

Shifting Dullness

April 1, 1995

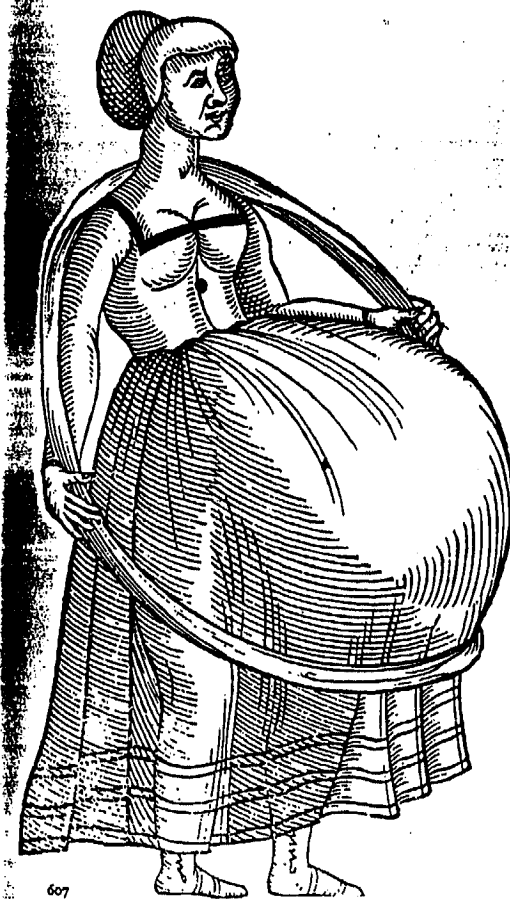


Illustration in Ambrose Pare, Oeuvres (1575) with the caption; "An Admirable way for a woman to carry 20 Infants."

In this Foolish Issue of Shifting Dullness:

•Interview with Dr. Kevorkian:

'He is willing to assist you in your studying.'

•An MS III Hibernates for 8 Months; Gets Paper in NEJM

•Gross Anatomy Shortened to Two Weeks

•Last Issue of SD; see back page

Crystal Ball



Crystal Bernstein

This month, I planned to talk about how the hospital is a crazy place that is like a beehive after being whopped with a baseball bat, or how I thought I had Pickwickian Syndrome but I'm not even slightly obese or how maggots can be used for therapeutic purposes or about "mechanic panic" (see the real issue this month), but the editors decided to put an end to my long sentences and instead just say:



Happy April Fools Day!! The cover, this page and the last two pages are a joke. However, the pictures are authentic. The rest of the issue is impeccable journalism. Read onward.



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Shifting Dullness

April, 1995



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Inside this clever issue:

- ***Interview with Dr. Dell(p. 10)***
- ***The Match: Congratulations MS IV's!!!(p. 7)***
- ***Crushed Grapes Features a "Revolutionary" Wine(p. 13)***
- ***Satisfy your Palate! Win Great Prizes!(p. 14)***

Crystal Ball



Crystal Bernstein

If there is anything that can evoke in medical students (or at least this medical student) feelings of bewilderment and anxiety akin to that experienced by non-medical folk upon a trip to see the doctor, it is a visit to the automobile mechanic. A mere sighting of men dressed in striped shirts embroidered with their names and ages-old grease beneath their fingernails causes my blood pressure and pulse rate to rise and beads of sweat to form on my forehead, a physiologic response which I am certain must be similar, if not identical, to the "white coat anxiety" felt by worried patients as they sit on an examining table awaiting attention from their physician.

This "mechanic panic," as I will call it, causes those with sick automobiles to act in a manner similar to patients who visit their physicians after experiencing the sequelae of smoking two packs of cigarettes a day since childhood and washing their nicotine down with a daily fifth of bourbon. They lie. Just as a yellow-fingered tobacco farmer with a 400 pack-year history of smoking will tell his physician that he kicked his "heavy" smoking habit many years ago, the poor soul who has been filling her radiator with a gallon of water every other day for two months to prevent the engine thermostat from reaching temperatures in the red zone will claim that her car has been "running a little warm" for only two weeks and that she's only had to supplement the radiator fluid a few times. Why do frightened patients and automobile owners tell such lies when it is not to their advantage to do so? Clearly, this is a mechanism to avoid chastisement from the scornful all-knowing, all-powerful physician or mechanic.

Those with ailing automobiles can be just as difficult to elicit a history of car trouble from as a patient with nonspecific back pain. While the patient with the undefined "pain" will respond to

the question "does it hurt more when you bend over or when you stand up?" by saying "yes," the person suffering car difficulties will describe a new rattling as "something that sounds like a going-around noise that I have just noticed recently, but that might have been there for a long time." However, both physicians and mechanics cause equal, if not greater, confusion in their clients by using strange and specialized terminology with which only they and their cohorts are familiar. Hence, she who informs her patient that he has a 75 percent occlusion in the LAD that can possibly be corrected with angioplasty but might require CABG begins to understand how her patient might take this bit of information when her mechanic informs her that she has a loose tie rod end that she can replace now or suffer the consequences if it breaks later. Unfortunately, physicians and mechanics alike frequently offer inadequate explanation even when making dire prophesies.

And the similarities between the two professions don't end there. Neither mechanics nor doctors are very good at predicting when they will release automobiles or patients from their care, often hanging on to their charges for weeks longer than they originally claimed they would keep them. And, of course, both change grand fees for their services. Perhaps the most disturbing similarity is the diagnostic imprecision of these professions. Just as a middle-aged woman suffering from fatigue and sluggishness could easily be misdiagnosed as suffering from depression when she is actually hypothyroid, a car that overheats and requires frequent radiator filling could be diagnosed as having a leaky gasket when, in reality, its real problem is a giant hole in the radiator.

In fact, one of the only differences between physicians and mechanics is that mechanics don't have the threat of managed car care looming before them. Perhaps I'll bring that to Hillary's attention.

Shifting Dullness



Upcoming Events Around Duke and Durham Chris Gamard

1. The Eye of Childhood: This unique exhibit being displayed at the NC Museum of Art consists of expressive children's drawings gathered by the renowned child psychiatrist, pediatrician and writer, Robert Coles. The collection, composed of drawings by children of varied backgrounds from the U.S. and other countries, explores the influences of personal experiences on a child's emotional and intellectual development and runs from March 4th through July 9th. In addition, Dr. Coles will give a free lecture on his experiences working with the children in the Museum's auditorium on Sun., April 30th. Call (919) 833-1935 for details.

2. Alone for Parents' Weekend? Here are some fun outdoor alternatives taking place on Sunday, April 23rd: **9th Annual Wellspring Criterium and Earth Day Fair**- this event takes place on 9th Street and includes bicycle races from 9am to 5pm and a Community Fair

from 11am to 5pm. Call 933-6340 (for races) or 596-1870, ext.249 (for fair) if you want more info. Also on that day, the NC Museum of Art will host a Contemporaries' **Rock'n'Roll Lawn Party** occurring on (you guessed it) the front lawn of the NCMA from 1 to 6pm. Tickets are \$5 in advance and \$8 at the door. Call 833-1935, ext.121 for details.

3. Concerts at Duke: April's music offerings on campus include the **Dave Matthews Band** performing with Big Head Todd & the Monsters and Ugly Americans at Cameron Indoor Stadium on the 7th (tickets are \$18.50 through Ticketmaster). On April 8th, the Durham Civic Choral Society, the Duke U. Chorale and the NC Symphony will perform **Verdi Requiem** at the Duke Chapel (\$15 for students).

4. Brew, Pasta, and Dessert Contest: Shifting Dullness' party to end all parties is happening Saturday, the 8th at 2624 Pickett Road. Call 490-5703 for details and see page 14-15.

Shifting Dullness

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Beth Johnson	Lisa Cristone

Shifting Dullness is a Duke University School of Medicine production. Subscriptions are available for parents. The cost is \$18.00 for one year.

Send checks to:

Shifting Dullness
Duke University Medical Center
P.O. Box 1865
Durham, NC 27710

Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box" located underneath the candy shelf in the Deans' Office.

Community Service Update

Greetings from the Service Department. Governor James B. Hunt Jr. has declared April 7-23, 1995 to be "The Great Trash Bash" in North Carolina climaxing in the 25th anniversary of Earth Day on April 22nd. The 2nd year class is on the line to baby-sit our adopted highway during the month of April. If you'd like to help them bash some trash as part of your spring cleaning, call your local 2nd year representative or President Lisa Criscione at 382-3328.

North Carolina Center For Therapeutic Riding is back in the saddle, and happily, so is its coordinator Cynthia Boyd. If you would like to help handicapped individuals with horseback riding lessons for an hour on a Tuesday night between 6 and 9 PM, give her a call at 383-7046. Don't be a neigh sayer.

Urban Ministries Soup Kitchen—The cooking continues on the 3rd Sunday of each month from 11AM-1PM. If you can take the heat, call Steve Crowley at 383-7046 or sign up on the south amphitheater door for our next visit on April 9.

Homeless Shelter For Good Hope—Thanks to the strong culinary efforts of John Pazin, the Monday night trips to the shelter from 7-9PM have been thriving. If you have been left out of this experience thus far, this is your chance to join the contingent before the year slips away. Call Steve Crowley at 383-7046 or sign up on the south amphitheater door.

Habitat For Humanity — As the weather for building improves, the popularity of this activity grows exponentially, in part, because Pat Lager starts wearing shorts. Call Pat at 383-3168 to be a part of his outfit on Saturday, April 22nd.

Spring arrives, and so planning for the **Children's Miracle Network Fair** must begin.

4



Many volunteers are needed. Please call Steve Crowley 383-7046 if you could offer a few hours to this benefit to raise money for Duke Pediatrics. ■

DAVISON COUNCIL NEWS

Social Events

The Davison Ball will be on March 25 at the Duke Museum of Art beginning at 8 p.m. Tickets are in the boxes for those of you who RSVP'ed but can also be purchased at the door for all of you procrastinators. Door prizes will be awarded and a good time should be had by all!

Awards

The 1995 Excellence in Teaching Award recipients are:

Faculty

Dr. Al Meyer (Family Medicine)

Dr. Andrew Collins (Radiology)

Dr. Dave Purves (Neurobiology)

Housestaff

Dr. Steve Kantrow (Internal Medicine)

Dr. Sandra Morelock (Internal Medicine)

Dr. Mark Plunkett (Surgery).

These awards will be presented at the Davison Ball on March 25.

Golden Apple Teaching Award ballots will be in your boxes soon. The 1995 Golden Apple Award will be presented during the Student Faculty Show, April 22.

Elections

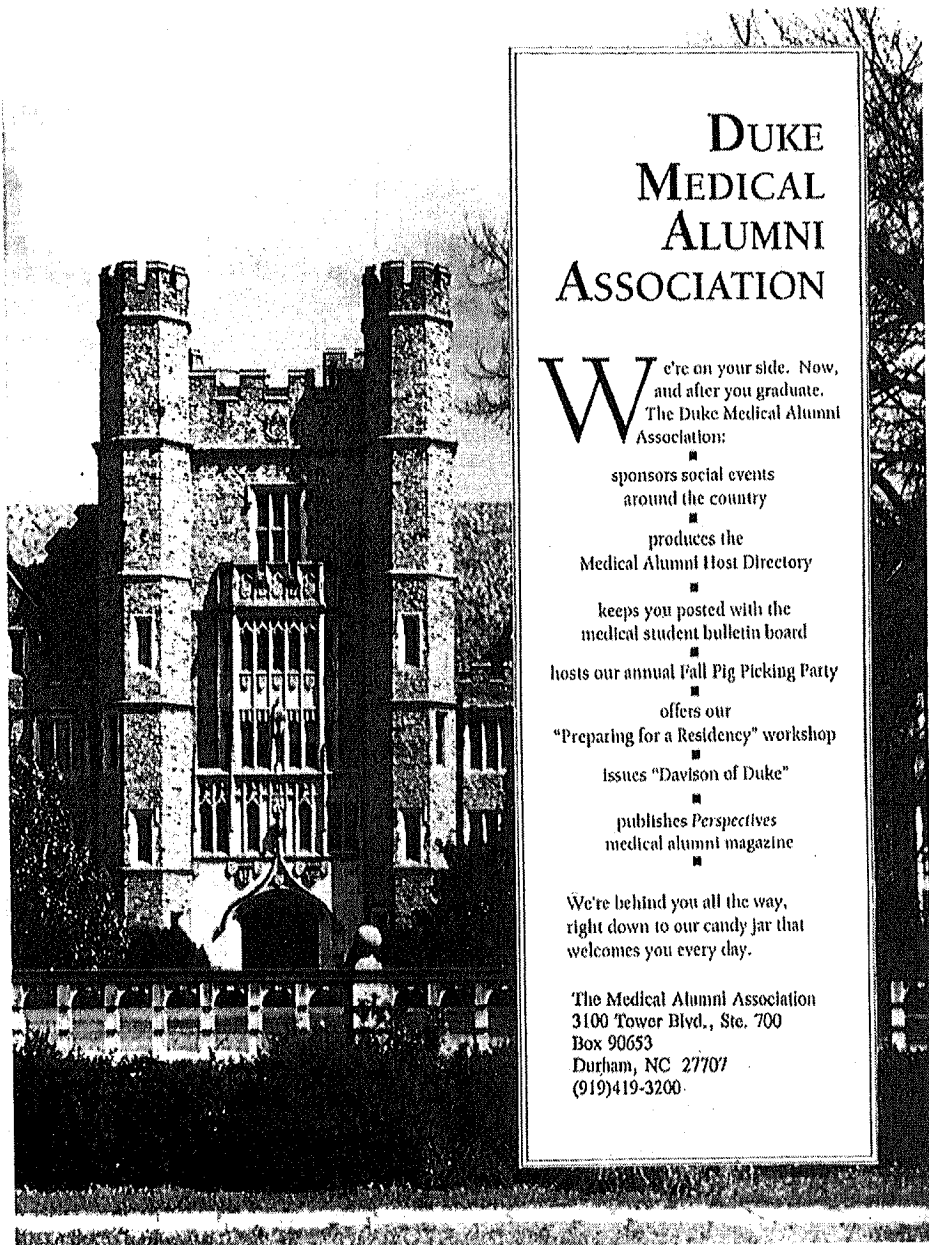
1995-96 Davison Council Election nominations are complete and ballots should be in your boxes. All ballots are due by April 14th.

GPSC Update

Two additional GPSC representatives have been chosen to assist Neil Horowitz and Lou Brenner in GPSC activities. They are Dave Zidar, MS I, and Peter Baek, MS I. Thanks a lot for keeping the medical school student body in touch with

Continued on page 16

Shifting Dullness



DUKE MEDICAL ALUMNI ASSOCIATION

We're on your side. Now,
and after you graduate.
The Duke Medical Alumni
Association:

■ sponsors social events
around the country

■ produces the
Medical Alumni Host Directory

■ keeps you posted with the
medical student bulletin board

■ hosts our annual Fall Pig Picking Party

■ offers our
"Preparing for a Residency" workshop

■ issues "Davison of Duke"

■ publishes *Perspectives*
medical alumni magazine

We're behind you all the way,
right down to our candy jar that
welcomes you every day.

The Medical Alumni Association
3100 Tower Blvd., Ste. 700
Box 90653
Durham, NC 27707
(919)419-3200

Places to Go, People to See

Rima Nasser

Yes! It's that time of the year again, when you just want to embrace the weather, breathe in the sky, drink the sun and become one with nature. What should you do? Go hiking, canoeing, biking. Where should you hang? Outside! Get drunk on morning dew, feed on the delectable fruits of nature... Am I taking this too far? If you want manmade (personmade for the politically correct) food, I'll suggest a few places...

Places to Eat (restaurants)

Sumans: I tried Suman's again, and it wasn't as bad as last time, however, it wasn't great. I was in very enjoyable company, and our waiter was a very happy waiter. Too happy.

Location: On Main st, facing Brightleaf Mandarin House: Their food is quite good, the service is excellent, and it is never too crowded. In fact I think it may be the best American Chinese (as opposed to Chinese Chinese) food in Durham. Try their Hyu Slang Chiken (sp?)

Location: on 15-501, by Circuit City.

India Palace: The best Indian food in Durham and CH, I think. These guys have very good breads, appetizers and main dishes. Not too expensive, and excellent service.

Location: on Franklin st, before Carboro, on the right. (After The Cave and Local 501).

Judge's: This is not really a restaurant. They have sandwiches and stuff, but it's mostly a coffee house with enticing desserts and excellent coffee. A good place to go read and hang.

Location: where else but on Franklin. Early on, though, before Players.

Places to Hang

Well, since it is so gorgeous out, I suggest the Bull City Brewery in Durham, considering they do have a patio. They also have Jazz on Thursday nights, so it is quite pleasant sitting there with a beer or scotch or nonalcoholic beverage. In CH there is Pantana Bob's and He's Not Here, and the street.

Again, I implore you to hang out outside, and enjoy the weather. Spring is in the air, so grab it before it grabs you. Peace! ▣

Duke AMWAtch

Alison Evanoff

Our AMWA chapter recently sponsored a workshop and discussion on "Balancing Personal and Professional Lives". The event was well attended and we would like to thank Kathy Andolsek, a faculty member in the Department of Family Medicine, for hosting and facilitating the discussion. Anyone interested in obtaining a copy of the handouts, please contact Allison (383-7067).

Teaching Award: We were recently invited to participate in AMWA's Gender Equity Award. The Award, sponsored by the Upjohn Company, honors those faculty members, men or women, who promote a gender-fair environment for the education and training of physicians. We are planning to participate in the 1996 Award, and we wanted to mention it now so that all might keep this in mind for a nomination next year. Please contact Sara Clay (919-557-7138) with any comments or questions.

Money Available: Loans are available to AMWA student members in the amount of \$1000 to \$2000. Applications can be requested from the national office (703-549-3864). Deadline for receipt of the application is April 15.

Legislative Intern Positions Available: Are you interested in improving local anti-tobacco laws? Student intern positions are available at the national AMWA office in Alexandria, Virginia. The one month position involves working with a national coalition of women's organizations interested in improving tobacco legislation. A \$500 stipend is provided and free housing is arranged with local M.D.s. If interested, please call Sara Clay.

Fourth Year Rotations: Plans are underway at AMWA to sponsor an elective in reproductive health, the first being offered in July or August of 1996. Topics to be covered include: primary care, infertility, contraception, abortion, sexually transmitted diseases with an emphasis on communication skills in each area. A letter of interest and CV must be received by April 14, 1995. Contact Sara Clay for more info. ▣



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Residency Appointments - 1995

Aldous, Mark D.	Duke University Medical Center	Internal Medicine
Aldridge, H. Keith	Medical College of Virginia	Med/Peds
Allen, Diane	Duke University Medical Center	Orthopaedics
Allen, Quentin	Mayo Graduate School - FL	Family Practice
Argenta, Peter	Hosp. of U. of Pennsylvania	OB/GYN
Atkins, B. Zane	Duke University Medical Center	Surgery
Avva, Ravi	Duke University Medical Center	Internal Medicine
Bachman, Eric	Beth Israel Hospital	Internal Medicine
Baker, Carol	Emory University	Pediatrics
Ballard, Timothy	Beth Israel Hospital	Surgery
Barbee, D. Garth	U. Virginia - Charlottesville	Emergency Medicine
Barry, Todd S.	U. Washington Affil - WA	Pathology
Belmont, Phillip	Walter Reed Army Med. Ctr.	Transitional
Blobe, Gerard	Brigham & Womens Hospital	Internal Medicine
Boulware, L. Ebony	U. Maryland - Baltimore	Internal Medicine
Bowen, Patrick	Duke University Medical Center	Internal Medicine
Bruno, Dieter	Duke University Medical Center	Urology
Chang, Christine	U. Health Center - Pittsburgh	Internal Medicine
Chen, Daryl M.	U. Florida Prog. - Shands Hosp.	Surgery
Clarke, Scott	Tulane University	Surgery - P
	Tulane University	Otolaryngology
Cothran, R. Lee	Bowman Gray/NC Baptist	Internal Medicine - P
	Duke University Medical Center	Radiology
	Duke University Medical Center	Internal Medicine
Coviello, Andrea D.	Presbyterian Hosp - NY	Surgery
Dabal, Robert J.	Duke University Medical Center	Internal Medicine
Dar, Mohammed M.	Brigham & Womens Hospital	Internal Medicine
Drachman, Douglas	Duke University Medical Center	OB/GYN
Drapkin, Anne	U. North Carolina Hosp.	Pediatrics
Dunk, Andrea Monroe	Duke University Medical Center	Surgery - P
Elkousy, Hussein	Georgetown U. Hosp- DC	Transitional
Feingold, Steven A.	George Washington U. - DC	Emergency Medicine
	U. Pennsylvania	Pathology research
Forman, Mark	U. California - Davis - Sacto	Internal Medicine
Fromer, Eric S.	U. Virginia - Charlottesville	Internal Medicine - P
Frucht, Michael	U. Virginia - Charlottesville	Neurology
	Stonybrook Teach. Hospital - NY	OB/GYN
Geller, Gennifer L	U. Health Center - Pittsburgh	Surgery
Gimbel, Mike L.	U. California - San Diego	Family Practice
Goodell, Maryellen R.	Stanford University	Pediatrics
Gorman, C.Nicole	Walter Reed Army Med. Ctr.	Internal Medicine
Gorske, Andrew C.	Vanderbilt University	Orthopaedics
Gottsman, Michael	Stanford University	Internal Medicine - P
Grewal, Ajita	U. of California - SF	Ophthalmology
	San Diego Naval Hospital	Transitional
Grigg, Diane		
April, 1995	Continued on Page 8	

Residency Match List 1995 (continued)

Grisson, Allen T.
 Hakanson, Robyn J.
 Hall, W. Lee

Havrilesky, Laura J.
 Hayden, Michael
 Henn, Jeffrey
 Hughes, G. Chad
 Ingledue, Vickie F
 Jacobs, James
 Johns, Jeffrey S.

Kandzari, David
 Kevill, Katherine
 Kent, Steven
 Kim, Patrick K.
 Klenz, Mary E.
 Knaut, Andrew

Kumar, Jai R.
 Langdon, Lori M.
 Leonardo, Marc

Lin, Steven
 Linardic, Corinne
 Louis, Nancy A.
 Lowry, Lisa
 Lunin, Scott
 Lynch, Kathryn J.
 Martin, Shona Ferrier
 Mefford, Ivan
 Moore, Nathaniel
 Moran, Susan E.
 Morris, Alison M.
 Moynihan, M. Kathleen
 Nichols, W. Garret
 Norton, Carol B.
 Owens, H. Philip
 Paolini, John F.
 Passe, Theodore J.
 Perkins, Stephen L

Posaw, Leila
 Potts, Kevin E.
 Pryor, Aurora D.
 Rajagopalan, Pradeep

U. Texas Medical Branch - Galv.
 Carolinas Medical Center - NC
 New Hanover Reg. Medical Ctr.
 Duke University Medical Center
 Duke University Medical Center
 U. Washington Affil. - WA
 Barrow Neur. Inst. - Phoenix, AZ
 Duke University Medical Center
 U. North Carolina Hosp.
 Carolinas Medical Center - NC
 Chattanooga Unit - U. Tenn.
 Medical College of Virginia
 Johns Hopkins Hosp - MD
 New York Hospital - NY
 Walter Reed Army Med. Ctr.
 Hosp. of U. of Pennsylvania
 NYU Medical Center
 St. Joseph Hosp - Denver
 Denver General Hosp.
 Hershey - Penn State - PA
 U. Virginia - Charlottesville
 Lankenau Hospital - PA
 Univ. Penn. - Scheie Eye Inst.
 Emory University
 Childrens Hospital - Phila.
 Massachusetts General Hosp.
 Womack Army Hosp. - NC
 Duke University Medical Center
 Mountain Area Health Ed. Ctr - NC
 Duke University Medical Center
 U. Texas Medical School - Houston
 U. Colorado - Denver
 Hosp. of U. of Pennsylvania
 U. California - SF
 Childrens Hospital - Boston
 Duke University Medical Center
 U. Texas Medical Branch - Galv.
 U. Kansas - Kansas City
 Brigham & Womens Hospital
 Barnes Hospital - MO
 U. Virginia - Charlottesville
 Duke University Medical Center
 St. Luke's - Roosevelt - NY
 Carolinas Medical Center - NC
 Duke University Medical Center
 U. North Carolina Hosp.

Radiology
 Orthopaedics
 Internal Medicine - P
 Radiology
 OB/GYN
 Internal Medicine
 Neurosurgery
 Surgery
 Family Practice
 Emergency Medicine
 Transitional
 Phys. & Rehab. Med.
 Internal Medicine
 Pediatrics
 Internal Medicine
 Surgery
 OB/GYN
 Internal Medicine - P
 Emergency Medicine
 Pediatrics
 Pediatrics
 Internal Medicine - P
 Ophthalmology
 Pathology
 Pediatrics
 Pediatrics
 Family Practice
 Internal Medicine
 Family Practice
 Internal Medicine
 Family Practice
 Family Practice
 Internal Medicine
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 OB/GYN
 Surgery
 Internal Medicine
 Radiology
 Internal Medicine - P
 Ophthalmology
 Emergency Medicine
 Emergency Medicine
 Surgery
 Radiology

Rao, Geetha S.
 Rifkin, Gabriel
 Romp, Katherine
 Romp, Robb L.
 Ruiz, Robert
 Samy, Ravi
 Schatte, Edward
 Schneider, Am
 Shawen, Scott
 Shiller, Andre
 Smith, Peter
 Smothers, Ch
 Sperling, Rob
 Steer, Dylan
 Sue, Sean R.
 Thompson, A
 Tseng, Jennif
 Usadi, Moshe
 Usadi, Rebec
 Weissler, Mar
 Wellington, M
 Wenzel, Chris
 Wilborn, Anit
 Woo, E. Jane



Rao, Geetha S.	CMHS/St. Joseph Mercy - MI	Internal Medicine - P
Rifkin, Gabrielle	U. Michigan Hosp. - Ann Arbor	Radiation Oncology
Romp, Katherine G.	U. Chicago Hosp.	Orthopaedics
Romp, Robb L.	U. Alabama Hospital	Internal Medicine
Ruiz, Robert	U. Alabama Hospital	Pediatrics
Samy, Ravi	Brigham & Womens Hospital	Pathology
Schatte, Edward C.	Stanford University	Otolaryngology
Schneider, Amy O.	Baylor College of Medicine - TX	Urology
Shawen, Scott B.	Duke University Medical Center	OB/GYN
Shiller, Andrew	Walter Reed Army Med. Ctr.	Transitional
Smith, Peter	Cambridge Hospital - MA	Internal Medicine
Smothers, Chandra	St. Louis Childrens Hosp. - MO	Pediatrics
Sperling, Robert	U. Tennessee	Radiology
Steer, Dylan	Brigham & Womens Hospital	Internal Medicine
Sue, Sean R.	Duke University Medical Center	Internal Medicine
Thompson, Annemarie	Carolinas Medical Center - NC	Emergency Medicine
Tseng, Jennifer E.	U. California - SF	Internal Medicine
Usadi, Moshe	Duke University Medical Center	Internal Medicine
Usadi, Rebecca	Memorial Medical Ctr - GA	Family Practice
Weissler, Marla L.	Memorial Medical Ctr - GA	Family Practice
Wellington, Melanie	Jackson Mem. Hosp. - Miami, FL	Surgery
Wenzel, Christopher	U. Rochester - Strong Mem. - NY	Pediatrics
Wilborn, Anita	Duke University Medical Center	Otolaryngology
	U. Florida Health Sci. Prog. - Jax	Internal Medicine - P
	U. Florida Prog. - Shands Hosp.	Anesthesiology
	Yale University	Internal Medicine
Woo, E. Jane		

Summary

Internal Medicine	28	Duke University Medical Center	23
Pediatrics	12	U. of Pennsylvania	6
Surgery	11	Brigham & Womens Hospital	5
Family Practice	9	Walter Reed Army Med. Ctr.	4
Emergency Medicine	7	Carolinas Medical Center - NC	3
OB/GYN	7	U. California - SF	3
Radiology	6	U. Virginia - Charlottesville	3
Orthopaedics	4	U. North Carolina Hosp.	3
Pathology	4	Medical College of Virginia	2
Otolaryngology	3	Beth Israel Hospital	2
Ophthalmology	3	Emory	2
Transitional year	3	U. Washington Affil. - WA	2
Urology	2	U. Health Center - Pittsburgh	2
Anesthesiology	1	U. Texas Medical Branch - Galv.	2
Med/Peds	1	U. Alabama Hospital	2
Neurology	1	Memorial Medical Ctr - GA	2
Neurosurgery	1		
Phys. & Rehab. Med.	1		
Radiation Oncology	1		

April, 1995



Spotlight on

Dr. Diana Dell

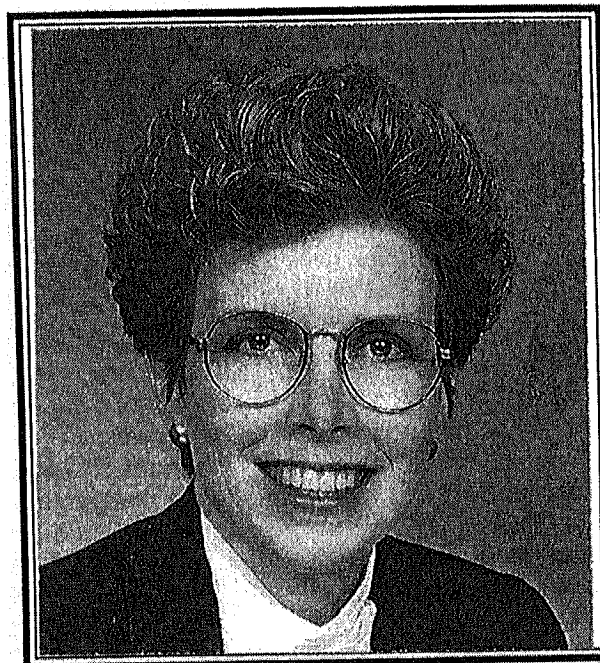
By Allison Evanoff
Archana Pradhan

Dr. Diana Dell, from the Department of Obstetrics and Gynecology, is a relatively new member of the Duke faculty. Presently serving as the President of the national American Medical Women's Association, she has attracted the attention of the medical profession with her leadership role in the field of women's health.

Before you came to Duke University, you were in private practice in Louisiana. Tell us about your time there.

Well, I was born in Missouri, but we moved to Louisiana when I was 5 years old. I lived most of my adult life in New Orleans. I took a B.A. in Psychology from the University of New Orleans, studied nursing at the Baptist Hospital in New Orleans, and eventually attended L.S.U. Medical School there. My first year of Ob-Gyn residency was really a rotating internship and we spent two months in the emergency and trauma area. It ruined by love affair with New Orleans by providing first hand knowledge about how violent the city had become.

When I finished my residency, I joined a really wonderful group practice in Baton Rouge, Louisiana. I also did some clinical work at the local hospital where the LSU Medical Students and Residents rotated through. For the first few years, it was exactly what I thought I wanted out of life. I enjoyed my practice, even though I worked too hard. I treasured the time with my medical students every week. This was also the time when I was becoming active in the American Medical Women's Association (AMWA). The woman who was AMWA regional governor for the area had to resign when she took a job in another state, and I was appointed to fill her



position on the national AMWA Board of Directors which would change my life in many ways.

This was also a time "the world" was changing. Reproductive freedom for women in Louisiana was challenged by the 1990 Louisiana Legislature who passed the most restrictive anti-choice law in the nation. We got such negative publicity across the nation — stories like Carl Gunter addressing the issue of pregnancy that resulted from incest by saying "...the way we get thoroughbred horses and thoroughbred dogs is through in-breeding. Maybe we would get a super-sharp kid..."

Most of my colleagues were either naive about the possibility of passing such a law, considered themselves exempt from the debate because they were Catholic, or just too comfortable in the safe harbor of their practices to risk speaking out on this issue. Only two of us would address the LA legislature that year — with messages that fell on deaf ears. The bill eventually passed, but was vetoed by the governor.

The next year David Duke ran for governor and made it into a runoff. I worked door-to-door in several campaigns that summer, and began



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to realize that "these were not my people." I had the same experience when Operation Rescue came to town the following summer. We had a successful defense, but my partners were getting pretty worried about how outspoken I had become. It was not an unpopular opinion among our patient population, but they were still worried.

I was also traveling a lot for AMWA. Every time I came home, I felt a little more appalled by the politics and the pollution. I also had increasing awareness about some of the things that were changing in medicine, and a growing sense of obligation about addressing them.

Why did you decide to make the transition from private practice to academic medicine?

The decision to leave my practice was the hardest decision of my life. In spite of my political and feminist malcontent, I was very attached to my partners and to my patients. But I was ready to leave Louisiana — and I wanted to spend time with physicians in training — to teach things I know about patient care that gets lost when medicine is just technical training.

Since joining the faculty in 1993, in what capacities do you interact with medical students?

Unfortunately, I haven't spent as much time with students as I had hoped to spend. I have done some Ob-Gyn lectures and supervision, but spend more time with the residents than medical students. I did one of the small groups in the Cost Effective Care Module, which I really enjoyed; that is a really important area that we, as a profession have been slow to try to deal with — which is part of the reason we see all the changes being forced upon us now.

What are your thoughts on the proposed

Clinical Curricular Continuity Experience (a course which is being designed to integrate the four clinical courses currently offered in the First Year)?

I hope to be able to participate in the Clinical Curricular Continuity Experience as it comes to reality. It is such a splendid opportunity for students to spend time with one physician and one group of patients; so they can begin to see something about the longitudinal progression of events in illness and care giving.

What do you see as some of the biggest challenges for women in medicine?

The biggest challenge for women in medicine is to figure out who we are and be comfortable with ourselves. Those of us who trained in the 1970's were so glad just to be there, that we could not afford to notice that we were women. We had to prove that we could do things as well as the men, and we adopted styles that were more like men's styles. Now we are beginning to realize that the unique qualities which women bring to medicine also have value — and medicine is beginning to change a little.

Right now there are almost 670,000 physicians in this country. About 19% of whom are women. By the year 2010, about 30% will be women. It's a very rapid change.

On an individual level, the biggest challenge is trying to strike a balance between our personal and professional lives. I think that medical women are the busiest people in the world!

Who has been the most influential person in your life?

My dad is clearly the most positive and cherished influence in my life. He was a simple and eloquent man who gave me permission to be all that I could be. He took great pride in the

Dr. Dell Interview (from p. 11)

things that I did and the person that I became. He taught me to read, to think for myself, and to stick to my principals even if the going got tough.

On an individual level, the biggest challenge is trying to strike a balance between our personal and professional lives. I think that medical women are the busiest people in the world!

What has been your most memorable experience in medicine?

That one is hard. I can still remember the first delivery I ever attended; the first patient who died in my presence; the first time I cried with a family who grieved for their stillborn son. It is the aggregate memory of all the joys and fears of being a doctor for the past 13 years.

I still remember the red line of blood that followed my scalpel mark on the first surgical incision I ever made — and how strange that felt.

I remember learning to sign "M.D." behind my name — and the tiny grin that I couldn't hide as I signed it the first few times. It still makes me grin a little now and then — even with all the changes in medicine — and all the changes in me — that M.D. behind my name is what I'm all about.

Shifting Dullness would like to thank Dr. Dell for her time and cooperation.

AMA Update

Allison Evanoff

Attention all members of the American Medical Association (that means anyone who receives JAMA...):

Interested in going to Chicago?? Interested in going to Chicago for a minimal out-of-pocket cost?? Well, the annual meeting of the medical student section of the AMA will be held in Chicago June 15 to 18, 1995. Each medical school receives funding from both the AMA and the state medical society to send students to the various meetings and therefore you pay close to nothing! What goes on at these meetings?? There is the 'business' aspect of the meeting, which involves discussion and voting on resolutions which get passed on to the AMA (this may sound kind of boring, but it's actually pretty neat that you, as a medical student, can have a say in the legislative action of the AMA) and then there is the 'adventure' of exploring the Windy City and meeting students, residents and physicians from all over the U.S. Last year seven Duke students attended and had a terrific time. If interested in finding out more about this great deal, contact Eric (490-0795) or Allison(383-7067).

Other upcoming events of interest include the Sports Medicine Symposium: July 2-4 in Atlantic Beach, NC.

And, if you're not in the mood for travel, we are planning activities right here in Durham:

May 16, 1995: Dr. Spach and Dr. Pizzo will be joining us pizza and beer at Satisfactions beginning at 5:30 pm. Don't miss this great event.

Other news...Recently, at the interim meeting of the North Carolina Medical Society in Pinehurst, North Carolina, Eric Williams, MSIII, was elected as Vice Chairperson of the NCMS Medical Student Governing Council. Congratulations, Eric!

That's all for now...contact Eric (490-0795), Gayle (382-2530) or Allison (383-7067) with any questions.



Crushed Grapes: *Special Feature on Underrated Wines*

Greg Della Rocca

There are many wines from different countries that receive little to no recognition. Chilean and Australian wines are underrated, although it is beginning to become apparent that both countries indeed produce wines of exceptional quality and/or value (for example, the Rosemount Shiraz served at the Davison Ball on March 25 is an Australian red). Wines from Hungary and Portugal (not port) are almost unheard of. With this installment, I would like to concentrate on a type of wine that is likely near and dear to most of your hearts and yet is constantly underrated. **That wine is Mad Dog.**

Mad Dog, more accurately known as MD 20/20, is a type of wine that comes in many distinct varieties. The history of Mad Dog dates back to the times of Benjamin Franklin, a man known to have enjoyed his liquor. Apparently, he was often accompanied by "bodyguards", who were assigned to keep Mr. Franklin out of trouble with wine and women. However, as the "pat down" was not in effect as an acceptable search method for high-ranking government officials in the late 1700's, Mr. Franklin began using the *flask* to carry his wine. Of course, since a flask contains significantly less beverage than does a fifth, he began fortifying the wine with brandy or bourbon. Upon tasting this concoction, he was appalled at its mortifying flavor. Luckily, a man happened by, after Mr. Franklin's first taste of his wine mixture, carrying a bottle of Kiwi Lime juice. Mr. Franklin politely asked for an aliquot and, lo and behold, Mad Dog was born.

Mad Dog fell into disfavor shortly thereafter, except among the outlaws at Tombstone (who, so it is said, invented the game of quarters before the famous showdown at the OK Corral). The reason for this disfavor remains as much a mystery as the strange disappearance of the inhabitants of Roanoke, Virginia, many years ago. The Tombstone contingent managed to bring MD 20/20 back into favor during the roaring 1920's. It turned out that Prohibition was the necessary catalyst that sprung Mad Dog back into favor, throughout the United States. April, 1995

Some say that the demand for Mad Dog was the final factor in the repeal of the Prohibition laws.

Today, Mad Dog is readily available. It comes in many different flavors, any one of which is sure to tempt the palate of even the most fastidious teetotaler. It's 40-proof strength is sure to please even those who swear that the "Mo" is the best drink available today (made with 40 oz. malt liquor - purists use the "8-ball" - drunk down to about 28 oz., refilled with a berry wine cooler, and briefly mixed to produce "40 oz. of pure pleasure; once you have one, you'll want mo, and mo, and mo"1). Mad Dog is amenable to many games, that this author does not necessarily condone, played late at night on a weekend with a twenty-five-cent piece and a shot glass.

Mad Dog has a bouquet of very pleasant fruit, and has recently been rated in the "White Spectator" as, perhaps, the best American wine produced in 1994 and possibly the best produced over the entire decade of the 1980's. I would have to concur on this one. For those of you interested in experimenting with different vintages, all from the 1980's, 1992, and 1994 were exceptional. Stay away from 1991 and 1993, widely accepted to be poor vintages. The 1995 has not yet been released, but it is rumored that the vintners want this to be the most exceptional MD 20/20 of all time, with years of oak barrel aging and carefully chosen grapes. Look for it on shelves no sooner than the year 2005. I am currently taking futures orders - by the case, only - for approximately \$30.00 per flask. Buy up now! Because, in 2005, the wine is sure to sell for about \$450.00 per flask, **AT LEAST AS FAR AS YOU KNOW.**

Disclaimer: Many of the statements in this column are fictitious, at least as far as you know. This column is not necessarily a reflection of the author's thoughts, at least as far as you know. Also, the author cannot claim the recipe for a Mo to be his own, nor can he claim to have originally spoken the words in quotations. At deadline time, permission for using the name of the person quoted has not been obtained. Chances are, this information can be obtained personally from the author or some of his friends, at least as far as you know...

Read this Now: A Crucial Date is Approaching!!

The date for the first annual *Shifting Dullness Culinary Competition* is rapidly approaching. Mark this historic date on your calendar: **April 8th, 1995**. Judges and contestants should arrive by 4 pm. Prizes will be awarded at 5 pm. If you want to enjoy a keg of a fine libation, a hearty pasta dinner, and tasty desserts, show up by 4:30 pm. **EVERYONE IN THE MEDICAL SCHOOL IS INVITED**. The place will be the abode of Chris Gamard, Ed Norris, Matt Hepburn and Umesh Marathe. For directions and registration for entires, call 490-5703.

The deadline for entries is April 5. There are three categories for prizes: homemade beer brewing, red sauce for pasta, and dessert. The first prize in each category will be dinner for two dinner at some of Durham's finest restaurants, including the Macaroni Grille and Satisfaction. Other prizes for honorable mention entries will be awarded as well. Judges for a specific category may not submit an entry for that category, but can submit entries in other categories. There is no limit to the number of entries an individual can submit. Editors are not eligible for prizes, but all other persons associated with the Medical Center are eligible (this includes all writers). Individuals are only allowed to win one prize.

Among a large pool of abundant talent, the following individuals were selected to be the judges of the contest:

Shannon Putman, MS III: (Pasta, Dessert): I make a lot of desserts for myself and friends.

Iain Asplin, MS II: (Beer, Pasta Sauce): Why am I uniquely qualified to be a judge?? I am British. Enough said.

Jeff Hardacre, MS III: (Dessert): I'm from Wisconsin. Enough said.

Ed Norris, MS III: (Beer, Pasta Sauce): Merlot, Sauvignon-Blanc, Beaujelaais: these are for pansies. Bud, Hanks, Beast-light: these are for real beer drinkers. To judge a home-brew contest, one must be a connoisseur of the magic liquid. The integrity and honesty that a judge of the Home-Brew contest must have transcends

that of Chairperson, Surgeon-Generals, and even Presidents. I AM THAT PERSON.

Paul Baird, MS III: (Beer, Desserts) My tender palate has not yet been dulled by years of pounding the Beast (or Beast Light). I still have spectacular taste buds.

Pat Little, PhD. Pharmacology Dept.: (Beer, Desserts) I have tasted both good and bad beers over the last twenty years. I belong to the Beers 2 You Microbrewery Club of the month. I have many friends that brew their own beer and have sampled many home brews. Finally, I am in the Pharmacology Department and therefore will not be swayed by medical students (especially Matt Hepburn).

John Pazin, MS III: (Pasta Sauce, Dessert) Some of my best friends are Italian.

Cynthia Boyd, MS III: (Pasta Sauce, Dessert) I am recently recovering from an acute febrile illness and have been debilitated for a significant amount of time. In order to avoid a diagnosis of failure to thrive, I need to gain some weight. I'm ready to eat.

Wingfield Ellis, MS III: (Pasta Sauce) I eat pasta three times a day.

Lisa Criscione, MS II: (Beer) One of the editors is my big sib.

Jamy Ard, MS II: (Pasta Sauce, Desserts) My previous test tasting experience is extensive. Rather than divulge my numerous experiences, I will simply say that I am solely responsible for the Whopper beating the Big Mac.

Thomas Jones, MS III: (Beer) I really like beer, but don't get enough chance to drink beer (most of my friends don't drink). I've tasted all kinds of beer, from the microbrews of Boston to the stiff syrupy stuff from Ireland. I've brewed a lot of beer. My first brew was in 1988—a light amber ale with weak hops and a cidery taste from excessive corn sugar. My roommate and I worked up to malting our own barley and growing hops. We even built a 5-gallon wort cooler from a dorm fridge to keep lagers cool in the summer. My last brew in '91 didn't turn out. My

Continued on Page 15

Shifting Dullness



plastic primary fermenter was badly scratched, and must have harbored a beer bug (zymopath). That batch took 3 months to clear, then tasted like battery acid. After another four months, it wasn't as bad, but gave us a great case of the runs. Since then I've been a beer taster rather than a brewer, using my powers to better this great country.

Greg Della Rocca, MS III: (Beer) May it be known, by this application, that I wish to participate in the contest as a judge. There are a number of reasons why I feel that I am more than adequately suited for the job: **1.** I am 25 years old, so I am of the legal drinking age. No spit buckets will need to be provided for me so that I can participate within the bounds of the law. **2.** I know the effects of alcohol on the mind. I will be aware of the point, that I may or may not reach, at which I can no longer serve as an adequate judge. Should this happen, I will remove myself from the position of judge voluntarily and forthwith. **3.** As a first-year PhD student, I am interested in the beer-brewing process from a purely scientific standpoint. **4.** As a person who is an experienced drinker, I have a liver whose proportions are likely unmatched by the vast majority of the medical school. The size of my liver will serve to preclude the circumstance to which I have alluded in #2, above. **5.** I have tasted beers on three different continents. **6.** I am a member of Mahar's Public Bar in Albany, NY. This bar regularly has 1000 beers in stock, from around the world, at any given time. **7.** I know that the word "draught" is pronounced "draft", not "drowt". **8.** As social vice-president of the Davison Council, I have attempted to secure kegs of good beer for school-wide parties. George Killian Irish Red and Elk Mountain Amber Ale are two such examples. Besides, Killian's will be the beer provided at the annual Davison Ball. No holds barred. And last, but not least: **9.** I am a member of the Gambino family. It is my family's sincere wish that I participate in this contest. Failure to comply may meet with "unpleasant reprisals". ■

April, 1995

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DUKE PLACES THIRD IN ACC TOURNAMENT; DEFEATS BOTH UNC AND WAKE FOREST

Yes, folks, you read it right! In a bitter 2-day affair on March 10-11, the three man basketball team of Matt Kalady, Anthony Beutler, and Jason Bolden (all MSI's) played in the inaugural 3-on-3 intramural ACC "tournamania", held in Greensboro. This ACC tournament was sponsored by a number of corporations at an exhibition in conjunction with the real ACC tournament. The right to represent Duke at the tournament was won back in the fall of 1994, when these three guys won the Duke IM 3-on-3 tourney, placing first in a field of 32 teams.

So who are these med school stars? Well, Matt hails from Allentown, PA, and attended Harvard as an undergrad. He says he has played basketball since about age 10, and played JV at Harvard, but he decided not to go pro after he received his acceptance letter from Duke. Anthony, on the other hand, denies having as much b-ball experience. Born in West Lafayette, IN, he started playing hoops when he was about 15, starting as a center as a freshman in high school. By the time he was a senior, he had worked his way back to guard, having maintained his 6'2" height. His claim to fame is that he played on All-State teams with Shawn Bradley, who now plays for the Philadelphia 76ers. By college (Brigham Young), Anthony had given up his aspirations to do likewise. Jason, well.... he was unavailable for comment, but his teammates say he is maybe from North Dakota, maybe played some JV b-ball in college. They don't really know or care, as long as he can play.

As you might expect, these MSI's are as dedicated and prepared on the basketball court as they are in the classroom. When asked about training, they say they don't practice; when asked about a game plan, they say they don't have one. How, then, do they do it? Yes, you guessed — it's that raw, unbelievable talent that

Duke med students have demonstrated year after year.

Matt, Anthony, and Jason hope to pursue their basketball careers throughout med school. Coach K called to offer his congratulations, and invited them to show up next year as walk-ons (so what if you have a surgery rotation!). After all, they were the only Duke team to beat Wake and UNC twice this year. For now, the trio looks forward to the softball season, and mostly hopes to make it through Block 4. The next time you see them, congratulate them for representing Duke and the medical school in such a big event, and of course, for being selected as the Athletes of the Month. ■

DC News, cont. from 4

GPSC activities, guys!

Tax season is coming up and the GPSC is sponsoring an IRS Tax Session on March 28th, 6:30-7:30 p.m., in D344 Levine Science Research Center for all graduate and professional students who need some extra help with their taxes.

The Davison Council will be purchasing the new **GPSC Handbook** for Duke and Durham and providing it to incoming medical students. The section of the handbook on the medical school needs to be rewritten, so anyone interested in writing a brief description of Duke Med, our curriculum, organizations, etc., contact Dave (489-4524) or Peter(682-5806).

TGIF at The Hideaway on Fridays...\$2 off pitchers for all graduate students with an ID.

Only 100 apartments will be guaranteed at **Central Campus** for graduate students in the future due to the increased demand by undergraduates.

The **student activities fee** has been increased from \$5 to \$7.

Duke University is enacting a **14.9% tuition increase** next year. ■

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Journal Watch

Umesh Marathe
Primary prevention of cryptococcal meningitis by fluconazole in HIV-infected patients.
Qualiarello *et. al.* Lancet 345:548-52 Mar 1995

The purpose of this study was to evaluate whether oral fluconazole reduced the risk of a first episode of cryptococcal meningitis in HIV infected patients. Cryptococcal meningitis is the most common life-threatening fungal disease of patients infected with HIV, with approximately 5-10% of patients with AIDS affected. Fluconazole is a promising candidate for prevention because of its oral bioavailability, long serum half-life and excellent penetration of the CSF. A case-control (18 cases, 72 control) method was used to examine whether HIV-infected patients exposed to fluconazole had a reduced risk of developing cryptococcal meningitis. The authors concluded that fluconazole exposure reduced the risk with an estimated protective efficacy of 92%.

Association between cigarette smoking and mutation of the p53 gene in squamous-cell carcinoma of the head and neck.

Brennan JA *et. al.* NEJM 332:712-7, 16 Mar 95

Epidemiological studies have long associated cigarette smoking and alcohol use to the development of squamous-cell carcinoma of the head and neck. Mutations of the p53 gene, the most common genetic alteration in human cancer, can be best detected by molecular sequencing. Following molecular analysis of the p53 gene in 129 patients with primary squamous-cell carcinoma of the head and neck, statistical analysis was used to identify patient characteristics associated with the mutation. The authors found 58% of patients who smoked and used alcohol had a p53 mutation, while 17% of patients who neither smoked nor drank alcohol had the mutation. These findings suggest a role for tobacco in the molecular progression of squamous-cell carcinoma of the head and neck.

Physiologic effects of inverse agonists in transgenic mice with myocardial overexpression of the beta-2-adrenoreceptor.
April, 1995

The 1995 Student-Faculty Tennis Tournament is Saturday, April 29th.

The Davison Club Student-Faculty Spring Tennis Tournament will be held Saturday, April 29th. The tournament is open to all medical students, faculty and house staff, and the schedule is as follows:

11:00 a.m.-Warm-up, registration and pairings

11:45 a.m.-Play Begins

6:30-8:30p.m.-Celebration Supper at Hope Valley Farms Swim and Tennis Club.

Registration forms are in the mail to you; mail to Brenda Maness, Box 90653, DUMC. Call Brenda Maness at 419-3200 for further details.

Eds. note: This event is incredibly enjoyable and whether you are a beginner or a Superstar like Umesh Marathe, it is fun for all

pression of the beta-2-adrenoreceptor.

Bond RA *et. al.* Nature 374:272-5 16 Mar 95

G-protein coupled receptors are thought to have an inactive conformation state that requires an agonist-induced conformational change for receptor/G-protein coupling. Recent evidence suggests a two-state model where receptors are in equilibrium between the inactive conformation and a spontaneously active conformation that can couple to G-proteins in the absence of ligand. Classic agonists have a higher affinity for the active conformation and increase its concentration while inverse agonists have a higher affinity for the inactive conformation and decrease the concentration of the active form. A transgenic mouse model was used in which there was such a marked myocardial overexpression of beta-2 adrenoreceptors that a significant population of receptors were spontaneously active, inducing a maximal response without agonist. The authors were able to show that a particular ligand functioned as an inverse agonist of the beta-2-adrenoreceptor, supporting the existence of inverse agonists and validating the two-state model of G-protein-coupled receptor activation.

then puking for the sheer nausea of it all.

At a later point, a group of people in the same house had cornered one of these denizens. Apparently, a friend of theirs had alarmed them with the all too familiar "Hurry, I've just seen a roach the size of a small dog" call before jumping randomly into a bathtub to avoid the supposed danger. Bear in mind that this gentleman was six-foot-four and could have served as line-backer for many college teams. His friends responded with haste and were soon observed lobbing shoes from a distance at this beast of six inches or so, who was quite content to simply sit there and take it.

So, my friends, what do you do if you have these beasties? How, O Roadside Assistance Man, can I get rid of them? Well, there are several wonderful remedies, some of which are even ecologically sound. Here goes:

Spices. Roaches hate 'em. Mix up some bay leaves, anise, tarragon, basil, etc., to create a potent, pungent odor and put this in bowls under sinks and all. It really works. **Borax.** Available in most grocery stores. Grind up some cocoa pebbles and mix in borax. Place in a bowl under sinks, etc. The borax works its way into the scales of the roaches and causes them to grind themselves to death. **Neat. Cats.** Get one. They hunt and eat roaches. Yummy.

Combat. Little black roach squares that really do work, especially in conjunction with the next little item: bombs. Foggers work really well. Be sure to use enough fumigators - one for a reasonable apartment, two for a good-sized house. Clear out the pets as well; methylbromide ain't too good for them. Of course, if you've got roaches in an apartment complex, the best option is to move, because you'll never get rid of 'em. Your neighbors are probably roach sanctuary sites.

And, remember, if none of the above works, call the professionals. It's always open season on roaches. ■

Class News

MS I- See AOTM on page 16

MS II-(Lisa Criscione)

The MSII's are predominantly newsless this month. Although SD reported that we were out enjoying spring break last month, most of our class actually stayed in Durham to meet with all the second year course directors. We complained that the rotations are far too easy, and perhaps they can make them a little more challenging for the current first years.

In engagement news, Dave Tong and Beth, Dave McCarty and Marie Pierre. I think there are two or three single people left in the class, I'll be announcing their engagements next month.

MS III-(Matt Hepburn) A large portion of the MS III class utilized their Spring Break to participate in a medical mission trip to Honduras, led by Dr. Marvin Hage. The group included Cynthia Boyd, Steve Crowley, Wingfield Ellis, Linda Fetko, Beth Gibbs-Johnson, Bill Hage, Brad Hare, Matt Hepburn, Jenn Marshak, Ed Norris, and Steve Verbinski. Highlights of the trip included an electrifying presentation on AIDS to the Honduras Medical School by Jenn Marshak *et. al.* and singing by Dr. Albert Meyer. I assume that Dr. Meyer would be happy to perform "Hounddog" upon request if you are interested. We are deeply grateful to Dr. Hage and all of the support staff that made the trip possible.

MS IV- See Match on page 7. Congratulations and good luck!!!

Mind-Body Medicine Announcement

Friday, April 4: Susan Delaney, ND, *Naturopathic Methods for Prevention and Reversal of Osteoporosis*, 12-1 pm, 1034 South Amphitheater.

Friday, April 21: Journal Club, Michael Krasnov, DC, *Low Back Pain of Mechanical Origin: Randomized Comparison of Chiropractic/Hospital Rx* Brit Med J, 1990 300: 1431-7, 12-1 pm, M422 (CTL) Green Zone, Duke South



Roadside, cont. from 20

front of me; I must put them on to make it to the shower. That familiar fear creeps up on me, that old half-knowing. Alright, guys, I think, it's either me or you. And I'm determined to win this time. I pick up the heap and give it a flick. A familiar brown package drops from somewhere in the pants and scuttles away. Alas, I lose. Yes, folks, it can get this bad here.

Remember this: roaches hate the light. At least, your standard, brown, three inch long German cockroaches do. Them funky black Asiatic roaches (you know, the ones with no chemical enemies) actually live for the light and, what's more, they fly pretty well too.

So, one time, walking into the dark kitchen of this accursed house, I turned on the light, only to hear an electric buzzing in my right ear. Turning myself, body and soul, to the right, I noted that the sound remained fixed on the right. I slowly turned my head to look at my shoulder and wham! found myself eyeball to eyeball with a largish insectoid beast I vaguely recognized. Needless to say I beat that thing off me as fast as I could.

The roaches in this house knew no limits. One morning, a chilling tale from a housemate made me permanently alter my sleeping conditions. He awoke and, being a personable dude, calmly announced that a roach, er, "tried to grab his package" last night. It seems that this person was sound asleep when he felt a familiar tickle along his inner thigh, stealthily moving towards his boxers. After quietly whispering, "Not now, honey," (despite the fact that not only was his girlfriend miles away but also that he was rooming with another XY-bearing individual) he decided to inspect what was going on.

He looked down to find, of course, a two-inch long masterpiece of chitin and germs creeping stealthily up his leg. I believe he then said, "Eeeiuugggh!", before slapping at his leg, missing the bug but hitting something, er, more sensitive.

This, of course, was the same individual who

once worked in a lab conducting research on roach neurophysiology or some such topic. It seems that their raw materials were routinely kept in a large 55-gallon container stuffed with non-living roaches. Sample retrieval was, as you might imagine, quite nightmarish and the source of his obvious roach-induced PTSD and attendant hallucinations.

Of course, the roaches in this country are nothing compared to those in other countries, like Texas, or even Taiwan. A friend who travelled to the fabled Formosa Isles many years back related her wonderful experiences. It seems that one evening, after a long day, she entered the bathroom to wash her face as usual. On reaching for the soap, her non-bespectacledface failed to notice the multiple-inches long roach sitting on the bar of soap. She promptly reached for the roach and then jumped for the ceiling.

On another occasion, a friend of hers awoke in the morning to a rather uncanny experience.

Thanks to prudent observation, the Roadside Assistance Research Team had implanted a neural monitor on each of this dude's optical nerves. Here, then, is the blow-by-blow of what he observed:

Right eye: Ceiling. It's yellowed and old. A light. Old glass globe. Bookshelf. Poster. Light through the window. Cobweb in the corner. Toiletries sitting on bookshelf. Left eye: Ceiling. It's (roach) yellowed and old (roach). A (roach) light. Old glass (roach) globe. Bookshelf. Poster (roach). Light through (roach) the window. Cobweb in the (roach) corner. Toiletries sitting (roach) on the bookshelf (roach). Warning: There is a large brown object obscuring the vision from your left eye. We're just filling in details from the right eye so as not to alarm you overmuch.

At this point, his Meissner's corpuscles kicked in. The sensation, of course, was of something prickly grabbing half of his face. Mysteriously, he was reported to say, "Eeeiuugggh!" before leaping bolt upright out of bed and hitting himself frequently in the face,

Continued on page 18

Shifting Dullness

Duke University
P. O. Box 2865
Durham, N.C. 27705

DE RERUM BLATTAE: Why We Hate Them So

Regard, for a moment, the simple cockroach. Okay, so it seems to lack that essential Nashian flair. Then again, people rarely write poems about cockroaches. Mice, yes; lice, yes; even, occasionally, fleas. But never cockroaches.

And why, you ask, is this so? We here at the Roadside Assistance Imperial Humor Dispensary are prepared to offer brilliant evidence as to why the simple cockroach has never and will never be immortalized in verse. They are simply too disgusting. Hold your hats, folks, cause this ain't pretty.

My alarm rings again, the painfully short nine snooze minutes having passed. Of course, it's not like I need my alarm to wake up. Here on Family Med, staying at the Volunteer House (the



White One, for those of you who know where I went), my bedroom (and consequently my bed) are a mere three or four yards from a highway rife with semis that continually rumble past from four in the morning until well past dawn. And so, I never sleep.

But I digress. Alarm. Me. Abed. I wake and sit on the edge of the bed. My sweat pants lie in

Continued on page 19

Shifting Dullness



Journal Watch: Featuring High Technology Research At Duke University

Marathe, U. et. al. *The utilization of the bird mask among health care workers to completely prevent transmission of Tuberculosis, Journal of International Lipocephalics*. April 1, 1995 p.1

The mask and outfit displayed on the right (from Medicine, an Illustrated History) were utilized in the eighteenth century in order to protect physicians against the plague. Sweet-smelling substances in the "beak" were employed to combat stench. Umesh Marathe designed a double-blind, placebo-controlled study to determine the efficacy of the outfit in preventing the acquisition of Tb. By wearing the outfit on his VA Medicine service, Umesh became the first medical student not to contract Tb during this rotation. He was afraid this revolutionary approach to protection would not "fly", and that physicians would say the idea was "for the birds", but the criticism did not "ruffle his feathers" and he continues to wear his outfit, as proud as a peacock.

His eagle-eye insight into the problem of transmission of infection is eggceptional. Further studies have been suggested to determine whether or not the mask prevents the transmission of *mycobacterium avium intercellulare*. This future doctor is no quack.



Continued on page 18

Shifting Dullness

Shifting Dullness
Box 2865 DUMC
Durham, NC 27705

Unfortunately, this will be the last issue ever of Shifting Dullness. Due to the pressures of recent allegations of misuse of funds for personal reasons, the current editors will be resigning, effective April 1. We have unable to find any other medical students even remotely interested in taking our place. We hope you enjoy our swan song issue.

Dr. Jim Gifford (2)
Medical Center Archivist
Box 3702 , DUMC

Opinione de mio ona *Everythingo: My Opinion on* *Everything.*

Hello loyal readers!! Mr. Roadside Assistance Man is ready to relate the wild antics of a MS III with lots of time. Tune for adventures about my refridgerator, the Y chromosome and how to select a lab. Blah, blah,
blah.....Blah...blah,
blah.....



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