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ARIEL

Volume VIII No. 4

The Thomas Jefferson University Student Newspaper

March 1, 1978



Photo By Rob Lehman

Micro teachers beware! Sophomore med students Ken Weisman, Marty Trichtinger, George Risi, and Bilbo Loelger warm up for impending finals.

JMC Ponders Election Reform

by Nick Tepe

In its January meeting, the Student Council formed an Ad Hoc Committee for Election Procedures chaired by Vice-President Marty Carney '80. The committee is to develop alternatives to the current process of electing Student Council officers.

The subject of inconsistencies in election timing was brought forward in the December election meeting of the Student Council by Mike Grimes, who is not a Student Council representative. Mr. Grimes noted that although elections of officers was to be held in late December, the Sophomore class was not able to vote in new representatives until January. As the situation stood, officers were elected upon by some representatives who might be out of office the next month.

The current process of election is complicated by the fact that the Medical College classes do not all elect simultaneously.

The freshman class elects permanent representatives in November who serve for slightly more than a year until the January election of their Sophomore year. These new Sophomore representatives serve through most of the third year until the Junior class holds new elections in April. These Junior representatives serve

through to graduation.

Therefore, there are three sets of representatives: 1) those elected November of their Freshman year, 2) those elected January of their Sophomore year, and 3) those elected April of their Junior year. Thus, officers of the Council are elected in December just prior to replacement of the Sophomore representatives.

This point was the problem that Mr. Grimes, and greater than 50% of the Sophomore class objected to. Mr. Grimes argued that the elections should be delayed until after Sophomore elections so there would be fresh student input into the elections.

The opposition in Council argued that the more seasoned Sophomore representatives were better able to elect officers, since new representatives would be unfamiliar with many of the candidates. After much debate and parliamentary maneuvering, a compromise was reached. The elections were held for officers, but an Ad Hoc Committee was formed to look into improvements of the election process. In addition to Chairman Carney, the committee includes Ron Springel '78, Ken Certa '79, Mike Grimes '80 and Roger Allcroft '81.

Marty Carney '80 suggests that there be a shift in the time for

some of the elections. Freshman will hold 2 elections during their first year. The first election will be in October to elect 5 temporary representatives. Again in March, there will be elections for permanent Freshman representatives. All other elections will stay the same except for a minor shift of Junior elections earlier in the year. This new system will result in representatives from the Freshman class who will have to pass what will be in effect, a vote of confidence. Those elected in March will have sufficient time to learn about the council, and thus be able to make wise decisions in the December elections.

NORWOOD AUGERS

by Neeraj Kanwal

In an interview with the *Ariel*, Vice-President for Planning, George Norwood said that the long postponed tennis courts were still budgeted for construction and that work may begin in the spring.

This informal discussion with Mr. Norwood centered primarily on where Jefferson University is heading and touched on topics ranging from Conference space in

the new hospital to the current reorganization of the Board of Trustees.

Norwood was instructed by Dr. Bluemle at the opening exercises in September to complete a five-year plan for the future of the University. The first step is presently on the verge of completion as the Board of Trustees is being reorganized by its new chairman,

cont'd on page 3

Tuition:

Up, Up and Away

by George Risi

Dr. Lewis Bluemle, new president of the University, announced at an informal Question and Answer session, that Medical and Allied Health students can expect at least a 6% rise in tuition next year. This meeting was held at the request of the American Medical Students Association. An increase of the same magnitude has already been made for the College of Allied Health to take effect this spring.

At the noon meeting Dr. Bluemle explained Jefferson's budget for the upcoming year. Funding from the state is down $\frac{3}{4}$ of a million dollars from last year leaving Jefferson to swallow a \$1 million deficit. Since most of the state spending goes for the educational programs at the University, it is here that Jefferson must pick up the slack.

Compounding the budget problem is that salaries and wages are expected to go up at least 6% while the Supplies and Expense budget is expected to increase 4% minimally. Though Dr. Bluemle pointed out that the figures on the budget were not yet complete, students should expect to at least cover these increases with a tuition hike. The possibility of an even larger increase was not discounted, since the percent of costs born by tuition is increasing over

the percent of state and federal money. Projected figures indicate that upperclass tuition will be above \$6000 and under class tuition will be over \$6,500. (These figures given by Dr. Bluemle were rough estimates.)

Dr. Bluemle also commented on the Cianfrani indictment, which charges that medical schools admissions had been bought. Jefferson did not, to Dr. Bluemle's knowledge, participate in any illegal activities, yet, he felt admissions officials have been overly interested in communicating decisions to legislators before the applicants themselves were notified. A commission of Mr. Charles Bowser Esq., Dr. Stephen Peikin, and Mr. Richard Bressler (all Jefferson trustees) as well as faculty member Dr. Paul Brucker and student Dale Tucker, will begin in February to examine current admissions policies.

On another recent news item, Dr. Bluemle spoke about local press reports that Jefferson owes the city of Philadelphia \$1 million in back taxes, giving the impression that the University is financially unhealthy. In fact, the unpaid taxes are only that portion which Jefferson has legally contested. (ed. note: see article by Jamie Lockard)

In response to further questions
cont'd on page 5

TJU Contests Tax Levy

by Jamie Lockard

In mid-January articles appeared in the *Philadelphia Inquirer* and the *Evening Bulletin* implying that Jefferson is over \$926,000 delinquent in city real estate tax, purportedly owed on the new hospital building being constructed at 11th and Chestnut.

According to the *Inquirer*, Patrick N. Murrar, manager of the Philadelphia Department of Revenue's delinquent real estate tax collections, had listed the 11th and Chestnut site for tax sale.

Mr. George Belk, head of TJU's Public Relations Department, calls the articles "to some extent not well informed." Mr. Edwin Taylor, vice-president for finance, told *Ariel* that City Solicitor Sheldon Albert has indicated to the university's attorney that the tax sale listing was inadvertent.

Jefferson is not delinquent in its tax payments. The university feels that the construction site is not eli-

gible for real estate taxation, and so payment of the \$926,000, if necessary at all, would not be expected until completion of the legal appeal process. The following, released exclusively to the *Ariel*, is Jeff's report to its bond managing broker, Kidder Peabody & Co.:

"Jan. 26, 1978--According to the Constitution of the Commonwealth and Pennsylvania statute, Thomas Jefferson University Hospital is a charitable institution and, as such, is exempt from real estate taxes....

"Disregarding this factor, the City of Philadelphia is seeking to levy real estate taxes on property that is the site of the new and advanced Hospital. Specifically, the City seeks taxes on the hospital site for the period during which the building has been under construction--an issue we have appealed. This tax is being sought at the only

time when the new hospital is not producing revenue.

"The City's present attitude toward Thomas Jefferson University Hospital would inevitably curtail free medical services provided to Philadelphians and frustrate the Hospital's aim to provide low-cost health care and medical education.

"We believe that neither common sense nor public policy supports assessment of taxes upon a charitable institution such as the Hospital. Such an assessment, if granted, would increase the cost of charitable medical services for citizens of the Commonwealth and would contradict the State's policy of encouraging charities to expand to meet growing public needs.

"Thomas Jefferson University already pays its fair share of legitimate taxes. In fact, the University paid \$294,000 in taxes on other properties in 1976 and 1977.

cont'd on page 5

Bluemle Hears Potential Problems

by Marty Shenot

Representatives from the 1961 Society recently met with University President Lewis W. Bluemle to discuss problems that pertain to the women of the medical school. According to '61 Society President Jean Grem, the purpose of the meeting was not to voice specific grievances but rather to make the president aware of some potential problem areas.

The problem of overt discrimination against women is largely a thing of the past, said Society representatives. However, the more subtle problems with general attitudes toward women in medicine still exist. The '61 Society feels that a more positive and supportive attitude toward women students is needed in admissions, the basic sciences, and especially in the clinical years.

The clinical years of medical school was one issue discussed at the meeting. The '61 Society was especially concerned with the poor reputation Jefferson Hospital has among female students. The women's on-call facilities were described as terrible, and the department of surgery in particular came up for criticism. In an informal survey circulated among female students who did their surgical rotation at Jefferson, most rated the experience poor to terrible.

Changes in the clinical years must start with a positive attitude toward women demonstrated by the department heads, '61 Society members maintained. They pointed out that it is difficult for a student to point out behavior of a resident or attending physician that she considers inappropriate or offensive because of the fear of a

poor evaluation by that doctor. In that vein, the '61 Society requested that Dr. Bluemle use his influence in the current search for a Surgery Department Head to choose someone sensitive to the concerns of women physicians.

Another issue broached at the meeting was the enrollment of women at Jefferson. For their current Freshman class, approximately 23% of their offers of acceptance were to women. However, the matriculating class of 1981 consists of only 18% women, well below the national average. The 1961 Society was alarmed by this trend. They saw

Jefferson as having an image problem in that the school is seen by some pre-med advisors as "a place where a woman would not be happy." The Society members offered the suggestion that more forceful recruitment and public relations efforts were necessary to attract qualified women to Jefferson.

The president agreed that it was indeed important to maintain a high level of talent, both male and female, in the medical school. He gave the 1961 Society reassurances that he was interested and sympathetic to the concerns of the women of Jefferson.

AMSA Group to Study Aged

by Jim Sechler

Very soon, members of the Jefferson Community will have some unique opportunities to learn more about the plight of the aging. An HEW grant has found its way through the CDC and AMSA to the hands of a sampling of Jefferson students for a project dealing with this topic. Interested students include sophomore medical students Rich Perry, Rob Kiefner, Rob Finley, Stephanie Malleus, Bill Lovett and Dave Gastfriend; freshman student Chris Roscoe; and nursing student Allison Harle.

The project will include 4 or 5 lectures, field work opportunities, and other activities. The first of the lectures will be co-sponsored with the Family Physician Society, be held on March 21st in the evening, and feature Maggie

Kuhns, President of the Grey Panthers. Other topics at later dates will include the pathophysiology and the psychology of aging. Freshman and sophomore small groups will have opportunities for visits by Grey Panthers; and field work in the form of outreach visitations will involve nursing and medical students. Working with the aged in a variety of settings will also be offered. Two training sessions will precede these training sessions for those interested.

Faculty members involved with this project include Professor of Psychiatry Dr. Maurice E. Linden and Chairman of Preventive Medicine and Community Health Dr. William G. Krehl. Dr. Krehl will allow the outreach visits to fulfill the requirement for sophomore community projects.



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"On the Jefferson Campus"

RESEARCH EXPO SLATED

by Vince Armenti

The Society of Sigma Xi at Thomas Jefferson University will be holding the Annual "Student's Research Day" on Wednesday, April 5, 1978.

As in previous years both graduate and medical students are invited to present poster presentations on their current research. Two prizes of \$100 each will be awarded to the best presentations in the graduate and medical student categories.

In order to allow sufficient time for planning of space and judging

of presentations the deadline for one page abstracts has been set for March 17, 1978. These abstracts can be sent to Dr. Joseph R. Sherwin, Department of Physiology, Jefferson Alumni Hall.

Information on the preparation of display boards for poster presentation is available to students by seeing either Dr. Sherwin or Dr. Ralph DeHoratius, Department of Medicine.

A seminar speaker is planned following the poster session, and the prizes will be awarded at a reception following the guest presentation.

Victorious Ca Victim Speaks to Frosh

A courageous guest speaker addressed this year's freshman medical students in a Cancer Chemotherapy Correlation lecture during Cell & Tissue Biology.

Eva Ball is 22 years old, married, a Philadelphian, and a cancer patient who has become a goodwill ambassador for the American Cancer Society.

Her strong will and determination were put to the test more than two years ago when Eva, a young woman about to leave the trials of adolescence for the rigors of adulthood, faced a surgical operation with tremendously high stakes — her leg and her life.

She had osteogenic sarcoma. Amputation was a 95% possibility and diagnosis couldn't have come at a worse time — four months before her scheduled wedding. That was back in mid-1974 when a new procedure was being tried out in a New York hospital, designed to save the patient's leg, remove the

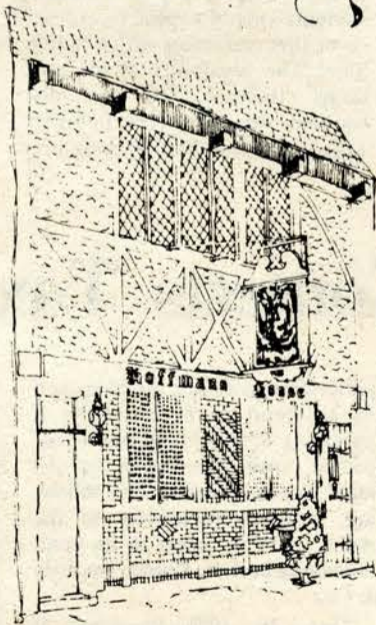
cancer and hopefully return a new lease on life. Eva was one of the first patients in the nation to undergo this surgery.

Today, Eva is Mrs. Ronald Ball. She walks with a slight stiffness in the once-cancerous leg and she has to use a cane to get around at times, but she's one of the happiest people on earth. In March of 1977 she joined with volunteers from around the Philadelphia area to witness Mayor Frank L. Rizzo issue a proclamation on behalf of the American Cancer Society designating April as Cancer Control Month.

Now an active ACS volunteer she has brought a message of hope to the public through films, radio, television and newspapers.

Eva has helped ACS, Philadelphia Division, and other Divisions of the Society by speaking at numerous local Crusade kickoffs, and by explaining how the patient reacts to the trauma of the disease.

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AMERICANS ARM ARABS

by Doug Hiller

The Carter Administration has approved extensive warplane sales to three Middle Eastern nations. Secretary of State Cyrus Vance stated that the Administration is prepared to allow the sale of 4.8 billion dollars worth of F-16, F-15 and F-5E airplanes, plus other advanced weaponry, to Israel, Egypt, and Saudi Arabia.

The airplanes represent the front line of modern weapons technology. The F-16 is a Mach 2 lightweight fighter and bomber. The F-5E is a slightly less expensive and somewhat slower airplane designed as a fighter and bomber, which is considered to be in most respects inferior to the F-16. The most controversial point of

the sales is the F-15 "Eagle." The Eagle is a Mach 2.5 longrange interceptor which contains the most modern American electronic warfare devices, and is currently priced at \$17 million per airplane. It was originally designed to intercept high flying high speed Soviet bombers and their fighter support. The American version is equipped with missiles which are effective at up to 200 miles.

Egypt is receiving 50 F-5E aircraft, and while these are not an inconsequential addition to her arsenal, it is felt by many sources that the impact of this sale is less military than psychological. The fact that Israel is planning to receive 75 of the superior F-16's and 15 F-15's effectively nullifies any threat posed by the Egyptian airplanes. The sale to the Saudi Arabians of the 60 F-15's, 400 Maver-



1978 JMC Executive Council Pres. Cathy Zaubler, V. Pres. Marty Carney, Sec'y Betsy McGulre, and Treas. Jamie Hoffman.

Photo by Ken Buckwalker

ick air-to-surface missiles and 2,000 Sidewinder air-to-air missiles does contribute a new factor to the balance of military power in the Middle East.

Cyrus Vance is quoted as saying that the arms sales to Arab nations are in the interest of the 'course of moderation.' This underscores the feeling of many observers that the arms deal is the first of a number of steps by the Carter Administration to bring real pressure to bear on the Israelis to approach peace talks in the spirit of compromise. It is felt that the Israelis will make

none of the significant concessions demanded by Anwar El-Sadat as long as they are negotiating from a posture of total military superiority. It is believed that the Israelis do have nuclear weapons, which gives them the trump card in forestalling any battle to the death. Therefore, the concession

of certain land in the Gaza would not put them in a compromising military situation as long as the balance of conventional weapons is not seriously in the favor of their historical enemies.

The Israeli government has been publicly quite displeased by the arrangement despite their own substantial purchases, and has expressed misgivings as to the future of their nation should such a trend continue. The Arab capitals are not ecstatic with the planned sales, but are pleased. Egypt, especially, has been in need

of new air power since her schism with the USSR left her with an obsolescent and increasingly difficult to maintain airforce. The proposed \$4.8 billion deal will face a difficult time in Congress, most especially in regard to the sales to the Saudis and to the Egyptians.

LCME Presents No Problems

cont'd from page 1

Frederick Ballard. The problem of only a few trustees taking an active role in deliberations requires staffing the more important committees with the more dedicated trustees.

Other plans mentioned by Mr. Norwood were the development of new programs in the Occupational and Physical Therapy areas. This move is being planned despite the College of Health Science's recent setback in the state budget. The College is planning on getting back on its feet by increasing the burden upon their present programs and students. No presently formed programs will be cut however, in order to make up the deficit.

The most extensive plans are regarding the new hospital. Here the new facility and the Pavillion will be the only ones to remain as inpatient buildings. There are plans to remodel the lab space through the two buildings, yet X-ray, operating room, and maternity facilities will remain as they are now.

Concerning the particular student complaint toward the lack of

enough conference space in the new structure, Mr. Norwood conceded that there would be a problem with the present arrangement. There are presently three conference rooms that can be scheduled on each floor, but consternation has arisen over the fact that these rooms would be difficult to obtain on short notice, when they are in fact most needed. Mr. Norwood said that if it is a "simple matter of unlocking doors, they will be (unlocked)."

Finally regarding accreditation this year, Mr. Norwood said there would be no difficulty for the University since the problems mentioned last time have been ironed out. Specific problems in Psychiatry and Surgery are on their way to being solved. And changes in the Penn State-Jefferson program have been made and the commitment of the University to that program has been strengthened.

Vice-President Norwood was interviewed by Marty Trichtinger and Neeraj Kanwal.

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Jeff Recalls 4570 Pre-'56 Patient Models

PHILADELPHIA, PA.--Thomas Jefferson University is notifying 4,570 former patients who received X-ray treatment of the head, neck or chest prior to 1956 to contact the University Hospital.

These persons could be "at risk" or susceptible to thyroid carcinoma, according to Dr. Simon Kramer, chairman of the department of radiation therapy and nuclear medicine.

"We have completed a review of 35,000 patient charts to locate those persons who should be concerned," Dr. Kramer said. "Our review shows that 2,170 former patients definitely received such X-ray treatments. Another group of 2,400 persons may have had such treatment, and are being notified."

The notifications that have been--and are being--mailed detail both the risk and the steps persons should take. Each letter contains a reply

postcard.

Since many treatments were given to newborn infants, some records do not indicate the first name of the baby, Dr. Kramer said. As a result, a number of notification letters are being sent in care of the patients' parents.

"From the 1920's to the 1950's," Dr. Kramer stated, "X-ray therapy was considered good medical practice and very effective treatment for patients with such conditions as enlargement of the thymus gland, ringworm of the scalp, enlargement of the tonsils and adenoids, deafness due to lymphoid tissue around the eustachian tubes, acne, hemangiomas of the head and neck, and enlargement of lymph nodes in the neck.

"Recent scientific evidence indicates that persons who received such treatment have a higher risk of developing thyroid tumors. Fortunately," he added, "only a small

percentage of those individuals will develop a thyroid tumor, and most of these have been found not to be cancer."

"At the present time, we are recommending a complete physical examination with special attention to the neck region to be performed by a family physician. Following this, a thyroid scan should be done," he said.

Dr. Kramer suggested that "persons born at Jefferson earlier than 1956--or who received X-ray treatment there as a child prior to 1956--should call (215) 829-8650 so that a cross-reference against records can be made. The telephone number is designated specifically to provide support for this thyroid program.

Any person born at Jefferson before 1956--or who received X-ray treatment there as a child prior to 1956--should call (215) 829-8650 so that a cross-reference against records can be made. The telephone number is designated specifically to provide support for this thyroid program.

How to Succeed in Grad School...

by Joel Schaffer

A graduate student at Jefferson is expected to develop certain talents and acquire various skills which will lead to the attainment of a Ph.D. degree. The successful grad student is an undeniably good-looking fellow who possesses an astute intelligence, dedication, knowledge of the literature (not

Kurt Vonnegut), and a desire to work in the lab until ungodly hours. He will also lack any interest whatsoever in sport, intoxicants and women. (Since female grad students are as popular as female surgical residents with some faculty members, they are

also as abundant.) Except for the first characteristic, I have never witnessed any expression of the aforementioned qualities in the grad students that I know. Therefore, in order to be successful in graduate school, one must overcome these personal shortcomings.

First, there is the intelligence factor. It is bad enough that most grad students failed to get in to med school in the first place, but then asking us to perform above

80% in competition with the 225 motivated, highly intelligent individuals who did make it to med school can "psyche you out." However, this can be used to your

advantage once you realize that 1/3 of the class is neither more motivated nor any brighter than you are. Now you can create the illusion that since more is expected of you, then you must obviously know more. This image can be

further exaggerated and made known to your department by placing a sign outside your lab: "TUTORIALS IN BIOCHEMISTRY AND PHYSIOLOGY BY APPOINTMENT ONLY." Since no one is likely to request your assistance, it won't interfere with afternoon basketball.

Another situation that involved ingenuity is convincing everyone that you are constantly in the lab. The most critical step is to be in lab before your advisor arrives. After he has settled himself and is mulling over the 3 or 4 hours of committee work he has to do, it is safe to leave, but always use comments like "I think I'll head over to the library and read the new journals" or "Someone in physiology has an interesting technique that I'd like to learn so I'm going to check it out." You have thus established your presence in the lab, shown your dedication to research, and given yourself time to play racquetball. It is then important to arrive back in lab prior

to your advisor's departure. Walk in carrying some useless contraption saying, "If I work on this all night it might really improve our assay system." By this maneuver you have indicated your intention to do an "all nighter." This is important because your advisor probably did all nighters as a grad student, and he feels that such suffering is good for you. This illusion can be magnified by keeping a cot in your lab. I know one grad student who did so for four years. He only used it twice, and that was because he was a casualty of the Friday night TG parties.

Eventually you will be asked to take the written and oral preliminary exams for your degree. This is a grave situation and is the crucial step in your quest for a Ph.D. These exams have an impact similar to national boards, except that Divine Intervention is the only sure method of passing. Since this is an unreliable method, you will have to actually study. However, do so in your lab and wear your labcoat. Roam through the department on occasion.

Everyone knows that you are supposed to be preparing for these tortuous exams, but they will see you as "working in lab", and they'll think "That guy is something else, these exams don't even worry him. I like a student who thinks more of research than some old exam." The result is that you have diminished the meaning of the exam in your professors' eyes, and they will be more lenient when they grade them. After you've taken the written part of the exam, it is important to appear disgruntled and exhausted, as invariably you will be. While the exams are being graded you are supposed to suffer, so play along and look scared; it helps.

You've passed. Now comes the oral exam. You know who is on your committee, you've studied their respective lectures, and you're ready for anything. So the first question is put to you: "What is the locus of God?" YOU: □. YOU, again: □ huh? The question is repeated. Being a quick thinker, you reply that you are temporarily an agnostic (at the

same time praying to God to have the fire alarm ring) and that therefore the locus of God is irrelevant to you. Someone then asks "Well, how would you determine the locus of God?". Your shirt is soaking wet, your bladder is making you think of something else, and the fire alarm has yet to ring. YOU: "I would not attempt to answer that, because I'm aware of my bias, which would prejudice my choice of methods and my conclusions." Your tormentors finally give up on the avenue and ask straight forward questions, until... "Put methotrexate and folic acid on the board, and tell me something about them." You are now feverishly connecting benzene rings, erasing, drawing some more and trying to figure out where those damn nitrogens go. After a few minutes of this your questioner states that he only wanted you to write the names. They have finally succeeded in flustering you and so, satisfied with themselves, they decide to pass you and make you, officially, a candidate for the degree of doctor of philosophy.

Faculty Perspective VII

Protecting the Public Trust

by Robert L. Brent, M.D.

Several years ago I wrote a "Faculty Perspective" entitled, "It's very quiet here." It dealt with the turmoil that has become the fabric of some non-profit institutions. The basis of that original article dealt with the experiences of one of our medical school graduates who went to New York City as a resident. After having been at Jefferson, he was amazed at the chaos and animosity that existed in the top administration at the institution where he was a resident. If you recall the original essay, as a student he was not even aware that there was a senior administration at Jefferson. The original article ended with a complimentary description of our Board of Trustees and Senior Administration. In essence, they were doing their job with skill and without notoriety.

The recent publicity and notoriety afforded one of our sister medical schools in Philadelphia, and my own experience with the now defunct American Pediatric Foundation, made me realize that the original article was not complete.

What makes a non-profit institution run smoothly? Who is responsible when things go awry? These are important questions for medical students and faculty because many of you will be or have accepted appointments as members of a board of trustees. As a member of a board of trustees you have two major responsibilities. First, you are appointed to protect the public trust. You are to make sure that the individuals who are employees of that non-profit institution do not exploit that institution to the detriment of the

public. Secondly, as a board member, you are selected to define and accomplish the institutional goals in an efficient and outstanding manner. Many board of trustee members think of their appointment as an honor without responsibility. It could not be further from the truth. A board member has both *fiscal* and *moral* responsibility for the institution. That is why it is essential that his personal financial dealings with that non-profit institution should be negligible. There should not

even be a suggestion that a board member is profiting from membership on the board. There are, of course, some standard exceptions, such as in the area of legal and investment counseling. There may be many reasons for institutional difficulties. In many instances it may be due to unforeseen fiscal responsibilities of the state or city; however, when it is due to poor management, the final responsibility rests with the board of trustees. In a recent legal case dealing with malpractice, a board of trustees of a hospital was sued for permitting an incompetent physician to remain on the staff.

We are fortunate that at Jefferson the Board of Trustees follows the guidelines for responsible board membership. Students and faculty should remember that when and if they ever accept board membership, that the "honor" is quite peripheral to the real meaning of board membership. Do not accept these responsibilities if you cannot spend enough time to protect the public trust.

Thank goodness - it's still very quiet here at Jefferson.



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Tardy Taxes Not Delinquent

cont'd from page 1

(The Health Science Center, Or-lowitz Residence, and the new hospital project manager's office on 11th Street--Ed.)

"The principle at stake here is whether a tax-exempt institution shall be liable for real estate taxes during the construction of a facility intended for charitable use. The issue is now before the Supreme Court of Pennsylvania in a suit involving another non-profit institution. The Court's ruling may affect the question of Thomas Jefferson University Hospital's tax assessment.

"Regardless of the outcome of the City of Philadelphia's tax

claim against Thomas Jefferson University Hospital, the University's financial position is and will continue to be sound. The institution's financial stability has been documented in financial statements certified by the University's external audit firm. (Touche Ross & Co.--Ed.) These documents are available to the public on request. The external audit firm's statement for the years ended June 30, 1977, and 1976, acknowledges the claim by the City and the University's intention to contest it vigorously:

"The University (has) been billed...(for) real estate taxes on certain properties which the

University feels are exempt from taxation and, accordingly, has not paid such taxes or accrued liability therefor on its books.

"The University intends to appeal the assessment of these properties through the courts and take all the other administrative and legal steps available to sustain its position in the matter."

The difference of opinion with the Philadelphia tax officials is unfortunate since the building of Jeff's new hospital represents, in Mr. Belk's words, "a massive commitment to the future of center city."



T.J.U. President Lewis W. Bluemle Jr. M.D.

More on Money

cont'd from page 1

on finance, the president went on to elaborate that the principal sources of revenue for Jefferson are state funding, tuition, and Federal capitation. The allotment per student from the state has not increased since 1972, when it was set at \$4,400/student/year. When questioned, Dr. Bluemle said that there seemed to be a decreased interest in public support for higher education, and that there was a certain amount of hostility expressed towards doctors and the funding of their education.

Legislators question the need to subsidize such a lucrative profession, since students should be easily able to repay loans upon graduation. Dr. Bluemle additionally cited an erosion of the image of doctors in the eyes of the public.

When asked by students what they can do to rectify the situation, Dr. Bluemle said that it was of paramount importance to be true to the values with which one came to medical school. He empathized with the dilemma faced by students in trying to cope with tremendous pressures, however he stated that the values of altruism and compassion provided the highest and most enduring rewards. The president went on to say that it is important also to let others know what initiatives you are taking to maintain your idealism and to make yourself more visible politically. One should relate more to political vectors to try and help mold policy. Finally, it is necessary to relate back to the educational system; for instance, through curriculum committees.

Dr. Bluemle was then asked to comment upon the rising medical costs. He began his reply by admitting that costs are going up much faster than inflation demands, at 14% per year. Jefferson's costs are rising at only 11% if new programs such as the new hospital and CAT scanner are not included. The public is partially to blame, because when they are well they decry the rising costs, but when ill they demand the best possible care, no matter what the cost. He also said it is an error to measure medical care in terms of per day hospital costs, because due to the increase in quality of patient care, one is in the hospital significantly less than at any previous time. What should be done is to measure the cost of treating an illness.

Dr. Bluemle went on to describe Jefferson's costs. The price per day is over \$300.00 which is more than some places, less than others. Much of the cost is due to the fact that it is a teaching hospital.

The last topic upon which the president was questioned dealt with the malpractice crisis. The key to dealing with this problem, Dr. Bluemle said, is to get back to the basics of medical practice. Most lawsuits, he explained, arise from a basic lack of understanding and communication between doctor and patient. What is needed, then, is to establish a rapport with one's patients, to adequately explain the problem, and then to educate them in the proper care of their particular problem.

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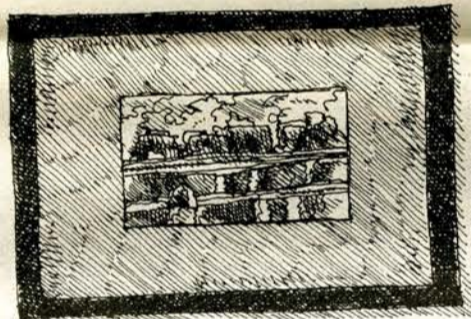
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Bell of Pennsylvania



Letters to the Editor

Curriculum Articles Draw Comment

To the Editor of Ariel:

I would like to join all others who have undoubtedly commended you for reviving the Ariel. I like your intent to provide comprehensive coverage of Jefferson, local and national events. I hope that the paper will indeed become a vehicle for transmission of news and for exchange of ideas; you have certainly made a good start.

News items in the November and December issues commented on certain matters discussed by the Curriculum Committee. I have been approached by many regarding these reports, and thought that it would be useful to share some of my comments with other readers of the Ariel.

The articles dealt primarily with examination policy and scheduling, but referred to other matters as well. I would like to review the issues in the context in which they appeared before the committee.

The main business of the Curriculum Committee is the educational program of the College: we review the effectiveness of the program, identify problems and try to find ways to solve them.

As a result of a recent review, teaching the skills of physical diagnosis has now been totally reorganized by instituting the so-called "miniclerkships" for the last four weeks of the Sophomore year. In close cooperation with members of the Student Curriculum Committee, new approaches were developed to improve the former "STAMP" program; as most of your readers know, a major reorganization was put into effect this academic year. The Committee will monitor the success of the new programs. In addition, the Curriculum Committee is in the process of reviewing, among other things, several aspects of the clinical programs. We have discovered problems, but we have seen and been able to document a far greater number of strengths in the programs. Both intra- and extramural (National Boards) evaluations, as well as the

excellent record of our graduates in obtaining postgraduate positions have clearly shown that Jefferson students do indeed rank among the top in the country.

In view of this background, knowing the pride with which the faculty and administration view the student body, it was a surprise for me to read in the December Ariel a different interpretation of the faculty's appreciation of our students. Subsequent correspondence with the Student Council has cleared the misunderstandings that had led to that report.

At times, the Curriculum Committee is asked to arbitrate in matters involving implementation of curricular programs; matters of obvious importance, but normally handled by the departments or the Dean's Office. The two most recent issues of Ariel reported on such instances.

The Sophomore class had petitioned that an examination scheduled for a Saturday be moved to another day. It turned out that the department in question had consulted the master examination schedule approved by the Student Council in April 1977, and found that Saturday was included among approved days. When the class petitioned for a change, another time was found, and one of the student representatives was informed of this solution prior to the Student Council meeting which the November Ariel described. Apparently, a major discussion took place at the meeting on an issue which had already found its solution.

The same Sophomore examination prompted another news report in the December Ariel, but for a different reason. In August 1977, the Curriculum Committee had decided that proficiency in one component of the Introduction to Clinical Medicine course cannot compensate for a deficiency in another segment, due to the widely different content matter of the various components. It turned out that word of this new policy had

not been transmitted via the usual channels to the class at the beginning of the academic year, partly due to the major reorganization of the course. When this was discovered, a notice was posted at the request of the Sophomore class representative. The class appealed to the Curriculum Committee referring to a stipulation in the Student Handbook; the Committee agreed with the logic of the appeal, and applied the old rule to the disputed examination. It was during the discussion of this matter that some critical comments - yes, we often have critical comments regrading both students and faculty! - were made by some faculty members, which were amplified and misunderstood way beyond the speaker's intent. The Ariel article also misquoted some statements made regarding the number of students failing the examination, and the manner in

which examinations are scored at Jefferson.

The Curriculum Committee has tried to maintain many open channels to the student community: the three student members, elected by the senior, junior and sophomore classes, are seen as the main conduit between the Committee and Student Council. They have been most effective and persuasive in representing the student views. Close and frequent contact has also been maintained with the Student Curriculum Committee, as its leadership can readily attest. Dr. Gonnella and I have held regular monthly meetings with representatives of each of the four classes, with an open-ended agenda to discuss a variety of curriculum related matters. As an additional measure, beginning February 1978, minutes of the Curriculum Committee meetings will be sent to the Student Council.

Despite these multiple efforts, we still seem to run into occasional communication problems. I know that there is good will, trust and willingness to cooperate on all sides, so let's keep trying! We have a good educational program and can be proud of its products, but there is still more work to be done, as before in close cooperation with the students.

Sincerely,
Jussi J. Saukkonen, M.D.
(Chairman
Faculty Curriculum Committee)

Editor's note--The primary concern of the Ariel is effective communication, and our main goal is accurate reporting. If, at any time, anyone feels that we have failed to meet this goal, we encourage him to submit his corrections or recommendations, and we will incorporate his stance into our quest for truthful dialogue.

Gym Security Lax

Dear Editor,

In the past several months, there has been an increasing incidence of excessive and unauthorized use of the Jefferson Alumni Hall athletic facilities. This problem has been of considerable concern to me and to numerous other students, Commons staff, and security personnel. This letter is a condensation of a proposal I presented to Student Council on Feb. 15 and will present at the next meeting of the Commons Board.

It seems that Commons membership, which allows use of the athletic facilities, is open to students and to faculty, Jefferson and Stouffers employees and their families for a yearly fee. Each member is permitted 3 guests by paying a fee of \$1.00 for each guest. As a result, a large number of guests have been using the facility. These guests are not affi-

liated with Jefferson. There have been instances in which guests have opened the back doors of the building to admit unauthorized persons.

Consequently, the word appears to be out in the community that Jeff Hall is a good place to come. Unauthorized persons are now entering the gym directly, via the front door and fire towers, bypassing the issue counter. Perhaps several personal experiences will be illustrative.

On Feb. 8, when the schools were closed for snow, I observed several 12-14 year olds in the gym. They told me they were children of Commons members. Later another student observed them playing unsupervised in the weight room. Second, during the weekend of Feb. 11-12, there was a large influx of unauthorized people into the gym, and I was told a back door had been propped open.

The most important incident

occurred on Feb. 13. A fellow came into the gym in street clothes and asked a student, who he did not know, to allow him to be a guest. The student complied, giving this "guest" his name. A short time later, I observed this guest plus another outsider (wearing street clothes and sneakers) in the gym. When I asked the student if he had authorized 2 "guests," he said no. The student and I confronted the 2 "guests" and were told by the first fellow that he had brought his friend in under the student's name. At this point, we asked the two to leave, and were greeted with hostile tones of voice and the protestation that "We have come here before and didn't get any trouble."

A continuation of this situation can only have very undesirable consequences. The presence of young children in the gym area without supervision invites a tragedy. The gym and weight room are fraught with danger for

cont'd on page 7

From My Corner

One Student, One Vote

I was reluctant to use this forum to consider an issue that seems to affect only one sector of the Jefferson community until I realized that the 900-strong medical college comprises a large fraction of the university and, thus, the issue of JMC Student Council election reform indirectly affects the whole school.

Elsewhere in this issue Nick Tepe has written an excellent article detailing the particulars of the situation. Marty Carney's ad hoc committee is doing a good job. He presented its first recommendation for a constitutional amendment at the most recent Student Council meeting. As Nick's article explains, this amendment takes care of one problem: that representatives elected when the freshmen barely know one another serve an inordinately long term.

BUT that's not enough. What my signature on Mike Grimes'

December postponement petition meant, and what I think most of my classmates felt, was not that we were tired of our 5 class reps (on the contrary, they served our class commendably) but that we objected to the principle of a new Student Council president being elected by people who might remain council members for only one more month.

There's a simple solution to the "the-only-people-with-enough-experience-to-elect-new-officers-are-the-lame-ducks" quandary: general elections. The rationale for the current method of holding elections is that the executive board sees itself as leaders only of a parliamentary body, not of the whole school. I think that the executive board members must be the only people at TJU who see themselves that way. It just ain't so. The president, vice-president, secretary, and treasurer effectively serve the student body, so the only equitable election method is one

that lets the student body do the electing.

According to Student Council member Ty Jenkins, the current election procedure was devised when not many students were interested in the doings of Student Council, the situation is obviously changing (witness December's sophomore uproar), and "the old way just perpetuates the apathy it was created in." The ad hoc committee meets Monday, February 27, to consider general elections. The meeting is open to all. In the words of JMCSC President Zuurbier, who calls general elections a question that "everyone ought to consider both ways," it would be "beautiful to see more people outside council" involved. Even though Cathy says we have "from now till gazoo" before the next election, it wouldn't offend my personal penchant for procrastination to get this issue resolved.

Jamie Lockard



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Psych Changes Personality

by Paul J. Fink, M.D.

The *Ariel* requested a brief article on changes which have occurred or are planned in the Department of Psychiatry. The upcoming L.C.M.E. accreditation visit prompted this request, since one of the major deficits found by the L.C.M.E. visitors four years ago was in the overall teaching of behavioral medicine at Jefferson.

The top priorities and most significant academic missions of the department are in the areas of undergraduate and graduate education. The Department believes that the teaching of Psychiatry and the relationship between mind and body must be a constant thread throughout the entire curriculum. Furthermore, students must have the opportunities to examine their own attitudes and behaviors as they develop into physicians.

Our approach to psychiatric education is to combine a scientific presentation of the current knowledge in the fields of clinical psychiatry, psychology, developmental theory, theories of emotional growth and development and theories of mental functioning with an equally important thrust in the areas of interviewing, communications theory, group dynamics, and other aspects of the art of medicine. This latter category includes such diverse issues as self examination, attitudes toward patients, examination of personal attitudes regarding ethical issues, reactions to death, the effect of medical education on the individual and the individual's response to stress. This is indeed a large order.

Fortunately, many of these areas of concern are shared by a number of departments, each of which has specific areas of expertise and interest. Indeed, several departments are growing increasingly concerned about the process of medical education which may be antithetical to the stated objectives of the curriculum. A lack of respect, courtesy and positive regard among students and between students and faculty may foreshadow similar behaviors in the future Dr.-patient activities of these same students.

Our efforts in undergraduate medical education take place in all 3 phases of the Jefferson curriculum. The greatest concentration has taken place in the preclinical years where, under the direction of Dr. Adrian Copeland, we have helped in a massive revision of the ICM and Medicine and Society courses.

The "small group" program has been a major project and our most important curricular respon-

sibility. This program is now running 30 groups every week and involves 450 students and 85 faculty. It is interdisciplinary including psychiatrists, non-psychiatric physicians, psychologists, social workers, nurses and an anthropologist. The non-psychiatric physicians are drawn from Family Medicine, Internal Medicine, Pediatrics, Ob-Gyn, Rehabilitation Medicine and Community Health and Preventive Medicine. As judged by faculty and students this program is highly successful, although there remain students who neither understand the purpose or the method used in these groups and are not happy. Problems of appropriate methods of course evaluation and variability among faculty remain to be solved.

The Department is continually working on improvement of the didactic programs in both the Freshman and Sophomore years. We have also developed in conjunction with the Department of Ob-Gyn a new Freshman course in Human Sexuality which we hope will fill a much needed void in the curriculum.

The clerkship has been tightened up, and, under the direction of Dr. Roy Clouse, it is now found to be very satisfying to all students. A new mini course in psychiatry for the non-psychiatrist has been introduced to stress the department's emphasis on the close ties between psychiatry and medicine.

We are currently negotiating with the curriculum committee for changes in the track system so that the place of psychiatry will be more appropriate and more attractive to students interested in a more in depth study of the field during their senior year. New clerkships in Child Psychiatry, Sex Therapy, Substance Abuse and Consultation and Liaison have been introduced.

Major changes, additions and improvements in clinical services have taken place in an effort to improve our academic offerings. The most important of these has been the development of a consultation-liaison service in the hospital to deal with the entire area of patient consultation and staff education in the area of psychosomatic medicine and the psychologic problems of the medical and surgical patients. This service has been met with great satisfaction by the hospital, residents and students on a number of services. The appointment of a director of the psychiatric emergency and crisis service, a new chief of our open unit on the 14th Floor of the

Thompson Bldg. and a coordinator of student education in the CMHC have all served to improve the administration of student programs and the acceptance of psychiatry within the institution.

It is difficult in a brief statement to be comprehensive with regard to the many changes in the Department. In addition to undergraduate education, the Department has worked on improving (1) the residency training program which has resulted in a banner recruitment year, (2) the research stance with the planning of a center for the study of alcoholism and a center for the study of schizophrenia and (3) the continuing education activities of the department for both psychiatrists and non-psychiatric physicians.

The Department's weekly Wednesday noon conferences have been widely publicized and open to the entire University. Organized by Cyril Puhulla, speakers and topics are chosen which will be of interest to the widest possible audience.

We have just celebrated the opening of new departmental headquarters on the 3rd Floor of the Curtis Clinic and have participated actively in planning new clinical space in the Hospital. The hiring of a new director of the Divisions of Adult Psychiatry and of Child, Adolescent and Family Psychiatry have been significant additions to the strength of our faculty.

The future seems bright for this Department and the problems which once existed with regard to the training of all segments of the Jefferson family in behavioral aspects of medicine are rapidly fading into the past.

Letters Continued

New Rules Needed for Gym Use

cont'd from page 6

children. I know of no other athletic facility which is open to unsupervised children. Secondly, the presence of people not affiliated with Jefferson in the gym raises an interesting question of legal liability should an accident occur. Third, the presence of these people in the gym will lead to increased theft in the locker room (many trusting souls leave their lockers open while they shower), vandalism and increased thefts throughout Jeff Hall since the entire building is accessible from the gym via the fire towers.

Fourth, the increased number of people using the gym will hasten depreciation of the facility leading to increased repair costs, which I doubt will be covered by the \$1.00 guest fees. Finally, the increased use of facilities by guests and unauthorized people will decrease the time and space available for students. I am assuming that Jeff Hall is a university facility and as such exists primarily for students and is not the Locust Street County Club.

I have several suggestions about how to improve this situation. I have suggested that the Commons Board determine what, legally, the function of Jeff Commons is supposed to be, by consulting the University Charter, Federal grants and the university lawyer. I have

also suggested that the Board speak with the Director of Security about increasing coverage in Jeff Hall.

In addition, there are some improvements which could be instituted immediately. Persons under age 18 who are not Jeff students must be accompanied by a parent or guardian while in the gym. Second, the number of guests per member should be decreased to one. At the same time, the guest fee should be increased to discourage large numbers of guests from using the gym. Third, students should be discouraged from allowing people they do not know to come in as their guests. Fourth, students should not feel shy about challenging unknown people in the gym and reporting them to the issue counter. I have done it many times and have not been punched in the nose--yet. Finally, a Commons employee (perhaps an impoverished med student?) should be stationed at the gym entrance downstairs to collect and keep keys of those using the gym (as is now done upstairs at the issue counter).

In conclusion, I would like to emphasize that this problem requires prompt action before there is a tragic injury to a child, a robbery or a lawsuit.

Eric M. haek
JMC Class of 1978

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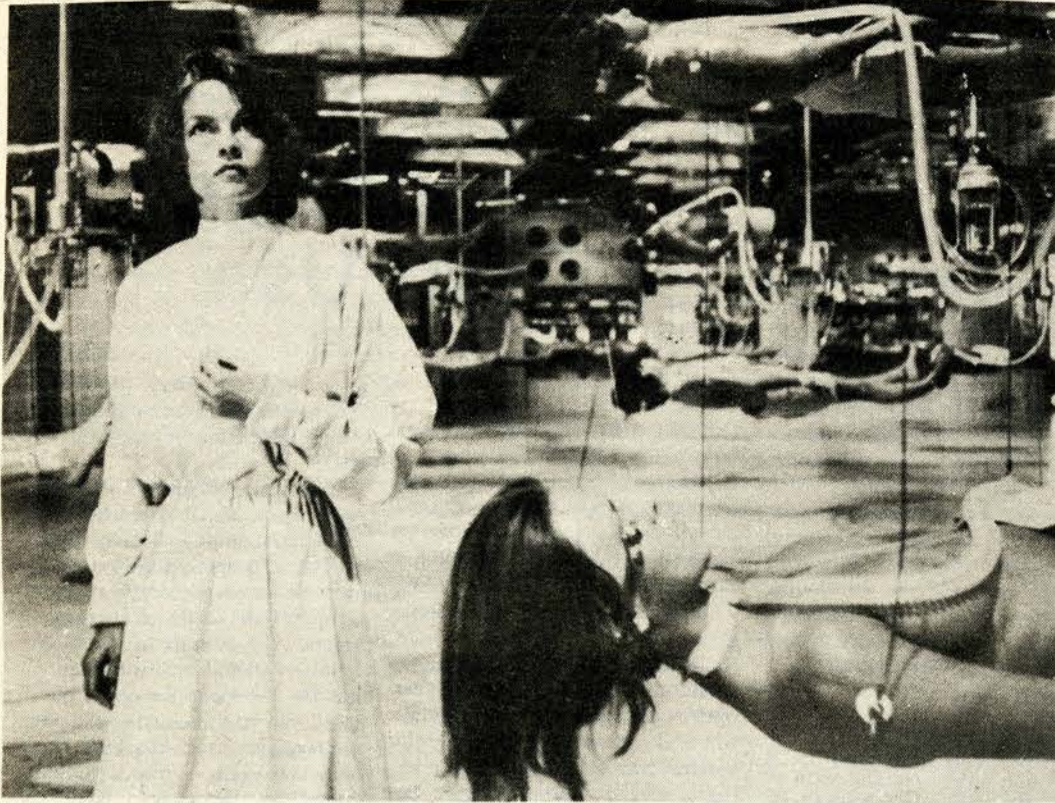
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STUPOR, COMA, AND DEATH: Surgical Resident Genevieve Bujold is in danger of being strung up in "Coma."

film clips

Nightmare on Film

by Patrick Sokas

Along with exhaustion, mounds of scut work, and the realization that hospitals are somewhat less than efficient, comes a certain paranoia. Hospital administrators become, not petty bureaucrats, but malevolent, omnipotent figures conniving to do in patient and housestaff alike. *Coma* captures this feeling perfectly.

Robin Cook's novel has already made the rounds at local hospitals, read for entertainment accompanied by a shock of recognition. So much trashy entertainment exploits medicine that it's an unaccustomed pleasure to see something so close to right.

Still an odder pleasure is to see one's fears on film. The movie *Coma* might have been drawn from any medical student's nightmares. Nightmares of midnight chases through deserted corridors, darkened lecture halls, and the ever-disquieting Gross Lab. Nightmares of the patients who insist upon dying for no evident reason. Nightmares of being turned into a living vegetable, which seems to be happening to some of us as it is.

Heroine Susan Wheeler (Genevieve Bujold) has been promoted from medical student to surgical resident for the film, which puts her in a somewhat more secure position. And what a heroine she is! Strong, clever, and persistent, she single-handedly uncovers the nefarious plot, which involves carving up young people for the spare parts. She is a role model *par excellence*. Bujold manages to humanize the character by adding a dash of vulnerability and a soupcon of irritability to the mixture.

More's the pity that her character is the only likeable one in the film. Michael Douglas seems confused in his role as Bujold's lover, a fourth-year surgical resident. And well he

might. The character is such a loser that one wonders what she sees in him. To the end, he seems almost as bad as the badguys.

Almost. The evil characters are so wholly bad that they redeem him somewhat. There are more evil stares in *Coma* than you can count. Richard Widmark, Rip Torn, and Elizabeth Ashley indulge themselves as the nasties.

Coma is not a great movie, by a longshot. Its plot is as full of cliches as it is riddled with holes. But for its nasty, frightening, only slightly skewed view of medicine, the movie is a must.

Slumming

"Lord Olivier, we did not raise you to the peerage for this sort of business. We are not amused."

So might an earlier Queen Elizabeth have treated the prospect of Laurence Olivier starring in a Harold Robbins novel. But QEII is made of softer stuff, and *The Betsy* rolls on, as scheduled.

Olivier appears as the patriarch of Robbin's fictional Fords. They have affairs, arrange murders, spy on one another, and jockey for power. They win and lose equally ungracefully. This is all terribly uninteresting.

What is interesting is watching a cast that includes some of the world's best actors making the most of this silly business. They are slumming, after all, and they know it.

Olivier, who is no spring chicken (he's 70), doesn't seem sure of how to play an old man. He settles for a Walter Brennan impression, complete with the limp. He makes a much more convincing 40 year old.

The Betsy's other stars include Robert Duvall, Katherine Ross, Paul Rudd, Lesley-Ann Down (of *Upstairs, Downstairs*), Jane Alexander and Edward Herrmann (formerly, *Eleanor and Franklin*).

All make splendid ham actors. It is a pleasure to watch craftsmen who are good at their work.

Considerably less good at their work are Kathleen Beller and Tommy Lee Jones. Jones became somewhat famous by doing a television special about Howard Hughes. He has all the charm of another Nick Nolte. Beller plays Olivier's great-granddaughter, Betsy. They name a new car after her. The car has more personality, and it's just an old Camero.

Low Hilarity

If you can arrange to see the second half of Mel Brook's *High Anxiety*, by all means do. The second half of the film is really very funny.

But, oh, the first half! So many dumb jokes fall flat and then are kicked around mercilessly that it's embarrassing. Often, the only way to tell that something was supposed to be funny is that the film pauses for laughter--which doesn't come. Like a moment of silence for a joke that died.

There's so much good business in *High Anxiety* that it's a shame it doesn't click. Brooks takes on just about every Hitchcock film, which may have been too much for him. But he's got the characters right.

Cloris Leachman is wonderful as the humpbacked, mustachioed Nurse Diesel, who has a voice like a cement mixer's. She and Harvey Korman are Evil.

Brooks himself is somewhat deficient as the film's hero, but Madeline Kahn more than makes up for that. She is a good deal blonder than any of Hitchcock's blondes, and only slightly sillier.

Brooks' movies have not improved one bit since his *Young Frankenstein*. He seems to have gotten a bit stale. That is a shame; there are too few good comedies as it is.

MARCH

- MARCH 1, 10pm, Pub Night at Phi Chi.
WED.
- MARCH 8, 4:30-7:00pm, Commons Board Meeting, M-21.
WED.
- MARCH 9, 9pm-12am, Beef and Brew Night, Music by Stewart Mitchell, Cafeteria.
THURS.
- MARCH 10,11,13, 8pm, Commons Film Series, "The Nine Lives of Fritz the Cat", \$1.00 Students and Commons Members, \$1.50 Guests, Solis Cohen.
FRI. SAT. MON.
- MARCH 12, 3pm, Cushion Concert, Academy of Vocal Arts Trio, Cafeteria.
SUN.
- MARCH 14, 8-11pm, Square Dance, Juggernaut String Band, playing and teaching, refreshments, free, Cafeteria.
TUES.
- MARCH 15, 11:00am-2:00pm, Hawaiian Luau Luncheon, Cafeteria. A La Carte Menu.
WED.
- MARCH 16,17, 8:30-10:30am, S.A.C. Coffee, Mezzanine Balcony.
THURS. FRI.
- MARCH 17, 8pm-12am, T.G.I.F. Party, Dancing music by Southridge, Jeff I.D. and guest passes required. Guest passes may be obtained from the receptionist at the information desk, Jeff Hall, Cafeteria.
FRI.
- MARCH 18, 8pm, Last day to see *The Glass Menagerie* at the Repertory Co., 1928 Chestnut. Tickets \$3.50 in the Commons Office.
SAT.
- MARCH 18,19,20, 8pm, Commons Film Series, "The Odessa File", \$1.00 Students and Commons Members, \$1.50 guests, Solis Cohen.
SAT SUN. MON.
- MARCH 19, 7pm, Intramural Swim Meet, Pool.
SUN.
- MARCH 21, 8-11pm, Contemporary Concert, For The Listeners, Philadelphia Jazz Ensemble, Cafeteria.
TUES.
- MARCH 23, 3pm, Recreation Area closed for Good Friday Holiday.
THURS.
- MARCH 24, 7:30am-10:00pm, Recreation Area closed for Good Friday Holiday.
FRI.
- MARCH 25,26, Recreation Area Closed for Easter Weekend.
SAT. SUN.
- MARCH 27, 7:30am, Recreation Area reopens after Holiday close.
MON.
- 8:30am, Registration begins for Spring Term Co-Curricular Courses, Information Desk, Jeff Hal.
- MARCH 29, 9pm-12am, S.A.C. Games Night, Cafeteria.
WED.
- MARCH 30, 8-11pm, Folk Dance, Don Simon leading and teaching, refreshments free, Cafeteria.
THURS.

Letter Defends Convy's Honor

Dear Sir,

I enjoy Mr. Sokas' movie reviews, but feel obliged to complain about his dismissal of Bert Convy as a "noted nonentity." I have not seen the movie (*Semi-Tough*) and can't comment on Convy's performance in it. But I have seen him perform in the theater, and he is considerably more talented than either Burt Reynolds or Kris Kristofferson.

Unfortunately, very few of the many talented Broadway performers ever make it big in Hollywood. Convy appeared in a starring, singing role in the original

cast of the Broadway show *Cabaret*, as Sally Bowles' boyfriend, and appeared as one of Teyve's son-in-laws in the original production of *Fiddler on the Roof*. He acted well, and his singing voice puts Kris Kristofferson to shame.

It's too bad Convy must appear as a TV game show host to make a living, but please don't make matters worse by calling him a nonentity.

Mrs. Lorna Shurkin
Public Relations Dept.



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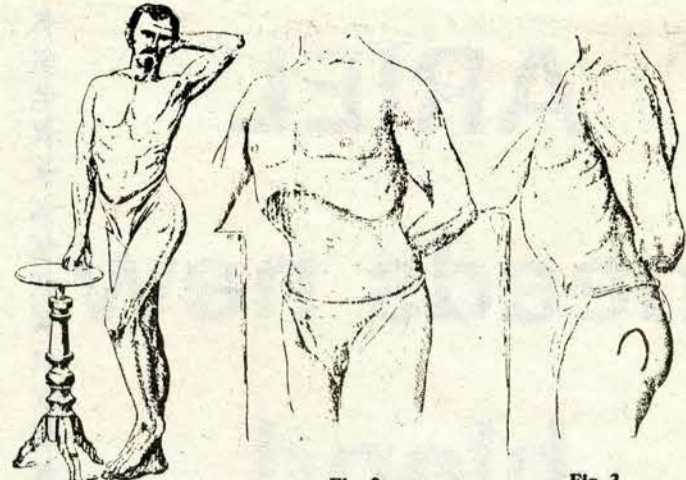


Fig. 1

Fig. 2

Fig. 3

by Dick Moberg

"Of all the facts that we must know, Some will stay and some will go."

Certainly one dilemma facing medical students is the tremendous volume and detail of the material that must be memorized. Furthermore, the first two years are complicated by students not knowing what parts of this material are important to learn for their clinical years; we are unable to separate the pearls from the oyster shells.

In an attempt to correct this shortcoming, I present some case histories (all of them true) with some appended diagnostic pearls.

CASE 1

A large catfish jumped into the mouth of a Madras man. An operation on the esophagus was immediately commenced but abandoned, and an attempt to push the fish down with a probang, which was, in a measure, successful. However, the patient gave a convulsive struggle, and, to all appearances, died. The trachea was immediately opened, and respiration restored. During the course of the night the man vomited up pieces of fish bone softened by decomposition. The foregoing accident is not uncommon among natives of India, who are in the habit of swimming with their mouths open in tanks abounding with fish. (from Chevers, *A Manual of Medical Jurisprudence for India*)

DISCUSSION

This case illustrates that the key to successful diagnosis lies in the patient history. When a patient arrives at your office with a lump in his throat ask him if he has been to India recently and participated in any of the local customs. If he indicates he cannot talk ask him to write down what is wrong. When he writes there is a fish stuck in his throat then the diagnosis is made.

CASE 2

A woman of good social position who has been married seven years, and who had had extensive preparations for a long journey, was seized with a "bilious colic",

and to her dismay and surprise, a child was born before the arrival of the doctor summoned on account of her sudden colic and her inability to retain water. A peculiar feature of this case was the fact that mental disturbance set in immediately afterward, and the mother became morbid and had to be removed to an asylum, but recovered in a few months. [*Boston Medical and Surgical Journal*, 1878]

DISCUSSION

Clearly, we should suspect pregnancy in every abdominal disorder encountered in the female. Always take a detailed sexual history of every female patient. If the patient is offended, ignore her; you're doing your job. If her husband is with her, listen to her, give her some Alka-Selzer, and send her on her way.

CASE 3

In an otherwise healthy male, it was found that he could throw into single action the biceps, the supinator longus, the radial extensors, the platysma, and many other muscles. He could displace his muscles so that the lower angles of the scapulae projected and presented the appearance historically attributed to luxation of the scapula. He was able so to contract his abdominal muscles that the aorta could be distinctly felt with the fingers. In this feat nearly all the abdominal contents were crowded beneath the diaphragm (Fig. 1). On the other hand, he could produce a phantom abdominal tumor by driving the coils of the intestine with a peculiar grasp of the rectus and oblique muscles. The "growth" (Fig. 2) was rounded, dull on percussion and looked as if an exploratory incision would be advisable. By extraordinary muscular power and extreme laxity of the ligaments, he stimulated all dislocations about the hip joint (Fig. 3). (*British Medical Journal*, 1882)

DISCUSSION

Beware of circus personnel. Many are frustrated medical students out to fool you and make you look stupid in front of your patients.



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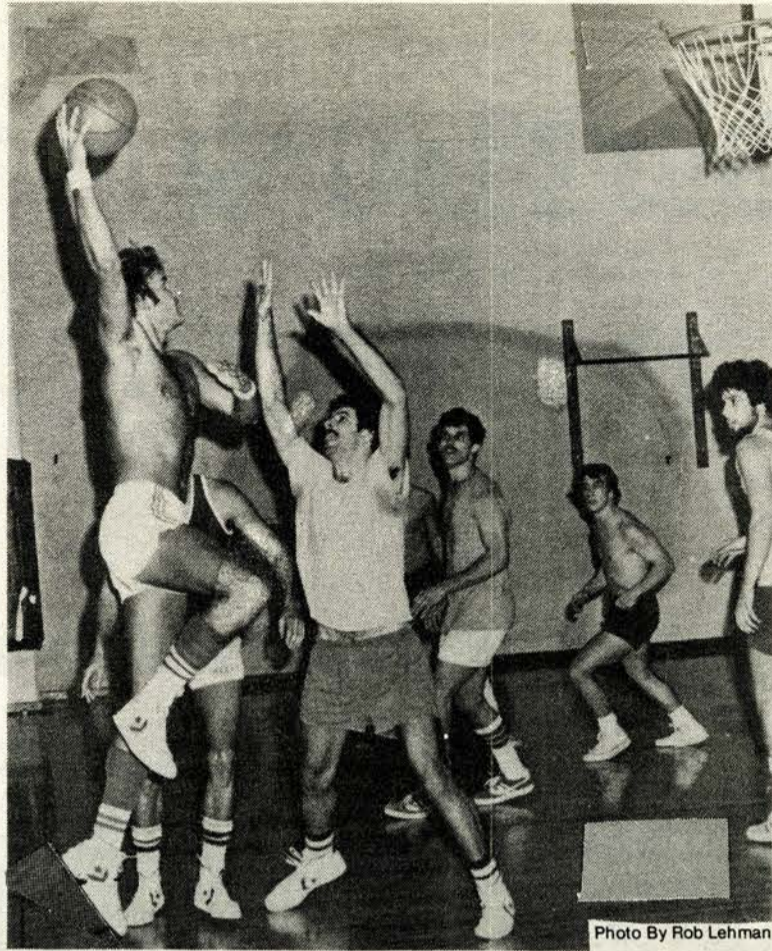


Photo By Rob Lehman

"Short people got no reason to live," grunts Greg Jack as Tom Grabiak of Phi Chi assumes a defensive position. Jack, the AKK center, scored a game-high 27 points to lead the 11th Streeters to yet another IM basketball championship. AKK secured a close and hard-fought victory only in the closing minutes in this, the second and final game of the play-off finals, 62-56. Grabiak scored 20 points on 10 field goals for the runners-up.

A.C.C. Honors Dean Mackowiak

Dr. Robert Mackowiak, Assistant Dean and Director of Student Affairs of Jefferson Medical College was recently elected to fellowship in the American College of Cardiology (F.A.C.C.). In order to receive one of the fields highest distinctions, Dr. Mackowiak was

required to have had certification by both the American Board of Internal Medicine (ABIM) and the subspecialty of Cardiovascular Disease of the ABIM. Following these certifications, his nomination was proposed by two fellows of the College of Cardiology

in recognition of both his clinical activity and teaching ability. Members of the fellowship come from three fields which include Adult Cardiologists, Pediatric Cardiologists and Thoracic Surgeons.

— Martin Trichtinger



CHEAPEST 6-PACK
ON CAMPUS

SW. Corner of 11th

and Locust

S.N.'s Trounce Tough Foe

by Maureen Dietzler

The Jefferson Student Nurses are showing they are tops on the boards--not only state boards but also basketball backboards. At present the S.N.s' league record stands at 7-1; the only loss is to Abington.

This year the nurses played Lankenau at the Spectrum in an emotion-packed game. They were defeated in overtime. (However, this was not a scheduled league game, so it did not count.) This loss against the Archrivals only motivated Jeff to beat Lankenau this past Thursday, February 9, by

the score of 28-15. This is the first time Jefferson has beaten Lankenau in 4 years--It won't be the last!!

The key to this victory was not only the hard work-outs the team has completed at Jeff Hall, but also the positive attitude that all the members of the team radiate. Other assets of the team are their cheerleaders, sponsor, and of course the spectators.

The February 9 game had the largest number of spectators we've had at a game--a total of six! This brings me to the following point: We have two important games left

to determine our play-off standings. On February 23 we play against one of the most competitive teams in the league--Helene Fuld!! This is a plea for all Jeff students to support our team. We can't really be a total SUCCESS without U. A Septa bus leaves the dormitory at 5:45 on February 23. Even though it seems inconvenient to take a bus, my guess is that the bus would be pretty packed if its destiny were Pub Nite instead of the B-ball game. Although we don't supply a beer, we do supply a cheer! Hope to see you on the bus!!

RUGGERS REQUEST PARTYING PERSONNEL



BY WALT PROZIAIECK

The Jefferson Rugby Club is currently preparing for the upcoming spring season. A tough 10-week schedule is slated to begin on March 4, with a match at Haverford College. The Jeff team is coming off a frustrating (2-8) fall season. Although the won-lost record was disappointing, most of the games were very close. The Black and Blue ruggers did a virtuoso imitation of the Philadelphia Eagles by managing to lose 4 games, in the waning moments, by 5 points or less. With most of last season's team returning, the outlook for the upcoming season appears bright.

However, a major problem is facing our team this season; that is, a severe lack of players. The people who do play for Jeff are among the most dedicated ruggers, and best party-ers, anywhere, but there simply are not enough of us. Unless more people begin to get involved with rugby at Jeff, our team is in real danger of folding, which would be a shame. Many of you probably know very little about rugby. It is a truly unique sport, possibly the most physically demanding team sport in the world. Yet probably no other sport has maintained its tradition and aura of sportsmanship and conduct as has rugby. Rugby has often been described as "an animals' game played by gentlemen", and it really is. We really can't understand the lack of interest in rugby at Jeff over the last few years. There are numerous fine athletes at Jeff, many of whom have at one time or another expressed some interest in playing. Yet during the past two seasons only two new people from Jeff came out for the team, while at the same time many team members were lost through graduation.

There are three standard excuses or reasons people give for not coming out for the team. Two of them are, to put it bluntly, pure B.S. and one is not quite true. Here are some excuses and our replies to them:

1. "I might get hurt!" This is

one of the few valid reasons for not playing. Rugby is a tough contact sport, and people do get hurt. However, contrary to popular belief, serious injuries are uncommon in rugby. A person probably runs a greater risk of injury playing rough touch football than playing rugby. The physical contact in rugby is more like wrestling than football. In addition, there is no blocking as in football. Anyone who plays rugby is guaranteed a few bumps and bruises, but serious injuries really are uncommon.

If a person does fear injury he should not come out for the team; but also he should not play football or basketball, etc.

2. "I'm not big enough!" This is pure B.S. In rugby, unlike most other contact sports, there really is a place for "short people". Physical endurance and finesse are much more important in rugby than physical size.

3. "I don't have the time!" This again is B.S. Rugby games are played on Saturday afternoons and last about 3 hours, excluding the party. If a person really wants to play it is quite easy to find the time. If you are on call, fine. Simply tell your resident that you want to leave early to go play rugby. After he calls you a maniac, you will be free to play. Perhaps it should be stated here that hangovers and lover's disorders are not valid reasons for missing a rugby game or practice.

Hopefully, these arguments will convince some of you to come out for rugby this spring. Give it a try! If you find you don't like it you can quit and no one will care. A team organizational meeting and the first practice are scheduled for mid-February. Times, etc. will be posted. For further information on rugby at Jeff, contact either of us in the Pharmacology Department or phone us at home.

Walt Prozialeck-Room 326-Jefferson Alumni Hall-829-7972 (Home-WA3-6748)

Joel Schaffer-Room 321-Jefferson Alumni Hall-829-7970 (Home-627-0393)

RUN, RUN, RUN

cont'd from page 12

The next problem is when to run. In a crowded daily schedule you may not think you have any extra time. However, there are

three periods in the day when you can make time. First, you can get up earlier in the morning. It sounds awful, but after a while you will get by much better with an hour less sleep. Also, there is very little traffic. The drawbacks are having to get up at an ungodly hour and running in the dark for a part of the year. Second, run at

lunch. Rather than spending an hour eating, go running. It will pick you up in the middle of the day and keep you from eating big lunches. Third and last, run at night. There is a lot of traffic, so you have to be careful and very visible, but your body is at its loosest. It's a great way to get ready for bed.

And finally, now that you are hooked, how do you find out more about running? There are two source books out now: *The*

Complete Book of Running by James F. Fixx (Random House, \$10.95) is great; also *The Complete Runner* by the editors of *Runner's World* magazine, \$10.95. I can also recommend *Runner's World*, the magazine which is the only coach most of us will ever need. Subscriptions are about \$10/year, and copies can be obtained at The Athlete's Foot stores.

Well, here is a beginning. With a little luck, by spring you'll be doing five miles a day, and wondering why you didn't always do it.

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Feel Good ... Live Longer ... Run

by Bill Adams

At 6 a.m. my alarm went off. Lifting myself from my bed, I turned off the alarm and looked outside. It was dark and probably very cold, but I got up, dressed slowly, did some exercises and ran five miles. You may be wondering what makes an otherwise rational twenty-six-year-old male get up early and run five miles in 20° cold. The reason is simple. It feels good. Now I will try to convince you to run.

Why should you run? Many people see runners as a class of masochistic cretins who lack the sense to sit back and enjoy life. To others, runners are narcissists, worshipping their trim bodies. The truth is that perhaps a very few people run for neurotic reasons, but the majority of runners do it because they derive benefits far in excess of the cost involved.

There are two major benefits from running: physical benefits, the most obvious sort, and mental benefits, not very obvious and

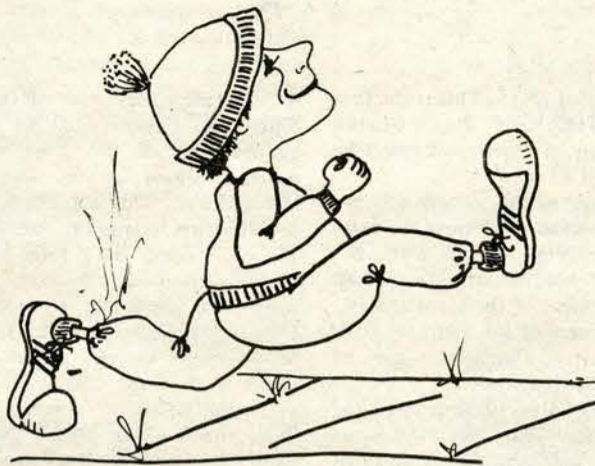
somewhat controversial. The physical benefits are those of almost any sport: stronger muscles, greater endurance, weight loss, increased cardio-respiratory fitness, and also enhancement of sexual pleasure. You **feel** good. There may be other benefits in terms of good health, such as decreased susceptibility to stroke, myocardial infarction, and arteriosclerotic disease, but these results are tentative and hotly debated.

Much has been written recently about the mental benefits of running, and speaking from my own experience, a lot of it is true. Runners feel confident and serene; at times you feel that no task is beyond your capabilities. In addition, the discipline which running requires is both physical and mental and carries over into other activities. You may find it much easier to study, to perform lab-work, or even to clean the bathroom simply because the discipline

you have acquired by running allows you to bend yourself to your own will. And finally, there is an entity called "the runner's high" which some people experience on long runs; it is a feeling of euphoria, and I have experienced it on a few rare occasions. The

feeling is ineffable and well worth running for.

Once you have decided to run, how do you go about it? In the first place, running itself is easy; if you can walk, you can run. The problem of equipment is easy to solve, since the only equipment is a




good pair of running shoes. In my opinion, The Athlete's Foot is the best store for sport shoes. There is one on 13th Street between Walnut and Sansom and one in the Gallery. I can recommend a few shoes for the uninitiated: The New Balance 320, the Nike Waffle Trainer, the Brooks Villanova are all good shoes, and range in price from \$22 to \$30. Beyond that, old clothing is all that is necessary for running. If you run in cold weather, two points are important: one, wear a hat, such as a watch cap, and two, wear a few layers of thin clothing rather than a thick coat. I run in a T-shirt, a hooded sweatshirt, and a thin nylon shell, and these, in addition to sweat-pants, gloves, and a hat, keep me warm in weather as cold as 10°.

Philadelphia is a great place to run. Nearby Washington Square has an inner sidewalk about four laps to the mile, while the outer sidewalk is about three laps to the mile. Simply running around the block is almost a quarter-mile, and the Jeff maintenance crew clears the area quickly after a snowfall. The scenic route out to the Art Museum is two miles out and two miles back. Jeff Hall to the Delaware River is about one mile. Also, Franklin Field (U of Penn) is open; the track is four laps to the mile. For you indoor buffs there is the Jefferson gym, twenty laps to the mile.

Before running do some stretching exercises: sit-ups, leg lifts, slow toe touches and the like. Spend a good ten minutes stretching; it will spare you from muscle pulls. If you have never run before, start slowly. Run a short distance at a slow pace, and when you tire, stop and walk. When you feel OK run a little more. Gradually your distance between rests will increase, until finally you can run a mile non-stop. A good rule of thumb is never to increase the distance you run more than 20% per week. Train, don't strain.

cont'd on page 11



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