AREL RETURNS
By Amy Colcher

After a hiatus of over three years, AREL is back. AREL is the student run newspaper of the Medical College of Thomas Jefferson University. A group of ambitious students, with funding from the Student Council, have revived the newspaper. At the present time contributions to the paper have been largely from medical students, but it is hoped that the paper will eventually encompass the entire university. The function of a newspaper is to inform and express the views of the community that it serves, and that is what AREL will do. In order to successfully represent the university population, input from all schools, and from many sources is imperative.

The name AREL is taken from Shakespeare's "The Tempest", and is, when one considers the characterization of Ariel in the play, an appropriate name for a newspaper for medical professionals.

Ariel is a spirit. He is able to deceive both the sense of sight and that of hearing. Health care professionals are also able to deceive their patients' senses with drugs, with treatments, and with words. Ariel's actions determine the course of the play, although they are directed for the most part, by Prospero's commands. This parallels the determination of the recovery of the patient by the actions of the physician, nurse, or therapist.

Prospero is a symbol of knowledge; his magical powers were obtained through careful and long study. Thus Ariel's performance in response to Prospero's commands parallels a health care professional's performance as a result of long years of study.

Ariel, prior to the start of the play, had been imprisoned by an evil witch for refusing to accept his earthly and uncorrupted commands (II,iii,321). How often in the treatment of illness do we refuse to accept the results of damage or the call of death? We too fight the natural response of the body, these earthly commands, as if they were anathema.

Ariel describes himself as a "minister of Fate" (III,iii,80). He is not human. He does display human emotions, although he is reluctant to admit this. He wishes to avoid the suffering of his enemies. He tells Prospero, "If you now behold them, your affections / Would break your tender / Mine would, sir, were I human" (V.I,20-22). Here is illustrated the dual view of the health care professional: an impervious God-like healer, and an emotional human being. The patient wants to see the former; most of us would like to be the former, but we are failed to be the latter. Reluctant as Ariel is to admit that he has human feelings, so too will we be to admit we have human failings. Ariel perhaps is fighting against his human feelings because they may be too intense. Working with the ill on a daily basis one must fight against those empathetic human emotions that lead one to feel for every patient. If one felt for every patient one would go crazy.

The name AREL has a relation to the medical profession, although it is a subjective one. This newspaper too has a relation to our medical education, to us as medical professionals. It can be a means of education as well as a vehicle of expression. Let us all work together to help it better serve us.

HOMOPHOBIA UNCOVERED AT JEFFERSON by H.M. Benshoff

A serious problem has been uncovered in the freshman year's curriculum. Currently, the freshman class is taught issues in human sexuality by faculty members from the Department of Psychology. A heterosexual attitude has not become apparent, culminating in a lecturer's statement that the AMA and clinical literature consider homosexuality a "deviant pathological state." Diagnosis of homosexuality is a disease, and there is treatment for it" (transcribed lecture notes, Feb. 10). This is in direct contradiction to the published views of the American Psychiatric Association. Since 1973, the DSM (The Diagnostic and Statistical Manual of Mental Disorders, the compendium of mental illnesses compiled by the APA) has not considered homosexuality a psychopathology. The same lecturer discussed rape (considered an act of aggression and violence) along with homosexuality under the heading of "Two Special Perversions" (Transcribed Lecture Notes, Feb. 3). Not a body of people to remain complacent in the face of such great misinformation, the first year class quickly organized a petition calling for the administration to investigate the matter. Over 80 signatures were garnered within four hours, and at the time of this writing (Feb. 24), several Deans were currently assessing the situation.

HEALTH CARE PROFESSIONALS: A CONTINUUM OF INTERACTIONS by Franny Lazzrhem

There are a number of medical professionals here at Thomas Jefferson University, many of which have mysterious or intimidating names. Included under the title "College of Allied Health Sciences" are Cytotechnologists (Cytotech), Medical Technology (Med Tech), Radiologic Technology (Radi Tech), Occupational Therapy (O.T.), Physical Therapy (P.T.), and Nursing. Although medical students are grouped under the separate title of "Jefferson Medical College", prospective physicians should recognize the importance of working as a team in alliance with all health care professionals. Good communication between all facets of medical care will facilitate treatment of the patient as well as make the working environment more efficient and pleasant. It is important to understand and respect the roles of other health care professionals in order to interact productively with one another. To understand the relations we have with each other is to understand the potentials of cooperative health care.

The following are impressions extracted from interviews with students in the various health care programs at Thomas Jefferson University. Their comments are not meant to be an encyclopedic account of all of their responsibilities, but an account of their primary duties and professional contacts.

BRIDGING THE GAP
-IT'S AROUND TIME
By Dave Cahn

As medical students, do we wait until hospital rotations before developing techniques that involve initial interaction with patients? Of course not! We become familiar with taking a patient's history while in the large hospital. Sometimes the physician will call in, impatient to receive the preparation of slides, looking at them under the microscope, and formulating a primary diagnosis. We work in conjunction with the pathologist. Occasionally, we also work with cytotechnologists and histologists when we receive abnormal specimens from various pathologies, such as those from gynecological procedures, lung cancer, or lumps in the breast.

 MEDICAL TECHNOLOGY
Teresa Capobianco: "Medical Technology covers four divisions: (1) Hematology—blood smears, blood film, fluid sampling; (2) Immunology—radioimmunoassays (RIA); (3) Microbiology; and (4) Clinical Chemistry—ultraviolet. Most of the instruments are computerized, but we learn manual techniques as well. One can be a specialist in an area such as blood banking. Some medical technologists can do all four areas. They may work in the lab with the cytotechnologists. The physician is not in contact with us. He sends in the orders, and we send back computerized results. There is no personal contact in the large hospital. Sometimes the physician will call in, impatient to receive the

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It is beginning to look as though the medical community is even more ripe with homophobia than the larger community of the general people. This is because it is to physicians that the public must turn when seeking information on the topic. We owe to our patients that we internalize the attitudes that are currently being put forth by the faculty. This problem is not just localized at Jefferson. Vicious homophobia is ever-present in our patriarchal culture, and unfortunately the scientific community has often been the font of such misinformation. Books, from the enormously popular pseudo-scientific Everything You Always Wanted to Know About Sex, to textbooks such as Redlich and Freedman’s The Psychobiology of Sex, have all fallen prey to the often fallacious “facts” as ignorant as possible is this “evidence.” The concept of homosexuality may actually be a biological continuum of the past, the professional does not teach of the problem. As one such practitioner put it: “My own evaluation of these estimates of the possibility of changing sexual orientation is that they constitute consumer fraud” (Pillard, 1982).

Where does the psychiatric community currently stand on the topic of homosexuality? DSM-III does list as a category the controversial label “ego-dystonic homosexuality” used for those who have a “desire to acquire or increase heterosexual arousal.” DSM-III (1980). This would make those who are not homosexually oriented but would not deny their homosexuality no more happy with their perceived sexuality, only those in conflict with it. As DSM-III continues, the “factors that predispose to EGOSYNTONIC HOMOSEXUALITY” are listed. These are negative societal attitudes toward homosexual environment. Members of different health care professions could conduct joint seminars designed to enhance knowledge, our respect, and our understanding of all health care professions.

Addendum: An attempt will be made to establish the guidelines to be used in determining homophobia. However, as Richard Weinrich, M.D., so enthusiastically, we could possibly have our first program this spring. If anyone is interested in sharing ideas and contacts towards such a program, please drop a note in mailbox #58 in the Jefferson Alumni Hall. Everyone is encouraged to become involved.

**Bridging the Gap** — cont. from p. 1

**HOMOPHOBIA** — cont. from p. 1

psychotherapy, our society needs to be told that it is OK to be gay, straight, or somewhere in between. By attacking the barrier of homophobia in our culture, we believe that if we find it, we are creating a better world— not just for homosexuals, but for everyone.

**Healthcare — cont. from p. 1**

results. This can be a problem. In a smaller hospital there can be direct conflict between the head nurse and the social worker, or more contact with the physician.

Jacqueline Young: "Medical Technologists are involved in lab analysis. We perform any diagnostic test needed on body fluids—culturing, examining blood cells, etc. The Lab Manager is in direct contact with the physician, and we deal with the radiologist.

**Occupational Therapy**

michele Broad: "We rehabilitate patients with disabilities. The physical therapist builds up the muscles and gets the patient back to normal. Then the occupational therapist works on incorporating the gained muscular strength into daily activities. Our typical patient is a physician with the physical or mental disability and set the goals for the patient."

Charles Nelson: "The Occupational Therapist utilizes activities beyond exercise to provide an outlet for the patient. We aid them in the functional use of themselves in everyday activities. This may involve the use of adaptive equipment for better use of bodily capacities such as splints, zipper strings, etc. The P.T. and O.T. departments may be side by side under the title of REHABILITIVE SERVICES. Our work can also extend to the mental health care area."

Rachel Nazareth: "We work in three areas: work, self-care, and play. Occupational Therapy is a means of rehabilitation through purposeful, goal-oriented activities. Our aim is to render people as independent as possible. Work contacts vary by setting. We take the team approach."

**Physical Therapy**

Michela Sigman: "Physical Therapy is the evaluation and treatment of the musculoskeletal system without drugs. The physician can refer to the physical therapist who in turn refers to the occupational therapist for rehabilitation of daily living. But it is not a linear process—all steps are interrelated and communicating."

Mark Armstrong: "Physical Therapy is the evaluation of the function of the muscular system. We help restore function whenever possible. This is a non-invasive way of increasing the patient’s capacities, and one that makes a lasting impact without medications. It encompasses all of medicine. We can be involved with..."
Susan Linesay: "The responsibilities of a nurse differ depending on the area of the hospital in which he works. The units differ from the floor, which differs from the emergency room. Basic care occurs on the floor, while there is more autonomy in the emergency room. Nurses help with activities of daily living and watch for changes related to drugs or treatment. Teaching is an important part of nursing. It includes explaining to the patient and family about medications, disease, and clarifying the physician's orders. Nursing takes a biopsychosocial approach — that is, how illness impacts on all of life, its biological as well as emotional and social aspects. Nurses primarily deal with other nurses — teamwork is first. They work with social workers in homebound plans. Contacts with the physician depend on the nurse's position, because there is a nursing hierarchy." (Susan is currently a medical student.)

Denise Hoffman: "On the floor, patient care involves all of the basic needs. In the emergency room, the nurse works closely with the physician. Here, there is more diagnosing and use of medical knowledge. Examples include knowledge of Advanced Cardiac Life Support and EKG rhythms. There needs to be a nice working relationship between the physicians and nurses, and an overall respect for each other." (Denise also is currently a medical student.)

Some of the responsibilities of the various medical professionals have been elucidated, with the underlying theme that none of these professionals work in isolation. Beginning at the student level, one must develop respect and awareness of all health-care careers because communication on a daily basis is vitally important.

AMSA AND ETHICAL SOCIETY MAKE FRESH START

by Raj Sinha

It seems that apathy at Jefferson hit new heights in the past couple of years as several organizations and societies faded into oblivion. Fortunately, the Class of 1989 has taken matters into its own hands and is attempting to reverse these trends. Along with the revival of AMSA, the student newspaper, the month of February witnessed the rebirth of the Jefferson chapter of the American Medical Student Association and that of the Ethical Society at Jefferson.

Under the direction of Dr. Ronald Jessen, Tamara Guion, Martha Carlough and James Mathon orchestrated the successful return of the Ethical Society as an active organization on February 20, 1986. The topic of discussion at this first meeting was the "Ethics of Drug Testing" and as the keynote speaker, the organizers chose a popular and dynamic speaker, Dr. Wolfgang Vogel, Professor of Pharmacology. Dr. Vogel, addressing an audience of over 70 in the Art Gallery, addressed the topic with his usual flair and eloquence. He dealt with the nature of the controversy by proving that there does indeed exist the need for drug testing, and that drugs for humans need to be tested on humans.

Pointing out the problems with obtaining a truly representative sample, he boldly proposed two new procedures to choose test subjects. The first was a proposal that prisoners on death row be used for drug studies. Vogel argued that rather than waste human lives, why not use them for something constructive that could be applied to the remainder of the population.

Secondly, Dr. Vogel proposed that everybody should be required to participate in a drug study, in much the same manner that each citizen is required to serve jury duty. He suggested that the health of each person be taken into account, so that if a particular drug were deemed too dangerous for that person, he would be assigned to another study. Nevertheless, everybody would be required to participate.

Considering the discussions that Dr. Vogel's presentation provoked, the first meeting of the Ethical Society seems to have succeeded in providing a forum for intelligent discussion regarding ethical issues that face the medical community today.

Surely, the Jefferson community will look forward to the next meeting on March 20 with Dr. Laird Jackson.

With the help of sophomores Kevan Ashley, Laurie Karl and Gerard DelGrippo, a group of industrious freshman have undertaken the task of making AMSA an active organization once again.

At the first organizational meeting in February, new officers were elected. These students are Herbert Hexay, President; Charles Hummer and Jeffrey Puffpath, Co-Vice Presidents; Raj Sinha, Treasurer; and Sheldon Lin, Secretary. Since the first meeting there have been two more meetings, which were set in motion.

Delegates were chosen for the AMSA National Convention from March 5-9 in Crystal City, Va. The convention should provide a great deal of exchange with other AMSA chapters and thus give Jefferson members more ideas for future activities.

Among those already planned are the revival of the patient visitation program at the hospital and any of a number of volunteer programs with the United Way. The patient visitation program allows students to follow the progress of an assigned patient by spending a certain number of hours with that patient. Reports would be filed with a faculty advisor who would thus keep track of the student's development. The United Way programs range from organizing Mood pressure clinics to speaking with high school students about contraception and STD's. For either program, interested students need only contact AMSA for more information.

As other activities are arranged, further information will be made available. Also, keep an eye out for AMSA convention highlights in the next issue of ARIEL.

ARIEL congratulates the newly elected Student Council Representatives for the coming year.

Class of 1988:
Eve Alessandri
Kevin Ashley
Paul Kaiser
Tom Lomjergan
Mike Schaeffer
Paul Kotlik (Alternate)

Class of 1989:
David Cohen
Julie McCann
Barbara Shotwell
Raj Sinha
Wasif Serremeta
Chip Hummer (Alternate)

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Kurosawa's masterly achievement. The apocalyptic imagery is presented in an expressionist manner that recalls the golden age of German cinema during the 20's. Throughout the film Tatsuya Nakadai easily suggests Emil and the great man has played his mad scene.

Yet his stylized lighting, editing, and a strong, intense stylized lighting, editing, and a strong, intense movie, hearkening one back to the excessive and rarified way. Chief among the longeurs of Kurosawa's earlier film, THE BATTLE OF THE SISTERS, is certainly one of the most impressive films playing in Philadelphia this season. Indeed, the first half of the film is an intelligent, witty, and sane-eyed view of terror, plus a frame story, make for one of us.

The machinations of the plot are in the face of an insane world? What's so from one being and experience to the next. Mr. Allen beautifully visualizes this visual realization of this modern technicolor, and a bit of complacency, cathartic experience for which the average, erudite reader choose the literary work best suited for crunching the world's most pernicious pest.

FILM NOTES by Tony Phillips

[Dr. Phillips, long a resident of Maldives Square, has graciously agreed to supply ARM with a regular basis with critical reviews of current cinematic achievements. Professor Phillips, who holds doctorates in theology, philosophy, and music, as well as a Ph.D., enjoys a deep passion for all forms of visual and auditory stylization and makes it his personal duty to see whatever the masterpieces precludes their use in the shedding of cockroach blood. Nevertheless, a few basic criteria can help the no-so-gentle reader choose the literary work best suited for crunching the world's most pernicious pest.

HANNAH AND HER SISTERS may not be Woody Allen's best or even his (a film who can forget ZELIG/1983?), but it is a "Woody Allen" film. Given the supreme artisty of this individual and the related depth of international current being produced, one can easily recommend this film.

HANNAH AND HER SISTERS is an angry note concerning the protesting generation that perhaps nasty people really do get what they deserve. With Hal Holbrook, E.G. Marshall, Adrienne Barbeau, Leslie Nielsen, and Stephen King himself.

A READERS' GUIDE TO ROACHES by Bryce Watson

Palmar Norte

(taken from La Cadena. Feb. '86 — a Central American Peace Corps publication)

In the best selling novel Hawaii, James Michener traces the history of the islands from their geological beginnings to the present day. In doing so, he offers a vivid portrait of the early settlers, explorers and adventurers, but more importantly, his verbose style makes Hawaii an outstanding tome for the killing of cockroaches.

Speeching from a literary standpoint, just any book will do when the average, erudite Peace Corps volunteer wants to kill a roach. And yet, paradoxically, when a roach is scurrying across the table, one has precious few moments in which to choose the deadly weapon from the shelf. For this reason, students of etymology and entomology have found it wise to have several books in mind before turning on the light.

Literary critics from Edmund Wilson to John Updike, Frost to Dr. Phibes, and the average, erudite critic to the nascent writer, will find it intriguing and provocative. Whether or not the film is "blasphemous" is irrelevant. If you think the film will offend you, then simply avoid it. But don't ask this author to understand or in any way condone such an unorthodox attempt to silence an artistic event.

VIDEO PICK OF THE MONTH: "CREEPSHOW"

Master of the gothic genre, George Romero's 1982 outing seeks to recreate the look and feel of the old DC horror comic book. It succeeds brilliantly using intensely stylized lighting, editing, and a ghoulishly exciting screenplay piled with none other than Stephen King. Five tales of terror, plus a frame story, make for delightfully creepy entertainment with no deeper meanings other than the realization that perhaps nasty people really do get what they deserve. With Hal Holbrook, E.G. Marshall, Adrienne Barbeau, Leslie Nielsen, and Stephen King himself.

"BASSETIS", AND NEW FROM THE WEST COAST — EDDY'S GRAND ICE CREAM.
Among the criteria one must consider in choosing a roach killer is literary style. A light, airy mystery by Agatha Christie often lacks the punch needed to destroy the densely written, psychological The larger cockroaches. More deadly are the Ancients Portrait important ravings of a Norman Mailer. Even the largest of cockroaches has seen kill a bicho with fiction, and when is long been the central question in the left to the reader, not to critical fashion. Most readers have found fiction to be a meaningless cat book. But this bicho in his final moments of life? Here's an outdated medical approach. Among the criteria one must consider that is) presents its annual Grammy The difference between music critics and normal people is that music critics do not have to pay for albums. They get sent hundreds of new records every couple of months from the recording companies and therefore get exposed to more music and more styles of music than the average listener ever could dream of encountering. About half of these new records get a listening of a minute or less. The critics are paid to judge the music as music, and judge they will.

The general public also makes judgment. Yet we common folk end up judging fairly only what we deem worthy of a purchase, and this decision is based in part on what we already feel we like. What we like we buy; and what we buy becomes successful in the eyes of the music industry. Every year the "Village Voice" asks music critics to list their favorites. The result is the annual Pazz and Jop Critics Poll ("Village Voice," 18 Feb., 1986). Likewise, the National Academy of Recording Arts and Sciences (whatever that is) presents its annual Grammy Awards. This year overlooks two facts: critics representing the "Voice" selected their favorites yielding lists of the top 40 albums, 25 singles, 10 EP's, and 10 top jazz records. The "Single" list had the categories ranging from "Song of the Year" (to be distinguished from "Record of the Year"); i.e. best 45" to best "Polling Recording." It is interesting to compare some of their choices on their common ground which seems to be limited to rhythm and blues and rock.

Record and song of the year at the Grammys was "We Are The World" (USA for Africa) which came in as single #17 on the "Voice"'s poll. Similarly, the "Voice"'s top 25:

One of this year's best select critics chose as the best "Sun City" (Arista United Against Apartheid - Year of the Benefits), Phil Collins (No Jacket Required) got Grammys for best album and pop solo male vocalist. He earned entirely in the "Voice" poll where the experts chose as top albums Little Creatures, "Talking Heads, Tim", The Police, Metric, The Scenics, or Van Cougar Mellencamp, and Rain Dogs/Tom Waits (in that order). John Fogerty ("Old Down The Road" and "Rock 'n Roll Girls") received the highest rating for male vocalist with the third and thirteenth best singles. The two sides agreed on Don Henley ("The Boys of Summer") and the critics' list.

Top pop female vocalist Grammys went to Whitney Houston (" Saving All My Love for You") and Tina Turner ("One of the Living"). Both were absent from the "Voice" selections. Arthia Franklin ("Freek of Love"), though, was gram­ minded as the top R&B solo female of the year and ranked highly in the pazz and jopists poll with the #2 single and #9 album (Who's Zoomin Who). Sheryl, who was also made in the top 25 by the "Voice" critics' list.

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March 28 - My One and Only starring Tommy Tune and Luci Arnaz

20 Orchestra seats available at $36.00 each

20 Lower Balcony seats available at $26.00 each

April 9 - Fantasy Day at Jefferson

See the performing talents of Jefferson Students and Employees

April 10 - Casino Trip

The Activities Department is sponsoring a trip to the Tropicana Hotel and Casino to see Neil Carter in performance. Cost is $14.00 per person which includes tickets to the show plus $10.00 in coins. Bus will leave 5:30 and return by 1:30

The series at Jefferson begins the last week in April and will last until May 23. The series is entitled "Freedom of Expression" and will feature jazz, pop, fifties & sixties, and folk music. Concerts are from 12-1 and admission is free.

For further information on these and any other events sponsored by the Activities Department of Thomas Jefferson University, please call (215) 928-7743.
CONSPICUOUS ONLY
IN ITS ABSENCE
by Dave Cahn

Question: What does love mean to you?
Love? In 1986? I'm from New York. We hate everyone.
Claudia Chernia
1st year student, JMC

Confusion.
Michele Sigman
Junior F.T., CAHS

Love is when everything you do is for the betterment of the relationship between you and your partner; and you know it's right.
It's a purpose for living!
Robert Guilday
1st year student, JMC

To me, it's poetry. It's hard to define.
Harry Ryan
Security Personnel

Mom and Dad
Alexandra Simkovich
3rd year student, JMC

Sensitivity, caring, and sharing.
Dave Cahn
1st year student, JMC

(Last answer placed in forum at request of those to whom I had asked the original question.)

Personal

FRIENDSHIP DESIRED BY INCARCERATE

It is my fondest wish that through this brief message I'll be able to establish a mutually beneficial rapport with Staff and/or students. I seek genuine friendship devoid of the nonsensical games too often allowed to hinder relationships. Any rapport built upon a solid foundation of truth and honesty will be unshakable. If you respond, I can guarantee you'll never regret doing so. If not (God forbid!), at least you'll know I exist. One is truly a very lonely number! Letters would help fill the void, and champion the monotony of institution life. Any photo accompanying a letter would be considered an additional pleasure. Be gentle with yourself.
Peace Profound.
Mayo W. Turner, Jr.
#N-2083
P.O. Box 4002
Danville, Ill. 61834-4002

And a special note: The Staff of ARIEL would like to extend a special thanks to The Typesetting Company for helping us pull through with this, our first issue.

#N-2083

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ANNOUNCEMENTS
The Philadelphia Center is our first issue.

- A partial list includes the Studio Arts Program, chorus, glee club, drama group, opera appreciation, country dance, sewing, macrame, guitar, ballet presentations, and holiday dances. Freshmen Mike Dolbin and Jerry Kline, as well as sophomores Dave Horton, Mike Munin, and Robert Gailliot of Phi Chi recently attended the Main Center's Valentine's Day Dance. We had a ball! Workshops on legal rights, health education, and financial planning are well attended. The list goes on and on.

- The Center counsels 900 homebound people each year, helping with health, financial, and emergency care. At the Center, another 900 people receive help with housing, fuel, emergency needs, and information about benefits and entitlements, or referrals for further help. The Post-Hospital Program, a pilot project with our own Jefferson Hospital, provides care for frail people immediately after hospital discharge.

- PCOP receives United Way funds, corporate, and private donations. The Center has seen cuts this year and is expecting more cuts in the future. The monies raised in conjunction with the Dance Marathon will go toward some of the harder hit programs, which include the aforementioned classes and workshops.

- How can you become involved and lend support? You will be receiving specific information in the near future through the Not So Sermon, IHC bulletin board, etc. There will be plenty of opportunities for involvement, from soliciting community businesses for donations, to volunteering your time and expertise down at the Center, to obtaining sponsorship and dancing in the Interfraternity Dance Marathon Saturday, May 10.

If you have any questions or suggestions, please contact Robert V. Galliot, President of IFC (923-3083), or any other fraternity brother. (Some information derived from PCOP Annual Report 1984.)

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#N-2083
SEXISM IN MEDICAL SCHOOL
by Diane Wonnell

A subtle form of sexism exists within the curriculum of Thomas Jefferson University’s medical school. Based upon an assumption of maleness, women are often treated second to men in many of the textbooks, lectures, and medical values sponsored by the college. Such sexism can have profound effects upon the attitudes and actions of medical students.

This year’s anatomy text, Anatomy as a Basis for Clinical Medicine, perpetuates this form of sexism. It is a representative outgrowth of a social phenomenon characterized by Simone de Beauvoir, author of the foremost women’s history The Second Sex. Beauvoir, in her argument, is regarded as the “Other,” perspective of women’s history. The study of anatomy is like any other social phenomenon: it is the result of a conscious and responsible curriculum, must reflect changes in societal views. It should not continue to prop up an outdated, biased regard.

One can find many examples of this subtle sexism. In the aforementioned text, the description of the inguinal region presents a good example of the assumption of maleness. The section begins: “It is through the lower part of the anterior abdominal wall that the testes pass in its descent into the scrotum” (p.252). The premise here is that the prostate, the male structures, being larger, there is disparity between the sexes simply in terms of the amount of space allotted to the male inguinal region versus the female inguinal region. The prototypic male receives approximately eight pages while the female receives only one paragraph.

Another example of the sexual bias found in Hall-Cragg’s text is the discussion of the perineum. The male perineum is described in some of our medical text. For example, the Upjohn Nutrition text which first year medical students were given lists which include the prototypic male values, then the female with .

These examples of sexism are significant for a number of reasons. First, the sexual bias presented in the text has a great effect upon both students and faculty, because lecture material and laboratory study are often based closely upon the text. Second, the existing presentation has a tendency to make students more knowledgeable of, and therefore more comfortable with, male anatomical structures and systemic values. Third, it is conceivable that this inequality may affect a physician’s attitudes toward his or her patients. The importance of searching everywhere for examples of sexism is that we may then begin to eradicate biases in society, leading towards equality for all.

A legitimate argument perhaps could be made as to why the male pelvis and perineum are emphasized in the text. For example, the male structures are larger and external, are easier to study. Or maybe more attention is given to male anatomy because the male pelvic area is prone to complications and injury. Even if these arguments are sound, sexism still exists and should present the female figure as often as the male when referring to human anatomy. Clarification of sex, rather than an assumption of maleness, would comprise the format of these textbooks. Efforts also should be made to include female as well as male medical parameters, or simply human medical values if applicable. Furthermore, lectures here at the university should be more carefully worded to avoid a sexual bias. For example, students and faculty alike should be more conscientious about clarifying sex.

If students were given these simple changes, the sexism that is present in tests and lectures, but would also make the study of certain subject matter less confusing. In the present anatomy texts, one cannot be sure whether a structure described for the “general human” also occurs for the female. In addition, when the female structures are included at the end of a chapter, almost as an afterthought (see text p.265), the student is left confused about the relationships between these structures and those described earlier for the prototypic human form. Similarly, it is difficult to ascertain female medical values, because often they are neither given nor even discussed.

The form which exists in medicine, and in medical school, is a reflection of an outdated sexual bias which unfortunately lingers on. Obviously, medicine is not immune to larger social changes. To reform, physicians, medical school faculty, and students must respond to a growing awareness of the subtlety and pervasiveness of sexism by recognizing the problems where they exist, and by making any and all attempts to change them. As sociology less sexist, medicine and its study must follow suit.

OFCYRCAL NATURE OF MEDICAL STUDENTS EXISTANCE
by Ron Berna

It has become painfully apparent that the life of a medical student is not governed by the gravitational forces which control the earth, but by the ebb of tests to which the poor wretch is subjected. This cycle is a rather bizarre one. Let’s start at its beginning, where all good students have their origins, and trace the path of this rather strange behavior pattern.

The commencement of a new school block brings enthusiastic freshmen to medical school who are excited about the interesting things they are about to learn. What could possibly happen in three days? Our dedicated scholar starts behind. We welcome any comments or opinions on the contents of this paper or any other issue. Submit letters and other writings to Box 88 JH or Box 1503 Donz.”
Lawrence Taylor Division

American League eliminated just for being Canadian. 2. I
had a good reason for not
therefore a Canadian team will be
had a good reason for not
perfect fools of themselves. I'm picking
a format which cost the Toronto Blue Jays
for myself, although after you see my
Milwaukee to win, but I forgot it; the
baseball is an American sport, and
because they went to that stupid 7-game
spring marks the end of Anatomy

Boston's start thinking. clinical
writers in this country get their own mad
rotations and National Boards, the sports

Chicago Bears demolish the LA Rams, the
The Team's Brian.
Zaragoza's
and called his own number on a sweep to

The conversion attempt failed, and The

The following kickoff was returned to
the 25 by Schwartzkopf, and it looked
as if the Mobsters were ready to drive again.
Instead, they ran out of gas. The Team's
defense sacked Zaragoza for a loss to the
30 yard line, which Prebola ran in for a touchdown. Again the PW was not good, and
The Team led 12-6.
The following kickoff was returned to the
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If you don't pick the Phillies over the
Red Sox in 6 games. Everyone knows
the Sox choke when the weather gets
cold. We'll, there you have it. I feel much
better now, although I wouldn't advise
plumbing down your life's savings and
betting with my picks. But remember, you
read it here first.

The World Series you ask? Well, even
if you didn't, I'm picking the Phillies over the
Red Sox in 6 games. Everyone knows
the Sox choke when the weather gets
cold. Well, there you have it. I feel much
better now, although I wouldn't advise
plumbing down your life's savings and
betting with my picks. But remember, you
read it here first.

3. Montreal likely to win the title. 1. Montreal
is going to be the
crown, and because the
Philadelphia for another team.

Men's Basketball

Jefferson League

In the first game it appeared that
Our bricks were ready to drive again.
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