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The Audio-Visual Office: The Eyes and Ears of Jefferson

The Audio-Visual Office is a little known department of academic life at Jefferson. Perhaps this is so because few people have ever seen a list of the technical services which this office provides. These include assistance and equipment relating to audio-visual lectures, photo-, television and medical illustrations. Beneficiaries of these services are primarily undergraduate medical students, although people in the University, including people at the post-graduate level and research oriented faculty, are dependent on the technical skills of this department.

The Audio-Visual Office is theoretically divided into four sections. These are the photographic section, the televsion section, the medical arts section, and the audio-visual services section. However, the actual working staff is rather small, being composed of two photography assistants, Mr. Spangenberg and Mr. Julius Robinson, two audio-visual aids, Mr. Carl Goebel and Mr. Franklin Doolot, a part-time clerk-typist, Mrs. Lucy Feder, and Miss Theresa Powers, Thus, the Office now in its second year, is using its staff as efficiently as possible and carefully surveying the future needs.

In the meantime, since the Office does not yet have its own medical artist, a request for this type of service can be fulfilled by their referral service.

The essential aim of the Office is to provide audio-visual services to the whole department, involving themselves in the development of new equipment and supplies and the selection and organization of materials. In 1969, its position as "special assistant" was reclassified, making it more than just a library specialist, a title which was more indicative of the work the Office was doing in making the audio-visual materials for the department available. It was recognized the need for the establishment of an audio-visual facility which would free of duties relating to any particular school. A proposal for the Establishment of a Medical Communications Center which she submitted was accepted by the Council. In July 6, 1972, she received a letter from Dean William Kellow designating Miss Powers as the person in charge of the Audio-Visual Office. Miss Powers was more than the efficient administrator of audio-visual services. She has always

Freshman Elect Class Officers

Jim Burke

The freshman class recently elected its five Student Council officers. Under the council's new constitution, the freshmen chose to elect five representatives of equal standing rather than the customary President, Vice President, and 3 representatives. The upperclassmen will also have the option to be represented in a similar manner when their election is held in the future.

The five successful candidates were Juanita Carnes, Sister Anne McCluskey, Jean Alberth, Kevin Robinson, and Dan Flynn. For candidacy, the aspirants were required to submit a petition for nomination signed by 35 fellow classmates. For election, a candidate needed a majority of the class votes. In the first election, each freshman was permitted to vote for 5 of the 15 candidates. Juanita Carnes and Sister Anne McCluskey were elected representatives on this first ballot because each received votes from over 50 per cent of the class. The remaining three positions were decided on in a subsequent election. The eligible candidates were then six having received the highest number of votes not constituting a majority.

In this second election, Jean Alberth, Kevin Robinson, and Dan Flynn were each chosen by a majority of the class. Uproomeeans and Student Council Particulars David Mayer, handled the election well periodically replaced. A lot of debate has gone on as to where all of these items and materials are available in a condition that there is no need for them. In addition to providing equipment, the Office offers personnel services in the form of projectionists and technical assistance in preparing materials for display or publication.

The genesis of the Audio-Visual Office, located on the fifth floor of Alumni Hall, is intimately related to the late Sister Ann (current and first) Coordinator, Miss Theresa Powers. Thus, the Office area and services were set up at Jefferson some fifteen years ago as a special assistant to Dr. Andrew J. Runnys, the greatly respected Department Head who is present today, Dr. Marshall Johnson. She soon became Coordinator of the whole department, involving herself in the development of new equipment and supplies and the selection of new audio-visual materials. In 1969, its position as "special assistant" was reclassified, making it more than just a library specialist, a title which was more indicative of the work the Office was doing in making the audio-visual materials for the department available. It was recognized the need for the establishment of an audio-visual facility which would free of duties relating to any particular school. A proposal for the Establishment of a Medical Communications Center which she submitted was accepted by the Council. In July 6, 1972, she received a letter from Dean William Kellow designating Miss Powers as the person in charge of the Audio-Visual Office. Miss Powers was more than the efficient administrator of audio-visual services. She has always

(Continued page 4)
The physics community at the beginning of the century was faced with a pickle of a predicament. Did light and matter have a particle nature or could their behavior be explained purely in terms of a wave phenomenon? The cause for this debate was that some experimental results could best be explained by assigning a corpuscular nature to light and matter whereas other observations required analysis by wave mechanics. The outcome of all this debate was that neither alternative was accepted as an "itself"--providing an adequate description. Much work was difficult to do, and a new system was developed that allowed light and matter to be thought of as possessing the properties of both a wave and a particle.

To appreciate the magnitude of this accomplishment one need only try to think of an object as both being and not-being. To be and not-to be—outside of mimicking the lead of old-fashioned进入到老学校——is mutually exclusive. Such was pretty much the case with "a particle" and "a wave".

Just as physics reached an impasse in the early 1900's, so psychiatry today is ensnared in a similar state of turmoil. Thomas Szasz and R.D. Laing say away from viewing mental illness as a convulsion of a basic, organic disease, but rather leads to an evolving need, thus augmenting the memory lane. While the treatment of a patient is a major concern, that same patient may weigh equal but some factors weigh more equal. It is understandable that any new approach should initially have a tough time in establishing itself. As such is the case with orthomolecular psychiatry.

Pauling defines orthomolecular psychiatry as "the treatment of mental disease by the provision of the optimum molecular environment for the mind. It is the optimization of the optimum environment for the mind". Orthomolecular psychiatry, therefore, holds that there is a definite molecular environment that optimizes the functioning of a person's mind, and that this environment can be altered by the introduction of appropriate substances. The outcome of this alteration is an improvement in the person's mental state.

In the context of psychiatric practice, this means that the psychiatrist must first determine the person's molecular environment and then adjust it to the optimum level. This may involve the use of drugs, vitamins, minerals, or other substances that are believed to be necessary for optimal functioning of the mind.

The use of drugs in orthomolecular psychiatry is based on the concept that most mental illnesses are caused by deficiencies or excesses of certain nutrients. Therefore, the goal of treatment is to correct these deficiencies or excesses by introducing the necessary substances into the body. This approach differs from traditional psychiatric treatment, which often relies on the use of powerful drugs to control symptoms.

Additional components of orthomolecular psychiatry include the use of性格, physical therapy, and other complementary approaches. The ultimate goal is to create a personalized treatment plan that addresses the individual needs of each person. This may involve a combination of strategies, including dietary changes, exercise, and other lifestyle modifications.

Orthomolecular psychiatry is a relatively new field that continues to evolve and expand. It provides a promising alternative to traditional psychiatric treatment for many people, and it has the potential to revolutionize our understanding of mental health and illness.
Liberation and The Gynecologist

"Medicine is a completely, over-poweringly sexist field!" this is now seen best in obstetrics and gynecology. On Wednesday evening, December 12, under the auspices of the J. Marion Sims Obstetrics/Gynecology Society, two male gynecologists and two "liberated" women faced a sometimes hostile crowd of medical students, physicians, and other interested parties. The panel was moderated by Dr. Cynthia Cooke, a gynecologist at the Hospital of the University of Pennsylvania.

Norma Finkelstein, an editor of Ms. magazine, began the session with a general plea for better health care delivery for women. She stressed the desire of women to have more control over their bodies, to be taken seriously, and to be informed of all their options. As she put it, "Women don't want to be tranquilized literally or emotionally."

Dr. Edward Lench, director of obstetrics and gynecology at Fitzgerald Mercy Catholic, continued to comment on Ms. Finkelstein's ideas. "We love women - fat or thin, bald or thin - after all, these are the people from whom we earn our livelihood."

He essentially represented the conservative line on contraception, presenting the conservative line on that ugly table strewn with paper their professional tendencies, the 1973 article, "In my opinion, two people Janet, and Liz that people - both right," women-factorskinny, .tallorthin arid instructive presntation: listening for understanding, but,

Beth Sciofield, contributing editor of Ms. magazine, began the seminar as a forum for seeking solutions to problems between women and their gynecologists. Indeed, the event was virtually advertised as a brazen between an editor of Ms. and Dr. Goldfarb, but in retrospect, it was not even a good fight. In my opinion, two people Janet, and Liz that people - both right," women-factorskinny, .tallorthin arid instructive presntation: listening for understanding, but,

In contrast to Sandy, Janet, and Liz, I did not interpret the Sims Society meeting as a seminar for seeking solutions to problems between women and their gynecologists. Indeed, the event was virtually advertised as a brazen between an editor of Ms. and Dr. Goldfarb, but in retrospect, it was not even a good fight. In my opinion, two people Janet, and Liz that people - both right," women-factorskinny, .tallorthin arid instructive presntation: listening for understanding, but,

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The Need to Educate

The Total Physician

Medicine and Society is an interdisciplinary program developed by six departments in the medical school to present the students with a holistic concept regarding the problems of health care. The physician of today and for the future should be an individual capable of accurately and effectively encompassing a broad perspective beyond his or her own special area, a person with extensive and varied knowledge who can see the forest for the trees, the strengths and weaknesses of each narrow subcategory within their own major discipline and every beyond. This challenge to medical education is being undertaken by this program.

The strength of this program is the interdepartmental cooperation as represented by the members of the planning committee. The planning committee is represented by the departments of Psychiatry and Human Behavior, Community and Preventive Medicine, Family Medicine, Behavioral Medicine and Physical Medicine, Pediatrics and Obstetrics and Gynecology. In addition, the program has the services of a medical sociologist and a medical psychiatrist to present the entire university family. This program is being presented to the students and it reflects from an academic standpoint a responsibility of the university and society.

The implementation of this program has brought about a great deal of discussion both by the student and faculty level. Any change in a closed society is not always for the better. This is not necessarily bad. All physicians should understand that in a closed society the community aspects of health care, the development of health care, is the role of the team in the delivery of health care. The physician cannot deliver all services in relationship to the care of people from the health standpoint, but as an executive he must know where all these resources are and how to have them delivered or made available to the person in his or her care. Medicine should be people-oriented and not disease-oriented.

Doctors have changed; patients have changed. More demands are being made on physicians; society makes more demands on us all. In earlier times, doctors understood their role in precisely the same manner as physicians did. There was no discrepancy between a patient's expectation and the physicians' understanding of what was to be done to meet these expectations. The social and technological revolutions of the past century have changed the score for patients and physicians. Patients' expectations today are often at odds with the physicians' understanding of his role. This is an area to which the program in Medicine and Society can address itself.

In order to do this we must see that the student is given the tools. The past does not pass only the behavioral aspects of health care, but the community aspects, the familial aspects, the social aspect. The social aspect must indicate effectively and intelligently in numerous nonclinical relationships: the relations with the hospital board members, with community boards of medical boards, with community schools, with public bodies. This contribution to medical education is essential today to the development of a total physician who can lead societies needs for improved health care in the future.

Q.E.D.

Alvin F. Goldfarb, MD, Administrator, Medicine and Society

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Alv or "The Pearl" Spanenberg and Angel Sylvestro, assistant to Dr. Pants, enjoy one of the rare "lighter moments" in the office.

Jefferson Eyes and Ears

Continued from page 1

been very interested in students and their learning problems. In an effort to ease this problem, the Medical School, while it became involved in the transition from essay type

Dr. Pants, she has received complaints from her and her co-workers, her liking for Jefferson is well reciprocated.

Mike Trout

Alive and Doing Well

Cheating on examinations is not something new to medical students. One faculty member has noted its existence in the past, many have witnessed it among us all, and it will probably follow us into the future.

The goals of cheating include such rewards as prestige, position, wealth and maybe even self-satisfaction. Whether or not they are achieved, a cheating method cannot be condemned. The beauty of these rewards is contingent upon the presence of their achievement, not their attainment.

Has cheating become an incorrigible act whereby no means are available to subdue its presence? No! A formidable advantages to cheat does not exist in the qualities of honor, respect, and integrity. Qualities that are not born to men but qualities that are acquired by mature responsible individuals.

The problem, therefore, lies within the individual and only one there can it be combated. Only if one understands and practices these qualities can be used as implements against self-destruction. These are attributes that will fortify him against unrelenting pressures from within and without. They have accompanied many great men in the past and are allied to many great men of the present.

When we close the doors of Jefferson behind us ending the first stage of our medical careers, we cannot look behind what we are or have become. It is ours and only ours. If we have built strong ideals, people who contact us later will profit. If we lack them, the Lord deals those who contact us later may profit.

One cannot precisely quantify the extent of cheating in medical school. Whether it is mild or severe, the hypocrisy is still in medical students and some members of Jefferson Medical College have verified by a petition, doing quite well.

Neither Stedman's nor Dorland's medical dictionary offer a definition for the word cheating. It simply does not belong in the medical profession.

Tim Jeffreyn

Holiday Show

Music, drama, dance and larger than life puppets are the magical ingredients of the Manning Street Theatre's upcoming presentation THE HOLIDAY SHOW. Set in a medieval feast where the Company celebrates the season by appraising our members Lord of Misrule. According to an old tradition, while the Lord of Misrule reigns it is a crime not to make merry. Through this thus must be given over to frivolity - with constant singing and dancing to the accompaniment of flutes, guitars, drums and tambourines. A wayward traveler who chances upon the scene is forced to earn his supper by telling a story. He recites Charles Dickens' A CHILD'S STORY, the tale of a wandering minstrel meets characters representing the stages of life, using masks and giant puppets. Other participants perform Dylan Thomas' "lyric and haunting reminiscence A CHILD'S CHRISTMAS IN WALES." Of course, the night festivities must end and the Lord of Misrule be replaced by cold and dreary normality, but not before all have shared the Wassail Bowl.

THE HOLIDAY SHOW opens December 12th, with performances every day through Saturday evening at 7:00 through December 22nd. Admission is $5.00, $2.50 for students and $1.50 for children under twelve. For reservations or information about special matinees for groups, reduced rates contact the Manning Street Theatre's

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Ariel

WEDNESDAY, DECEMBER 19, 1973

Jefferson's affiliated hospitals, Children's Hospital, Hahnemann Medical School, etc.

As far as the actual running of the Office is concerned, there are no personnel problems, according to Miss Powers. The efficiency and healthy good nature of the team and the consideration and guidance she receives from the Administration makes the whole project work. Although she insists on (and gets) freedom to make the technical decisions relating to the functions of the Office, she wants to keep in line with the policy of the Medical College and of the University. She speaks warmly of the "wonderful people here at Jefferson," and apparently is quite happy with her surroundings. To judge by the ample stack of letters she has received complimenting her and her co-workers, her liking for Jefferson is well reciprocated.

Mike Trout


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The Yearbook: Advice and Dissent

I was quite surprised when I came to Jefferson and found that luckily I never contents of yearbooks at station, the faculty, or a Jefferson. Some have consisted of eight mimeographed the students. I went to a medical could be sent to all havmg each semor s picture m yearbook. A good medical education have been sensational, in a narrow sense, like the yearbook ties and resources that can create the yearbook. By implementing these suggestions, every student would have an individual and secure place to say what is on his mind. You might even use these supplies of the office of medical education to make certain that the questionnaire has some validity and is periodically reviewed.

Now that over fifty percent of the student's clinical years takes place away from Thomas Jefferson University Hospital, the editors must be extremely careful to recognize the contributions of each affiliate hospital to the medical education of its students at these institutions. It is so easy for an editor to make the mistake of recognizing a student's clinical years a personal experience of his or her clinical rotations. Advice: give adequate recognition to our affiliate hospitals. The administration of these institutions and their faculty deserve your attention and should be treated by the student in a similar fashion to TJUH. Similarly, if there are defects at these institutions, in facilities or in personnel or individuals, then this too should be reported. Most people would rather be criticized than ignored. It is true that affiliate hospitals have in the past had faulty arrangements with medical schools. Hopefully, this is a situation of the past and the yearbook can emphasize the critical that our affiliate hospitals are an intimate and vital force in the education of Jefferson medical students.

I apologize to the editors if I have made suggestions that have already been considered by them. I-give the same to editors of the past if they assume that my "advice and dissident" is lack of appreciation for their labs. These are simply the comments of a former student and a very interested-by-stander.

Robert Brent, M.D., Ph.D.
The Schizophrenias '73

by Gary Kaskey

The Schizophrenias have been divided up into three categories, the largest having low histamine, the smallest showing increased blood histamine levels, and the remainder existing as kryptopyrrole known as maus variables in the urine. The trace elements show the expected associations. It is interesting to note at this time that when the symptoms respond to treatment (see below), all chemical and EEG studies revert to normal.

SYMPTOMS

Next question... Do your different schizophrencias have different manifestations? As you can see below, they do.

1] Stress Induced Psychosis
2] Neurotic Symptoms
3] Abdominal Pain-LIQUID MAUVE
4] White marks-white FACTOR
5] Stretch marks-white 80%.
6] Don't remember dreams
7] Better Affect

1] Thought Disorder
2] Overanxious
3] Grandiosity
4] Paranoia
5] Ideas of Reference
6] Hallucinations
7] Hypomania

Elective Offered in Alcoholism and Drug Abuse

Everyone knows that alcoholism and drug dependence pose serious societal problems. And it's now fairly well known that addiction comes in many forms, respects no socio-cultural-ethnic-economic boundaries.

People are concerned. Programs devoted to treating and recovering the alcoholic and the drug addict flourish. But the problems persist. For individuals and society.

Of all the professionals coping with these vexing human maladies, none is more vital to a solution than the physician. No one gets closer to the problems. No one has greater responsibility for the alleviation of addiction's maze. The patient looks to the physician and the physician cannot look the other way.

But where can one look? Traditional training focuses on the medical aspects of alcoholism and drug abuse. After the diagnosis, then what?

In March 1974 you can participate in the Medical School Elective in Alcoholism and Drug Addiction. This is a six-week elective course.

The elective program offers students an additional perspective will meet with students in both class and private discussions.

The histamine patient may present at any age with paranoia and hallucinations; he will also show reduced allergies, headaches, and decreased reaction to pain. In contrast, the histadelic will be the odd individual who is obsessed with suicidal thoughts; he will not hallucinate. Careful history will reveal frequent allergies, headaches, and a history of a male or sustained orgasm if a female. The individual will show increased reaction to pain, and curiously enough, good dentition due to increased salivary flow.

Mauve factor has been shown to reduce B-4 and zinc in vitre; perhaps this contributes to the proven manifestation of the disease. For along with the listed symptoms, these patients can frequently be recognized by their kryptopyrrole excretion should be above 20 mcg.

(Continued page 7)
Reconsideration of The Elderly

Day For Night

François Truffaut's new movie, Day for Night (La Nuit Américaine), is a witty, quite moving and very sincere picture about the making of a picture. There have been very many great films about movies (All About Eve, A Star Is Born, and others too numerous to mention) but almost all of these have been about people who happen to be in the movies. This new film stars the movies being made in it. The art and the craft of films is not a metaphor for life in Day for Night; it is life. The characters...
Sport Shorts - Phi Chi Rallies Football Win

When was the last time that Phi Chi failed to take the conference trophy in the varsity football title? This writer believes it was four years ago, and the several upperclassman-veteran jocks he hurriedly contacted displayed the same affect as any around here, yet based on something totally different than that of, say, an Ohio State or UCLA dynasty. It requires the right combination of luck and circumstance to beat such strong teams, and Phi Chi doesn’t win on its strength alone. Every year, it seems that it is Phi Chi that has fought its way up with the help of just such a combination.

That may sound odd, but this writer dashed the pre-season strength of the eventual champions, and included them only reluctantly among the other expected contenders—Phi Alpha Sigma B, AKK, and Junior Independents.

Phi Alph had assembled a solid crew of blocking backs and fast wide receivers, behind strong—strong—strong line, the Junior Independents, last year’s winners, were back intact. AKK had a bunch of talented freshmen added to an irreplaceable pro running game, and an uncatchable roll-out QB in Scott Laggert.

Phi Chi suffered by comparison for two reasons: early lack of leadership, and freshmen adjustment. The uppersclassmen did not turn out early to organize needed practice, and GH Tim DelBianco required time to get untracked and learn his receivers. Before things were together, Phi Chi was 2-2, wins and losses, and needed to defeat Phi Alph A to gain the playoffs. That game, veteran wide receiver Jack Hiscott asserted himself with two touchdown catches and kicked his “old guard” into gear with a 30-9 rout.

The “old guard” have some kind of tradition: when you win, you do. The records of the playoffs hopefuls were Phi Alph B 6-4, AKK 5-1, and Juniors and Phi Chi each 4-2. Since they had gotten a bye against Phi Alph in the season, Phi Chi’s first playoff was against the undefeated powerhouse. The old guard coaxed ex-qb Steve Base out of retirement, and collectively rose to the occasion with a 13-6 victory.

This game belonged to the Base-Hiscott combination. Trailing 6-4, Base heaved a bomb to Hiscott, who took it clean away from Mike Kurczewska for a score. The play turned the momentum of the game, for Phi Alph’s athletic director Joe Kreiner commented, “Twice they stopped us on fourth down at midfield, by about a foot each time. That was really disgusting. With those, we would have won the game.” Phi Alph almost did pull it out. On the last play, Savage hit Gary Rosenthal at the end line, but Phi Chi defender John Camas decked him and it dropped out of the end zone. There were protests, but Rosenthal ended them by asserting, “It was a clean hit.”

DelBianco took the helm against AKK, and moved the ball well in the 19-7 win. He was aided in his throws by the wind the whole game, for AKK made the error of choosing to receive the kick off and gave away the choice of direction both halves. Camas stated, “With that wind, we covered Liggert’s receivers, and we stopped his running by rushing our two linemen wide.” Phi Chi led 13-6 at the half, and AKK was unable to get on the scoreboard until the waning minutes.

A new system of point allotment in the Cup Competition boosted Phi Chi’s success. Seven points are now awarded in major sports for first place, for second, and for two third. The old system remains in minor sports.

Nurses Have Big Night at Spectrum

Donna Ranieri pulled in the game-saving rebound from among other hands, turned, upcourt, faked to the middle, and drove around to the opposite post one defender. Two PGH opponents were at the sideline in 10 seconds to tie her up, but she turned, and held the ball as close to the clock as possible, then turned down, one, zero, and the basket buzzer was deafening as the game ended.

The Nursing School Basketball game was an arm estraining strike to three games with the 18 triumph over PGH at the Spectrum this Tuesday. The game was as close as the score saw several times in the second and third periods. PGH’s outside shooting brought them from a 1-0 deficit in the first five minutes to an 8-7 lead just before the half, and again narrowing it from 15-14 in the final score. The defending CityChamps’ record is now 9-2.

Jefferson’s ultimate success hinged on the outstanding ball handling of Mary Beaudry Randers and the aggressive inside play of forward Patty Jones. Jones was the floor high scorer with 11 points, and was nearly all of Jeff’s rebound strength. Sharing the most playing time with them were Denise Boyd, Chris Gilmores, Ruth Kees, and Jane Hauhout.

Switching over to five-man rules from the old girls’ starman setup is the likely cause of Coach Sol Klaubin’s few problems this year. His team dropped a close opener to H.U.P., 16-14, but rallied to consecutive runnings of Hahneman, 36-12, and Chester County, 36-12. A heartbreaking number of missed layups and foul shots mar an exciting running game that the squad has developed. It depends primarily on the playmaking and ball handling of Randers and Jones, armed quarterback Ken Sandie.

This was a strength of last year’s team, but with Denise Boyd’s role and a more bunched up forcecourt it is tougher to do, and requires more passing and picking than TJJ has yet perfected.

An exciting piece of news that is, unfortunately, incomplete as we go to press is the success of Ms. Jones and Ranieri in the National Women’s Freethrow Championship. They were sponsored by the NRA team represented by one pair at LaCosta Country Club in San Diego, and the Jeffersonians won the right to go by beating three other teams at the Spectrum three Saturdays ago. The competition is in four 35-second quarters with one girl shooting one free throw. We wish them the best of luck.

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