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Ariel - Volume 9 Number 1

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Freshmen Field Furious Follies
by Lee Wiugoski

The halls of Jefferson Commons were witness to the annual "Freshmen Follies" last Wednesday evening, May 17th. This once-a-year spoof, where students reflect humorously on their past year at Jeff, showed that no one was spared: faculty, student nurses, or the students themselves.

With a band starting the evening with a revived version of "Aqua lung", this group of rather talented Frosh proved vital to the show, picking up the silence of scene changes and providing good entertainment for the intermission. The shows M. C.'s, Rob Keister and Jeff Basem have been commended not only for their original ideas and acts on stage, but also for their coordination ability during the few weeks prior to the show.

Augie Augments Follies
Even though the ribs of a number of faculty members were poked, this did not prevent them from being spectators to the caricatures portrayed by the students. On a couple occasions, faculty members actually stepped into the spotlight. During the first act, in what proved to be as much a surprise to himself as the audience, Dr. Augie Epple took to the stage, being told that he was to mimic students in the classroom setting (i.e. reading the newspaper). This misconception only lasted for a few seconds however, when full lights came up to reveal the "Epple Look-a-Like Contest". Being the last of five contestants, Dr. Epple was finally asked why anyone would want to be 'Augie' Epple, with a professorship in anatomy. To this Dr. Epple spontaneously replied, "Well, I had higher ambitions." The opening of the second act saw Dr. E. Marshall Johnson reek revenge on the Class of '81, as the "Follies" proved to be a whole new "modality" in medical school experience.

Chuck Bryner, Kelly Acsom, San Laueks, Diane Gillum and Mitch Edmundson in Follies' "Admissions" Sketch.

Chuck Bryner, Kelly Acsom, San Laueks, Diane Gillum and Mitch Edmundson in Follies' "Admissions" Sketch.

Hospital in Labor
by Steve Robb and Greg Slick

Although the Jefferson Hospital is a 5 months pre-mature there is no need for alarm. With its dedication on June 9th, the building program that has revamped much of the university comes to a close.

This newest addition to the Jefferson family is part of a well planned phase of growth that started back in 1964. By 1971 the Philadelphia Hospital Authority had already be established by the city and the state. The authority allowed Jefferson to float the third largest bond issue up to that time for a U.S. hospital. The new hospital stands 9 stories high, 434 beds, almost all of which are single and in private rooms, and cost in excess of 90 million dollars. The first floor, in addition to its parking and loading facilities, will house a Fidelity Bank, shoe store, electronics and radio shop, food store, pharmacy and hospital gift shop, with additional shops to open later in the year. The second floor houses much of the management and of the hospital - dietary, admissions, bookkeeping and cafeteria. Dining tables are placed in both north and south atria, or courtyards, which through a computerized glass roofing will be climate controlled year round. Impressive in both design and sheer size, this landscaped focal point of the hospital similar to Children's Hospital in concept, will be high above the large decorative clouds. Floors 3, 5, 7 and 9 are used in Egypt. 4, 6, 8 are outpatient, office space, records and library.

Dr. F.J. Sweeny, Vice-President for Health Services, has noted that neither the Foerdeler Pavilion or Thompson were built, or can be possibly adapted from an economic viewpoint, as a teaching institution. He notes several improvements towards better teaching facilities in the new hospital. Each floor has been broken down into 4 sections of 32 beds, each with nursing stations and two teaching rooms per section. Foerdeler presently has 32 beds for 1 teaching station and 1 teaching room. These teaching rooms are small in the new hospital but at each end of each floor there is a large classroom which can seat 20 students. In each addition there is a teaching center.

Small seminar rooms are located adjacent to most departmental and clinical areas of each floor. For example, both CV and pulmonology, on the 5th floor, have seminar rooms (Continued on Page S.)

TUITION: Jefferson Ups Yours
by Pat Walsh

The Thomas Jefferson Board of Trustees voted May 1st to increase next year's tuition for all medical students. Freshman will be paying $7,000 while upperclassmen are facing a 10% increase in charges. According to Dean Kellow the tuition increase was held to a maximum with mandated pay raises of between four and nine percent being the major additional cost in the budget.

While the tuition increase is higher than the 6% raise which Dr. Blumenstel set as the minimum last winter, many students expressed surprise that the increase was not greater. Indeed, Jefferson tuition will be the same or less next year than the other non-state related schools: Hahneman - $10,000; Penn - $7,000; Medical College of Pennsylvania - $7,000. Tuition at the three state related schools will range from a low of $4,000 at Pitt to $5,000 for Temple and Bensalem.

When asked whether the large increase in tuition at Hahneman made it easier for Jeff to raise its tuition, Dean Kellow replied with an emphatic no and expressed fears that a large increase in tuition would hurt the long term effort to diversify the student body. In fact, Dean Kellow stated that fewer black students are enrolled for next year's class.

The increase in tuition will generate an additional $450,000 next year with the total income from tuition estimated to be $5,602,000. According to Dean Kellow tuition pays approximately 17% of the medical school budget with Federal Grants and state aid making up the bulk of the balance.

Aponte Previews Pathology
by George Winch and Bert Schawelz

With the advent of Spring, some thoughts turn to love, but around here, the freshman will soon think of nothing but Pathology. Dr. Gonzalo Aponte, the man we can thank for this, recommends a textbook either Anderson or Robbins, with Robbins being the book of choice for those who wish to understand what they read. Though most of last year's students' bought Robbins, its use is what Dark room fans will thrill to the fact that we will be viewing more than two thousand kodachromes during the course. Dr. Aponte is working on getting copies of the slides for student use in the library, but this will probably not be possible this year. Kodachrome review sessions normally held on Saturdays by Dr. Warren Lang remain unscheduled at present since Dr. Lang is on sabatical at the Mayo Clinic until September. A replacement is being looked into.

Concerning the exams, you might as well know right now that all are cumulative, with material from this spring appearing on the final. There is a lot of material in little time, so the best advice is to get it right away, which brings us to the purpose of this article. A Bud thought that a few of you that were bored with Neuro might want to get a headstart.

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Two Nurses Discuss Their Decision To Become Physicians

by Brad Feldstein

Most students, having followed the traditional 4-year premedical curriculum as undergraduates, enter medical school with similar educational backgrounds. Two women from the class of 1981, however, would have to take exception from including themselves in the above group. Dolores Labota, 23, and Mary Jane Mc Clemens, 26, entered Jefferson in September of 1977 as health professionals from the field of nursing, but in the past 9 months they have begun the process of becoming physicians.

Dolores Labota graduated from Villanova University’s Baccalaureate Nursing program in 1976, just 2 years after she had decided that she would eventually like to become a physician. Having picked up the necessary pre-medical requirements along the way, she applied to Jefferson in July of 1976 and was accepted in September of that year. Prior to entering Jefferson, Dolores worked at Hershey Medical Center as an operating room nurse.

Mary Jane Mc Clemens transferred to Boston University’s Baccalaureate Nursing program in 1971, after one year at Montclair College as an undeclared major. Upon graduating in 1974, she worked as a staff nurse at University Hospital in Boston for about 6 months. I enjoyed the work that I was doing; it was a very interesting floor to work on. University Hospital is affiliated with Boston Medical School and is a teaching hospital. The floor which I worked on was surgical, mostly cancer patients.

Our floor worked extremely well as a unit. The doctors were extremely cooperative in working with the nurses and the patients. It wasn’t like a lot of floors where the doctors just came through, wrote orders, and left. They made an effort to keep the lines of communication open, and there were a lot of learning opportunities, such as conferences and case presentations.

I gradually found myself being drawn in toward the physician’s role. The whole process of learning about disease, yet having a relationship with a patient, really appealed to me. I had an opportunity to observe first-hand the doctor’s role in patient care, and it was one which appealed to me.

I really enjoyed what I was doing at the time, but it was limiting to me. I don’t mean to say that nursing is a limited profession, by any means. But my interests were in the diagnostic aspects, the taking of responsibility, making decisions about treatment, and being someone who is in a little bit more control about what happens to the patient.

Dolores: I saw my decision to enter medical school as a way in which I could give the best care and the most care that I was capable of producing for a single patient. It’s important to point out that at the time that I made my decision, I decided not to switch into the traditional pre-medical curriculum. I wanted to be able to integrate my experience, facility, and perspective as a nurse into my training as a physician.

The frustrating thing about another hand, he should respect the nurse because she has a certain talent and knowledge to offer, too. People who work together on a health care team should come in with respect; it should not have to be earned.

Mary Jane: The doctor’s which I respected the most were the ones who gave the nurses some credit for having some intelligence. A lot of them did, but there were a few who just wouldn’t. I also had a lot of respect for doctors who were good with their patients.

On the oncology floor where I worked, the doctors and nurses had a very good working relationship. There was a lot of cooperation. They weren’t the type of doctors who would say, “Why hasn’t this been done?” Doctors and nurses would work together on many patient problems. The important thing that they realized was that the nurses were with these patients more time than they could ever be, so they gave us credit for what we knew about these patients.

Ariel: When you finally decided to become a physician, were you supportive of your decision?

Mary Jane: Many nurses that I would talk to would say, “They don’t take nurses into medical school. It’s very hard for a nurse to get into medical school.”I even had a long discussion with a nurse who had applied to medical school before and had been rejected. She said, “Oh, nobody ever gets into medical school after they’ve been a nurse. It’s just impossible.” However, I knew that that wasn’t true. I knew of several doctors at the hospital where I was working who had been nurses before becoming doctors.

The people at Emmanuel College, however, were very encouraging to me. My father was also very supportive, although he was a bit pessimistic. He never discouraged me from pursuing my goal, but he kept saying things like, “Well, if you don’t get in, you can always be a nurse practitioner or nurse anesthetist.”

Most of the doctors were also very encouraging. I had heard from other people that doctors don’t like nurses to enter into their field, but this was something that I had never heard from a doctor.

Dolores: My family, particularly my father, has the impression that I will do whatever I decide to do. They have been, and still are, very supportive.

I was cautious in my approach to the people at the College of Nursing. I realized that someone else could have benefited by being in my place at school. This was the first point that the Dean of Nursing brought up to me. However, she was helpful to me and made it possible (Continued on Page 6.)
FOR YOUR INFORMATION

by George Coar and Rick Bartlett

According to U.S. News & World Report, profits of United States Companies during the first quarter of 1978 were up 8 per cent compared to the same quarter in 1977. This was due to a slowing of inflation. But of companies surveyed, three out of four reported an increased profit due to inflation. Richard Nixon's recently published memoirs are selling for $19.95. To date over fifty books on Watergate (Who says crime doesn't pay?)

Based on prices from the fall of 1977, the minimum budget for a family of four living in Philadelphia is $10,897 per year. This can be contrasted with a figure of $11,185 for New York City. Now, aren't you glad you are living in Philadelphia?

The Federal Government is considering making the following items free or tax exempt: free tuition for spouses and children of university professors, season tickets to sporting events, free subscriptions for employees of magazines and periodicals and

An Interview With

SAM RAPPAPORT

by George Coar

This is the first in a series of articles attempting to profile the 171U populace with some of the individuals who represent them in various governmental posts. They are not intended to express the political views of either the author or the Ariel.

The 182nd District is represented in the Pennsylvania House of Representatives by Attorney Samuel Rappaport. Rappaport was born and raised in Philadelphia. He is a graduate of Temple University School of Law. During the period of 1966-67, he served as a delegate to the Pennsylvania Constitutional Convention and was responsible for drafting the legislation permitting "Home rule." In 1970, he was elected to the Pennsylvania State House of Representatives. His positions in the House include vice-chairmanship of the Appropriations Committee, vice-chairmanship of the Ethics Committee and vice-chairmanship of the Urban Affairs Committee. Rappaport is also a founding member of the Philadelphia Health Action, the only consumer controlled health maintenance organization in the Philadelphia area.

"I believe in local and original government and I am a strong advocate of community control, particularly local planning. The level of control should depend on how to best structure a program to provide service."

On the issue of housing: "Public housing is a failure. Government should get out of housing. I believe in individual home ownership. Of course, there are always individuals who will be unable to own their own homes. In these cases, rent subsidies should be the answer."

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GRADUATION DISPUTE

Editorial

"Sorry, Grandma, You Can't Come" An article which appeared in the April 1, 1978 issue of the Ariel has raised a point concerning a problem which, if not corrected, could serve to cause much antagonism among members of the University's community. Author Martin Trichtinger reported an article announcing that the Philadelphia College of Osteopathic Medicine would conduct separate commencement exercises for the medical and allied health programs. This has necessitated a discussion of the matter by the administration, faculty and students of the University. The 'sense of unity between the colleges,' that has been a hallmark of the University, must be preserved or the spirit of the medical profession of medicine may be lost.

One possible solution of this dilemma is not really a solution at all. The situation can remain unchanged, with a consequent decrease in the number of students available for graduation. This would keep graduation exercises for all students at the beautiful, traditional Academy of Music. The 'sense of unity between the colleges,' that President Bleumie feels is a good point here at Jefferson would be partially maintained. I say, partially, because of animosity which could develop between the colleges of the Osteopathic Medical and Allied Health sciences. The number of students available for graduation means that few members of each student's family can attend the ceremonies. Graduation from college and professional school is an important occasion in the lives of the students, and, more importantly, in the lives of the students' families. As more families are upset by the circumstances, a certain degree of hostility is bound to be generated. This would be the case, however, if the University seeks a solution that will work satisfactorily for all of the students.

If graduation is moved to a new location, probably that location will be the south end of the campus. The 'sense of unity between the colleges,' that President Bleumie feels is a good point here at Jefferson would be partially maintained. I say, partially, because of animosity which could develop between the colleges of the Osteopathic Medical and Allied Health sciences. The number of students available for graduation means that few members of each student's family can attend the ceremonies. Graduation from college and professional school is an important occasion in the lives of the students, and, more importantly, in the lives of the students' families. As more families are upset by the circumstances, a certain degree of hostility is bound to be generated. This would be the case, however, if the University seeks a solution that will work satisfactorily for all of the students.

To the Editor of Ariel:

It was disheartening to read Martin Trichtinger's article in the April 1st issue concerning the number of tickets available for the 1978 June graduation. For two years I have been emphasizing to my students the importance of being within five minutes of the ceremony, so that health care delivery to a patient is a team approach. The medical profession has been used to nothing but the best as far as the quality of communication, respect, and desire to work together that exists among the involved professionals.

The medical students that become physicians at graduation would have a very hard time practicing without the vast cadre of allied health professionals providing their expertise. Yes, Martin Trichtinger - cytotechnologists are a big factor! How many of us have worked with students and recent graduates over the past two years? I have had the privilege of working with many of the professionals in the medical field and feel that they have become physicians at graduation.

I have always felt that one of the strengths of Jefferson Medical College and the Thomas Jefferson University Hospital is the existence of a cadre of professionals dedicated to improving the medical profession. The professional students and the students to whom they go will have a much better chance of understanding the importance of the various roles and responsibilities of healthcare professionals. This must be addressed in the educational setting of the University. It is hoped that the University will not take this step until the matter has been explored by the administration.

James M. Hunter, M.D., a prominent Philadelphia physician and educator, was born in Camden, NJ. He received the A.B. degree from Dickinson College, and the M.D. degree from Jefferson Medical College in 1953. He interned at Jefferson from 1953-54. He is a resident in orthopaedic surgery at Jefferson and studied under the eminent Dr. Anthony DePalma, from 1954-58. He then proceeded on as a fellow in hand surgery at Columbus-Presbyterian Medical Center in New York from 1958-59.

Dr. Hunter is now Associate Professor of Orthopaedic Surgery at Jefferson Medical College and Chief of Hand Surgery Service and Coordinator of House Staff Education. He is a member of many hospital committees. He was past consultant for the U.S. Army at Valley Forge General Hospital and is now consultant at the University of Delaware. He is also a member of the staff and Director of the Hand Surgery Service at the State Hospital for Crippled Children, Elizabethtown, PA. He is an N.I.H. grant recipient and U.S. Army Research and Development Contract command contractor, and through these arrangements, Dr. Hunter has been able to develop the concept of tendon implant (the Hunter rod), which is used worldwide. An ongoing research project between the Department of Orthopaedic Surgery and Dr. Robert Mullarky, Department of Anatomy, is concerned with the nutrition of the tendons of the hand and clinical applications for surgeons.

Dr. Hunter founded and established the first center and clinic for rehabilitation of the hand in Philadelphia-the first of its kind in the Delaware Valley, the first in Pennsylvania and one of the first in the country. He also introduced the Hand Surgery Service into Jefferson Medical School. In 1970 he established the Hand Surgery Service to Section of the Department of Orthopaedic Surgery at Thomas Jefferson University Hospital. His practice is at the Orthopedic Center, 243 South 10th Street, Philadelphia, PA.

The center was established by Dr. Hunter to focus the best existing knowledge and technical ability on the objective ofaida hand in cases of hand malformation due to injury or disease. It has one purpose - to make hands functional and that its patients can compete in the world. Rehabilitation of the hand is a two-pronged program involving physical therapy and occupational therapy. Dr. Hunter contends that the hand is injured more often than any other part of the body. Nearly one-third of all industrial accidents involve the hand, and two-thirds of those result in permanent disability. The hand specialty is challenging and combines general, neurological, orthopaedic, and plastic surgery.
Dr. Hunter

[Continued from Page 4]

as well as the new micro-surgery technique when traumatically amputated hands or parts of the hand can be replanted and brought about to function almost to the pre-accident level. The center handles industrial accidents, arthritis, birth defects, burns, paralysis, and crippling due to degenerative diseases and tumors.

Dr. Hunter is also a devoted member of a musical jazz group, the Red Peppers, who play both professionally and for pleasure. He is a member of the Philadelphia Union League and the Bachelor's Barge. He is an avid boatman and often rows several miles up and down the Schuylkill River.

Dr. Hunter and his wife Carolyn have three children, Gary, Kimberly and Jeffrey, and reside in Penn Valley, Narberth, Pennsylvania.

[Dr. Hunter was the guest of honor at the 46th annual Black and Blue Ball held May 13th at Jefferson Alumni Hall. The Ariel prints this biographical sketch as a service to its readers.]

HELLO!

by Emily Wofford

All of a sudden the sophomores have left their seats in Solis-Cohen and have begun that part of their medical education for which most of us are here. They have gotten haircuts, hidden their blue jeans in the closet, and taken off for the hospitals. To them we say good luck, let us know how it is, and see you in the sauna when you're not on call.

As for those of us with still another year of basic science lectures and the note service, we are also moving ahead into new grounds. (That is, of course, barring any unexpected drastic deviations from the mean.)

Unlike other four year institutions, where upperclassmen traditionally have the loudest voice in student affairs, the campus and the curriculum are not conducive to four years of commitment. Most juniors and seniors just don't have free time. Therefore, we fledglings are left to attend the nest.

As freshmen we had to learn where the front door was (and how to slip out the back,) and now that we are somewhat secure in our insecurities, we can assume some responsibility for the student body.

We at the Ariel staff are experiencing an acute onset of responsibility. If you haven't noticed a change in volume number on the masthead, take another peek.

Since the last issue was published, a new board of editors has taken the job.

The previous staff has made a highly commendable contribution in rehabilitating the paper and restoring its circulation. We all reap the benefits of their long hours of work not only publishing the paper and keeping us informed but also doing the dirty work involved in its resuscitation. We now have another channel for expressing the ideas and concerns of the students. Thanks to the editors of volume eight for a job well done.

And now for volume nine...

New Hospital Unveiled

[Continued from Page 1.]

rooms within their areas: The 9th floor has more teaching space than any other floor, completed by a large audio visual center. The entire hospital is wired for T.V. audio-visual taping.

Each patient room in the hospital has what is called a "nurse server" or set of built-in lockers where clean linens, supplies and medications can be stored or used linens can be placed for storage.

Dr. Sweeney noted that Jefferson Hospital is a tertiary care center, serving as a source of updated and available technology to both urban and suburban areas. The hospital complex, he noted needs to maintain 647 beds in surroundings that meet modern life safety codes. The new hospital represents a modernization program which allows for replacement of less desirable inpatient facilities in some of the older buildings of the hospital complex, while adding a net gain in medical sophistication without a net increase in beds.

Recently the university received alet of bad press concerning the taxes on the new hospital. According to Dr. Sweeney Jefferson is awaiting the outcome of the Over­

Certainty Case now pending concerning a similar situation at the Phila­

delphia College of Osteopathic Medicine. Dr. Sweeney says, "Jef­

feson pays taxes." The university will be paying taxes on com­

mercial space in the new hospital and for private offices.

Concerning the tuition increase, Dr. Sweeney stated that there is no tuition money going into the new hospital. He explained that it has been a policy of the university that each division rises or falls on its own budget and that no tuition money from the medical school is being used for the hospital.

Long range plans call for Thompson to be used for psychi­

atry and ancillary services with the Foerderer Pavilion housing clinical labs, pediatrics, OB/GYN, physical medicine and rehabilita­

tion. Also the emergency room will be moved to the first floor of the Foerderer Pavilion, after the pavilion elevators have been re­

modeled to connect with each floor of both the new hospital and Thompson.

The Bull Flies

by Dan Flynn ’78

The National Student Educational Fund sponsored a national competition to recognize college students who produce the best informational materials for other students: printed or audiovisual matter. After recently reviewing the 330 qualified entries, The Flying Bull made it into the finals and was selected for Honorable Mention for best student publication for 1977. Because of its originality there is interest in making it available as a model to students at each of the other medical schools.

The 1978 edition is now being prepared. Anyone interested in being an editor, writer, or proofreader etc. should drop a note in Jeff Hall Box 290.

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(Continued from Page 2)

thing that I could spring from. I look upon my education as part of continuous development."

Dolores: Perhaps some people look at the two of us and wonder why we didn't things the way that we did. I guess both of us would say, "There isn't any other way; it's logical."

Ariel: How people in your class reacted towards your prior nursing experience?

Dolores: Overall, the feedback has been good. Most people in our class are mature enough to appreciate the experiences of other people, just like I appreciate the fact that other people have different backgounds that are completely unrelated to medicine. However, there are those who feel threatened by the fact that maybe a person has been competent at what they do, maybe, they think, it will make a difference.

Mary Jane: I really haven't had any negative feedback. Most has been either positive or neutral. However, people do tend to make a lot of assumptions about what you've studied before.

Dolores: I would like to be able to share what I know with other people in the class, and I hope that they would share with me what they have learned.

Ariel: Do you see yourself as a nurse training to become a physician or as a medical student in the process of becoming a physician?

Dolores: For me, there is a definite process that I am going through. I can identify a nursing attitude, and I can identify a physician attitude. Personally, I like being able to piece them together. When I am in a position to listen to a conversation between a doctor and a nurse, sometimes I listen as a medical student. Hopefully, I will be able to incorporate both attitudes in terms of the care that I will be able to give to a patient.

Mary Jane: I must admit that I no longer really think of myself as a nurse. It's been almost two years since I worked as a nurse, and it's difficult for me to align myself that way. I feel like I've taken a real step and have a different perspective now. Of course, there is part of me that is nursing. It applies to all the skills, and I will always have those skills.

Ariel: How will you approach the physician/nurse relationships?

Mary Jane: I never want to be the kind of doc that says, "Look, I was a nurse once, and I know that you ought to be able to have your say on time." Recently, I overheard a resident in the ER complaining over the phone about lab results. He said, "I know that I spend a long time doing a CBC, because I used to be a lab technician myself." However, I can also see in terms of a nurse's training, capabilities, and skills is something I will carry with me.

Dolores: I'll have a certain respect for the nurses who I'll be dealing with for what they have been educated to do and for what they feel is their function.

Page 6

Student Council News

by Sue Gorden

The student council of the Medical College of Georgia has recently introduced three major reform changes involving elections in the election of Class Representatives and executive officers.

Mr. Martin Carney, chairperson of the Election Reform Committee, submitted his committee's proposal at the Council's April 26th meeting. At this meeting, the proposal for the class restructuring was approved by a 3/4 majority vote of the Student Council. The proposal was then passed by a 3/4 majority vote of the Student Council, the President, Vice-President, Secretary, and Treasurer, in a general election involving the entire student body.

The most controversial and major election change concerned the selection of the Executive Board, the President, Vice-President, Secretary, and Treasurer, in a general election involving the entire student body. The proposal, which was passed by a 3/4 majority vote of the Student Council, the President, Vice-President, Secretary, and Treasurer, in a general election involving the entire student body.

Although the upperclassmen who made little contribution to the drafting of the proposal, rejected the proposal on the grounds of "semantics and logistics." The proposal was then placed back to the Election Reform Committee for further changes.

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The student council of the Medical College of Georgia has recently introduced three major reform changes involving elections in the election of Class Representatives and executive officers.
More Frisbee

[Continued from Page 8] The team closed its season on a rather depressing note, losing a hard fought game against Lehigh University. Although Jefferson added the skills of Tim Cates, Mike McClosky, Steve Levine, Jim Bahli and Marc Norris, the gale force winds of the Lehigh Valley proved too difficult to overcome. A good indication of how difficult it was to complete a pass is found upon comparison of the statistics from the two games. The team average of completions in the Penn game was over 60%. In the Lehigh game, only a third of the passes attempted were completed. Steve Levine played well enough to catch two goals, although he freely admits he should have had four or five. Rick Finegold had five assists on seven goals, which gives him seventeen on the year. This, to my knowledge, is a TJU Ultimate record. Also, according to the statistical records kept by the future Mrs. Little, "Broadway Bill" McLemore managed once again to complete 100% of his passes. All things considered, the season was at least a moderate success.

[Continued from Page 8] Hopkins' daily training giving him the edge in the final kick. To many people Bob Hill (I) was the surprise of the evening, as he won in each of the four events he was allowed to enter. Hill won in the first relay, the 80 yard freestyle, the 80 yard backstroke, and touched out Carabasi (NS) to win the 40 yard freestyle in 17.7 seconds. Hill explained his performance by pointing out that he has been tapering longer than most people (four years), but others have been more inclined to attribute his wins to the fact that he is somewhat stronger than a speedling locomotive. John Reinhardt (I) and Doug Miller (I) also each won four events. Reinhardt swam one of the finest races of the evening against Hopkins (NS) when he continued to accelerate on every stroke of the 80 yard butterfly, finally winning the race by two body lengths. Reinhardt also won the 40 yard backstroke, and two relays. Independence Captain Doug Hillier won on two relays, the 80 yard breaststroke, and the closest race of the evening, the 40 yard breaststroke. Hillier, Carabasi (NS), and Erickson (PA) came off of the blocks together, out of the turn together, and swam stroke-for-stroke even to the finish, where Hillier finished less than one tenth of a second ahead of Erickson and Carabasi in a time of 24.8 seconds.

FUN RUN

A FUN RUN will be held in conjunction with the dedication week festivities celebrating the opening of the new TIUH. The race will begin at 1:00 p.m. on Sunday, June 11, and will be open to all joggers. Affiliations with the Jefferson community is not required.

The runners will begin their approximately 2.5 mile course in the plaza behind the Scott building. They will follow Eleventh Street to the Chestnut Street Transit where they will turn east and continue to Front Street. On Front Street south to Walnut and west on Walnut back to Eleventh, the runners will race until they reach the entrance to the new hospital on Eleventh Street.

No Registration is required for participation. Certificates will be given to all participants who finish the race.

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Spring Brings Out the Bees

by Ed Little & Ray McLaughlin

The team that drowned out Nu Sig and Phi Alphas (L to R) Rob Hill, Kine Childress, Ty Jenkins, Cap's Doug Hillier, Beatt Reinhart, Steve Eising. Jeff Lubin [kneeling], and Bruce Dooley, official starter.

Independents Drown Frats

Twenty-six swimmers representing Phi Alpha, Nu Sigma, and Independence Swimming competed in the annual Intermural Swim Meet at Jefferson Hall on May 3d. Among the competitors were (some more so than others) college swimmers, high school swimmers, and untrained natural talent. The team had been postponed twice, giving the swimmers unexpected time to psych up and 'taper' (swimming jargon for slack off). Bruce Dooley was kind enough to officiate and act as starter for the meet, being rewarded for his efforts with an unexpected and fully clothed swim at the end of the evening.

Phi Alpha's fine effort was led by team Captain Jim Wilson, Al Erickson, famous lifeguard Griffin, and Sue Erickson who won the women's 40 yard breaststroke. Nu Sigma was the pre-meet favorite, with such college swimmers as Matt Carabasi (Princeton), Ben Hopkins (Penn State), Dennis Monteiro (Miami) and Mo Lawlor (William and Mary). Independence Swimming, described by Place Judge Haines Cates as "the biggest group ofingers ever assembled" included John ("Beast") Reinhart, a local swimming star, Rob Hill (Lehigh), Steve Eising (Lehigh), Captain Doug Miller (U of Cal. at Santa Barbara), Jeff Lubin, Ty Jenkins, and Kim Childress.

Independence set the tone for the meet by winning the first event, the 160 yard Medley Relay, with Hill, Hillier, Reinhart and Eising. Phi Alpha outswoam Nu Sigma for second place. Ben Hopkins (NS) and Steve Eising (I) battled the longest race of the evening (300 yard free) with (Continued on Page 7).

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Thus, Frisbee spread in the fertile playing fields of college, where ten-credit semesters and free Fridays permitted homing instincts of the art; but it took one person to bring ultimate into the hurried time schedules and necessities of the medical school set. Rick Finegold had played on the old Princeton team during his college days, and he encountered a number of students here at Jefferson in the fall of 1976 who had tossed a few ‘bees’ in college squads. He introduced the game in the spring of 1977, and it struck a responsive chord.

Gradually a team developed, playing a game different from college ultimate only in the size of the field (the Barringer backyard instead of a field sixty yards long and forty yards wide with thirty yard end zones). Instead of the regulation seven man team, the Jeff ultimate squad usually scrimmages on their home field with four men on a side. The other rules remain the same--throwing the disc is again the only opportunity to the opposing line-up on the other goal, then the ‘bee’ is moved up the field by passing. A pass that is incomplete, dropped or intercepted results in a turnover of the ‘bee’, and the defenders attempt scoring in the other direction. There are two twenty minute halves, and a good running game has been calculated by Roger Woods, M.D.-director of the Institute of Frisbee Medi-