

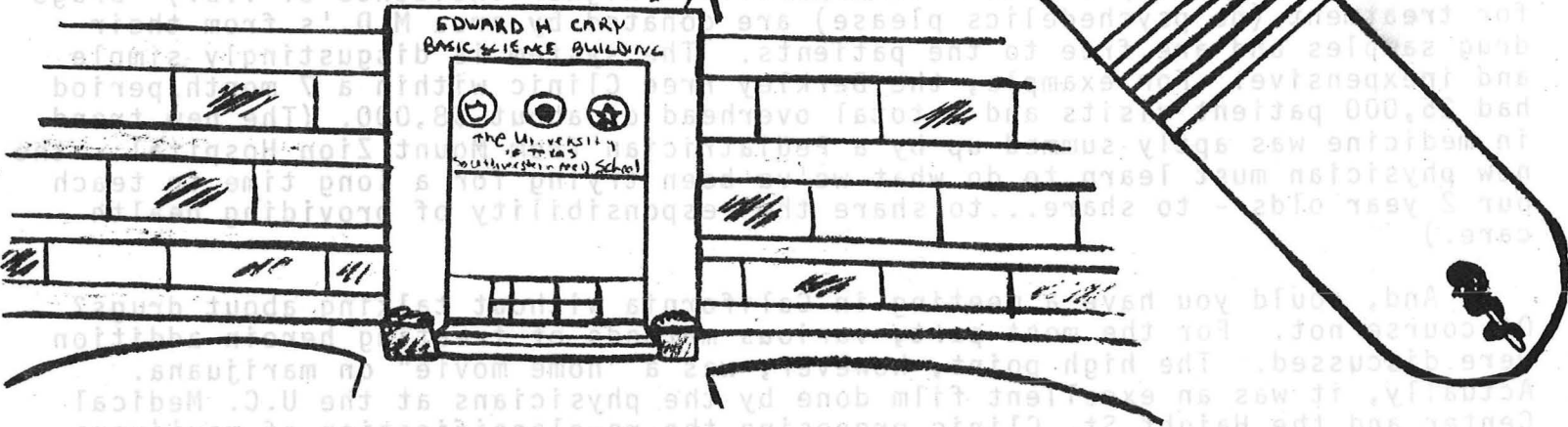
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# SAMA SPECULUM

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SOUTHWESTERN MEDICAL SCHOOL  
DALLAS, TEXAS

VOL. I No. 3

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Student American Medical Association  
Editor: Jan Vandersloot, MS 3 Associate Editor: Harry Asch, GS 2  
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## SPECIAL ELECTION ISSUE

SEE PAGE 2

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### A HAPPENING IN CALIFORNIA

Darnell Richey, MS 3

On January 31 and February 1, 1970 the young pioneer physicians and medical workers of the west coast had a gathering called the Free Clinic Symposium. The informal meeting, including interested hippies and their dogs, allowed people in a new field of medicine to exchange ideas and names and addresses for future reference. The new field of medicine is the delivery of free medical service to needy areas.....needy of what? .....medical service!

It is the contention of these people (and rightly so) that there is a growing chasm - the medical gap - between the magnificent technical achievements of medical science and the delivery of medical service to the growing hoards of ill.....whom we shall call patients. Finding the conventional hospital socially and economically unable to deliver these services, a new way is being tried--- the neighborhood clinic, housed in a cheaply rented wooden storefront, and manned by natives of the area to be served.

PAGE 2- SAMA "SPECULUM"

A Happening in California (cont'd)

One such clinic is located in the Haight-Ashbury district and is designed to serve hippies ...uh, alienated white middle class adolescents. Headed by David Smith, a long-haired physician about 27 years of age, this clinic treats minor medical problems, drug overdoses, and recently - after the installation of 3 dental chairs - dental problems. They routinely make referrals to San Francisco General, Hunt Stree (Free) V.D. Clinic and Planned Parenthood. Medical charts consist of a long social history - their names and zodiac sign - in a manila folder. (Scorpios were found to have a higher incidence of V.D.) Drugs for treatment (no psychedelics please) are donated by area M.D.'s from their drug samples and are free to the patients. The system is disgustingly simple and inexpensive. For example, the Berkley Free Clinic within a 7 month period had 25,000 patient visits and a total overhead of about \$8,000. (The new trend in medicine was aptly summed up by a Pediatrician from Mount Zion Hospital: the new physician must learn to do what we've been trying for a long time to teach our 2 year olds - to share...to share the responsibility of providing health care.)

And, could you have a meeting in California without talking about drugs? Of course not. For the most part, various methods of treating heroin addiction were discussed. The high point, however, was a "home movie" on marijuana. Actually, it was an excellent film done by the physicians at the U.C. Medical Center and the Haight St. Clinic proposing the re-classification of marijuana as a sedative-hypnotic instead of a narcotic. The name of the film was "You Can't Grow a Green Plant in a Closet" and cn be rented for your local PTA meetings.

sama election results

PRESIDENT: jan vandersloot

VICE PRESIDENT: alan swann

SECRETARY: carol lewis

TREASURER: reyn saunders

SENIOR CLASS: jeff janes - jim black

JUNIOR CLASS: jim mackay - bob raley

SOPHOMORE CLASS: steve waller- rick hencke

THE CHARACTER OF THE NATIONAL SAMA - 1970

Jeff Jones, MS 3

The Student American Medical Association is a national student professional association with local chapters at 87 of the nation's 95 medical schools and a membership of more than 24,000 medical students. The purposes of the Association are to improve medical education, to contribute to the improvement of health care of all people, and to involve its members in the social, moral, and ethical obligations of the profession of medicine. SAMA has the unique distinction of being the only student professional organization which is totally independent and autonomous from its parent organization.

More specifically, SAMA serves as a mechanism whereby students may actively participate in the fields of community and international health, medical education, and in the multitude of complex problems dealing with rapidly changing trends in medicine. Perhaps most important SAMA has adopted the methods of open debate and argument as its approach of illuminating the pressing issues facing medicine today. Not only has SAMA sought to criticize, but it has worked even harder to develop solutions to these problems. This approach is one of the most striking characteristics of the organization especially when comparing student approaches to pressing social and educational problems which have evolved over the past five years. A simple listing of some of the titles of the resolutions passed at the National SAMA Convention in April of 1969 underscores this approach: Fee-for-Service, Expansion of the Public Health Service, Minorities in the Medical Profession, Pre-paid Group Practice, Medical School Admissions Policies, Pharmaceutical Advertising and Promotions, Abortion, Additional Rewards for Teaching, Financial Aid for Medical Students, Physician Service Obligations, Liason between SAMA and Local Health Societies, Women in Health Professions, and National Priorities. (See The New Physician, July, 1969 for a listing in full of all resolutions.)

This involvement in the crucial problems medicine faces today goes beyond the passing of resolutions. SAMA at the national level has attempted to implement reform and progress in many of the more complex problem areas by establishing on-going committees whose sole purposes are to vigorously pursue solutions on a more organized plane of effort. These Standing Committees include those concerned with community health, international health, medical education, minority admissions, and legislation and medical trends. The committees attempt to gather information together for analysis of what the particular problems are in a certain area. After this has been done, they then attempt to define how the organization, its individual members, and the medical profession as a whole might effectively remedy these problems.

The methods whereby solutions have been sought have been varied and innovative. For example, the Standing Committee on Community Health has chosen the following priorities: urban health problems, rural health problems, community health curricula in medical education, health education in the community, information and financing of local health projects, and establishment of a national health conference. Out of these have come attempts at realizing solutions to problems. Year-round community health projects have increased from a total of four to thirty in one year. A summer Appalachia program to involve students in rural poverty areas to help promote the economic and social development as well as the effective delivery of health care in rural areas was begun and successfully completed in the summer of 1969. Plans for another summer program in Appalachia are being prepared. Establishment of The Institute for Study of Health and Society was conceived as a response to our health crisis in 1969.



## The Character of National SAMA (cont'd)

Its stated goal was "to identify and clarify the issues for those who have not clearly recognized our dilemma (in health care)." It was begun as "an appeal to action predicated upon the philosophy of providing a new and informed leadership for the health profession and and our country." The long range objective of the Institute is to operate as a tool for analysis and responsible change in health and society. Thus far the Institute has begun a Medicine and Society Symposium at the National SAMA Convention, a summer conference, and Conferences for the Developing Professional which include discussion of the environment, racial discrimination, and the population explosion. The First National Student Conference on Community Health has been planned for March, 1970. (See related article in this issue). All these programs are concerned with only one aspect of health care problems in this country. Other problem areas have been approached in a similar fashion with equally productive results.

SAMA has been active as well in the political problems of health care. Illustrative of this was SAMA's participation in activities related to the Health Profession's Student Loan Program's appropriations for fiscal year 1970. Recognizing the crucial importance of maintaining and expanding this local program in view of the critical health manpower shortages in our country, SAMA engaged in a multifaceted campaign to bring the pertinent facts of the situation to the attention of Congress and to restore and increase the funds available through the program. This effort involved personal visits with members of Congress by SAMA national officers and other interested students; advising all medical students in the country of the situation and leading a grass-roots letter writing campaign that resulted in thousands of letters to Congress by students and faculty members throughout the country; testimony before both House and Senate appropriations committees; and enlistment of bigorous support from other organizations such as the AAMC, the AMA, and numerous state and county medical societies. SAMA officers and members have also testified in the recent past before Congressional committees considering drug abuse legislation, regulation of the pharmaceutical industry, and national health insurance.

Interestingly enough the opening statement of the testimony before the House Appropriations Committee was ready by a medical student representative from SAMA. This statement represented the viewpoints of not only SAMA, but also the AMA and the AAMC. This points out what has perhaps been one of the most important results of the "new" national SAMA character--communication with and involvement of the "Establishment" of medicine in health care problems. This "Establishment", of course, is represented by the AMA and the AAMC. Enthusiastic as SAMA is about its new programs and accomplishments, the realization of "where the action is" in terms of concrete progress in health care problems has not been lost. Medical progress in this country today and in the future depends to a large extent on the "sensatization" of the established organizations in the medical profession. What physicians have often overlooked in the past and what medical students seldom forget is that the medical students of today will be the active members of the Establishment tomorrow. The physician of today has had to begin to listen to what the activist student is saying about his education, his future profession, and the problems of health care in this country no matter what that physician's opinion is of the student. An article, "The Medical Student as Activist", by S. Douglas Frasier in the October, 1969 issue of the AOA Honor Medical Society's publication, THE PHAROS, best summarizes this situation: (cont'd on pg. 5)

"Listen! Behind the facade of radical rhetoric, anger, protest, unconventional clothes and hair, the medical student activist is asking important questions. Isn't that what any student should do? The questions should have been asked a long time ago by the faculty and administration. The student certainly does not have all the answers. Neither do we. If we did, we wouldn't be so threatened by his behavior and by his asking." In my opinion the SAMA of 1970 is not only seeking to clarify the questions, but more importantly, is hastening the procurement of the answers.

#### DOCTORS GOING UP - MEDICAL STUDENTS GOING NOWHERE

Anon. MS, 3

Several weeks ago, while dressed in scrub attire and white coat, I nonchalantly stepped into the PMH elevator designated for doctors and patients only. An unfamiliar elevator operator quizzically looked at me and said that I could not ride that particular elevator. Even after assuring her that I was a medical student, she said she would not move the elevator until I got off. After a futile attempt to explain to her that medical students had always ridden that elevator, I realized she must not be responsible for this humiliating denial and left the elevator.

With my adrenalin level slightly elevated, I went to the PMH administrator's office assured that this matter would promptly be corrected. A young assistant met me at the door and inquired if he could help me. After relating my story to him, to my amazement he said, "Yes, that is right. Medical students are not supposed to ride that elevator unless they are with a patient. Only licenses M.D.'s and patients may ride it." Even after telling him that medical students had always ridden that elevator, he stated that the operator must have been doing us a favor since that was a long-standing hospital policy. Bewildered by the insanity of the treatment I had just received, I left the office.

Later that day, I made contact with the only person I thought might be able to help -- Dr. Reuben Adams. I felt I was speaking, not only for myself, but for all other medical students who had been intimidated by Parkland Hospital. Dr. Adams, like myself, could not believe that such a ridiculous thing could have happened. He assured me that he would speak with the hospital administrator and insist that the matter be cleared up without delay. Dr. Adams reported back to me in a couple of days that Mr. Price, the administrator, had admitted that this had been a problem of communication.(???!!!).

This problem sounds quite superficial, but it is just an indication of the lack of respect for medical students by Parkland Hospital. Only with the assistance of Dr. Adams and other faculty members are the students able to cope with PMH's overpowering administration.

#### THE CONFRONTATION

Anon, MS 4

A problem of great importance which faces every medical student at some time in his association with Parkland Hospital is the question of the nature of the relationship between the medical student and the hospital resident. This problem was brought into sharp and bitter focus for one senior medical student while working in the OB-Gyn emergency room one night a few weeks ago.

As per the custom of the students working all night in the emergency room, the two senior students who were on call that night decided between themselves a sleep schedule to be followed that night. The agreement was that one student would sleep from 9 P.M. until 2 A.M. and that the other student would sleep from 2 A.M. until 7 A.M. Each student would awaken the other student should the emergency room become so busy that his help became necessary. On this particular night, the emergency room was unusually busy, and the medical student who was to have gone to bed at 9 P.M. voluntarily stayed until 10 P.M., at which time the emergency room was finally cleared of patients. He then went to bed.

He had been in bed only ten minutes when he received a very bitter, sarcastic, and angry telephone call from one of the residents working in the emergency room. The resident demanded to know why he was in bed and demanded his presence in the emergency room. The student went downstairs only to find the emergency room still completely empty of any patients who were yet to be seen. There then followed an angry confrontation between the resident and the student.

The resident felt that it should be the resident who decides when the students should sleep and how many should be in the EOR at any given time of the night. He felt that the students were under his direct command and at his beck and call. The student disagreed. He responded that such a policy had never been enunciated to the students. He instead pointed out that, by virtue of the fact that they were not on the payroll of Parkland Hospital, the students were in the emergency room for a voluntary learning experience. Due to the resident's greater medical experience and their own desire to learn, the students customarily followed the requests and suggestions of the resident, but only because they voluntarily agreed to do so.

Unfortunately, some residents, such as the resident in question, have abused the student's willingness to submit to the resident's suggestions in order to gain a learning experience. They do not always view the presence of the student as an opportunity to assist him to further medical maturity. Instead, quite often they feel that he exists only to do their scut work. The attitude which is perhaps the most deplorable of all is the attitude expressed by the resident in the confrontation in question. That attitude was that of a bully toward someone younger and less experienced than he. This attitude was expressed in several ways. First of all, it was expressed by the extreme sarcasm and belittlement of his conversation. Secondly, it was expressed by his feeling that he could awake a student and call him down to an empty emergency room merely on the basis of his own whim, and not on the basis of any need for patient care. Thirdly, it was expressed by threatening the student at that time that he was "not going to pass this course" because in the resident's opinion the student was not doing his work by going to bed at 10 P.M. to sleep for four hours before returning to the emergency room. Essentially the resident was attempting to bully the student to follow his arbitrary whims by threatening to flunk him or at least to pursue steps to flunk him.

This one confrontation between one student and one resident represents a problem which is potentially of serious concern to every medical student at this institution. I certainly hope that each student will seriously consider the implications of this incident and the fact that such episodes



gravely threaten the integrity of the student-resident relationship and indeed the integrity of the student-Parkland relationship itself. Most serious of all, however, is the fact that student-resident confrontations such as the one described serve only to destroy the student's enthusiasm for learning, his respect for Parkland, and his faith in our grading system if it is indeed susceptible to the whims of residents such as this one.

THE GRADUATE AXE, by Harry Asch

- "SINGING IN THE RAIN"

Recent safaris to and from the exotic regions on the outskirts of the Southwestern Medical School campus have resulted in some enlightening experiences. Despite the arduousness of the trek, a number of benefits can be derived. Just think of the elevated vital capacities, the increased peripheral blood supplies, and the well-toned gastrocnemius muscles. Not to mention the sounds of the songbirds and the vitalizing rays of old Sol.

To be more sober, the distance is not really too bad as compared with some other campuses. Unfortunately, with spring flowers come March - April-May showers. And there's the rub. Or rather the mud - all over your shoes and lower clothing. Unfortunately, the usual dearth of foresight and care continues to allow nothing to be done about this problem. Coming from Lot No. 7, one has two choices. The most direct route leads through a muddy landscape; the out-of-the-way drudge takes one around the winding road while the incoming cars inevitably splash mud puddles all over the sniffing pedestrians. Both routes converge at the main entrance road leading from Harry Hines, and crossing the ensuing moat becomes a formidable task; indeed, the class bookies have set heavy odds against completing more than two consecutive steps through the tides before being wiped-out by a faculty member's chariot. Upon occasion a security officer can be found making an infrequent foray to pick up a few ladies (no males!) for a free ride. Certainly, they aren't to be blamed for the feebleness of these attempts, since it is out of their proper line of duty. Last week I overheard one woman, an employee of the school for a number of years, remark (in the rain) to a friend that she has to pay as much for a new pair of shoes as any faculty member's wife; too bad she doesn't also command the commensurate salary.

#### LETTERS TO THE EDITOR

Jan Vandersloot  
Editor  
Sama Speculum

\* \* \* Dear Mr. Vandersloot:

I read with interest Mr. Raley's article on education at Southwestern Medical School and its relevance to private practice. I would like to point out that last year Dr. Kaplan and myself set up a seminar for senior students, to be repeated with each rotation, which involved the very subjects about which Mr. Raley wrote. We arranged to have one of the city's finest architects talk about the office design, an economist to talk about billing practices, a black poverty worker to talk about the poor and several other subjects of major interest. The seminar was held on Saturday mornings when the senior students were free. We cancelled the seminar after the third session when attendance dropped below 10 senior students. This was very embarrassing because prominent speakers had given their time and then no one came. I do not dispute the need



LETTERS TO THE EDITOR (cont'd)

for consideration of these matters, but on the basis of our experience I am not certain that another attempt should be made to stage what was really an excellent series."

Sincerely,

Daniel W. Foster, M.D.  
Associate Professor

Mr. Jan Vandersloot, Editor  
Mr. Harry Asch, Associate Editor  
SAMA SPECULUM

Dear Friends:

I am tremendously interested and pleased with the copy of SAMA SPECULUM, which was handed to me when I happened to be at the medical school last week. This is marked "Col. 1, No. 2," and so, I am most anxious to secure a copy of the first issue, if at all possible. I would also like to have about three copies of this issue No. 2, if I may have such.

The entire issue is very interesting, but particularly good was Bob Raley's article on the relevance of education to private practice. I have some thoughts on this that I will exchange with you, one of these days.

As soon as I can "catch my breath" from my busy activities with our forthcoming Community Health Week, I want to come out and visit one of your regular meetings. Meanwhile best success to you, particularly in the continuation of your SPECULUM.

Cordially,

Milford O. Rouse, M.D.

Editor's note: Dr. Rouse is a past president of the American Medical Association, and currently, is Chairman of Community Health Week.

\* \* \* \* \* TIDBIT RECENTLY GLEANED FROM A THIRD YEAR LECTURE:

"PROMISE HER ANYTHING, BUT GIVE HER A SILVER FOX" \* \* \* \* \*

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WHEN SANDIES SCHOOL

Bill Hoot, MS 3

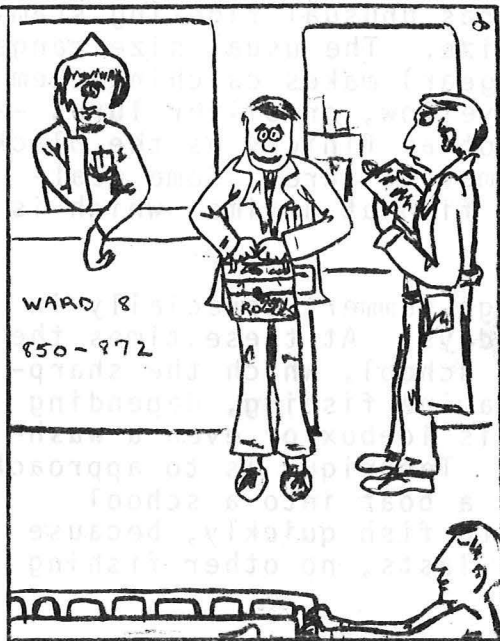
Sandies are a species of bass, and "schooling" refers to large packs of them travelling together, feeding voraciously on their favorite food, the gizzard shad. A surfacing school is an exciting spectacle - an area of water churned white by thousands of ravenous sandies and frantic shad. The sandie or white bass is the only true fresh-water species of bass; the black

art editor: harry asch

In a humorous vein

cartoonists: beach  
bcherico

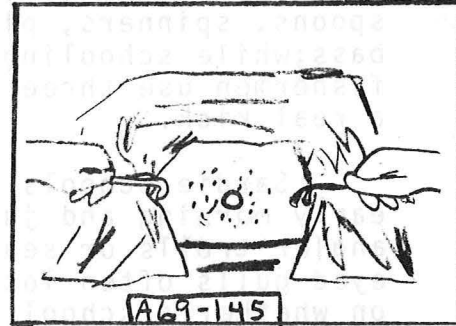
### SITUATIONAL ANXIETY



### CONSULTANT OF THE MONTH: PATHOLOGY

#### Identify specimen:

- 1- umbilicus w/ surrounding chicken pox
- 2- perineal condylomata
- 3- heavily freckled anus

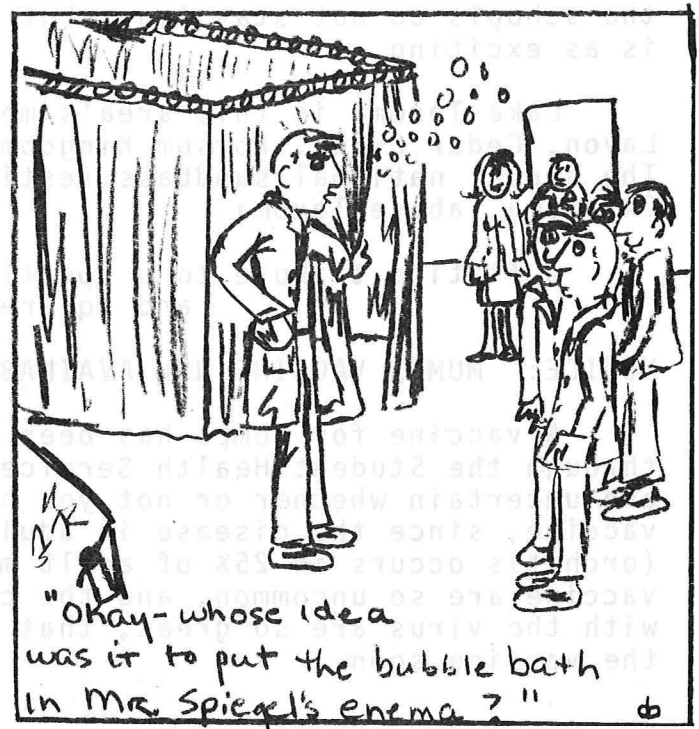
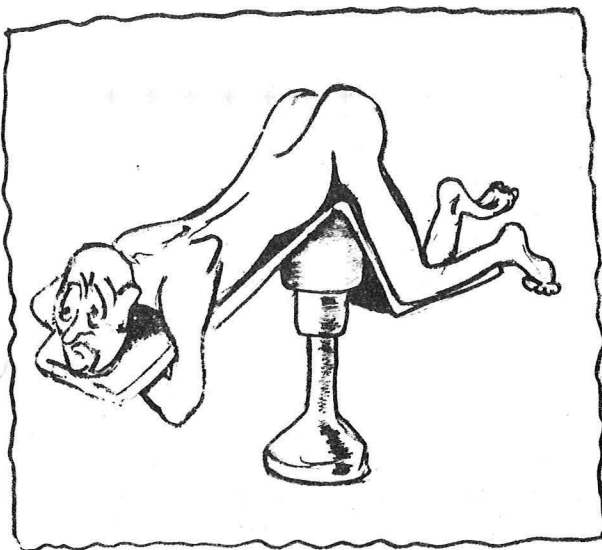


### LETTER OF THE MONTH:

"Where does virgin wool  
come from?"

-the FASTEST SHEEP in the Flock-  
-Speculum Adviser

in passing: have you ever  
wondered how Dr. Mullins  
manages to break so many  
oethoscopes??



### NATL. BOARD REVIEW:

This patient (see left):

- a. Is anxious because Dr. Baxter just took the sigmoidoscope out of the refrigerator
- b. Should be sent to urology because of a markedly elevated BUN.
- c. Is an Aggie with Congestive Phart Failure secondary to imperforate anus.
- d. All of the above.

Answer

- a. If ab and c are correct
- b. If a and c are correct
- c. If d is correct
- d. If your pet goldfish has enuresis.

bass really belongs to the perch family. The sandie is a streamlined fish with a small mouth, striped silver and black. He has unusual fighting stamina, and can battle as well as a black bass twice his size. The usual size range is 1/2 to 1 1/2 pounds, so light tackle (spinning gear) makes catching them more sporting. They are usually caught on white, yellow, or silver lures -- spoons, spinners, plugs, or jigs. The sandie is not as finicky as the black bass; while schooling he will sometimes strike any moving lure. Some meat-fishermen use three jigs on their line and catch 3 fish at a time, which is a real kick.

Sardie schools surface from late spring through summer, especially in early morning and just at sunset, and on overcast days. At these times the angler trolls or searches the lake for a surfacing school, which the sharp-eyed gulls often locate first. This is feast-or-famine fishing, depending on whether a school is found; an angler can fill his icebox or even a wash-tub with fish within minutes if he finds a school. Technique is to approach a school cautiously and cast to its edges; running a boat into a school would spook the fish into diving. The angler has to fish quickly, because the schools do not stay long; but while the action lasts, no other fishing is as exciting.

Lake Texoma is this area's most famous sardie lake, but Lake Dallas, Lavon, Cedar Creek, Possum Kingdom, Whitney, and Hubbard are also productive. The annual national sandbass festival is in the third week of June in Madill, Oklahoma, above Texoma.

A fitting tribute to a sporting fish - a week of fishfries  
and square - dancing!

#### NOTICE: MUMPS VACCINE NOW AVAILABLE

A vaccine for mumps has been recently made available to students through the Student Health Service. If you have not had mumps or you are uncertain whether or not you have had it, you should receive the vaccine, since the disease in adults may have severe manifestations (orchitis occurs in 25% of adult males). The side effects from the vaccine are so uncommon, and the chances of your coming into contact with the virus are so great, that it would be to your advantage to get the vaccine soon.

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