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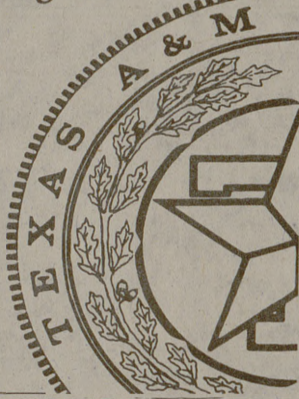
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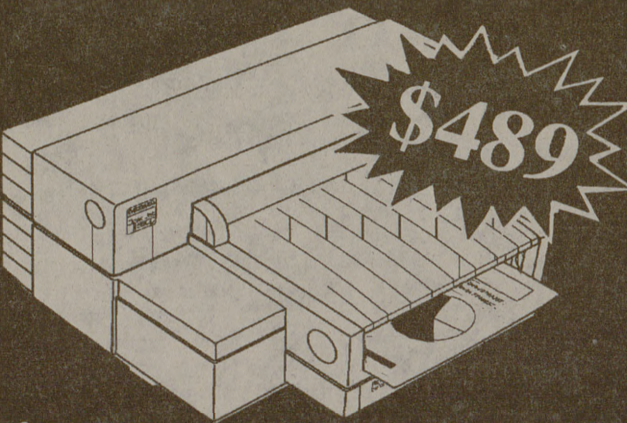
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'Reality Bites' . . . A biography of Generation X

By Margaret Cloughton

"Reality Bites"
Starring Winona Ryder,
Ethan Hawke, Janeane
Garofalo
and Steve Zahn
Rated PG-13
Playing at Hollywood USA



(Left to right) Ethan Hawke, Winona Ryder, Janeane Garofalo and Steve Zahn play four recent graduates facing hard facts about life and love in the '90s in the Generation X comedy "Reality Bites."

Low-paying retail jobs, '70s sitcom reruns and the aftershock of the '80s. Sound like the scrapbook memorabilia from your life? If so, you're probably a member of the post-baby boomer, overqualified, underpaid Generation X.

"Reality Bites" will go down as this generation's cinematic biography.

The film begins as we meet Lelaina Pierce (Winona Ryder). Lelaina has just graduated valedictorian of her university and has made her debut in the real world only to find herself in a frustrating production assistant position for a dull morning television show in Houston.

Dull as it may be, however, Lelaina is lucky to be working in her field. Her roommates are not so fortunate. Vickie Miner (Garofalo) is stuck in a retail job she despises. Troy Dyer (Hawke) is an unemployed aspiring musician and Sammy Gray (Zahn), well, he's sexually repressed.

The plot develops as Lelaina loses her job and begins the rigorous search to find work in the field she studied for. During her job search, we experience the day-to-day troubles and emotions of the average Generation X'er.

Screenwriter Helen Childress and producer Michael Shamberg create a true-to-life documentary of what it's like for a generation whose future is very

uncertain.

"When I got out of college, there were plenty of jobs and you knew you could get a good one," Shamberg said. "Reality Bites" is about characters who are growing up in tougher times. They have to figure out how they're going to support themselves and still live true to their goals and ideals."

Throughout the film, the characters discuss in great detail, the TV shows they grew up on: "The Brady Bunch," "Good Times," and "One Day at a Time," to name a few. In fact, in many scenes, they are seen channel surfing just to find the '70s sitcom reruns. This really drives home the reality of this film. I, myself, being a Genera-

tion X'er, confess to watching countless "Brady Bunch" reruns and even a few of "The Jeffersons." This humorous detail, picked up by the writers, adds some light-hearted comedy to the otherwise serious fact that most of the Generation X'ers have time to watch the reruns because there are very few jobs out there for them. After pounding the pavement for a few hours and getting a couple of hundred rejections, the characters find comfort in remembering the days when Peter's voice cracked and Marcia was going steady.

In addition to all of the heavy undertones, we witness a love story. Lelaina and Troy are deeply in love but don't want to jeopardize their friendship by

having sex, something Vickie says is "the quickest way to get a good friendship."

Lelaina has a choice, however, between Troy, a pessimistic musician with a fatalistic view of life and no paying job, and Michael Grates (Ben Stiller), a successful, charming, yet materialistic video executive. Lelaina's passion lies in making a video documentary about her generation, and Michael is her ticket to stardom.

This film has a good balance of humor, seriousness and attention to realistic detail without being boring. I recommend you see it with a close friend. Because if it is one thing this generation has a reputation for, it's a good sense of humor, safe sex and good friends!

'Reality' soundtrack: an eclectic blend

By Margaret Cloughton

THE BATTALION

"Soundtrack to 'Reality Bites'"
Various artists
Soundtrack
RCA Records

The "Reality Bites" soundtrack presents an assorted collection of upbeat songs ranging from '80s dance tunes to modern, alternative funk.

The CD begins with "My Sharona" by The Knack, an '80s classic many of us fondly remember from junior high and high school dances. This is an out-and-out fun song you can't help dancing to.

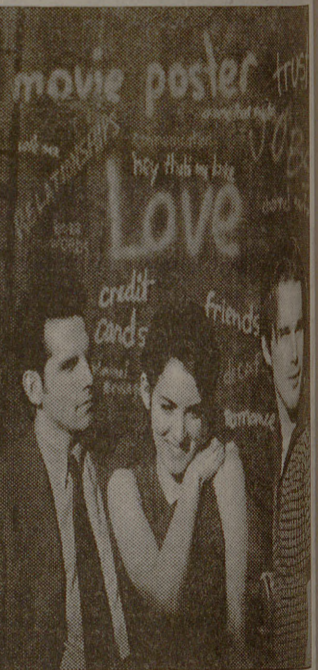
The Juliana Hatfield 3 perform "Spin the Bottle" a modern, funky song that sounds like the Sundays or maybe Bjork with a dash of 10,000 Maniacs. Juliana has a lovely leading voice that guides you through the song.

"Bed of Roses" is the next tune on the track. The Indians perform this more serious tune. The lyrics are very relevant; reassuring us that, although life has its ups and downs, that's to be expected. "Life don't have to be no bed of roses" to be livable, or so the chorus tells us. The melody is a pseudo-alternative sound, but not grungy.

World Party performs the next song called "When You Come Back to Me." This song has extreme hints of the '70s including a Hammond organ and a rather large high-pitched group backup; not to mention the guitar style which is incredibly disco-like. It is a very upbeat song with some provocatively sexy saxophone in it.

"Going, Going, Gone," by the Posies, has painfully real lyrics describing the classic young person's identity crisis. The song almost commiserates with the listener while describing the times when you feel misunderstood, lost or just plain crazy.

U2 adds their touch to this soundtrack with their song "All I Want is You." It's just nice to hear the music that makes you stop and reflect on that ever-slightly dated U2 sound.



The "Reality Bites" soundtrack features various artists, including cuts from Lenny Kravitz, U2 and Ethan Hawke.

"Locked Out" exhibits Crowded House's unique Australian sound. It is a song about a dead or dying relationship, but it's slightly upbeat avoiding the suicidal approach.

And then there is Lenny. What else can I say about Kravitz besides admiring his smooth, slick rhythm and pulsating harmonic voice?

There is one dud on the album, however. Poor Ethan Hawke (central character in the movie "Reality Bites.") Someone told him he could sing. I would advise him to stick to acting. His song "I'm Nuthin'" was like a bad Peter Brady-hits-puberty flashback. Not to be mean, Ethan babe, but two tips: stick to acting, and when someone tells you to sing a song that begins with "got a pot-head mama, got a cokehead dad, it's not a good idea."

The cream of the crop is, of course, the remix of Peter Frampton's "Baby, I Love Your Way" by Big Mountain. This mix has some reggae connotations, but it makes it even more melodious, almost improving a classic couples' love song.

Depo-Provera® Contraceptive Injection (sterile medroxyprogesterone acetate suspension, USP)

WHAT IS DEPO-PROVERA CONTRACEPTIVE INJECTION?

DEPO-PROVERA Contraceptive Injection is a form of birth control that is given as an intramuscular injection (a shot) in the buttock or upper arm once every 3 months. To continue your contraceptive protection, you must return for your next injection promptly at the end of 3 months. DEPO-PROVERA contains medroxyprogesterone acetate, a chemical similar to (but not the same as) the natural hormone progesterone, which is produced by your ovaries during the second half of your menstrual cycle. DEPO-PROVERA acts by preventing your egg cells from ripening. If an egg is not released from the ovaries during your menstrual cycle, it cannot become fertilized by sperm and result in pregnancy. DEPO-PROVERA also causes changes in the lining of your uterus that make it less likely for pregnancy to occur.

HOW EFFECTIVE IS DEPO-PROVERA CONTRACEPTIVE INJECTION?

DEPO-PROVERA is over 99% effective, making it one of the most reliable methods of birth control available. This means that the average annual pregnancy rate is less than one for every 100 women who use DEPO-PROVERA. The effectiveness of most contraceptive methods depends in part on how reliably each woman uses the method. The effectiveness of DEPO-PROVERA depends only on the patient returning every 3 months for her next injection. Your health-care provider will help you compare DEPO-PROVERA with other contraceptive methods and give you the information you need in order to decide which contraceptive method is the right choice for you.

The following table shows the percent of women who got pregnant while using different kinds of contraceptive methods. It gives both the lowest expected rate of pregnancy and the rate expected in women who use each method exactly as it should be used and the typical rate of pregnancy (which includes women who became pregnant because they forgot to use their birth control or because they did not follow the directions exactly).

PERCENT OF WOMEN EXPERIENCING AN ACCIDENTAL PREGNANCY IN THE FIRST YEAR OF CONTINUOUS USE

Method	Lowest Expected	Typical
DEPO-PROVERA	0.3	0.3
Implants (Norplant®)	0.3	0.3
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	-	3
Combined Progestogen only	0.1	3
IUD	-	3
Progestasert	2.0	-
Copper T 380A	0.8	-
Condom (without spermicide)	2	12
Diaphragm (with spermicide)	6	18
Cervical Cap	6	18
Withdrawal	4	18
Periodic abstinence	1-9	20
Spermicide alone	3	21
Vaginal Sponge	-	18
Used before childbirth	9	28
Used after childbirth	9	28
No method	85	85

Source: Trussell et al; Obstet Gynecol 76:558, 1990

WHO SHOULD NOT USE DEPO-PROVERA CONTRACEPTIVE INJECTION?

Not all women should use DEPO-PROVERA. You should not use DEPO-PROVERA if you think you might be pregnant, have any vaginal bleeding without a known reason, have had cancer of the breast, have had a stroke, have or have had blood clots (phlebitis) in your legs, have problems with your liver or liver disease, or are allergic to DEPO-PROVERA (medroxyprogesterone acetate or any of its other ingredients). You will have a physical examination before your doctor prescribes DEPO-PROVERA. It is important to tell your doctor if you are taking any prescription or over-the-counter medications or if you have a family history of breast cancer; an abnormal mammogram (breast x-ray), fibrocystic breast disease, breast nodules or lumps, or bleeding from your nipples; kidney disease; irregular or scanty menstrual periods; high blood pressure; migraine headaches; asthma; epilepsy (convulsions or seizures); diabetes or a family history of diabetes; or a history of depression.

WHAT IF I WANT TO BECOME PREGNANT AFTER USING DEPO-PROVERA CONTRACEPTIVE INJECTION?

Because DEPO-PROVERA is a long-acting birth control method, it takes some time after your last injection for its effect to wear off. Based on the results from a large study done in the United States, for women who stop using DEPO-PROVERA in order to become pregnant, it is expected that about half of those who become pregnant will do so in about 10 months after their last injection; about two thirds of those who become pregnant will do so in about 12 months; about 83% of those who become pregnant will do so in about 15 months; and about 93% of those who become pregnant will do so in about 18 months after their last injection. The length of time you use DEPO-PROVERA has no effect on how long it takes you to become pregnant after you stop using it.

WHAT ARE THE RISKS OF USING DEPO-PROVERA CONTRACEPTIVE INJECTION?

1. **Irregular Menstrual Bleeding**
The side effect reported most frequently by women who use DEPO-PROVERA for contraception is a change in their normal menstrual cycle. During the first year of using DEPO-PROVERA, you might have one or more of the following changes: irregular or unpredictable bleeding or spotting; an increase or decrease in menstrual bleeding; or no bleeding at all. Unusually heavy or continuous bleeding, however, is not a usual effect of DEPO-PROVERA, and if this happens, you should see your health-care provider right away. With continued use of DEPO-PROVERA, bleeding usually decreases, and many women stop having periods completely. In clinical studies of DEPO-PROVERA, 57% of the women studied reported no menstrual bleeding (amenorrhea) after 1 year of use, and 68% of the women studied reported no menstrual bleeding after 2 years of use. The reason that your periods stop is because DEPO-PROVERA causes a resting state in your ovaries. When your ovaries do not release an egg monthly, the regular monthly growth of the lining of your uterus does not

occur and, therefore, the bleeding that comes with your normal menstruation does not take place. When you stop using DEPO-PROVERA your menstrual period will usually, in time, return to its normal cycle.

2. Bone Mineral Changes

Use of DEPO-PROVERA may be associated with a decrease in the amount of mineral stored in your bones. This could increase your risk of developing bone fractures. The rate of bone mineral loss is greatest in the early years of DEPO-PROVERA use, but after that, it begins to resemble the normal rate of age-related bone mineral loss.

3. Cancer

Studies of women who have used different forms of contraception found that women who used DEPO-PROVERA for contraception had no increased overall risk of developing cancer of the breast, ovary, uterus, cervix, or liver. However, women under 35 years of age whose first exposure to DEPO-PROVERA was within the previous 4 years may have a slightly increased risk of developing breast cancer similar to that seen with oral contraceptives. You should discuss this with your health-care provider.

4. Accidental Pregnancy

Because DEPO-PROVERA is such an effective contraceptive method, the risk of accidental pregnancy for women who get their shots regularly (every 3 months) is very low. While there have been reports of an increased risk of low birth weight and neonatal infant death or other health problems in infants conceived close to the time of injection, such pregnancies are rare. If you think you may have become pregnant while using DEPO-PROVERA for contraception, see your health-care provider as soon as possible.

5. Other Risks

Women who use hormone-based contraceptives may have an increased risk of blood clots or stroke. Also, if a contraceptive method fails, there is a possibility that the fertilized egg will begin to develop outside of the uterus (ectopic pregnancy). While these events are rare, you should tell your health-care provider if you have any of the problems listed in the next section.

WHAT SYMPTOMS MAY SIGNAL PROBLEMS WHILE USING DEPO-PROVERA CONTRACEPTIVE INJECTION?

Call your health-care provider immediately if any of these problems occur following an injection of DEPO-PROVERA: Sharp chest pain, coughing of blood, or sudden shortness of breath (indicating a possible clot in the lung); sudden severe headache or vomiting, dizziness or fainting, problems with your eyesight or speech, weakness, or numbness in an arm or leg (indicating a possible stroke); severe pain or swelling in the calf (indicating a possible clot in the leg); unusually heavy vaginal bleeding; severe pain or tenderness in the lower abdominal area; or persistent pain, pus, or bleeding at the injection site.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF DEPO-PROVERA CONTRACEPTIVE INJECTION?

1. Weight Gain

You may experience a weight gain while you are using DEPO-PROVERA. About two thirds of the women who used DEPO-PROVERA in clinical trials reported a weight gain of about 5 pounds during the first year of use. You may continue to gain weight after the first year. Women in one large study who used DEPO-PROVERA for 2 years gained an average total of 8.1 pounds over those 2 years, or approximately 4 pounds per year. Women who continued for 4 years gained an average total of 13.8 pounds over those 4 years, or approximately 3.5 pounds per year. Women who continued for 6 years gained an average total of 16.5 pounds over those 6 years, or approximately 2.75 pounds per year.

2. Other Side Effects

In a clinical study of over 3,900 women who used DEPO-PROVERA for up to 7 years, some women reported the following effects that may or may not have been related to their use of DEPO-PROVERA: Irregular menstrual bleeding, amenorrhea, headache, nervousness, abdominal cramps, dizziness, weakness or fatigue, decreased sexual desire, leg cramps, nausea, vaginal discharge or irritation, breast swelling and tenderness, bloating, swelling of the hands or feet, backache, depression, insomnia, acne, pelvic pain, no hair growth or excessive hair loss, rash, and hot flashes. Other problems were reported by very few of the women in the clinical trials, but some of these could be serious. These include convulsions, jaundice, urinary tract infections, allergic reactions, fainting, paralysis, osteoporosis, lack of return to fertility, deep vein thrombosis, pulmonary embolus, breast cancer, or cervical cancer. If these or any other problems occur during your use of DEPO-PROVERA, discuss them with your health-care provider.

SHOULD ANY PRECAUTIONS BE FOLLOWED DURING USE OF DEPO-PROVERA CONTRACEPTIVE INJECTION?

1. Missed Periods

During the time you are using DEPO-PROVERA for contraception, you may skip a period, or your periods may stop completely. If you have been receiving your DEPO-PROVERA injections regularly every 3 months, then you are probably not pregnant. However, if you think that you may be pregnant, see your health-care provider.

2. Laboratory Test Interactions

If you are scheduled for any laboratory tests, tell your health-care provider that you are using DEPO-PROVERA for contraception. Certain blood tests are affected by hormones such as DEPO-PROVERA.

3. Drug Interactions

Cytadren (aminoglutethimide) is an anticancer drug that may significantly decrease the effectiveness of DEPO-PROVERA if the two drugs are given during the same time.

4. Nursing Mothers

Although DEPO-PROVERA can be passed to the nursing infant in the breast milk, no harmful effects have been found in these children. DEPO-PROVERA does not prevent the breasts from producing milk, so it can be used by nursing mothers. However, to minimize the amount of DEPO-PROVERA that is passed to the infant in the first weeks after birth, you should wait until 6 weeks after childbirth before you start using DEPO-PROVERA for contraception.

HOW OFTEN DO I GET MY SHOT OF DEPO-PROVERA CONTRACEPTIVE INJECTION?

The recommended dose of DEPO-PROVERA is 150 mg every 3 months given in a single intramuscular injection in the buttock or upper arm. To make sure that you are not pregnant at the time of the first injection, it is important that the injection be given only during the first 5 days after the beginning of a normal menstrual period. If used following the delivery of a child, the first injection of DEPO-PROVERA should be given within 5 days after childbirth if you are not breast-feeding or 6 weeks after childbirth if you are breast-feeding. If you wait longer than 3 months between injections, or longer than 6 weeks after childbirth, your health-care provider should determine that you are not pregnant before giving you your injection of DEPO-PROVERA.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

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