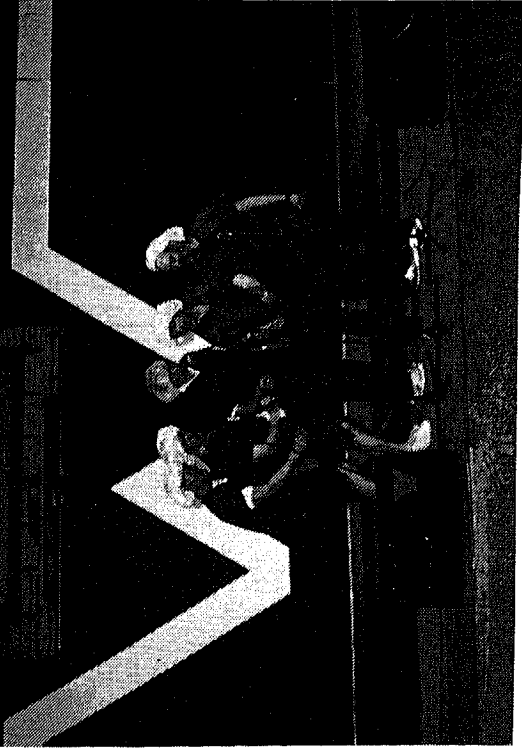
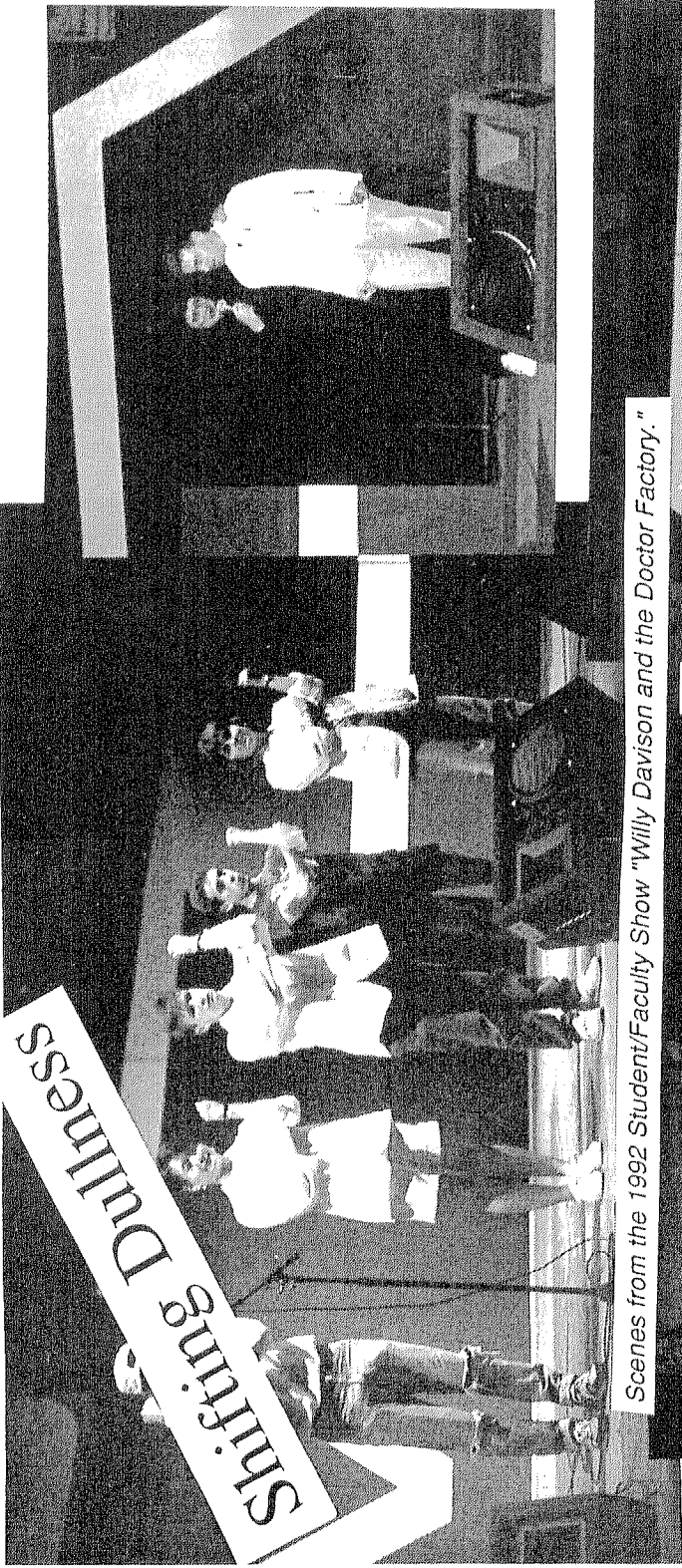
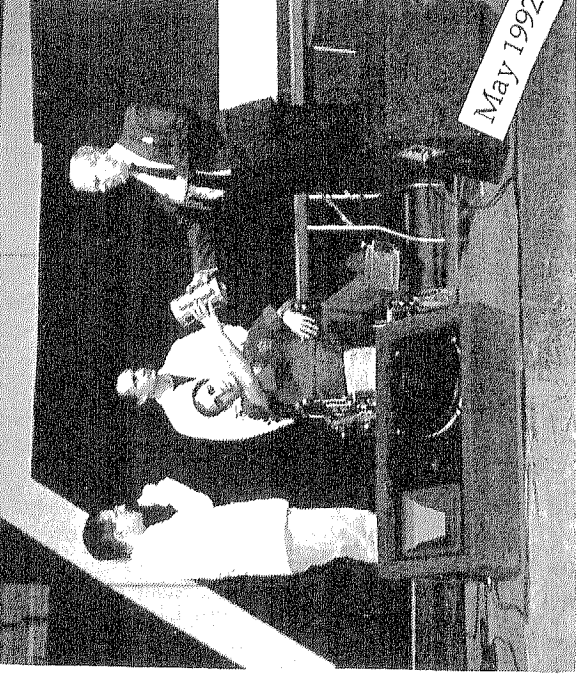


Scenes from the 1992 Student/Faculty Show "Willy Davison and the Doctor Factory."

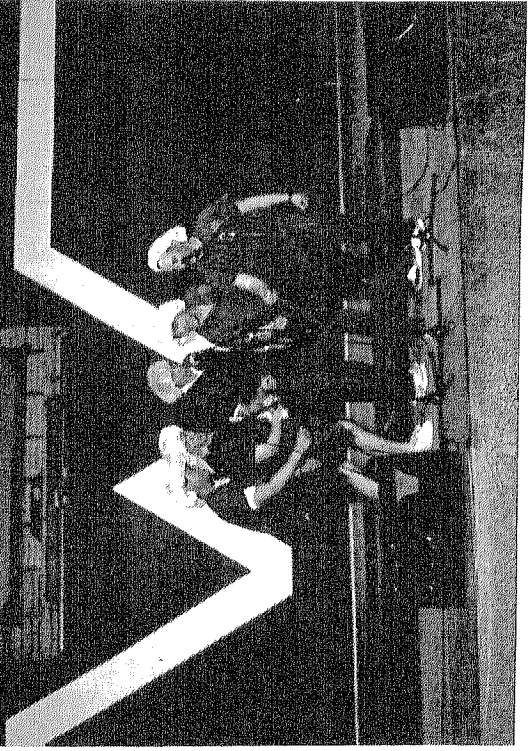




Scenes from the 1992 Student/Faculty Show "Willy Davison and the Doctor Factory."



May 1992



- Quinapril (Accupril) is an ACE inhibitor for hypertension. Sixty percent of this pro-drug is hydrolyzed to the active metabolite, quinaprilat. Following an initial dose of 10 mg, the maintenance dose is 2080 mg daily. Patients may require a second drug for effective control. Adverse effects are similar to those of other ACE inhibitors, including hypotension and dry cough. Although quinapril's efficacy is no greater than that of other ACE inhibitors, some studies suggest an equal or lower incidence of adverse effects; in addition, the cost of a month's supply starts at \$23.56, compared with captopril's \$35.89, for example ((1) Quinapril for hypertension, *The Medical Letter* 34 (1992):2728; (2) J. Z. Parra-Carrillo et al., *Curr. Ther. Res.* 51 (1992):185195).

- Tamoxifen is associated with preservation of lumbar bone mineral density in postmenopausal women with a history of breast cancer. The drug, with both antiestrogen and estrogen-agonist activities, is thought to have anti-resorptive properties, but unlike estrogen, seems to act primarily on trabecular bone; cortical bone, such as that comprising most of the radius, is often not preserved. Although an altered risk of fracture has not been determined, one investigator expects reductions of about 30% over 25 years. Tamoxifen has additional benefits, such as reduction in total cholesterol, but is also associated with gynecologic side effects and a possibly increased incidence of nonfatal endometrial cancer. Its safe use in healthy women has not yet been confirmed ((1) R. R. Love et al., *Effects of tamoxifen on bone mineral density in postmenopausal women with breast cancer*, *NEJM* 326 (1992):852856; (2) *The Associated Press*, *The News & Observer*, 26 Mar 1992, p. 7A; (3) N. E. Davidson, *NEJM* 326 (1992):885886).

- Adult murine brain cells can divide and differentiate into neurons and astrocytes. In an in vitro study, epidermal growth factor caused cells isolated from the adult mouse striatum to proliferate. Morphology and antigenic properties of neurons and astrocytes were

observed. Many neurons were also immunoreactive for the neurotransmitters GABA and substance P, known to be present in the in vivo striatum. The investigators suggest that the adult brain may contain a population of dormant, embryonic stem cells. If so, cells like these may eventually be used to replace dead or injured ones in the adult CNS ((1) B. A. Reynolds and S. Weiss, *Generation of neurons and astrocytes from isolated cells of the adult mammalian central nervous system*, *Science*+255 (1992):17071710; (2) N. Angier, *The News & Observer*, 27 Mar 1992, p. 5A).

- K-ras mutations are detectable in stool of many patients with colorectal tumors. Of 24 patients with colorectal carcinoma or adenoma greater than 1 cm in diameter, nine had tumors containing mutations of the first exon of K-ras, detected by amplification with the polymerase chain reaction (PCR). Stool samples analyzed with PCR and Southern blotting revealed the mutations in 8 of the 9 cases, suggesting a potential noninvasive screening method more specific than the occult blood test. The ras gene tends to mutate early in the course of tumor oncogene mutations in the stool of patients with curable colorectal tumors, *Science* 256 (1992):102105; (2) J. Marx, *Science*+256 (1992):32; (3) J. Bor, *The News & Observer*, 3 April 1992, p. 1A).

- Methotrexate improves NSAID-resistant juvenile rheumatoid arthritis. In an unprecedented placebo-controlled, double-blind, 6-month study of 127 children, weekly doses of 10+mg/m² of body surface area decreased the ESR, "pain severity score", and number of joints with limited motion or pain on motion. Neither remission nor prevention of erosion was studied, and long-term effects in children are unknown ((1) E. H. Giannini, *Methotrexate in resistant juvenile rheumatoid arthritis*, *NEJM* 326 (1992):10431049; (2) P. H. White and B. M. Ansell, *NEJM* 326 (1992):10771078; (3) *Health Info-Com Network Newsletter*, 19 Apr 1992).

"News Capsules" highlights medical topics covered by the press. Inclusion is based on scientific merit and on potential impact on public opinion.

Medical Student News

MSI

Franco Recchia

MEGA-CONGRATULATIONS to: the newly engaged class-couple-of-the-year, Katie Doty and Robb Romp; the newly wed Gen Geller Penczak; and all the soon-to-be-married first-years. We wish you all the best.

CLASS ACTIVITIES (Seriously!):

Saturday, 5/2 - Habitat for Humanity; see Steve Perkins for more information.

Tuesday, 5/5 - Class night out at He's Not Here, In Chapel Hill.

Monday, 5/11 - Post-Pharm Bowling Night, at Fair Lanes in Durham.

Thursday, 5/21 - Post-Wednesday Ice Skating, at the Ice House in Cary.

In addition, plans are being made for a day outing to the beach, Jordan Lake, or Kings' Dominion — what think thou? Talk to the new Davison Reps. Anyone interested in bungee-jumping (Owww!) or sky-diving (parachute optional) is directed to Ravi N. Samy for details.

CLASSMATES IN THE NEWS: Following the enormous success of the Student-Faculty Show, contracts were flying. Theresa Flynn agreed to a four-year engagement with the South Side Deli to advertise their spring offering of pastels and paisleys; in the long-awaited "Pizzazz" video, look for new Fly-Girls Alison Morris and Annie Drapkin masquerading as burnt crazy-bread in original costumes taken from the designs of Mike Gimbel, recently back from his soul-searching stint at the Fayetteville Fashion Expo. (Jeff Johns was also offered a job, but it's too boring to mention here.) Following the shake-ups in the organized crime world, mob activity has been rising: reports of Tetris-score-fixing, copier sabotage, and candy room bomb scares may lead to an indictment of Durham bosses Marc "Don Leone" Leonardo and David "I'm really not Italian, though" Kandzari, now vying for control of the Rigatoni family; a special task force, led by ruthless crime-stoppers Vickie Ingledue and Lori Langdon, will investigate.

MSIII

Lyndon Jordan

Best wishes to Chris & Mary, Tim & Miriam, Don & Denise, and Frank & Phyllis on their weddings this season.

Beach trip and cruise party are planned for May 8-10 in Atlantic Beach, NC. If interested in the trip or just in the cruise contact Lyndon Jordan at 493-7977 (call before 10 p.m.).

Volunteers are needed to help out with the graduation picnic for the fourth years. If interested contact Lyndon.

Shifting Dullness

1992-1993 Davison Council

Officers Elected

Despite a poor turnout of voters, enough votes were cast to usher in the new officers listed below. 41 MSIII's, 50 MSII's, 28 MSI's and 2 MSTP's voted.

DAVISON COUNCIL

President—	Andrew Muir
Vice President (Service Affairs)—	Chris Woods
Vice President (Social Affairs)—	John Monks
Treasurer—	Chris Cabell
Secretary—	Allison Toth
IM Sports Chairman—	Steve Lee

RISING MSIV's

President—	Lyndon Jordan
Representatives—	Genl Gillman Mary Landau Levine Erik Maurer Kelly Alexander

RISING MSIII's

President—	Chris Hasty
Representatives—	Fred Chen Jeff Dugas Jen Hunter Steve Malchow

RISING MSII's

President—	Andrea Coviello
Representatives—	Jeff Johns Franco Recchia Bobby Dabal Joi Lenczowski

MSTP

Representatives—	David Lee Gayle Howard
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Golden Apple Awards Named

Students voted for these individuals for their excellence in teaching.

BASIC SCIENCE—	Dr. Matt Cartmill (Anatomy)
CLINICAL FACULTY—	Dr. John Bartlett (Med/ID)
CLINICAL HOUSE STAFF—	Dr. Bob Harland (Surgery)

Students Active in Community Service

Sharon Castellino

The MSI's recently cleaned our stretch of Adopt-a-Highway. This completes one year that we have had the highway. Thank you to all four classes for making the first year of this project very successful.

The MSI's participated in the Habitat for Humanity project on April 25. Unfortunately the chapter of Habitat that we work with was having funding difficulties making less projects available this fall and winter. Things should pick up this summer, so please come out and join us.

Although belated I would like to thank everyone who bought a raffle ticket at the Christmas party in December. The money was used to buy toys for children in two single parent households as part of the Share-Your-Christmas project.

Computer Interest Group News

Michael Weiner

Practice for the boards with NBME computerized patient simulations. A demonstration will be given on Tuesday 19 May at 6 PM, in CTL M410. Improve your clinical decision-making. Call Mike Weiner for more info: 2863147.

Residency Information is available at the Medical Center Library. AMA's computer-based FREIDA system can be accessed from the PCs that run CD Plus MEDLINE software. Information provided includes addresses, starting dates, length of training, and number of positions available. For more information, you can ask a librarian, consult the user's manual, or watch a 20-minute video about FREIDA (DUMC Library Newsletter #224).

Increase capacities of disks and tapes with a data compressor. An example of such a system for IBM-compatible computers is Stacker 2.0, from Stac Electronics (tel. (619) 4317474). For \$150, you get software that usually doubles the amount of data you can store. For an additional \$40 to \$150, you can also get a co-processor board, for faster operation. The program works by automatically compressing and decompressing files (P. H. Lewis, Stacker can double hard disk's memory, The New York Times, 24 Mar 1992, p. B8).

Run Mac software on your IBM-compatible computer. The \$995 AndOr One system, from Hydra Systems (tel. (408) 2535800) lets your IBM clone use Mac diskettes and software, and translate documents between PC and Mac formats. You can connect to AppleTalk-based networks or SCSI devices (Triangle Computer News, 4/92, p.3).



Curriculum Committee Elects New Officers

Andrew Muir

The Student Curriculum Committee recently held elections for positions on various faculty committees for the 1992-93 academic year. Heading the Student Curriculum Committee and sitting on the Oversight Committee will be Chris Cabell MSII. Matt Roe MSIII and Alison Toth MSII will sit on the Clinical Science Teaching Committee, which oversees second and fourth year. The Basic Science Teaching Committee, which oversees first and third year, will include Jeff Dugas MSII and Franco Recchia MSI. Several appointments included Scott Palmer MSIII and Cathy Petti MSI to the Clinical Arts Committee. In addition, Mike Sicard MSIII and Jennifer Hunter MSII were appointed to the Basic Science Electives (Third Year) Committee. Students with specific problems or concerns are encouraged to contact the appropriate committee representative. In addition, fresh input is always welcome, and interested students should contact Chris Cabell at 598-1843 or simply attend one of the meetings. Unless otherwise announced, meetings are the third Monday of every month at noon in room 1102 Duke North.



Announcements

Anyone interested in purchasing videotapes of the 1992 Student/Faculty Show "Willy Davison and the Doctor Factory" please sign up in CTL. Cost will be \$10-15 per tape.

National Italian American Foundation: Third and fourth year students with an interest in cardiology and/or neurology are eligible to apply for two \$5000 Sigma Tau scholarships. Selection criteria include financial need. More information is available in the Financial Aid Office. Application deadline May 31.

The Nearly New Shoppe at 615 Douglas Street is happy to receive donations of any reusable items. Run by the Medical School Faculty Wives, funds raised at the Shoppe go to need-based medical student scholarships. Last year \$110,000 was raised. Medical students are encouraged to visit the shop to say thank you.

David Warren, J.D. Speaks on the Canadian Health Care System

Rebecca Usadi

As the second speaker in the AMSA International Health Discussion Series, Professor David Warren, J.D. of the Department of Community and Family Medicine spoke about the basis of the Canadian health care system. Prof. Warren was commissioned by the Canadian government to produce a documentary film about the system to be shown to American audiences. Those attending the discussion were the first audience to view the film in its finishing stages.

The film began with some background history of how the Canadian system was established, with the most significant event being the Canadian Health Act of 1984. This act set federal guidelines for the disbursement of health care and universal prepaid health insurance with four main tenets: universal care, portable benefits, single payer, and comprehensive care. These federal guidelines are required to be incorporated into each province's set of health care regulations. The benefits included in the universal care extend coverage even if the patient is traveling in a different province. Each province serves as a payer of health insurance rather than an employer or individual and the insurance covers comprehensive care for hospital, nursing home or home care with no deductible. The patient is not restricted to one particular physician but can choose his or her own practitioner.

The cost of insurance is shared by the federal and provincial governments and is paid by taxes. The single payer allows control over medical costs in that less bureaucracy and paperwork is involved. Global budgets are approved by the provincial government in which there are set fees for treatment costs. One of the results of this system is that there are fewer malpractice suits brought against physicians. This may be due both to the cap on damage allotment and to cultural reasons.

Many of the advantages of such a system are self evident; quality primary care is available to all citizens and physicians are assured of payment. However, while primary care is readily available to most citizens, patients requiring elective procedures and highly specialized services are placed on a waiting list. In addition, quality care still does not reach some areas of Canada, such as the Indian reservations which have physician shortages.

At the beginning of the film, Prof. Warren asked that we keep in mind suggestions for editing the final cut of the video. Much discussion was generated after viewing the film regarding its intention. The narrators of the video initially proposed that its intention was solely to illustrate

the workings of the Canadian health care system but direct comparisons between the Canadian and American systems were brought out. Personally, I believe that such comparisons do have a place in such a video. Considering that Canada spends 8% of its GNP on health care as opposed to 12% in the U.S. yet has lower infant mortality and increased life span, an American audience has much to learn by these comparisons. Also, while the concept of a waiting list for specialized care may seem harsh to Americans, our own form of health care rationing is by far harsher. Rather than rationing according to acuteness of illness, in America health care is rationed financially to those who can afford it and quality primary care is certainly not universal.

We enjoyed the stimulating discussion generated by Prof. Warren and look forward to seeing the finished video. The next AMSA speaker will be Dr. Carol Dukes in the Dept. of Infectious Disease to talk about health care in Africa on May 12 6pm, Rm 428. Anyone interested in finding out about upcoming events can call Rebecca Usadi at 929-8272.

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Rebecca Usadi 929-8272
Andrew Shiller 286-2322

Orders must be placed by June 10.

SD Initiates Nationwide Medical Student News Exchange

Kenny Boockvar

Recently *Shifting Dullness* exchanged publications with other medical schools around the country in order to bridge the gap in communication between medical student bodies. Out of about seventy medical schools to which were sent a letter and a copy of *Shifting Dullness*, five responded as of April 28. The following excerpts were taken from the variety of publications sent by those schools.

Hippocampus is the medical student newspaper of the University of Florida (UF) College of Medicine in Gainesville. The December, 1991 issue featured the College of Medicine's exchange program with the Odessa Medical Institute in the Ukraine. In June and July of 1991, a group of UF medical students and faculty visited the Institute. In one article a UF faculty member describes the Institute's Diagnostic Radiology Department: "All of the equipment was of pre-1950's vintage. In a city of over two million people there was one privately owned CT scanner and one 'public' CT scanner designed for head imaging only. There was no MRI." The article continues: "The people, our hosts, proved to be a more pleasant surprise. I have traveled a great deal in my life and I can honestly say I have never experienced such generosity and such heartfelt emotion" (*Hippocampus*, December, 1991).

Topics, the employee publication of the University of Kansas (KU) Medical Center, reports a collaborative effort between KU's Cancer Center and two Hungarian medical institutions to improve treatment of children with cancer in Hungary. The three-year \$2.3 million initiative is called Pediatric Oncology Outreach to Hungary (POOH) (*Topics*, April 8, 1992). KU medical students produce a creative journal called *Synapse*. In March KU students put on an "Art in Medicine" variety show which featured the student heavy metal band "Zanex."

Shifting Dullness Staff

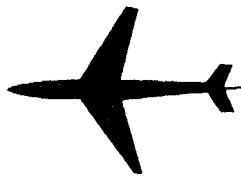
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Comics	Jill Levy
Photographs	Jill Levy
Graphics and Layout	Kenny Boockvar
Computer Consultant	Andrew Mellin

Shifting Dullness is a publication of Duke University medical students. The contents herein are copyrighted by *Shifting Dullness* unless otherwise indicated.

Also called *Synapse*, the student newspaper of the University of California at San Francisco (UCSF) is a weekly that features extensive investigative reporting. The April 9, 1992 issue profiles the future President of the University of California Jack W. Peltason. The same issue records an ongoing debate about sexual harassment at the University and discusses the need for a coordinator to enforce sexual harassment policies.

At the Medical College of Virginia, the student newsletter *The Pulse* reports that due to decreases in state funding of the University tuition rate increases are being considered to make up for the lost funds. *The Pulse* also features updates on many extracurricular activities, including an AMSA-sponsored program called Students Teaching AIDS to Students (STATS) in which medical students go to local schools to teach children about AIDS, sexually transmitted diseases, and pregnancy (*The Pulse*, February 14, 1992).

Medical students at the University of California at Davis publish a journal called *Smooth Pursuit* which prints short stories and essays by medical students.



World

Project Australia: V-myc to Vegemite

Robert Sidbury

As you nestled into your favorite chair to watch Christian Laettner's miracle shot propel the Devils into yet another Final Four, the choice my T.V. offered was between the New South Wales Lawn Bowls Championship, and League Snooker. Riveting to be sure. This, as far as I can tell, has been my only regret about spending third year away from Duke.

You may have guessed I have not been doing research in the United States. In fact, I have been at the Children's Medical Research Foundation in Sydney, Australia. Contrary to popular opinion, I did not decide to spend third year in Australia solely to experience three consecutive summers, nor because of a burning desire to find out if water really drains backwards here (it does). Rather I regretted not studying abroad during college, and saw this as an opportunity to redress that failing, provided my research experience would not be compromised.

Australia has proven to be a wonderful place to work and live. Sydney is a "smallish" city of 3.5 million people, with all of the cultural benefits of a city that size. It has amazingly diverse surroundings, with beaches, mountains, and arid Outback all close by. In my previous travels abroad, I have always ultimately been glad of living in the U.S., and while this is still true, the margin is considerably slimmer. In the same way that Californians feel they have the best of worlds because so much is close, Australians are similarly, and justifiably smug.

Despite these distractions I have managed to make it into the lab on occasion. My project involves studying a line of transgenic mice containing the v-myc oncogene. It has been our intention to examine the role of v-myc expression in tumor formation in these mice, and while this is being done, our scope has broadened to look at

involvement of the tumor suppressor gene p53. As our mice have developed a constellation of tumors not unlike those seen in the Li-Fraumeni syndrome, it has been our hope that this work would shed some light on this interesting human familial cancer cluster. Many gels, hybridizations, and autoradiographs later, I'm not sure if we are any closer to an answer, but it has been quite an education into the world of molecular biology and cancer research.

My daily routine is probably not vastly different than it would have been at Duke. Time is apportioned between bench work, lab meetings, and seminars with only the obligatory morning and afternoon tea breaks to remind me I'm not in Kansas anymore. If that doesn't do it, my ferry ride home past the Opera House definitely reminds me I'm not on Erwin Road anymore.

If my work-a-day schedule has not been terribly unique, my recreational activities have more than taken up the slack. Instead of afternoons shooting hoops at the Bubble, it's been off to the park for some rugby or a swim in the surf. Instead of going to Cameron to catch the Devils, I've headed to the Sydney Cricket Ground to watch the defending champion Aussies fall in the World Cup. (Pakistan won if you are scoring at home). I guess not everyone can repeat.

While these activities have kept daily life interesting, my lasting impressions will come from simply having been a part of different cultures. From the culture of the laboratory I have learned what an immense amount of patience, with a healthy dose of alchemy, is required to be a successful scientific investigator. And from the culture of Australia I have learned not to trust anyone who claims Vegemite tastes good. Now if I can only find a residency program that offers Study Away.

Women and Heart Disease: Facts and Myths

Matt Flynn and Theresa Flynn

Myth: Heart Disease is primarily a disease of men.

Fact: In the last year for which government statistics are available, 385,000 men and 380,000 women died of heart disease.¹

Myth: Smoking, hypertension and high LDL cholesterol are risk factors for heart disease.

Fact: Those risk factors are based on studies averaging 98.5% men.² The applicability of the studies to women is not known.

Myth: Men stand a greater chance of dying of heart disease.

Fact: According to the federal government, 36.4% of women and 34.2% of men die of heart disease.¹

If you find this surprising, consider: heart disease is the number one killer of women as well as men in America.

Sources:

1. National Center for Health Statistics Monthly Report, 39(7), Supplement, Nov. 28, 1990.
2. The largest three American Studies are the Multiple Risk Factor Intervention Trial, the Physician Health Study and the Honolulu Heart Program.
Other cohort studies include: "Framingham Study", Bethesda, National Heart and Lung Institute, 1968, J Chronic Disease 10:186-206, 1959; "Physicians' Health Study", NEJM 321:129-135, 1989; "Multiple Risk Factor Intervention Trial (started 1973)", Am J Cardiology 58:1-13, 1986; "Framingham Offspring Study", Am J Med 90:11-16, 1991; "Japanese Men in California", J Chronic Disease 27:345, 1974; "Evans County", Arch Intern Med, 128:883, 1971; "Western Collaborative Group Study", JAMA 233(8):872-877, 1975; "Honolulu Heart Program", Am J Epidemiology 129(3):495-502, 1989.

In all this represents a study of 402,089 men and 4,777 women, or a ratio of 84 to 1 men to women.

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Seeing the Plight of the Poor in North Carolina

Mitra Maybodi

I had seen a couple of such patients in the hospital and clinics before: the kind who were unmarried, had plenty of children, were on welfare, and kept on having more children. Now I was about to actually go out and meet such a family for a one-page "Family Assessment" report assigned to us for the second year family medicine clerkship. So I set out on a chilly January afternoon, with a moderate degree of curiosity and without really any preconceived ideas.

I knew Ms. Reese had trouble keeping her appointments for prenatal care, even though HealthCo Clinic has vans to pick up patients in need of rides. I knew that every time she did come, she brought along at least three or four of her children, who would run around and distract the doctor, nurses, and Ms. Reese. I knew that her four-year-old Antoinette was being referred for developmental evaluation because of her paucity of speech and inwardness. I knew that Dr. Nelson, my preceptor, had talked to Ms. Reese several times previously about getting a tubal ligation, and Ms. Reese had consented a few times but had backed out each time at the last minute due to her anxiety about being put to sleep. I knew Ms. Reese came from a lower socioeconomic and educational background. Well, I'll admit I did have one preconceived idea. I felt that our interview was going to be a bit difficult, in the sense that the language would have to be kept simple, the kind of interview that if it were for an H&P, I would subsequently report, "Pt. is a poor historian. Information mainly obtained from old charts."

As I exited off of I-85 and was driving along the nerve-rackingly narrow country roads, I was making mental notes to myself for the assessment: Ms. Reese is a 26-year-old, single, black woman originally from Henderson, who is currently living in Drewery. Drewery is a small rural community in Vance County with no more than two general stores in the vicinity, which resemble grocery stores in the variety of items sold but are no larger than the smallest convenient stores. Ms. Reese lives in a small, white house with her five children, and a sixth one is on the way. There, that was a whole paragraph to start out the report.

As I approached the house, two young girls of about six or seven years of age, dressed in rather scant clothing

Shifting Dullness

for the temperature of mid 40's, were running around the front yard, and stopped to stare curiously at the stranger pulling into their driveway. One of them ran into the house, apparently to inform the mother. A man, squatting on the ground at the side of the house, washing some clothes in a tin tub, also looked up to eye the peculiar visitor, while continuing with the task at hand. Soon Ms. Reese came out of the house, dressed in sweat pants and a sweat shirt, wearing a broad grin across her face, with her eight-and-a-half month pregnant belly protruding quite prominently.

After the initial greetings, I stepped into the house in hope of finding some warmth, but found it to be only about ten or fifteen degrees warmer than outside. Ms. Reese turned on a kerosene heater and placed it in the middle of the little living room / bedroom. I had a feeling she would have deferred heating the room had it not been for her politeness to a visitor. She gave me a quick tour of the ... shack. It had six small rooms, three of which served as bedrooms with neatly made beds, one as kitchen with an electric stove and refrigerator, and one room that was too dark for me to see its contents. One of the bedrooms contained what looked like a century-old metal wood-burning heater, which Ms. Reese explained would be used only occasionally—I assumed she meant in times of unbearable cold. The room in which we sat had a little ten-inch black-and-white T.V., a reasonable sofa and a dresser. I thought, well the house is in somewhat of a poor shape with peeling paint on the outside and torn up plastic tiling and creaking floors inside, but the good part is that it is nevertheless a shelter with a roof overhead for a family to live in—better than living on the streets. The *not-so-good* part, as I was soon to learn, was that they had no plumbing or running water. The kids would use a "tub" for their toilet, which would later be emptied somewhere, perhaps in the woods beyond their backyard. Water was supplied by one of their kind neighbors three to four houses away, and everyday, Ms. Reese and her older children would carry milk jugs full of well water from their kind neighbor to fill up a plastic garbage can, for their bathing, and to use for cooking and drinking. Now I was beginning to look for

(see Family, p.10)

Family (from p. 9)

some person or cause to blame for this living condition.

Ms. Reese lives in that little, run-down, white house with her five children. As if this soon-to-be-seven-member family were not enough for this little shack, a seventeen-year-old friend of Ms. Reese was to be moving in soon with an eight-month-old baby and the baby's father—the young man washing clothes outside. Ms. Reese's children are: Lindsay (boy) 12, Candy 7, Antoinette 4, Jessica 2, and Linda Fay 1. Beside Linda Fay and the newcoming baby, the other children each have different fathers. So, Ms. Reese is the one to blame for bringing this predicament upon herself and her family.

She went on to tell me her life story. Ms. Reese became pregnant at age thirteen and quit school in the eighth grade. Well, maybe it was her lack of education and better upbringing, not herself, per se, to be blamed. But who is ultimately responsible for that? For several years in her later adolescent years, she worked in the job corps as a maintenance worker and custodian; however, as more children came along, she could no longer find time to work and went on welfare. Perhaps it's the government's fault for supporting this situation, for providing added funds for every added child to such a family, without appropriate restrictions and limitations to discourage conception of more children in poverty-stricken settings. But wait a minute, each individual has freedom of choice to decide when to conceive children and how many of them to have—does that make sense here?!?!... None of the fathers have supported Ms. Reese financially except for Linda Fay's, and that support has been mainly for Linda Fay and the newcoming baby. Maybe these fathers and mothers should somehow be sanctioned for making so many babies and not planning for provisions beforehand? Ms. Reese currently receives \$350 a month from welfare, \$50 of which is spent on rent, approximately \$50 for electricity, the rest for kerosene and cleaning supplies, and she receives foodstamps for her groceries—there's that government funding again. Fortunately, Ms. Reese has a few friends, including a couple of neighbors, as well as her sister and mother who help her with child care and babysitting from time to time. Thank God at least for the social support! She is hoping to go back to school some time in the near future to receive her GED, and she believes social services will provide for nursery care of some of her children while she attends school. Now when I heard about this plan, I began having more of a heart for her and actually felt ... proud for her, that she was planning on pursuing further

education despite the hardships.

As we spoke, at one point, Ms. Reese gave little Linda Fay over to Candy for her diaper and clothes to be changed, for she was wet up to her chest and middle of her back, practically swimming in her over-sized diaper. And Candy did her job, as if it were second nature. Candy was the most talkative of the children I met, sniffing constantly from the cold she had; Lindsay and Jessica were away, one staying with their aunt and the other with their grandmother. To impress me, Candy brought out a huge plastic bag of dolls and toys she and her siblings had received for Christmas from her generous school teacher. Again thank God for the social support. Little one-year-old Linda Fay was a loud one too in her own right, demanding her mother's attention by screaming from time to time during our conversation and at other times entertaining herself with the xylophone her daddy had given her. But Antoinette was rather quiet; she would only speak when spoken to, and rather shyly even then. At one point while she was combing her hair in front of the mirror, she got herself into trouble. She spilled some grease on the little 40 watt lamp that provided light for the room and for her grooming, causing smoke to rise from the hot bulb and filling the room with the smell of burnt grease. She got yelled at, poor little Antoinette, but she was probably more embarrassed of being disciplined in front of a visitor. She looked at me sheepishly and left the room with a pout on her face and the comb stuck in the tangles of her half-combed hair.

Before visiting the family, I knew Ms. Reese had trouble keeping her appointments for prenatal care. I knew that every time she did come, she brought along at least three or four of her children, who would run around and distract everyone in the clinic. I knew that little Antoinette was being referred for developmental evaluation. I knew that Dr. Nelson had talked to Ms. Reese several times previously about getting a tubal ligation, and Ms. Reese had consented a few times but had backed out each time at the last minute. I knew Ms. Reese came from a lower socioeconomic and educational background. But to actually see her living conditions.... Who and what is to blame? And where do we start fixing this situation? I suppose for now, we suffice at reporting that these people are "so-and-so year-old black/white males/females who are poor historians and who were 'well' until such-and-such days prior to admission when this-and-that happened." Not even a ten-page report can sum up my experience at Ms. Reese's house on that chilly, January evening....

Children < God

There is a giant jewelry store in my hometown which, for the better part of my childhood, I planned to rob. Breathless concoctions, those schemes, involving some distraction or sleight or fantastical device that became more elaborate and more cynical as I grew older. Yeah, yeah. This was not like knocking off the neighborhood Zales, this was a place with inventory in the billions—enough gold to back the nation's currency, thrice safes of loose diamonds, and \$15,000 roosters hewn from Arctic crystal.

The distractions, however complex, reduced to permutations on a woman screaming: the sleights, variations of the drop and switch. I remember one plot had me shoot a man who was already dead (technically not a crime, I believed) while the ensuing confusion—woman screaming—saw my accomplices rush out the door, neglecting to return the items they were trying on. My younger brother wore a back brace for a few years because of scoliosis—from that came the idea of a brace (hidden, although in the main, handicapped customers will prove more discomfiting to salesclerks) holding an 8-track threaded with counterfeit chain, ends out, so that as you tried on a necklace and fixed the clasp, you were actually attaching it to its replacement. Spinning it around once on your neck (glee, nervous habit) and detaching completed the transaction.

As I discovered economics and video surveillance, I branched off into thought of stealing customer confidence, dropping Harriet Carter and Yellowstone National Park ashtrays in amongst the Wedgewood, for example, or slathering DNCB over all of the jewelry so that wearers developed contact dermatitis. This meta-robbing is effective (provided it's sustained) but rather inelegant—similar to enlisting a disgruntled employee. It works, but you aren't celebrated in song, and Knopf doesn't buy the rights, if you know what I mean.

This Christmas, when I went back home, I found the store had changed locations, and was now the showcase of a medium-sized upscale shopping mall, the two-tiered cherrywood and veined marble sanctuary replaced by a 10,000 square foot polished octagonal display floor with a six-door parking lot entrance and a smaller inside portcullis opening onto a garlanded atrium.

Description follows, although largely superfluous:

Imagine the merchandise set up like a yin-yang, or two offset cabochon, separated by a sinuous central sluice, with the main entrance at the bottom, off-center about 7 o'clock. As you walk in this entrance (say hello to the flanking guards), the paunch of gold jewelry forcing you right, where cut glass and the harpies who finger it (we called them the Orrefors) begin as a sliver, note the deposed ruling family of Qatar shopping the left perimeter, with home decor—Lladro, airplane metal carafes—up ahead. Bend left, and curve around to the inner circle of heirloom pieces (priceless diadems, necklaces, chatelaines, and brooches encrusted and globbed with lapis, clotted sapphire, imperial jade, chalcedony, and petrified leopard offal). I didn't see any tags, but the select ringing the climate-controlled altar discoursed in small cups, and grimaced when I asked where the snap bracelets were. Beyond this, bridal registry items—china, sterling—swell to the right, squeezing the left out to men's links and watches. There are more guards at the inside entrance, although the first time out I didn't see them. Very good, these guards, they wouldn't let me take a harmless tourist photo with a disposable camera, nor did they oblige when, in mock retaliation I adopted an Okie drawl and offered to take a group shot. Even pulling out a notepad and pen (with a flourish, admittedly, and one too many prefatory licks of the nib) brought a woman in plainclothes, asking something about "Have you seen my daughter?" and giving a bad description of a non-existent wife while stealing glances at what I was writing. "Indeed I have ma'am, and here is her address," I said, tearing out the paper and folding it in half. The note, prepared beforehand, made it to the floor manager: She is in your womb, as I can see right through you.

In separate interviews with reliable sources (consanguineous, though they hadn't conferred beforehand), I learned of a bizarre closing number at the new place starring the floor crew and pit bosses, deliberately performed, it seemed, for public consumption. All of the jewelry, starting from the basics, was transferred from the displays to numbered felt-lined

(see Ishmael, p. 12)

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Ishmael (from p. 11)

stackable cases, each clerk responsible for their own merchandise. Then "like worker bees" (both contacts used this exact phrase, again not because it is a familial idiom, but because the choreography evokes this), the staff marched the inventory single-file down the main aisle and through a side hall leading to the walk-in safe.

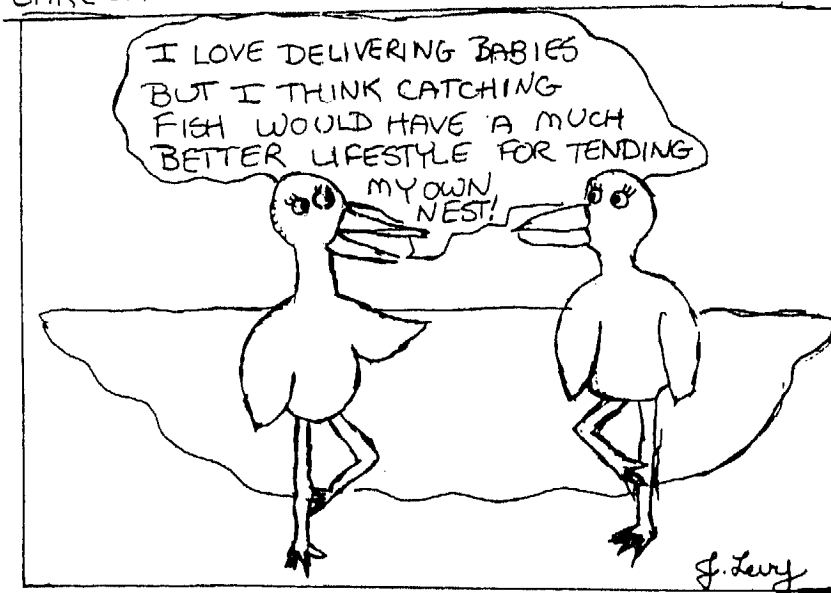
A recent New Yorker review of Nicholson Baker's latest book compared reading to sex—both rely on fantasy, in both, disbelief must be suspended so that participants get from it what they want. This is going to be a lesson in how to rob a jewelry store properly, not overpowering it with a CH-47 helicopter and plastic stock Class III firearms (although, to be honest, a strike force of mercs is the only realistic way to heist the place, and carving the sky into tallow as we dropped that hog onto the parking lot, effluvium spattering gravel off chrome bling BING, would have been major cock), but the right way, with courage and élan and unsneering respect and "something akin to love" and all those other feelings that well up in people when, with the top down and the last bits of sunlight filtering through the trees on a forgotten

autumn road, they look across their shoulder at an intersection just so. For it to work, you have to believe two things—one, that it did work, that it was accomplished by someone who get apoplectic exchanging bar codes on plain and chunky peanut butter, and two, that losing that guy with renal cancer wasn't my fault.

—Ish

Shifting Dullness accepts submissions and 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).

CAREER DILEMMAS



Mountains Covered with Cats

The sea full of fishes in shoals, the woods that let
One seed alone grow wild, the railway-stops
In Russia at which the same statue of Stalin greets
The same railway passenger, the ancient tree
In the centre of its cones, the resplendent flights
Of red facsimiles through related trees,
White houses in villages, black communicants—
The catalogue is too commodious.

Regard the invalid personality
Instead, outcast, without the will to power
And impotent, like the imagination seeking
To propagate the imagination or like
War's miracle begetting that of peace.

Freud's eye was the microscope of potency.
By fortune, his gray ghost may meditate
The spirits of all the impotent dead, seen clear,
And quickly understand, without their flesh,
How truly they had not been what they were.

—Wallace Stevens, 1946



May Calendar

ART EXHIBITS

Mars Display Cases: North-South Corridor In Duke North.
Mars I: Nurse Appreciation Week 5/1 - 5/8
Visual Arts and Medicine Exhibit 5/8 - 5/29.
Mars II: Nurse Recruitment Exhibit 5/1 - 5/11
Emergency Medical Services Week 5/11 - 5/18
National Trauma Awareness Week 5/11 - 5/18
Comprehensive Cancer Center Exhibit 5/18 - 6/1
Duke University Museum of Art: Nuclear Landscapes
Photography Exhibit by Peter Goin 4/10 - 6/14
Eye Center Tactile Art Gallery: Collection of African,
Central American, and Egyptian Art weekdays 10-1.

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LITERARY LUNCHTIMES

Fridays at noon in the Dean's Conference Room, M32
Green Zone Duke South
May 1: Poet Betsy Struthers author of Saving So Out Loud
will read
May 8: "Nativity Caucasian" by Alan Gurganus
May 15: Open Reading and poetry by Robert Frost
May 22: "Full Day" by Robert Price
May 29: Open Reading and Poems with Medical Themes

