



GARY OLDMAN KEVIN BACON

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CRIMINAL LAW

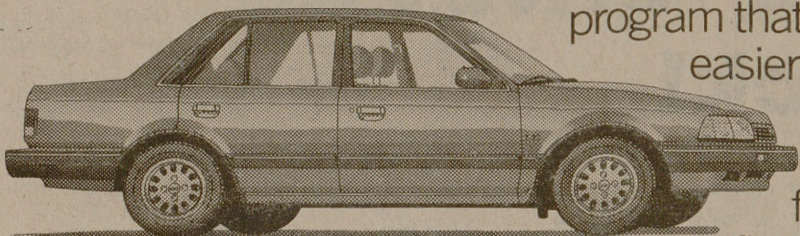
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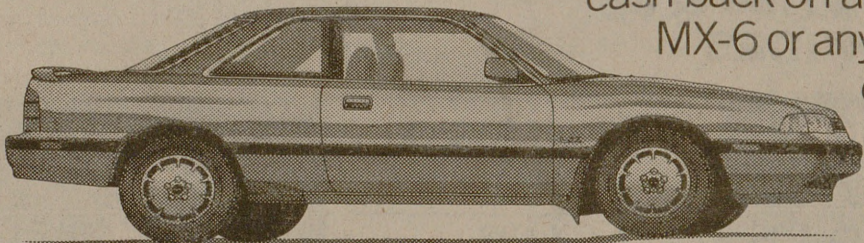
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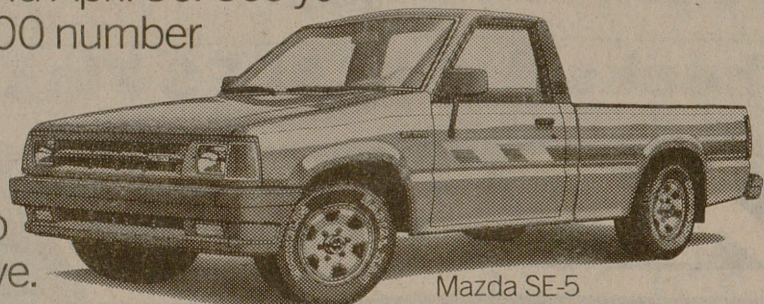
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Warped

by Scott McCulla



Waldo

by Kevin Thomas



Organ donors improve lives of people awaiting transplants

By Holly Beeson
 REPORTER

One organ and tissue donor can benefit hundreds of people, yet hospital patients around the nation are anxiously awaiting transplants to improve the quality of their life.

David Mathieu, transplant technologist for the Transplant Services Center in Dallas, said a large part of the human body can be re-used for various purposes.

"Besides using bone for transplants, it can be ground into powder to be used in dental implants and fillings," he said. "It can also be cut into chips for use in orthopedic surgery."

If someone has a large area of bone removed because of a tumor or cancer, Mathieu said, bone chips can fill in the area and serve as a matrix for new bone to grow in.

The hip crest can be cut into bone plugs and wafers for use in anterior spinal fusion.

"This is used in people who have ruptured discs or lower back injuries who need their vertebrae fused," he said. "Then we'll use that bone in a wedge to serve as structural support and a bone matrix so the bones will fuse together."

Femur struts (thigh bones) are cut into different lengths. When a sterile femur and joint are sent out for implant, Mathieu said, it is sometimes too short and the physician will have to adjust it so the recipient won't have one leg shorter than the other.

"We'll send along a segment of femur strut so the physician can cut it down to the correct dimension and pin it in place between the recipient's bone and the donor bone so the person will have a properly proportioned leg," he said. "It's really neat because the sterile bone and the dry bone we send for transplant will become a part of that person's bone and the marrow eventually will fill it in."

Whole bones are rarely removed, Mathieu said, except for tibias and fibulas (lower leg) or humerus (upper arm).

Once the bone is removed from the cadaver, usually within 12 hours of death, any muscle or extraneous tissue is removed. It is then either packaged in a sterile nutrient and antibiotic solution or it will be processed aseptically and sterilized in ethylene oxide.

"We preserve sterile bones in a balanced salt solution with glycerol and antibiotics, which helps maintain the viability of the tissue," he said.

They are sealed in sterile pouches and preserved in liquid nitrogen in a vapor phase and can be stored for a year.

Dry bone is sterilized and stored for a year, at which point it may be sterilized one more time and stored for another year.

Mathieu said it's rare that anything from the cadaver is discarded.

Skin is used for grafting on burn patients. It's a homograft and not really a transplant, Mathieu said.

"It's the only implantive tissue implanted that is not expected to survive," he said. "It's used mainly to give the person an exterior covering while their own skin is regenerating."

The skin is taken from the upper back, the back of the legs and the front of the thighs.

"On the average, we can recover 3-5 square feet of skin," he said. "We use an instrument similar to an electric cheese cutter called a dermatome. It has a fine blade that oscillates back and forth and we can set the width of the strips we take."

The ideal depth of skin taken is 16-thousandths of an inch, Mathieu said. The epidermis (outer layer)

and a thin portion of the dermis (middle layer) is taken.

Skin is backed onto nylon netting and rolled up. It is then sealed in sterile plastic pouches and again sealed into sterile foil pouches and refrigerated for 2-4 hours prior to being frozen in liquid nitrogen.

"Some banks procure skin from the arms, but we find most of our success by taking it from the back, just below the shoulder blade down to just above the hip crest," he said.

Skin should be procured within four hours of death, but may be obtained as long as 18-24 hours if the body has been cooled.

The fastest moving tissues are cor-

The physician removes the central area of the corneas and they will be transplanted directly onto the recipients' eyes after their corneas are removed.

Corneas that are viable but not able for direct transplant can be processed by a technique known as epikeratophakia. These corneas are frozen in liquid nitrogen and cut into specific dimensions and will be used to correct the vision of people with "Coke bottle" lenses, Mathieu said. It serves as a permanent contact lens.

"We take whole eyes every now and then because the sclera (white outer coat enclosing the eye) can be used for various reconstructive and cosmetic surgeries," he said. "When we take whole eyes we remove the corneas for use in transplants or teaching and research."

Scleras are cut into strips, dried and then dehydrated for surgical use.

Tendons are used directly as implants.

"They're used in people that have suffered irreversible stress, tearing or some kind of damage to their tendons," Mathieu said.

Cartilage is taken from the rib cage and can be used for reconstructive surgery, such as in the nose.

"If someone crushes the bones in the ends of their fingers, cartilage can be used to provide structure," he said.

We go as far as we can to determine the medical history of the donor and we evaluate the donor's blood and tissues microbiologically and surgically.

Anyone with AIDS, hepatitis or syphilis is excluded from being donors.

"We always contact the families for consent," Mathieu said. "We present the opportunity for donation."

See Donor/Page 9

"I'm a registered organ donor. To me, it's neat to think that when I die, my body can be used to improve the quality of life for other people."

— David Mathieu, transplant technologist

neas, the transparent outer coat of the eye, Mathieu said. People who have poor vision may perfect or substantially improve their vision with cornea transplants.

"Cornea transplants are popular these days, and there is a high success rate with them," he said.

Cornea tissue should be obtained no more than 12 hours after death.

When a cornea is evaluated for transplant, it is first determined whether there are any tears in the outer part of the eye. If there are none, it is removed and examined for clarity or defects.

Corneas are removed and refrigerated in a nutrient medium.

Psychology elective gets students ready to be hall supervisors

By Sherri Roberts
 STAFF WRITER

Roaches, roommate squabbles and rowdy neighbors are just a few of the problems residence hall advisers must confront as hall supervisors. Educational Psychology 489, the resident adviser class, prepares aspiring resident advisers to be a hall supervisor and the residents' friend.

"Sometimes it's tough to be an R.A.," Gloria Flores, coordinator of special services in the Department of Student Affairs, said. "You're taught to be a friend and enforce the rules."

The 10-week class, which meets for two hours a week and is taught by Student Affairs staff members, covers topics such as helping and counseling skills, discipline and sensitivity awareness.

Students are required to complete three projects, including a sensitivity awareness project, in which they must interview an ethnic, homosexual or handicapped student. Students also must organize a program on a topic such as security or career-counseling and must spend four to five hours with an on duty resident adviser.

"They get a better perspective of what the R.A. does," Flores said. "They're going into it with their eyes

open," she said. Although the class is mandatory for those wishing to apply for resident adviser, it doesn't guarantee students the position, Flores said.

Flores said she expects the three sections of the fall class, which is scheduled to have 45 students each, to be filled. The class had the largest enrollment of its three-year history in Spring 1989 with 224 students enrolled.

Some students take the class as an elective, while others sign up to interview for a resident adviser position during the ninth and tenth week of the class, Flores said.

Students are interviewed by a board of resident advisers and a resident director.

Applicants must have a sophomore more classification at the application time and have a grade-point ratio of 2.25, which must be maintained throughout their semester-long tenure as a resident adviser.

Resident advisers are paid about \$1,000 a semester and supervise an average of 60 students, Flores said.

About 150 to 160 resident advisers will be needed in Fall 1990, Flores said. This number, which is an increase from the 132 resident advisers employed this semester, is necessary because five new halls will be opened at Texas A&M in August, she said.

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