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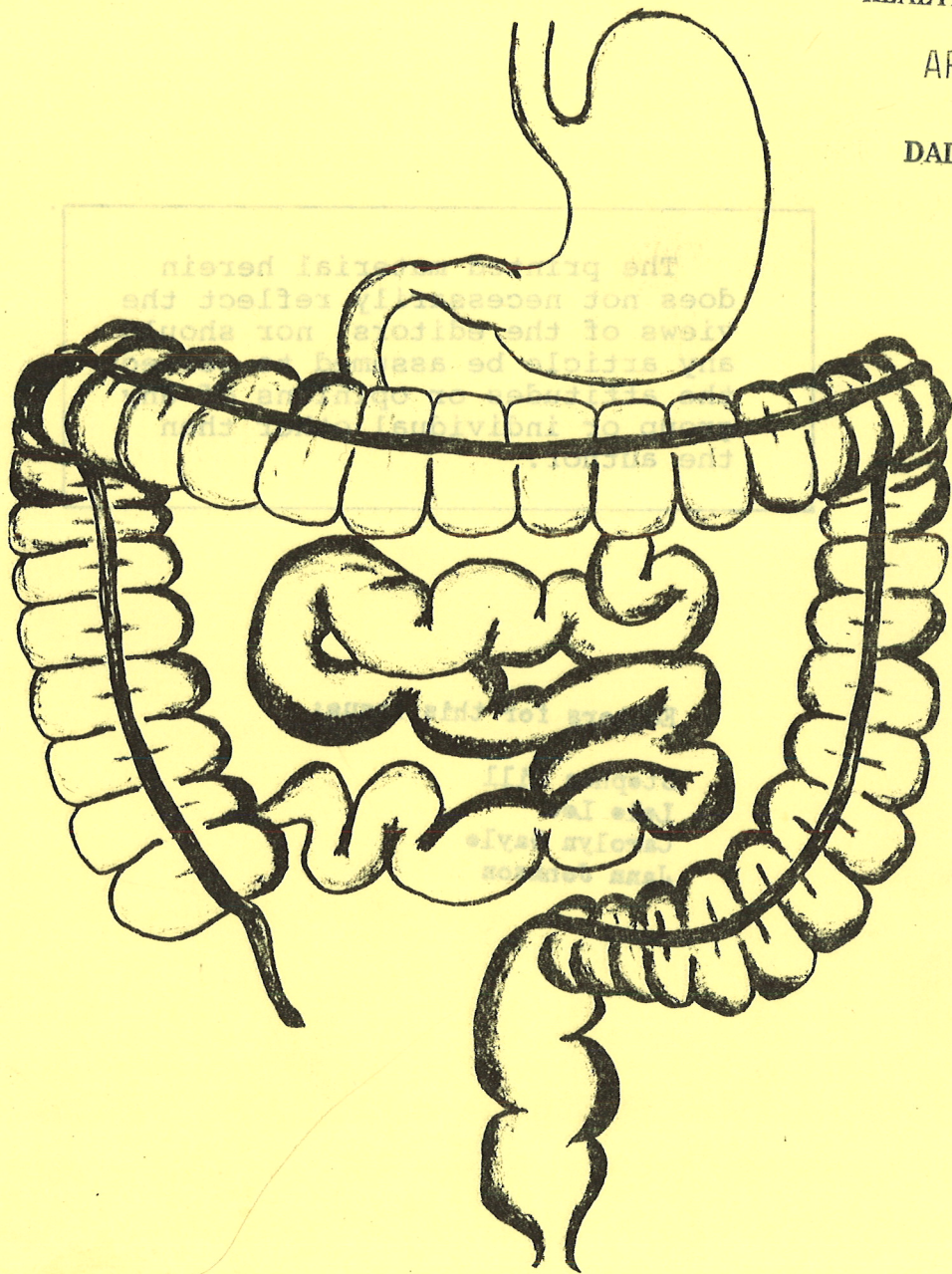
Borborygmi

APRIL 1974

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Editors for this issue:

Stephen Hill
Lelo Lee
Carolyn Gayle
Jann Johnson

Letters:

Dear sir;

Ladies and Gentlemen!

The January 1974 issue of Borborygmi was outstanding and I think that you should be congratulated on it.

I would appreciate your letting me know what I might do to help you in your further efforts.

I would make one comment about the last paragraph, first column on page five. There is absolutely nobody on the Sawbones Team that I would like to claim as my 'nephew'. To have blessed me with the title of 'Uncle' to this collection of reprobates I find totally depressing. Also, I could not possibly be the owner-general manager of this gang. How one team could collect a totally disreputable membership is beyond my comprehension!

Sincerely,

Bryan Williams, M.D.

Assoc. Dean for Stud. Affairs

--Dr. Williams has been offered equal space to slander the athletic teams as our new contributing editor. Like all material printed in the Borg his falls under the page 2 injunction. Welcome aboard Dean.--eds.

In keeping with the rash promises made in the last issue, the editors have made honest efforts at true investigative reporting. Following is their report on the finances of the institution and its adjoining hospital.

What would your guess be as to the costs of running a medical school? Of running the county hospital? We spoke to Dr. Fred Bonte and Dr. Charles Sprague about this, and received the following figures:

The yearly PMH budget is currently \$38,687,000. Of this sum approximately \$22 mil. will come from the recently raised taxes on county property, now assessed at 75¢ per \$100. The other \$16 mil. is expected to come as income for services rendered to patients, through insurance, Medicare, or cash.

In years past the income at Parkland used to be about 50-50 taxes and cash, but the rising costs of materials and wages, plus inflation, have necessitated a tax increase to keep pace. There is some concern that should national health insurance become mandatory at some point in the future, the patient load at PMH will drop off markedly, and the hospital will serve an essentially emergency room function. After all, if you could choose between the Parkland and the local private hospitals, where would you honestly prefer to be? Since the government's paying the tab...

The medical school runs on a budget of \$22.5 mil. per year for the medical and graduate departments. By the time Allied Health, Maintenance, and the library (\$500,000!) are added in the total comes to \$27.8 mil.

To keep this in perspective the figures of five years ago were examined. The total budget was only \$15 mil., there was no Allied Health school, and the direct costs of the medical school were \$12 mil. In only five years the budget has almost doubled, Allied Health gets \$571,000 a year, and Student Aid has grown to over \$100,000 a year.

(Before you catch your breath from sheer amazement, please notice the figures from UTMB, which you will remember does have 180 in each class. Their budget runs \$55 mil. per year; the payroll alone is \$8 mil. more than the entire SMS budget. Write your congressman.)

So, for costs of \$22.5 mil. per year the school educates 490 students in the medical and 85 students in the graduate departments: \$81,818 per student if that's the kind of figure that interests you.

And from our mondo bizarro files this story via UPI:

A man in Scranton, Penna., committed suicide by throwing himself headlong into a vat of cooking chocolate candy. The police announced that the deceased man's identity, obtained by cutting into the vat with a torch and recovering the corpse's papers, was that of a candy store owner named Hershey.

THE NEXT MIRACLE INGREDIENT

by Raymond Moody

One of the chief inhabitants of that misty realm where science meets Madison Avenue and produces gray flannel pseudo-science is a strange kind of substance called the "miracle ingredient" which, for a time, appears in everything one buys and then is forgotten (or, more likely these days, is banned by the FDA). Chlorophyll, for instance, was highly regarded during the early fifties. Later came hexachlorophene and even later "enzymes". The undisputed current champion is Vitamin E, long a favorite of health food enthusiasts.

In order to become a "miracle ingredient" a substance must satisfy several criteria. First, it must have an alluring name—either a fairly long scientific-sounding word (as in hexachlorophene) or a mysterious letter-number designation (GT-105). Secondly, it should have a relatively low degree of toxicity, so that it can be incorporated into various toothpastes, deodorants, medicines, and/or foods, etc. without killing the consumers—at least until the manufacturers have made their money out of the fad. Thirdly, the role of the substance in nature should be relatively poorly understood, so that magical powers can be attributed to it without much fear of contradiction. Thus, it can come to be popularly believed that the substance can slow down aging, prevent cancer, restore potency, etc.

One problem with miracle ingredients is that they are popular only for a time, and so Vitamin E must eventually be replaced in its turn. It is only a matter of time until the FDA bans it on the basis that, say, experimental monkeys fed one pound of Vitamin E daily for two years developed irregular estrus cycles. The next question which faces us is, then,

"What is the next miracle ingredient to be?"

I would like to make a nomination, one with which everyone who works around a medical school will concur. The next miracle ingredient can only be: Prostaglandins. Any medical student by now will have heard of these mysterious 20-carbon lipids which are currently all the rage in medicine. Almost any time a professor is trying to explain some bodily process which is not well understood, the rules of prostaglandin-talk enable him to finish up his account by muttering something like "...probably mediated by prostaglandins." Prostaglandins fit all three of the criteria given, but their name is not the least of their assets—stirring up as it does vague images of virility and sexuality.

So, we can shortly expect to see whole new lines of prostaglandin breath mints, mouth washes, vaginal sprays, deodorants, soaps, chewing gum, toothpastes, laxatives, shaving creams, etc. In addition, there will be a rash of paperback books with such titles as Stay Young and Sexually Vital with Prostaglandins, and Prostaglandins: The Cure for Arthritis. And after a while, predictably, the FDA will find prostaglandins dangerous, or people will forget about them, and attention will turn to some other substance. But perhaps, in their brief moment of glory, prostaglandins will do some good. For, recent evidence shows that they induce abortions...and, well we do have a population problem.

Ed. note: Raymond Moody is a fourth year med. student from the University of Georgia Med. College in Augusta. This piece originally appeared in their paper, The Cadaver, in August, 1973. Mr. Moody has kindly given permission to reprint it here.

GOLLEEE Section:

Gee Whiz! Since we're all so impressed by numbers, we will include a few on the new facilities. The Phase I additions include 600,000 sq.ft. of new usable space, plus 90,000 more in the New Clinical Science Building to be begun in May. This will more than double what we have now (400,000).

The new library (Florence Bio-information Center) will hold 200,000 volumes (currently 5,500) and will have 150 study carrels. Students not assigned to a multi-purpose study area in the B.S.T.B. (see below) can apply to the Director of the Library for a study carrel in the library stacks.

AUDITORIUM & CAFETERIA

The Auditorium will seat 1201 people, with special seats for you wider-than-normal folks. The cafeteria, located below the auditorium, will have two serving lines, one for sandwiches and snacks & one with a full menu. Dining will be in two major areas, for 200 people each, plus six conference dining rooms holding 20-30 people each.

A rose garden has been designed to partially surround the auditorium and cafeteria.

The Administration Building will house the administration (top two floors, of course), all of the Business Affairs offices, and Student Affairs.

The Basic Science Teaching Building (B.S.T.B.) will house Cell Biology and Gross Anatomy on the first floor. The second and third floors include 208 lab desk-study carrels per floor, to be assigned to freshmen (2nd) and sophomores (3rd) for physiology, cell biology, pathology, microbiology, pharmacology, and biochemistry (yes, biochemistry!) labs. Microbiology will be located on the 4th floor, with Biophysics, Radiobiology, and the Cancer Center.

GARAGE & GROUNDS

Our new parking garage, the first built by the University of Texas, will hold 600 cars. Permits to park will cost:

Chairmen & Administration

Officers (Reserved)---\$60

Faculty (Unreserved)-----\$48

Staff & Fellows-----\$24

Visitors-----75¢

Students (Out in the Lot) \$18

All of the Phase I grounds will be well landscaped by a very generous gift from Mrs. Eric Jonsson.

With 200 in next year's entering class, everyone is asking "When?" Estimated completion dates of construction, according to the February 14 report:

Administration Building-April 15.

Bio-Information -June

B.S.T.B. -July

Auditorium & Cafeteria -July

Phase II (Clinical)-begun in May.

Out of consideration for the birds, (the ones in the trees) the new road to be built from west of the Student Union to Inwood Road (around the bird sanctuary) will be delayed until late summer when, according to conservationists, the roosting season has ended.

Now for the big numbers! The cost of all this? \$40 million for Phase I, and \$11 million for the New Clinical Science Building. Yearly operation and maintenance costs, including cleaning, heat, air-conditioning, etc., are projected to be \$30 million.

Following occupation of the new buildings in July, over \$2 million in renovations in the Cary and Hoblitzelle Buildings will be begun.

Only one closing comment-I hope the bills get paid so we can keep and enjoy these luxuries.

-----Carolyn Gayle-----

BORBORYGMT POLL #2:

The following poll was given to the senior students at the beginning of March. It is the same form as the poll given earlier to the freshmen and sophomores, the results of which were published in the last Berb, with the exception that the seniors were to report their intentions at three times: starting med school, end of sophomore year, and present. It was

hoped that major trends would be discovered, but since 31 of 118 were returned the only valid conclusion that can be drawn is that a would-be surgeon going into private group practice in a large Texas city is the personality type that returns questionnaires. One may note that the sums are rarely 31, the seniors being no respecters of the niceties of poll-taking, often having left some items blank or having checked more than one category per unit.

Your Future Intentions:

Internal Medicine
Surgery
Pediatrics
OB-GYN
Psychiatry
Family Practice
Sub-specialty:

Private Practice
Government Service
Teaching
Hospital-Based
Community Clinic

Group
Solo

Large City (>50,000)
Small City
(2500-50,000)
Rural (<2500)

Texas
Out of Texas

Now	End of Sophomore Year	Starting Med School
<u>8</u>	<u>12</u>	<u>5</u>
<u>9</u>	<u>3</u>	<u>7</u>
<u>1</u>	<u>2</u>	<u>0</u>
<u>3</u>	<u>2</u>	<u>3</u>
<u>1</u>	<u>2</u>	<u>1</u>
<u>4</u>	<u>8</u>	<u>5</u>
<u>7</u>	<u>3</u>	<u>0</u>
RADIOLOGY, ENT, NEUROLOGY, ORTHOPEDICS, UROLOGY, PATHOLOGY, ADOLESCENT MEDICINE	NEUROLOGY, PATHOLOGY, CARDIOLOGY	
<u>20</u>	<u>24</u>	<u>21</u>
<u>1</u>	<u>2</u>	<u>2</u>
<u>8</u>	<u>2</u>	<u>3</u>
<u>11</u>	<u>1</u>	<u>1</u>
<u>1</u>	<u>2</u>	<u>3</u>
<u>25</u>	<u>23</u>	<u>24</u>
<u>3</u>	<u>3</u>	<u>4</u>
<u>21</u>	<u>19</u>	<u>17</u>
<u>10</u>	<u>7</u>	<u>8</u>
<u>1</u>	<u>2</u>	<u>4</u>
<u>15</u>	<u>14</u>	<u>13</u>
<u>11</u>	<u>9</u>	<u>10</u>

A few correlations: (1) Present plans are not well correlated with earlier ones. Only 5 people checked the same field (e.g., surgery, pedi) for all 3 time periods; there is somewhat more continuity in the other units, but there seemed to be a significant amount of indecision and changing of decisions. (2) City size is not correlated with state v. out-of-state. About the same proportion of persons checking large city as checking small are intending to reside in Texas. (3) Of the 11 checking hospital-based, 4 are internists, 4 sub-specialists, 2 surgeons, 1 psych.

(4) Of the 8 checking teaching, 3 are surgeons, 2 internists, 2 sub-specialists, 1 psychiatrist. (5) Family practice and ob-gyn are predominantly small city-rural (4 of 4 and 2 of 3, respectively), while internal medicine and surgery are roughly 3/4 large city. (6) Of the 12 interested in internal medicine at the end of sophomore year, 5 cut out for surgery by senior year, 4 remained as internists, 1 changed to ob-gyn, and 2 changed to a sub-specialty. The other 4 of 8 internists as of senior year came from the ranks of family practice,

psychiatry, pediatrics, and sub-specialty (cardiology). Of the 5 who changed from internal medicine to surgery, 4 of these had initially intended to be surgeons. (7) Of the 8 interested in family practice at the end of sophomore year, 3 remained interested by senior year, 2 changed to medicine, 1 to ob-gyn, 1 to surgery, 1 to a sub-specialty. Most still showed a preference for small cities.

Assuming sufficient interest, this poll will be given the juniors and the results published in the next issue of the Borb.

Lela Lee

PRECLINICAL MEDICAL EDUCATION:

A BRIEF CRITIQUE

-Mark Millard MS II

The success of preclinical medical education is judged almost solely by student performance on the National Boards Part One, rather than on student ability to correlate fundamental knowledge of health and disease when dealing with specific problems. Although more difficult to evaluate, this latter criterion has greater merit than a simple examination of students' regurgitative ability, but Administration denials to the contrary, National Board scores play an essential part in curriculum evaluation.

For example, one department chairman unabashedly confessed his prime motivation was to see students number one on the National boards, with the purpose of turning out good physicians an important but not sufficient goal. In a testy exchange with students, another department chairman apologized for the teaching of certain material, but justified it on the grounds that we would see it again on the National Boards. A third chairman directed his opening remarks at the beginning of his course to the "bottom 20%", warning them to keep up so that their low marks might not be too detrimental to the class average on the Boards.

Removal of Board scores from influencing grade point averages mollified some who felt the whole practice "ridiculous", but in view of individual course emphasis upon National Board performance (it is of interest to count the number of courses giving National Board or Board-like finals) the credit deletion was merely a change of form, and not of substance.

TESTING PROVEN ABILITIES

Using National Boards as the primary means of evaluation tests only vocabulary and not problem solving ability. Any moron can memorize a dictionary, given the proper instructions; there are damn few Shakespeares around. The absurdity of the situation is that 95% of medical students were accepted into this school because of their ability to memorize, so that what we test all the time is proven ability. Of course grading scales are sufficiently high as to make things difficult and those who do manage to make their way to the top of the heap display remarkable ability and competence...at memorizing.

Nothing can be said beyond this last statement, and whether the person who has excelled in the first two years can correlate and use this information is an whole other question indeed.

However students, particularly the good ones, have learned long since that the payoff comes with the points, and tend to study what they know will be required of them: more often than not, dissociated facts. It is safe to assume that material not required doesn't get studied. Ergo, no attempt at problem solving is made, and no effort at learning to program the input of data occurs.

DISENCHANTMENT WITH LECTURES

For me, Pathology best illustrates the dilemma. I may do well on a written exam so as to satisfy myself and (perhaps) my instructor. But on a CPC I am worse than incompetent. My problem solving ability, my ability to correlate the voluminous catalogue of pathological conditions which I have memorized is nil. No national Board rating that says I rank "x" out of 10,000 students will ever mollify the uneasiness I feel on a CPC.

Preclinical medical education fails in not going far enough.

I cannot criticize what is taught in terms of content. Whether or not it is of importance that mitochondria exist is oxidized and reduced forms, or that SDS solubilizes biological membranes, or that E. coli is "++--" escapes me. Frankly, I do not know; but I must trust my professors' judgements, until I discover whether such facts are indeed relevant to the clinician.

But even as an insignificant sophomore, I can say something about the way material is taught. This requires only the expertise of having sat through two years worth of lectures.

With the exception of a few courses, the didactic lecture, where basic material is transmitted from professor to student, stands as the sine qua non of preclinical education at Southwestern. Furthermore, with the same exceptions, all test material comes directly, word for word, out of the lecture. This methodology has unfortunate consequences, both short term and long.

First of all, the didactic lecture is (to use Dr. Fallis' words) "grossly inefficient." The accuracy of page to eye to ear to hand to paper transmission is by no means guaranteed. Not only do professors sometimes give misinformation (hostile classes have been known to promote inadvertent errors), but students may just plain copy down the wrong words. Furthermore, few students can take notes and understand the material at the same time, much less remember the substance of a 50 minute lecture two days later.

And too, the tendency to give lectures entitled "All you need to know about 'x'" when coupled with a policy of testing only from the lectures discourages students from reading texts and supplemental material and also promotes a false sensation of confidence that the material given in lecture is all the information ever needed about a given subject.

An accurate picture of the finishing sophomore reveals a spoonfed and complacent (although compulsive) memorizer of trivia. On days when the lecture service seems to be in good hands, he is also quite fast asleep in class.

How does all the above translate into reality? Consider a course such as Biochemistry, which occupies about half of freshmen's first semester. By no means should all lectures be cancelled; only those adequately covered in basic texts. For example, three hours lecture on the synthesis and degradation of amino acids is a worthless reduplication of readily available material. But just one hour discussing nitrogen metabolism can lend order to the chaos of individual pathways.

Likewise, glycolysis and the pentose pathway are major constituents of texts, but Dr. Srere's reflections on how energy makes the whole show run--this is unique to Southwestern, and a real treat not easily appreciated through print.

Thus, lectures should be explanatory and correlative, efforts to create perspective and insight.

Relinquishing classroom hours however, without replacing the concomitant loss of course structure and guidance with other, more useful ways of directing student attention creates more problems than it solves. The failure of the Harvard experiment designed to give the students freedom to pursue their interests at their own pace came because these new experiences substituted chaos for the existing system of infantile pampering. Cut adrift among a myriad of options, it is a wonder anyone even passed the National Boards. But a middle ground is defensible.

ALTERNATIVE SUGGESTIONS

Classroom time in biochemistry can be better spent (much of it, anyway) in directed reading; already established small group tutorials should be expanded and the weekly quizzes retained.

Finally, rapidly-expanding fields often cause even the most recent editions of texts to be out of date. For such occasions extensive handouts better inform students than lectures which should only be given to put new advances in perspective, or to explain particularly difficult material, or for clinical correlations and problem solving sessions.

Some may confuse my disenchantment with the lecture per se as a dislike of poor lecturers. It is true that I would rather listen to an animated and interesting professor than a dull, sporadic instructor, but even the most exciting performer wastes his time and mine reviewing material readily available elsewhere.

What would a typical week of biochemistry look like? On Friday a handout covering the readings and subject material students should especially concentrate on is handed out. Monday morning a short trivia quiz is given (the sum total worth of them being 10% of the final grade) which is discussed and graded in the small group tutorials immediately following.

Tuesday, Wednesday, and Thursday bring lectures aimed at understanding the implications of the week's material and clinical correlations. Short labs demonstrating relevant biological principles are also held. A final tutorial ties up loose ends on Thursday, and on Friday a different sort of exam is administered, one which requires understanding of the material given in class and read outside of class (the sum worth of them being 40% of the course final grade).

Two large exams and a final will require students to keep up with past material, but none of these exams will be National Board-like exams--requiring trivia and not thought.

When I first set out to write this article, I could identify two major problems: the reliance upon rote memory as the major criterion of success, and the use of the lecture as the primary means of communicating basic material. At first, they both appeared rather separate and distinct entities, but on close examination they describe facets of an even larger problem.

Material must be applied to be useful, and it can only be usefully applied if that material is given in such a way as to lend itself to correlation, and if testing reinforces that correlation.

If at the end of the year I can point to a shelf full of notes, handouts, and books, and say, "I've learned this much," and if that is all I can say, then \$32,000 has been wasted on my preclinical education. Unless I can use that material in confrontation with a

specific problem, all the hours spent listening, writing and re-viewing will have been for naught. The way preclinical medical education is taught, however, information is delivered in sterile packages, isolated from reality. The way this information is tested reinforces its inapplicability.

I can go blissfully along making class average. But my patients...will that be enough for them? I don't have an answer to that question, and it worries me.

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15							16	17				18	
19			20		21		22					23	
		24					25					26	
	27			28		29		30			31		
32	33			34			35				36		
	37			38		39	40		41		42		
43					44				45				
	46					47		48					
49		50		51			52			53	54	55	
					56		57				58		
59						60							

A Borborygmi Crossword:

Across:

- 1) Word referring to caseated tubercles.
- 8) Literary support, of a kind.
- 15) Hooklike; that gyrus curled around the hippocampus.
- 17) A rare one, as in stimulating lectures.
- 18) Electrical engineer, abbr.
- 19) Alcoholics Anonymous, abbr.
- 20) The Great Crab, abbr.
- 21) Bloodgroup ape.
- 22) Guitar metal, or how gunners await life.
- 23) South Dallas establishment.
- 24) Shot-giver.
- 25) Degree; also, content of most MS-1 lectures.
- 26) SH__, see 25-A. (2)
- 27) __ and behold. (2)
- 28) Fliers from down under.
- 30) __ Coxa, or that of the neck. (2)
- 31) Title for MD's at MD's.
- 32) Applause, or the no.1 communicable disease.
- 34) Cardiogram.
- 35) Distasteful.
- 36) Tepid
- 38) Female appertainance
- 42) Put to ill __. (3)
- 43) Stool sample container.
- 45) Elongate pseudofish.
- 46) Superstar of **C-407**
- 47) Friday pastime of sophs.
- 50) Symbol for thallium.
- 51) New Testament, abbr.
- 52) Aye, oui, etc.
- 53) The archetype narcoleptic.
- 56) Listened to the tape again.
- 58) __ Amin Dada. (3)
- 59) Parkland of the East.
- 60) The plague by any other name...

Down:

- 1) What was left of the stooly after the mob finished with him.
- 2) Virus type.
- 3) Cal. College.
- 4) Genital dysplasia, or Tuesday at 8.
- 5) Founder of Oneida community's no.1 technique.
- 6) School in Fairbanks, or pee exam, abbr.
- 7) Recent SMU pastime (it came to me in a flash).
- 9) Brooks' syndrome.
- 10) What you need to paddle through with.
- 11) Discoverer of the citric mandala.
- 12) Found at Ralph's (he should only have to).
- 13) The authors of the puzzle.
- 14) Shires' shire.
- 16) Wha...
- 27) Surgical knife, or UK pub.
- 28) Antidote for halitosis (remember this for the beards).
- 29) As in Pound's "Ancient Music": 'An __ hath my ham.' (4)
- 30) Dick's the __. (3)
- 31) Weighs 5/16 of an ounce.
- 33) Killer of Ivan the Terrible, Henry VIII, Washington, and Al Capene.
- 37) Everyman at the end of it all.
- 39) MicroFallis.
- 40) Skin Ca reagent & classic hapten.
- 41) Columa packer; toe dancer's salvation.
- 44) Rx for blocked bowels.
- 48) Nicholas ended the line.
- 49) Ege (lat.).
- 53) Reliever of the Friday aches and agues.
- 54) __ et. Dostoevsky's hero. (3)
- 55) SE Asian pusher.

This puzzle was produced in a memorable 2.5 hour putsch, punctuated only by a 10 minute break to replace expended lockers of wine and cheese. Pardon is asked for the pedestrian nature of some of the clues, but we got tired and quit seeking the grail of the perfect clues and symmetrical black spaces. Names of the authors are available on request for legitimate criticism.

CRAP (To be sung to the tune of 'Fog' by Carl Sandburg)

It comes
on little cat feet.
It sits fouling
over carpet and tile
on silent incontinency
and remains til cleaned up.

-the rabbit (Vic Horadam)

THE MEANING OF LIFE

Often pondered, the elusive entity, life, has become
immune to definition.

Perhaps then, it can be encountered-

In the first faltering steps of a new born fawn
In the silent understanding of a devoted mate
In the bawdy laughter and companionship of an intimate friend
In the warmth of a last dime given to one less fortunate
In the abrupt realization that all men are truly men
And in the serenity of death, not feared, but appreciated as the end
of a full and self-satisfying life.

Is it really that necessary to define and thereby tame such
a wild and unique creature?

Why not just enjoy it?

-the rabbit (Vic Horadam)

A Surgeon's View of Washington

or

There Ain't Room in This Here Town for the Thirteen of Us

The bluest skies you've ever seen are in Seattle.
And the money's really green in Seattle.
They've a beautiful school, so you all get the tool;
And I guess that this is good-bye.
Don't you all break down and cry,
Come and see us by-and-by,
In Seattle.

Surgery will really flourish in Seattle,
And our bank accounts we'll nourish, in Seattle.
We may not be here, but, somehow you'll learn to cut,
And we think that we've seen the light.
We won't be on call at night-
Come and learn to do things right,
In Seattle.

Things will be in such a pity, here in Dallas,
And we hope that things aren't shitty, here in Dallas,
Once they all would call us 'quack', and they never took it back.
Don't you all look so blue,
We have nothing against you-
It's those hours that we do,
Here in Dallas.

D. Bowles

NONPERSPECTIVE DISORIENTATION

-being in reply to a modern fable

Siln

NONPERSPECTIVE DISORIENTATION

-being in reply to a modern fable

Silence! I demand silence from that one more ant.
Piteous thing.
Persuaded to raise your voice
In praise of your perdition.
To anoint the carnage of hand
That controls the fate of your dirt.
And you must even shout prayers
In the encompassing hope of your nonexistence.
Yet the god heard and he knew,
And he cast the flimsy culture in his hand
Into the nothingness of death.
And the population was ecstatic
For the victory over the individual.

SAH-MS2

Chorus for Golgotha

Discriminating Christ
Who died the open naked death,
They've thrown you at the sky,
A mock of heaven itself.
Wooden shadow and pieces of iron are all
That keep you tied to that earth
That loved and killed you.
The prayer-sent killers' delight,
Celestial emasculating knife of the cross,
Closes fast the claim of theos-seeking man.
The vital pulse of the mallets splintering
the bone and the blood.
The silent passion erected o'er the tense straining crowd
Brings forth the harsh ecstatic cries
of mass fulfillment.
Discriminating Christ
Who died the open and naked death,
They shall throw you at the sky forever.
And the drum-beats in their minds
shall never cease the crucifixion.

SAH-MS2

NONREFLECTIVE DISORIENTATION
-begin in reply to a modern lady

2412

In The End Was There Beginning

A hush enfolds the world
Sounds come from close by
Images materialize on the near perimeter
All is aware of the moment's aura.

What has lay far away
Now has come
Sweat oozes from the ozone
The sunlight is frozen in space.

The pendulum poised, paralyzed, pregnant
With conception, birth and death
Begins now--
The egg cracks apart

The creation encompasses the distant horizon
A fiery sunset--
The crystal moon
Reflects.

They left no fossils
Only a spark
Caught by an eagle's eyes
Soaring within the galactic winds.

Jason

Women Of The Windmill

Women of the windmill sail on
Away from this bay to distant horizons
Catch the fresh breezes that dance
Upon the oceans of time and romance

Go, play in meadows filled with sunlit butterflies
And lay beneath infinite nighttime skies
Let the rain and sun make love with your body
Then merge with your man upon a common journey

As close as a memory I'll be
Further than the future, I and we
I will take you now upon my mindways
As they extend into the unfolding maze

Never here, but always there
Follow the phoenix when you dare
And within a moment we will reconfirm
Our mutual existence before we must return

Jason



love poem #4

subliminal pulsations of exact coherence prod,
 my being's surpassed by cogent will; all man o'er-run by god.
 the prayer-sought ecstasy exciting every filament
 must answer yet the presence of desired sentiment.
 with mankind's wild, amoral--pain's equivocal response.

now i begin the trek of love--the leap to bridge at once
 the plains of infantile reality and sapient-
 bred ignorance. a priestly search for humane sacrament.
 then span the deep baptismal vision to some blessed light
 beyond the tense constraining bonds of life's emotion's sight.

our union sought--two wills replaced--mentalities unbent,
 from far within our minds subscribe the state of complement.
 libido crumbling starkly bare to be caressed by strains
 of freak celestial delight which lead us to obtain
 again the joy which mundane man will claim as fraudulent;
 for on the trek (how true!); the course breathes mankind's detriment.
 yet as i soar above our life's abyss--defeat unhoped!
 again the pulse--humanity emasculated, doped,
 upon the steps of potency as but a sterile groove,
 so sterile as our interaction acts with truth to prove
 but for the innate vitalism generated by our love.

SAH-MS2

CINDY

Packaged like a cardboard box she is ugly
 And affronts me.
 Sadness saddles her mouth just as
 The glasses she tries not to wear
 Clutter her nose.

Beware of corners. She traps the unwary,
 Speaking of movie stars, TV, and past illness.
 She is an ashen bore and she affronts me.
 Eyes of pasty blue, her smile can't quite focus
 On my face.

These women run in schools, you know,
 Like ignorant fish. She is most ugly
 And she affronts me.

M.S.-II (1971)

Coming and Going

What you sent to me,
I'll send to him,
He'll send to her,
And she'll send to them.
They'll send to those,
Those to these
And these to you.

All of it truth
All of it lies
All of us one.

—Richard Hoffman, MS3

Stick Tale

In years to come
When people turn thin,
Stars will shine making points in the sky
From the bones of tired ole men.

When the sun burns down
And shadows turn black,
People will smile as if they knew
None of their work has gone to waste!

As the points align
And moments twist curves,
Only the stickers will stay to watch
The filterfall of stone and dirt.

But then brown always turns green,
Dry becomes wet,
And stars will shine making lights in the eye
While schools of fresh fish swim through the sky.

Richard Hoffman MS3

TRAIN SO VAIN

(Or, Poems Jason Style)

Electric train-
Yes, you so vain.
[Fuck softly my little tressels,
Pump more grease through your vessels]-
A leaf falling upon my tracks
And filling in the little cracks
Of my integrity. For you. Oh, so vain-
That you should be an electric train.

Rocks and sticks 'long side my rails
Breathing eternally; a life that never fails
Or in their mediocrity never stales.
Rails, fails, nor stales.
Train so vain, you are a bane
To others walking softly,
And not rushing down their tracks
And through their pracks (sic)- train you are so vain!
Please refrain?

