

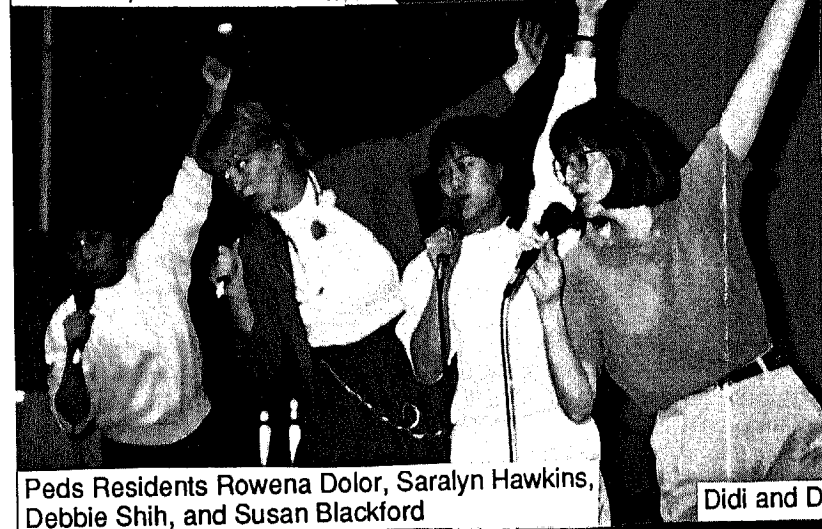
May 1990
**Shifting
Dullness**



"I'm Metz," Paul McDermott



"and I'm Baum," Keith Walter



Peds Residents Rowena Dolor, Saralyn Hawkins, Debbie Shih, and Susan Blackford



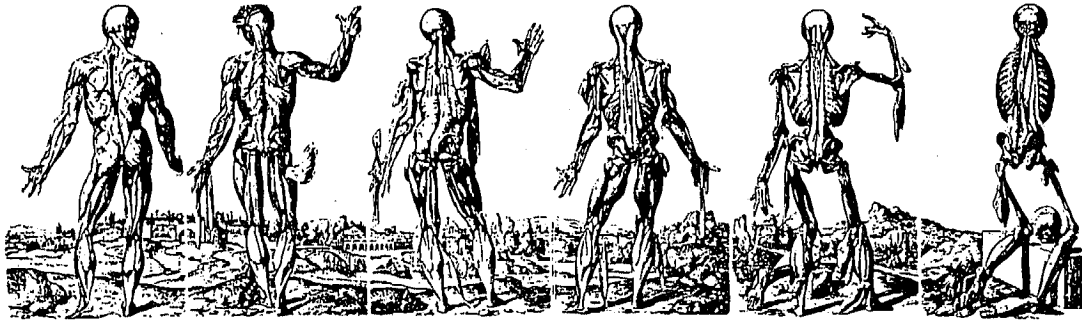
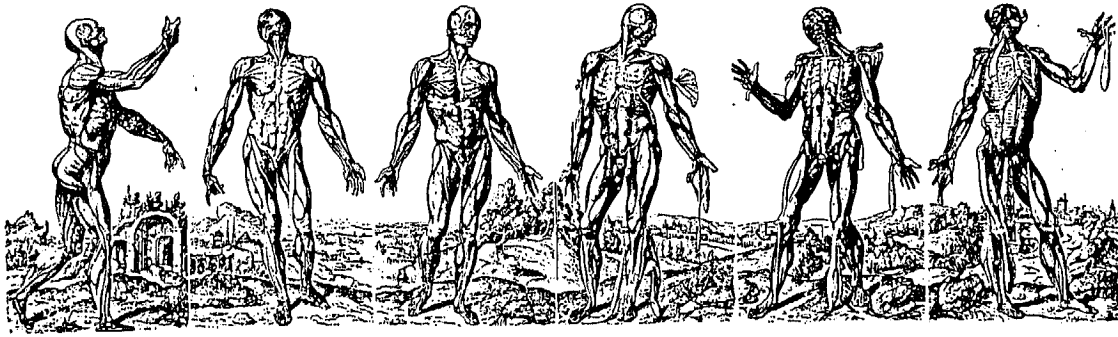
Didi and Deaver, Katrina Sidham and Mike Eng



Eric Bachman as Trav with surgery residents Chris Stille, Steve Stasheff, and Shafquat Shah



The Angelic Deans



This Month in Medical History

Chris Tharrington

- On May 1, 1819, René Théophile Hyacinthe Laënnec, the great French clinician, invented the stethoscope; his Treatise on Mediate Auscultation appeared later the same year. Laënnec also made important contributions to the field of pathological anatomy, especially that of pulmonary tuberculosis. Ironically, he died of the disease at 45.

- Santiago Ramon y Cajal was born May 1, 1852. This Spanish histologist carried out classic studies on nervous tissue and was the first Spaniard to receive the Nobel Prize (1906). The Institute of Neurohistology in Madrid was named for him after his death.

- The trustees of Philadelphia College (now the University of Pennsylvania) named John Morgan professor of theory and practice of medicine on May 3, 1765, thus inaugurating the first non-Spanish medical school in America.

- The Pennsylvania Hospital, the oldest existing American institution for the care of the sick, was

founded May 11, 1751 for "the care and treatment of lunatics" so that "they may be restored to reason and become useful members of the community."

- On May 14, 1796 Edward Jenner carried out the first vaccination against smallpox.

- James Lind, the founder of English naval hygiene, was born May 17, 1716. He was the chief proponent of using citrus fruits to prevent scurvy among sailors.

- William Heberden, known for his classic description of angina pectoris (1768), died May 17, 1801.

- On May 22, 1860 Willem Einthoven, the Dutch physiologist and physician, was born. He performed much of the work leading to the development and use of the electrocardiogram; for this, he received the Nobel Prize in Medicine in 1924.

- Imhotep of Egypt, a physician and sage, is said to have been born on May 31 sometime around 2900 BC. He was one of the few Egyptian mortals (other than kings) raised to the level of deification. Osler called him "the first figure of a physician to stand out clearly from the mists of antiquity."

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Second Opinions

Defending The Quality of Our Life

In the last issue of *Shifting Dullness*, the news from the Davison Council meeting detailed some interesting comments from the faculty about the criteria Duke students use to choose their residencies. Dr. Saul Schanberg told the Davison Council that the number one reason Duke students choose a residency is the type of lifestyle it offers. Dr. Schanberg continued by saying that many Duke professors believe this shows considerable lack of character on the part of students. Ironically, the students who consider lifestyle to be important will probably be happier with their profession when they begin practicing. Is happiness thus a negative character trait?

In a recent article in *Washingtonian* magazine, a D.C. area endocrinologist writing about physicians' attitudes toward money and their incomes mentioned a recent conversation with a friend who is an overworked cardiologist. The latter said, "I haven't seen my kids awake in ten days. I haven't talked to my wife in four days, except on the phone. I'm out of the house at six and don't get home until ten." This cardiologist is working so hard that he can never see his family and is a slave to his job. While his dedication to his work is laudable, one has to wonder how much longer he can continue to work as a physician, and whether he is happy enough with his work to provide his patients with optimal care day in and day out. An unhappy physician who is overworked can't possibly be as personable and compassionate with patients as one who is satisfied and happy with his life.

The basic question is how much must physicians

sacrifice to practice medicine. Most medical students eventually plan to marry and raise families (as do most other young adults in America), but as future physicians, medical students will face tremendous stress and pressure in their professional lives. It comes as no surprise then that the rates of divorce and substance abuse among physicians are higher than national averages. I have even heard about certain departments at DUMC which brag about the divorce rates among their residents. To even face these pressures and successfully establish oneself shows much character and shows that many physicians who have families and are happy with their work are well-adjusted professionals.

Other professions like law and business involve long hours and strenuous workdays like medicine, but physicians work more directly with the public on a day to day basis. Would a physician who is dissatisfied with his or her work and despondent over his or her recent divorce which resulted from job pressures be able to consistently be caring and show concern for patients? On the other hand, a physician who likes his or her job and has a happy family life will surely be better able to interact positively with patients and provide the high quality care expected of all physicians. What it comes right down to is whether physicians are solely professionals or people just like everyone else who happen to be in a challenging yet stimulating profession. While attitudes still persist that seek to deny the personal needs of future physicians, the personal side of medical care will continue to suffer. In the end, that will hurt both the patient and the physician.

Matt Roe

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 to the *Shifting Dullness* box in the Alumni Affairs Office or mail to PO Box 2765 DUMC, campus mail.

Cover - 1990 Student-Faculty Show, "Back to the Suture II." Photos by Michael Mauney. Design By Holly Lisanby.

The Emerging Curriculum

Kenny Boockvar

Much work is currently being done on revising the Duke medical school curriculum. Many faculty from diverse departments are engaged in different aspects of the planning, as are the Dean's Office, the Chancellor for Health Affairs, and an energetic Medical Student Curriculum Committee (MSCC). The discussions are taking place in a myriad of committees, most of which now have student representatives as voting members.

The committees include ones for Strategic Planning and Design (SPAD), attended by the Chancellor for Health Affairs Dr. Ralph Snyderman; Medical Informatics Education and Evaluation, headed by Dr. George Padilla and attended by students Michael Flynn and Michael Sicard; Planning and Implementation, headed by Dr. Sal Pizzo and attended by student Tracy Gaudet; Clinical Teaching, headed by Dr. Robert Waugh; Basic Science Teaching, headed by Dr. Matt Cartmill and attended by student Terry Kim; Clinical Arts Teaching, headed by Dr. James Michener and attended by students Sharon Castellino and Matthew Roe; and Third Year Evaluation, headed by Dr. James Davis and attended by students Ann Sharpe and Bill Ricci. Students who serve on these committees report back to the MSCC, which meets every two weeks and is open for all students to attend. Thus the students who serve on faculty committees can get feedback from a larger fraction of the student body and express prevailing (not just personal) points of view to the faculty.

The lecture format of the first year of basic science has been criticized as being ineffective and a bit inhumane. Proposals to change the first year have called for increased problem-based learning in a seminar format, modeled after Bowman-Gray's or Harvard's program, and reduced lecture hours. This approach would demand more time and effort of the faculty, and might require the first year to be lengthened. Other aspects of the first year which are being reevaluated are the Clinical Arts program and the Human Behavior course, which may be combined into one program. Changes in the second year which are being discussed involve a redistribution of time among the clinical rotations, in particular shortening the Family Practice rotation and lengthening Medicine and Surgery rotations. The third year research program is being reevaluated due to some uncertainty of its impact on students. In the future the program may be more flexible, allowing students to choose more clinically oriented projects, and it may also be shortened to make room for an extended first year. Changes in all four years may be necessary to

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accommodate imminent changes in the national certification examinations. FLEX is being integrated into the National Board exam and will probably not be given after 1993. Duke medical students, who have traditionally chosen to take FLEX over National Boards due to the timing of the Duke curriculum, will have to gain time to study for the new exam.

In order for the committees to make informed decisions about what changes should be made in the curriculum, the MSCC has undertaken a survey to accurately determine how students feel about such issues as third year research and the condensed first year, and why students came to Duke. These subjects have been the source of speculation by the faculty, who have no hard data supporting the direction they are taking with the new curriculum. In addition, the MSCC is conducting an informal study of curriculums at other medical schools. The comparisons among different schools of lecture, lab and clinical hours will be useful in determining how effectively Duke appropriates its time—another subject about which the faculty could previously only speculate. The results of these landmark investigations will be made public in May.

In the fall of 1989 the Medical Student Curriculum Committee drafted a letter of recommendations for changes in the Duke curriculum. In addition to the issues discussed above, the letter makes some comments about the quality of teaching at Duke. It criticizes many departments' policy of requiring professors to teach, many of whom are poor instructors and have no interest in teaching well. The letter requests that teaching be voluntary, and that all teachers be regularly evaluated by faculty and students. It recommends that instructors might benefit from a course in effective teaching and lecturing. The letter also calls for more financial incentives for teachers to teach well, and requests that departmental chairpersons consider more seriously teaching skills when making new faculty appointments. The letter also suggests that courses be taught by fewer lecturers, since multiple lecturers fragment a course and make the quality of teaching inconsistent. With fewer lecturers, courses can be better organized—disorganization being a major problem with courses like Physiology and Pathology, whose topics are taught almost randomly, with few conceptual links and little prioritization of information. The Medical Student Curriculum Committee letter, the content of which will soon be presented to the Committee for Strategic Planning and Design (SPAD), emphasizes that in addition to constructive structural changes in the Duke curriculum, improvements in the quality of instruction must be made, or else curriculum changes are useless.

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What role should medicine play in treating / preventing the outcome of sexual violence?

The average medical school devotes one and a half hours to the topic of domestic violence. According to researcher Mary Koss, that amount of time is not enough. Koss of the University of Arizona presented her research on "the deleterious consequences of criminal victimization on women's health and medical utilization," during the April 6th Psychology colloquium. Koss is also concerned about the lack of sexual violence screening in standard medical history taking. Previous studies have shown that crime victims have increased lifetime risk of mental illness and have more somatic complaints. Koss studied the impact of criminal victimization on the medical utilization and expenses of women in a worksite based HMO.

Koss chose to study the impact of crime on women's health because "the burden of violence falls on women." One in 5 women has been raped and one in four battered, according to Koss. Of the 390 women in her study, 24% were raped and 21% were the victims of multiple assault and rape. The tools Koss used to evaluate the impact of victimization on these women's health included personal interviews, medical records review, self-reported perceptions of general health, symptom surveys, and a mental health index. The results showed that crime victims reported poorer

general health and more symptoms. The increased symptom reporting may reflect the anxiety over physical integrity which is associated with assault victims. In addition, these women were more likely to smoke, drink, and not wear seat belts while driving. The increased tendency towards risk taking may reflect attitudes of self hatred and loss of control experienced by victims. The medical records of victims indicated that victims have twice as many office visits and their medical expenses are two and a half times higher. This increased medical utilization is not directly linked to physical injury resulting from the crime. The number of office visits per year remains elevated years after the crime and does not return to the pre-crime baseline during the period of this study. Victims indicated they were more willing to seek a doctor's assistance as opposed to other support systems, second only to family.

Primary Care physicians have a high degree of public contact and are in a position to positively impact the way women react to victimization or abusive domestic situations. However, medical students commonly receive little or no training on how to recognize or even talk about sexual violence. The research Koss presented suggests that a history of sexual violence increases symptom reporting, help seeking, and risk taking behavior. Thus somatic complaints may be inappropriately treated as organic in origin if the psychosocial dimensions of victimization are ignored. The act of confiding in the doctor may be therapeutic in itself. Victims are indeed willing to discuss these matters with physicians and often it is the physician's discomfort with the subject that limits the flow of information. Once the doctor identifies a victim, she or he may refer the patient to appropriate support systems and counseling. Physicians should pay more attention to identifying and treating victims of sexual violence. It is relevant to consider what role doctors should play in instigating societal changes to prevent sexual violence since, in the final analysis, the best treatment for rape is prevention.

The Survey Says...

A survey about students' opinions and thoughts on the curriculum and related issues will be distributed to the four classes during the first week of May. Please return it promptly; it is YOUR chance to make a contribution to improving Duke's medical school curriculum.

Davison Council

Diane DeMallie

Some major changes have taken place in curriculum committee policy since the last meeting. Tracy Gaudet has agreed to chair the student section of the Curriculum Committee for the rest of this year. She reports that Dr. Snyderman has been very positive about getting student input, and has invited Tracy and Jim Bass to address SPAD, the executive committee on curriculum, on April 19. He sent her a letter stating that he thinks the third year of research is essential to Duke's curriculum, and that it should be opened up to research in broader areas, such as health services, epidemiology, and clinical science. Tracy has also met with the current chairmen of all the major curriculum committees and has organized a meeting for students to consolidate student views.

A major task of the Davison Council last month was to propose a budget for the 1990-1991 year. Treasurer Jim Dalton sent out forms to all groups who receive money from the Davison Council. The Budget Committee met on April 24 to discuss each request and assign money to each group. The Davison Council reviewed the proposed budget on April 25. If these results are not satisfactory, student groups will be given time to appeal their funding in person at a later date. Shauna Farmer has worked hard on Davison Council

elections this year. About a third of each class voted. Shauna added a new facet to elections by posting a brief bio about students running for a major office. She doesn't think this worked perfectly, since different candidates emphasized different things; perhaps making a form for candidates to fill out would work better next year. The question was raised as to whether members' attendance at Davison Council meetings is ever taken into account for elections; it was suggested that perhaps attendance records should be posted. Some members felt that this may be too harsh, since second years would be compared with third years. Another idea was that the Davison Council could bar members from running for another office if they have poor attendance records from the year before. This will be an issue for next year's Council to discuss. The new Davison Council met with the old on Monday, April 23, and will begin their meetings in May.

Thanks to Herb Chen and Lenny Steinberg for organizing a highly successful Davison Ball on April 7! The ball was held at the Durham Omni and was very well attended.

The NEW Davison Council

Congratulations to the new Davison Council officers for next year:

- President: Diane DeMallie, MS3
- Treasurer: Ann Sharpe, MS3
- Service VP: Susan Hazzard, MS3
- Social VP: Herb Chen, MS2
- Secretary: Betsy Hilton, MS2
- IM Chairperson: Ashok Reddy, MS2

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No free food, but...

We are currently looking for students, especially rising MS3's (i.e. those with less hectic schedules), interested in working on *Shifting Dullness*. Be it writing, editing, graphics or what have you, we are willing to show you how it's done. Please call Holly (688-7347) or Stefano (383-0808). Due to the anticipated overwhelming response to this ad, we urge you to contact us promptly.

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FREMONT COMMUNITY DEVELOPMENT CENTER

Rural Health Elective

Are you interested in:

- primary care?
- working in a community controlled people's health clinic?
- a more just health system?
- or, learning about societal impacts on worker health and safety, access to care, race issues, and poverty in rural Eastern N.C.

If so, plan to take the Rural Health Elective 214C. Sponsored by the NC Student Rural Health Coalition, this two credit course entails clinical responsibilities, a biweekly seminar, and a community based project. Look for announcements for an upcoming informational meeting.

Pictured here is Fremont Community's refurbished house which serves as the site for the free health clinic held monthly every third Saturday from 11-3 pm. The clinic is staffed by student members of the Rural Health Coalition (offered as a third and fourth year elective), Duke residents, and physicians in the departments of Family Medicine and Internal Medicine, and interested students from the first and second year classes.

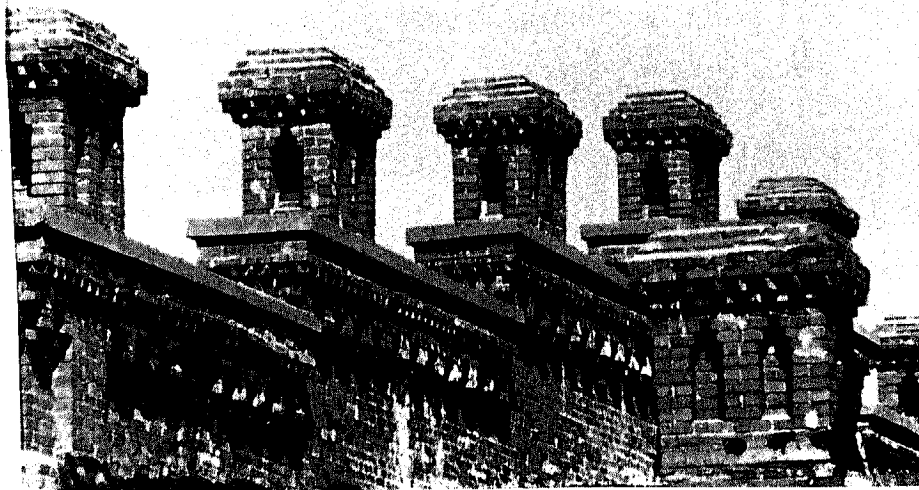


Lost -

If you mistakenly took a long grey wool coat with gloves in the pocket from the Davison Ball, it's probably mine. Please check your closet or ask your date if she took the wrong coat. If so, please call Ann Sharpe, 383-6769 and leave a message.

Announcement -

To the third year med student who recently bought a table for \$25 less than he thought it would cost: you must have lost my name and address. Call me at 382-2806.



Susan Hazzard

May Calendar

Rowena Dolor

Theater

- May 4,5 - Ruddigore, performed by the Durham Savoyards. Dr. Pat Kenan, our 'Greased Lightning' in the Student-Faculty Show, is also in this production. 8 pm, Page Aud. \$6 for students.
- 6 - Phantom of the Opera (the play, not the musical), 8 pm, Page Aud. \$23 tickets at Ticketron.
- 20 - Brahms Requiem by the Durham Civic Choral Society, 8 pm, Baldwin Aud. (East Campus).
- 24 - Andrew Rengell, piano concert, 8 pm, Reynolds Theater, \$5.
- 27 - Shayne Poty, Chapel concert, 5 pm, Duke Chapel.
- 30 - An Evening of Romantic Chamber Music, by the Ciompi and Carolina Quartets, 8 pm, Bryan Center Film Theater.

Freewater Films

- 7 and 9:30 pm, Bryan Center Film Theater, free with ID
- May 17 - ET
- 24 - The Lost Weekend
- 31 - Psycho

Art

- until May 20 - The Blues Aesthetic: Black Culture and Modernism, Duke Univ. Museum of Art, East Campus; open T-F 9-5, Sat 10-1, Sun 2-5, closed Mon. This is a 'must see' type of show according to MS3's Mike Cuffe, Eric Bachman, and Russell Nash, who have worked at the museum.

Special Events

- May 10 - class '91 picnic and Senior Class Dinner
- 11 - Hippocratic Oath Ceremony
- 13 - GRADUATION

Clubs Med

Debbie Shih

AMA

Congratulations to the new officers! The national meeting will be held in Chicago from June 22 to 24 with many Duke AMA student members in attendance.



outside the Engineering Parking Lot. All proceeds from these events support Duke Pediatrics. Please join in these worthy events. If you can volunteer time to work on the auction or the fair, please contact Lisa Gangarosa, 1990 Auction Chair, 684-4187 or 493-9583.

AMSA

We hope everyone enjoyed the "Meet the Resident" program. The Duke AMSA chapter is greatly in need of new members. AMSA provides many worthwhile projects for the medical school and offers its members many opportunities. Please call Chris Stille (M3) if you are interested.

Children's Miracle Network

The Annual Children's Miracle Network Pig-Picking and Benefit Auction will be held June 1 in the Multipurpose Building from 5-10 p.m. Tickets are \$5 and will go on sale 2 weeks prior to the event. Items to be auctioned include a basketball signed by Jim Valvano. The Children's Fair will be held on June 3 from 1-5 p.m.

1990 Student-Faculty Show

The 1990 Student-Faculty Show was performed on Saturday, April 21 in Cameron Indoor Stadium. About 800 people watched the Back to the Suture II cast give it their all. There was, as we had anticipated, fun for everyone involved. Thanks to all who gave their time and efforts to make this show a success!!! Also thank you to all who came to support us. There are photographs of the dress rehearsal for viewing in the Candy Room. You may order copies of any of the pictures for \$1.00 (for 4 x 6) and \$2.00 (for 5 x 7). Envelopes will be available for orders and payment. Additionally, the professionally duplicated copies of the show videotape will be available in the coming weeks. Look for order forms in the hospital mail. The tapes will be \$18.00. Any questions can be addressed to Debbie Shih (M3).



photo by Mike Mauney

The cast of "Back to the Suture II"

'Virus Attacks CTL'

Stefano Cazzaniga

CHIEF COMPLAINT: depression and irritability
HISTORY: was in usual state of good health
REVIEW OF SYSTEMS: disk emesis, premature interruption of programs, loss of memory
PHYSICAL EXAM: diffuse screen petechiae, grade 2/6 beeping, poor recall of files.
DIAGNOSIS: viral computeropathy

Actually, the CTL Macintosh was spared such severe signs and symptoms, though it had indeed been infected with a computer 'virus.' I myself don't know too much about computer viruses; I don't know exactly how they work, just that they are acquired from 'infected' software and hardware, and are likewise spread. Just as real viruses are replicating genetic 'programs,' computer viruses are replicating computer programs. Of course, that implies that there are strange people out there who go through the trouble of coming up with these viruses. Some viruses merely interfere with the proper functioning of the computer, while others actually destroy files. There are programs that detect and/or remove viruses; it was by running one of these, "Disinfectant," that I discovered that some of my disks had become infected, and the CTL Mac as well. Luckily, no obvious damage had been done, and the virus was removed without difficulty. The problem is that floppy disks from others using the CTL computer may have become infected, and may still be active, possibly

damaging those disks; additionally, using these infected disks can re infect the CTL Mac. The "Virex Guard" program on the Mac is supposed prevent this, but I suspect that this is a newer virus that escapes detection. Using a floppy disk on any computer with an infected hard disk, using an infected floppy on a computer with a hard disk, using a floppy on a computer with an infected floppy in the second drive, and using a computer in which a previous user used infected disks without restarting the computer (computers without hard disks lose any virus once they are turned off) are all ways viruses can spread. I urge all those who have been using not only the CTL computer, but any other public-access computers with a hard disk, or who have obtained disks from friends or strangers, to check their disks by running "Disinfectant" on them; version 1.7 should be used, since the previous version does not detect the virus which has been going around. It can be obtained free of charge from Academic Computing (136 North Bldg., on Research Drive) by bringing your own formatted disk.

Shifting Dullness Factoid

Rising MS4's: did you know that you need 12 credit hours of surgery rotations (i.e. 4 more than you get during second year) in order to apply for a residency in California?

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Staff

Editors	Kenny Boockvar Stefano Cazzaniga Melissa Corcoran Susan Hazzard Holly Lisanby
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Dear MSIII

Eric Bachman

Dear MSIII,

What do you make of the recent professional school rankings in U.S. News and World Report? - Befuddled Dear Beef,

I am dismayed that Duke Med fell to #3 in the recent rankings, which are based on the most objective criteria to date. Do not despair. The distinction between schools in the elite class that we fall in remains arbitrary. I do, however, have recommendations for new criteria under which Duke will outdistance all other med schools.

1. Average annual days of sunshine - the only other school that can even compete in this category is UCSF, while all the rest are situated in climates that lack the golden rays. This will be entered as basal levels of vitamin D3 (cholecalciferol) of medical students, which combines the availability of the sun and students' ability to bask beneath it. Control for multivitamin supplements and dairy products will be provided.

2. Final Four Coefficient - talk to me. Harvard has hockey. Stanford has swimming and water polo. The fact is, the only other school that even approaches the


hoops success of Duke in the top 15 is U Michigan (13). This category is extremely important for recruiting top medical personnel, who routinely purchase season tickets. Chalk up another first for Duke in the criteria rankings.

3. Beach proximity - let's face it. Our beaches, though three hours away, are extremely accessible and often visited. The nearest beach to Hopkins is a "river" that you can walk across or set aflame, whichever is your fancy. UCSF lies on the scenic Pacific coast, but wet suits are mandatory for beach activity and limit tanning potential. We here at Duke are out to prove that tanning is no longer a young man's sport.

4. Cost of living - when we live for under \$200/mo. in comfortable housing, go to 99¢ movies at the Yorktowne Twin and eat freely and healthily at the candy room, who can deny us the top spot in this category?

5. Work ethic - we get virtually no summer breaks, have to deal with academics and NCAA basketball (a full time job in itself) and still find time to produce impressive research during our education here.

So you see the rankings can be improved. The important thing is that Duke is always ranked with the elite.




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(COMMON ZEBRA)

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FROM THE OFFICIAL INTERNAL
MEDICINE CLERKSHIP CALENDAR



JUNE

RED-THROATED
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(GAVIA STELLATA)

SATURDAY	SUNDAY	FRIDAY	SATURDAY	SUNDAY
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FROM THE OFFICIAL PSYCHIATRY
CLERKSHIP CALENDAR -John Armitage

The Bottom Line

"What are you going into?" is the question that third years are beginning to hear all too frequently, now that the fourth years are through with their match process. As new congressional legislation may doom my dream specialty, I may as well let you all in on it. Distor-tomedicoliteromifinanciology. That's right, I planned to wisely bypass any graduate medical education and enter the exciting field of distorting the medical literature in order to enhance my own financial wellbeing!! The secret is DIET PLANS. After careful observation, I noticed that three check-out counters at Kroger's lack bogus diet books. A wide open gold mine waiting for my exploitation. In fact, I had three texts ready for publication, just waiting for me to add two letters to my name to make them seem legitimate - MD. I gave them trendy names like "Diet Secrets Your Doctor Won't Tell You," "The Med Student's Diet: Melt Away Excess Fat with Caffeine and Stress," and "The Duke U. Diet Plan: How to Lose Those Final Four." I figured I could make a mint on this last book before Mr. Duke's lawyers could shift gears and file suit. But, hey, I could use a new suit, too.

However, Congress is looking to pass legislation to put an abrupt halt to diet scams, or this ruthless "skimming the fat," so to speak. Thus, I have shifted gears and am now allying myself with the medical

center, to of course make money. As Mr. Duke, or was it Bart Simpson?, once told me in a dream, "the Buck's the bottom line." Below I have listed some of my recommendations to help reduce the cost of medical care to those who can least afford it, my one noble task. Nevertheless, not without compensation!

1. Exploit the media - televise heart wrenching (not literally) stories of overworked and underpaid house staff with a 1-800 number for donations.
2. Enter Pig Lab as a new NCAA sport with great spectator potential. All the pig blood and gore you want without having to pay \$5 to see Friday-night-Freddy. Sell TV rights to the highest bidder over 1 million smackerroos.
3. Sell out to The Donald. Trump Hospital may have a nice ring to it.
4. Charge all non-patients \$1 to ride the PRT. Simultaneously increases revenue and forces preventive medicine.
5. Sell helicopter tours of the Triangle for idle time the choppers remain on the pads unused.
6. Rent out Duke South Amphitheater for the next Grateful Dead concert. Charge big bucks for parking VW buses and camping in front of Cameron. True Dead fans may not pay, but others will!
7. Have first year students knit during lecture and sell the handmade clothes for mucho dinero.
8. Televise "Celebrity Psychotherapy!" The show will air during the day, after Oprah and Donahue. Each month, new celebrity guests will be chosen to be on the show according to what a panel of psychiatrists read about them in the tabloids. Big Bucks + Psychopathology = Hit Show.

Cooking with Bachelor Badger Bob

Hey, y'all. I'd like to take a few moments to advertise my new upcoming column on bachelor cooking. Like Grandma Badger Bob used to always say, "Cooking is like our homestate, Bob. It's OK!" All you crazy health conscious folks are gonna like my recipes, which usually involve a big ole hunk a meat and a big ole glass a ice tea. You don't need no big ole oven or nothing, but you do need a big ole appetite. So until next week, sprawl on out on a big ole couch in front of a big ole TV and work up an appetite!

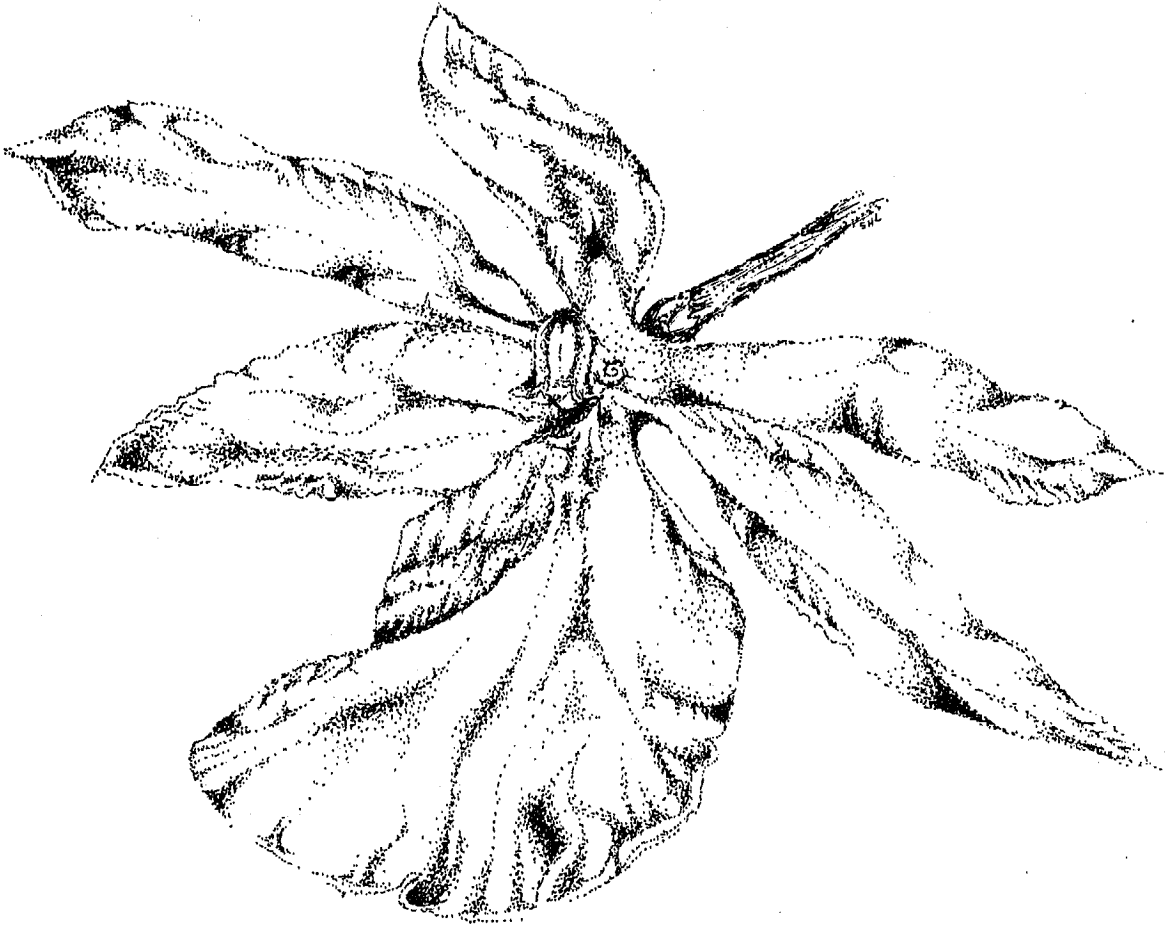


Women Poets

folds of colours bending
whites, yellows, pinks
as the wind peeks through the branches
shadows romping and swaying
greys, blacks, browns
as the sun creeps round the ground.
warmth flows over my back but,
for a fleeting moment, a white mass
disrupts the energy that
soon returns as the wind continues

and the mass moves on.
busyness abounds around
as black and yellow bundles
collect the sunny stickiness
and skinny pale pinks
work barely detectable wonders underground.
but a stillness is also present,
for a grey form lies curled beside
and the once protecting sepals lay
scattered and solemn upon the dirt.

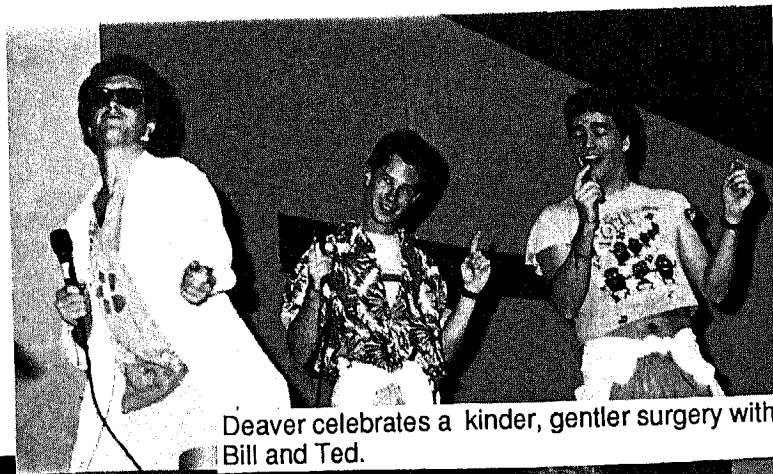
- Susan Hazzard, 1979



This page is devoted to art submitted by medical students and other members of the medical center community. Place submissions in the *Shifting Dullness* box in the Alumni office

-Holly Lisanby





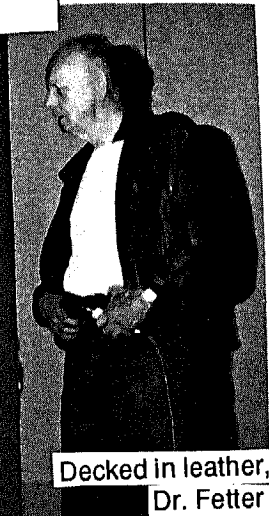
Deaver celebrates a kinder, gentler surgery with Bill and Ted.



Martha Ehrmann on OB



Dr. Ruth advises Trav



Decked in leather, Dr. Fetter



Dr. Pat Kenan demonstrates proper surgical technique to Andy Alspaugh and Lisa Maier



Hippocrates reincarnated as Dr. Matt Cartmill