

# Shifting Dullness

February 1993



## *Inside:*

Dean's response to S.D. parody (pg 3)

Clinton bashing by a bitter Republican (pg 11)

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## This Month in Medical History

Moshe Usadi

• Elizabeth Blackwell (1821-1910) was born in England on this date. Determined to become a physician, she applied to numerous American medical schools and was summarily rejected by all of them. Finally, the dean of the Geneva College of Medicine in upstate New York presented her application to his students to show his liberalism, stipulating that a unanimous decision would be required to accept her; as a joke, the students voted to accept. The townspeople snubbed Blackwell throughout her stay, but she developed a good relationship with her classmates, who supported her decision to reject an administrative request to absent herself from the dissection of the male reproductive organs. In 1849 she became the first American female physician, passing her qualifying examinations with the highest average in the class.

• The Ad Hoc Committee on Education for Family Practice of the AMA Council on Medical Education, released in 1966, advocated the training of a new type of specialist - the family physician. On February 8, 1969, family practice became the 20th medical specialty. Family practitioners carried on the tradition of the general practitioners of earlier years. As of 1989 there existed 380 family medicine residency training programs which attracted 12 to 13% of graduating medical students.

• René-Théophile-Hyacinthe Laënnec (1781-1826) was born on February 12. He was one of the greatest clinicians of all time, adding to France's leadership in the field of clinical medicine during the first half of the 19th century. His greatest contributions were in the understanding of diseases of the chest, particularly emphysema, bronchiectasis and tuberculosis. His advances in this field largely arose from his invention of the stethoscope; before this invention, clinicians listened to chest sounds by laying their ears against the patient's body. Laënnec himself died of tuberculosis.

• John and William Hunter were two of the dominating figures in the study of anatomy in England during the latter half of the 18th century. While William (1718-1783), became the model of the courtly, humanistic physician, John (1728-93), born on February 13, became known as a brilliant surgeon and

experimentalist. His greatest accomplishment in the realm of surgery was the development of a new method for closing off aneurysms. However, he is perhaps most famous for having inoculated himself with matter from a case of gonorrhea in an attempt to prove that gonorrhea and syphilis had a common origin. Unfortunately, he proved this to be true because the donor was suffering from both of these diseases; it was 50 years before this confusion was cleared up.

• Oliver Wendell Holmes (1809-94), a poet, essayist, teacher, and medical practitioner read his essay "Contagiousness of Puerperal Fever" on the 13th of this month in 1843. His observations on this subject were empirically verified 4 years later by Ignatz Semmelweiss.

• Giovanni Battista Morgagni (1682-1771) born on February 25, served as professor at Padua for 5 decades, where he contributed to the preeminence of pathologic anatomy as a medical discipline in the 18th century. His crowning achievement was the publication of *De Sedibus et Causis Morborum* (On the Sites and Causes of Disease) in 1761, which contained descriptions of 500 cases which he saw at autopsy, and supplied strict correlations between clinical symptoms and postmortem findings. Morgagni was the first to clearly identify hepatic cirrhosis, renal tuberculosis, syphilitic lesions of the brain and pneumonic solidification of the lung.

• Other notable occurrences of this month include the initiation of Joseph Goldberger's studies of pellagra on February 4, 1915; the establishment in Philadelphia of the first American hospital on February 11, 1752; the granting of a charter to barber surgeons, thereby separating surgeons' and physicians' practices, by Edward IV of England on February 24, 1462; and the death of Charles Jean Henri Nicolle, director of the Pasteur Institute in Tunis and winner of the noble prize in Medicine for his work on Typhus, on February 28, 1936.



February 1993

## Letters

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To *Shifting Dullness*,

This letter is to inform students in the School of Medicine that all of us in the Dean's Office perceive the recently distributed "parody" of *Shifting Dullness* to be both degrading and insulting to the medical school community. I see no humor and rather found myself disgusted with the publication.

In no way, to my knowledge, did any medical school funds (including Student Activities Fees) contribute to this publication. The administration had no role in distributing it. If we find who is distributing this publication, in the future we will make efforts to stop it, as we would attempt to stop any unauthorized, inappropriate solicitation or access to our medical students while in the confines of Duke University Medical Center.

I believe that whoever is responsible for this publication should apologize to the medical school. I regret that the person(s) responsible for "Shifty Dullards" felt it necessary to choose anonymity, for all of us in the Dean's Office are invested in providing and maintaining an atmosphere of open dialogue. "Shifty Dullards" is destructive to this environment and to the trust among us. If concerns or complaints need to be raised, I would hope that they could be discussed openly.

Sincerely,  
Dan G. Blazer, M.D., Ph.D.  
Dean of Medical Education

## Notes from the Student Curriculum

Committee \_\_\_\_\_ Amy Pickar

Information from the January 21, 1993 meeting:

- 1) Dr. Petrusa would like to announce that all medical students but one who took the USMLE in September 1992 released their scores to the Registrar's office; all students who reported their scores passed the test.
- 2) Dean Blazer is presently reorganizing the curriculum committee structure in an effort to shape a more structured, cohesive, and powerful governing body. Specifically, he is interested in redefining and re-appointing the positions of Associate Dean of Clinical Medicine and Associate Dean of Basic Sciences, presently held by Drs. Neelon and Schanburg, respectively. He requests that students submit nominations for these positions directly to his office.
- 3) A comprehensive survey of the MSII's regarding their first year has been completed and the compiled data should be available from Franco Recchia by the end of January.
- 4) MSIII's, please give your surveys on second year to CTL STAT.
- 5) Immunology will now be taught in five weeks instead of four. The same number of lectures will be given, but students will now be afforded more time to learn the material.
- 6) Dr. Carolyn Haines is the new course director for Human Behavior. She has substantially reorganized the course with a primary effort towards coordinating information with that learned in Clinical Arts and the second year rotation in Psychiatry. A major focus will be on interviewing skills.

## Women in Medicine Group plans panel discussion

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Sara Larson

The Women in Medicine group is planning some exciting projects for the new year. Our next event will be for first year students on what to expect and what is expected of them on the wards next year. Anyone in their second through fourth year who wants to share experiences is welcome! We are also planning a panel discussion on eating disorders in an attempt to educate medical students not only on how to recognize persons with difficulties, but also on the psychology of the illness and the socio-cultural pressures that play such a large role. Look for this program in the second week of

March. If you would like to be a part of either of these projects let us know. In addition to speaker programs, we are sending letters out to alumnae asking about their residency programs so that third and fourth year students will have a file of responses to questions that they may not feel comfortable asking in an interview situation. Do you have any suggestions for these or other projects? We would love to hear from you. Please call Sara Larson at 286-4361 to give input or receive information. Happy New Year!

Shifting Dullness

## Class News

MSIV ————— Lyndon Jordan

1. Congratulations to MSIV's recently inducted into the AOA Honor Society: D. Bright, M. Carruth, S. Day, S. Dorman, M. Felker, L. Gravatt, M. Landau-Levine, E. Lilly, E. Roddenberry, F. Wenzel, G. Zellman.

2. FLEX REVIEW: The Stanley Kaplan Educational Review Center is offering to the class a discounted group rate for FLEX review. This rate is available only if you contact a class member who is helping to organize the group. Get in touch with me if you would like more information. Also, the Duke Pathophysiology Course continues this spring — watch for details.

3. FLEX REGISTRATION: Don't miss the March 17 Deadline for registration for the FLEX administered this June 15-17. Call the NC Board of Medical Examiners at your earliest convenience for the packet of registration materials (828-1212). The cost will be \$670, and the test will be administered June 15-17.

4. MATCH-DAY PARTY: Contact me if you would like to help organize a Match-Day celebration. Match Day, of course, is March 17.

5. GRADUATION BALLOTS: If you have not already done so, please cast your your vote for the issues on the Graduation Ballot. Consider the faculty member for whom you wish to vote to receive the Thomas Kinney Teaching Award and for two faculty members to participate in Hooding Ceremony this May. Also vote for the MSIV Ideal Physician Award.

6. GRADUATION FESTIVITIES: If you would like to get involved with planning the Graduation Banquet, Picnic, Slide Show, etc., let me know.

7. PUBLISH: If you are interested in *publishing* an abstract of your research or in helping organize a published collection of Duke Medical Student Research, contact me by February 14. (493-7877, before 9pm)

8. Plus, a message:

Dear MSIV's,

What a great cake! It kept us satisfied for several days. Everyone likes being told their work is appreciated and you did it in such a sweet way. We all hope as you progress through your careers successfully you'll remember all the people that helped get you started.

Gina, Marcia, Barbara, Sheba and Linda

## Computer Interest Group

News ————— Emile El-Shamma

### BUDDING OPHTHALMOLOGISTS

There's a great eye anatomy & physiology program in CTL. The program consists of tutorials with gobs of laser disk images, test questions, and an atlas of pictures. It is located on the one Mac Classic hooked to a TV in CTL's big computer lab (M410). Don't forget to call CTL before going to make sure the room's available.

### SECOND AND FOURTH YEARS

If you or your roommate has a Mac or an IBM compatible with a modem, you can access DHIS or the VA computer system from home! imagine checking labs, study results, new orders on the chart, and the operating room schedule before you come in in the morning — pretty handy, huh? Here's how to do it:

VA Hospital — use your modem software to dial 286-6854 (Parity-None, Data Bits-8, Stop Bits-1). When it connects, hit enter a few times until you see "USER NAME." Type in the letters <DHCP> (without the brackets), and press enter. Then you'll see "LOCAL>." Here, type <C DHCP> (include the space) and press enter. Then you'll see "USER NAME" again, and you should type <DHCP> and enter again. Now you should see the standard VA screen with access code and password. (I'm told this works for Mac users as well, but I haven't confirmed it yet).

DHIS — Because DHIS uses a lot of function keys (e.g. alt PF3), you can't just call in. But DHIS makes a script file that solves this problem, which is available at DHIS (or from me). Unfortunately, this script only works on the modem software PC-Plus. Once you have the script and PC-Plus, you just load the script into your PC-Plus directory and type PCPLUS/FDIALDHIS, and this gets you in. This script is also available for Macusers. If you happen to know how to reassign keys through your modem software, then you can forget the script and reassign the function keys for your keyboard. In this case, you can just dial 684-8703 (Parity-Even, Data-7, Stop-1).

So if you have a Mac or an IBM compatible, it may be worth \$50 or \$60 for a modem, giving you access to DHIS, the VA, Medline, the Library online catalog, and the DUMC Bulletin Board System, to name a few!

If you need any additional computer-related information, don't hesitate to call me at 382-0203.

# News Capsules

Michael Weiner

**Folic acid before pregnancy may prevent first occurrences of neural-tube defects.** The neural tube develops and closes in the first four weeks of pregnancy. Researchers studied 4,753 women who became pregnant at least one month after being issued supplies of either vitamins or trace-element supplements for daily consumption. Tablets were supplied until the third month of gestation. Prevalence of neural tube defects was significantly lower in the vitamin group (no defects) than in the trace-element group (2.9 per 1000). Although the vitamin supplements contained numerous vitamins and elements, including 0.8 mg of folic acid, prior studies suggest that folic acid is a key factor in the beneficial effect. The minimum effective dose and the significance of pre-therapy folate levels remain unknown. The U.S. Public Health Service recommends that all women of childbearing age consume 0.4 mg of folic acid daily [A.E. Czeizel and I. Dudás, NEJM 327, 1832 (1992); I.H. Rosenberg, *ibid.*, 1875].

**Paclitaxel [Taxol] is approved for refractory ovarian cancer.** Ovarian cancer often recurs following an initial response to drugs such as cisplatin. Taxol reduces tumor size by at least 50% in 20-30% of patients. Side effects include alopecia, leukopenia, and peripheral numbness. Adequate supplies of Taxol are expected, despite its derivation from the bark of the Pacific yew tree. Researchers are also looking for alternative sources [FDA BBS, 12/29/92, ref. P92-43].

**Rifabutin [Mycobutin] is the first approved drug that prevents *Mycobacterium avium* complex (MAC) in patients with AIDS.** The potentially fatal MAC is present in 25-50% of patients with advanced AIDS. Symptoms and signs include fever, night sweats, weight loss, fatigue, abdominal pain, severe anemia, and liver dysfunction. Rifabutin decreases the chance of acquiring MAC by about 50%. Common side effects include rash, GI symptoms, myalgia, arthralgia, and discolored urine. Selective leukopenia is the only serious side effect [FDA BBS, 12/23/92, ref. P92-41; AMN, 1/18/93, p.19].

**Growth of many neurons does not occur at the tips of neurites.** Fluorescent lipid analogs were incorporated into neuritic plasma membranes of cultured *Xenopus laevis* cells. As the neurites became elongated, the centers of fluorescent distribution moved

forward, towards the tips. The rate of membrane flow increases with distance from the soma, suggesting that a neurite grows at the soma and along the neurite, not at the growth cone. Surface particles appearing to remain stationary during growth may actually have transmembrane anchors to a mobile cytoskeleton [S. Popov *et al.*, Science 259, 244 (1993)].

## Shifting Dullness Staff

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# What is the Organization of Student Representatives (OSR)?

Douglas Skarada

## History of the AAMC

Twenty-two medical school deans founded the American Medical College Association in 1876 to work for much-needed reform in medical education. In 1890, 66 medical college deans met to revitalize the group under its present name (AAMC). The 1910 Flexner report, sponsored by the Carnegie Foundation for the Advancement of Teaching, provided the impetus for consolidating major reforms in academic medicine, including the rise of university medical education.

During the ensuing decades, the Association turned its attention to studies of the medical education process. World War II produced extraordinary problems and demands on the nation's medical schools for service and research. In the following years, the AAMC expanded its efforts and broadened its focus to include all of the activities—education, research, and service—under way at member institutions. A major restructuring of the Association followed the 1965 Coggeshall report "Planning for Medical Progress Through Education." The association was transformed from a "dean's club" to a national organization representing four constituent bases: medical school deans, teaching hospital directors, faculty, and students.

The AAMC's members include all of the U.S. and Canadian medical schools, 400 major teaching hospitals (including 70 VA medical centers), and 90 academic societies (e.g., the American College of Physicians). AAMC's governing bodies are the Council of Deans (COD), Council of Teaching Hospitals (COTH), Council of Academic Societies (CAS), Organization of Student Representatives (OSR), and Organization of Resident Representatives (ORR).

## AAMC Governing Structure — The OSR

In 1968, the AAMC passed a resolution calling for the development of mechanisms for student participation in the affairs of the AAMC. Two years later the assembly adopted an addition to the by-laws creating OSR. At the 1971 AAMC Annual Meeting, the OSR was created with the following intentions: To facilitate the expression of students' ideas and views; to bring students into the governance of the AAMC; to foster the exchange of ideas among students and other concerned groups; and to facilitate students' actions on health care issues.

The OSR differs from other medical student organizations in that, while all students are "members"

of the OSR, only one official and one alternate delegate can represent each school. Until recent years, Duke Medical School was a passive participant in the OSR because of a lack of structure necessary to maintain continuity between the medical school classes. Consequently the following system has been adopted. The Duke OSR selects a representative from each class in their first year. This representative will serve for the following three years. Larry Kelly (MS IV) is the senior official representative, Chris Cabell (MS III) is a national officer who sits on the 12 member Administrative Board and is a voting member of the National Assembly, and Douglas Skarada (MS II) is the alternate representative. The representatives' responsibilities include submitting articles to *Shifting Dullness* that update the student body on the progress of OSR projects, organizing letter-writing campaigns to influence Congress and officials of federal agencies on current issues, functioning as the Duke spokesperson at National and Regional Meetings of the OSR and AAMC, and reporting the results of these meetings to the student body. Hopefully with this new structure the Duke OSR will play a more active role in *Shifting Dullness* and in representing Duke on the regional and national levels.

## Clinton (from p. 11)

business as usual in Washington.

Seventh, Clinton promised an immediate executive order upon taking office that would prohibit discrimination against gays in the military. In the wake of a great deal of resistance from military leaders and the fact that Clinton needs friends in the military (given the situations in Bosnia, Somalia and Iraq) he has softened his position and claimed he needs more time to fully examine the issue.

During the campaign, Clinton was smooth as silk and promises rolled off his tongue like Toyotas off an assembly line. In the transition period he has demonstrated a marked lack of backbone, willing to reverse his position and discard promises under opposition from a multitude of sources. Whether one is for or against Bill Clinton's broad and far ranging proposals, initial indications are that he has neither the will nor the integrity to deliver.

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## February Calendar

### ART

Duke North Hospital Mars Display Cases: Selections from the Durham Art Guild's 38th Annual Juried Show, through 2/5. Mixed media paintings by Sarah Kimbrough, through 2/8. Black contributions to medical science presented by Student National Medical Association, 2/1-2/8. Posters and prints by African-American Artists, 2/8-3/5. Hand-painted fabric pillows and framed wall pieces, 2/5-3/1.

Duke North Hospital Courtyard: Clyde Jones' Critters fashioned from logs and found items, through 3/93.

Morris Building Rauch Display Case: Fish Leaping, Mermaids Singing, Dark Doors: Raku by Carmen Elliott, through 2/26.

Duke South Main Display Case: Handcrafted objects in exotic wood by Ed and Linda Karolak through 2/2. Decoys by Chris Staley, 2/2-3/2.

### LITERARY LUNCHTIMES

Fridays at noon in the Hart Conference Room, 3054 Yellow Zone, Duke South.

February 5: "The Kind of Light that Shines on Texas," short story by Reginald McKnight.

February 12: Valentines.

February 19: "If There's Anything You Want to Know," short story by Susan Thames.

February 26: "The Waiting Room," short story by Peter Taylor.

### DANCE

February 6: Urban Bush Women, "Life Dances," at 8 p.m. in Reynolds Industries Theater.

February 11-21: Theater 93—New Plays.

February 26-28: "Our Town," by Thornton Wilder.

### MUSIC

February 3: St. Olaf's Choir at 8 p.m. in Baldwin Auditorium.

February 7: Encounters with the music of our time, "Sacred Works/ Sacred Space:" Masterpieces of contemporary choral music, at 4 p.m. in Duke Chapel.

February 13: The Ciampi Quartet at 8 p.m. in the Nelson Music Room, East Duke Building.

February 16: Nigel Rogers, tenor at 8 p.m. in the Nelson Music Room, East Duke Building.

February 17: Duke Symphony Orchestra with student concerto competition winners at 8 p.m. in Baldwin Auditorium.

February 19: The North Carolina Symphony with Sharon Robinson, cello, at 8 p.m. in Page Auditorium.

February 21: Coppelia, performed by the Royal New Zealand Ballet, at 7 p.m. in Page Auditorium.

February 24: The Uptown String Quartet, at 8 p.m. in the Griffith Film Theater.

February 27: Tokyo String Quartet, at 8 p.m. in Reynolds Industries Theater.

February 28: David Arcus, Chapel Organist at 5 p.m. in Duke Chapel.

### FILM

February 8-14: Asian Film Festival, call 684-4130 for more information.

### SPECIAL EVENTS

February 3: "Why medicine is bad for our moral health, lecture by Stanley Hauerwas, Ph. D., Divinity School Professor, at 10 a.m. at The Forest at Duke, 2701 Pickett Road.

February 9: "The concepts of Performance Practice and the use of original instruments," with Bruce Berg of the Ciampi Quartet and Tibor Szasz, Professor of Music, at 10 a.m. in the Nelson Music Room, East Duke Building.





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# Announcements

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The Methodist Home for Children, located at 808 Knox Street by the Northgate Mall, provides a residential environment for academically troubled youths 10-18 years old. Its aims are to improve learning and provide scholastic encouragement. The teachers running the program are looking for tutors in chemistry, biology, and Spanish. Time commitment is approximately ninety minutes per week. If you are interested, please contact the Home at 683-2490.

## **New Basic Science Course Offered for Third-Year Medical Students**

The Duke Comprehensive Cancer Center is pleased to announce that a new third-year basic science elective course will be offered during the fall semester of 1993. Entitled "The Basic Science of Oncology", the course will be directed by Jonathan Horowitz, Ph.D. of the Division of Cell Growth and Regulation and Edward Halperin, M.D. of the Department of Radiation Oncology. The course number is Radiation Oncology 228.

Cancer is one of the leading causes of morbidity and mortality in the United States. For the student headed for a clinical career, an understanding of the underlying basic science concepts of cancer causation and treatment will provide a sound foundation for an important part of clinical practice. For the student interested in clinical or basic research, cancer investigation provides a route for approaching a wide variety of fascinating topics. The full-semester, three credit course will present sequences on genetics and the biology of cancer - including oncogenes and tumor suppresser genes; viral, chemical, and radiation carcinogenesis; regulation and loss of regulation of cell proliferation; the biology of metastasis; tumor markers, hormones and cancer; tumor immunology; tumor blood flow; cancer pharmacology; radiobiology; hyperthermia; medical physics related to cancer; and cancer epidemiology. In all cases, the course directors wish to relate the findings of basic research to the clinic.

The faculty will be drawn from several departments at Duke and N.C. State University. Lectures will be supplemented by readings from selected textbooks and the primary literature.

Class times will be Tuesday, Thursday and Friday from 9:30-10:30. For further information call Dr. Edward Halperin at 684-3196.

Shifting Dullness

## **NC Student Pediatric Society**

Dear Fellow Medical Students,

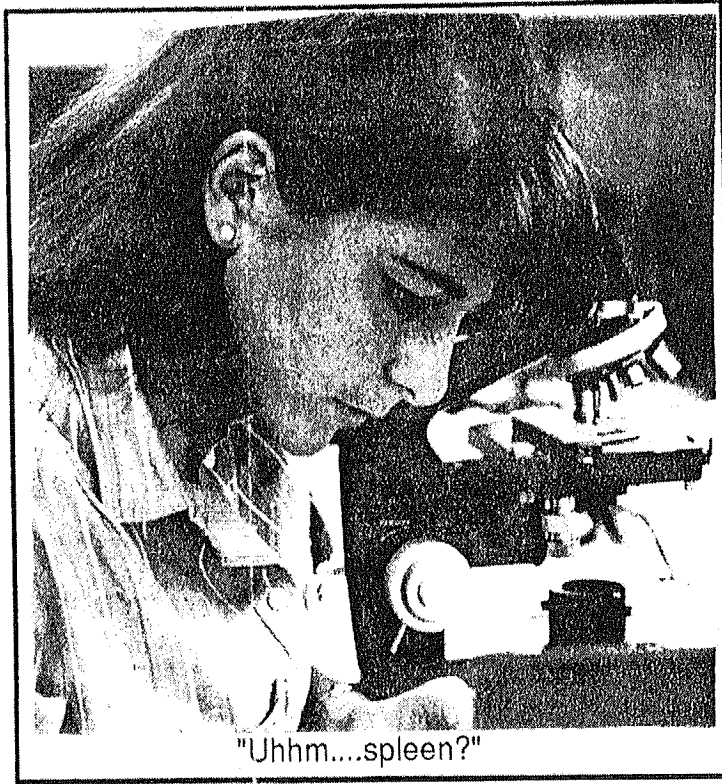
I am writing to inform you of an exciting opportunity. While the North Carolina Academy of Family Physicians has a section for student members, the North Carolina Chapter of the American Academy of Pediatrics/NC Pediatric Society does not. With the help of Dr. Thomas G. Irons, I was allowed to attend the annual meeting of this chapter and present to the executive committee the idea of starting a Student Section. The committee members were all enthusiastic about this and gave us their full support. This will give students who are interested in pediatrics the opportunity to become involved at the state level with practicing pediatricians. Students may be appointed to committees and meet with these committees at the annual meeting. I believe that we can not only learn ourselves, but can also bring in valuable new viewpoints to the organization.

We will be able to join at a low yearly cost. A workshop especially for students is planned for the spring meeting this year. Students will also be able to learn about fourth year rotations and various residency and practice opportunities while attending the meetings.

We are still in the early stages of establishing our section. The executive committee will vote on proposed by-laws at the November meeting of the NC Medical Society in Pinehurst. I am interested in obtaining a list of names and addresses of students from each of the four schools who may be interested in joining such a section. Your suggestions are also welcome. Please feel free to write or call me anytime. Karen E. Curtis, MS-III, R-10 Doctors Park Apartments, Greenville, NC 27834 (tel.. 919-758-8354).

**Students on military scholarships** have formed their own student association, the Military Medical Student Association. Dues for the organization are \$5 per year, which essentially pays for their publication. The address to join is: Military Medical Student Association c/o USUHS, 4301 Jones Bridge Road, Bethesda, Md 20814, For more information or to see an application contact Linda Chambers.

**Let's give a big congratulations** to Garth Barbee, who got engaged to Sara Murray over Christmas holiday.



"Uhhm....spleen?"

## Two Poems by Stan Rice

from "Singing Yet"

### The Bones of Woe

Golden are the bones of woe.  
 Their brilliance has no place to go.  
 It plunges inward,  
 Spikes through snow.

Of weeping fathers whom we drink  
 And mother's milk and final stink  
 We can dream but cannot think.  
 Golden bones encrust the brink.

Golden silver copper silk.  
 Woe is water shocked by milk.  
 Heart attack, assassin, cancer.  
 Who would think these bones such dancers.

Golden are the bones of woe.  
 Skeleton holds skeleton.  
 Words of ghosts are not to know.  
 Ignorance is what we learn.

### Look!

Look! she is dead: no cover can cover her: look,  
 her hands are dead just as her face is dead: all of her is  
 dead:

where is the soul? she looked no lighter on the pillow  
 when it went.

My eyes fill with water that falls from under my  
 sunglasses:

when the bells ring: even the oxygen grieves:  
 surely this is not what she was meant for:

look! a shaft of light pierces the dustball: just that  
 effortlessly

she went.

## Second Opinions: The two faces of Bill Clinton

Greg Lucas

Last week at Bill Clinton's final press conference prior to inauguration, a frustrated reporter asked him, "can you list the promises you absolutely intend to keep, or are they all just 'goals?'"

If there is one message that Clinton has emitted during the short transition period it's that "fooling all of the people some of the time and some of the people all of the time" is enough people and enough time to get elected. In the span of just a few weeks following the election Clinton has, at the very least, hedged and in many cases completely reversed his campaign promises. In several cases, the positions he once lambasted Bush for taking, he now embraces as his own. Furthermore, Clinton's attitude seems to be one of mild irritation that anyone should be so picky about his "promises." The following is a partial laundry list of Clinton's promises and his post-election modifications.

First, and most importantly, there are Clinton's economic proposals which were the showpiece of his platform and clearly spelled out in his campaign manifesto "Putting People First." In a nutshell, Clinton promises to 1) cut the deficit in half, 2) "lower the tax burden on middle class Americans", and 3) increase federal spending on infrastructure by \$20 billion each of his four years in office. The newly elected Bill Clinton now maintains that the deficit was higher than he had figured and that it may be impossible to cut it by half. Middle class tax cuts are also out of the question and Clinton has even hinted at a gasoline tax. Lastly, several of his advisors have noted that an additional \$20 billion in spending may have been a bit overambitious, and Clinton will likely aim for a figure closer to 10 billion.

Second, Clinton promised to "reduce the White House staff by 25% and challenge Congress to do the same." Earlier this month, a transition official moaned in the New York Times that this is "a very difficult task" and that it will take Clinton time to reach this goal, if he is able to do so at all.

Third, Clinton attacked Bush during the campaign for his unfair treatment of Haitian refugees and proposed to "give fleeing Haitians refuge and consideration for political asylum until democracy is restored in Haiti." In the past two weeks nearly 400 Haitians died in a makeshift boat and U.S. officials in Haiti reported that around 200,000 more had begun building boats in light

of Clinton's campaign statements. Following these developments, Clinton went on Haitian radio telling all would-be immigrants that they would be returned to Haiti if discovered by U.S. patrol ships. Currently, there is an unprecedented naval blockade, involving 22 coast guard and Navy ships and a dozen aircraft, around Haiti in expectation of a feared exodus; hardly an open-arms greeting. Clinton's response to questions regarding this matter was that a good leader must be willing to alter his approach in response to changing circumstances. Ironically, it was Clinton's own half-baked and misleading statements which brought about the change in circumstances in the first place.

Fourth, Clinton attacked Bush for maintaining most favored nation trading status with China in the light of their poor record in humanitarian matters. Following the election, Clinton had a conference with Bush in order to discuss foreign affairs. Hours after this conference, Clinton reversed his position and stated that he intended to maintain current relations with China and felt that excellent progress could be made through channels that were already open.

Fifth, Clinton opposed Bush's educational choice plan that would allow lower income families more freedom in choosing schools for their children and establish genuine competition among educators. Clinton argued during the campaign that such a plan would benefit the wealthy, unfairly disadvantage public schools and increase segregation. Clinton's private life, however, betrays a slightly different agenda. Clinton himself was placed in a private Catholic school when his mother found the public schools in Hot Springs, Arkansas to be inadequate. Additionally, Clinton has enrolled his own daughter in a private D.C. school. Al Gore's kids have always gone to private schools.

Sixth, Clinton borrowed a major Perot theme in promising to purge Washington of special interest influences. Yet Clinton chose an old buddy, Ron Brown, as his Commerce Secretary. Brown is a Washington lawyer who is a well known lobbyist for the Haitian government and a multitude of Japanese (gasp) companies. Additionally, Hillary Clinton's brothers were lobbying big business to foot the bill for the costly inauguration parties. Indeed, it seems like

(See Clinton, pg 6)

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## Dear E Bach

Dear E. Bach:

Why is it that if one man kills another man in battle he is considered a hero, but if he kills him in the heat of passion it's called murder? Hello.

Seriously, Bach, I am appalled at the fact that your column frequently, if not always, discusses the male/female thing from the spineless male perspective. I cannot stand it anymore - women can go to battle, too. Let me commence by listing a few loser pick-up lines used on me in the past by feeble males:

1. "Are you from North Carolina? You don't have an accent."
2. "I've just made some new tapes and bought a six pack of diet coke. How about a road trip to Chapel Hill?"
3. "I used to get ripped with Arnold."
4. "Would you like me to hold that towel for you?"
5. "Your smile could melt butter."
6. "Here. Let me fill you in."
7. "This is my friend. He's kind of shy."  
(In less than two hours he was trying to tear off my clothing).
8. "You must be tired." I asked him why, and he said, "Because you're always running in my dreams."

C'mon guys, hey! You can do better than that! Another thing - how can you consider yourself part of the male 'species' if you drink Little King beers? Or worse yet, you leave a couple ounces of beer in your cup, unable to finish the rest. Really! It's not the fact that drinking beer is macho - it's more than that. It's a style. I like a man who takes life to the fullest, gulps it all down, and gets the job done.

Another thing - all you sprocketheads. Having a large surplus of motion-limiting muscle mass is not a 'must' to attract girls. I've gone out with plenty of males who were smaller than you, E. Bach (from the waist up, that is), and they were true gentlemen, as well

as romantic. If a man has a nice physique, that's nice, but not everything. This goes for women as well. I have plenty of nice friends (interested in a blind date?).

So now that we've settled these unimportant issues (dating, sex, beer, and pumping iron), can we discuss more pertinent issues to the medical community, for instance the differential diagnosis of diarrhea seen in AIDS, commercial names for the cephalosporins, and eponyms for the physical findings in aortic insufficiency?

Sincerely,  
Patty

Dear Patty,

Haven't we met somewhere before? Are you sure we didn't have a thing way back when I was still getting carded at local watering holes? Judging from those classic pickup lines, do I sense that you have been loitering too long at Blue Chips, waiting for some diminutive prince charming in a double-breasted leisure suit to offer you a Natural Light? Get in the game, Toots.

On the other hand, your letter is the first to awaken my irascible literary nature. All right, the next paragraph is the first and last time E Bach will wax defensive.

Esquire magazine once said that a real man has, among other accomplishments, watched golf for an entire afternoon. Well, I must be a meagre measure of a man against that yardstick, and short of serious illness I will never entertain such insufferable boredom. Anytime you classify do's and don'ts, macho and effeminate, brutish and genteel for men you're already setting up expectations. I'll drink Little Kings, O'Doul's, Bud, Genny 12-Horse or Diet Snapple if that what suits me, and I don't give a frog's fat ass what Arnold or any one else consumes. In E Bach's estimation, man can only commune with his inchoate

nature by doing what comes naturally, regardless of norms. If you want to see the Matisse exhibit clad in a Gold's Gym cut off T-shirt that says "Get Big," then I say "Salut!" Truth to tell, I am appalled at the dearth of refinement in today's coeds. Where is the person, male or female, who can appreciate the sexuality of Debussy or the maelstrom of a Wagnerian opera? Please step forward and release me from my imagination. Finally, I am flattered that you have set me as the physical standard against which men should be judged. Let me alert you, however, to the men three times my size who breakfast on an gluteal injection of their favorite steroid and dwarf my performance on the bench press. Who ever said physique was everything? I have yet to meet a woman who really finds men of Arnold's stature attractive. Men know that consciously, but the idolatry we have for herculean protein monoliths like Arnold is more archetypal, and less envious, than simply another man who is more attractive to women. Talk to the

makers of our comic books, cartoons and commercials to find out why they would exploit our psyches and sentence us to lifelong dreams of grandeur. Contrary to popular dogma, being a man isn't a condition free of trials, tribulations and monkeys on our backs. Does anyone have a tissue? When does that men's support group meet?

I have unquestionably overstepped my literary license by making that paragraph too long. Tough shit. In closing, I encourage you to live by the following tenets: don't advertise, make friends, listen, assume good intentions, read fairy tales and get sculptured with Arnold.

In hopes the this year's events are salubrious and sociable,

I remain  
Nonpareil,  
E Bach



Seconds later, this MSI plowed into a mailbox.

# The Septic Skeptic\*

\*formerly "Purely Purulent"

Fred Rimmele

What a bunch of weenies we third year students are. Why? Well, to understand the pathogenesis of our weeniedom I suppose one should start with first year.

First year, a harrowing experience at best, filled us with such ennui (for you non-lit majors, that's a feeling of weariness and dissatisfaction, often colloquially used synonymously with utter skull numbing boredom) that we desperately looked towards third year as a respite from such worthwhile lectures as congenital Mo-Fe cofactor deficiencies, preferred growth media for fungi, and the ejaculatory force generated in equine orgasm. "Just wait 'til third year," we used to say, a dreamy quality diffusing into our otherwise glazed eyes. "We can sleep in. Go out every night. Road trip on the weekends. How sweet it will be. Just wait 'til third year. Yeah." And then the glazed look seeped back (often suffused with a sense of mild panic and/or dysthymia). "Whoops, gotta go and memorize the genetic structure of seventy eight viruses so I can identify them clinically as a physician."

First year finished (none too soon, I might add) and we dove eagerly into second year. While most felt it was a vast improvement over our previous fourteen months, we still had to deal with the nicks and scratches associated with sliding down the razor blade of life known as Duke Med. Like waking up terminally ill women at 4:30 AM so we could write a note that was destined to be ignored in the chart, or like calling in Surgery consults and being told never to call again because medical students have no business calling in consults, or dealing with all those personality disorders on the wards (and I'm only talking about certain attendings and residents). "Just wait 'til third year", we used to say, a dreamy quality diffusing into our shadowed, bloodshot eyes. "We can sleep in. Go out every night. Road trip on the weekends. How sweet it will be. Just wait 'til third year. Yeah." And then we'd promptly fall asleep into the sterile field.

Well, third year is here. But where are the road trips? The daily parties? The veritable orgies of somnolence?

They seem never to have materialized, and even the battle cry of the first two years - "Just wait 'til third year" - has been insidiously replaced by another motto: "I can't. I have to be in lab." Sure, there are variations, like "I can't, I have to be in Grand Rounds tomorrow," or "I can't, my columns will be running until 2 AM" or even "I can't, my cell cultures get lonely and fail to thrive if I don't sing them to sleep every evening." But the basic message - "I can't. I have to be in lab" - is pervasive.

I have a theory on how this all came about. Basically, we've been whupped. Turned into workaholics by the grind of the system. Unable to fully relax and watch "Ren and Stimpy" without feeling pangs of guilt about the non-educational use of our time.

"But wait," you counter, feeling mildly peeved at having been branded a weenie in such an elegant and persuasive fashion. "Maybe your perceived lack of a third year social life is due to the fact that you personally lack a third year social life. We're fine; you're the loser, Fred. Lord knows you certainly lacked a social life in first and second year."

Good point. Very good point. I thought about this one in advance for quite some time and realized what a potentially damaging counter argument it was. However, I took an informal poll, and four out of five doctor wannabees confirmed our general weenie-ality and recommended that we lighten up during third year ( $p < .005$ ). Counter argument dismissed.

So why do I bring this all up? Mostly as a warning to the first and second years. You see, the prospects for recovery from weeniedom is dismal. A recent study in JAMA reported that weeniedom spontaneously regresses in only 14% of cases, with those afflicted suffering a deteriorating course characterized by increasingly compulsive work habits and declining levels of spontaneity and humor, with death usually due to a catastrophic cardiovascular event. Usually, the only cure is prevention.

Think about it.

