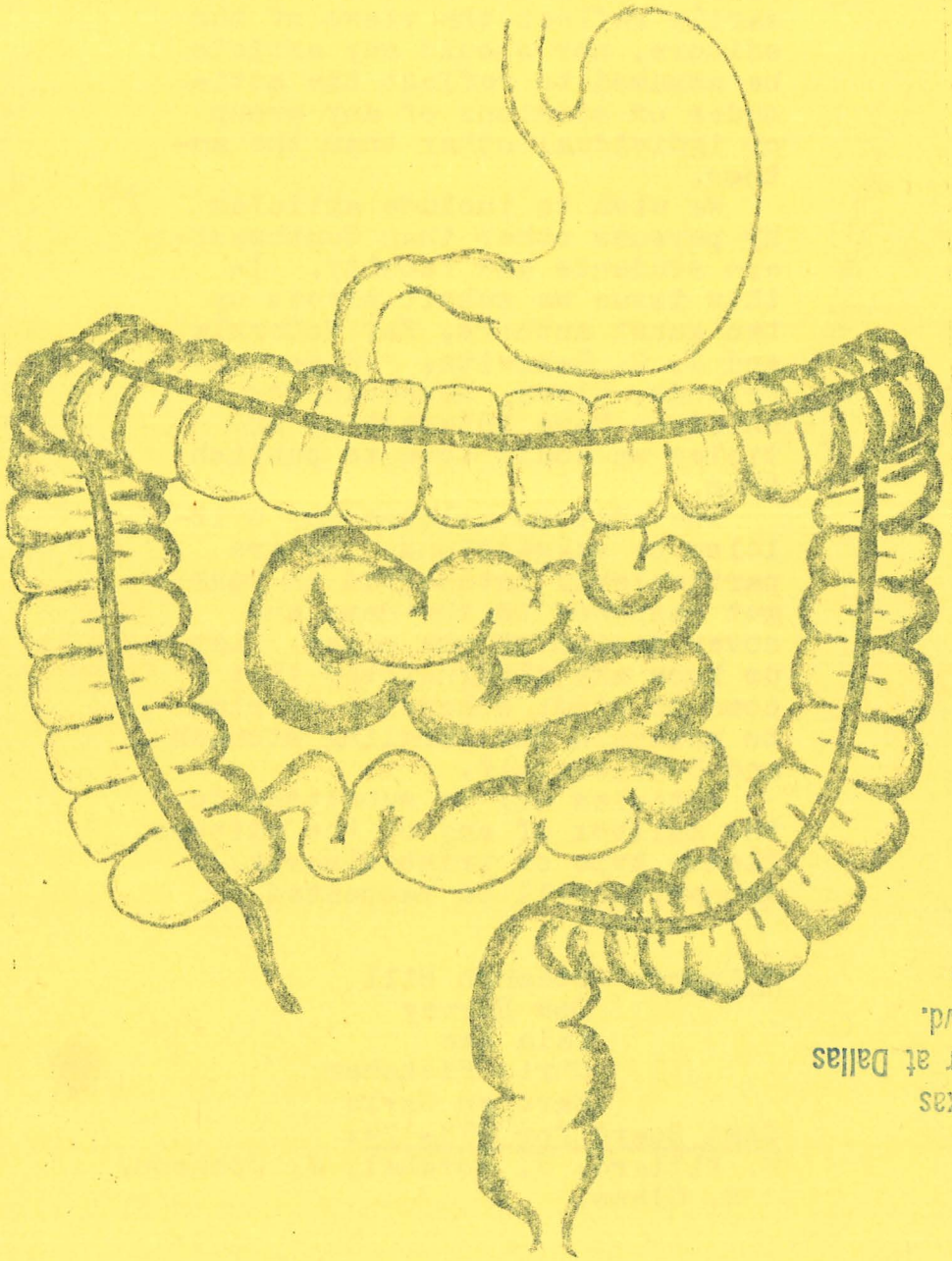
Borborygmi

OCTOBER 1973



SAMA

UTSMS

EDITORS' NOTE

It is the policy of the staff to print any poetry or prose meeting very minimal standards of quality. We will, however, feel obligated to edit articles, news stories, and opinions in the interest of space.

Since screening is not done on the basis of editorial content, it is important to emphasize that printed material does not necessarily reflect the views of the editors, nor should any article be assumed to reflect the attitudes or opinions of any group or individual other than the author.

We wish to include articles by persons other than Southwestern students and faculty. In this issue we submit pieces by two guest authors, Kay McCorkle and J. C. Labowitz. If your friends, wives, husbands, or children have interesting articles we would love to publish them.

The editors welcome any criticism or suggestions. We are particularly interested in your gut response to the name and cover design of the paper. Let us know any alternatives that come to mind; otherwise we plan to maintain the gurgling stomach and bowels motif.

Articles may be submitted to the mailbox of any of the editors. Please type or print clearly. Anonymity will be respected.

Editors: Stephen Hill
Dow Harvey
Lela Lee
Chris Fletcher
Carolyn Gayle

SAMA Board for '73-'74:
M. Millard, J. Worchel, J. Johnson,
S. Glass.

GERALD WHO?

History was observed in the making this week as the first annual Mr. Vice-President contest was held last Friday in Washington. As the closing minutes of the pageant elicited anxious tremors among the American public, the five finalists vied for the second most influential office in the U.S.A.--superceded only by Kissinger himself.

Mr. New York, Nelson Rockefeller, honored the state with a medley of Barbra Streisand songs, which had the audience in tears. Mr. Texas, John Connally, evoked deep emotions from the crowd with his own rendition of the Kennedy massacre, accompanied by interesting sidelights concerning the Parkland emergency system, and a poignant poem entitled "Why I am Alive Today to Fulfill my Destiny."

Mr. Arizona, Barry Goldwater, performed a mime of the bombing of Hiroshima, with applicable updates corresponding to the technical developments which have occurred since. His presentation concluded with a dramatic monologue between himself and Diogenes.

Mr. California, Ronald Reagan, fresh from his fifth facelift, made the entire audience able to identify with him and believe in their inability to age. He showed movie clippings from his old films, thus proving his ability to assume many and varied faces--an apparent necessity for the office to which he aspired.

Mr. Michigan, Gerald Ford, appeared demure and faithful, as if his only purpose in this life was to reflect the presidency. His act consisted of a simple oratory, marked by its brevity: "I am yours to serve. I have always been available for the Vice-Presidency and shall remain so. And furthermore. . . I want to make this perfectly clear. . . I am obligated to follow my king . . er, I mean, my President, and fulfill whatever necessities arise to protect this nation from those who would seek to straighten her out. . er, I mean, to maintain this great country in the manner to which she has become used."

At this point there was general cheering, and the spotlights converged on the twin beaming faces of Gerald Ford and the current President. Last year's winner was unable to attend due to pressing business in Maryland, so Bert Parks Nixon came forth himself to lead the winner to the plank, singing the Vice-Presidential theme song, "Second-Hand Rose."

At this point the television coverage of the gala event was returned to the network center for analysis. Walter Cronkite was quietly crying on his desk.

Kay McCorkle

FABLE OF THE BELL CURVE

And in the land of Meducation there were those known as "Knowledgeables" and others as "Learners." The Knowledgeables, having achieved much in the way of intellectual feats owing to their vast stores of information, obligated themselves to instruct the curious Learners; while the Learners, wishing to eventually reach that same state of knowledge, eagerly sought the answers to the world's questions.

The Knowledgeables, being a sincere and conscientious group of people, were forever trying to improve their teaching techniques in order to better convey the concepts which they felt important for the learners to have. The Knowledgeables would of course give the Learners problem sets and information tests determining whether or not the Learners had gained a good capacity for

integration and application of the newly acquired knowledge. If the tests revealed any inadequacies, the Knowledgeables would make efforts to adopt new techniques and would talk with the learners about how more helpful methods might be implemented. These tests were also useful to the Learners since each could concentrate further on the areas of weakness. And there was much admiration between the two groups, the Knowledgeables and the Learners.

Then one day one of the Knowledgeables discovered that the Learners, on any given set of questions, fell into an almost predictable pattern. This particular Knowledgeable, an extremely conscientious but overly meticulous fellow, decided to plot on a graph the number of questions versus the number of Learners answering correctly. He discovered that the graph showed a symmetrical pattern looking very much like a bell. He called it the "bell curve distribution" and proposed to his fellow Knowledgeables that they might use this pattern as an indication of the validity of their questioning. This, in and of itself, was not a bad idea.

But, for some the "bell curve" became a religion, a subject of research and a thing to be desired above all else. An "ideal bell" was established, a curve which hung long, flat and low over the entire range of correct answers. This pattern, though esthetically pleasing, lost correlate value and ironicly even lost its semblance to a bell. However, no one bothered to change the name to the more appropriate "mole hill curve".

Microbius and Idees were fanatics deserving particular note. These fellows, in their efforts to achieve the long, flat low shape of the "ideal bell", lost all touch with the integrative questions relevant to their material. Not to say that their information was uninteresting or poorly conveyed; in fact, many of the Learners thought that the Knowledge given by these two was some of the most interesting and relevant to be had in the land of Meducation. It was rather that these Knowledgeables, due to either external or internal pressures, had lost sight of their purpose.

By studying an experimental group of dart throwers, Microbius and Idees discovered that devious methods were often required to achieve the "ideal bell" among proficient players. In applying their results to the proficient Learners, these two developed several types of useful questions; 1) those questions in languages unknown by the majority of Learners, 2) questions pertaining to material given in parenthetical tones which made most of the Learners believe that this material was not very useful and need not be learned, and most importantly 3) questions relating to material which was to be covered during the following week. This last type of question was particularly useful since it not only flattened the curve but also told the Knowledgeables how much of their future material might already be known by the Learners.

The response of the Learners to this fanatic approach was extremely varied and often detrimental. Some Learners rushed about trying to learn "bell curve material"-- studying new languages, memorizing parenthetical remarks and reading far ahead to the next weeks lesson. This group of Learners, however, often felt frustrated that they had no time to spend on more intriguing material related to their own interests. Other Learners tried to ignore the "bell curve" and went about their learning as usual though they felt frustrated by the implication that their curiosity and intellect which had served them well in the past was now somehow inadequate. Still other Learners decided to punt and went back to their blissful hobbies since such frustration only interfered with their capacity

for creative guessing which often served better than knowledge in the "bell" system.

-- Dow Harvey

CONSIDERATIONS ON REPRESENTATIVE GOVERNMENT, REVISED

Election of sophomore class officers this year had all the organization and style of a change of government in South America (with apologies to South America). I've no objections to the outcome of the elections, but I feel that different methods of election would be more conducive to a creative approach to the offices and would give those of us who don't know some idea of what has been done and what might be done with the offices.

This year we elected officers in record time. "Who held that office last year? Let's have him again." Outbursts of cheers! Roars of acclamation! While those elected are no doubt qualified to fill the offices, one does wonder what happened last year, how the officers (esp. committee members) feel about issues involved, what they think the issues are, and whether they really want the job again anyway. If these offices do not deserve serious consideration, why do we bother to have them at all?

Several proposals come to mind for future elections. Perhaps all are not feasible, but the institution of at least some of them would be helpful:

(1) filing of candidacies by the candidates themselves, several days in advance This would make it more likely that people who really want the jobs and have thought about the jobs would be considered for the positions.

(2) statements of policy and proposals by the candidates, including a review by candidates for re-election of what was done in the preceding year, to be published in the student newspaper at least a day in advance of the election

(3) time set aside before the election for speeches and questioning of candidates

(4) announcement of time and place of election a few days in advance

(5) election by written ballot, having the election open for several hours to make it as convenient as possible for everyone to vote

Certainly this would require more effort than previous elections, but if candidates can't find time to let us know what they intend to do if elected, I wonder if they will have time to perform the duties of their offices. For the rest of us, surely it wouldn't take much more time to read the newspaper and vote by written ballot than to sit through nominations and counting of hands.

Probably inertia will prevail, but on the remote chance that something might be done I'm writing this article. It is the responsibility of all of us to do something, just as it is our collective responsibility that we failed to have appropriate procedures in the past.

Lela Lee

ABORTION, A LEGAL VIEW

Roe V. Wade, the U.S. Supreme Court decision on abortion, will have a profound effect on the professions of law and medicine in the coming years. On one level, the decision opens up an entire area of personal privacy as a protected right in a manner which had never been set out by the Court before. Previously vague questions about the right "to do

with one's body as one saw fit" have been somewhat clarified. The state, rather than the individual, has the burden of justifying interferences with that right. In my opinion a number of areas of medicine will be subject to suit through the courts.

Roe holds that there is a qualified right to privacy within one's own body, "to be free from unwanted governmental intrusions into one's privacy." The Roe decision states: "The right to personal privacy includes the abortion decision, but...this right is not unqualified and must be considered against important state interests in regulation." Thus Texas, for example, can dictate what kind of clinic is required to perform abortions, but the right to have one is protected.

Similarly, the right to voluntary sterilization is protected by extension of Roe. These have given doctors and hospitals problems (particularly Catholics), and suits have appeared against those who have refused to perform the operations. Clearly it would be difficult for a public hospital to justify a refusal on policy, as opposed to medical grounds. Involuntary sterilization, as in the case of the welfare children in Alabama, is clearly a "governmental intrusion" and the damages there could be in the millions, although the consent of the parents will be the deciding issue.

What I think Roe is going to do is put the state to the burden of establishing that the treatment either denied or inflicted upon an individual is justified, both medically and statistically. The mortality rates regarding hospital abortions versus full-term pregnancies in the Roe case were of great impact in showing the lack of justification in the state's refusal. Anything done to a patient in a state or public facility will now have to be justified per the Roe standards.

The implications here in the area of mental health care alone are staggering. Aversion therapy, electroshock therapy, wholesale applications of thorazine--all now could come under attack as having a limited value compared to the intrusion upon the individual's right to privacy.

A case of major importance was Wyatt v. Stickney in Alabama in 1972. Here, a federal judge found a right to treatment, both individualized and medically justifiable, for patients in a state mental hospital. The judge ordered the state to provide basic essentials of life and health care, that would cost the state millions of dollars. Combining this with Roe, the standard of mental health care in state hospitals is wide open to attack.

Roe v. Wade will be the first in a series of definitions of the rights of the individual. Following Roe, one professor investigating this area told me that the behavior modification experiments now being performed as treatment in some mental hospitals will have to be abandoned. I know the treatment of prisoners through aversion and drugs is currently under attack. The entire spectrum of state-supported health care can not help but feel the effects of Roe.

J. C. Labowitz
LS III at SMU

IN CASE OF ILLNESS

Perhaps much misery has come into our world due to ignorance; but when a medical student is sick he might be prevented much misery by knowing a little less, or by being deficient in that part of the brain which accounts for imagination.

When a medical student is sick, several hazards await him, both from his classmates, if he

Sares go to class, and within his own brain. Al comes in with a hand over his stomach and a grimace on his face--to elicit sympathy?--and says he has a stomach ache. Immediately he is given a recommendation for five different remedies, all of which he knows will upset him immunologically. No telling how many pre-professional egos are hurt when he turns down the offers for help. The next day when he is fine and well and would like to forget that he ever felt poorly, a dozen people ask him to give a detailed description of his remarkable recovery. "Now tell us, just when did the cricle break?"

The worst blue meanies one must face, however, are not further than the space between one's own ears. Say a person has indigestion. "What was that we learned about irregularity being a sign of cancer?" Or he develops a pimple in the vicinity of a dark brown mole and is in a panic until the pimple goes away to know if it's the mole or the pimple that is really hurting. Periodic headaches make him a certain candidate for a brain tumor. Worse yet, while he is pondering about these matters, he decides to read <u>On Death and Dying</u> by E. Kubler-Ross to round out his understanding of the psychology of patients and ends up going through the five emotional states of the dying patient.

Medical students have an idea they have to be tough, so they generally combat these imaginings in resourceful ways. It is a little rough to give oneself a psychiatric treatment, what with all that getting up and lying down, but some try it. Sleeping is another remedy. (It seems to be an escape mechanism for a lot of other student-related problems, too.) Some people, who are very sensible, simply brush the hypochondriac streak out of their system by burying themselves in their studies. (Ah, the [illegible] of dedication!)

The more schizophrenic actually try to administer little pink pills to themselves, but this requires a great deal of self delusion to be effective.

Wouldn't it be interesting to know the correlation between the type of complaints made by students at the Student Health Center and the disease currently being studied in the classroom? Mrs. Farrington probably has a copy of each course outline so she'll know what to expect. "Oh brother! This week they're on intestinal worms again."

Finally, here's a borborygmyal axiom about falling ill: He that gets sick will do it the week of exams.

There's no sense in getting uptight about the possibility of a dread disease at the first year level, though. The advice overheard of one who has been through it is: "Wait till the second year, then you'll have more variety to worry about."

Ellen Kramer

MUCH ADO ABOUT SOMEONE!

Sitting on our backsides 7 hours a day, leaving school for home only to return again to study a few hours more, and using the weekends to catch up on work we didn't have time for earlier--this seems to be a pretty common routine in the life of undergraduate medical students. Depressing too can be the nature of our course work, dealing with pathology, morbidity and mortality. As freshmen and sophomores we get little chance to witness therapeutic success. By the time a patient gets to us, more often than not it's after autopsy, and our job becomes an endless task of trying to figure how to prevent the inevitable.

So when an editor suggested I write a short piece on the class diversity I was frankly pessimistic that anyone could do anything with the heavy work

load, or for that matter, ever did anything before med school either. A little bit of listening and discreet questioning revealed our class to be far from the homogeneous, lackluster aggregate many had thought we were. Some samplings:

Music scores heavily as an activity students engage in after school--concert organists and pianists, violinists and clarinetists, guitarists, drummers, and harmonica players--enough to comprise a small orchestra populate SWMS disguised as mere medical students. One member has played sets at local night clubs, another performs weekly as organist in a Catholic church. Aspirant artists also call themselves MSII's. One of these will easily skip in style from pencil sketch portraits to bizarre and distorted surrealistic oils. Another has even worked at a well-known art gallery south of the border.

The arts have no monopoly, however, and a whole slew of med students engage in counseling outside of class, many about VD, but some spend hours helping youths with drug problems. In a related area, one student helped catalyze a labor-management standoff into a creative dialogue now carried on weekly rather than every couple of years during contract disputes.

Summers were a time when most of us either tried to play doctor with our new toys Kevin brought us or ended up scrubbing test tubes for famous researchers. But a few decided to pursue different options: one girl went to Colorado to help out migrant workers, another tried her hand at computer programming; one of the male sophs decided he'd had enough with medicine for a while and took an extended bike-hike below the Rio Grande.

And, of course, our class includes some pointy-headed intellectuals who can't get enough of the ivory tower. One afternoon jock turns out to be finishing up a master's in biomedical engineering, another academic runs out in the middle of class to collect blood on a hyperlipidemic patient in Parkland for ongoing research. A third blows off micro to work with mouse salivary glands and nuclear proteins.

The list goes on and on; it just seems like <u>everyone</u> is doing <u>something</u> above and beyond plain ole medicine. Yet how many times do we hear criticisms of the apathy and lack of initiative in our class. More stories should be told, and will be. Know something good about your neighbor? Write it down and turn it in. It's nice to know. . . .

Mark Millard

MEDICAL STUDENTS IN PRISON HEALTH CARE

This past summer five Southwestern medical students and two out-of-state medical students had the opportunity to work as medical externs for the Texas Department of Corrections (TDC). This was a pilot program coordinated through TDC and National SAMA for medical students to experience prison health care.

The students received salary of $468/mo. plus room and board on the condition that they would work a minimum of six weeks. Most of the work was at the main Texas prison hospital located at the Huntsville unit, Huntsville, Texas. The hospital consists of approximately 300 beds staffed by three full-time physicians, and residents from Baylor College of Medicine and the University of Texas Medical Branch (UTMB) at Galveston.

The students had the opportunity to experience many aspects of prison medicine by following the suggested rotation of one week in the laboratory, one week in x-ray, two weeks in general surgery, two weeks in general medicine, and two weeks in the psychiatric treatment center.

However, the program was flexible and allowed the student to concentrate his time in a particular field of interest. The students also participated in the clinical and surgical aspects of specialty clinics in the hospital such as plastic surgery, ENT, podiatry, ophthalmology, optometry, dentistry, radiology, and cardiology.

Besides the main Huntsville unit, students accompanied the prison physicians to other units in the Huntsville area, such as the units for multiple offenders, the diagnostic unit, and the unit for young, first-time offenders. One of the highlights of the summer was working with a part-time prison physician who had a general practice in Huntsville. The students worked with him at the female prison unit and had the opportunity to visit his private practice, both in his clinic and the local community hospital.

Not all the time was spent in Huntsville. Students travelled to UTMB's dermatology clinic at a unit near Houston and toured the inmate referral facilities at Galveston's John Sealy Hospital. Students viewed the medical research facilities for human research and experimentation at another unit near Houston. The pre-release unit near Sugarland offered the students a chance to view the final steps before inmates are released from TDC.

Student projects included a comprehensive evaluation of the program by Rashid Dabaghi, a first aid course written and taught to the inmates by the joint efforts of Jesus Garza and Tom Neal, and the writing of a protocol for human experimentation by Tom Neal.

The prison externship exposed medical students to all phases of prison health care. It was a rare and valuable opportunity to participate in medical care in a unique setting, an experience not soon forgotten by those of us at the prison last summer.

TDC plans to offer similar programs for medical students in the summer of 1974. Notices will be posted describing the program early next year. For further information please feel free to contact one of the SWTMS students who participated in last summer's program at TDC: MSIII--Rashid Dabaghi, Jesus Garza; MSII--Tom Neal, Carlos Ortiz, Reynaldo Rodriguez.

Tom Neal

A MECO EXTERNSHIP

During the matching phase of the SAMA-MECO externship program what I knew about Jacksonville, one of the 65 MECO externship choices in Texas, was that on a Texas map it looked as though Dallas would be only two and a half hours away and my home town Austin, only 3 hours. These cities, plus familiar Tyler 30 miles due north, I considered as centers of civilization to which I could steal away on free weekends. There I would have a chance to play city boy in a country hospital, with country doctors, country patients, country medicine, and country techniques. It would be a trip back to the Piney Woods--to the "ole" conservative East Texas that I remembered during my ten years upbringing in Texarkana. Country western music would still be the vogue; blacks would still be coloreds, and rodeo would be summertime's big social event. I was to observe medical practice in a rural community and would supposedly get oriented toward a future practice in a similar rural setting.

For the medical student in a small town, identity was a small problem. "Who was I and what kind of job did I have" was the most frequently asked question.

I would explain that "MECO" stood for "Medical Education Community Orientation" and that the entire MECO program was directed by the Student AMA. It so happened that to say "SAMA" without explaining what that meant didn't achieve any understanding. My identity was a puzzle to patients and staff alike. Usually the patient would reverently assume that the "young doctor was interning." "No" was always given to that assumption followed by my retorts that it was a matter of "externing." One wife of a patient was so confused with that reply that later one day while in the cafeteria, she spotted me eating across the room and yelled out "what in the world was an 'extern'." I simplified by saying one could consider an intern as a graduated medical student and an extern as one still in school. That was enough to satisfy her. Later that summer I dropped all the medical student and MECO stuff by simply introducing myself as a student doctor. That worked better.

The MECO program was supervised by the teaching-oriented members on the staff, and it was these physicians that I encountered first. The initial four weeks were spent with four of the seven internists, followed by a four week rotation on surgery most of which was spent with the thoracic, vascular, oral, and general surgeons. My time was also spent following cases in urology, pediatrics, pathology, and ob-gyn. I often tried to be available for developments on the emergency room and ICU services. By acquainting myself with the entire staff early in the summer, I kept informed of any cases as they came up--such as pediatricians informing me one day of an infant born with a congenital absence of abdominal muscles and both ureters, the so called "prune baby syndrome."

An initial impression was that of Dr. Lattimer, the internist with whom I spent my first week. The afternoon of the first day in Jacksonville took place in his office as he introduced me to one of his patients. "Good afternoon, Mrs. Kilpatrick. This is Phil Reeves, a medical student working with us this summer. . . you say ole Artur Ritis is nipping at you again?" That's the way Dr. Lattimer preferred to word his introduction whenever entering the room with the patient. The most conspicuous quirk about Dr. Lattimer was, however, his laugh. At first it seemed rather inappropriate--that high-pitched, continuous, deep-throated, and seemingly mocking laugh. One of the nurses in the ICU had recalled on countless occasions hearing that laugh as Dr. Lattimer, yes, pronounced a patient dead. But this quirk was readily gotten used to, and indeed in the ICU it served as the first clue to the nurses when the doctor was noticing the emergence on the cardiac monitors of an arrhythmia or run of premature ventricular contractions. Those vibrations in his throat automatically signalled the nurses on duty to the medicine station to retrieve 2% cardiac xylocaine for IV administration to quieten the irritable tracing.

Each Thursday night after rounds, Dr. Lattimer held classes in the ICU for the critical care nursing personnel. In these classes he reviewed EKG's, arrhythmic patterns, medicines, and emergency techniques. It was Dr. Lattimer's conviction, a lesson no doubt learned from experience, that the informed and well trained nurse, especially in the area of diagnosing and treating cardiac arrhythmias or acute myopathies, was a nurse who would not be left frightened and confused by any and every seriously ill patient admitted to the unit. In these same sessions, I was getting a

review of much of the physiology lessons taught by Drs. Mitchell, Wildenthal, et.al., and the clinical realities of these lessons were repeatedly manifested by the patients.

Another of my many impressions came from Dr. Segal who served as the physician director of my MECO program. He was a young man, about 34 years, who was part of the Travis Clinic group practice now for four years. He was a graduate of the Galveston Medical Branch and had interned at Parkland and completed his residency in internal medicine at Methodist. He was talented in many ways, but of special note was his bedside manner in taking a history, performing a physical or just conversing with the patient. His taking time with the individual patient and compassion was balanced with extreme efficiency. His patient load was great, yet, Dr. Segal found time to keep up with the current modes of treatment and concepts regarding disease mechanisms. Perhaps the special arrangement within a group practice which allowed him every other weekend off and some free nights during the week made possible his time taken to review the literature for new therapy.

During the surgery rotation, I became acquainted with Dr. Williams, a graduate of the Univ. of Illinois and presently a practitioner of thoracic, vascular, and general surgery. He had trained in a six year residency program at Methodist Hospital in Houston and had his share of tales about Dr. DeBakey. The nurses related to me that Dr. Williams was well known in Jacksonville and was often referred to as the surgeon who had saved Mr. "Two-by-Four," alias Mr. McKinney. Five years ago when Dr. Williams had been in practice only a short time an industrial accident occured at a local lumber mill. It so happened that Mr. McKinney was standing in the way of a machine that finished the planks and catapulted them out onto a loading dock. An unfinished two-by-four impaled Mr. McKinney by entering the epigastrum and exiting through the right flank adjacent to the spinal column. The subsequent eight hour operation was masterminded by Dr. Williams of Jacksonville and surprisingly enough the patient survived though the two-by-four had torn the stomach, duodenum, liver, pancreas, right kidney, and right ureter, as well as the vasculature of the entire area. It was easy to picture the case as one made to order for Dr. Williams, then an upstart physician fresh from the big city hospital environment. Mr. McKinney was an occasional visitor to the hospital, but only to visit friends as an attest to his recovery. And the rumor in late August was that Mr. Two-by-Four became a father to the sixth child of one of the obstetrics patients. This news lended certain proof to his "complete recuperation" as Dr. Williams put it.

More could be said about other doctors and about the nursing staff. The experience as a MECO extern was a good experience. Whether I observed rural medicine, rural doctors, rural nurses, and rural techniques, as set out in the objectives of the MECO program, I can only reply that I found rural medicine in this case to carry a full measure of the dedication, specialization, and efficiency necessary for the good of patients and their recovery from illness.

Phil Reeves

SAMA AT SOUTHWESTERN

Community Outreach:
Although the student-doctor's primary task lies with his own medical education, a definite responsibility to the non-medical community exists. In light of this responsibility, we are requesting funds for community outreach programs designed to utilize what knowledge and experience student-doctors have toward increasing public knowledge and awareness of medical problems. The most successful effort to date has been the 'VD Education Program' in liaison with the Dallas Independent School District. Over 1500 junior and senior high school students have been reached this year and every indication is the program will be continued in years to come, on perhaps a semipermanent basis.

Funds are requested for the further development of audio-visual aids and the training of medical students and nurses for the project.

The 'Women in Medicine' project represents an attempt to challenge high school girls with the possibility of careers as M.D.'s. As with the drug education project, maintainance funds are requested for development and educational expenses.

Local projects:
SAMA's primary focus remains the student-doctor, and at the present, SAMA is the only student organization with activities open to all, irregardless of membership status. As such, SAMA activities help mold the quality of extra-curricular life on campus. Borborygmi, the in-house underground paper, expresses the creative efforts, gripes, and contributions of students and faculty. Four issues are planned, and if successful, outside funding by local advertisements will be attempted.

In the interest of bridging the seeming immense gap between students and faculty, unstructured luncheons are planned during which time both groups can mix and relate. Initially the burden of expenses will be shouldered by SAMA, with later luncheons being only partly subsidized.

The SAMA Guide to Dallas, a yearly publication, provides entering freshmen with broad outlooks on what's happening around Dallas, plus helpful tips on grocery stores, restaurants, and pharmacies. LIC (Local Issues Conferences) funding provides for courses and conferences of special interest to medical students. At present, a self-defense course is in progress, taught by a black belt in Tai Kwon Do. A Spanish course, successful in previous years, is also in the works. And too, conferences of interest are likewise scheduled, with such topics of discussion being abortion, the dying patient, euthanasia, medical ethics, etc.

Finally, social affairs, picnics, parties, and movies are in the works, provided funding can be secured. With the present fraternity system, social gatherings are limited to those who can afford exorbitant dues, and SAMA's responsibility to the extracurricular life on campus most definitely includes social affairs, for all interested. Well-planned, well-attended functions can occur, as in the past, at minimal expense.

Travel:
In the hope of obtaining more ideas on local projects, two SAMA members are receiving funding to attend the regional convention in San Francisco, meeting with other medical students from other chapters in the Southwest. No funds are being requested this year for travel to the national convention, this year being held in Dallas.

Office:
SAMA relies on posters, handouts, announcements, mailings, and telephone calls to carry on its business.

Funding:
Membership dues provide a significant share of SAMA activities. This year, $100 was collected. National SAMA coffers are now empty, so the balance of funds to meet budgetary projections must be supplied by local sources.

--Mark Millard

WHAT'S IN A NAME?

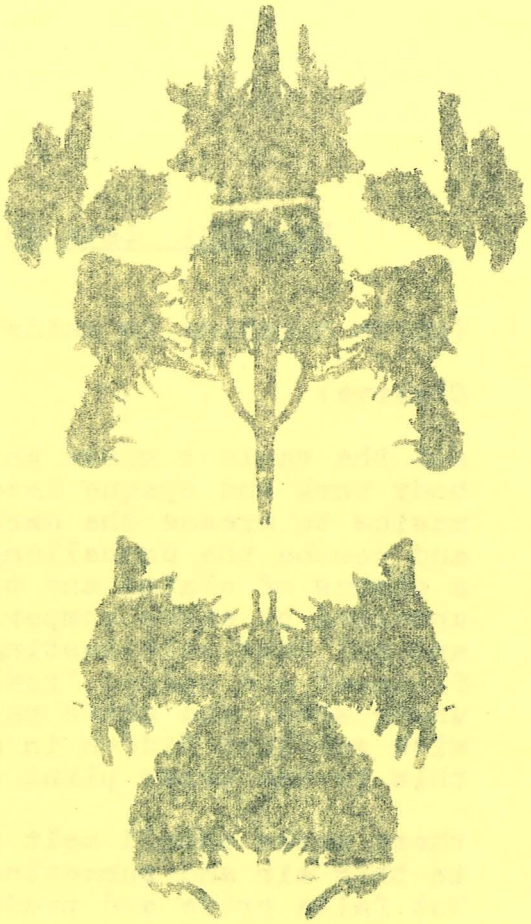
"Borborygmi?" A new game perhaps! When I first heard it, I envisioned a type of "Newspeak" common only to UTSMS. Our first encounter with Southwestern and SAMA was a collage of sensation and wonder. As we look back, the appelation 'Borborygmi' (the synonym of SAMA's editorial and literary organ) rings in our ears. We freshmen, having always heard that Southwestern was a tribe of gunners and slave-driving teachers didn't know what to think. We didn't want to sound naive or stupid so we never came out and asked what the name meant. Whenever the SAMA elf, Mark Millard, or his right hand person, Ellen Kramer, mentioned it, there was a dull murmur throughout the room and everyone sort of shuffled in their seats. We just didn't know what to make of it!

Gradually the true meaning of the name came to light. Several curious souls delved into their new physiology texts and discovered to their astonishment that borborygmi is a measure of intestinal motility!

They found that borborygmi is the discord produced by the visceral vapor as it gurgles and spurts through the pylorus. After deeper research into the available literature, and several interviews with authorative faculty members, we drew the conclusion that the ratio of borborygmous reports to time is a direct measure of bowel vigor and potency.

One timid freshman with, I fear, a better imagination than deductive powers drew the conclusion that SAMA's feeble reach to literary enlightenment was really the instrument of a small, highly organized cadre of viscerally hyperactive enterologists whose sinister purpose is to create, using a propagandistic strategy, a new concern for visceral effluvium. He was not seen after the first week and is doubtlessly now trying to convince the Texas Legislature that certain subversive elements are gaining the upper hand here at UTSMS in Dallas.

--Price Klaudet



LITERARY SECTION

Exhibit: Late 20th century Dallas

(guide speaking to guided, latter being fatigued enough to yawn)

Observe:

all the various masks and appellations,
body work and opaque lacquers,
musics to grease the ears
and soothe the unchallenged soul.
a chorus of claims and pride
untested by eager comparison,
and all that shit tasting almost good,
filtered and spiced "real well"
under steel and glass pavilions
with surfaces hidden in green,
this is the texas plant of power.

these masks should melt so quickly
in this air and summering heat,
but false pride and prejudice,
and the lack of history,
challenge no king's horses or men,
and broken eggs are replaced
too soon for legend or innuendo.

the elevation of time and spaces
to a deadness which swells,
affords no reason for beginnings
or end, rather--
all proposals are plans for continuum,
all lack or loss, the hidden faults,
have been packaged carefully,
and there is no savoring
or meticulous tasting,
for the buyers have already eaten
without a whimper of surprise,
or indecisive cough:
an incurious fate so perfect.

--anonymous 8th century poltroon

Song for a Rat with a Crushed Head

Silent speaking rat with a crushed head,
Did you feel us as we stole your fat cells?
We watched your mesentery spasms
Knowing that a towel would drink your stupid blood.
With ease we sintered fur and skin
To leave your undescended manhood
Game for stainless steel.

Rat--it was our job to take your flesh,
Your arcing crucifixion cried of innocence
Yet damned you to that same fate.
What rat-thoughts you must have had
Those instants when your skull
Was crashed into a sink.
Did your brain leave you behind?
A porcelain stain connoting union
Marks the junction of your whirling form
And the too-unyielding stone.

Prepubescent rat, how many of your brothers
And sisters lie broken and oozing,
Flayed obscenely. Buried in a burst of the blue flame.
You die to feed our monumental hungering
For life.

--S. Hill

Phantom Madman

Phantom madman in mellow blue,
Over, under, around and through.
Invisible in twilight's inner space
Transposed, but not enclosed, within a human face.

Angular pieces of shattered time
Lie in gutters of wanton rhymes.
Runaway caboose on a desert train
Around and around it's always the same.

Hickory my dickory stop that clock,
Time isn't real until it's chopped.
Scoot over and make some room,
Catharsis in a virgin womb.

My reality is only your dream
You take sugar and I just cream.
Too many fingers; too many pies,
All the answers but too few whys.

To be and then not to be,
That my friends is reality.
Over, under, around and through,
Phantom madman in mellow blue.

-- Jason Worchel

Synthetic Disaster

Earth ball in the side pocket!
A comet's coming our way.
Pieces will fly all over the place:
There'll be people grumbling and giraffes tumbling
In the middle of outer space.

Said imaginary Dr. Norman C. Black
"Students, take note of this little known fact:
Depending on the spin and depending on the angleish
That comet could knock in both Earth and Venus."

"But if the density of that galactic matter
Is no more than Sunday pancake batter,
We're headed sooner and faster
For one helluva synthetic disaster."

--Rich Hoffman, MSIII

Mobile Homes

Mobile homes, mobile homes,
Aluminum mailboxes and telephones.
Parked by the highway, ready for the get-away.
Night abortions of industrial decay.

They are the majority,
Slaves of authority.
America's daughters and sons.
And there're more where they came from.

Look at them on the freeways.
Massed where the gladiators play.
In lines at the feedstores,
In lines at their wars.

They keep Jesus on the cross,
And killed the flying albatross.
Plastic garbage bags and green stamps.
Following orders at concentration camps.

Mobile homes, mobile homes,
All aluminum, all alone.
Factory lives and T.V. dreams.
Silence broken only by the screams.

On the perimeter drums beat,
Strange rhythms and restless feet.
Amputated touch and toilet bowl eyes,
Mobile hellos and mobile good-byes.

-- Jason Worchel

Plane Flight

It ought to be every man's right to see this beautiful sight! Before my very eyes millions of years unfold. The river could not carve such a path through stone by a straight and narrow path. She had to work hard--winding and grinding the stone away. It was not an easy task, and the process was often ugly--often violent as the swift surge loosened the rock and filled the river with an ugly mess. It was especially violent when the rains came--who warned of their coming with the thunder-shake. But the thunder-throb and the rains and the river rush could not leash out equally, for the land was carved to different depths--each level revealing its own color and, to some, its own history.

After Grand Canyon came the mountain--reaching up toward the belly of the silver bird. For the mountain it was still in the winter of her springtime. The green-gray of spring and summer had turned to the flush white of winter. Oh, I wish I were that mountain--highest in Arizona--to see what she had seen over the megades. Rivers had rushed and waned, trees had reached and snapped, birds had sung and faded, deer had pattered and finally twitched...But the mountain remained and grew wiser.

There are so many lessons to be learned from the river and the land. New-comers, however, may not have them as their teacher and will long for the most ancient of all professors.

--Rashad Dahaghi

Hymn to Peace

They return to home, the lost six-hundred,
Saved by reprieve from final destruction;
Scarred and gaunt with burning eyes
Recalling Satan's Kingdom with its deceit and lies.

Everyone to the man recites his tale
of the cruel demands for his own soul's sake:
"Your country or your life." How many to this yoke did submit,
How many refused and were killed for it.

Oh my children, you the dead returned!
Now seeking revenge for the torments unearned;
Look into yourselves for reasons to blame,
History's lesson supports no single claim.

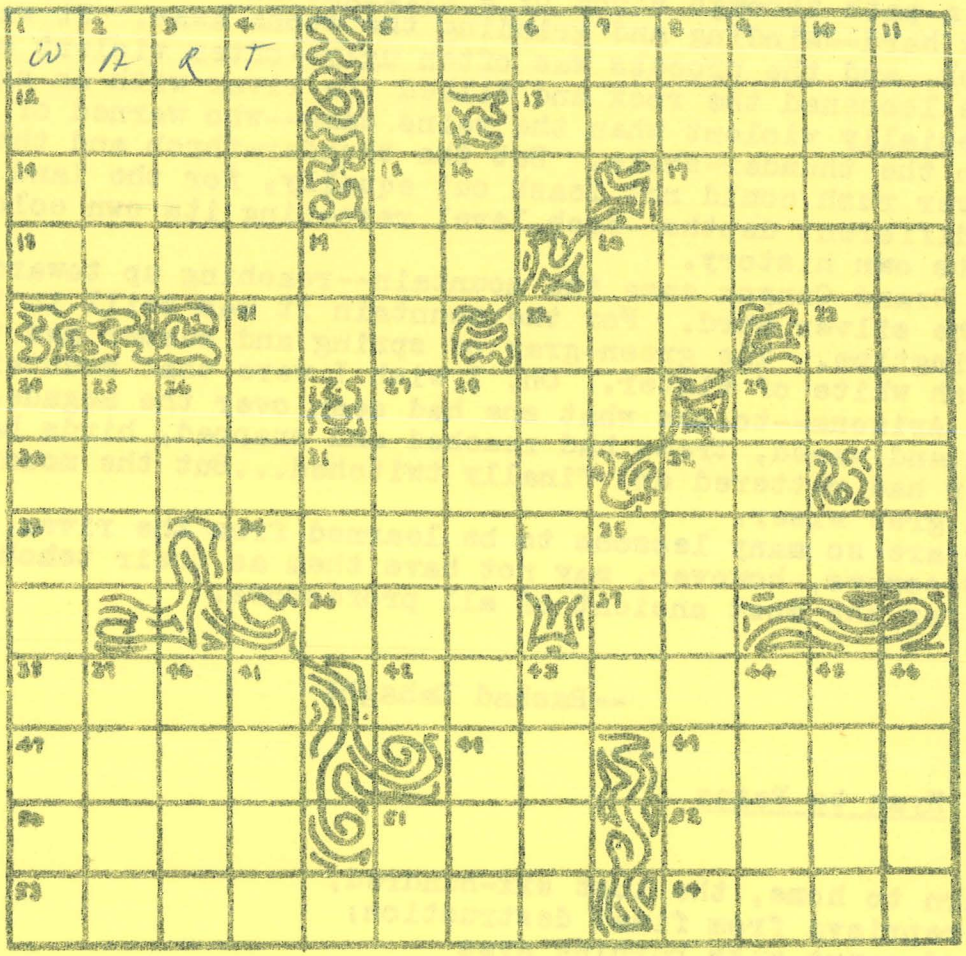
Let there be peace and forgiveness! Turn away from strife's
worthless spectre;
No war is holy; no battle breeds a righteous victor.
By common hands, innocent pain and death both sides have wrought,
And no justice in fighting will ever be bought.

Therefore, let us resist these battlefield stories;
The enemy has his too, as true as ours be.
To a conflict so long, so bitter, so worthless
We must all respond in sackcloth and ashes.

--gargoyle pmd

CROSSWORD

BY B. PERRY & T. REIMANN



ACROSS

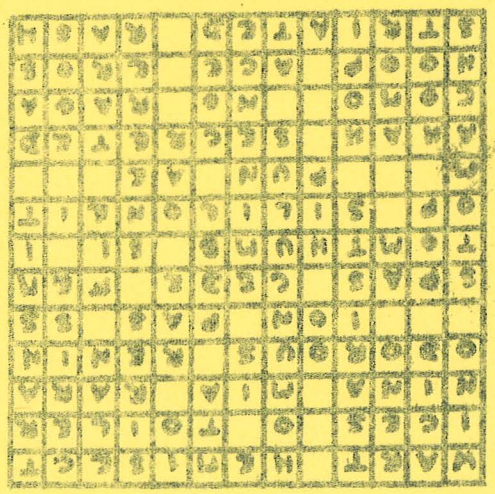
1. Really vulgar skin lesion.
5. Half of a religious group.
12. Lip salves and other condiments.
13. A gunner, indeed.
14. One of Columbus' ships.
15. Mama ___.
17. Said at Cowboy games.
18. Having a frankly foul fragrance.
20. Term originally used by Tigerstedt and Bergman for a pressor substance obtained from rabbit's kidneys.
21. One of the parts of an electrolyte.
22. B.M. stain.
23. Nasty Germans.
24. Where wealthy medical students get healthy.
27. Give up.
29. Women's libber.
30. A little GSH would have helped him a lot.
32. Oui.
33. Art form following 25 down.
34. Case History: This was the first PMH admission for this 22 y/o W/F 821-4810, whose chief complaint was her vital signs (V.S. 33-25-36). Physical exam revealed she was indeed correct. The treatment of choice in this particular case was to take each one and _____(2 wds.).
36. Lowest humor.
37. __sop.
38. Remark upon making a diagnosis.
42. What renal tubules did to PAH (nasty).

47. Lake resort in Northern Italy.
48. Typical nursing student's response.
49. Indian music form.
50. Out-of-date skirt.
51. The Red Baron was one.
52. Son of Aphrodite.
53. A property of voluntary muscle.
54. Dermatologic lesion.

DOWN

1. One who often succumbs to delerium tremens.
2. $[H^+] > 10^{-7}M$.
3. Where some med students take their wives (city).
4. Old Russian Loyalists.
5. A model of a man.
6. Medical Technicians Association.
7. __.U.
8. Fathers.
9. Enthousiasm (rather esoteric).
10. Cherry.
11. Convey an infectious disease from one person to another.
16. One of those little verbs.
19. Marilyn Monroe comment.
20. Martha ___.
22. Pretty Dumb But Cute (abbrev).
24. Food containers.
25. Relating to weasels.
26. Morning.
28. An elongated swelling in the floor of the 4th ventricle on either side of the midline rostral to the hypoglossal nucleus: Medial _____.
29. For Shame! (Shakespeare).
31. Gluteus Maximus.
32. Scoffer.
35. What one needs if one is up the creek.
39. What Rice people do.
40. Love (L.)
41. Shoshonean Indian.
43. Female Medical Students.
44. Famous plantation that went with the wind.
45. What concerns the shrinks.
46. Smash, splash, throw, knock, or thrust and/or brand of dog food.
51. UTHSCSWMS IS WHERE IT'S __.

ANSWER



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