5-1974

Ariel - Volume 6 Number 4

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**Recommended Citation**

Lammie, John; Kanofsky, J.D.; Redfern, Nancy; Boehm, Deborah; Lederman Silfen, Sheryl; Jaffe, Ken; Buckley, James L.; Sklaroff, Bob; Klein, Morton A.; Sataloff, Bob; Judd, Wally; Oishin, Irving; Cummings, Curt; Burke, Jim; Brent, Robert; and Nimoityn, Philip, "Ariel - Volume 6 Number 4" (1974). *Ariel*. Paper 31.  
[https://jdc.jefferson.edu/ariel/31](https://jdc.jefferson.edu/ariel/31)
Lawrence Weed Sprouts in the JeffJungle

by John Lammle

On March 26 a packed McCullin Hall resonated with the problem of medical education. Lawrence Weed, the seasoned medical administrator of the Jefferson Medical College of Thomas Jefferson University in Philadelphia, described the teaching mission of the medical school as "a common, busy work or benefit?" - and answered with a resounding no.

People have not agreed on the goals, he replied. What should the students accomplish? The quality of medical care. But quality implies judgment, just as in testicles. And justice is fairness: you can't judge people fairly if they didn't agree on the rules and goals. But to doctors and nurses seem like dirvy words. Grand rounds degenerate into a show and tell. Medicine is unlike music where the rules are defined and accepted. Teachers play and win or lose according to rules, but in medical schools statistical student flunks, he can rationalize that they did it because they didn't agree with them, and, besides, he really couldn't see how the rules were changed into an M.B.A.

In half the time, the professors are reluctant to fail a student during the first two years of medical education, because they aren't sure of the relationship either. Therefore, (1) a system must be needed - a set of rules. Without that system the system must be adjudged. If the system is unneeded, the audit must be abolished. And (3), the system itself must be audited.

One of the fallacies of present medical care is that the student or physician can just learn enough, he can handle an down the load. If he only intru­ mements, ten patients could be exp. by the computer instead of five in an evening.

But, given a reasonable load, what is a goal with this patient? The second fallacy, as a human being, laysmen knows, is that the medulla, cerebrum, or peripheral nerves can't be saved alone. There are patients attached.

Now basically there are two groups of patients: there are the patients who come in with physicians for truly episodic care; for example, a kid falls off his bicycle. It's the other group who come to the doctor with a complaint, a presenting event, that represents only the tip of an iceberg of problems. Look at these underlying problems: the individual attached to them will keep tagging along with his back­ against whether you like it or not. The bulk of humanity is this iceberg.

Yet we certainly do not have a country of Family Practitioners who help everyone in general but who can't help anyone in particu­ lar. Nor can physicians who fall in special categories, or not! I say that physicians should look at all of the patients - the whole iceberg - and then I say that we do not want a country of special­ ists. People say "Make up your mind!" Well, the two extremes are the town family doctor who wakes up at age 45 as some old huffy - huddy who only talks about sociology and is a heart surgeon in town who people call irrelevant. The patient needs it all - both breadth and depth.

But a set of fragments of invention, brilliant bits that never fit together. The facts just rearranges all this confusion; that's what we do in curriculum committees. Back­ molder Fuller observed that medicine is the specialization at all of the triviality, and it is at its worst.

The medical record is the communication medium for the medical profession. It is now meeting to be coordinated. This necessitates a complete record with a complete problem with the place in the treatment. These problem lists and plans constitute medi­ cal notes. The point is not that there's no system: we can teach housewives to do the physical. Just one half of second year students.

(Continued on page 4)

Anderson Injects TJU Heart Ideas With Vitamine & British Understatement

by J.D. Kanofsky

The subject of vitamin E and heart problems is of no theoretical interest. The smacks of quackery. How many times have we turned on the television only to be greeted by a Mennen E body deodorant commercial? Perhaps some of us might be able to convince you that there is a little vitamin E when applied to the skin once in a while it can help aspirin asks a product. Evidently the question is that vitamin E is just rearranges all this confusion; that's what we do in curriculum committees. Back­ molder Fuller observed that medicine is the specialization at all of the triviality, and it is at its worst.

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(Continued on page 4)

I.C.N. Loses Dr. Soentgen After Ten Years of Service

Nancy Redfern

"Medicine involves relieving the suffering of humanity and caring for the individual human life. Consistent with her philosophy, Pennsylvania's Dr. Mary Soentgen conceived and has supervised the Jefferson Ameri­ can Care Nursery here at the Thomas Jefferson University Hospital. After having been on staff almost eleven years, she is leaving Philadelphia in June to start another ICN in Johnston, a city of 160,000 in western Pennsyl­ vania. Dr. Soentgen did her under­ postgraduate training from Oxford University and then completed one in pediatrics. Dr. Soentgen after ten years of service.

What was just a small premature nursery ten years ago has been transformed with generous financial aid from the Women's Board, into a full-fledged ICN. Its site has tripled in those ten years. It can now accommodate thirty babies with an average population of twenty-five to twenty-four babies a month. Every small hospital would not have to make such a change. The ICN has developed an expertise, and the facilities to be able to care for high-risk prematu­ re babies. As a result, more babies are being delivered. The nursery is well-established. The facilities are excellent, and the nurses are well-trained. I'm going to Johnston to set up a regional care center there."

"Hand in hand with the ICN's policy of not turning down any patient, Dr. Soentgen noted that the ability of the patient to pay is no criterion in deciding whether that patient will be given or denied treatment. If things here at Jefferson seem to be going so smoothly, why leave? "I've been here ten years. This nursery is well-established. The facilities are excellent, and the nurses are well-trained. I'm going to Johnston to set up a regional care center there."

"Dr. Soentgen repeatedly stress­ ed one aspect of her leaving: "No one is indispensable. She has no patients." Dr. Soentgen expressed her regret that she cannot continue to be a part of the ICN that she started cannot be run by someone else.

Necrology is a field which involves moral interpretations. Dr. Soentgen has not shifted this moral responsibility and has developed strong convictions. Although Dr. Soentgen does not consider herself "tied down", she feels adequately well enough to be able to play God. She would develop a case that will die, and will look for whoever the patient is that decided on this course. This easy accessibility to abortion is understandable and correct. Never do anything with compli­ cating the problem with the place in the treatment. These problem lists and plans constitute medi­ cal notes. Dr. Soentgen after ten years of service."

(Continued on page 4)
Two Faces of Chinatown

Most of our socializers are single, young men destined to work 12 to 15 hours a day, six days a week as waiters in the booming restaurant business. A few will attend community college. Most speak English poorly or not at all. They are strangers in a strange land.

There are families here, too. They must raise their children on streets littered with soggy newspapers and refuse. Chinatown’s inheritance from the burn, Budweiser, Ripple and the glue factory.

Scattered throughout the dwellings are 50 or 60. Many live in dormitories where they can share their loneliness with others. Too often the cold loneliness is the only one.

To the Editor:

I am faced by many who feel frustrated and angry by the health care crazy. There is a lack of empathy concerning the social, psychological, medical and adequately public health care. Instead our present system is crisis-oriented in expensive hospital-based facilities where the poor and the rich have to wait hours to receive basic medical care. The present system is disease rather than health oriented. The priorities of profit, research and medical education seem to come before patient care. For the past two years I have seen the patient neglected. Perhaps, these priorities are misplaced since the patient is not the center of attention.

The nursing profession, too, is responsible for this patient neglect. Being a overwhelming female profession, a male dominated medical system, they have not realized that many talented nurses have been unable to give skilled independent nursing care. Morally, I will not perpetuate this system of patient neglect.

To place the patient and his needs as the primary focus may be too much to ask for. The social system is very much taking its toll on the patient. But it is necessary. Maslow’s hierarchy of human needs (Physiology: Serving, Safety, Self Esteem, Love and Belongingness and Self Actualization) is the theoretical basis of the CCA curriculum. Nursing program at T. J. U. All patients need all of these factors for effective health care service. They need to know what is being done and why. It is not just as simple as a three-sentence explanation with a signature on a consent form. Place yourself in the patient’s position and consider if you would like to be handled in this manner.

Change to a patient-oriented system cannot come from within. We are dealing with people — people not only with physical problems, but also with psychological-emotional needs. There is much we could do to alleviate their frustration and anger in the patient care. Let’s get started.

Deborah Becham ‘74

Dear editors,

Thank you for your invitation to contribute to The Pennsylvania University and Medical College’s newsletter “Ariel.” As requested, enclosed are my general comments about antibiotics and related issues in the area of quality health care. I hope this will prove of use to you and that your interest in similar approaches on a broader issue in health care will continue throughout your medical careers.

Recently in the Journal of the American Medical Association, Dr. Sholley and I published a study which indicate that antibiotic use is rapidly increasing in this country. Furthermore, there are a number of indications which suggest this increase is not entirely justified. The inappropriate use of antibiotics continues despite their limited indications and the evidence regarding the attendant hazards. Antibiotics are utilized prophylactically, although in most instances, information is lacking to justify such use. The hazards of superinfection and the selective pressure on the bacterial population producing resistant strains are less obvious but no less serious consequences of heavy antibiotic usage. Testimony at recent hearings before the Senate Health Subcommittees underscored the many problems in this area—problems which could, in certain areas, be causing more illness than is being corrected.

While the misuse of antibiotics is the major area of concern in professional drug prescribing, it is only one example of a fundamental and pervasive problem in the practice of medicine in the United States today: the lack of adequate study of diagnostic and therapeutic techniques to define the benefits versus the risks. For instance, the technique of gastric freezing for longer gastrointestinal bleeding gained more popularity in the Sixties before a carefully controlled study proved the procedure worthless. It has since become a standard practice.

Deborah Becham

Dear Mr. Chervenak,

If there is an analogy to be drawn between slave-holding and the abortion question, it is this: Men as doctors, politicians, and theologians know what is best for women.

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**Soentgen**

(Continued from page 1)

Soentgen (continued from page 1) has been prevented today. She then added, "Yesterday's im-
possibilities are today's realities, and today's problems are to-
more's challenges."

Despite the increasing number of women in medical schools, being a female physician still classifies her in a definite minority. Asked whether she thought she had ever been discriminated against here be-
cause of her sex, Dr. Soentgen replied, "If I have, I haven't noticed it. I really don't think my sex has been a deterr-
moment."

Although not a staunch supporter of the Women's Liberation Move-
ment ("I don't think I've ever been so chained down that I needed liberation"), Dr. Soent-
gen does agree specifically with two of the points Women's Lib advocats: equal rights for women and equal salaries for equal jobs.

"If the woman is as well trained as the male, she should not play a part for as far as which one is picked for the job."

In keeping with her theory that "You can't run an I.C.U. part-time," Dr. Soentgen main-
stays no outside practice. She is, however, a full-time faculty member of the JMC and lectures in obstetrical problems and

in the most challenging fields that there is in medicine.

Where is it all going? Dr. Soentgen stated, "Medicine is never at a standstill," and she even went so far as to predict that an artificial uterus will someday be in your 12-5:30 P.M. Mex-
ican Food

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They're Too Fit To Die!

By Morton A. Klein

Man shall live for three score and ten! The truth of that ancient biblical precept has lasted throughout time. Or has it? It has in America and in many of the civilized world, but not in Bonn (near Pakistan), of a strip of land in Caucasus, Russia. They'll give a hearty laugh from Jew's that have been a hundred summers. The evidence seems clear, says Dr. Alexander Leaf, chief of Medicine, Massachusetts General Hospital, that the people are living well past prime time. More importantly, they never over the century mark while maintaining vigorous and robust health. Dr. Leaf made these remarks at a lecture, sponsored by the Hare Society, in the Solis-Cohen Auditorium at Jefferson on May 3. In the Caucasus, Russia, Dr. Leaf points out, 46 per cent of 100, while in the U.S.A., the rate is the same per 100,000. Similar recordings of longevity were found in a certain area of Siberia and Huns. Dr. Leaf has recently returned from a mass evacuation observing these long-lived people in distant lands.

EXERCISE

Let's take a close look at the lifestyle Dr. Leaf believes leads to the great longevity. A man, deeply concentrating, works quietly, but makes the movie a waste (except for the love-scene). One final pertinent negative: Don't Look New didn't rely upon the occult for plot development. Rather, it was the most psychological suspense horror movie (in Sarris' words) "beautiful to look at but thrilling to sit through. What else isn't more "entertaining"? You'll scream that you're just watching when you view Don't New.

McKay of Cornell has shown that he could extend the lifespan of rats by 29 percent to 49 percent simply by lowering their calorie intake and totally withdrawing the cereals entirely.

The dietary regime of those in Caucasus, Russia is somewhat more abundant. They do have more cheese, butter, and dairy products. Nevertheless, their intake of animal fat and protein remains very small. However, the shepherds, a small sub-group here, live almost exclusively on goat's milk, other dairy products, and corn meal. This diet may be thought of as atheogenic by our standards, yet here there exists little incapacitating heart disease. Some may believe that this hearty physical fitness may have a genetic basis. However, Dr. Leaf explains that in this section of Russia there is a variety of people and cultures. Among them are Turks, Armenians, Jews, and Russians. The genetic rationale simply does not seem to hold true.

SOCIO-PsYCHOLOGICAL CLIMATE

The last longevity-producing factor, besides the spectacularly clean, refreshing air and water these people are blessed with, is the friendly and agreeable climate. Dr. Leaf found these peoples to be exhibiting full of gaiety, and good will. It also seems that with respect and esteem. The Elderly act as patriarchs whose word is honored by them. In all three cultures there is an enormous amount of cooperation. One of the factors that reasons for this is, of course, that farming is the main source of work. The terrain tends to be quite hilly, which increases the strenuousness of their activity. Not very surprising in proportion of these elders are very agile and spry, with excellent cardiac and pulmonary functioning. Dr. Leaf admitted he had a great deal of difficulty keeping pace with these able-bodied people.

They could best describe the intricate crosscutting, imagery, texture, framework, and effects, musical coordination and camera movement in Don't Look New. One continually sensed the director's ability to work over what you'd know. Crucial here is that such visual manipulation was the result of various editing techniques.

A wide range of emotions was communicated: the most erotic lovemaking I have ever seen on film, the preoccupation with everything matters, the ambivalence felt when faced with subtle and seemingly contradictory evidence of paranoia, the mesmerizer's depression and give us reason to ponder, in the film, the unshackled parallelism. Missing only is the celebration of life. One can say that it is a fortuitous movie "of burning interest, but disturbing and disturbing, eroticism; it grips the viewer long after the final frame!" (Ruthless Carroll, NY Daily News) Your macabre and dis- phobia lingered for a half-hour before that phrase "It's only a movie," again made sense. A dark and frightening experience unlike any other. That brings me to screen cue, when you view Donald Sutherland and Margot Kidder, you'll suddenly clang shrilly. In Don't Look New auditory and visual senses are heightened, but one cannot say that the film is really medical school, ignore the treatment of the subject ignore the disease. Yet, Dr. Leaf asked them what was the secret to their longevity. As in other countries, there is an everlasting evasion to death. In this section of Russia there is a certain aloofness that is common to all three cultures there is an eternal questioning of the meaning of existence and reality. A certainty is that one must enhance the impact as well as to encourage the movie itself. The movie leaves us with the two-hour experience, the memory of a particular part of the kaleidoscope explosion of fantasy and reality.

The student of the cinema could best describe the intricate crosscutting, imagery, texture, framework, and effects, musical coordination and camera movement in Don't Look New. One continually sensed the director's ability to work over what you'd know. Crucial here is that such visual manipulation was the result of various editing techniques.

A wide range of emotions was communicated: the most erotic lovemaking I have ever seen on film, the pre-page 5

Flicks are For Fun... and Fascination and Fear

By Bob Skareff

Film Review

"How do you choose a movie?" Cocktail party conversationalists initially consider acting, photography, satire, popularity, philosophy, and criticism, and later debate soundtrack, realism and inventiveness. They generally disagree about the conscious entwines itself with universal vogue ideal—calls it a train- ment Value—permitting an eugenic spins of_topic (sheer- less controversial leisure activity, like sculling on the Schuykill, or squash, or sky- diving, upon which few people have developed hardened attitudes).

My recommendation to see Don't Look New is based upon three particular criteria: recommendability, entertainment, and cinematic-flexibility. It quite clearly eclipses The Exorcist for these and other reasons.

I was thoroughly scared by Don't Look New (for the first time since I saw Boris Karloff in the Rudy Vallee in the 8th grade—maturing of my growth). From Ceyx to Ceyx, I felt the impact and sensitivity of a duet: a clash—of force and the immovable object, with the sound of a camel's trumpet.

Some movies build movement towards a climax which never materializes while others literally fade away. Consider, then, the structure and build-up. To escape the memories of their daughter's accidental drowning death, the parents of Helen Christie seek solace amid the canals of Venice. They encounter two women (one of blind seers) who can not, until the movie's shock conclusion, identify that red-engaged figures (they perceive as their daughter's ghost) darting about. Slanderous sights, relentless images, and identifies itself in an eye-opening manner, in a fifteen-minute scene, accentuated- peaked chase. One wonders whether a sex ex machina will be employed, as it seems that little else could challenge the force of the movie's accelerated tension.

The encounter with the immovable object is unexpected—a split-second of horror. The result is to enhance the impact as well as to coalesce the movie itself. The movie itself built-up the two-hour experience, the memory of a particular part of the kaleidoscope explosion of fantasy and reality.

The student of the cinema could best describe the intricate crosscutting, imagery, texture, framework, and effects, musical coordination and camera movement in Don't Look New. One continually sensed the director's ability to work over what you'd know. Crucial here is that such visual manipulation was the result of various editing techniques.

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Poetry Review:

From The Calaveras County Courier

by Anselm Chapman

Good contemporary American poets are not, as originally
proclaimed, the "New Yorker kind" in the
absence of McKuen, Ginsberg, and the rest of the Scheiss school.
But the public and the poets aren't
alone to be blamed for this situa-
tion. The poetry critics are also
culpable.

There is a conspiracy among
today's poetry critics and the poets that
they have let the public and the
intelligentsia drift away from the
realm of the void left by the passing of
''A petrid pot of putrid
poetry critics and the poets that
are a new force in American communication. McKuen's use of
allusion or reference to
other literary works. This is how
people who aren't
graduate students and writers to
understand or to
be taught by the
language of the
artist and the
masterful. The use of simple
language to communicate is a
powerful style. Thankful
ly, he has little use for allusion to
other literary works. Many a critic in
search of sophistication forgets that
the art involved lies in the
communication. McKuen's use of
words and images are transpor-
tational because he takes the
reader on a journey, sweeping
in the sun; to his solitary room
in the heart, and the
swathes of loneliness; and along on a
love affair with his cat.

The flaws I find in the works of
Rod McKuen concern the
following: paucity of theme, lack
of depth, and insincerity. His
themes continually center around
love, losing love, lamenting
love, and loneliness lamenting
love. This poetic obsession detracts from the
quality of his collections. Arrying
on the music of his own words from its
pursuance of love. Lack of
defoliated jungle of words.

Rod McKuen gives us some light;
Hopefully, more new voices will
be heard. From my vantage point
I reserve very few words for
the poetry of the faceless ones
of "The New Yorker crowd" who
publish in the new magazines
and newspapers. Their insipid poetry
is not very enjoyable reading. He certainly
doesn't make a good poet, only a
worthy one.

J. Dowling has received the
greatest honor for a
faculty member at Jefferson Medical College.
Dr. Dowling has been
honored for his work at St.
Emmond's Home for Crippled
Children in Rosemont—an
institution he has served since
1961.

A resident of Gladwyne, Pennsylvania, Dr. Dowling has
been directly associated with
Jefferson University Hospital since 1947, when he
came to the hospital. He was a
resident in general surgery and then in orthopedic
surgery at the same institution.
Upon completion of his residency,
he became active at the State
Hospital for Crippled Children,
Elkinsdale, Pennsylvania.
In addition to his teaching
capacity at Jefferson, Dr. Dowling is
Chief of the Department of Orthopedic Surgery at
Lankenau Hospital, Overbrook,
where he is also on the Medical
Advisory Committee, and is
Consultant Orthopedist at
Montefiore Hospital, Philadelphia.

Dr. Dowling Honored

J. Dowling, Professor of Orthopedic Surgery, received the
coveted Christian B. and Mary F. Linb!ad Award for Dis-
service Teaching in 1973. In
1973 he was also honored for
his work of the year, with an
unusually distinguished teaching by the
Medical fraternity Phi Alpha
Sigma.
The proposal for a medical school in Delaware has been motivated by a strained state budget, not for considerably longer. The main reasons given for not pressing forward with the plan are a lack of funds and a need for more information on the university in health sciences. However, sources say a subtle force working to clinch the fate for the establishment of a medical school is the close relationship between the University of Pennsylvania's psychiatrists and the Wilmington Medical Center.

The medical center has traditionally urged the university to proceed with the school with caution because of the large capital costs involved. And, the medical center's doctors, in a recent survey, said they liked the current cooperative educational program with Jefferson Medical College of Philadelphia.

According to sources in the Whitehorn administration, the state budget makes it unrealistic for Delaware to open its own medical school. Some comments are anticipated that a sabbatical experience was that of learning to be a more compassionate doctor. I could not change destructive patterns or to help people learn to cope with their problems. I was not always successful and that what on initial evaluation appeared to be an advantageous to mental therapy, on further scrutiny involved me in an ingenuous process. These processes had to be examined — and understood by both me and the client before some of the techniques. Ms. Ma came to conclude that Mr. Johnston could be used. There was also the realization, often after much resistance on my part, that some patients could not be helped with this program for a variety of reasons. Some were, for instance, not sufficiently motivated to change behavior or an enomous resistance to examining their current habitual behavior and changing them. With some couples and individuals, I had to admit a sad but inescapable fact that their therapists were not as much as as they had been.

In the end, Whitehorn said the program would not replace with Whitehorn was found and he had a chance to become accustomed to his. Cancelled could be expected it would take about a year to find a replacement.

"As far as a timetable for the program, I just don't want to make any guesses," Campbell said.

Traditionally, community psychiatrists have contributed much to the medical center. With the center's recent reception to the university's plans, the philanthropic culture continues to be as a given to considering as to a new proposed medical school, several sources say.

They urge that pushing for a medical school to have to break this close tie. This can happen in three ways.

First, the General Assembly could take the initiative and say the Wilmington Medical Center could not receive its DIRMER funds (about $8.4 million) unless the school was established.

Also, the Pennsylvania legislature could pass a law which has already been approved by the Senate twice, that all students who attended a state-financed medical school practice a set amount of years in Pennsylvania after graduation.

With the collapse of the state's medical budget it makes it unrealistic to expect public funding necessary to start the school. Federal funds are drying up because of the Whitehorn administration believes medical education could be the responsibility of the state and the student.

Campbell cited the need for more.

"We don't want to do the program if it is not first class," he said.

Delaware State Med
School Plans
on Shelf

by Wally Judd

Delaware has no medical school.

The establishment of a medical school has been a controversy in the medical community since the early 1960s. Currently, Delaware students a year begin a four-year cooperative education between the Wilmington Medical Center and Jefferson Medical College of Philadelphia. This program is primarily financed by the state's DIRMER Institute for Medical Education and Research (DIMER).

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Fired Professor Reinstated

By Bob Sklaroff

A Jefferson ophthalmology instructor who was dismissed from the department head because of his advocacy for ophthalmic optometry has won reinstatement by the Pennsylvania Legislature favoring optometrists. He was reinstated, however, by the executive council.

Dr. Joseph C. Toland was dismissed from his faculty position by Dr. Thomas D. Daane because he went to Harrisburg in February to garner support for his proposal to the legislature. Both men continue to be faculty representatives for Dr. Daane's action was this specific political activity.

Daane now states that the dispute "resolved into whether or not the difference of opinion was an adequate basis for non-reappointment." The college has since become law permits optometrists to use certain drugs for diagnostic purposes. Dr. Toland claims that only mydriatics, miotics and anesthetics are covered in this law, whereas a number of other states including New Jersey. He states further that optometrist may still not prescribe such drugs for therapeutic purposes, but may only use them for the clinical examination of the eye.

Dr. Daane feels this bill will give the patient a "false impression" that he has had a complete ophthalmologic evaluation. He maintains that optometrists are not adequately trained or qualified for the complications of use of these drugs.

Dr. Toland, an optometrist as well as a faculty member, feels that optometrists are quite capable of handling the ocular problems (e.g., glaucoma, diabetics). Because there are 1,063 optometrists and 365 optometrists in Pennsylvania, he feels that if they are to concentrate in large cities, he feels that better health care will be provided to the public with expansion of the duties of the optometrist.

The dismissal was explained in a letter from Dr. Daane to Dr. Toland:

"Your activities as a faculty member in the Pennsylvania School of Optometry and your advocacy in the state Legislature are diametrically opposed to our philosophy and in my opinion represents a major drawback in the care of patients with eye disease."

Another explanation was offered by Dr. Daane himself, a reporter for the Philadelphia Inquirer. In an interview, a student representative for Dr. Daane's action was this specific political activity.

Dr. Toland's association with Jefferson has not been renewed. This is not the result of a difference in opinion, but differences in basic philosophies concerning patient care.

The letter was apparently given to Rep. Patrick McGinnis, who distributed it to all members of the House. McGinnis called the firing a "voluntary of Toland's First Amendment rights to free speech," according to the五华学院.

Dr. Daane stated that his action had been under consideration for a period of time and that its coincidence with Dr. Toland's Harrisburg trip was just that coincidental. He also predicted that the new law granting optometry the right to use drugs for diagnostic purposes might eventually be tested in the courts.

In looking at the reinstatement, the Philadelphia Inquirer editorialized:

"For the fundamental issue was whether one of this city's great medical teaching institutions would abridge censorship of the expression of philosophic and differences. Though it might seem to some, we believe such an institution would have set a tone of intellectual tyranny which would have been stifling to those within the institution and contemptuous to reasonable people outside it."

H.S. Faust

In an address to the problems of American medical education compare with those of Pakistan! This question is the basis of the World Health Organization sponsored course of American medical schools by Dr. Muhammad Saleem Memon, former Dean of the Hyderabadi Medical School and now Professor of Medicine at the Dow Medical College Karachi.

In addition to a book of March which is to be spent at Jefferson, Dr. Memon plans to spend the spring in Johns Hopkins, Ohio State, Indiana, Chicago, and Harvard Medical Schools. His hope is to leave the U.S. with a fresh outlook on the curricular structure. The curric­ulum requires seven years, delineated as two years of preclinical studies, chemistry, and language — English, the medium of instruction and some the official Pakistani lan­guage, two years pre-clinical medical education. These include space for all those applying to Pakistani medical schools (only fifty percent who apply are admitted) difficulty in enlisting basic sciences faculty, who have been M.D.s who are required to forego all medical practice when under teaching contract (they are compensated by a salary increase of 20 percent over clinical faculty members who may practice); the decreasing student and faculty satisfaction with the curricular structure. The curriculum requires seven years, delineated as two years of preclinical studies, chemistry, and language — English, the medium of instruction and some the official Pakistani language, two years pre-clinical medical education. These include space for all those applying to Pakistani medical schools (only fifty percent who apply are admitted) difficulty in enlisting basic sciences faculty, who have been M.D.s who are required to forego all medical practice when under teaching contract (they are compensated by a salary increase of 20 percent over clinical faculty members who may practice); the decreasing student and faculty satisfaction with the curricular structure. The curriculum requires seven years, delineated as two years of preclinical studies, chemistry, and language — English, the medium of instruction and some the official Pakistani language, two years pre-clinical medical education. These include space for all those applying to Pakistani medical schools (only fifty percent who apply are admitted) difficulty in enlisting basic sciences faculty, who have been M.D.s who are required to forego all medical practice when under teaching contract (they are compensated by a salary increase of 20 percent over clinical faculty members who may practice); the decreasing student and faculty satisfaction with the curricular structure. The curriculum requires seven years, delineated as two years of preclinical studies, chemistry, and language — English, the medium of instruction and some the official Pakistani language, two years pre-clinical medical education. These include space for all those applying to Pakistani medical schools (only fifty percent who apply are admitted) difficulty in enlisting basic sciences faculty, who have been M.D.s who are required to forego all medical practice when under teaching contract (they are compensated by a salary increase of 20 percent over clinical faculty members who may practice); the decreasing student and faculty satisfaction with the curricular structure. The curriculum requires seven years, delineated as two years of preclinical studies, chemistry, and language — English, the medium of instruction and some the official Pakistani language, two years pre-clinical medical education. These include space for all those applying to Pakistani medical schools (only fifty percent who apply are admitted) difficulty in enlisting basic sciences faculty, who have been M.D.s who are required to forego all medical practice when under teaching contract (they are compensated by a salary increase of 20 percent over clinical faculty members who may practice); the decreasing student and faculty satisfaction with the curricular structure. The curriculum requires seven years, delineated as two years of preclinical studies, chemistry, and language — English, the medium of instruction and some the official Pakistani language, two years pre-clinical medical education.

Pakistan's medical system, the British system) specializing; of pre­­gnancy lies with the G.F. In fact, recently in Karachi, based on the American model, a College of Family Medicine was founded to aid in health services and to bring together notions and contacts needed for better understanding of primary care.

Dr. Memon sees the American medical system as the best in the world, but laments "the program is too ambitious and too much for a student. It should not be required for a student miss so much he should be laid out cold. It should be a more flexible system." He feels the U.S. system is overemphasized in terms of balance between the specialties and the primary care areas.

As to student problems in Pakistan, Dr. Memon states, "There should be a simpler system so the student can get interest and motivation to their profession. They are not overcrowded as to have a feeling it is necessary for a student. It should not be so crowded as to have a feeling he gained much from his education."

A gracious man with former classroom, research, administrative medical education, Thomas Jefferson University.

Jefferson Professor Named

"Outstanding Educator in America"

The Dukes of Chance, Jefferson's resident Dixieland Band, had recently lost its regular Saturday night. May 18, at Phi Alpha Sigma's Senior Farewell Party. They were again at the-quite a "Hokey Pokey" and gay night music. They now feature danceband sciences. Coming into the first year the student should feel the medium of instruction and should not be crowded as to have a feeling he gained much from his education."

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Is there a modern epidemic of atherosclerotic cardiovascular disease? An editorial in the March 9, 1974 Lancet, mentioned that today's common run of the mill heart attack was not even clinically described on paper until the year 1913. Dr. Anderson would take issue with this statement. He, personally, has read clinical descriptions that date back to the early 1890's. Nevertheless, it is generally accepted as true that heart attack was a rare cause of death in the English speaking western world up until shortly after World War I.

Is there any evidence in humans to substantiate these claims? In a letter to the October 26, 1973 Lancet, Malcolm Silvers (a pathologist at the University of Toronto), Anderson et. al. demonstrate that animals who die of nutritional muscular dystrophy displayed widespread small foci of fibrosis in the myocardium. A similar histologic pattern was observed post mortem for ten out of ten patients who died of myocardial infarction. In a control group of male accident victims between the ages of 56 and 59, only two out of five myocardiums examined showed similar lesions. Curiously, Schwartz and Mitchell (3) explored 79 autopsies, making a direct and fourth order correlation between the degree of coronary occlusion and the appearance of small focal fibrosis in the myocardium and would negate the role of athero- sclerotic and the subsequent hypoxia in causing them.

Is this increased incidence of heart attack coincident with an increased incidence of atheroma or thrombosis?

If athero-osclerotic vascular degeneration is more prevalent now than it was in the early 1900's, we would expect to find an increased incidence of cerebral vascular accidents. Anderson has demonstrated (1, 2) that when differences in terminology (cerebral apoplexy, stroke, cerebral thrombosis, etc.) are taken into account the incidence of CVA's has remained approximately constant in the province of Ontario from 1900 to 1961. Since there is so much much representation of the rest of the English speaking western world, Dr. Anderson feels that he cannot accept this argument when postulates that similar pararneters are to be found in the U.S. and England. Supporting evidence that atherosclerosis is not the all encompassing villain that it is made out to be comes from J.N. Morris at the London Hospital in England. In a Lancet Jan. 5, 1963 article Murray was unable to find any evidence of an increase in the prevalence of coronary atherosclerosis in necropsy material at the London Hospital between 1917 and 1949. In regard to coronary thrombosis, many recent articles have commented that thrombosis is what kills, not plaque rupture but rather is the result of myocardial infarction. Therefore, the importance that muscle infarction leads to blood stagnation which culminates in thrombosis. The most convincing article to demonstrate this was a study conducted by a Swedish group that was reported in the Feb. 24, 1972 Lancet. By injecting radioactive fibrinogen into the veins of recently infarcted patients, it was discovered that the coronary thrombi of those patients who died contained the radioactive fibrinogen at their core. This indicates thrombus formation occurred after the injection of the fibrinogen and hence after the initial infarction.

What factor then has resulted in the modern epidemic?

Anderson in his August 11, 1973 Lancet article details the rising incidence of myocardial infarction in U.S., England, Wales, Canada and to roughly the year of 1970. Some of the purposes of vitamin E in the body is to act as an antioxidant. That is it protects unsaturated fatty acids from combingh with oxygen. To quote Dr. Anderson's arrival on the scene, despite the controversy surrounding it, only one double blind study ever tried to prove or disprove a link between heart disease and vitamin E. This was a small study, conducted by Rimpler et al. (4) The results were negative but not impressive enough to be positive. The classic on somewhat tangential note, Dr. Anderson was asked if he would encourage his patients to include in their diet the processing bread was introduced muscular dystrophy is a disease that develops in a number of was reported in the Feb. 24, 1981. The most convincing article to date is that of Dr. Anderson never call vitamin E "vitamin E" but instead refers to it by its generic name for fear of provoking a medium stop-up-the-ear knee jerk response that often accompany the mere mention of its popular name.

Other countries do not take 1920 as the take off point for their modern epidemic. In the case of Italy, 1917 marks the beginning of their epidemic and it may be more than coincidental that shortly after 1918 Italian flour makers adopted the American and English method for flour processing. Other environmental and dietary factors in the twenties included: the introduction of butter-fat, processed meat, and sugar consumption as well as motor vehicle sales did not fit so neatly into the evolving picture. How can a deficit of vitamin E cause heart disease? Is there a relation?

What lies ahead?

Dr. Anderson has recently presented the Canadian College of Family Physicians to sponsor a project that would test the efficiency of vitamin E in treating angina pectoris. Three or four hundred subjects will be recruited to participate in a double blind trial that will be carried on over a two year period. It is surprising that previous to ARIEL

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"On the Jefferson Campus"
Ariel, M.D.

Faculty, Perspective IV: The ‘Addictive’ Adherence

Robert Brent, M.D.

No discussion of the smoking problem can be confined to the medical effects. The addictive nature of all aspects of this addiction is evident. Every civilization or culture develops defense mechanisms in order to engage in activities which are pleasurable but hazardous. An example is the use of tobacco, another example is the use of alcohol. Now, more and more people are recognizing the addictive nature of many drugs which are illegal and harmful. A teenager who starts smoking at age 15, who has a smoking habit that continues into the adult years, is much more likely to have a higher risk of developing smoking-related diseases.

The older generation, or establishment, agonizes over marijuana and LSD use but condones the use of alcohol and tobacco, not acting irresponsibly, whether it be by preventing child abuse or by government but because a large percentage of the population is not affected by these habits. In other words, a high percentage of the population are not affected by these habits and are not interested in smoking quitters.

There are other clinical symptoms and personality traits that are associated with the use of marijuana and LSD and are related to the use of tobacco and alcohol. These symptoms may indicate that teenagers who smoke have physical symptoms associated with their habit—more respiratory symptoms such as cough, phlegm, breathing difficulties, and more. Marijuana smokers may show symptoms of withdrawal such as restlessness, irritability, and difficulty sleeping.

The trend toward this method of addiction is irreversible in pathology. The trend toward this method of addiction is irreversible in pathology. The trend toward this method of addiction is irreversible in pathology. The trend toward this method of addiction is irreversible in pathology. The trend toward this method of addiction is irreversible in pathology. The trend toward this method of addiction is irreversible in pathology.

What appeal can be made to the nonsmoker? First, he can be enjoined to take a more active part in preventing individuals who may not be aware of the dangers of smoking. In addition, by informing the nonsmoker that he is infringing on the rights of others by smoking, it may be possible for the smoker to be persuaded to stop smoking.

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**Promises, Promises! The Housing and Parking Cometh**

By John Lammie

As the cleared lots across from Orloza residence hall suggest, additional building on the Jefferson campus is imminent; at last more students and staff housing will be constructed, after several years of promises.

About twelve people are still living in the remaining old structures in the 900 block of Walnut Street. They will be relocated soon — this has been the cause of part of the delay — and demolition will be completed in June. The city Redevelopment Authority will then turn the block over to Jefferson, and construction will begin with a targeted completion date in the spring of '74.

Plans have changed since last—another cause of delay — when 122 apartment units and a car garage between 10th and 11th and Walnut. The main entrance revised also: now about the elbow at the corner of L-shaped dant Jefferson orange variety. Building instead of rather abundance the dark brick of the resemblance to Orlowitz because, first, it will be faced with the student. Building that will have to pass the entire ground levels. Above ground was started at Jefferson to present to share his ordeal. Patients are made to feel comfortably at the rest of the campus: two 18 primarily affects children of activities such as writing down their own ' story. With both family and

In the Fall of '73, a program was started at Jefferson to prevent Tay-Sachs disease, a recessive genetic disease that primarily affects children of Eastern European Jewish ancestry. The disease, which results from an enzyme deficiency, causes mental retardation, blindness, and death in afflicted children by about the age of ten.

Over ten thousand persons have been tested in community screenings to determine if they are carriers of the gene that causes this disease. Sixteen couples have been found in which both carriers. Tay-Sachs carrier couples have one-in-four chance of producing a child with Tay-Sachs disease, which is an fatal disease. Sadie’s suggestion to the medical profession was that doctors should stop trying to shield patients from their fate. Honest communication can’t transpire. The family _feels stilted, and instead of shunning death as a taboo subject the patient’s feelings, and instead of shunning death as a taboo subject.

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Reflections Off A Shrouded Shrine

A new perspective...

The electric eye on Thomas Eakins' Gross Clinic has been a painting hanging in Jeff Hall. Eakins' Gross Clinic has been appearing in Jeff Hall magazines, one is left with the rapidly dying sport here at Jeff.

The weekend East against a similar force from the Bryn Mawr Polo Fields for an half wore on, it became apparent that they lacked speed, both in the second half, but another quick "Wings," Moravian College. Playing with and Blue started out strong with second half, but another quick trys, Moravian came on strong in the backfield. A few broken tackles Mirenda put the game on the wing. A few broken tackles forced a misplay and Coughlin picked up a loose ball on the 20 yard line and dove for the score. Finally, Mike Griffin picked up a loose ball on the yard line and dove for the score.

Jefferson Rugby was busy playing with Leather Balls and Blue wore on, it became apparent that they lacked speed, both in the second half, but another quick "Wings," Moravian College. Playing with and Blue started out strong with second half, but another quick trys, Moravian came on strong in the backfield. A few broken tackles Mirenda put the game on the wing. A few broken tackles forced a misplay and Coughlin picked up a loose ball on the 20 yard line and dove for the score. Finally, Mike Griffin picked up a loose ball on the yard line and dove for the score.

R.B.S.

Rugby is Played with Leather Balls

The lattered and torn Black and Blue took the field against Philadelphia College of Osteopathy in the final game of the tournament. However, Jeff could not come home with the trophy. It began to snow and rain, and the wet field neutralized Jefferson's speed. This, coupled with the fact that P.C.O. had brought enough players to have seven of their fifteen men fresh (Jeff came with only fifteen), was enough to keep the Black and Blue from victory. However, we were to have the last word as Jeff defeated P.C.O. later in the spring.

Impressed, but not thoroughly convinced that Jefferson Rugby was really on the way back, I journeyed with the team to watch the rematch with the rough and often dirty Blackhorn team. Blackhorn had defeated Jeff in the fall with a try late in the game to take away one of their rather rough game, and this was considered a "must win" by the team.

Jefferson consistently moved the ball down the field early in the first half, but was unable to score. Finally, Mike Griffin picked up a loose ball on the yard line and dove for the score.

Jefferson continued to control the ball with excellent running and kicking "inside" by Dave Kamerer and Pat Coughlin, but misplays near the goal line prevented another score. Blackhorn kicked the ball downfield and out-of-bounds, and it appeared as though the momentum might change. But Dave Kamerer forced a misplay and Coughlin lateraled to Nanca moving down the wing. A few broken tackles over the same P.G.H. team, was a spiritedly rough game, almost a rumble, and the best spectator show of the year.

The sport was the 21-18 blasting of Cooper to make the playoffs, where the girls defined the law of averages by beating P.G.H. a third straight time, 23-0. Finally, the aforementioned heartbreak in the close loss to become the squawker victory over HUP. Third place notwithstanding, Smurra might say, "It was a very good year!" Coach Sol Kamine's system was certainly hurt this year by the switch-over from the old girls' men's rules to the men's system. Jefferson's talent and his style of coaching were well-suited to the former, as only two high mobile players are required, and since he leans heavily on his seniors, the players could learn their positions very well after three years.

Volleyball - A Spectacular Competition

Knocking off its first two opponents in straight sets, Phi Chi nonetheless did not appear a good shot to beat any of many strongly loaded teams, including Phi Alpha B and C, AKK, and the independent Phi Kappa Kees. The loss to Phi Alpha B, Phi Chi in one marathon night overtook Phi Alpha C and the Nads, then destroyed AKK the next night. There was no evidence of improvement, and Phi Chi, Phi Kappa Kees, and Phi Kappa Kees were another surprise.

The story of the tourney is an interesting one, and points up what has been happening all year in intramurals - with a concerted effort when it was needed most, Phi Chi has picked itself up off the floor to land a knockout punch, while powerhouse Phi Alpha Sigma teams were not able to keep up in the thick of the playoffs.

The first paragraph appeared as though the momentum might change. But Dave Kamerer forced a misplay and Coughlin lateraled to Nanca moving down the wing. A few broken tackles over the same P.G.H. team, was a spiritedly rough game, almost a rumble, and the best spectator show of the year.

Just about the way a dramatic novel would write it, a mini-dynasty at Jefferson came to an end, not with a bang, but with a few tired tears. And - to end the dramatics in the first paragraph - the emotion-charged second half saw the big rally fall short, the Nursing School Basketball Team lost a heartbreaker to Helene Puld, 24-23, in the Philadelphia Area Playoff semi-finals. The loss ended a three-year reign and the last gasp of the championship league for the Jefferson Nurses, but they rejoined to shape H.P., 23-20 in overtime, for third place.

The first paragraph read like a high school newspaper, but credit should be given where it is due, for a lot of good publicity has come Jefferson's way through this team's exploits. This season, despite " only a 9-2 won-lost record, the student nurses brought home another trophy for winning the Jefferson Tournament, plus new clips in Philadelphia papers; a 23-18 win over P.G.H. at the Spectrum; and television shows for two team members. Yes, national TV, for Patty Jones and Dave O'Donnell, made it in the national finals of the Buvila Women's Freestyle Competition. The Jefferson Tournament final, 23-24 victory over the same P.G.H. team, was a spiritedly rough game, almost a rumble, and the best spectator show of the year.

The sport was the 21-18 blasting of Cooper to make the playoffs, where the girls defined the law of averages by beating P.G.H. a third straight time, 23-0. Finally, the aforementioned heartbreak in the close loss to become the squawker victory over HUP. Third place notwithstanding, Smurra might say, "It was a very good year!"

Coach Sol Kamine's system was certainly hurt this year by the switch-over from the old girls' men's rules to the men's system. Jefferson's talent and his style of coaching were well-suited to the former, as only two high mobile players are required, and since he leans heavily on his seniors, the players could learn their positions very well after three years. Volleyball play requires far more mobility and skill, the big adjustment being on defense and on rebounding. Kamine used mostly six players - Patty Jones at center, Chris Gilmore and Jane Busland at forwards, and Donna Ranieri and Denise Boyd at guards. Bandy was excellent outside shooter and team high-scoring, averaging eight points, and Jones was one of half of the team's hustle, and flying elbows. Gilmore and Ranieri were the defensive forwards and occasional scorers. Ranieri and Kaubin provided much of the action - Ranieri as the ball- handler and playmaker, and Kaubin with her running, often shaking up the opposition defense.

The prognosis for next year? Unknown, as Ranieri, Busland, and Kaubin return but must be joined by untested help from the bench.

-Curt Cummings

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