The Arena: March 1966

Student American Medical Association at Boston University School of Medicine

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Boston University
SYMPOSIUM ON MEDICARE

On Monday evening, April 11th at 5:00 p.m. the Student American Medical Association will sponsor a Symposium on Medicare and its effects on the future physician in the Auditorium of Building "A" of the Medical School. The guest panelists will include Dr. Claude E. Welch, President of the Massachusetts Medical Society, Dr. Henry Bakst, Associate Dean of the Medical School, and Mr. John C. O'Kane, Executive Assistant of Massachusetts Blue Shield. Dean Franklin Ebaugh will serve as moderator for this discussion. Inasmuch as we have gone to great lengths to invite these men here, we feel that it is only fitting that the student body and faculty alike make every effort to attend.

This is a topic which should be of interest to anyone connected with the field of medicine and one which will have a definite effect on the practice of any physician or future physician.

Gerald B. Healy III

FOURTH MEETING OF THE BSNS:
Dr. Norman Geschwind on Aphasia

On Friday evening, March 11th, 1966, Dr. Norman Geschwind spoke before the Boston Student Neurological Society on the subject of aphasia (loss of the power of expression by speech, writing, or signs, or of comprehending spoken or written language due to injury or disease to brain centers). Both the man and his topic are quite timely as Dr. Geschwind has recently been asked to direct the nation's first Aphasia Centre (which is to be a joint venture of University Hospital, Boston V.A. Hospital, and the Joseph Kennedy, Jr. Memorial Hospital).

Dr. Geschwind talked about aphasia in terms of three shibboleths, which he showed to be fallacious: (1) "Things you learn aren't learned in any one part of the nervous system"; (2) "Look at the patient as a whole"; (3) "Always listen to what the patient says." The talk prompted a questioning session that lasted nearly as long as the talk itself.

As regards the first shibboleth, an argument frequently used as support against the localization of learning is the following: a right-handed person (one who normally writes with the right hand) is almost always able to write with the left foot, without previous practice, and therefore, writing is not localized to the left hemisphere. Dr. Geschwind centered this argument with the illustration of a patient who, having carried out everything with his left hand (and thus dominantly left-handed) except writing, which he normally did with his right hand, presented one day "unable to write with his right hand." Examination revealed that writing with the right hand had indeed been reduced to an aphasic level, but that writing with the left hand was normal. (This disproves the widely-held misconception that aphasia is always "total body."). The patient's lesion in this case was probably interposed between the left speech area and the left motor area driving the right hand, producing aphasia of the right hand. The lesion did not impair transmission along the corpus callosum and so the man was able to passively run his right speech area (and motor functioning) with his
left speech area to the extent that he could write normally with his left hand. Dr. Geschwind summarized several other examples by stating that "learning is remarkably localized."

The second shibboleth - "Look at the patient as a whole" - is not always good gambit, for as Dr. Geschwind pointed out, one frequently encounters corpus callosal lesions which effectively act to partition the "body as a whole" into two neurological halves and lead to various aphasic difficulties. Here, then it is necessary to study the patient as consisting of two distinct, separate, and unrelated cerebral hemispheres, one of which contains the understanding necessary for expression and the other possesses the action necessary for implementing the associated understanding.

In arguing that the third shibboleth - "Always listen to what the patient says" - is fallacious, Dr. Geschwind did not mean to imply that one should not listen to the patient, but rather that the patient's words should not always be taken at face value, especially in the case of aphasic patients. For example, if one asks an aphasic to read a line of clearly legible print, the frequent excuse for not being able to do so is "the letters aren't clear." That they are in fact clearly seen by the patient is evidenced by his ability to copy the letters correctly. Thus, we have an instance of perception without conception, of visualization without meaning or understanding, though what the patient repeatedly reports is that "he cannot make out the letters because they aren't clear."

Dr. Geschwind concluded by remarking that one need not make a thorough and exhaustive examination of a particular subject to reveal inherent truths. If we continue to require such "100% purity" we are going to amass a literature of word play, and the state of questioning the higher functions of the CNS will fall into an answerless abyss. Finally, little more truth, if any, will be revealed by requiring such purity.

Jeffrey L. Barker
Vice-President

The speaker for the Fifth meeting of the
The Medical Student and the Smythe

One day on the wards of a large hospital in a city and at a date not our own, young John received his first pt. HORATIO SMYTHE - Liver Disease, the resident's cryptic note declared. And so it was that after the 6:30 a.m. lecture, "Herpes Simplex and the Common Man", young John clad himself in the garments of his calling, white coat made of coarse cloth festooned with detachable plastic buttons and semi adherent pocket flaps, starched just stiff enough to wilt by noon. Gathering his tools about him and his neck embraced by the stainless arms of a Litmann, our incipient doctor, yet a student, set forth.

"Smith?" asked the capable nurse. "Oh! You must mean Smythe, he is in bed 47b, in the fourth row just behind the freight elevators, doctor," (she always politely called the students "doctor"). Young John ascended the ladder to find his pt. lying there midst an odd smelling odor, mumbling as if his brain were befuddled, fumbling with a brown paper bag left by some kind relative. Smythe turned to the young student, gazing out of eyes curiously tinted yellow; obviously gratified at the attention of such a young physician, he asked the Doctor to put the bag in the bedside cabinet. John, young John, conscious of his position, and realizing the importance of even such a task as his first gesture of medical aid to an ill human being, deposited the bag in the drawer. Our student did a rapid visual exam, and summarized the man's appearance, US-50 y.o. WDMW, with obvious physical defects, with peculiar odor on breath, with yellow tinted skin and eyes. Despite the difficulties of interviewing such a patient, the incipient physician quickly gathered the facts: pt. of Mediterranean origin, but his mother was of Asiatic origin, he habitually chewed garlic, and a nurse had recently given him a yellow capsule to ease his anxiety over an operation which was to take place in two days, on his mother's uncle.

The pt. removed his sun glasses (for the bed was near the skylight—which was clean) and offered the lad an (con't. on p. 4)

Observer, Junior

"He Whom the Gods Would Destroy,
They First Make Mad"...Sophocles

My muse sings in polyphony, but not in the Baroque sense. Hers is the polyphony of ambivalence. My muse is schizophrenic. Not only do her songs well from the bottomless artesian depths of the unconscious, but no forces known to modern or classical man are able to bring her to a reasonable confrontation with reality. She sings to me of love and laughter in each verse, but her refrain is despair.

What I have in mind is my jejunum. Thanks to the Federal Government and the GI research boys, it is possible for a hungry medical student to pick up some large change playing guinea pigs for federal funds. Two years ago the gastrointestinal group began paying forty dollars a day to people who kept the business ends of Miller-Abbot tubes, weighted down with the little bags of mercury, connecting the moist lumen deep inside with dear and curious physicians outside who conducted sundry absorption studies. Characteristically, when the eager labor force glutted the market, the rate dropped to twenty-five dollars. But, back when the higher wage prevailed, this writer was one of the last to cash in, greed taking several weeks to banish cowardice. When my turn came, I dangled the plastic eel briefly over my open mouth. This was no time for turning back, and suddenly the horrid baggie with its plastic vermiform appendage slipped by my gagged reflex with unexpected ease. With the tube taped to my nose, I looked forward to a hundred-twenty dollar reward three days later. I looked wrong.

Most people, you see, have trouble getting a tube swallowed, but once the thing is down are relatively free from symptoms. Not so with me. I swallowed the instrument like a swordophagist in a side show, but for some anomalous reason by the next morning I was doubled over with periumbilical crampy pain. The tube had to be pulled for prompt relief; it was now my wallet that went into fits of (con't. on p. 4)
The Medical Student and the Smyth (con't.)

Italian cookie from the bag, John accepted the small yellow treat, complimenting Smyth on his mother's Paisan culinary craft.

Now at home with Horatio, the history went quickly, and the physical, facts and data accumulated, diagnoses from acrocyanosis to Zonulolysis rapidly were eliminated. John, marvelling in the unsuspected acumen of his basic sciences tempered clinical acumen, suddenly came up short, for, within his knowledge all the Dorlandic or Stedmarian panoply of diseases had been passed by, without as much as a differential diagnosis. Would the visit accept such a history? One without any suspense relieving denoument?

"Doctor," a high, feminine, voice intoned, "Yes, Miss Weissdame," the young physician answered from the head of his pt.'s bed. The lady in white then requested the doctor to come to the desk. Perplexed, but assured of the harmless nature of his ministrations, young John complied.

The message was brief; she had assumed that when he said "Smith" he meant "Rubin Smith" the pt. in bed 17b in the fourth row just behind the freight elevators. Horatio Smythe, Rubin's mother's uncle, had already been transferred to Surgery for excision of a hepatic Echinococcus cyst. The resident had assigned a new pt., Mary Ann Krankendame--CNS disease secondary to bat bite. It was 6:00, on a Wednesday, young John went home, ate supper, and at 7:30 turned on his landlord's television. That is medicine, never ending hope, frustration, continual study, and occasional relief.

Steve M. Schwartz
Observer, Junior con't.

Test for Arteriosclerosis Obliterans" by J. Coffman and J. Mannick, I am one of the 23 year old "normals".

Well, that's how it's been for two years. Yesterday, fate struck me a blow in the hypogastrium. I was accosted by a friendly Inglefinger subaltern who promised fifty dollars for swallowing a tube just overnight and then being suffused with a tiny dose of 1131-Labeled hippuran to measure absorption and subsequent urinary excretion. Greed clouded raunchy memory, and I agreed. Last night I once again permitted a torture tube to pass my no longer virgin fauces. At once an evil omen in the form of a piece of cake thoughtlessly consumed scant hours before flew up and landed in a convenient sink. With the bag nudging my pylorus I returned to my cell to sleep as much as possible before the morning. And soon, before the new sun could rise to brutalize the sleeping herds into chewing another day's rough pasture, I galumphed into Boston City Hospital for my ordeal.

I lay on my right side in the frantic fetal position as the early-rising gastroenterologists hitched my new midline limb to an infernal machine, out of my abdominal distress which like an old friend had returned, and he mumbled something about spasm--whether referring to my enteric musculature or labile psyche I know not. He withdrew the tube as soon as possible, lover of humanity that he is, and in return I presented him with some bright green bile. Reflux, he said. Same to you, I thought. He reminded me to collect my urine for the next eight hours, and I went tubelessly on my way to perform my daily scut.

The whole thing seemed like a horrible dream, and mental repressor mechanisms worked wonderfully all day. Darn. In fact, I did not even blink or have a twinge of memory as I passed the day's urine into a familiar toilet bowl, and I remained unaware that I was watching fifty dollars flush away into the sea. That was the most expensive piss in modern history. I wish I could say that I enjoyed it.

Sophocles wrote about wisdom through suffering, he obviously never met a med-

(con't. on p. 5)
Observer, Junior con't.

ical student, who endures today and comes out none the wiser tomorrow. Imagine that gastroenterologist's face when I tell him tomorrow.

Richard Goldwater

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CALENDAR OF EVENTS

March 29  Hematology Rounds: Idiopathic Thromocytopenic Purpura
Lilia Talarico, M.D.  Evans 8 - 1 p.m.

March 31  "The Problem of World Population"
Mr. Richard Day (Planned parenthood) Building A - 5 p.m.

March 31  "Recent Development in Cystic Fibrosis"
Harry Schwachman, M.D.  Evans 8 - 7:30 p.m.

April 2  Folk & Square Dancing  Faulkner's Barn
8 p.m.  One dollar per person.

April 6  SANA Meeting

April 12  "Medical Technicosis"  8:15 p.m.
Franz J. Ingelfinger, M.D.  Sherman Union - Boston Univ.

April 27  Diseases of the Liver
All Day Seminar - Dowling Amphitheater.

April 27  Begg Society - Renal Pathophysiology
Evans 8 - 7:00 p.m.

April 29  Boston Student Neurological Society
Diagnosis and Treatment of Migraine
Dr. John Graham  Evans 8 - 7:30 p.m.