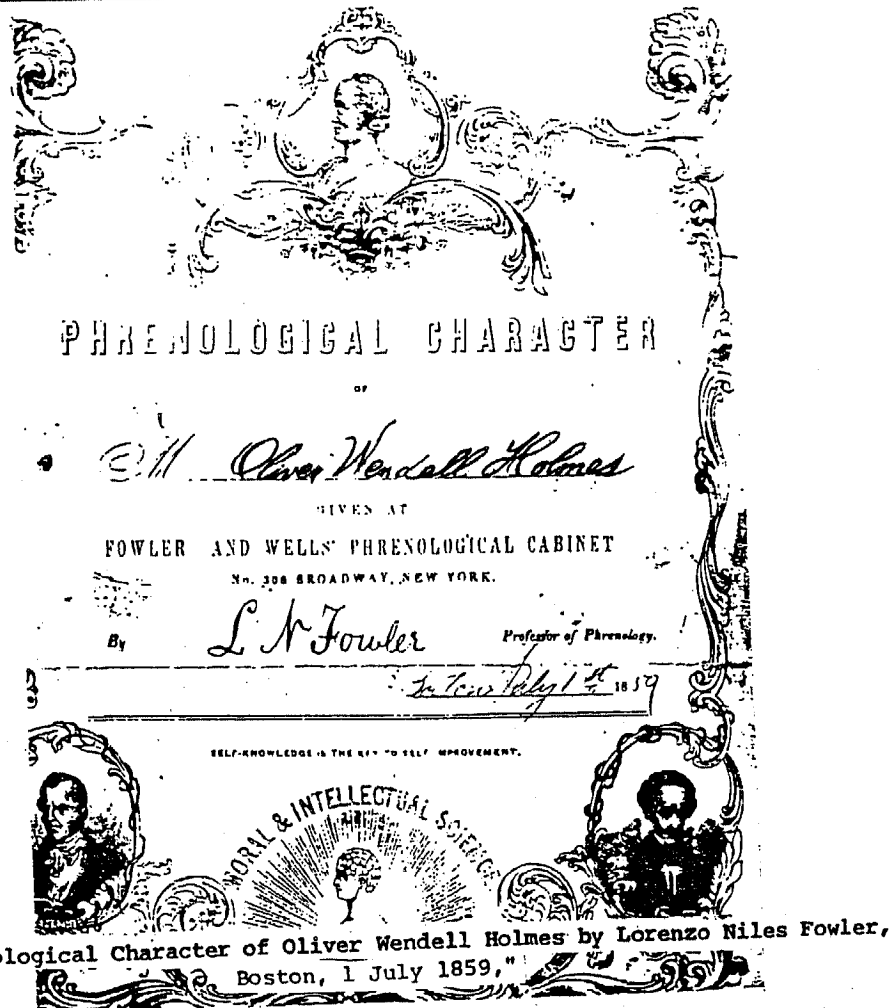


# Shifting Dullness

April 1988

*Shifting Dullness* says "April Fool's" with a wistful look back at the heyday of Phrenology in America. The American Phrenologist, Fowler, prepared this analysis of Oliver Wendell Holmes. (*Phrenological Journal*, Dec. 1894, pp. 272-274.)



As an illustration of the tendency in second and third rate minds to indulge in wit at the expense of truth, Dr. Holmes committed the mistake of criticising Phrenology in a way which a temperate, careful and accurate man in his position as professor of anatomy in Harvard College ought not to have done. He said that "to attempt to read character by Phrenology was

as absurd as to judge the contents of a money safe by the size of its rivet-knobs." If his middle face had been longer, and he had had more caution and sagacity in matters of human nature, this might have made him a phrenologist, of course, we must not expect universal perfection in this life.

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# SECOND OPINIONS

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## A Genocide Mentality

Stefano Cazzaniga

Dr. Robert Jay Lifton, MD, Distinguished Professor of Psychiatry and Psychology at the Graduate School of the City University of New York, gave a talk entitled, "The Genocidal Mentality: The Case of the Nazi Doctors," on March 16 at Duke University. An article of the presentation appeared in the March 17 issue of The Chronicle; however, I wanted to convey my own impressions of the talk.

Dr. Lifton began by explaining his view that one aim of psychiatry is not to replace moral judgement of evil, but rather to uncover the evil that can be present in human beings; furthermore, he stated that really anyone, even 'banal' people, can become truly evil if they commit actions which are evil. Although I do not recall Dr. Lifton specifically defining evil, it became evident what he meant by his subsequent reference to the Nazi doctors, who although started out as ordinary, banal people, became evil - they went from being healers to being killers.

It is important to realize that Dr. Lifton himself interviewed a large number of Germans who had some part in the WW II holocaust, be they as victims or perpetrators; among them were 28 Nazi doctors. He found that the doctors, even decades after the war, still did not feel any guilt or remorse at their actions; they presented themselves as decent people who behaved as best as they could given the circumstances they had been in; this in spite of the fact that they had been responsible for the suffering and death of many innocent people.

This 'medicalization of killing' stemmed from a desire to 'revitalize' German society. Hitler had a view of the Nordic race as 'culture-creating,' the other races were merely 'culture-sustaining,' while the Jews were

'culture-destroying' - and were thus a 'gangrene' on Germany that had to be removed. This Dr. Lifton described as the 'biological view' of Nazism. Concurrent with Hitler's ideas, there was a drive in Germany to remove the 'bad genes' of society, and this took place in five steps. The first three were the sterilization of mental patients and other 'incurables,' then the killing of children and then adults with these medical conditions. Then came the last two steps in the process: the systematic killing of human beings in the concentration camps, and lastly the genocide in the camps. Physicians played a role in all of this, as they succumbed to the ideology of the good of race over the good of individuals. Thus to them killing became a virtue, and this ideology, more than mere sadism, is what Dr. Lifton is convinced resulted in such large-scale murder. Dr. Lifton stressed more than once that theirs was an active choice, not one thrust upon them. The doctors that performed inhuman experiments, and those who decided who would die (the weakest of the lot) and who would live (those best fit for the slave labor in the camps), were the ones who chose to do so, refuting the viable option of a transfer to another line of duty. Not that there was not any inner conflict in these men (and a few women) - there was - but this was resolved by a process Dr. Lifton described as 'doubling,' a way of separating their evil self, which dominated their behavior in the camps, from their 'other' self, which dominated their behavior when with their families. According to Dr. Lifton, this doubling was the only way they could reconcile their role as healers with their new role as killers, and the only way they could live with what they were performing in the camps. But again, it was their decision to allow this doubling process to change them, and it was thus a moral choice, and an evil ('grotesque,' in Dr. Lifton's words) one as well.

The solution which Dr. Lifton proposed to be valid also for today's world is to replace the 'genocide mentality' with a 'species mentality,' that is, realizing that the fate of every individual is bound to the fate of everyone else in this one world; that all should act to overcome illness and suffering, not to destroy people in the name of healing.

Shifting Dullness accepts letters of opinion from all members of the medical school community which encourage responsible dialogue. Opinions expressed do not necessarily reflect the opinions of the editorial staff. Submit responses and articles to the Shifting Dullness box in the Alumni Affairs office or the Dean's office.

# The Worth of an 'Incurable'

Stefano Cazzaniga

Dr. Lifton's talk led me to think about the state of medicine in today's world. Contemporary society is not imbued with a genocidal mentality, although I would not hesitate to add (as I discussed in a previous column) that the killing of the unborn is already being justified based on the alleged benefits it may provide. Furthermore, there is an increasing willingness to justify active killing of 'incurables,' out of 'compassion' to relieve their suffering.

The reason I do not believe that administering death can be compassionate is that it assumes that patients or even doctors and family members can become sure of when a person's life has ceased to be worthwhile; this is contrary to the belief in medicine that all, whether sick, poor, elderly, retarded, disabled and even incurable have as much dignity as any other human beings. Thus I do not believe that any doctor should act on any patient with the intent of ending that patient's life, nor with the primary purpose of hastening the approach of death, even if this is the patient's wish (which may be colored by despair). Though we know we will all die eventually, still as (future) doctors we attempt to cure people in need; but whether or not this is possible (or even affordable), we try to let them know that we would like them to be among us, for we value them.

There is at present no ideology to allow killing in the name of 'revitalization of the race,' and this is a fundamental difference between our society and Nazi society. However, we should not be afraid to compare the trends that are emerging in our society to what happened over 40 years ago, not because we are necessarily following down the same path, but exactly because such a comparison will enable us to prevent a similar course from reoccurring.

## Psychology Probes Evil

Holly Lisanby

Why do some fundamentalist preachers teach that psychology is the work of the devil? Although this proposition sounds outrageous on the surface, the underlying concern is that psychology usurps religion by explaining away sin as disturbed human behavior attributable to genetic or environmental factors. However, Dr. Robert Lifton believes in evil and asserts that psychological explanations need not replace morality; rather, Lifton uses psychology to uncover evil. Through his investigations of doctors and survivors of Auschwitz, Lifton documents the extreme conditions which potentiate evil.

In response to the question, "Can a good man do

bad things?" Lifton answers yes, but then that man is no longer good. Lifton studied "good men" in extreme situations where inhuman orders were obeyed and rationalized to protect the integrity of the self. Lifton cited the following psychological conditions existing in Auschwitz which called forth evil, or potentiated the decision to perform inhuman acts:

1) Healing-killing paradox - Doctors sworn to "do no harm" are cast in the role of executioners.

2) Creation of meaning through biopolitical ideology - medicalization rationalization that the Jews are a disease threatening the Nazi body. The rectification of the gene pool progresses from sterilization of undesirables, to euthanasia of the ill, the elderly, and finally genocide camps.

3) Psychological numbing due to daily contact with inhuman conditions and suffering.

4) Preservation of professional identity. Experiments were performed on prisoners as an attempt to maintain scientific integrity.

5) Omnipotence vs. impotence. Nazi doctors had the duty of selecting which prisoners were to be killed and when. Although they had the power over life and death, they felt like just a small cog in a great bureaucracy which could shield them from responsibility.

Lifton does not seek to justify the actions of Nazi doctors, indeed he teaches a shared responsibility among us all for their actions. However, his findings shed light on the psychological dynamics of wrong doing as part of the universal human experience we share.

## Scholarship Awarded

Wendy Zaroff

Grant Simons, MS III, has been awarded the Henry Luce Foundation Scholarship, a grant that will provide a year-long cultural experience in Asia. The Luce Foundation was developed to provide America's future leaders with a first-hand knowledge of Asia with the aim of fostering a better understanding of Asia in our country.

After being nominated by Duke and proceeding through a series of regional interviews, Simons and 14 other individuals nationwide were awarded the scholarship. In the coming month the Foundation will provide a list of several local options; Simons is hoping to spend his year in the People's Republic of China. While his specific plans have yet to be determined, Simons envisions his experience as combining medicine and music. Simons says he would like to work in the clinic as well as play the violin in the local symphony: "music is the universal language, and I think that will really make my career experience special."

## AAMC Update

Bill Obremsky

The Executive Council of the Association of American Medical Colleges recently met and passed several recommendations that could have a significant effect on residency training programs. The recommendations dealt with resident supervision and hours. The aim of the recommendations is to increase the educational value of residency without compromising patient care, and making residency a more humane experience.

The recommendations were:

- 1) Resident working hours should not exceed 80 hours/week when averaged over forty weeks.
- 2) Moonlighting should be limited as to not exceed 80 working hours.
- 3) Hospitals should provide ancillary services (ie. blood drawing, IV teams).
- 4) These changes should be implemented without a reduction in resident salaries.

The AAMC is essentially the body that accredits residency programs, so the recommendations have some weight behind them. Changes are not going to happen overnight, but there is a definite possibility of them occurring. Resident hours and supervision is a big topic for several other groups as well. The Council on Medical Education of the AMA and the Committee of Graduate Medical Education have published recommendations for residency reform as well. These groups agree with the above recommendations and emphasize the necessity of supervision and teaching in a residency program. One 24 hour period in 7 days should be spent away from hospital duties. These could be major revisions so stay tuned for more info. For further questions contact Bill Obremsky, AAMC student advisory board.

### Staff

Editor	Holly Lisanby
Associate Editors	Stefano Cazzaniga Wendy Zaroff
Calendar	Rowena Dolor
Layout	Tom Brown Holly Lisanby Hank Mansbach

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## To the editors:

As Social Vice-President of the Davison Council, I would like to respond to the letter, "Flyer Found Offensive."

On February 5th, three of the letter authors complained to me about the February 6th party flyer. One of the three stated that measures should be taken by me to ensure that the funding of such a flyer by the Davison Council could "never happen again." I agreed. I went on to explain that:

a) neither I nor any other member of the Davison Council had been aware of the flyer's content prior to its mailing;

b) ignorance being a weak form of innocence, I would accept partial responsibility for the flyer's existence. Of the three "letter" authors, however, I requested explicitly a letter stating clearly their grievances; the letter was to be signed by all who felt similarly aggrieved. With that letter as my backing, I would then work through the Davison Council to ensure that the printing of such a flyer would "never happen again."

I have yet to receive that letter. Furthermore, the medical students who sent out the flyer assure me that I am the only person who ever complained to them about it. Weak, "letter" authors. Very weak.

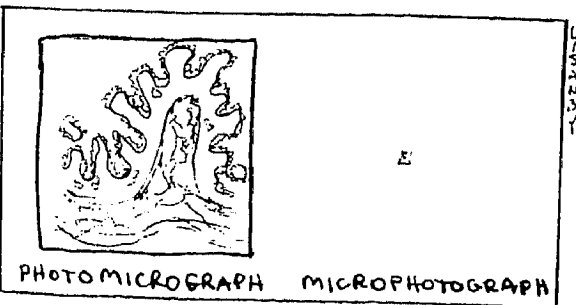
"Second Opinions" is an interesting and well-written collection of thoughts and opinions. But it does not resolve grievances. My position as the Social V.P. is that the issue of the flyer has been resolved through lack of interest.

-Tom Brown

## From the editors:

Several students were offended by a flyer for a party sponsored by the Davison Council Social Committee. These students contacted the chairman of the committee to express their concerns. They also expressed their complaints in the form of a formal, signed letter, published in the Medical Student newsletter and mailed to every medical student. Thus the chairman has received the letter he requested in an open, public forum. Publishing a letter in this newsletter does not resolve grievances, rather, it opens them to public debate. The mission of this newsletter is to provide a voice for medical students. The editors encourage students and organizations to work out their differences directly, while at the same time we feel that all constructive opinions deserve a public forum, and that is what "Second Opinions" is all about.

Thank You for your reply.



# COTYLENOL®

**MULTI-SYMPTOM**

**DOSAGE:** Adults: Two tablets every 6 hours, not to exceed 8 tablets in 24 hours. Children (6-12): One tablet every 6 hours, not to exceed 4 tablets in 24 hours for 5 days.

**WARNING:** Do not administer to children under 6 or exceed the recommended dosage because nervousness, dizziness or sleeplessness may occur. May cause excitability especially in children. A persistent cough may be a sign of a serious condition. If fever persists for more than three days, or if symptoms do not improve or new ones occur within five days or are accompanied by high fever, rash, excessive mucus, persistent cough or headache, consult a physician before continuing use. This preparation may cause drowsiness; alcohol may increase the drowsiness effect. Avoid alcoholic beverages when taking this product. Use caution when driving a motor vehicle or operating machinery. Do not take this product if you have heart disease, high blood pressure, thyroid disease, diabetes, asthma, glaucoma, emphysema, chronic pulmonary disease, shortness of breath, difficulty in breathing or difficulty in urination due to enlargement of prostate gland or are taking a prescription drug for high blood pressure or depression, unless directed by a doctor.

**DO NOT USE IF CARTON IS OPENED OR IF A BLISTER UNIT IS BROKEN. KEEP THIS AND ALL MEDICATION OUT OF THE REACH OF CHILDREN. AS WITH ANY DRUG, IF YOU ARE PREGNANT OR NURSING A BABY, SEEK THE ADVICE OF A HEALTH PROFESSIONAL BEFORE USING THIS PRODUCT. IN THE CASE OF ACCIDENTAL OVERDOSE, CONTACT A PHYSICIAN OR POISON CONTROL CENTER IMMEDIATELY.**

Inactive Ingredients: Cellulose, Starch, Magnesium Stearate, Yellow #6 (Sunset Yellow) and Yellow #10.

© MCN '87

"Most arrhythmias caused by anesthetics are innocuous, at least to the anesthesiologist."

-Dr. Mills, Pharmacology

(Pointing to the screen) "Is that out of focus or am I?"

-Dr. Bradford, Pathology

Would you prescribe this drug?

## Davison Society



## Social Calendar

### April 1988

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
3	4	5	6	7	8 Springfest Party	9
10	11 Robert Bork	12	13	14	15 Mike Cross	16 Student-Faculty show Broadway at Duke
17	18	19	20	21	22 Surprise Party	23 Tennis Tournament
24	25	26	27	28 Square Dance	29 Renewal of Systems	30 Big Four Ball Tournament

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# Calendar Highlights

- |          |                      |   |
|----------|----------------------|---|
| April 8  | Party                | The "Robert Brickey Fan Club" Party. A Doug Farmer/ Rob Schuman extravaganza featuring... well, probably not Robert Brickey. Starts at 9PM at 514 Finley St.  |
|          | Springfest           | Springfest, Main Quad, 10AM-6PM.  |
| April 11 | Bork                 | The Honorable Robert H. Bork, Page Audi. 7:30PM   |
| April 15 | Mike Cross           | Mike Cross, Folk Singer, 7:30PM Page Audi.  |
| April 16 | Student-Faculty Show | Need we say more?   |
|          | Broadway at Duke     | "Give em Hell Harry" Broadway at Duke Series, 8:15PM Page Audi.   |
| April 22 | Surprise Party       | A Surprise Party! Oh boy am I excited!! But keep this quiet. From 7-10PM at a location soon to be disclosed. Champagne provided; please bring a desert/snack. And keep looking for details!                                       |
| April 23 | Tennis Tournament    | Davison Club Student-Faculty Tennis Tournament, West Campus Tennis Courts. Play begins at 1PM, followed by awards presentations and party. Register by April 8 with Alumni Affairs.   |
| April 28 | Square Dance         | Duke/UNC Student/Faculty Square Dance. An Eric Bachman production that may very well be <u>the</u> party of the year. Plan on being there because <u>this</u> one's going to be the BIG one! Free to everyone. More details soon. |
| April 29 | Renewal of Systems   | Renewal of Systems #3: Medicine and Radiology. The real R.O.S. #3 in a series of student-faculty get-togethers. 5-7PM in Von Canon Hall, Bryan Center.  |
| April 30 | Big Four             | "Big Four" Basketball/Volleyball Tournament. If you wish to participate in the annual "Big Four" Tournament, please register soon. Sign-ups are on the bulletin board by the mailroom. <u>Absolute</u> deadline is April 14.      |

*Please contact Tom Brown at 684-6569 if you have information leading to a party.*

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# STUDENT BODIES

## Notes to First Year Students

Will Harlan

I thought it would be a good idea to update first year students and others on the sorts of projects first-year Davison Council Representatives are working on for the school's benefit. The first project we are working on is getting a microwave oven and refrigerator for the student lounge. Recently, a lump sum of money was willed to the medical school with no strings attached. Ordinarily, this type of donation goes into a general scholarship fund and this will most likely be the ultimate goal of the money. From our conversations with the Dean's office, I believe we will be granted the small sum of money from this fund required to purchase these much needed appliances. The money is currently tied up on legalities but will hopefully be released to the school soon. The second project we are working on is convincing the school to purchase copies of the computerized national board review program. The computerized review in conjunction with available national board review books would no doubt be very useful for those students planning to take national boards. The third project we are investigating is the installation of several personal computers for word processing and simple statistics in the medical school library. Although there are many available terminals to medical students on the undergraduate campus and in the central teaching labs, it is inconvenient not to be able to work on projects with references nearby. Ideally, these terminals would possess the flexibility for connection to larger centralized mainframe computers such as the Duke VAX system of the TUCC system for the future. Four first year students met with the Director on 3/24 and he has responded by agreeing to bring up the matter with the administrative body which handles Medical Center Computer Systems.

We had a fantastic response to the first round of instructor evaluations; 95 out of 103 people responded. We plan to send a summary of each instructor's results and her/his comments to Dean Graham and the respective course directors. The results will be discussed with Dean Graham and a set of recommendations made to the short term curriculum review board. My many thanks to you all and especially to Carol Reilly and the CTL staff for making this first round a success. Look for new evaluations to be out soon.

We have been challenged by the other three medical

schools in the state to a basketball/volleyball tournament. The event will take place on April 30 beginning at 9:30 AM and the deadline for entry is April 15. See Steve Gallup about signing up teams and for the exact details. Many people have been asking about how they can have input into the curriculum committee. Although people have already been formally selected to be on the committee, I suggest that we form a separate class committee. The class group should be made up of anybody interested and will formally make recommendations to the head of the student curriculum committee (Avery Evans) or directly to the medical school committee. Lastly, we have planned a class picnic in Duke gardens for Thursday, April 14, following classes (and all tests); so bring your favorite games and coolers; the class will supply food and soft drinks.

## Evaluating First Year

The following is a high to low ranking of the faculty that taught last semester's first-year courses, based on the overall rating (sum of the means of the ten questions asked of the students). 93 evaluations were returned out of a total of 103.

### PROFESSOR DEPT

Gutknecht	Physiology
McIntosh	Anatomy
Bell	Biochem
*Jakoi	Anatomy
Anholt	Physiology
Cartmill	Anatomy
Rajagopalan	Biochem
Hylander	Anatomy
*Costello	Anatomy
Hill	Biochem
MacPhee	Anatomy
Johnson	Anatomy
Erickson	Anatomy
Klitzman	Physiology
Caron	Physiology
Akwari	Physiology
Corless	Physiology
Schomberg	Physiology
Kootsey	Physiology

### PROFESSOR DEPT

Siegel	Biochem
Blum	Physiology
Steege	Genetics
Fridovich	Biochem
Lamvik	Anatomy
Moses	Anatomy
Farmer	Physiology
Anderson	Physiology
Modrich	Genetics
Magid	Physiology
Greene	Genetics
Padilla	Physiology
Robertson	Anatomy
Schachat	Anatomy
Reedy	Anatomy
Whitson	Physiology

\* denied tenure

# Parking

## Dead Ends and alternative routes

Holly Lisanby

The DUMC Parking Report, dated 3-10-88 and presented to President Brodie's Task Force on University Parking, revealed the following:

H-lot spaces available	= 1609
H-lot permits sold	= 3553
N-lot spaces	= 176
N-lot permits sold	= 231

The report on University parking revealed this data:

Law student spaces available	= 326
Law permits sold	= 629
Business student spaces available	= 377
Business permits sold	= 548

The task force was formed to evaluate the parking situation on campus and to recommend action to the Board of Trustees. Members of the task force include:

Mr. Thomas Dixon, Associate Vice President, Administration - Chairman

Mr. Harry Gentry, Manager of Transportation, Parking, and Facilities of DUMC, 684-5773

Dr. Andrew Martin, 3rd year Law Student.

Martin has committed himself to representing graduate and professional student concerns. Martin and the ASDU representative are the only two non-administrators on this task force which will provide direct input to the Trustees. As our advocate on this influential task force, Martin invites input and suggestions from med students so call him at 286-2897 and let him know what you think.

On personal interview, 3/18/88, Mr. Gentry stated that a third parking garage (1000-1500 space capacity) has been under investigation for the past 4 months. Gentry added that a special area of the garage may be zoned for medical student use to alleviate competition for spots which is exacerbated by irregular student schedules. We share H-lot with Medical Center personnel and N-lot with Trent freshmen, thus our parking problems are complicated and interrelated, but the DUMC Parking Report of the Long Range Planning subcommittee, dated 1-8-86, did not address medical student concerns (Report prepared by Tom Anderson,

Pete Bennett, Harry Gentry, and Ralph Hawkins.)

The administration of the Medical Center Parking Office is anxious to build a parking garage as soon as the University provides the money. Money for these long term fixes is always a problem, but real creativity could result in short term fixes to help out now. As students, we could acquaint ourselves with all-decal parking lots across campus and the University could encourage us by providing shuttle support between these lots and the Medical Center (see chart). The Parking Office could ameliorate the current situation and improve their public relations by working with the Traffic Office to make the rules governing parking violations responsive to the parking crisis.

Florence Nash, Assistant to the Dean, has demonstrated great initiative and energy in following up medical student parking concerns with the Medical Center parking office. In '86 second year women were granted N lot permits. In the summer of '87 fourth year women petitioned for the same privilege. They were turned down. While the Dean's office and Nash continue to work toward administrative solutions with the Parking Office, students can look at existing alternatives:

1) The Pratt St. H lot There is a shuttle running every 10 minutes during the intervals 6:30-11AM and 2:45-6PM between the lot and Parking Deck II.

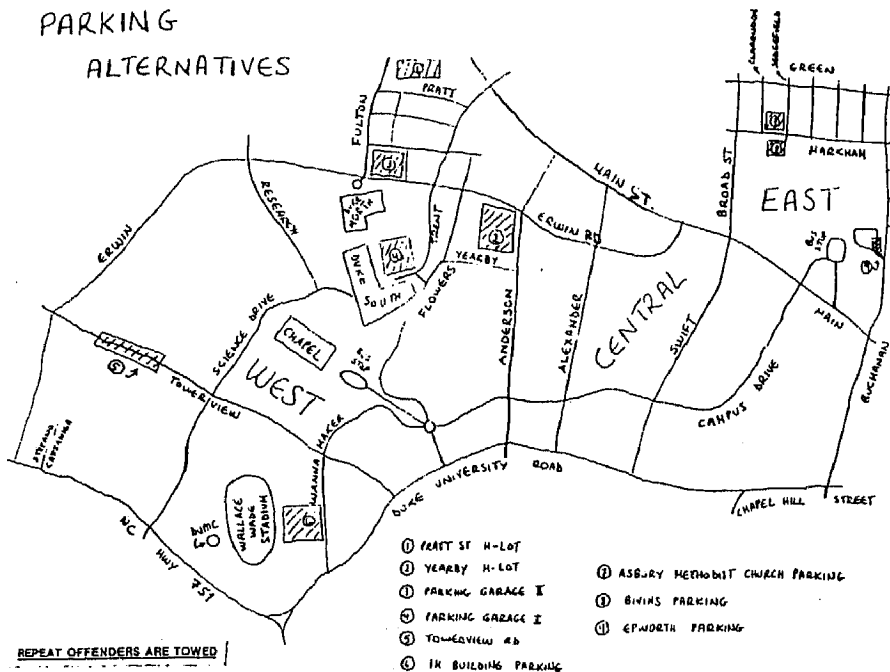
2) Parking Garages Any car with a valid DUMC permit may park in Parking Garages I and II for free as long as the car leaves the garage between 9PM and 9AM.

3) <u>All Decal lots</u>	
Bivins-East Campus	46 spaces
Epworth-East Campus	59
Asbury Methodist Church	90
-off of East C.	
Intramural Bldg.- West Campus	209
DUPAC drive	85
Towerview Road	60

4) Carpool Perhaps the Davison Council, in conjunction with the off-campus housing office, could organize a carpool contact system.



## PARKING ALTERNATIVES



**DUKE UNIVERSITY**

DATE 9.21.87 TIME 1:15 AM PM

LICENSE NO. 44 STATE NC

DUKE DECAL 11-1987

MAKE OF VEHICLE Ford COLOR Blue

LOCATION 11th St OFFICER Chapman

YOU ARE CHARGED WITH THE VIOLATION(S) MARKED BELOW

1. NO DUKE PERMIT <input type="checkbox"/> \$15.00	9. LOADING ZONE <input type="checkbox"/> \$15.00
2. RECKLESS DRIVING <input type="checkbox"/> \$25.00	10. METER VIOLATION <input type="checkbox"/> \$5.00
3. SPEEDING <input type="checkbox"/> \$25.00	11. IMPROPER ZONE DECAL <input type="checkbox"/> \$15.00
4. LANDSCAPE ON SIDEWALK <input type="checkbox"/> \$25.00	12. NO PARKING ZONE <input type="checkbox"/> \$15.00
5. FIRE LANE <input type="checkbox"/> \$35.00	13. BLOCKING TRAFFIC <input type="checkbox"/> \$15.00
6. HANDICAPPED PARKING <input type="checkbox"/> \$25.00	OR ROADWAY
7. YELLOW MARKING <input type="checkbox"/> \$15.00	14. OTHER PARKING VIOLATION <input type="checkbox"/> \$15.00
8. SERVICE VEHICLE <input type="checkbox"/> \$15.00	15. OTHER MOVING VIOLATION <input type="checkbox"/> \$25.00

**IF TOWED, PAY TOW FEE AND PARKING FINE**

## Take Time Out for Poetry

Holly Lisanby

While the rest of us are braving the crowds at the Southside Deli and cafeterias, a group of about 20 medical staff and faculty gather to read and discuss poetry. "I Want to Read You a Poem" is a lunchtime program sponsored by Oncology/Recreation Therapy and Cultural Services. All members of the Medical Center community are invited to listen to and read poetry over a brown bag lunch in the Center for Aging Board Room, third floor Blue Zone, room 3506, Duke South, at 12:30 PM on alternate Fridays (Contact Cultural Services for a schedule).

I attended a recent poetry lunch which included a reading by G.K. Bishop, a member of the Medical Center as well as an accomplished poet whom you may know through local poetry reading. Special readings by local poets are scheduled for alternate meetings. For those of us that enjoy poetry but can't seem to find the time, the poetry lunch is a convenient way to pursue this interest.

It is encouraging to know that in the noontime hustle of this busy hospital, a growing number of health care workers are taking time out to reflect and share thoughts. Poetry, as a form of specially refined communication, could broaden a future doctor's ability to communicate and care. Join us next time to listen to some poetry, a voice of the human experience.

## Dean's Office News

Wendy Zaroff

The Weis Center for Research at the Geisinger Clinic is offering 10 positions for short-term research training. The program runs for 3 months and provides a \$750/month stipend.

The Rutgers Center of Alcohol Studies is providing scholarships for medical students to attend a one-week summer school of Alcohol Drug Studies. Courses including "The Diagnosis and Treatment of Chemical Dependency Disorders" will be offered. The award covers the University fees, tuition, room and board, and meals. Apply by June 1.

The Wilderness Medical Society has created the Charles Houston Award, a \$1500 grant given to the medical student who submits the research proposal "most likely to result in a substantial contribution to the field of wilderness and environmental medicine." The deadline for submission is 10-15-88.

Oresto A. and Maddalena Giargiari Endowment Medical Scholarships are available for 1988-89 "worthy, needy second, third and fourth year Italian-American students." Deadline - May 15. Other scholarships for Italian-American students are also available. Contact the Office of Financial Aid for more information.

# NEW THIS SPRING!

## FOR ALL DUKE MEDICAL STUDENTS

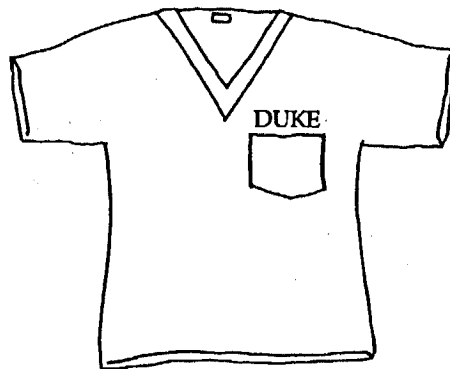
Pair Up your Jeans  
with our casual,  
comfortable sportswear!



\$8.95



\$8.95



\$12.95

