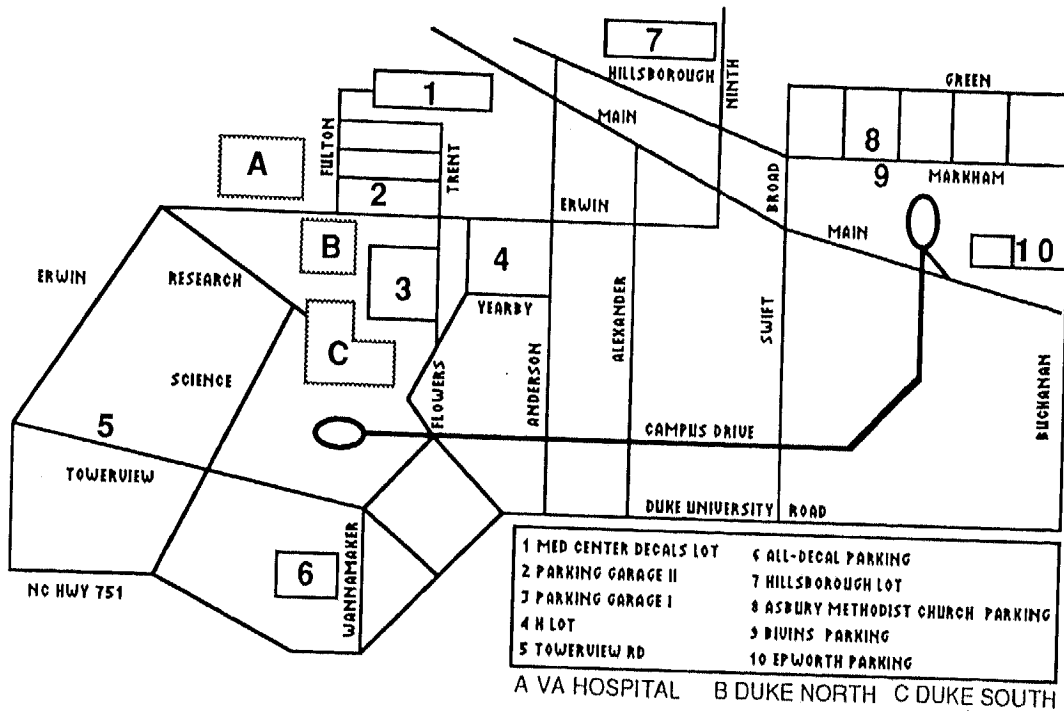


October 1989

# Shifting Dullness



## Shifting Dullness asks: "Where do you park?"

The map above indicates the places where med students can park. Note that all require parking decals, available at the Parking and Traffic Office located beneath Parking Garage II. Note also that students may park in either Parking Garage only if they leave between 9 pm and 9:30 am on weekdays, or anytime over the weekend. Remember that almost all parking places on the Duke campus are usable by students with any decal between 4 pm and 7:30 am on weekdays, and anytime on weekends (exception : gated lots are open 4:15 pm to

6 am on weekdays, and from 1 pm Saturdays through 6 am Mondays). For complete details refer to the parking map available from the Parking and Traffic Office. Also note that Duke Transit buses run from East Campus (where some lots are) to West Campus (stop by the Bryan Center Information Office to pick up bus schedules), as well as from the Yearby H-lot and the Hillsborough lot to Duke South (stop by the Parking and Traffic Office to pick up bus schedules). See inside

# Second Opinions

## Pre-Roe in Post-Webster Era

Leslie Rokoske

Prior to Roe vs. Wade, the Supreme Court decision giving a woman the right to decide her own reproductive fate, and thus have access to safe and legal termination of her pregnancy, the few physicians who performed illegal abortions had to rely on an underground network of doctors, thereby putting themselves at incredible professional risk. Talks with 15 of these physicians and 25 other doctors involved in referring women for abortions in the pre-Roe era was the focus of a recent study and lecture by Bryn Mawr College sociologist, Carole Joffe.

In her presentation, Joffe defined three categories of those who performed abortions: physicians, those with little or no medical training (ie. midwives), and women who aborted themselves. She further subdivided physicians into "butchers," namely alcoholic, drug-abusing or incompetent doctors who did abortions solely for money and were responsible for many "botched" abortions, and those who performed abortions as a matter of conscience and were in the mainstream of practice.

Joffe spoke about a subset of 15 of these 40 doctors involved directly in performing abortions. She described the general ways in which the abortions took place: the physician would dilate the woman's cervix and tell her to go to the hospital complaining of a miscarriage, or he would dilate the cervix and perform the curettage in the hospital himself. Alternatively, he could perform the abortion in his own office, albeit with rudimentary equipment and knowledge. Joffe pointed out that at that time there were no articles on perforations, peritonitis or other complications for the physician to turn to. A third way in which these physicians performed abortions, according to Joffe, was to "manipulate the hospital setting," by convincing others that a legal abortion (i.e. to save the life of the mother) was warranted. She recounted the story of a family practitioner whose secretary's daughter, an accomplished high school senior, had become pregnant. Not having the expertise

to do the procedure, the physician called the chief of OB/GYN at the local hospital to tell him that the young pregnant woman had rubella and therefore a legal abortion could be done. What stood out in all of the examples Joffe gave was the extent to which these physicians "put their careers on the line."

The next aspect that Joffe explored was why these physicians did what they did, and asked if there was a common thread that united these physicians. She pointed out that not all of these doctors were from a liberal, activist background, which we commonly associate with the pro-choice movement today, and that many of them were religious individuals. What united these physicians was their "offended professional sensibility," said Joffe, the idea that they were trained to save lives, yet were kept from preventing lives lost to illegal abortions. It is estimated that between 5,000 to 10,000 women died annually during the pre-Roe era secondary to illegal abortion, with many women maimed. And, the high rate of infertility among black and poor women, now in their 40s, is thought to be in part a consequence of the pre-Roe years.

There are "structural differences" between the pre-Roe and post-Webster eras, Joffe pointed out, which would make such an extensive network of illegal abortions next to impossible. The visibility of competent physicians who perform abortions (only 33% of OB/GYNs) and the strong right-to-life movement, a creation of the post-Roe era, who will (and does) target these physicians, are the most prominent differences between the two eras which would preclude the existence of such a network.

For those interested in discussing the changing environment of abortion accessibility and other issues impacting on women's lives, please come to the Interdisciplinary Women's Caucus get-togethers, every other Thursday at 9th St. Bakery at 6 pm. The next meeting will be Thursday, Oct. 12th. Also, for those interested, a March for Women's Equality/Women's Lives will take place Nov. 12th at the Lincoln Memorial in Washington, DC. This mobilization of people who support reproductive freedom will carry on the massive outpouring of support demonstrated by the April 9th March for women's right to choose. More information about groups that will be car-pooling or chartering buses will appear in the November issue of Shifting Dullness. The March is sponsored by the National Organization for Women.

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# Medicine and Art

Kenny Boockbar

Many medical school administrations, including Dean Graham's Office at Duke, have made a recent effort to try to get medical students interested in the arts, or at least to encourage students to continue their creative pursuits while in medical school. At Duke the school months are filled with opportunities to go to concerts with tickets provided free by the Dean's Office, to read and discuss fiction or poetry over lunch, to participate in dramatic readings, or to express one's talents: activities all sponsored by Cultural Services of the medical school. Civilization has acknowledged for centuries that art has a humanizing influence on people, including doctors. The administration encourages art simply because it is good for the emotional health of everyone, student-doctor or not.

Yet the administration's recent campaign for the arts also reflects the general public's concern that medical students in the past have lacked humanitarian training and have developed into doctors who are insensitive to the emotional and ethical issues that arise continually in their work. Exposure to cultural arts - music, painting, dance, drama, writing - and to bioethics - for example through the new "Clinical Arts" course taken by first year Duke medical students - should sensitize doctors to the different perspectives of patients and to delicate issues. Though the Dean's Office might like to endorse "art for art's sake," teaching art appreciation to medical students is obviously secondary to teaching patient appreciation. The administration does not expect to convert unsuspecting medical students into art lovers, just to help them gain a better understanding of themselves and of other people through art.

There are medical students, though, who see art as far more than a tool, who relish more than others the cultural opportunities made available to them. Unfortunately, they may be surrounded by students tolerant of, but not overly enthusiastic about, "clinical arts". The difficulty of having to reconcile a career in medicine with an excitement about art is not addressed by the administration, which strongly encourages a mixing of the two. The esthetically sensitized student obviously cannot become *too* sensitive, or else that student will be torn apart by the emotional trials of patients. There is an inherent conflict between the necessary cool objectivity of the doctor as scientist and the expected warm sensitivity of the doctor as healer. These are unresolvable but casable conflicts related to art.

If one describes an artist as someone who moves people, whatever the means, then a doctor is an artist. In

fact all occupations through which people can affect other people in significant ways can be called "arts." The medical student may find that the emotional challenges that must be faced in taking care of patients are even greater than those faced in writing a story, or painting a scene. Like great artists, doctors strongly influence people whom they touch only briefly. Yet unlike artists, doctors cannot escape this effect they have, and despite the fact that they may not be experts in understanding people, doctors are always responsible for their influence on people. Acknowledgment of this responsibility and of this lack of expertise has resulted in such courses as Duke's "Clinical Arts" and cultural arts programs. A doctor has to be creatively sensitive with people, and artistic and non-artistic medical students alike can consider this an artistic challenge. The doctor's medium is the most delicate, but beautiful, one of all - human life.

Lost - If anyone inadvertently picked up my computer discs (Maxwell, Verbatim and a Mac disc) from CTL on 9/26 please return them to Carol or myself (Scott McKee). Thank you.

*Shifting Dullness* accepts letters of opinion from all members of the medical school community with encourage responsible dialogue. Opinions expressed do not necessarily reflect the opinions of the editorial staff. Submit responses to the *Shifting Dullness* box in the Alumni Affairs Office or mail to PO Box 2765 DUMC, campus mail.

## Staff

Editors	Kenny Boockbar Stefano Gazzaniga Melissa Corcoran Susan Hazzard Holly Lisanby
Student Bodies	Diane DeMallie Debbie Shih
Events	Rowena Dohr
Humor	John Armitage
Business Manager	Melissa Corcoran
Graphics and Layout	Stefano Gazzaniga Melissa Corcoran Holly Lisanby

# Student Bodies

## Davison Council

Diane DeMallie

Have you ever wondered what goes on in Davison Council meetings? This year the Davison Council has a publicity committee to let everyone know what's happening. So look for a condensed version of the minutes every month in *Shifting Dullness*.

Subcommittees of the Davison Council formed this year include the service, social, budget, elections and awards committees. Every member of the Davison Council serves on one of these committees. The service committee, headed by Shauna Farmer, accomplished a major project in September. An Activities Fair for first year students was held in which groups and activities spoke to recruit more students. Shauna has kept busy with the Elections and Awards committee sending notices to eligible students for awards such as the CBA-Geigy Award for community service. The elections committee has helped to choose students for positions as student representatives to the admissions committee, medical student representatives to the University Judicial Board, and reps to GPSC. Most recently, Davison Council elections were held for first-years.

Jim Schuster, the Social Chairman, has been planning fun and safe social events including Dr. Vogel's party on October 14, a Surgery Renewal of Systems in November, and a Christmas party that may be held at the Weeping Radish. Herb Chen has started planning the 2nd Annual Davison Ball for Fri., April 6. House parties are welcome any time; if you want to have a party at your house, contact Jim Schuster.

The budget committee will become extremely important in the spring when the budget is planned for next year. Jim Dalton, Treasurer, has managed the Davison Council's money this year according to the budget designed by last year's Council. Distributing funds is one of the most important functions of the Davison Council.

Of student concerns discussed this year, PARKING has been a major issue. The Davison Council sent a letter to Mr. Harry Gentry, manager of Transportation and Parking Facilities, stating our position on the parking issue: basically, we need more parking close to the hospital! Mr. Gentry came to a Davison Council meeting to discuss the parking problem. One improve-

ment is that passes to the Duke South Parking Garage have been approved for female second year students on OB/GYN, Medicine, and Surgery rotations.

Mr. Gentry says the university as a whole does not have enough parking and he can't do much more to help us. However, we believe that both male and female medical students should have a higher priority on the parking hierarchy than they do now. Anyone who thinks parking policies need to change should send letters to Harry Gentry with copies to Dean Graham and Dean Puckett.

Concerning the medical school curriculum, many changes have already occurred in the first year class schedule. The third year of research may be changed considerably. Dr. Snyderman is interested in student input into the coming decisions about the curriculum. So we should take advantage of this chance to manage our own education! After all, who knows better what changes the curriculum needs than the people actually going through medical school now. The student section of the curriculum committee is led by Jim Bass.

The Davison Council has also addressed stress management for medical students. PASS, the Peer Assistance Support System, is planning a forum on Stress and Alcohol. In addition, Pickens Health Center is interested in giving workshops on these subjects. Both of these projects may be given in conjunction with Dean's Hours for first year students.

Finally, as always, we welcome any input from you. How should we spend our money? What programs should we work on? Talk to any Davison Council member with ideas, or attend a Davison Council meeting. Meetings are held every other Wednesday at 5:30p.m. in the Dean's Conference Room.

## Take Note MSIV's

TWA and Northwest Airlines are offering discount fares for students going on interview trips. TWA offers a 50% discount on regular coach fares or 5% above the lowest available price. The TWA program runs Nov1-Mar1 and may not apply during holidays. Call 800-325-4933 during business hours and give the Profile # 9911299. Students will be enrolled in the TWA frequent flyer program with 200 bonus miles. TWA offers 3 flights from RDU to St. Louis daily and one to Norfolk. Northwest Airlines offers 40% off coach fares or 5% off the lowest available price, however the closest city served is Norfolk (about 3 hours from Durham). Call 800-328-1111 and give code # 01033.

Here are some opportunities:  
Deans's Office

- Poem:  
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## Take a Culture

Here are some extracurricular, relaxing and challenging opportunities for med students, sponsored by the Deans' Office and the Cultural Services Office:

- **Poems/Stories** : All are invited to participate in 'Stellar Stories' (SS) or 'I Want to Read You a Poem' (IWTRYAP), held in the Dean's conference room, M133 Green Zone, Duke South.

Oct. 6 - IWTRYAP, 12-1 pm, bring a poem by Wallace Stevens.

Oct. 13 - SS, 12-1:20 pm, call 684-2027 in advance to receive a copy of the story for the session.

Oct. 20 - IWTRYAP, 12-1 pm, open reading.

Oct. 27 - SS, 12-1:20 pm, call 684-2027 in advance to receive a copy of the story for the session.

Coming late or leaving early is all right. Any questions or suggestions to raise funds for guest poets, call Joy Javitz Stewart at 684-2027.

- **Room Services** : brings musicians, story tellers etc. into patients' rooms. Mon-Fri, 5:30-8 pm.

- **NC Symphony at Duke** : sign up in Florence Nash's office to win tickets for the performance of violinist Nadja Salerno-Sonnenberg on Oct. 26. There are 6 tickets, which will be drawn after an informal talk by Dr. Benjamin Ward, Assistant Dean for Residential Life, on the music and the artist.

- **"Doctors' Dilemmas"** : a new theater project for medical students. Volunteer actors will be coached in creating improvisational dramatizations of selected short stories on doctor/patient themes to be performed before community audiences in the spring. Following the performances, invited humanities scholars from Duke faculty and elsewhere will act as moderators for discussions of related social and ethical issues. No previous dramatic experience is necessary. A distinguished professional actor and acting coach, Ann Shepherd, will work with students on acting and improvisational techniques. Contact Dr. Andy Puckett or Florence Nash in the Dean's Office, at 684-2498.

- **Cancer Patients Visitors Program** : invites 3rd year students to visit one to five patients with cancer for a few hours a week. For info call Justin Gottlieb (489-7372) or Andrew Wang (493-6287).

- **Theater Tickets** : call Joy Javitz to learn of any substantial discounts for medical students on local theater or touring companies of Broadway shows.

Any questions, contact Florence Nash in the Dean's Office (M123 Davison, 684-2498) or Joy Javits Stewart in the Cultural Services Office (085 Yellow Zone Basement, 684-2027).

## Shifting Dullness staff meeting

Oct. 9, 5:30pm in the Student Lounge,  
6th floor Green Zone. All are welcome!

### P.A.S.S.

Bill Adamson

The Peer Assistance Support System (formerly AIMS) counselors meet on a bi-weekly basis to establish the groundwork for a referral/counseling/education network for students concerned with non-academic, school-related problems. Some highlights of the P.A.S.S. questionnaire (based on 18% response from students) are listed below:

-34% and 33% of students felt that depression and loneliness, respectively, were significant problems for themselves. 42% and 56% viewed these issues as problems for their peers. Depression was by far the most frequent response for "single biggest problem in medical school."

-45% felt selection of career choice was a significant problem for themselves (56% for peers).

-32% of all respondents and 48% of MSI's considered fear of failure a significant problem.

-While only 5% felt alcohol abuse was a problem for themselves, 55% considered it a significant problem for their peers.

-Adjusting to med school in the first year was listed as a significant problem by 30% of respondents (36% for peers).

-42% felt excess advertising mail from the bookstore was a significant problem. We have yet to eradicate the problem and welcome suggestions.

-73% of respondents report they drink, 14% smoke marijuana, and 5% use cocaine. 19% replied yes to using drugs for recreational purposes. Of these, more than half wrote "EtOH only" in the margin.

The results indicated that students were most receptive to lectures by guest speakers, workshops, and using P.A.S.S. reps as referral sources for professional counseling. A brochure of referral resources available to Duke students will be distributed to MSI's. This fall, we plan to sponsor a panel discussion on substance abuse in health-care fields and conduct MSI small group meetings. Our hope is to target issues that concern the upper classes as well. We will elect counselors for the first year class in the coming weeks. Feel free to call with questions or suggestions: MSII - Mike Berend, Alison Weidner; MSIII - Mary Amato, Tom Oetting; MSIV - Bill Adamson, Laura Thomas, Kay Young.

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# Calendar of Events

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Rowena Dolor

## Special Events

- Oct. 6 - Oktoberfest, Crafts Fair, 10 am- 5 pm, West Campus Quadrangle, for food, beer and crafts; rock bands (including Royal Crescent Mob), beginning at 7 pm. In case of rain, the crafts fair will be in the Bryan Center, and the bands will play in Page Aud. - TGIF at the Hideaway, 5 pm.
- Oct. 7 - Dr. H. Keith H. Brodie, President, Duke University, State of the University address, 10 am, Gross Chemistry Auditorium.
- Oct. 10 - Studs Terkel, 8pm, Page Aud.
- Oct. 12 - Symposium: "Enriching the Minority Presence in Graduate Education" 12-1pm, Mary Lou Williams Center.
- Oct. 14 - Annual Pig and Chicken Pickin' at Dr. Vogel's House, 1 - 6 pm, on the corner of Murphy School Road and Mt. Sinai Road; free food and drink, plus volleyball, football and soccer! Please RSVP as soon as possible in the Candy Room.
- Oct. 20 - TGIF at the Hideaway, 5 pm.
- Oct. 26 - American Red Cross Blood Drive, 11:30 - 4:30 in the Duke South Main Lobby. Free cookies!
- Oct. 27 - American Red Cross Blood Drive, 11:30 - 4:30 in Duke North room 1103. Free cookies!
- Oct. 28 - Dr. H. Keith H. Brodie, State of the University address, 10 am, Gross Chemistry Aud.

## Film

Freewater Films, Bryan Center Film Theater, 7 and 9:30 pm; free with ID.

- Oct. 5 - 'Law of Desire'
- Oct. 6 - 'The Milagro Beanfield War'
- Oct. 12 - 'Matador'
- Oct. 19 - 'Women on the Verge of a Nervous Break down'
- Oct. 20 - 'The Thin Blue Line'
- Oct. 26 - 'Fritz the Cat' and 'American Pop'
- Oct. 27 - 'Alice' (midnight: 'Batman')

Quadrangle Pictures, Bryan Center Film Theater, 7 and 9:30 pm; \$3.

- Oct. 7-8 - 'Married to the Mob'
- Oct. 21-22 - 'Pet Sematary'
- Oct. 28-29 - 'Imagine: John Lennon'

## Art

- Sep. 1-Oct. 22 - Rage, Power & Fulfillment: The Male Journey in Japanese Prints, Main Gallery, Duke Museum of Art; closed Mondays.
- Sep. 15-Oct. 24 - East Campus Gallery: Doug Deneer, cibachrome photography, East Campus Library.
- Sep. 26-Nov. 8 - Peter Dean, paintings, Louise Jones Brown Gallery, Bryan Center.

## Theater

- Oct. 11 - Broadway at Duke, 'Working', 8 pm, Page Auditorium; tickets \$12-15, call 684-4444.
- Oct. 14 - Indian Dance Program, 8 pm, Page Aud.
- Oct. 17 - Nov. 4 - Hoof 'n' Horn presents 'Guys and Dolls,' Reynolds Theater, call 684-2072.

## Music

- Oct. 5 - Duke Jazz Ensemble, Baldwin Aud, 8 pm; call 684-2534.
- Oct. 7 - The Ciampi Quartet, Beethoven Quartets, 8 pm, Nelson Music Room, East Duke Bldg; free.
- Oct. 8 - Organ Recital, Delbert Disselhorst, 5 pm, Duke Chapel.
- Oct. 19 - Duke Artists Series, Warsaw Sinfonia, Yehudi Menuhin, conductor, 8 pm, Page Aud; \$19-25 (call 684-4444).
- Oct. 21 - Faculty Recital, Randall Love, fortepiano, 8 pm, Nelson Music Room, East Duke Bldg.
- Oct. 23 - The Durham Symphony, Tamara Smirnova Sajfar, violinist, 8 pm, Page Auditorium; tickets \$10 (call 560-2700).
- Oct. 25 - Duke Symphony Orchestra Concert, 8 pm, Baldwin Auditorium; free.  
- Music for Lute, Tim Burris, 12:30 pm, Duke Chapel; free.
- Oct. 26 - North Carolina Symphony Orchestra, Nadja Salerno-Sonnenberg, violinist, 8 pm, Page Auditorium; call 684-4444.
- Oct. 27 - Mary Lou Williams Jazz Festival, headliner tba, with the Duke Jazz Ensemble, Paul Jeffrey, director, 8 pm, Page Auditorium; call 684-2534.
- Oct. 29 - Mary Lou Williams Jazz Festival, Jazz on the Green, East Campus Lawn, 1-6 pm.

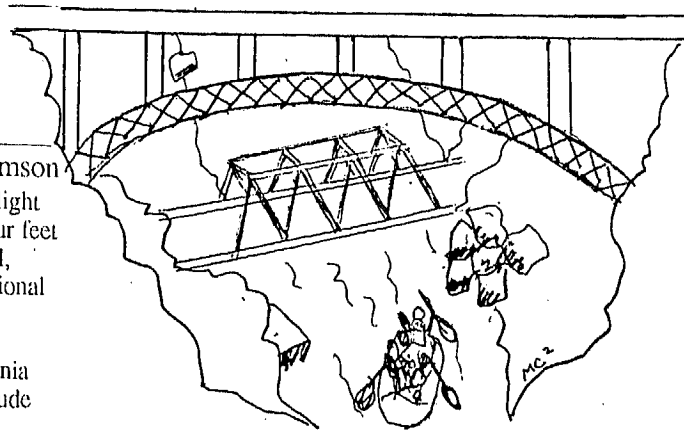
# Medical Adventures

Melissa Corcoran, Bill Adamson

Tired of the same ole, same ole? Fluorescent light instead of nature's rays... synthetic carpet under your feet instead of high meadows, scree, and boulders. Well, have we got a surprise for you! First, there is a national organization, the Wilderness Medical Society, that attempts to reconcile a medical career with that wilderness longing. The Society is based in California and puts out a newsletter with articles on high-altitude pulmonary edema, backcountry trauma, and water purification to name a few. Beginning in 1990, the Society will also publish the Journal of Wilderness Medicine. Dues are \$25 with details and/or application supplied by Bill (489-7372).

A significant file on clinical and research opportunities is also available. How about a fourth-year rotation at the Hillary Hospital in Nepal, or a third-year project in a high-altitude pulmonary physiology lab on Alaska's Mt. McKinley, or water purification research in the Rockies? The time to act is NOW... don't delay... you might miss the boat! There are also a few medical expeditions and programs connected with medical schools that give credit for participation in a primary-care delivery expedition to places like Nepal and Africa. Again call or write (Box 2705) Bill for further details.

Finally, for you hard core adventure lovers... a giant wall of water appears from nowhere and hangs for an instant overhead before crashing madly down around you. Disoriented and confused, a familiar voice from behind yells "All ahead... paddle together". "Paddle, you've got to be kidding.. I gotta hold on for dear life or I'm gonna fall outa this thing," you mumble to yourself. "Take a break!" You look up and you've made it through the first of many tests in your whitewater adventure. The boat you've been riding (and trusting your life with) is called a dory (pronounced 'dor-c': a flat bottomed row boat with a sharp prow, flaring sides and a flat triangular stern). The place- The New River in West Virginia. Only about a 3.5 hour drive from Durham, the New River raft trip provides the thrill seeker with 6 hours of rafting "over enormous waves, through crashing hydraulics, pulsating holes, and between house-sized boulders." You can also drift



through quiet pools, swim and relax when "the goin' not rough". Rapids on this trip have names like Surprise, Double Z, Greyhound Bus Stopper, and Miller's Folly. Also in West Virginia is the Gauley River which is the ultimate in terror. The raft trip claims over 50 rapids in 28 miles with names like Lost Paddle, Mash, and Pure Screamin' Hell. And just your luck, the Gauley runs only in September and October.

Whitewater fever may also be satisfied at the Georgia /South Carolina border on the Chattooga and Ocoee Rivers. Section III (the beginners trip) passes through scenic Sumter and Chattahoochee National Forests with multiple exciting class 3 and 4 rapids. Section IV (the advanced trip) includes plunges over several falls, dropping 75 feet in a third of a mile. As with all trips mentioned, they come with a licensed guide, room for 6 to 8 on a boat, all the equipment needed, and a gourmet lunch (assorted breads, meats, cheeses, vegetables, and fruits) on the river bank. Prices are reasonable (\$28 - \$60 for Georgia trips and \$56 - \$72 for West Virginia trips).

If you would like to plan your own adventure, then numbers to write down are 1-800-782-RAFT (New River and Gauley in West Virginia) and 1-800-868-RAFT (Chattooga and Ocoee in Georgia). Future plans are currently underway for group trips (and possibly discounts). If interested call Melissa at 544-5551. Until then, keep your head above water and "DON'T STOP PADDLING"!

## Quiz of Your Knowledge

Kenny Boockbar

Poor Charles - he sat staring at fill-in-the-blank number 12 (of 25) on Medical Biochemistry quiz number 2 (of 4). The quiz had been going well - ten minutes of easy, not-too-thought-provoking responses - until just before this moment when his concentration-link with the page had been broken. Around him he had seen students working on their quizzes, some of them seeming really content, as if doing some pleasant chore. Charles wondered. He knew there was an answer to #12. Objective quizzes had right and wrong answers, of which the ones that the grader posted were right. Charles thought back. He confirmed that he had studied all that was necessary to ace this morning's quiz. He had stayed in his room 48 hours this weekend in order to learn the details of all the reactions. Yet #12 read: "The enzyme (blank) catalyzes the conversion of (blank) into (blank), a deficiency of which causes the condition 'severe idiopathic medical omniopathy.'" Charles stared at the answer blanks as if something would appear there if he stared hard enough; but nothing did.

The problem with question 12 was not vagueness, which Charles was used to seeing. He could always overcome vague questions by writing down everything the class had been supposed to learn about that question. He could accommodate the grader's request for every single detail. #12, however, was unusual in its esotericism. It asked for something that he knew could not possibly have been mentioned in lecture or in the textbooks. #12 seemed to manifest something strange, a "motivation" not present in any other quiz Charles had encountered in med school. He could not identify exactly what struck him, but he knew there was something unusual about the seemingly straightforward question.

Charles recalled how he would deal with such problems in college. Often he could not understand the motive of an essay question on a history exam, for example. So, like other students, he would resort to

responding with some creative speculation, referred to by most students as "b---s---". Charles learned fast that there was no such thing as speculation with regard to medical school exams. The unknown deserved as little attention as possible, since there were so many known facts that one had to know. Charles was not even sure that there was any room left in his head for speculation.

Charles worried about the capacity of his brain. He was sure that everything he knew in college was being displaced by all the data he was memorizing in medical school. He regretted this situation, but he accepted it. While studying for the present quiz, he made a deliberate sacrifice by deciding not to try to recall any of the critical interpretations of Chaucer's "Canterbury Tales" that he had studied in English 115b - just so he could memorize the names of all the enzymes on this quiz. He consoled himself by believing that now he would be conversant in medical biochemistry. Now and forever he would be able to talk with doctors about patients' disorders and not waste any time by having to describe the reactions, reactants to products, that were inhibited - he would be able to state the deficient enzymes.

Which brought Charles back to the quiz in front of him. Here was an enzyme that he did not know, nor even the pathway involved. Perhaps his unwilling brain had clung to Chaucer... no, English 115b was undoubtably gone. Why did the answer elude him? Why was everyone else so content?

Then, in the midst of questioning, Charles realized he could not remember the enzyme because he had been told not to. There was a moment in class when the lecturing doctor said: "You don't have to know this so don't bother memorizing it." So he hadn't. But Charles had left a place in his head to make sure to remember not to remember it. Charles looked around him, greatly relieved. He was proud that he knew what he did not have to know, and wondered if anyone else would get question number 12. Looking forward to acing the rest of the quiz, Charles contently filled each of the blanks of question 12 with the answer "did not have to know."

THE ORIGINAL  
"LIFE FLIGHT"

