

Note: This publication is a product of its time and is provided online for its historical and research value. Some content within this publication may contain negative stereotypes or offensive language. If you have questions, or need further assistance, please email archives@utsouthwestern.edu.

THE

SAMA SPECULUM

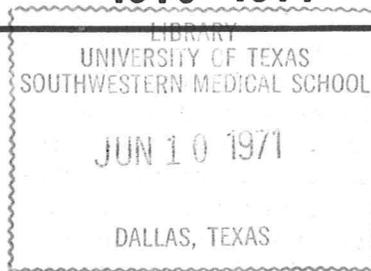
(THE UNIVERSITY OF TEXAS) SOUTHWESTERN MEDICAL SCHOOL (AT DALLAS)

EDITOR: JEFF O. JANES

EDITOR: JACK H. MC CUBBIN

1970-1971

VOL. II, NO. 5



MAY - JUNE, 1971

MINORITY STUDENT ADMISSIONS: WHAT WE ARE DOING

KENT ROGERS, MS IV

On a campus where change and expansion are the order of the day, one might reasonably assume that changes have occurred in the admissions policy concerning minority students. Such is the case. The Admissions Committee with its chairman Dr. Dan Foster has been the major instrument of this change. This article will deal with the three basic elements of minority student admissions to medical school. They are (1) expansion of the applicant pool, (2) setting admission guidelines, and (3) retention of students once admitted.

In 1970 there were eighteen hundred applications to the medical and dental schools of Texas. Only thirty of these were from black students. So long as this bottleneck exists, admission policy is of little practical significance. The regulations of The University of Texas System preclude open recruiting of students by its professional schools. In late 1970 a committee of concerned individuals from each state medical school was appointed by the Health Affairs Council of The University of Texas. The committee led by its chairman Dr. Dan Foster, recently sent to Austin a set of proposals which seek to establish the paramount importance of minority group participation in the medical profession. In addition the committee seeks to establish guidelines for financial assistance and curricular flexibility. University officials are considering these proposals.

Presently, Southwestern is working to establish lines of communication to the pre-med advisors on such campuses as Texas Southern, Bishop and Prairie View A&M. Immediate goals are to encourage students to apply and facilitate the procedure. The long term goal is to establish the creditability of our interest so that the pre-med advisors will themselves encourage the students rather than discourage them as has occurred in the past.

In determining how to evaluate minority applicants, the Admissions Committee finds perhaps its most difficult task. Several factors have compelled the Committee to revise its position on minority applications. The national priority for improving health care of minority populations has had a definite impact. The admissions committees of medical schools have always been responsive to national health trends both of their own volition and through guidelines set by the Department of HEW. One recent example of this flexibility is the priority many schools have given to engineering students in response to the forecast need for such people to solve the bio-engineering problems. In addition to assuming this overall policy stance, the Admissions Committee has revised its individual evaluation techniques. The MCAT is being de-emphasized due to its proven cultural bias. Since the grade point average does not always reflect the applicant's potential, the Committee is making special efforts to investigate each candidate's background through interviews and evaluation by pre-med advisors. Many people are alarmed that this new admissions policy will result in the acceptance of students who will be unable to complete the degree requirements. As presently constituted, the Committee stands opposed to such a possibility and will not accept any student who in their opinion has less than an excellent chance of passing the Southwestern curriculum.

These thoughts lead us naturally to the third major problem; retention. A minority student may face none or all of a variety of problems including lack of finances, cultural shock of moving into an all-Anglo world and lack of preparation for the intense basic science curriculum. Southwestern has few sources of scholarship and loan money for the expressed purpose of assisting minority students. Certain private foundations in Dallas have been generous but these gifts are limited and are not established funds which can be depended upon for future use. One fund available to minority students is the National Medical Fellowships which was mistakenly described in the preceding article of this series as a part of OEO and HEW. Actually NMF is a private organization of black and white physicians which awards grants to support Negroes in preparation for and completion of medical education. Reducing the impact of cultural shock is difficult. Certain outrages such as being denied the right to rent an apartment have occurred in the past. Measures to prevent recurrence have been taken. Resolution of this problem awaits the time when enough minority students are admitted to Southwestern to end the isolation of existence in an all white world.

The massive amount of information which a freshman medical student must assimilate is a stress on all students. Programs which allow more time to complete the requirements of the first two years have been designed at other schools. Several basic science professors at Southwestern have volunteered their time during summer months for participation in such adjustment programs. Similar programs at other schools have been stigmatized by the categorical enrollment of minority students. This insensitive handling of a difficult problem must be avoided.

Many of the advances in minority student admissions have resulted from medical student activism. Such activism is most productive when students maintain their influence through systematic work both on established and ad hoc committees. There will be many opportunities for students to contribute their efforts and ideas. If you are interested in the problem, inform Dean Williams so that he may call on you to help in various programs which are now in progress or are being planned.

sama, SPECULUM, page three

SAMA NATIONAL CONVENTION REPORT

Bob James, MS II; Stan Pomarantz, MS I; Mike Weinberg, MS I; Kay Rhew, MS I
and Steve Strode, MS I

The 21st Annual SAMA convention was held in St. Louis on May 4-8, 1971. Representing UTSMS were Kay Rhew, Bob James, Sidney Pomerantz, Larry Root, Steve Strode, and Mike Weinberg. Alas, our ecology freak, Larry Root, had a spontaneous pneumothorax and spent most of his week in St. Louis in Barnes Hospital. The 1500 delegates and guests spent a busy week electing officers, drafting resolutions which will determine in part how SAMA's national budget of \$1.1 million will be allocated, and listening to panel discussions and informal raps on such topics as the doctor draft, minority admissions policies, abortion, ecology, sex education, and national health insurance policies. In addition, we did some sightseeing, including a trip to the Anhauser Busch Brewery (where we obtained free samples) and Masters and Johnson's facility at Washington University (no free samples). Perhaps the most valuable experience was informal conversations with people from other medical schools throughout the country.

President-elect Bruce Fagal, who was an unsuccessful candidate for the part in 1970, spent the past year as national head of SAMA's highly successful MECO project.

Most delegates and officers felt that SAMA has become too concentrated at the national level, that fewer and fewer people are involved despite increasing financial resources, and that the real instrument of SAMA is the local chapter which should be supported by the national organization. Last year our chapter's TUATARA project was created with a Sears Foundation grant obtained through SAMA channels. Support is there waiting for us; all that is needed is student initiative here at UTSMS.

One of the most interesting talks at the National SAMA convention was given by Dr. Lonny Myers. She presented what she termed a "Population Mandate to the Medical Profession" in which doctors were urged to help in effecting an immediate stabilization of U. S. population. Doctors were also urged to make available "all forms of birth control, including abortion and sterilization, to all sexually active persons, regardless of age, economic, or marital status."

Dr. Myers said that doctors should "condemn the use of pregnancy as punishment and the use of fear of pregnancy as a means to control sexual behavior." She supported the ideals of Zero Population Growth (a maximum of two natural children per family) and urged physicians to deal with the reality that, "in general, responsible sexual intercourse for purposes of recreation is more socially responsible than sexual intercourse for purposes of procreation."

One of Dr. Myers' other points was in regard to the inclusion of contraceptive information "whenever human reproduction is taught be it in physiology, hygiene, sex education, health education, family life, or whatever." She pointed out that "of all the public health pamphlets that are proudly distributed by the AMA, not one, I repeat, not one, describes either male or female sterilization."

Dr. Myers is the originator of hyponatology, a specialty dedicated to lowering birth rates in both the U. S. and the world. In order to achieve these goals she believes that we need a massive education of the public to the problems of overpopulation. She also sees as essential further research to find a 100% effective contraceptive. She feels this kind of research is more important than cancer and heart research since the quality of life will continue to decrease for everyone as long as we continue to grow.

Dr. Myers emphasized that the main problem in our country lies with the third and fourth children of middle class America rather than the "extra" children of the lower class section of society. Why? Numerically, middle class births contribute more significantly to the increased population in the nation. Also, this segment of society makes the largest demands on the environment and material goods.

Following Dr. Myers' speech, the SAMA Committee on Ecology divided into smaller workshop groups. One workshop on abortion and family planning concluded that a three-phase program must be instituted now: (a) sex education in the public schools; (b) readily available contraceptives of all types; (c) freely induced abortion until a 100% effective contraceptive is available. No one of these approaches is adequate by itself in limiting population growth. All must be instituted together in order to bring maximum effectiveness.

The House of Delegates discussed and passed numerous resolutions in the area of population and environment. These resolutions ranged from rat control, lead poisoning, automobile air pollution to sterilization and abortion. Of importance were the resolutions on contraceptive devices and abortion. The resolution relating to the display and sale of contraceptive devices was encouraging due to the facts that most states have laws prohibiting the display of contraceptives in drug stores. Also many states prohibit the sale of such devices to minors. SAMA resolved to work for the reversal of this situation. Included in this proposal was a section urging college health services to make contraceptives available to all students.

One of the most controversial issues at the convention was the abortion issue. A small, but vocal anti-abortion group fought this resolution in committee and on the floor to win the inclusive that "no one view can represent the view of all members". However, the resolution carried by a majority of the delegates who were strongly for an abortion plank. The resolution had three parts: (1) abortion is a matter of individual choice to both the physician and the patient; (2) SAMA "actively participate in programs to provide voluntary induced abortions where medically and surgically indicated, and that all women, regardless of financial or social status or marital status, be given access to induced abortion by physicians where legal, and finally (3) SAMA urge state and county medical societies to make known the availability of safe legal abortion as an aspect of health care delivery."

Another important resolution dealt with day care centers. Because there is a shortage of personnel in the health professions, one way of increasing the people power in these fields is to enable the women trained in health professions to work by establishing day care centers for their children. Therefore, SAMA urged that: (1) University Medical Centers to set up model day care centers; (2) Physicians and other health professionals to provide their services for these centers; (3) Federal, state, local and private funds be provided for these centers.

sama, SPECULUM, page five

The Indian Student Health Project also received attention. This project involves the cooperative effort of students from various health science fields who have had at least one year of professional schooling. Teams of three students work for three weeks at each of the project locations in Indian communities throughout Arizona. The purpose of the project is to bring health care to the Indian community rather than having it centered in the Public Health Service hospitals. The students participating in the project felt that they were able to establish rapport with the Indians who frequently resented the PHS doctors. Apparently the Indian Health Project is a worthwhile personal experience because there were 400 applicants for 30 places this year.

The Board of Trustees will also consider changing the name and the membership structure of SAMA in order to increase the number of participating students.

The Emergency Health Personnel Act of 1970 passed by Congress will allow draft eligible doctors to serve their draft commitment by practicing for two years in an area that needs a physician. SAMA will work to help define these areas. Although Congress has passed this act, Nixon has refused to fund it.

The issue of the "doctor draft" was perhaps the most acute issue discussed at the SAMA National Convention, since over 1500 interns and residents throughout the country have recently received their "orders to volunteer" (doctors of course, are never "drafted"). A well-attended panel discussion pitted Colonel Berry (of Berry Plan fame) against a senior from Florida, Mark Sweet, who proposed a reform of the draft law to extend the lottery concept to doctors, and Dr. Gordon Livingston, an MD whose horrifying experiences in Viet Nam are described in part in Semour Hershe's My Lai 4.

Dr. Livingston's main thesis was that the duties of a U. S. Army doctor as spelled out in the Army Field Manual 8-10, requires him to "maintain the fighting efficiency of the troops" an objective which is in theory and practice opposed to the traditional duties of a physician, and in conflict with international law. For example, in order to get the maximum number of troupes back to the front line in a hurry, minor lacerations are treated before serious injuries. Livingston also described incidences of doctors being ordered to keep VC prisoners alive "just long enough to make them talk", and even the administration of succinyl choline as a method of "persuasion to talk".

Other opponents pointed out that the majority of those being drafted are being removed from training hospitals which serve charity patients and in general those sectors of our own nation which are in greatest need of more doctors. The Emergency Health Personnel Act of 1970 will provide an alternative to service for a few, if and when President Nixon makes the bill a reality by spending the funds allocated for it.

Colonel Berry did not address himself to these issues, saying that he was a bureaucrat, and did not determine policy, that being the prerogative of Congress. He did explain the existing system in detail - (if anyone has questions on this, the best available source of information is Jim Waltner's handout based on the discussion that Dr. Sanford gave a few months ago.)

The Resolution concerning the draft as finally passed by the House of Delegates is reprinted below:

- WHEREAS, there has recently been a call for the draft of approximately 1500 physicians, and
- WHEREAS, (1) SAMA condemns the war in Indo-China (See Resolution #75A, 1970) and
- (2) the U. S. Army Field Manual 8-10 states that the Army Medical Service is primarily concerned with the health and fighting efficiency of the troops, and
- (3) war necessarily results in massive deaths and poor health through injury, malnutrition and disease, yet physicians are dedicated to the maintenance of life and prevention and treatment of injury, malnutrition and disease, and therefore many military physicians find themselves in an impossible moral dilemma, and
- WHEREAS, areas already deficient in health manpower can hardly tolerate any further reduction imposed by the draft, and
- WHEREAS, for many physicians the draft constitutes involuntary servitude, therefore be it
- RESOLVED, that SAMA actively work for the abolition of the doctor draft, and further be it
- RESOLVED, that so long as the draft continues, and the Department of Defense uses physicians in SE Asia,
- (1) SAMA encourage, where individual conscience so dictates, the immediate application for the status of conscientious objector or of occupational deferment, or, if necessary, the refusal to serve, and
- (2) that the Standing Committee on Health Affairs anticipate legal action brought against all health workers because of the above actions and provide information on legal assistance, and be it further
- RESOLVED, that the Committee on Health Affairs communicate SAMA's position on the draft to the Director of Selective Service and to all local draft boards, and be it further
- RESOLVED, that SAMA endorse coordinated active non-violent resistance to doctor draft and war in SE Asia.

STATE BOARD LICENSING EXAMINATION

RALPH BAILEY

On May 6th, several Southwestern students, as well as representatives of the Dallas County Medical Society met with a committee at the state meeting of the Texas Medical Association to discuss a resolution concerning National Boards and the FLEX exam. Several members of the State Board of Medical Examiners as well as the president-elect of the TMA were in attendance. While our original resolution did not pass, we feel that we had a fair hearing of our case. Everyone was in agreement that the present licensure laws are a mess and that FLEX would probably be the best alternative. Since this will require legislative change, the committee felt it would be best to appoint a committee to study the whole licensure system (including the Basic Science Board) and to work towards getting a good law passed. Realistically, this means one year for the TMA to study and pass a resolution about this. Then another year to secure the necessary legislative change. Thus, hopefully, we will be using FLEX in two years. While this goal seems distant to us involved, it is probably necessary in order to write a good law. The mills of the gods grind slowly, but they do get there.

22H. Resolution: Licensure by National Board Examinations (L. S. Thompson, Jr., M. D.), Supplement.

This resolution is concerned with changes in the type of examination for licensure. There was lengthy discussion by medical students, medical faculty members, and members of the Texas State Board of Medical Examiners. After due consideration, the Reference Committee recommends that this resolution not be adopted. A substitute resolution is recommended for adoption as follows:

WHEREAS, There exists a need to review the type of examination for licensure, and the Basic Science Examination; and

WHEREAS, Changes in the type of examination for licensure will involve policy decisions by the Texas State Board of Medical Examiners and perhaps statutory changes or amendments to the Texas Medical Practice Act; and

WHEREAS, The Texas Medical Association is greatly concerned not only with the quality of examination but with insuring fair, realistic and adequate testing of the licensees; and

WHEREAS, The Texas State Board of Medical Examiners licenses both Doctors of Medicine and Doctors of Osteopathy; now therefore be it

RESOLVED, That this special committee on medical licensure be instructed to meet with medical students and medical educators, TMA committees and councils whose duties and responsibilities are in any way concerned with education and licensure of physicians, representatives of the Texas Association of Osteopathic Physicians and Surgeons, and students of osteopathic medical schools to recommend to the Texas Medical Association what changes, if any, should be made by the Texas State Board of Medical Examiners in medical examination and licensure.

STUDENT-FACULTY RELATIONS COMMITTEE

6 MAY 1971

The Student-Faculty Relations Committee met for its regular meeting in the Skillern Student Union on May 6, 1971, with Dr. Sanford presiding. The following were in attendance: Drs. Carrico, Eigenbrodt, Frenkel, Sanford, Wiggins and Williams; Mr. Gross; students Hoffman, Rogers, Vandersloot and Waltner. Mr. Jimmy Cooper, Director of Buildings and Grounds, was a special guest of the committee.

It was reported by Dr. Williams that plans were complete for the Faculty-Student Social Hour, held May 7, and that plans were well underway for the Faculty-Student (and families) picnic to be held May 16.

Mr. Cooper, who had been invited to report to the committee on the proposed plans for future landscaping and preservation of the bird sanctuary, reported that the present excavation taking place on the west side of the campus is for the new central heating-cooling system for UTSMS.

Mr. Cooper explained that the present recommendations are those of the UT Landscaping Director, who has consulted with various experts, and that these proposals are not final, being subject to review both by the Board of Regents and UTSMS officials. The proposals are as follows:

- (1) All areas adjacent to the various buildings will be landscaped, mowed regularly, and beautified with seasonal flowers and plantings, under the direction of a horticulturist soon to be added to the UTSMS staff. These areas are designated "A" on the attached diagram.
- (2) The areas designated "B" (vertical cross-hatching) will be mowed approximately bimonthly and act as a "buffer zone" for the bird sanctuary. The exact boundaries of this "B" area have not been determined at this time. It is planned for the jogging path (about 1 mile in length) to be included within these areas. Picnic areas will also be located here.
- (3) The "C" area will remain unmowed, and essentially unchanged as the bird sanctuary, surrounded by buffer zone "B". It was pointed out that a rather sizeable portion of this "C" area lies within the land designated for the Neuropsychiatric Institute.

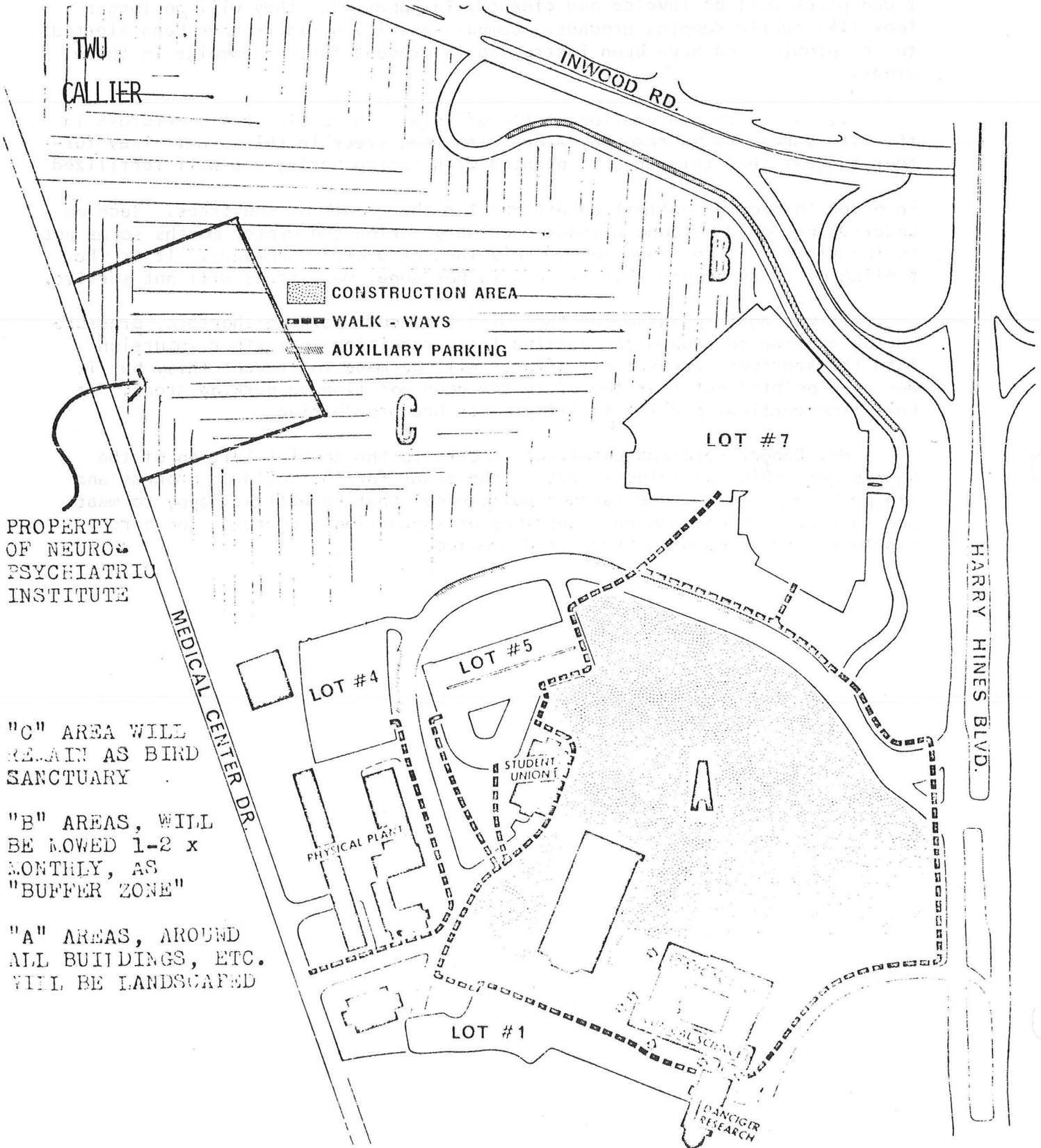
Mr. Cooper pointed out that all fill removed from the new building sites will be taken off campus. The areas in which dumping has previously taken place will be leveled and cleaned, in hopes that they will no longer look like public dumping grounds. Campus security officers have been alerted to the problem and have been instructed to prevent further dumping in these areas.

It is the recommendation of the officials in Austin that underbrush in the bird sanctuary be removed, along with dead trees in this area. They further suggest that this area be planted with spring barley and well fertilized in order to provide optimal conditions for the growth of the trees. Such an undertaking would be done without machinery during the winter months so as not to interfere with the function of this land as a bird sanctuary. It is the feeling of these people that if this is not done, many trees will not survive.

It was again pointed out that with the acute parking shortage, pressure may be exerted to expand the parking lots, resulting in further incursion into the sanctuary areas. All efforts will be made to prevent this, but it was also pointed out that the UT system does not finance parking areas. At this time vertical parking facility costs are prohibitive.

Mr. Cooper referred committee members to the Special Edition of the Newsletter, which explains in detail the plans for the building program and new parking policies. He further pointed out that he will be happy to meet and talk with anyone who has questions or suggestions regarding the bird sanctuary, trash dumping or related problems.

PROPOSED PLANS FOR FUTURE LANDSCAPING AND PRESERVATION OF BIRD SANCTUARY



PROPERTY
OF NEURO-
PSYCHIATRIC
INSTITUTE

"C" AREA WILL
REMAIN AS BIRD
SANCTUARY

"B" AREAS, WILL
BE MOWED 1-2 x
MONTHLY, AS
"BUFFER ZONE"

"A" AREAS, AROUND
ALL BUILDINGS, ETC.
WILL BE LANDSCAPED

ACADEMIAE AND THE AMA: A SUGGESTION FOR INVOLVEMENT

(the following article is an excerpt from an article entitled "Straightening Out the AMA - a delegate's suggestion to MDs" by George F. Brockman, M. D. in the November 30, 1970 issue of American Medical News)

...Most of the decisions are made by somewhat less than 5% of the membership - the few who are willing to bear the tedium of keeping shop open. Quite conscious of their delegated responsibility, these leaders tread a precarious course between "promoting the art and science of medicine and protecting the public health," and satisfying the sometime conflicting needs, desires, and demands of the colleagues who elected them. While the leadership's record is good in any reasonable historical perspective, they do not even approach a monopoly of medical wisdom. There are other sincere and thoughtful physicians who could contribute valuably to the course of medicine, but choose to remain silent because they are not close to the official family, or from a personal distaste for medical politics.

In this time of troubles, the AMA needs a greater input from its silent majority. This is a guide to the long-established channel for proper communication. It will mark the course by which you, however destitute of friends or influence, can straighten out the AMA. Being primarily an intellectual exercise, this dialogue with the leadership should have particular appeal to the scholarly physician and academician. The effort required is similar to, and no more demanding than, the preparation of a comprehensive review article on pheochromocytoma (emphasis by the editors). The only prerequisites are a valid idea, paid-up membership, a copy of the AMA Constitution and By-laws, and an appetite for hard work.

INVEST IN TOMORROW'S PHYSICIANS

MILFORD O. ROUSE, MD, DALLAS

One of the most satisfying and worthwhile investments a physician can make is in medical students, interns, and residents. These fine young men and women will be our medical confreres within the next few years. We physicians have a wonderful opportunity to come to know them better while they are preparing themselves for active professional service.

The true physician, both from his observance of the oath of Hippocrates and from his natural tendency, is interested in sharing his professional knowledge and skill with student physicians. One regrettable fact of today's scene is that many medical students go through their four years of active medical education without a real opportunity to observe, personally, medicine as carried on by physicians in their private offices, and with private patients in hospitals.

The AMA House of Delegates at its last session in Miami Beach approved a resolution from Texas urging every county medical society and state association, in whose area may be one or more medical schools, to carry on a year-around program of active liaison with medical students in their neighborhoods. The success of these group programs can be multiplied manifold by individual physicians' efforts to invite students to visit their offices, their homes, and their hospitals, and to make them welcome.

The Texas Medical Association has shown a commendable interest in medical students in the way of an appointment of an advisor to the student body of each of our four schools; and more recently, through a Committee on Liaison with Medical Schools, bringing representatives of the four student bodies to Austin for a friendly exchange of ideas. Also, for several years there have been outstanding conferences for senior medical students carried out in each of our medical schools through the collaboration of the TMA and of the local county medical society.

These are commendable beginnings and accomplishments, but possibilities of expansion of liaison are practically unlimited.

How fine it will be when the four county medical societies which are home bases for our present four medical schools have an actively functioning committee on liaison with medical students to explore and implement plans of closer collaboration!

Interesting possibilities include a definite plan of having some practicing physician contact every new medical student when the freshman classes are announced each year. A physician in the home town of the prospective student is ideal, and where contacts are not made before entrance into school, then the local county society should be able to find a physician who will invite the freshman medical student (and his wife if he is married) to dinner in his home, and to visit in his office. Another friendly visit could be had in the spring of the freshman year. Particularly between sophomore and junior years, and between junior and senior years, the medical student could be invited to spend a few weeks in the office with the practicing physician, or the plan might be enlarged to the preceptor program now functioning in several medical schools.

Then during the year the medical society could invite the students to certain special programs and could invite the local SAMA Chapter to designate observers to sit in at meetings of the more important county medical society committees. Friendly offers could be made to help provide worthwhile programs for the SAMA Chapters' regular meetings on the campuses of the medical schools.

The ladies of the Woman's Auxiliaries in the four counties are already manifesting real interest in the wives of medical students, and the activity can be amplified.

The challenge of active rapport with interns and residents is just as great although of a slightly different nature, the same liaison committee could tackle this problem also.

sama, SPECULUM, page thirteen

Texas is fortunate in having an active SAMA Chapter in each of our four schools. Texas can continue to set the pattern for effective, friendly liaison with students, interns, and residents. An enthusiastic broad-based program of collaboration will result in the physicians of tomorrow gladly and quickly taking their places in the ranks of "American Medicine" when they begin active practice.

(Reprinted from Texas Medicine, April, 1969, Vol. 65, No. 4, pp. 38-39)

EXAMINING THE DATA

RALPH BAILEY, MS IV

(with acknowledgments to Dave Larson, Temple Medical School)

The May, 1970 issue of the SAMA Spec contained an article and "pin-up" of the Spec Bull-of-the-Month. Perhaps the only redeeming feature of this debauchery was the question it asked: "Is nothing sacred anymore?"

It is true that we are in a time when all authority is subject to question and doubt. We see this in science, religion, politics, and other areas. This is actually a healthy attitude. As we question previous "truths", we should demand that performance be equal to expectations. As one of our noted faculty members says, "Just show me your data."

Perhaps more than anything else, religion, in particular Christianity, should be subjected to this "examining the data." People are now looking at the institutionalized church and asking if it is really relevant. They see "Christians" going to church on Sunday but living the same as everyone else the rest of the week. Our generation is seeing a faith that is truly "blind", one that is not a living trust in Christ.

Is Jesus old-fashioned? Doesn't He know that repentance, eternal salvation, and even Himself are things of the past? Theologians today even reject that Christ "was buried, and that He rose again the third day according to the Scripture" (I Cor. 15:4). How can Christ be so narrow-minded as to claim to be the only way to God (John 14:6)? After all, many people are coming to doubt the even existence of God.

If we go to what Christ said, we'll find He did not offer a "churchianity". He said, "I am come that they might have life, and that they might have it more abundantly" (John 10:10). From what can be seen of the institutionalized Christian church today, either Christ was a liar or there is something wrong with the church and many people's concept of Christianity.

Personally, I'd have to select the organization, not Christ, as the cadaver. The theology of social action has replaced God with men. Relieving society's ills seems to be the concern. God wants to do this, but His means are different. Instead of trying to relieve the symptoms, as many of our church and government programs try to do, God wants to cure the disease (man's separation from God). That man is separated from God is becoming more and more obvious. Christ said it was necessary for each man to repent (change his mind concerning God) and to be made

alive spiritually (Luke 13:5; John 3:3-6). Christ did not come as a suffering humanist; in fact, He said, "I am come to seek and to save those who realize they have no good in them." (Luke 19:10).

Why should we become involved with Christ? For me this answer is fourfold. The first one has to do with the prophecies Christ fulfilled. I obviously do not have time to go into all of them now, but I'll mention a few examples: He was to be sold for 30 pieces of silver (Zechariah 11:12, 13; Matthew 27:3-10). He would be born in Bethlehem (Micah 5:2-5, Matthew 2:1). His crucifixion was described in both the Old and New Testaments (Psalms 22:1, 8, 16-18; Matthew 27:46, 43, 35; John 20:25). Jesus was rejected by the leaders of His time (Psalms 118:22; Matthew 21:42-44). Isaiah 53 foretells His life and ministry.

Secondly, I am involved with Christ for I believe He was God. He did claim to be God. In John 10:30, He said He was the same as God. He also said if an individual saw Him, that individual would be seeing God (John 12:45). He also claimed that salvation was possible only through Himself (John 14:6). His statements on this subject were bold. Those in Jerusalem wanted His death because as they said, "By our law He ought to die, because He hath made Himself the Son of God" (John 19:7). To call oneself "God incarnate" can only be the words of a great deceiver, a demented individual, or someone who is indeed Divine.

Third, I believe that Christ came back to life after He died. The evidence is ample. He was seen, not only by His close friends, but also by over 500 others (I Cor. 15:3-8). He ate, talked and walked with them (Luke 24:13-35; John 21:1-14). Jesus proved Himself to the apostles so well that they were willing to give their lives for Him (Acts 1:2-3; John 21:17-19).

Lastly is the fact that Christ changes lives. The change in Peter from a sacred fisherman into an articulate leader, standing up to the authorities of that day, is dramatic proof. (John 18:15-18, 25-27; and Acts 4:1-21). While I'll have to admit that the moral teachings of Christ are not so drastically different from those of Buddha, Mohammed, and others, Christianity is the only religion in which God reaches down to man and gives him the power to put these teachings into practice; i.e., Christianity is not man trying to reach God by his own efforts. It is when God lives in man that man can then deal with spiritual matters. To follow after God without God within is quite a frustrating search.

Is such a relationship with God possible? I invite you to "Fully examine the data", and either accept it or reject it.

DISTANT AND DIFFERENT FISHING IN TEXAS

BILL HOOT, MS IV

Straddling the Louisiana border, Lake Caddo is the only large natural lake in Texas. It has a certain haunting primitive beauty; the quietness of its moss-decked cypress trees and meandering bayous lends an eerie, other-world quality. It is a creepy feeling to be lost under Caddo's cypress at night. It also filled the Indians with awe, who told as many legends about this lake as about Okeechohee, Reelfoot, and Okeefenoke. There is some basis for the legends, as even today there

200-pound snapping turtles, alligators, and huge gar found there. Despite a really well-equipped state park which is an uncrowded, charming place to camp, Caddo has been passed by in this age of "modern" fishermen. They flock instead to the huge new man-made reservoirs such as Toledo Bend and Rayburn. But for consistent fishing, old Caddo holds its own with any of the "hot" new impoundments of the Corps of Engineers.

Shallow and weedy Caddo is the domain of the fly-fisherman. The big bream of this lake "bed" during the first week of May, and can be caught by the sackful. They also feed all summer long on mayfly hatches. The cypress trees are often heavily laden with these gauzy-winged flies, and if action is shown an angler can thrash a line of trees to trigger a feeding spree on the bugs. The angler then slowly paddles back along his "chum line", casting a small dry fly like the gray hackle pattern to the feeding fish for instant hook-ups. Also in summer the fly rod is the most effective tool for black bass around the moss-beds and lily-pads. But the most exciting fishing is during December through February, fishing for pickerel - a smaller cousin of the northern pike. Essentially a cold-water species, these fish are most active when the water is coldest and will strike flyrod poppers viciously then. They strike savagely, and jump more than bass. As the only natural lake in Texas, only here is this toothy species found (locally called "jackfish"). Besides for pike, Caddo is also famous as the lake in which the white bass or sandie evolved - called "barfish" at Caddo. This species was first transplanted to Texoma, where they rapidly propagated. They have since been transplanted to many other reservoirs.

Believe it or not, cold-water rainbow trout can be caught in Texas. But in only one place - the tailwaters below Canyon Dam of the Guadalupe River, just north of San Antonio. Like the White River in northern Arkansas, the dam was designed such that water is drawn from the depths to be released and hence is cold enough to support trout. River bed samplings in 1965 by the Texas Game and Fish Department determined that the water was supporting the trout's preferred diet of mayflies, caddisflies, and dipterans. The trout were stocked as an experiment backed financially by the Lone Star Beer Company ("Let's have a cool one..."). The stockings survived with excellent growth of the trout. In 1968, the Fish and Wildlife Service took over stocking the river with rainbows. At present, the Guadalupe Chapter of Trout Unlimited plans to stock brown trout also. As to how to catch the trout, local advice should be asked for, since the fish usually hold on the bottom of deep pools. Incidentally, the Guadalupe is a scenic little river with sparkling rapids; its banks are lined by cypress and cedar. A nice river for float-tripping.

LOCAL FISHING SPOTS

BILL HOOT, MS IV

This is in response to the query, "Where can I find good fishing within a 100-mile radius of Dallas?" Although they produce phenomenal fishing, such distant lakes as Sam Rayburn and Toledo Bend cannot be considered close enough for weekend fishing. So get out a Texas highway map to pinpoint these spots. To start off, exclude 3 lakes built in the fifties for Dallas' water supply: Lavon, Grapevine, and Garza-Little Elm. Although obviously close, they tend to be murky and have rather poor fishing.

The newest and hottest local lake is Ray Hubbard, just east of Dallas. This spring, everyone is filling iceboxes catching crappies on cane-poles with minnows during the crappie spawning spree. It is so crowded now though, that the boat ramps look like the parking lot of the Cotton Bowl. This hot fishing may not hold up many years, partly because of the angling pressure the lake will receive so close to Dallas. Its black bass are small so far, but it is also producing many sandies; these school in open water near the dam. Sandies and crappie also abound in the flooded timber north of I-30 where that highway crosses the lake. This area can be reached easily by turning north on Dalrock Road which parallels the west bank of the lake above I-30 (get a lake map, which can be purchased in any Dallas sporting goods store).

The older well-known fishing lakes within our arbitrary 100-mile radius are Whitney, Tawakoni, Cedar Creek, and Texoma. Southwest of Dallas, Whitney is a good producer of bass, sandies, and crappie. East of Big D, Tawakoni was impounded as a reservoir in 1961 and underwent a fishing bloom for several years. But as is typical of the life cycle of many man-made reservoirs, its fishing has been declining for the past two years. Still, this lake remains contender for catching a few hogsized lunkers, particularly in the colder months of the year. Stump-filled Tawakoni is best fished with plastic worms and board-lipped stump-knocker plugs. Cedar Creek is a newer impoundment than Tawakoni with more open water. It too produces occasional strings of big bass, but is more well-known for its consistent spring crappie fishing, for which it is among the best lakes in Texas. Famous Texoma is over twenty years old, yet remains an excellent fish producer, particularly of sandies. During the spring spawning run (March-April), Texoma sandies head up the Red River to spawn. They congregate similarly below the Texoma dam in April, where a bank fisherman might catch hundreds in a day. Sandies can also be found below the dams after local lakes in April, but these require scouting and are not as consistent as Texoma. For access points to these well-established lakes, buy a lake map.

Two fine smaller lakes are Quitman and Moss Lake. Both are too small to be seen on Texas highway maps; likewise maps are not available. But because of their size they can be "scouted out" quickly, and are less crowded than larger lakes which can be seen on the map. Moss Lake is just west of Gainesville, north of Denton on I-35. The lake is the city water supply; stop and ask directions in Gainesville. The lake caretaker may require you to buy a \$2.00 boat permit to fish the lake (if you are stupid enough to let him find you). Moss Lake has spring-clear water, in contrast to its name, and produces big sturgers of average-size bass. Lake Quitman is east of Tawakoni; ask directions in the town of Quitman, above Mineola. This clear little gem of a lake is well sheltered from the wind by surrounding hills, and produces more lunker bass per man-hours spent fishing than most larger lakes.

Of course the best way to learn about fishing spots is to ask other fishermen. It is considered kosher to ask about their "pet" lake and how to reach it, since fishermen enjoy bragging of their catches. But is clumsy gamesmanship to try to pin down exactly where on the lake they catch their fish, or on what lures. Any fisherman would become evasive in order to keep his pet spots to himself, since part of fishing is getting away from where the "crowd" is.

GRUMBLINGS ABOUT ELECTIVES

STEVEN A. DAVIS, MS II

I don't know where "grumblings" qualify within the spectrum of sensory input, but I perceive grumblings about the FRESHMAN and SOPHOMORE Electives. We should deal with the bases-in-fact of these grumblings and see that they do not discredit the elective program concept.

GRUMBLING

I. A FEW faculty expressions of discontent about the level of attendance at class meetings being below the subscriptions.

II. A FEW complaints are heard about the choices of electives offered.

III. A FEW hints about the necessity of required attendance, exams, or grades are heard.

BASIS-IN-FACT

Most teachers go to considerable lengths to prepare for class (often considerably more than the students exert in pursuing the topics). It's reasonable that they be discouraged by poor attendance. As for lectures specifically, though, in theory one person in attendance should justify a lecture presentation, faculty are unjustifiably but understandably unhappy about poor attendance. STUDENTS ARE MORALLY OBLIGED to participate in those electives for which they have committed themselves and the teacher.

Many students and some teachers feel that STUDENTS SUGGESTIONS on elective topics to be offered would be valuable in establishing an effective elective program. Obviously, the faculty could not fill all of the student requests. But in those areas where it could fill requests the course material would be likely to engender considerable enthusiasm. Some of this year's most popular electives were last minute suggestions by students.

We would no longer PRESERVE THE SPIRIT AND PURPOSE OF ELECTIVES if we change the format. Eight months out of the year we grind it out...grades, required work, exams. You don't see our students in the library doing outside reading during the rest of the year (lack of time? or motivation?)

We now have 1 month to be that other kind of institution--one that encourages outside interests in medicine and inspires through example.

IV. A FEW students "blow off" electives and take a vacation from the available opportunities.

True, and a real problem. First, this reflects their attitude toward electives and school in general. Secondly, the attitude of a few tends to darken the prospects for the vast majority if we don't keep the issues in perspective. MOST EVERYONE PARTICIPATES, and many have thrown themselves enthusiastically into their courses. LET'S NOT LET A HANDFUL RUIN THE OPPORTUNITIES FOR NEXT YEAR'S CLASSES. These few should not be an excuse for changing an elective concept that broadens the attitudes of many.

Grumbling will always persist to some extent. But I hope we can deal with the ones raised here. Our elective program, though only in its second year, is good, and each year it will get better. Moreover, they add to Southwestern's increasing appeal to students and staff. Rigor balanced with independent study; basics with electives (at least that's the idea). LET'S NOT LET GRUMBLINGS DISTRACT US.

RANDOM THOUGHTS FROM RANDOM MINDS

"Unnamed Sons"

Deliver two
Abort a third
Tie her tubes
And I collect my fee for saving life.

L. Thompson, MS IV

To our mind, a graduated blockhead is more to be dreaded...
than a self-constituted, spontaneous quack, whose advertisement betrays
the nature of his claims.

John F. Morse, 1856

God and the doctor we alike adore when on the brink of danger,
not before
The danger past, both are alike requited;
God is forgotten, and the doctor slighted.

Euricius Cordus

THE "CORONARY-PRONE BEHAVIOR PATTERN" (a warning to medical students)

....the overt behavioral syndrome or style of living characterized by extremes of competitiveness, striving for achievement, aggressiveness (sometimes stringently repressed), haste, impatience, restlessness, hyperalertness, explosiveness of speech, tenseness of facial musculature, and feelings of being under the pressure of time and under the challenge of responsibility. Persons having this pattern are often so deeply committed to their vocation or profession that other aspects of their

sama, SPECULUM, page nineteen

lives are relatively neglected.

NEJM, February 11, 1971
Vol. 284 #6, page 309

The streets of our country are in turmoil. The universities are filled with students rebelling and rioting. Communist are seeking to destroy our country. Russia is threatening us with her might and the Republic is in danger. Yes, danger from within and without. We need law and order. Yes without law and order our nation cannot survive. Elect us and we shall restore law and order.

A. Hitler, Hamburg, 1932

Even now doctors can be found whose motives are questionable.

George Orwell

...it is easier to move a graveyard than to change a medical curriculum.

John Foster

Those (public) hospitals able to effect a change in their management from government control to informed citizen control will see a future.

R. J. Freeark, MD

Great medical care can take place in a tent. However, you compromise something with an inadequate physical layout. What's compromised is not certain - quality, quantity, or dignity of medical care.

B. M. Weinstein, MD

THIRTEEN RULES FOR THE WITLESS

or

(How to succeed without talent)

1. Study to look tremendously important.
2. Speak with assurance - sticking closely, however, to generally accepted facts.
3. Avoid arguments, but if challenged, fire an irrelevant question at your antagonist and intently polish your glasses as he tries to answer, or as an alternative, hum under your breath while examining your fingernails.
4. Contrive to mingle with only important people.
5. Before talking with a person you wish to impress, ferret out his remedies for current problems, then advocate them staunchly.
6. Listen while others wrangle. Pluck out a platitude and defend it righteously.
7. When asked a question by a subordinate, give him a *Have you lost your mind* stare until he glances down, then paraphrase the question back at him.
8. Acquire a capable stooge, but keep him in the background.
9. In offering to perform a service, imply your complete familiarity with the task, then give it to the stooge.
10. Arrange to be the clearing house for all complaints - it encourages the thought that you are in control and enables you to block dissemination of the complaints or take action, as you wish.
11. Never acknowledge thanks for your attention - this will implant a subconscious sense of obligation in the mind of your victim.
12. Carry yourself in the grand manner, refer to your associates as *some of the boys in our office*. Discourage light conversation that might bridge the gap between boss and worker.
13. Walk swiftly from place to place as if engrossed in affairs of great moment. Keep your office door closed, interview by appointment only. Give orders by memo. Remember you are the big shot and you don't give a damn who knows it.

INTERNSHIP APPOINTMENTS FOR 1971

David Harlan Ammons

Parkland Memorial Hospital, Dallas, Texas

Ralph Vincent Bailey

University Hospital, Jackson, Mississippi

Sue Amelia Bartow

Bernalillo County-Indian Hospital, Albuquerque, New Mexico

Michael Alden Berry

Wilford Hall U.S.A.F. Hospital, Lackland Air Force Base, Texas

James Arthur Black

University Hospitals, Madison, Wisconsin

Mark Joel Blotcky

Residency in Psychiatry, Timberlawn Sanitarium, Dallas, Texas

James Gee Bonifield

Harborview Medical Center, Seattle, Washington

David Wattam Bryant II

Parkland Memorial Hospital, Dallas, Texas

James Kenneth Burks

Vanderbilt University Affiliated Hospitals, Nashville, Tennessee

Harold Dean Cain

North Carolina Memorial Hospital, Chapel Hill, North Carolina

Sharon Sue Cassidy

Veterans Administration Hospital, Dallas, Texas

Jack Weatherly Crosland III

Parkland Memorial Hospital, Dallas, Texas

James Lawrence Day

University Hospital, Little Rock, Arkansas

Joe Arlis Dean

Brooke General Hospital, San Antonio, Texas

Frank Raymond Dehnisch, Jr.

University Hospital, Little Rock, Arkansas

Robert Floyd Dobyns

Parkland Memorial Hospital, Dallas, Texas

Donald Richard Dossett

Bernalillo County-Indian Hospital, Albuquerque, New Mexico

Jeff Davis Duncan

Methodist Hospital, Dallas, Texas

James Lawrence Easley

University of Utah Affiliated Hospitals, Salt Lake City, Utah

Gary Dean Eastes

Cincinnati General Hospital, Cincinnati, Ohio

David Gary Evans

Providence Hospital, Portland, Oregon

Jack LeRoy Exley, Jr.

University of Minnesota Hospitals, Minneapolis, Minnesota

Richard Edwin Fleming

U.C.L.A. Affiliated Hospitals, Los Angeles, California

Richard Harold Franklin

Bexar County Hospital District, San Antonio, Texas

Michael Lee Freeman

Methodist Hospital, Dallas, Texas

Jan Fredric Fuerst

Los Angeles County Harbor General Hospital, Torrance, California

William Aaron Geffen

St. Louis Children's Hospital, St. Louis, Missouri

Robert Edward Gloyna

Veterans Administration Hospital, Dallas, Texas

John Townes Hairston III

Virginia Mason Hospital, Seattle, Washington

Robert Ware Haley

Parkland Memorial Hospital, Dallas, Texas

Tom Lauren Hampton

Veterans Administration Hospital, Dallas, Texas

Christopher Hans Hansen

Parkland Memorial Hospital, Dallas, Texas

Ronald Homer Hearne

Hermann Hospital, Houston, Texas

James Eugene Helgeson

Parkland Memorial Hospital, Dallas, Texas

Melbert Carl Hillert, Jr.

Veterans Administration Hospital, Dallas, Texas

John Robert Holcomb

H.C. Moffitt-University of California Hospitals, San Francisco, California

Robert Allen Holcomb

Baylor University Medical Center, Dallas, Texas

William Rollins Hoot

City of Memphis Hospital, Memphis, Tennessee

Shelton George Hopkins

Bernalillo County-Indian Hospital, Albuquerque, New Mexico

James Duane Houston

Emory University-Veterans Administration Hospital, Atlanta, Georgia

Alton Keith Hughes

Baylor University Medical Center, Dallas, Texas

Richard Allen Jackson

Michael Reese Hospital, Chicago, Illinois

Jefferson Ochsner Janes

City of Memphis Hospital, Memphis, Tennessee

Gregory Lee Jenkins

H.C. Moffitt-University of California Hospitals, San Francisco, California

Wanda Lee Jordan

Bexar County Hospital District, San Antonio, Texas

Philmore Josley Joseph

John Peter Smith Hospital, Fort Worth, Texas

Gary Stephen Kahn

University of Missouri Medical Center, Columbia, Missouri

Ronald Wayne Kasper

University of Colorado Affiliated Hospitals, Denver, Colorado

Samuel Robert Katz

Bexar County Hospital District, San Antonio, Texas

Michael Vernon Kelly II

Hermann Hospital, Houston, Texas

Jesse Joseph Kintz

H.C. Moffitt-University of California Hospitals, San Francisco, California

Pamela Jean Kirkpatrick

Children's Medical Center-Parkland Memorial Hospital, Dallas, Texas

Robert Charles Knipstein

Residency in Psychiatry, Timberlawn Sanitarium, Dallas, Texas

Richard Arnold Leer

Hennepin County General Hospital, Minneapolis, Minnesota

Carol Ann Lewis

Residency in Psychiatry, Timberlawn Sanitarium, Dallas, Texas

Harold Ray Lewis

Sacramento Medical Center, Sacramento, California

John Robert Logsdon

Brooke General Hospital, San Antonio, Texas

Clifford Calvin Mann

University of Arizona Affiliated Hospitals, Tucson, Arizona

Lorenzo Felix Martin

University of Minnesota Hospitals, Minneapolis, Minnesota

Stephen Albert Marx

University Hospital, Little Rock, Arkansas

James Michael Mason

Veterans Administration Hospital, Dallas, Texas

William Clay McCord, Jr.

Veterans Administration Hospital, Los Angeles, California

Jack Hamblin McCubbin

Parkland Memorial Hospital, Dallas, Texas

John Manning Meador

University of Utah Affiliated Hospitals, Salt Lake City, Utah

Joseph Allan Metz

Veterans Administration Hospital, Dallas, Texas

Gary Wayne Miller

Parkland Memorial Hospital, Dallas, Texas

Samuel Clifton Miller

Methodist Hospital, Dallas, Texas

William Wade Miller

Parkland Memorial Hospital, Dallas, Texas

Sybil Roberts Morgan

Methodist Hospital, Dallas, Texas

Edward Reese Nelson, Jr.

Veterans Administration Hospital, Dallas, Texas

Mary Kathleen Odom

University of Kansas Medical Center, Kansas City, Kansas

Barry Lee O'Neal

University Hospital, Little Rock, Arkansas

Lola Darlene Page

City of Memphis Hospital, Memphis, Tennessee

Edward LeRoy Quick

University of Minnesota Hospitals, Minneapolis, Minnesota

John Andrew Richards

Bexar County Hospital District, San Antonio, Texas

Darnell Richey

St. Luke's Hospital, San Francisco, California

Alice Jeannette Roach

University of Iowa Hospitals, Iowa City, Iowa

Vance Ike Robideaux

Parkland Memorial Hospital, Dallas, Texas

Lawrence Herbert Robinson

U.S. Naval Hospital, Portsmouth, Virginia

Leslie Preston Roddy

Veterans Administration Hospital, Dallas, Texas

Kent Eugene Rogers

Massachusetts General Hospital, Boston, Massachusetts

Gary Lee Rose

North Carolina Memorial Hospital, Chapel Hill, North Carolina

Michael Robert Rosenthal

University of Miami Affiliated Hospitals, Miami, Florida

Denise Guinn Ross

U.S. Naval Hospital, Portsmouth, Virginia

William Bruce Ross

U.S. Naval Hospital, Portsmouth, Virginia

Barry Allen Rosson

Residency in Psychiatry, Menninger School of Psychiatry, Topeka, Kansas

Carol Eileen Ryan

Children's Hospital, Denver, Colorado

Thomas Patrick Sacken

Marquette Affiliated Hospitals, Milwaukee, Wisconsin

Robert John Samuelson

Parkland Memorial Hospital, Dallas, Texas

Martin Lynwood Schneider

University Hospitals, Madison, Wisconsin

Fred Michael Schultz

Parkland Memorial Hospital, Dallas, Texas

Richard Kent Sibley

University of Chicago Hospitals and Clinics, Chicago, Illinois

James Kendall Sims

Methodist Hospital, Dallas, Texas

Ronald Earl Smith

Mayo Graduate School of Medicine, Rochester, Minnesota

Troy Reed Smith, Jr.

Baylor University Medical Center, Dallas, Texas

Warren Bradford Sparks

Bernalillo County-Indian Hospital, Albuquerque, New Mexico

Lowery Lee Thompson

University of Utah Affiliated Hospitals, Salt Lake City, Utah

Beverly Haines Truxton

Cooper Hospital, Camden, New Jersey

John Cooper Valcik

Presbyterian Hospital, Dallas, Texas

Jan David Vandersloot

Tucson Medical Education Program, Tucson, Arizona

Louis Franklin Visentine, Jr.

John Peter Smith Hospital, Fort Worth, Texas

Minor Everett Ward

Los Angeles County-U.S.C. Medical Center, Los Angeles, California

Thomas Douglas Watson III

Parkland Memorial Hospital, Dallas, Texas

Charlotte Watts

Ventura County General Hospital, Ventura, California

Ronald Lee Webb

University of Utah Affiliated Hospitals, Salt Lake City, Utah

Madeline Faith Weinstein

Methodist Hospital, Dallas, Texas

Robert William Wolters

University of Texas Medical Branch Hospitals, Galveston, Texas

Alan Lee Worth

University of Utah Affiliated Hospitals, Salt Lake City, Utah

Glenn Thomas Young

University Hospital, Little Rock, Arkansas

THE EDITORS WOULD LIKE TO EXPRESS APPRECIATION TO ALL THOSE WHO HAVE PROVIDED
COPY FOR THE SPECULUM IN 1970-71.

(FYBIGMI)

PHYSICIAN SPONSORS: A THANK YOU

The SAMA Speculum wishes to acknowledge the following physician sponsors of the Southwestern Chapter of the Student American Medical Association:

ARONOFF, Billie L., M. D.
BEAVERS, W. R., M. D.
DENNY, Ben W., M. D.
FAMILY CLINIC, Garland, Texas
GOODWIN, B. A., M. D.
GUERRIERO, Charles P., III, M. D.
GUERRIERO, William F., M. D.
HAMILTON, C. F., M. D.
HARMON, Robert W., M. D.
HINCKLEY, Herbert M., M. D.
JOHNSTON, Fred F., M. D.
MARDOCK, Julian, M. D.
MAY, James S., M. D.
MILLER, J. E., M. D.
MOORE, Robert L., M. D.
MONTGOMERY, John C., M. D.
PATTERSON, Cecil O., M. D.
RACE, George J., M. D.
ROUSE, Milford O., M. D.
SHROUPULOS, George P., M. D.
STUART, John A., M. D.
SUGG, W. L., M. D.
TEDDLIE, Susan Taylor, M. D.
THOMASSON, Ray, M. D.
TODD, E. R., M. D.
WEINER, Myron F., M. D.
POWELL, Dudley, M. D.

FIVE ITEMS FROM THE SAMA GIFT SHOP FOR YOU !!!

1. Show your pride in our school with the genuine unoffical rear window sticker: three color design on five-year vinyl--no fading, peeling.
2. SAMA's Student Guide to Restaurants, Goods and Services and Things to Do in Dallas. Ask a freshman about this choice edition.
3. Peace & Environment bumper stickers in pure vinyl; three colors. Show you care!
4. Separate Environment symbol: eleventh hours sign
5. Separate peace symbol, also in vinyl.

See your SAMA representative, Peggie Elder in Pharmacology, or Carol Altman in Alumni for information about how you can obtain these wonderful gifts. Proceeds benefit SAMA projects, such as Community Health, SPECULUM, Student-Faculty Lunches.

ACT NOW, OR YOU'LL HAVE TO ACT LATER ON

WE WANT AND SOLICIT YOUR BUSINESS.
HEADQUARTERS FOR WELCH ALLYN AND
ALL SURGICAL INSTRUMENTS.

FORD DIXON COMPANY
2137 BUTLER ST., DALLAS, TEXAS 75235
631-1932

Upjohn

EARL SLOAN
MEDICAL SCIENCES LIAISON

HOME:
8118 ASHBROOK
DALLAS, TEXAS 75227
(214) 381-4841