such a project has been implemented. The survey was quite extensive and the results were distributed to Dr. Blazer, Dr. Snyderman, and others within the office of medical education. We hope this survey will spur debate about the second year and lead to improvements across the board. (Editors note: For a summary of these surveys, please turn to pages 6-8)

It is the contention of the SCC that the education which we receive at Duke is, on the whole, excellent. We also believe that each course has room to improve. We feel that one of the most important functions of these surveys is to highlight those courses that are the strongest and document why students feel this way. We hope that these courses can then be emulated by those that have not been quite as effective. The full reports of both surveys are available from Rory Pryor, MSII.

Computer Interest News

Emile El-Shammaa

Convenient Macintosh Locations:

•CTL 24hr cluster (M405): 2 Mac Classics & 1 Mac II; HP laser printer available 9-5 weekdays, and 5-7:30pm M-Th. Med Center Library Reserve Rm: 1 Mac II and ink-jet printer.

•Perkins: Rm 104A - 20 Mac LCII; 2 LaserWriter II
Rm 205 - 10 Mac Classic II; 1 LaserWriter I
Rm 206 - 20 Mac Classic II; 2 LaserWriter

All the Perkins Mac clusters have been upgraded. They now have better machines (and more of them), hard disks with MS Word, MS Exel, and Telnet software.

Convenient IBM Locations:

•CTL 24hr cluster: 4 IBM 386 clones, one of which is networked

•CTL M410: a few dozen IBMs, all networked and connected to a HP laser printer; also some hooked up to laser disk players for multimedia software; room is available from 5-7:30pm M-Th; call CTL to see availability during daytime.

•Med Center Library Reserve Rm: 2 IBMs; 1 HP laser.

•Perkins: Rm 104A - 16 386 clones; 2 HP laser

To use the IBM machines in Perkins, enter the machine number when prompted for the login name, and just press enter when you're prompted for a password.

How to Transfer Documents Between Mac and IBM. Here's the scenario: It's 8am, and you have a MAJOR paper due in an hour. You've spent the whole night typing it up on your friend's IBM, and now you want to print it on a laser printer. The only problem is that the only laser you can find is on a Mac. No problem! Text files can be interchanged between Mac and IBM relatively easily. Here's how to do it: First, you have to make sure the Mac you're at has a "SuperDrive" (a.k.a. FDHD or Floppy Drive High-Density) and a hard disk. All the relatively new Macs have this kind of drive. On the hard disk, there is a folder called "utilities," in which you'll find a program called Apple File Exchange. Click on this file, and you're ready to transfer files. But before you start transferring, you have to make sure your file has been saved as "text." All wordprocessing programs give you this option (e.g. for IBM wordperfect, it's control F5). So once it's in text, you can open up the Apple File Exchange, pop in your 3 1/2" IBM disk with your text file into the Mac drive, and select the file you want to transfer to the Mac. To transfer from Mac to IBM, it's the same idea: save the file in text on the Mac, go to Apple File Exchange, and pop in the IBM disk you want it saved to. If you need any additional computer-related information, don't hesitate to call me at 382-0203.

UNC takes Big Four Sports Day; Duke soccer prevails

Steve Lee

The BIG FOUR sports day on March 27 was a success thanks to the number of people who helped organize and run the event.

Congratulations to our soccer team for beating UNC 4-3 for the championship trophy. Competition was fierce; UNC unfortunately won three out of five events: men's basketball, volleyball, and ultimate frisbee. Although the

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Steve Chui

As the evening progressed the Parkinsonian side effects of the Haldol were evident to all

OSR NEWS

Chris Cabell

The AAMC regional meeting was recently held in Miami and was attended by the three Duke OSR representatives: Chris Cabell, MSIII; Doug Skarada, MSII; and Mark Weinberg, MSI. The themes of the meeting were "Recognizing and Valuing Diversity" and "The Resident as Learner and Teacher."

The meeting began with a Coffee House Read-In, led by Dr. Lois LaCivita Nixon, which consisted of short readings that spurred discussion regarding the issues surrounding cultural diversity. The next morning over breakfast we learned about the National Health Service Corps Fellowship of Primary Care Health Professionals from its director, Dr. Reginald Weaver. The talk highlighted opportunities within the Corps for those who wish to practice in underserved areas in primary care. Primary care is defined by the Corps as including family medicine, general pediatrics, general medicine, general ob/gyn, and psychiatry. There are a number of opportunities within the Corps; if anyone would like more information they can contact one of the OSR representatives.

The highlight of the meeting was a talk by Dr. Pedro Joe Greer, Associate Dean for Homeless Education and Medical Director/Founder of Camillus Health Concern. Dr. Greer is a charismatic and engaging speaker who spoke about his involvement with the Camillus Health Concern, a free clinic for the inner city people of Miami. Dr. Greer started the Camillus clinic when he was a chief resident at Jackson Memorial Hospital ten years ago. The first year it was open, the clinic saw 500 patients. Last year, the Camillus Health Concern saw 32,000 patients. The clinic operates in rented space and is staffed by a handful of salaried MDs and nurses; the vast majority , however, are volunteers. The clinic is dependent upon charitable contributions from the people of Miami, Jackson Memorial Hospital, and Catholic Charities.

Dr. Greer gained national prominence because of his involvement with the Camillus Health Concern and as a spokesperson for the plight of inner city citizens. He is a member of Hillary Clinton's commission on health care reform. He provided us with a number of interesting perspectives about the state of health care for the urban underserved and how health care may (or more likely may not) have a substantial effect on the care of this community. We came away from his talk deeply moved and afterward had an opportunity to visit the Camillus Health Care Concern. It was an exciting but sobering chance to see what serving the urban needy is all about.

There were a number of other topics discussed at the meeting and a full report will be issued to Dr. Blazer soon. If anyone would like any more information, please contact one of the OSR representatives.

MS III Quality of Education Survey

Amir Mehran

The following is a summary of the results of the Quality of Education Survey which was administered by the Student curriculum Committee (SCC) in the spring of 1993. Ninety-three MSIIIs at the end of their second year were asked to evaluate each second year rotation based on multiple criteria, including time, teaching, student treatment, grading, and influences on future career decisions. They were also given the opportunity to retrospectively evaluate the first-year courses and comment on their correlation with the second-year clerkships. Of those 93 students, 58 returned their surveys for a 62% turnout. The Committee's findings and suggestions have been submitted as a full report to Dean Blazer, Dr. Petrusa, and Dr. Snyderman.

We thank you for your cooperation. Special thanks goes to the CTL staff for their hard work on the project.

The Class of '94 Subcommittee of the SCC
Amir Mehran, Chris Cabell, Carolyn Clark, Alison Toth, & Chris Hasty.

Summary of Important Survey Results

Family Medicine

-70% of students were satisfied with a one month rotation.
-80% of respondents felt that they were considered important members of the team.
-55% thought their performance was accurately assessed.
-A general opinion held that the final exam was not helpful.
-80% wanted 50-80% of their grade to be subjective with the preceptors having a bigger say in students' grades

Internal Medicine

-65% voted for a longer Internal Medicine clerkship.
-80% wanted more outpatient experience.
-Many respondents highly commended the Medicine faculty/house staff for their teaching & accessibility.
-Highest marks among all rotations for encouraging student involvement, especially by the interns.
-70% felt their performance was accurately assessed.

Neurology

-60% wanted more outpatient experience.
-60% felt their performance was accurately assessed.
-80% wanted 50-80% of their grade to be subjective with evaluation forms distributed among more evaluators.

Ob/Gyn

-90% felt that there was good balance of didactic teaching, inpatient & outpatient care.
-Over 60% felt that Ob/Gyn faculty/house staff were committed to teaching.
-80% felt the house staff considered them as important members of the team, less so with the attendings.
- 80% of respondents considered the Ob/Gyn nurses, esp. the L/D staff, to have been discouraging and detrimental to student learning.
-60% believed their performance was accurately assessed.
-Many students commented positively about the formal mid-point feedback session; some suggested that it be utilized by other clerkships as well.
-75% wanted 50-80% of their grades to be subjective with evaluation forms being given to more evaluators.

Pediatrics

-80% satisfied with balance of inpatient and outpatient care.
-60% of respondents rated the quality of hands-on experience as less than adequate.
-70% felt they were generally treated as important team members.
-60% felt their performance was accurately assessed.

Psychiatry

-75% felt a shorter Psychiatry rotation was appropriate.
-65% wanted more outpatient experience.
-80% felt that they were considered important team members.
-60% thought their performance was accurately assessed.
-75% wanted 50-80% of their grade remain subjective with more faculty/staff having an input.

Surgery

-60% wanted more outpatient and hands-on experience.
-50% felt they should spend less time on various rounds and instead be given more responsibility.
-75% considered Surgery to have had the best teaching, both in the classroom (by the attendings) and on the wards (by the senior and chief residents).
-65% of respondents felt they were considered no more than distant members of the patient care team.
-60% thought their performance was accurately assessed.

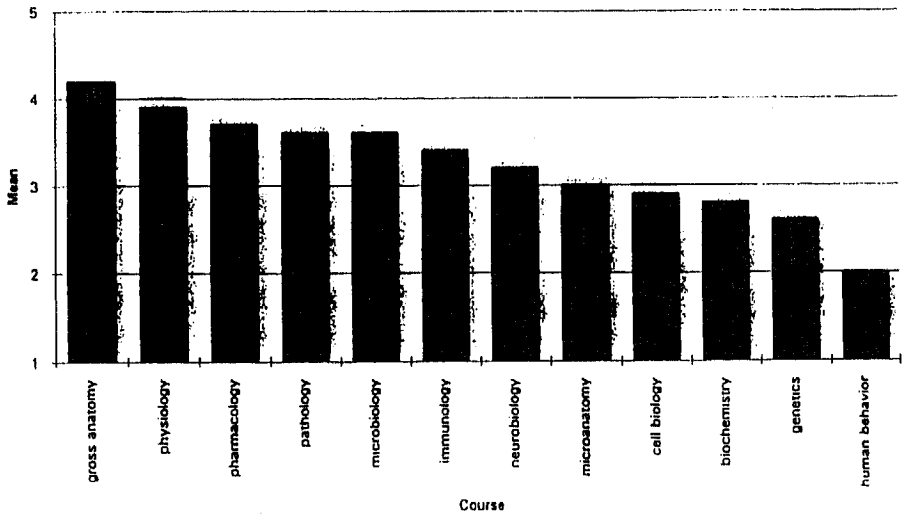
May 1993

Selected Data from the MSIII Survey

(all graphs produced by Carol Reilly)

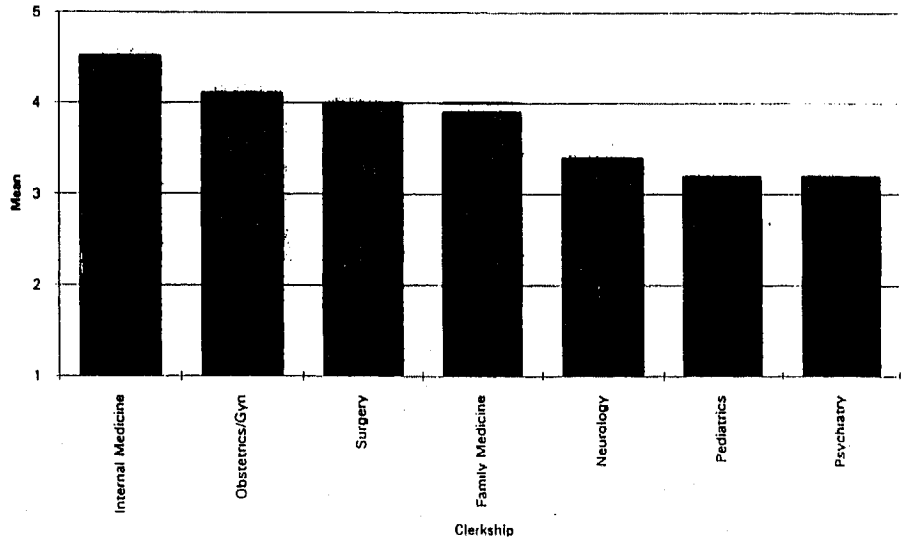
3) With Your Current Perspective, Which Areas / Courses Need More Time / Emphasis?

5 = Much More Time; 3 = Just Right; 1 = Less/ No More Time Needed



Overall Quality of the Clinical Clerkships

5 = Excellent ---------- > 3 = Fair ---------- > 1 = Poor



MS II Quality of Education Survey

Rory Pryor and Steven Feingold

The following data is from a survey which was administered to the current MS IIs (Class of 1995) regarding their satisfaction with the first year curriculum. Each basic science course was rated on a scale of 1 to 5 (5 being the most favorable response) in the following categories: course organization, course content, teacher effectiveness and presentation, handouts and texts, appropriateness of format and context of exams, and provision of sufficient information regarding format/grading/content of exams. Small group activities were also rated. Students were further asked questions about time constraints and the perception of time pressures per block. Where possible, data was compared to that acquired in a previous survey done with last year's MS IIs (the class of 1994). The present survey represents a sample of 49% of the class of 1995, compared with a 58% response to the previous year's survey by the class of 1994.

The following is a representative graph taken from the survey. Students wanting a full copy of the report should contact Rory Pryor or Steven Feingold.

Survey Results and Interpretation

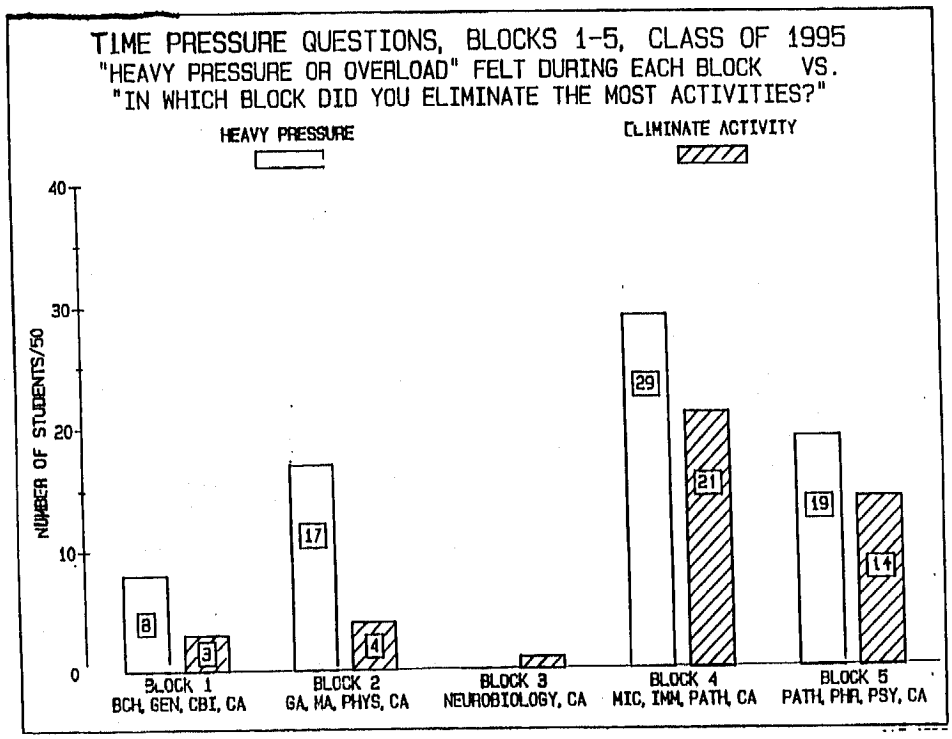
After comparisons between last year's and this year's survey, courses were divided into the following groups:

1) Courses receiving continued approval: Gross Anatomy and Pharmacology. These classes were percieved as having a high degree of organization and structure, a clear format, and clearly outlined and adhered to objectives. Material was presented in a format conductive to assimilation and conceptual understanding, handouts were standardized and similar in organization and emphasis, and exams tested general concepts in a problem oriented, essay format.

2) Courses receiving continued dissatisfaction: Physiology. The primary complaints were of inefficient time usage and inefficient instruction. It was thought that information in handouts could be better condensed and organized.

3) Courses receiving an improved ealuation: Biochemistry, Cell Biology, Microanatomy, Microbiology, Immunology, and Pathology. While these courses were rated higher this year, the statistical differences in improvement were small.

4) Courses receiving a lower evaluation: Genetics, Neurobiology, and Human Behavior.



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Match Results

Shifting Dullness would like to congratulate the MS IVs on the strong results of their Match, and to wish them success and happiness throughout their residencies. Here is the breakdown of the MS IVs choice of fields, as well as the Residency Match List of 1993.

Name	Program	Specialty
Yashmath Ahmed	Brigham&Women's, MA	Int. Med.
Nita Ahuja	Johns Hopkins, MD	Surgery
Kelly Alexander	DUMC, NC	OB/GYN
Ken Altman	U. Penn., PA	Otolaryng.
Matthew Areford	U. Fla. - Shands, FL	Pathology
Mark Backus	U. Wash. Affl., WA	Int. Med.
Kenny Boockvar	Presbyterian, NY	Int. Med.
Clifford Bowens	Portsmouth Naval, VA	Surg.Pre.
David Bright	UNC, NC	Int. Med.
Marc Carruth	Brigham&Women's, MA	Int.Med.Pre.
Paulette Chandler	Brigham&Women's, MA	Int.Med.
Richard Chao	UCSD, CA	Int.Med.
Robert Cihak	U. Nebraska, NE	Otolaryng.
Christopher Clark	UCSD, CA	Int.Med.
Rita Clement	Strong Memorial, NY	OB/GYN
Robert Coles	DUMC, NC	Orthoped.
Howard Cooper	DUMC, NC	Int.Med.
Kenji Cunnion	Med. Coll. of Va., VA	Pediatrics
Steven Day	Mercy Hosp.,Pitt., PA	Transitional
	U. of Pittsburgh, PA	Ophtho.
Scott Dean	DUMC, NC	Orthoped.
Claire Dees	Brigham&Women's, MA	Int.Med.
Jason Dimsdale	U. Health Ctr., Pitt., PA	OB/GYN
Susan Dorman	Brigham&Women's, MA	Int.Med.
Anne Ducey	Stanford, CA	Pediatrics
Christopher Ervin	U. Illinois, IL	Surg.Prelim.
	Cook County Hosp, IL	Emer.Med.
Michael Felker	Johns Hopkins, MD	Int.Med.
Michael Flynn	Beth Israel, MA	OB/GYN
Eugenia Gilman	U. Virginia, VA	Surg.Prelm.
	U. Virginia, VA	Otolaryng.
Jay Gingrich	Presbyterian, NY	Psychiatry
Lee Gravatt	U Michigan, MI	Surgery
Robert Green	Hosp. of Univ. Penn., PA	Int.Med
Stephen Hammes	UCSF, CA	Int.Med.
Seth Haplea	U. Penn, PA	Neurology
Jeff Hartman	Darnall Army Hosp, TX	Emer.Med.
Donald Heck	Barnes, MO	Radiology
Sanjay Hegde	Vanderbilt, TN	Surgery
Oded Herbsman	UCSF, CA	Pediatrics
Jordan Hsu	U. Cinconnatti, OH	Pediatrics
Randall Hyer	San Diego Naval, CA	Transitional
Denise Jamieson	UCSF, CA	OB/GYN
Amar Jayawant	Medical College of Va., VA	Surgery
Keith Jerome	U. of Wash. Affl., WA	Pathology
Lyndon Jordan	DUMC, NC	Int.Med.Pre.
	DUMC, NC	Radiology
Andy Kaplan	Stanford, CA	Pediatrics

Breakdown by Field

- Internal Medicine - 28
- OB/GYN - 11
- Surgery - 10
- Pediatrics - 9
- Orthopedics - 8
- Radiology - 8
- Otolaryngology - 6
- Med/Peds - 4
- Neurology - 3
- Psychiatry - 3
- Anesthesiology - 2
- Emergency Medicine - 2
- Ophthalmology - 2
- Pathology - 2
- Family Practice - 1
- Neurosurgery - 1
- Preliminary in Surgery - 8
- Preliminary in Internal Medicine - 7
- Transitional - 2
- Deferred - 1

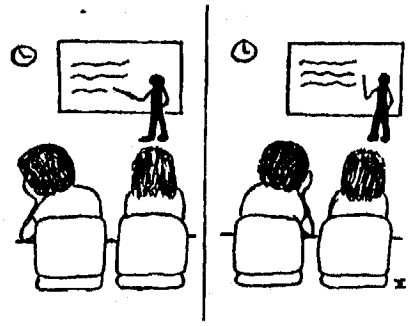
Fred Rimmele
Idea by James Carroll U. of Iowa Med. '94

Match, cont.

Name	Program	Specialty
Jeffrey Kaufman	North Shore Univ. Hosp., NY	Int.Med.Pre.
	St. Lukes, Roosevelt, NY	Radiology
Larry Kelly	DUMC, NC	Med/Ped
Alex Kemper	DUMC, NC	Pediatrics
Sheila Knerr	UNC, NC	Pediatrics
Mininder Kocher	Harvard Combined Prog., MA	Orthoped.
Jennifer Kottra	Beth Israel, MA	Int.Med.Pre.
	U. Michigan, MI	Radiology
Mary Landau-Levine	Barnes, MO	OB/GYN
Steve Lee	Yale-New Haven, CT	Orthoped.
Todd Levine	Jewish Hosp, St. Louis, MO	Int.Med.Pre.
	Washington U., MO	Neurology
Jill Levy	U. Colorado SOM-Denver, CO	OB/GYN
Cleveland Lewis	DUMC, NC	Surg.Prelim.
Anson Li	DUMC, NC	Orthoped.
Robert Li	Stanford, CA	Surgery
Edward Lilly	DUMC, NC	Orthoped.
Andrew Lodge	DUMC, NC	Surg.Prelim.
Mike MacDougall	Vanderbilt, TN	Surgery
Christine Marx		Deferred
Marga Massey	DUMC, NC	Surg.Prelim.
Erik Maurer	U. of Virginia, VA	Radiology
John McInnes	U. Chicago B/Weiss, IL	Transitional
	U. of Texas SW - Dallas, TX	Ophtho.
Jeanne Miller	UNC, NC	Int.Med.
Andrew Muir	DUMC, NC	Int.Med.
Christopher Muly	Yale-New Haven, CT	Psychiatry
Barbara Osborn	DUMC, NC	OB/GYN
Scott Palmer	DUMC, NC	Int.Med.
Lisa Patterson	UNC, NC	Med/Ped
John Pauk	U. Wash. Affl., WA	Int.Med
Karl Pete	UCA-Davis, East Bay, CA	Surgery
John Pracyk	U Texas SW - Dallas, TX	Surgery
Gerry Reece	U Texas SW - Dallas, TX	Radiology
Jeremy Rich	John Hopkins, MD	Neurology
Eric Roddenberry	UNC, NC	OB/GYN
Matt Roe	DUMC, NC	Int.Med.
Barbara Ross	DUMC, NC	Int.Med.Pre.
	Stanford, CA	Radiology
David Rubenstein	U. Michigan	Int. Med.
Lawrence Saperstein	Stanford, CA	Surgery
David Scher	Hosp. for Joint Disease, NY	Orthoped.
James Schuster	U. of Washington, WA	Neurosurg.
Heather Shaw	DUMC, NC	Int.Med.
Patricia Shi	DUMC, NC	Int.Med.
Mike Sicard	Baylor College of Med., TX	Otolaryng.
Robert Sidbury	UCSF, CA	Int.Med.
Brian Smart	St. Louis Children's, MO	Pediatrics
Timothy Smith	Beth Israel, MA	Int.Med.
Mark Somers	U. of Wash. Affl., WA	Int.Med.
David Stanley	DUMC, NC	Orthoped.
Leonard Steinberg	Vanderbilt, TN	Pediatrics
Katrina Stidham	Stanford, CA	Otolaryng.
Sharon Strong	U. Health Center - Pittsburgh, PA	Pediatrics
Donald Taylor	UCSF, CA	Anesth.

(see Match, p. 12)

Shifting Dullness accepts letters of opinion from all members of the medical school community. Opinions expressed do not necessarily reflect those of the editorial staff. *Shifting Dullness* reserves the right to edit letters for length and style. Mail to *Shifting Dullness*, PO Box 2865, DUMC or drop them in the *Shifting Dullness* box in the Alumni Affairs Office (candy room)or in the Duke North student lounge(6th floor).



Calendar

MUSIC:

May 31 - Members of the Clompi Quartet with guest artist Jane Hawkins on piano will perform in the Summer Festival of Music, Reynolds Theatre, Bryan Center at 8 p.m. Works by Mozart, Debussy and Faure will be performed. Tickets for the general public are $5; students and children are free.

LITERARY LUNCHTIMES:

Osler Literary Roundtable is held on Fridays at noon. Copies of the readings may be obtained from Kate Daniels, in the cultural services office at 286-3361 or they may be picked up at the main information desks in Duke North or South.

May 7 - "The Life You Save May be Your Own," short story by Flannery O'Connor. Green Zone M133

May 14 - "Outside the Machine," short story by Jean Rhys. Red Zone 14218.

May 21 - Visiting poet Florence Elon from Berkeley. Green Zone M133.

May 28 - "Drum Taps" from *Leave of Grass* by Walt Whitman

Match, cont.

David Ting	Mass. General, MA	Med/Ped
Frank Tong	Emory U. SOM , GA	Radiology
Phyllis Tong	Emory U. SOM , GA	Transitional
Charles Vance	DUMC, NC	Psychiatry
Joseph Ventimiglia	U. Tennessee Col. of Med	Family Pract.
George Verghese	UCSF, CA	Int.Med.
Terrence Walton	UCLA Medical, CA	Surg.Prelim.
Christopher Watke	Mercy Med. Ctr., MD	Int.Med.Prelim.
	Johns Hopkins, MD	Anesth.
Greta Watts	U. Texas Med., TX	OB/GYN
Michael Weiner	Johns Hopkins, MD	Int.Med.
Frederick Wenzel	Johns Hopkins, MD	Int.Med.
Elizabeth Whitaker	Emory U. SOM, GA	Surg.Prelim.
	Emory U. SOM, GA	Otolaryng.
Mark Wigod	U. Colorado SOM, CO	Surgery
Dannah Wray	DUMC, NC	Med/Ped
Glenn Zellman	DUMC, NC	Int.Med.Prelim.
Karen Zempolich	U. Utah Affl. SLC, UT	OB/GYN
Dianne Zipprich	Wilford Hall USAF	Int.Med.

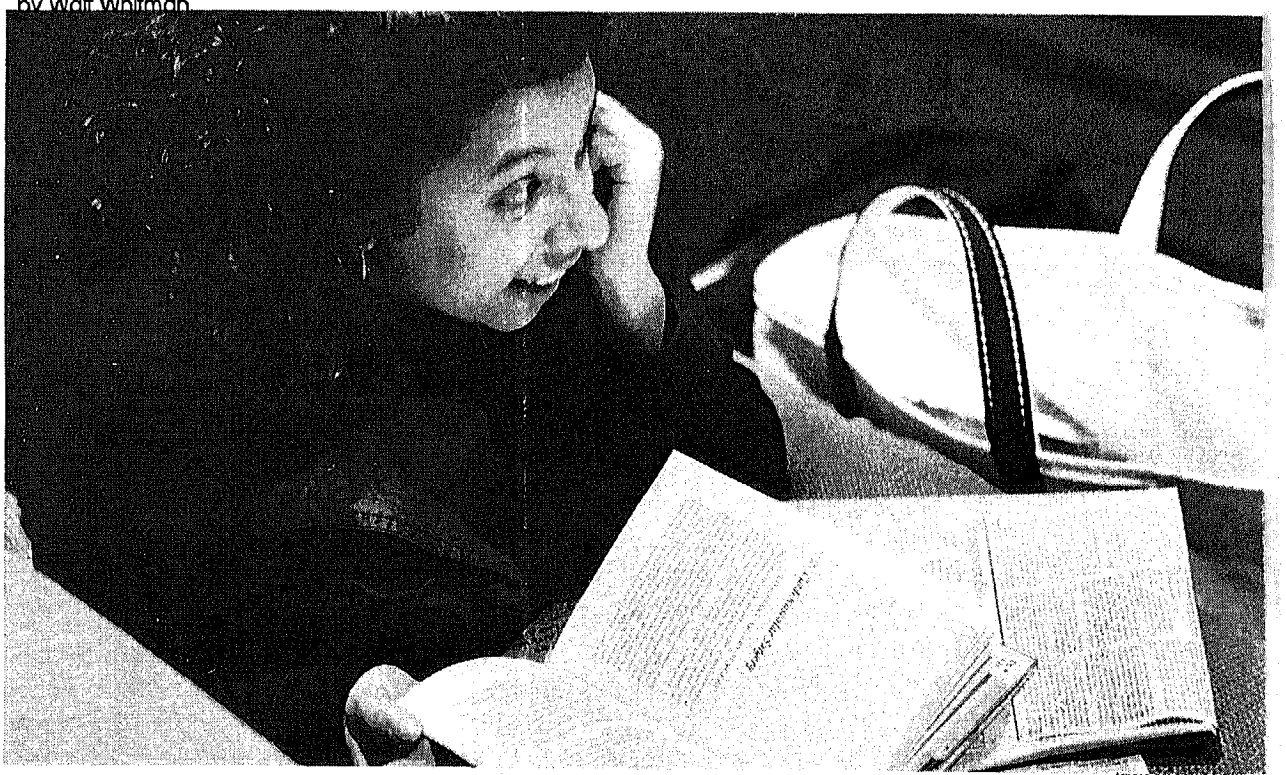


Photo by Steve Chin

"...and after the surgeons hacked out the tumor, they all lived happily ever after. The end."

The Radiology Elective's Bad Rap

Greg Lucas

Sometimes there is so much cake around that the bread and butter gets neglected. This seems to be the case with the fourth year Radiology rotation.

In the last issue of *Shifting Dullness*, we printed the results of a survey that was distributed to all fourth year students. The survey was designed to help MSIIIs make expeditious decisions about fourth year rotations and the order in which they are taken. Since the questions were very general and open-ended, the responses were , on the whole, quite variable and few consistent trends were evident. The exception to this was an overwhelmingly negative response to the Radiology clinical elective.

Seventy one percent of those returning surveys chose to list Radiology as one of the courses they found to be weak or overrated. Comments included: "truly a waste of time," "the most worthless month in my four years of medical school," "very weak teaching, students have no role and are largely ignored," and "unbelievably bad" to name but a few of the more colorful responses.

Such an unflattering evaluation is both unfortunate and curious for a couple of reasons. It's undeniable that radiology is an extremely important elective. Virtually every intern will be faced with interpreting some basic films, no matter which field of medicine he or she has chosen. For the average Duke student in particular, with an admittedly tenuous grasp of gross anatomy, a good radiology rotation is also an excellent opportunity to shore up knowledge of clinically relevant anatomy.

Even though the word of mouth report on radiology has not been good for some time, the need is strong enough that most students continue to take it. As one MSIV commented, "I heard it was weak, but I thought I needed it anyway. I was wrong - it was that poor."

Thus, it seems clear that the demand for a good, didactic radiology rotation is, indeed, present. So where is the supply? This is the most confusing aspect of the puzzle. Duke's Radiology Department is nationally renowned. In areas such as MRI technology, they are among the world leaders. The radiology department is large, modern and staffed with excellent residents and attendings. Yet somehow a crucial link in the chain is absent and little of this expertise is being relayed to MSIVs taking the course.

The overall excellence of the department leads one to the conclusion that a good solution to this problem can't be very far away. With a little bit of planning and implementation, students could undoubtedly be given an active role and subsequently, obtain a much more valuable learning experience. For example, MSIVs could be responsible for reading a certain number of films each day, presenting them to a resident or attending and making the dictations.

The pieces to this puzzle are all there; it just seems to be a matter of putting them in the right place.

(Skeptic continued from back page)

Happily tucked away in the mosquito (who never touches corn mash, or *foie gras*, for that matter), the gametocytes differentiate into female **macrogametes** and male **microgametes**. These two couple in a shockingly obscene sexual frenzy, as young **gametocytes** in love are wont to do, and differentiate into a motile **ookinete** which burrows into the gut wall to become an **oocyst**. Within the **oocyst**, many **sporozoites** develop, and migrate to the mosquito's salivary glands. Thus, the mosquito goes off and bites everyone else in the village who's suffered closed head trauma and can't remember to wear their Deep Woods Off.

Hello? Still with me? Or did I loose you at "Check this out..."? I told you it was ridiculously complex. Telling you about the life cycle of the *Plasmodium* species is like telling someone how to get to Raleigh from Durham using the 15-501 system and the Raleigh Loop - too many circles with too many similar names.

I personally can't accept that something with a life cycle this goofy just happened without some sort of Divine Vision - ergo, more proof for the existence of an all powerful One.

Incidentally, as long as I'm blabbering on about my personal beliefs, I think that there exists an embodiment of evil, too. I'm not inspired to talk at length about the Evil One, though. Not until next month, that is, after which time I will have finished studying Biochemistry.

The Septic Skeptic

Fred Rimmele

Pate foie gras is a French delicacy consisting of (and none of you who know the French language should be surprised at this direct translation) blenderized goose hepatic tissue. The way they used to make it was to force feed geese corn mash for a week or so and then harvest the fatty livers. Since geese naturally hate to be force fed corn mash (and if you were a goose, wouldn't you?) , the French improvised several ways of increasing goose compliance. Generally speaking, they would shove a funnel down the bird's gullet and pour ridiculous amounts of gruel into the squawking animal's alimentary canal every day. Geese, of course, hate having funnels shoved in their gullets (people do, too - the next time you have a chance, go check out a bronchoscopy procedure), so to make them stand still the farmers typically used to permanently nail their feet into the ground (until the day the axe fell, that is). French culture - go figure.

All of this seemed like a pretty good analogy to the first year here at Duke. In my mind, it's an even better analogy because I think that *pate foie gras* is exceedingly nauseating stuff.

In any case, the reason I bring this up is because I've been preparing for Part I of the Boards for most of this year, and I was pleasantly surprised to find that studying basic science at my own pace was actually pretty enjoyable and interesting. When you're not aspirating corn mash most of the time, not only do you spend less time gagging, but you can absorb the material more efficiently, and you don't need to get a fatty liver quite as often.

With some extra time on my hands (aka third year), I began to wax philosophical about the scientific evidence of the existence of a Divine Being. I've always believed that, in a universe which simultaneously contains platypuses, slime molds, black holes, prions, and subatomic particles which obey the Schrodinger equation, there's gotta be Someone out there with an extraordinary sense of creativity, not to mention humor. As I was reviewing microbiology, I came across something which, to me, clinches the existence of the Divine even more (and I'm not talking about the miracle of my passing Micro during my first year, either).

I'm referring to the incredibly complex live cycle of the *Plasmodia* genus (the "malarial thingamabob" for those of you with deficient basic science educations, and I think that means most of you). Even Timothy Leary, after a particularly intense lysergic acid diethylamide trip, couldn't have conceived of anything quite so outlandish.

Check this out: A female *Anopheles* mosquito needs human blood to nurture her eggs, so she settles down on some poor schmuck who's forgotten his Deep Woods Off. She injects some saliva (the equivalent of a mosquito hickey) before making off with a bolus of RBCs. But riding on this saliva wave are a bunch of *Plasmodial* **sporozoites** (little baby *Plasmodia*, if you will).

These cute little guys find the bloodstream a pretty staid place, so they decide to crash in on the hepatocytes, where they differentiate into **merozoites**. These more mature individuals decide that the liver isn't the nicest place to be, possibly because they're up to their knees in corn mash (or *pate foie gras*). They take off, unless they happen to be *vivax* or *ovale* species, who happen to have a thing for corn mash - they chill out and become **hypnozoites**.

Near as I can figure it, the fickle **merozoites**, disillusioned with the liver, go crawling back to the bloodstream, begging the RBC's to take them in. RBC's, lacking a nucleus, are pretty stupid. They agree, and the **merozoites** sponge off their new relationship, which isn't too hard since most erythrocytes have a strong dependent personality trait.

Anyway, the **merozoites** differentiate into ring shaped **trophozoites** which then turn into an **amebold** form (still with me?). These little oozy guys then differentiate into **schizonts** which (and this is the kicker) becomes filled with more **merozoites**! These guys apparently miss wading around in corn mash and foie gras, so they break the RBC's heart, not to mention its membrane, and tromp back to the liver to start the cycle over. Confused yet?

But wait! There's more! Through the miracle of modern technology, some **merozoites** develop into male and female **gametocytes**. Our poor schmuck host, probably an ex-Duke medical student, hasn't a clue as to why he's getting ravaging fevers every three days despite all the Cipro he's been quaffing, and therefore still hasn't gotten out to the local Eckerds to buy some Deep Woods Off. Another female mosquito, hearing there was a good dinner in town, settles down and sucks up more RBCs, plus or minus a few hundred **gametocytes**.

(see Skeptic, p.13)