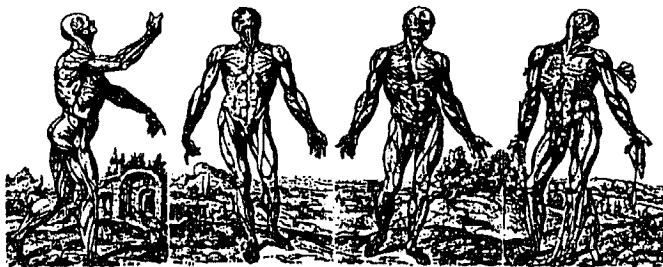


September 1991

# Shifting Dullness



## This Month in Medical History

Chris Tharrington

- Robert Knox, the Scottish anatomist and anthropologist, was born September 4, 1791. Although his reputation as a teacher and author may have been justified, Knox's notoriety arose from his association with a pair of criminals named Burke and Hare, who supplied cadavers for dissecting instruction by asphyxiating indigent rooming-house residents. This type of criminal behavior by "Resurrectionists" was common at the time, as there were no legal means of procuring specimens.
- St. Vitus was martyred on September 12 sometime in the fourth century A.D. His life was remarkable for the legend that he had cured the son of the Roman emperor Diocletian of demonic possession. During the Middle Ages outbreaks of an illness called the "dancing mania" occurred in Germany, and sufferers sought relief at the shrines to St. Vitus. Various disorders manifesting mental and physical excitation were often confused during medieval times, including epilepsy, psychiatric illnesses, and St. Vitus' dance (the complication of rheumatic fever also known as Sydenham's chorea).
- September 13, 1762 was the birthdate of Nathan Smith of Vermont, an important figure in early American medical history. The fourth medical graduate of Harvard, Smith played a vital role in the development of the medical school at Dartmouth by comprising its entire faculty for over ten years, starting in 1796. In the words of Oliver Wendell Holmes, Smith filled not a single chair, but an entire "settee of professorships" at the fledgling school, including anatomy, chemistry, and surgery.
- Mexico's Independence Day was September 16, 1810. This is an appropriate place to note that Mexico had the first hospital (1524), the first medical books printed (1570), the first chair of medicine (1578-1580), and the first medical periodical published (1772) in the Western Hemisphere.
- St. Hildegard of Germany, born in 1098, died September 17, 1179. She became known as a saint patroness of the sick as a result of her actual contributions to medicine, in the form of her therapeutic and hygienic compendium, rather than from association with any mythical remedies. She is sometimes called the first female physician of Germany.
- G.B.A. Duchenne, the great French neurologist, was born September 17, 1806. His many contributions to neurology are evidenced by his eponymic disease, sign, and syndrome.
- The Royal College of Physicians of London was founded September 23, 1518.
- In the *Pennsylvania Gazette* dated September 26, 1765, the new medical department of the College of Philadelphia (later to become the medical school of the University of Pennsylvania) was announced.
- On September 30, 1846, W.T.G. Morton, a Boston dentist, administered ether to a patient for a tooth extraction. Morton had noticed that artificial teeth seemed to fit better in edentulous patients, but patients with some remaining teeth took exception to multiple extractions; thus, Morton experimented with anesthetics. His true desire was to study medicine, with the alternative of dentistry forced upon him by lack of money. In fact, Morton was a medical student administering the anesthetic when ether was first used in a capital operation at the Massachusetts General Hospital on October 16, 1846, with Dr. J.C. Warren as surgeon. Afterward, a great deal of controversy arose with regard to priority. Morton died 22 years later, destitute and bitter.

September 1991

# Play Portrays Dynamics of Family of Retarded Child

Patty Shi

"Mrs. Whipple loved her second son, the simple-minded one, better than she loved the other two children put together. She was forever saying so, and when she talked with certain of her neighbors, she would even throw in her husband and her mother for good measure."

With this hint of "reaction formation"—a psychiatric term for unconscious adoption of the opposite of one's true beliefs—Katherine Ann Porter introduces "He," the central character and also title of her short story, adapted into a play to be performed by a cast of Duke medical students next month.

Written in 1927, "He" explores the intrapsychic conflict engendered by a retarded child in his family, particularly his mother, and how the family's behavior in response to this conflict ultimately leads to his downfall. Even though in today's society the Whipples might be arraigned in court for child abuse—in trying to deny his mental limitations, they overexert him physically—Porter's goal is certainly not to condemn the Whipples or belittle their love for him, which coexists along with their shame.

She attempts to understand the family within their cultural context, elucidating the factors which influence their perception of "He" beyond "He" himself—their poverty; their fierce Southern pride and fear of being seen as "poor white trash"; and above all, societal perceptions of the mentally retarded, represented by the neighbors:

"'A Lord's pure mercy if He should die' they said. 'It's the sins of the fathers' they agreed among themselves. 'There's bad blood and bad doings somewhere, you can bet on that.'"

In 1927, when Porter wrote this story, the eugenics movement, which began in 1910 and ultimately found its fullest expression in Nazi Germany, was growing. In the United States, sterilization laws had been enacted in twenty-three states, and all of them included the mentally retarded among the "defectives to be ostracized, sterilized, and segregated for his natural life at public expense" (W.E. Fernald). Furthermore, condemnation was not necessarily limited to the mentally retarded individual. It was thought that, other than "mongolian idiots," "probably no imbecile is born except of parents who, if not mentally defective themselves, both carry mental defect in their germ plasm" (C.B. Davenport), which justified censoring

entire families.

With such social currents amok, the mixed emotions—love and hate—and behaviors—care and exploitation—of the Whipples toward their son become understandable, and arguably excusable. Says the critic Ray B. West regarding Porter, "As a non-practicing Catholic and a liberal southerner, Miss Porter has found the principal themes in her fiction in the tensions provided between fixed social and moral positions and the necessities of movement and alteration ... between desire and responsibility, between reality and the dream."

Exploring these dichotomies through this play is well worth the time invested. Performing are MSI's Scott Clark, Andrea Coviello, Jeff Johns, John Savarese, and Robert Sperling; MSIII Christine Marx; and MSIV Todd Levine. The director of the play is Ann Shepherd and the choreographer for the unusual body movement subtext is Joy Javits. Both are former faculty members in the Drama Department at UNC-Chapel Hill and have performed in numerous productions on and off Broadway. Be there October 20 (place to be announced), or the Halloween goblins will get you.

*Shifting Dullness* Staff

Editors	Kenny Boockvar Greg Lucas
Davison Council	Mary Klingensmith
Writers	Eric Bachman Kenny Boockvar Yoshi Murata Patty Shi Chris Tharrington Michael Weiner
Comic	Kenny Boockvar
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Dave Axelson is currently a fourth year medical student who spent this past year working in the laboratory of Dr. Ranga Krishnan in the Department of Psychiatry. Dave's project involved the estimation of pituitary size in patients with depression.

People who are clinically depressed may have a number of symptoms such as anhedonia (inability to obtain pleasure from previously enjoyable activities), sleep disturbances, weight and appetite changes, and feelings of hopelessness, guilt and worthlessness. In addition, a biological abnormality that is common in depressed patients was identified within the last ten years. The dexamethasone suppression test (DST), in which 1 mg of dexamethasone (a glucocorticoid) is administered at 11pm and serum cortisol levels are measured at 3pm and 10pm during the following day, showed that depressed patients were more likely to have higher than normal serum cortisol levels. Although the DST is neither 100% sensitive nor specific for depression, these results suggest that depressed patients are likely to have hyperactivity of the hypothalamo-pituitary-adrenal (HPA) axis.

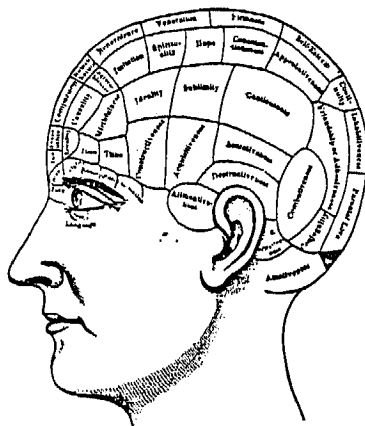
To see if there are structural changes in the pituitary as a result of the HPA axis hyperactivity, recent work in Dr. Krishnan's laboratory has focused on pituitary size

in depressed patients. Using MRI scans of patients, Dr. Krishnan and coworkers have shown that there is a statistically significant increase in the cross-sectional area and the volume of the pituitary gland in patients with clinical depression. One of the difficulties encountered during this study was the accuracy of the estimations for pituitary size and volume. The values obtained by measuring the length and the width of the pituitary gland on MRI scans tended to be overestimates of the actual values.

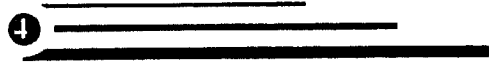
Using a different method of pituitary size determination, Dave Axelson has been involved in a followup study of depressed patients. A series of patients who were depressed that had a DST performed during the same hospital admission as an MRI scan was analyzed for changes in the pituitary volume as well as relationships between the serum cortisol levels and pituitary volume. To obtain the pituitary volume in this study, Dave employed a method called systematic stereology, in which the volume of the pituitary is directly measured using specific grids placed over enlarged projections of MRI scans. This is the first study in which pituitary volume *in vivo* is directly measured rather than estimated from measurements.

The results indicate that the systematic stereology is a fast, accurate, and inexpensive method of determining pituitary size. In addition, Dave and others have found that there is a positive correlation between the serum cortisol levels that were drawn at 10pm and the pituitary volume of these patients. Although the sample size of this study is somewhat limited, the results are statistically significant and serve as basis for future studies. Dave has prepared a manuscript of these results for publication in a peer-reviewed journal.

Another aspect of Dave's work involves the estimation of hippocampus size in depressed patients. Other researchers studying the possible causes of HPA axis hyperactivity have suggested that the hippocampus may be triggering the overactivity. Dave has applied systematic stereology to estimate the size of the hippocampus in depressed patients. While he is currently applying to residencies in psychiatry, Dave hopes to complete this study to complement the pituitary size study.



- NUMBERING AND DEFINITION OF THE ORGANS.**
- |   |   |
|---|---|
| 1. Amygdala, Lobe between the eyes.           | 30. Olfactory bulb, (olfaction)         |
| 2. Cerebellum, (motor control of fine, fast)  | 31. Pituitary, Lobe of endocrine gland. |
| 3. Corpus callosum, (bridge of fibers, join)  | 32. Pineal gland, (endocrine)           |
| 4. Hippocampus, (memory)                      | 33. Thalamus, (sensory relay)           |
| 5. Hypothalamus, Lobe of brain.               |   |
| 6. Pituitary gland, Lobe of brain.            |   |
| 7. Pineal gland, (endocrine)                  |   |
| 8. Thalamus, (sensory relay)                  |   |
| 9. Basal ganglia, (motor control)             |   |
| 10. Brainstem, (vital functions)              |   |
| 11. Spinal cord, (motor control)              |   |
| 12. Cerebrum, (higher brain functions)        |   |
| 13. Frontal lobe, (motor control)             |   |
| 14. Parietal lobe, (sensory relay)            |   |
| 15. Temporal lobe, (auditory)                 |   |
| 16. Occipital lobe, (vision)                  |   |
| 17. Corpus callosum, (bridge of fibers, join) |   |
| 18. Hippocampus, (memory)                     |   |
| 19. Hypothalamus, Lobe of brain.              |   |
|   | 20. Pituitary gland, Lobe of brain.     |
|   | 21. Pineal gland, (endocrine)           |
|   | 22. Thalamus, (sensory relay)           |
|   | 23. Basal ganglia, (motor control)      |
|   | 24. Brainstem, (vital functions)        |
|   | 25. Spinal cord, (motor control)        |
|   | 26. Cerebrum, (higher brain functions)  |
|   | 27. Frontal lobe, (motor control)       |
|   | 28. Parietal lobe, (sensory relay)      |
|   | 29. Temporal lobe, (auditory)           |
|   | 30. Occipital lobe, (vision)            |



# Computer News—

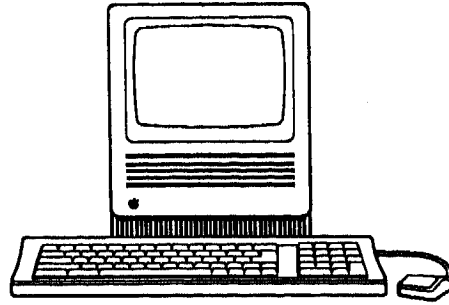
## Duke Has State-of-the-Art

Michael Weiner

**Library resources.** Beginning September 1, all users of the medical library's *CD Plus* system for searching medical databases must obtain individual accounts from the library. Be sure to visit the circulation desk to register for yours. This process does not occur instantaneously, so sign up in advance. In coming months, users will also be able to access the system from modems or DHIS terminals in hospitals and clinics. Watch for additions of new databases and computer clusters in the library. Also look for a new service that will deliver copies of references to you.

**Technology watch.** How good are Duke Med's computer facilities? Between October 1989 and May 1990, the National Board of Medical Examiners conducted a survey of 143 U. S. and Canadian medical schools. A total of 4115 PC's were available primarily for medical education, at 163 sites. About half of all schools in the survey reported having at least one computer for every 20 enrolled medical students. Most computers were either Macintosh (26%) or DOS-based (69%). Sixty-four percent of sites included the Macintosh brand. Only 5-7% of Macintosh computers were Classics; others were newer models, and 45% of them contained hard disks with capacities exceeding 20 megabytes. Between 4% and 18% of DOS-based PC's contained a variety of the relatively new 80386 or 80486 microprocessors. Most DOS machines also had hard disks with 20 megabytes or more. Videodisc players were reported at 72% of sites, for a total of 625 players (Ross, D.W., and Melnick, D.E. 1991. An inventory of the personal computers for students' use at 143 U.S. and Canadian medical schools. *Acad. Med.* 66: 232-234). In 1989, Duke Medical School embraced little of this technology. Now, however, with our multiple videodisc players, new 80386-based and Macintosh computers, and improving networks and graphic workstations, we are building state-of-the-art facilities. Take advantage of them! One of the latest additions is a videodisc teaching radiology of the cervical spine. Direct your inquiries to CTL.

**MSI survey.** Based on results of a survey conducted by CTL 55% of new MSI students own computers, and for the first time, more than half of the machines are Macintosh brand. Most MSI's have already encountered



computer-assisted instruction, and many are self-taught (55%) or have taken courses in programming (20%). Simulations, database access, and board review are the most desired areas of new instruction.

**Software.** One can access over 2000 computer files pertaining to medicine, through the *Black Bag Bulletin Board Service*. Both IBM and Macintosh medical applications and graphics are available, including topics such as general science, epidemiology, fire/EMS, Grateful Med, cancer, psychiatry, pharmacology, disability, ophthalmology, and public health. Examples include programs that calculate risks for disease, analyze hemodynamic parameters, review electrocardiography, simulate clinical conditions, analyze DNA data, and draw images of body parts, radiologic studies, and molecular structures. Contact Mike Weiner at 286-3147 for details.

Locally, a new library of shareware software is available for Macintosh computers. The Computer Interest Group has over 200 such files for your use, including utilities, word processor, games, editors, fonts, and graphics programs.

Beginning September 3, *PC-Mail* will be available to MSI's. Students will be able to send messages to other valid users. Access will ultimately be provided from terminals throughout the hospital. When this system is successfully tested and further memory is obtained for expansion, it can be considered for use by all medical students. Inquire at CTL for instructions.

**Washington, D.C. symposium.** Learn more about medical computing at the Symposium on computer Applications in Medical Care, November 17-20, in Washington, D.C. For information, call George Washington Medical Center at 202-994-8928.

# • Announcements •

## Doctor's Dilemmas

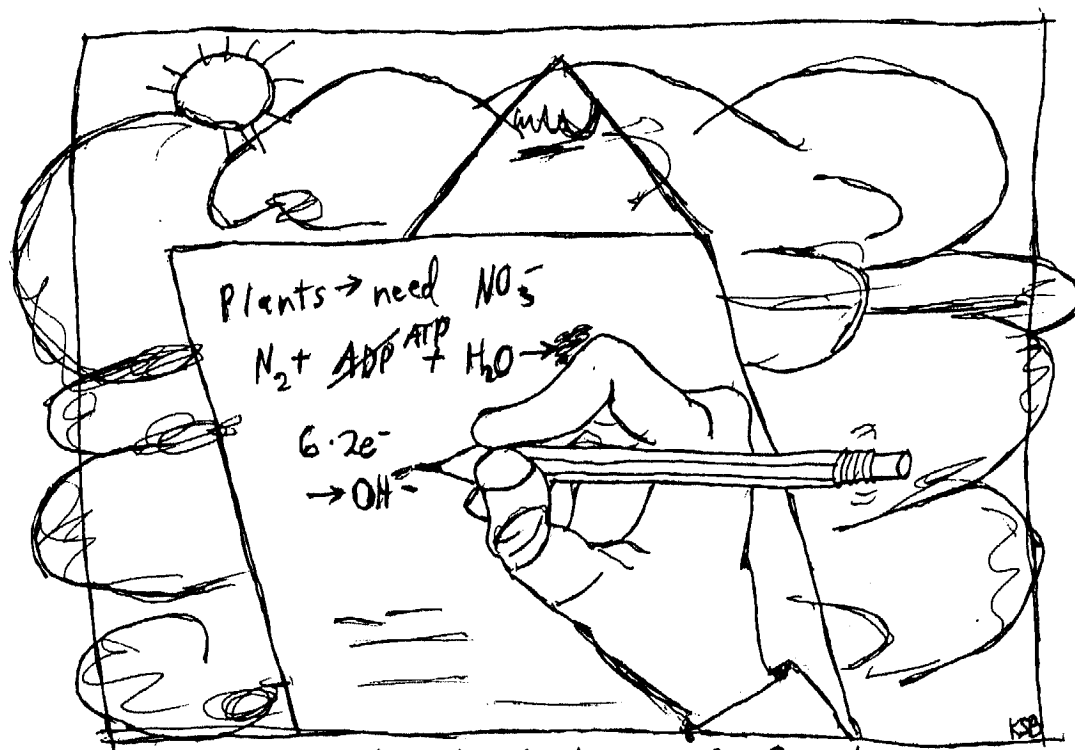
A play titled "He" by Karen Ann Porter starring several of Duke Medical School's finest will be performed three times in the area. The play focuses on the dynamics occurring in a poor family with a retarded child. Performance dates are 10/22 in Greensboro, 10/30 in Durham, and 11/7 in Winston-Salem. Showtime is at 7 p.m. For information call 684-2498 during business hours.

## Women's Studies Program

If you are interested in becoming affiliated with the Women's Studies Program, you can get on the mailing list by calling 684-5683. Soup and sandwich suppers will be held on 10/15, 11/19 and 12/10 from 6:30 to 8 p.m. in the parlors. The suppers are designed to facilitate and enhance the professional development of feminist scholars.

## Hartford Foundation/ AFAR Scholarships

Fifteen scholarships are being awarded enabling students to undertake 3-month research projects relating to any aspect of pharmacology in the elderly. Scholarships are for \$10,000 and are to be shared equally by the student and faculty mentor. For more information and applications drop by the financial aid office, 126 Davison.



*Late on the third day, the Creator gets bogged down by all the biochemistry.*



# Campus Calendar

## Music

- September 20: Los Pregoneros Del Puerto, Jaroches Songs from Veracruz at 8 p.m. in Reynolds Industries Theater (Bryan Center).
- September 20: North Carolina Symphony with Ashley Putnam, soprano and Gerhardt Zimmermann, conductor at 8 p.m. in Page Auditorium.
- September 21: Carter Brey, cello and Christopher O'Riley, piano, at 8 p.m. in Reynolds Industries Theater (Bryan Center).
- September 28: Benny Kim, violin and Tibor Szasz, piano play works by Mozart at 8 p.m. in Baldwin Auditorium.
- October 4: The Duke Jazz Ensemble, Paul Jeffrey, conductor, with Marcus Roberts, piano at 8 p.m. in Page Auditorium.
- October 5: Duke Chorale and Duke Wind Symphony at 7:30 p.m. in the Duke Chapel.
- October 6: Duke Wind Symphony with Michael Votta, Jr., conductor at 3 p.m. in the Sarah P. Duke Gardens.
- October 6: Music for Organ and Strings by Mozart with Robert Parkins, David Arcus, and Monica Rossman at 5 p.m. in Duke Chapel.
- October 9: Murray Perahia, piano, at 8 p.m. in Page Auditorium.
- October 12: The Ciompi Quartet plays music by Schumann and Schubert at 8 p.m. in the Nelson Music Room, East Duke Building.
- October 15: Lhamo Rolk Opera of Tibet Celebrating "The Year of Tibet" at 8 p.m. in Page Auditorium.

## Theater

- October 4-13: Duke Drama presents *He Who Gets Slapped* by Leonid Andreyev.

## Literary Lunchtimes

- Fridays at noon in the Dean's Conference Room, M32 Green Zone, Duke South (except on 9/20).
- September 20: Poet Reynold Francis will read in the Administrative Conference Room, 14218 Red Zone.
- September 27: Poet James Seay will read. His latest book is *The Light As They Found It*.
- October 4: To be announced.
- October 11: Poet Al Maginnes will read.
- October 18: "First Confessions," by Frank O'Hara.

## Shifting Dullness

## Film

**Freewater**—All films at 7 p.m. and 9:30 p.m. (unless otherwise stated) in the Griffith Film Theater in the Bryan Center. Free to Duke students.

- September 17: *A Taxing Woman*.  
19: *Cabin in the Sky*.  
20: *The Grifters*. Mid.: *The Kids Are Alright*.  
24: *A Taxing Woman's Return*.  
26: *Singin' in the Rain*.  
27: *The Nasty Girl*.  
28: *The Rescuers Down Under* at 9:30 a.m.
- October 1: *I Love You, Rosa* at 8 and 10 p.m.  
3: *West Side Story* at 6:30 and 9:30 p.m.  
4: *The Godfather, Part III* at 6:30 and 9:30pm  
8: *Teveye*.  
10: *A Funny Thing Happened on the Way to the Forum*.  
11: *Jou Dou*. Mid.: *The Song Remains the Same*.  
15: *The Chosen*.  
17: *All That Jazz*.

**Quadrangle Pictures**—All films Saturdays at 7 and 9:30 p.m. and Sundays at 8 p.m. in the Griffith Film Theater in the Bryan Center. Admission \$3.

- September 21-22: *Home Alone*.  
28-29: *City Slickers*.
- October 5-6: *Backdraft*.  
12-13: *Robin Hood: Prince of Thieves*.

## Art Exhibits

- Duke North Display Cases: Triangle Weavers Guild through 9/23. "People You Know" photographs by Jefferey Coolidge 9/10-10/20. Department of Pharmacy Exhibit 10/10-10/14. American Indian Arts and Crafts from the collection of Terrence Brayboy 10/14-11/15.
- Rauch Display Case (1st floor Morris Building): Paintings by Steve Allen Whitehead through October.
- Eye Center Tactile Art Gallery: Regular Collection of African, Central American, and Egyptian Art weekdays 10 a.m.- 1 p.m. New works by Clyde Jones beginning October 15.
- Institute Gallery (107 Bivins Building, East Campus): "Artifice and Sexuality" paintings by Margaret A. Curtis 8/27-10/11. Recent works by Catalina Arocena 10/13-11/15.

## Special Events

- October 11: Oktoberfest featuring Crafts Fair from 10 a.m.- 6 p.m. in the James B. Duke Quadrangle and Concert from 7-11 p.m. in the Clocktower Quadrangle.

*Dazed and confused about what Shifting Dullness means? It's for you to determine. This space is available for your ideas, visions, experiments and complaints (i.e. anybody found a parking spot, yet?). Positions are also available for editing, photography, art, computer layout and business. Expert training on the job. Contact Kenny Boockvar at 286-3147.*

## Davison Council News

Mary Klingensmith (Lilly)

Davison Council had a fairly busy and productive summer (as we hope yours was)!

Social events of note included a med school night at the Durham Athletic Park and a very well attended house party during orientation week. Upcoming are multiple Renewals of Systems (watch for flyers), a "Pig and Chicken Pickin'" on September 21 sponsored by the Department of Medicine and the Alumni Office, and a "Suitcase Party" for the annual "Share Your Christmas" Party, at which a five dollar ticket will buy you a chance at a four day, three night trip to Cancun!

The Service division of the Davison Council sponsored a successful Activities Fair in August and plans events for the Fall including continued involvement with the Adopt-A-Highway, Habitat for Humanity, and AIDS House projects. The Service committee will also be coordinating elections for First Year representatives to the Davison Council in the near future.

Parents Weekend is scheduled for April 11 and 12 next year.... The Council has chosen to invite Dr.'s Purvis, W. Massey, Iglehart, Greenfield, Harrelson, Kuhn, Katz, and Bradford as possible faculty speakers. The student speaker will be Todd Levine.

Remember that Davison Council meetings are open to ALL students! Minutes with dates for upcoming meetings are posted by the Post Office, as is a roster of present members and subcommittees. We welcome ideas, suggestions, questions!

## MSIV News

Herb Chen

Congratulations to the most recently engaged couple, Don Taylor and Denise Jamieson, and the newest newlyweds, Dave and Merrill Axelson. Look for a letter in your box about nominations for class speaker, Ideal Physician Award, Kinney Award, and Hippocratic Oath Holders. Address and phone number lists will be mailed to your PO box. Stay tuned for info on class T-shirts and a class party.



*Shifting Dullness* will be published in the middle of each month until the end of this year.

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*Shifting Dullness* accepts letters of opinion from all members of the medical school community. Opinions expressed do not necessarily reflect those of the editorial staff. *Shifting Dullness* reserves the right to edit letters for length and style. Mail to *Shifting Dullness*, PO Box 2865, DUMC or drop them in the *Shifting Dullness* box in the Alumni Affairs Office (candy room) or in the Duke North student lounge (6th floor).

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# Movie Review: *The Doctor Pleads For Compassion*

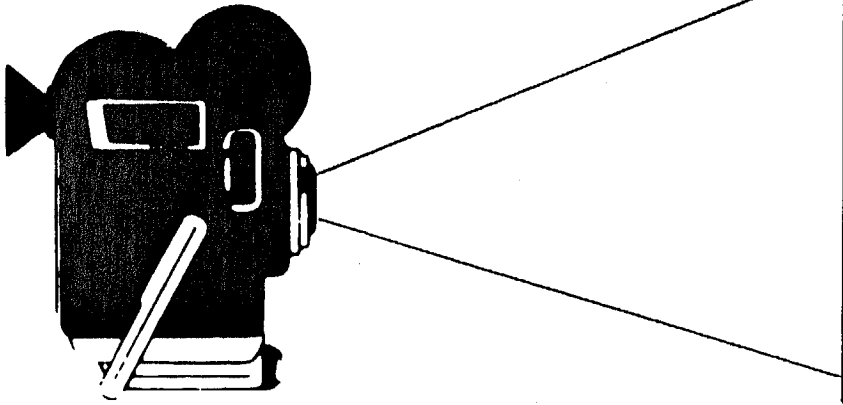
Kenny Boockvar

Perhaps the most realistic of the health field-related movies to come out over the past several years, *The Doctor* is so true-to-life that its plot is almost predictable. This does not detract from the high quality of the film, however, which features fine performances from William Hurt, Christine Lahti, Elizabeth Perkins, and Mandy Patinkin. The film is based on the autobiographical book *A Taste of My Own Medicine* by Ed Rosenbaum, M.D. and is the account of a surgeon Jack McKee (William Hurt) who develops laryngeal cancer and must endure the tribulation of a life-threatening illness. Dr. McKee's habit of treating his own patients with cursory compassion has left him with few of the tools he needs to deal with his own illness. As he reluctantly accepts his role as a surgical patient he suffers under the inhumane living conditions of a metropolitan hospital and the less-than-warm treatment from his own attending physician. His experiences as a patient set him up for a transformation. Sure enough, after his seemingly effortless recovery from cancer, he returns to work with a mission to satisfy his patients' spiritual as well as physical needs, and to inspire his residents to feel more empathy for their patients.

The title of the film is ironic since Dr. McKee must relinquish his role as a physician and become a patient in order to learn how to become a more compassionate healer. William Hurt is familiar with the role of the

ethically insecure person who reforms himself through insight: he had a similar part in the film *Broadcast News*. Christine Lahti, who plays his wife Anne McKee, has been seen in a similar role as well, playing a self-righteous physician in the movie *Gross Anatomy*.

Although it is risky to apply literary interpretations to Hollywood feature films, it is clear that the title *The Doctor* suggests that McKee achieves what every doctor should become. Few would disagree with his goals. Fortunately the film industry is not the only institution advocating humanitarianism in the health profession. The last scene of the movie, in which McKee admits his residents to the hospital to appreciate first-hand the patient experience, is played out in a real family medicine residency program at Long Beach Memorial Medical Center in California. There, early in their first year, residents spend eighteen hours in the hospital with a feigned illness unbeknownst to most of the rest of the hospital staff. They are treated no differently from regular patients. It is the only residency program in the country that provides this experience, which according to participants is a very meaningful one (*American Medical News*, August 5, 1991). Yet, as the movie *The Doctor* illustrates, it is the patient's illness (something impossible to simulate) far more than the insult of the patient role that ravages the patient and which has the power to significantly alter his or her life.



# THE DUKE MEDICAL ALUMNI ASSOCIATION

supports you by offering:

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social functions

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Medical Alumni Host Directory

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Medical Alumni Scholarship Fund

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School of Medicine Merit Scholarship

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student bulletin board

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Annual Fall Pig Picking

---

"Preparing for a Residency" workshop

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*Davison of Duke*

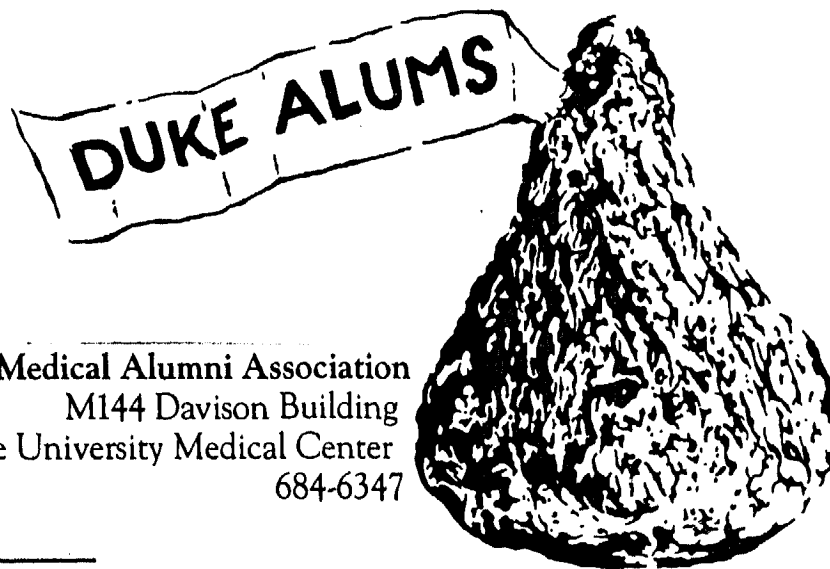
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*Perspectives*

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and, of course, the Candy Jar

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Medical Alumni Association  
M144 Davison Building  
Duke University Medical Center  
684-6347

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## Bach, Go Figure

Bach-

Call me Ishmael. As a person who commands an audience spilling outside the confines of the Green Zone, indeed, one that mounts up on things like PRT's and pushes the envelope into one of the largest tertiary care centers in the free world, you (not me, I left the audience dangling, not the participle) are the only one who can right the wrongs of which I am about to speak. Oh, by the way, I recently heard one large medical school-affiliated hospital refer to itself as a quaternary care center. What *is* this? One-upmanship? Do they take care of the patient's family and service his car as well? It reminds me of obstetricians' bizarre need to keep increasing the upper limit of severity on perineal tears—used to be third degree tears were the maximum, that was it, and then this term fourth degree tears started creeping into the lexicon. Soon, somebody is going to propose fifth degree tears, when the birthing process is so traumatic the woman bisects herself. But I digress.

Last week (okay, about 10 minutes ago, but just go along with this ) I was at Burger King (the one on Club and Buchanan)

which is notoriously slow but always good for a laugh because they allow you to dispense your own soft drinks so you can watch 50% of the adult populace add portions of all five choices to the same cup and smirk at themselves AS IF THEY WERE THE FIRST PEOPLE TO EVER THINK OF THIS, and I notice that they've alleviated the chronic long lines by constructing one of those maze-like apparatuses of posts and rope, thus making a single incredibly long line. So I'm thinking, what, is this Disneyland? and as I weigh my options (buy the all-day passport or strangle the person in front of me who keeps swinging his bookbag in an arc dangerously close to my groin), I see this sign for some kind of national Burger King consumer affairs hotline with a cutesy phone number (1-800-YES-1-800, like you didn't believe them the first time—Hey, what kind of genius CEO thought this up? I can see his presentation: "Okay [pointing to chart], we've got it narrowed down to three: a) 1-800-YES-1-800 b) 1-800-NOT-1-900 c) 1-700-OOPS-800—shall we vote on this?") and, hearkening back to the days when my

college roommates and I relieved the Coca-Cola company of a significant number of six packs during the time of the New Coke/Classic Coke uproar, simply by dialing their consumer relations division and offering some ridiculous observation ("well, the new stuff tends to leak out my pores") and routing the promised coupons (please, only one per address) to the addresses of every single person we knew, decide it would be a lot more fun to harrass the poor guy manning the Burger King phones—I bet he feels fulfilled, sitting at the hub of the vast burger control center, a map of the world with lights marking all of the franchises behind him, probably has to be multilingual—I mean, it's not like a poison control center: "My nine-year old daughter had a Whopper<sup>®</sup> with cheese, and MY GOD, NOW SHE'S STOPPED BREATHING," like he's got to talk people through a Heimlich or something. Bach, imagine this—a kid is choking and her mother is frantic and screams to

the father: "Call that Burger King hot line, 1-800-YES-1-800," and the husband thinks the second half of the phone number reflects her indecision, so waits for her to finish—sorry, where were we?—So

*"My nine-year old daughter had a Whopper<sup>®</sup> with cheese, and MY GOD, NOW SHE'S STOPPED BREATHING!"*

I offer some innocuous comments about the need for an underwater Burger King stocked with all kinds of tropical fish or the soundness of an industry which generates more waste per day than entire continents complimenting itself on the switch from hamburgers in boxes to hamburgers in paper, but it's clear that he's not buying this and I'm going to have to come up with some specific complaint if I want the food prize, so I tell him that the person at the cash register was a mind-reader, and therefore could recognize that I was also a mind-reader, and so we got into one of those thought insertion battles like an endless GOTO loop on a computer, and it really held up the other customers (some of whom had donned 3-D glasses thinking they were next in line for Captin Eo).

He was baffled. "So your complaint ... ?... " "I think you should stop hiring mind-readers," I said. "Well, as cashiers, anyway," I added. "I don't mind them in food prep." "And how would we do that, sir?" apparently the

(continued on back page)

Shifting Dullness

# Dear E Bach (continued from page 11)

best he can muster in the feigned sarcasm department. "Well, why don't you just ask them during the interview, no, better yet, why don't you just *think* it during the interview?" I say. "Oh, and also," because now he's unmoored and needs something to bring him back in, "my french fries were fried to a crisp." Bingo—now he kicks into the standard-issue apology mode, not realizing that most people appreciate their fries said way, and asks for my name ("Ishmael." "Ishmael what?" "Ishmael K. Exalate.") and address (I gladly give him Dr. Joklik's DUMC box). Then he asks for my phone number, which I think is a little intrusive but, hell, maybe the Burger King or one of his knights is going to call and commend me, so I give it to him: BUN-ALUM.

Well, I forget all about this and go back to the

hospital, but damned if they don't do voice prints or something because two days later I return home to find a police line around my apartment and a huge crowd roped off into one of those queues that snakes back onto itself, and my place has been firebombed and the drunk who lives there (okay, my roommate) is mumbling incoherently about not knowing what hit him. What hit him was me because upon further investigation it became clear that his penchant for killing roaches in our apartment using multiple foggers placed in various locales (one of which was, this time, unfortunately, one of the burners on the stove, which was still marginally hot from his habit of using it to light cigarettes) had set off a miasmic reaction. So the whole tenuous Burger King conspiracy thing was just nonsense. Go figure.

## Dear Anonymous,

Your plea stands on its own. I can do little to assuage your fears of the food service industry at this time. Keep in mind, however, that you are not always dealing with McDonald's University graduates. Many of the service folks are operating at peak capacity.

I have a few questions of my own for you:

1. Were you anywhere in the highlands of South America when these thoughts came to you like the Furies? —Too much gondola, son.
2. Did you have any imaginary childhood heroes?
3. Does the television ever talk to you?
4. If you found a stamped, addressed letter on the ground, what would you do with it?
5. Have you ever seen a McDonald's hamburger that looks like the advertisement? —Negatory.
6. Do those burgers come frozen with the pickle on top?

I have never had one of my chefs forget the pickle, and rest assured that I've not neglected the fast food franchises.

7. Do you ever get the feeling that people are watching you and plotting something?
8. Were you a messy baby?
9. Would you like to write for *Shifting Dullness*?

Thanks for the note. Let me hear from you again, or make yourself apparent so that we can do point-counterpoint for at least one column. You know the guidance counselor rap: "We need to focus that energy into constructive energy..." Don't believe it.

Also, please stay away from these anxiety-provoking places unless there is someone from the law profession on whom you can vent your anger.

As always, I remain  
Sincerely yours,  
E Bach

Letters to E Bach are actual submissions from members of the Duke Medical community. Send letters to Eric Bachman at PO Box 2704 DUMC or drop them in the Shifting Dullness box in the Alumni Affairs office (candy room) or in the student lounge, Duke North.