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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. Some 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.

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 Cera '79, Mike Grimes '80 and Roger Allcroft '81.

Marty Carney '80 suggests that there will be a shift in the time for some of the elections. Freshman will hold 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 Sophomore 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.

Tuition: Up, Up and Away

by George Bhd

Dr. Lewis Blume, new president of the University, announced at an informal Budget 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. Blume explained Jefferson's budget for the upcoming year. Funding from the state is down $926,000 from last year leaving Jefferson to swallow a $1 million deficit. Since most of the state's spending goes toward 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. Blume 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 underclass tuition will be over $4500. (These figures given by Dr. Blume were rough estimates.)

Dr. Blume also commented on the Cianfrani indictment, which charges that medical school admissions had been bought. Jefferson did not, to Dr. Blume'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 Bloom, Dr. Steven Peikin, and Mr. Richard Gilman will investigate and Jefferson (trusted as well by the School of Medicine) will begin in February to examine current admissions policies.

On another recent news item, Dr. Blume spoke about local press reports that Jefferson owes the city of Philadelphia $1 million in back taxes, giving the impression that the University is not paying its fair share. The City of Philadelphia is seeking taxes on the new and expanded hospital to the current admissions policies.

In response to further questions cont'd on page 3.

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 $26,000 delinquent in real estate tax, purportedly owed on the new hospital building being constructed at 11th and Chestnut.

According to the Inquirer, Patrick N. Murray, 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, called the articles "to some extent not well informed." Mr. Edwin Taylor, vice-president for finance, told the Inquirer that City Solicitor Stetson Albert has indicated to the university's attorneys that the tax sale listing was inadvertent.

Jefferson is not delinquent in its tax payments. The university feels that the construction site is not eligible for estate tax exemption, and so payment of the $26,000, if necessary at all, would not be expected to go through a legal appeal process. The following, released exclusively to the Inquirer, 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 musing about whether to levy real estate taxes on property that is the site of the new and expanded 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 to 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 $254,000 in taxes on other properties in 1976 and 1977..."
Blueme Hears Potential Problems

by Marty Shenot

Representatives from the 1961 Society recently met with University President Lewis W. Bluemle to discuss problems that so often concern 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 in medicine will be needed 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 1961 consists of only 18% women, well below the national average. The 61 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 61 Society reassurances that he was interested and sympathetic to the concerns of the women of Jefferson.

AMSAGroup to Study Aged

by Jim Scheler

Very soon, members of the Jefferson Community will have some unique opportunities to learn more about the plight of the aging. 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.

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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," 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 treatment. 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 laryngoid tissue around the exterior tuba 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 check with their parents or other relatives to determine whether they may have received X-ray therapy." "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 Schafer

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 succeeding grad student is an undeniably good-looking fellow who possesses an astute intelligence, dedication, knowledge of the literature (not to mention 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 surgical residents with 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 into 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 "psych you out." However, this can be used to your advantage once you realize that ½ 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 nailing 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 grasc situation and is the crucial step in your quest for a Ph.D. These exams have an immediate impact on the future of the graduate, 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.

The result is that you fire your bladder is making you worry all night. Your shirt is soaking wet, your bladder is making you worry all night. This is im-magined by keeping one un saturnated by keeping a student who wet 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 grasc situation and is the crucial step in your quest for a Ph.D. These exams have an immediate impact on the future of the graduate, 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.

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George H. Lubeck, C.L.U.

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 a medical school graduate who was a resident at Jefferson as a resident. After having been at Jefferson, he was amazed at the chaos and anxiety 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 serious 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 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 grasc situation and is the crucial step in your quest for a Ph.D. These exams have an immediate impact on the future of the graduate, 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 torturous exams, but they will see you as "working in lab", and they'll think "Thank God it's something else, these exams don't even worry him. I like a student who thinks more of research that 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, in irremediably 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: [uhh?] 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 worry all night. This is im-magined by keeping one un Saturnated by keeping a student who wet 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 grasc situation and is the crucial step in your quest for a Ph.D. These exams have an immediate impact on the future of the graduate, 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.

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 sister medical school graduates who was a resident at Jefferson as a resident. After having been at Jefferson, he was amazed at the chaos and anxiety 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 serious 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 more...
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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 already commended you for the excellent work of the Curriculum Committee. I have been appalled at the response of certain members of the Curriculum Committee. I have not heard of any misunderstanding; we have been proceeding as the faculty and student representatives have agreed. It is regrettable that the Sophomore class representative and the junior class representative are not harmonizing their efforts, and this has created a bad impression. The Sophomore class representative has given information regarding the student body, which was not correct. The Sophomore class representative's statement is misleading and needs correction.

Student body representatives are doing a good job of serving the interests of the student body, and I commend them for their efforts. The student body is well represented in the student government, and I believe that the student body representatives are serving the university community well.

I hope that this will serve to clear some of the misunderstandings.

Sincerely,

[Signature]

From My Corner

One Student, One Vote

I was reluctant to use this forum to consider an issue that seems to affect me as an outsider until I learned that the 900-strong medical college community is so divided that students and faculty have different views 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, and his, like many, is the ad hoc committee's work. The issue seems to be one of the least understood about the university and, thus, the issue of JMC Student Council election reform indirectly affects the whole school.

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. Consequently, I have been discussing the issue with the administration and have been informed that it is being addressed.

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 Jefferson students and to faculty. Jefferson and Stouffer's employees and their families are the only group of students and faculty to use the facilities. The situation is becoming intolerable, and I have been informed that the administration is taking steps to address the problem.

Sincerely,

[Signature]

Jim Gander

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 the Executive Committee will consider his stance for truthful dialogue.

Gym Security Lax

Despite this 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, but there's still more work to be done, as before in close cooperation with the students.

Sincerely,

[Signature]

[Chairman, Curriculum Committee]
Letters Continued

New Rules Needed for Gym Use

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Nightmare on Film

by Patrick Sokas

Along with exhaustion, exhaustion of scut work, and the realization that the hospital is less efficient, one comes to the realization that Hitchcock's Broadway posed to be funny is that the film is somewhat famous. So much trashy entertainment exploits medicine that it's an uncustomed 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, prospect of Laurence Olivier dumb jokes fall flat and then are uninteresting. About every Hitchcock figure conniving to do in patient care is such a bad joke. The 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. And the end, he seems almost as bad as the badguy.

Almost. The evil characters are so hilarious but that they redeem him somewhat. There are more evil stars 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 (frighting, slightly skewed view of medicine, the movie is a must.

Low Illarity

"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 GEE is made of softer stuff, and The Betsy rolls on, as scheduled.

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

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 amusing, 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 Duval, Katherine Ross, Paul Rudd, Lesley-Anne 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 whose good work is not good enough. Considerably less good at their work are Kathleen Beller and Tommy Lee Jones. He's a bus inet somewhat famous by doing a television special about Howard Hughes. He is all the closer 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.

Stupor, coma, and death: Surgical Resident Genevieve Bujold is in danger of being strung up in "Coma."

Letter Defends Convy's Honor

Dear Sir,

I enjoy Mr. Sokas' movie reviews, but feel obliged to complain about the treatment of Mr. 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 Trevor's suitors 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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Dr. Robert Mackowiak, Assistant
Dean and Director of Student
Affairs of Jefferson Medical Col-
lege was recently elected to fellow-
ship in the American College of Car-
diology (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 In-
ternal Medicine (ABIM) and the
subspecialty of Cardiovascular Di-
ease of the ABIM. Following
these certifications, his nom-
ination was proposed by two fel-
lows 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 Sur-
gery.

— Martin Trichtinger
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 Archival 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 Fulh!! 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!!

RUN, RUN, RUN

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.

by WAPPI PROIALEKCI

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 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 broader aren’t 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 sportmanship 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 BS, 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 touch contact sport, and people do get hurt. However, contrary to popular belief, serious injuries are uncommon in rugby. A person who plays rugby is guaranteed a few bumps and bruises, but serious injuries really are uncommon.

2. “I’m not big enough!” This is pure BS. In rugby, unlike most other contact sports, there really is a place for “short people”. Physical endurance and fitness 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 2 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.

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RUGGERS REQUEST PARTYING PERSONNEL

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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 of this.

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, the most obvious sort, and mental benefits, not physical.

At 6 a.m. my alarm went off. There are two things I have acquired by 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 cardiorespiratory 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 sweatpants, 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 (41 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: 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.

Omelets for Brunch

Saturdays and Sundays!