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Christmas Concert with a Twist:
Choir Plans Renaissance Remake
by Guy Giordano
As the Christmas season approaches, it soon will be time once again for the Annual Thomas Jefferson University Choir Christmas Concert. Since its beginning in 1970, the choir has been bringing musical entertainment to the Jefferson community. The choir has performed major works of such composers as Bach, Mozart, Handel and Vivaldi, as well as spirituals, contemporary music, and even music written by a member of the choir.
This year, in addition to the Christmas concert at McClellan Hall on December 8, the talented choir members are adding yet another to their long list of accomplishments. On Wednesday, December 13, the TUU choir and Stouffer's join together in presenting a Renaissance Evening. On that night, Jefferson Alumni Hall cafeteria will be transformed into an English pub in the seventeenth century. Guests will be served to an estimated ratio of 1:3 roast beef, roast quail with wild rice stuffing, braised carrots and apples, escarole and bacon, and tarts and torte for dessert all accompanied by plenty of wine and ale. Decked out in their finest authentic reconstituted Renaissance costumes, the choir members will provide an evenings worth of entertainment. The well-known madrigal singers will be performing; not just that, but the multi-talented choir members will also be dancing authentic English contra dances and playing the songs of Old England on guitars, violins, and flutes. Finally, there will be strolling minstrels and a group of student actors, all in an effort to re-create for an evening the bawdy, congenial atmosphere of an age that may be gone but it not forgotten.
Everyone is encouraged to join the choir as they sing, play, dance, eat and drink in the spirit of the English Renaissance. Tickets are $7.50 and can be purchased from the Commons or any choir member.

FAMILY PHYSICIANS FUNDED
Philadelphia, Pa. (November, 1978)—What ever happened to the "kindly family doctor" Americans relied on for medical care a generation ago?
Until recently, the number of specialists such as cardiologists and surgeons soared as the number of family practitioners steadily decreased. However, that trend has turned around and more and more students are choosing family practice careers. As a result, a new shortage has been created—a shortage of family medicine teachers in the nation's medical schools. In direct response to the need for more educators in family medicine, Thomas Jefferson University has launched a faculty development program to recruit and train family medicine physicians to teach family medicine in medical colleges and develop training residency programs for residents throughout the country.

U.S. Department of Health, Education and Welfare, family practitioners will receive "on the job training" in Jefferson's department of family medicine.
The program—one of 23 funded by the Federal government—will run for five consecutive six-month sessions, with the first session scheduled to begin January 1, 1979. Two physicians will be trained during each session.
"Our goal is to increase the number of physicians who are interested in pursuing a full-time teaching career in family medicine. We plan to have two residents trained per session over the next five years," said Dr. J.R. Shea, who is directing the training program.

Casablanca Collision
by Ed Silverman
Saturday, November 4, 1978 while travelling on a small road south of the Atlas Mountains heading toward Casablanca, Morocco, Dr. J.R. Shea Jr., of the Thomas Jefferson University Anatomy Department, and Mrs. Christina Shea were hurt in an automobile accident. Dr. Shea received a compression fracture to the body of vertebra T10 and Mrs. Shea sustained a broken clavicle. As of November 22, no signs of neurological damage are evident but Dr. Shea is not being moved from his bed in the Casablanca Hospital. The attending physician to Dr. Shea is Dr. Laabi of Morocco.

New AOA Members
Alpha Omega Alpha, national honor medical society, inducted eighteen Jefferson students into its membership on November 30, 1978. Members of the class of 1979, they had been elected to receive the distinguished honor last spring. The newly inducted members are Richard S. Blumberg, Deborah K. Children, Peter J. Christ, Alan R. Erickson, Michael L. Graybeal, Michael J. Guarino, Kevin R. Harris (President), Glenn D. Horowitz, Dale E. Johnston, Steven Levenberg, Michael X. Repka (Vice President), Mark H. Snyder, Vikki A. Stelans, Victor J. Thomas, Katherine M. Wagner, Joseph A. Walsh, Thomas M. Williams, and Jeffrey A. Wilt. At the fall meeting of AOA, seventeen members of the class of 1979 who were elected this fall were also announced. They are Terry B. Bachow, Bernd S. Burke, Philip J. Dowmanky, Mary A. Facciollo, Allen J. Gilson, Creston C. Herold, Jr., Kevan C. Herald, Natalie C. Klein, James B. Lam, William B. Laskin, Michael E. Mahlo, Michael J. McLaughlin, Patricia M. McGuire, William B. Reeves, Lois M. Saster, Michael B. Veintren, and Dennis R. Witmer.

As stated in the society's constitution, "Alpha Omega Alpha is organized for educational purposes exclusively... and its aims shall be the promotion of scholarship and research in medical schools, the encouragement of a high standard of character and conduct among medical students and graduates, and the recognition of high attainment in medical science, practice, and related fields."

Who's Named to Who's Who
Thirty three Jefferson students were recently elected to Who's Who Among Students in American Universities and Colleges. The students were elected by eligibility based both on academic criteria and on personal contributions to their college environment. Student council representatives selected the nominees. Those receiving the honor are John J. Woog, Thaddeus S. Nowinski, Charles M. Holdsworth, Joseph G. Sodroski, Joseph G. Grover, John C. Wain Jr., Rae A. Jowelson, Randy R. Westgate, John E. Widger, William J. Polacheck, John C. Collingwood, Donna M. Pfaff, Stephen A. Geraci, James J. Heals, Jerome L. Korinschak, Margaret C. Murphy, Matthew V. DeCaro, Jane M. Mooney, Christine M. Kuhnle, Thomas P. Lehman, Charles J. Dunton, Charles J. Lamb, Martin J. Carney, Barbara G. Friedman, David R. Castfriend, Elizabeth A. McGuire, James P. Paskert, Susan B. Packer, James W. Lockard, Tyrie L. Jenkins, Michael J. Grimes, Mario Capparuccini, and Margaret M. Flanagan.

Editor's note: As you will be sure to notice, the ARIEL has quite an impressive sports coverage in this issue, the best in quite a while. It can be attributed to our outstanding editor, John Carney, and assistant editor, that JQCK-OF-ALL-TRADES Eil Saleday. Be sure to tell him what a fantastic job he is doing. We welcome him to the staff.
KESTER SHOOTS UP IN SPAIN

by Rob Kester

During the first year of medical school, between marathons of study for exams, ideas of "what-to-do-this-summer" occurred to me. After eliminating the Outward Bound program, tuna fishing off Alaska, doing research, driving across country, living at the beach, and learning to fly an airplane, I decided on a compromise: an anesthesiology preceptorship in Spain, organized by Dr. Jay Jacoby, chairman of the Anesthesiology Department, Jefferson Medical College. The decision to go was not an easy one, but once made, I withdrew the Public Health Scholarship money saved during the year, and bought a round-trip TWA ticket to Madrid.
The travelling to Spain is like day-dreaming, except that it's real. This romantic land conjures images of Don Quijote, flamenco dancing, bullfights, and shy, brown-eyed maids walking through small streets lined by white-washed houses. Spain is a land of powerful contrasts, of busy cities next to sleeping pueblos.

After a trip to Pamplona to see the running of the bulls (Festival of San Fermin), I reported to the Hospital Clinico de San Carlos, a 1400 bed institution affiliated with the Facultad de Medicina of the Universidad de Madrid, one of two medical schools there. Each freshman class contains nearly two thousand students, almost half women; through the course of the next six years this number will be reduced to perhaps three hundred.
The director of the anesthesiology service, Prof. Elio Navarre, was very eager to have me learn anesthesiology. I would be permitted to assist in any operation. Unfortunately, no room or board could be given me, so I found a room in the downtown part of Madrid (Puerta del Sol). From there I took the 12 cent subway to the hospital. After 25 minutes of daily travel, I would change into the Paseo Health called "Dr. Robert Kester," greet the residents, and then begin observing.

Learning a part of medicine in another tongue is a very humbling experience. Although I was academically prepared to understand what was occurring, the ubiquitous language barrier prevented rapid association of learned physiological facts with the practical aspects of anesthesiology. For me, it was extremely difficult to translate what I had learned in English into Spanish. However, the doctors- and especially the residents- were patient with me. Through perseverence and constant repetition, I "learned" the basic facts of pulmonary physiology, of parasympathetic systems, while at the same time I learned a little about drugs. Having "been there" myself, I can more fully understand and appreciate the plight of foreign-speaking doctors in this country.

During the first day of my five-week stay at Hospital Clinico de San Carlos, a second year resident, showed me how to be vigilant over the pseudo-sleeping patient, a watch for respiratory movements, signs of pain sensation, and to check the depth of the anesthetic state. I was placed in charge of monitoring blood pressure and pulse.

"Keep an eye on things," I'll be right back," Jose said. Fine, I thought, until the patient began to move his fingers and attempt to breathe. What do you say to the Catedratico (chief of surgical staff) when his patient, being operated on for cancer of the penis, jumps off the table? To avoid such an encounter, I quickly walked towards the door where Jose disappeared moments before, only to find him returning. What a relief! A milliliter of succinylcholine, translated and one of an analgesic quieted down the patient; and me, too.

Pilar, a third year resident helped me become acclimated more than anyone else. She patiently explained every detail, answered every question, and showed me how to start an IV. During a "cabeza" (brain operation) which lasted nine hours, the anesthesiologist frankly became bored. There are only so many times you can check blood pressure, pupil response, and reflex responses. Pilar decided to let me cannulate a vein of the patient's foot for practice. She explained once more how to start superficially to one side of the vein, locate it, and then to pierce the vessel wall slowly.

"Quick!" queried the concerned neurosurgeon as he fixed his gaze on me as I attempted to cannulate the vein. "Nada, nada ocurre," Pilar responded matter-of-factly. I inserted the rubber constriction band from the patient's leg and the needle from my hand. Although the operating theater was air-conditioned, I sweated a lot those first days.

Little by little, I became accustomed to the workings of the O.R. I found that answers to questions directed to the doctors were easier to understand than the language barrier prevented rapid association.

Presentation, a staff anesthesiologist, showed me the most interest in having me learn. She let me start nearly every case, and she allowed me to watch her. At first under guidance, to intubate. There's a knack to it: you must first find the epiglottis, then follow it to the pharynx. If you find the vocal cords, which are "above" the esophagus. At first, I inserted the tube in the esophagus, a common beginner's error.

With practice, I gradually learned how to locate the vocal cords and place the tube became easier.

One day towards the end of my stay, Presen (as she was called) explained that the patient being operated was to be anesthetized for only one-half hour, and she allowed me to try it. The patient would only be given succinylcholine, a depolarizing muscle relaxant of short duration. Frequent reintubations are needed, and the time is determined by watching the patient. If he moves, shoot before you see the whites of his eyes.

Presen was in charge that morning, the regular chief having a day off. She shut the room door, and I was left in charge of the patient, after being shown the doses of succinylcholine needed in case anything happened. There I sat: blood pressure, pulse, reflexes, pupil responses, gas flow, skin temperature, nail bed perfusion. All of a sudden the patient heaved and seemed to groan. "Un momento, por favor," I informed the surgeon, who seemed glad to take a moment's rest. The patient, now fighting the automatic ventilation machine, was quieted after an injection of succinylcholine.

E!lera ven a! Era bueno.
Philly's First Toe-to-Hand Transfer Performed at Jeff

by George Coar

The first toe-to-hand transfer in Philadelphia was performed by Dr. Mark Nissenbaum on October 13, at Jefferson Hospital.

The case was a 21 year old machinist, James Homung, who suffered a severe crush injury to his dominant hand. He possessed two movable fingers, but no opposable thumb. Various reconstructive techniques were contemplated, but none would have proven feasible. It was decided by Dr. Nissenbaum that the most applicable surgery involved a toe-to-hand transfer utilizing the big toe of the right foot. What ensued was a twelve hour operation using the micro-surgical technique first performed by a Dr. Corbett in Great Britain in 1968.

Assisted by Drs. Kathleen White and William Markmann, Dr. Nissenbaum, utilizing a Zeis microscope (6-30x magnification) with foot controls to allow bimanual manipulations, proceeded to connect the blood vessels and nerves.

Two arteries of between 1.5 and 2 mm in diameter and two large veins were sutured to provide an adequate circulation to the new 'thumb'. To provide sensory and motor control, the sensory branch of the radial nerve in the arm was grafted to the deep peroneal nerve of the displaced toe in addition to the grafting of two volar digital nerves. The three nerves averaged 1 mm in diameter. In operations such as these, there is usually a 60-80% return in sensory innervation and similar percentage for motor innervation. With mixed nerves there is usually less return because of the difficulty in matching sensory and motor fibers.

The suture used for this procedure is of approximately 15-20 microns in diameter making it small enough to be passed through a human hair. The greatest difficulty in the toe-to-hand transfer involves the joint. A thumb basically requires a great deal of flexion while a toe possesses little range in flexion, but is able to be extended or dorsiflexed. On the foot, the toe possesses approximately 60 degrees of motion, but it requires a much greater range of motion to be functional on the hand. To make the correction, an osteotomy is performed at an angle. For this operation, Dr. Nissenbaum transferred not only the proximal and distal phalanges, but also the intact metatarsal joint. This permitted the changing of the arch of motion to a flexion plane. Splinting was required for a three week period.

Within five weeks after the operation, the patient was successfully able to cook a meal utilizing both hands.

There have been between 50 and 75 toe-to-hand transfers in medical history. The first one being performed on a child in 1898 was constructed as a flap such that the patient's hand was grafted to his foot so that blood vessels and nerves from the hand would supply the toe. To this point, 80% of the operations have been successful.

Dr. Nissenbaum is a 1969 graduate of the Penn State-Jefferson Medical College program. He interned at Cook County Hospital in Chicago. Following his orthopedic residency at Penn, Dr. Nissenbaum had a fellowship in Hand and Micro Surgery at the University of Louisville, Kentucky. After an enlistment in the Navy, Dr. Nissenbaum has been at the Hand Clinic on South Tenth Street for the past two years. According to Dr. Nissenbaum, 'Hand surgery is the greatest surgical specialty we have right now. It combines all the various subspecialties of neurosurgery, vascular surgery, orthopedic surgery, and plastic surgery'.

Planned Parenthood

by George Coar

A teenage girl, a junior in high school, comes to see you as a health professional with a problem. She has been having intercourse sporadically for a number of months with her boyfriend. Yesterday she discovered that her girl friend, in a similar situation, has become pregnant. Scared and confused, she needs help. This is a typical situation at the Planned Parenthood Organization located at 1220 Sansom Street in Center City.

This is not the only occasion for utilizing the center. Over 14,000 residents visited Planned Parenthood last year. Over 50% of these patrons visited the center city clinic, with the remainder receiving services from the outlying branches in a three county area.

Most of these patrons either come from just off the street or from Choice Hotline referrals. Planned Parenthood has various departments: education, counseling, public affairs, contraception, and medical services.

Under medical services, the organization offers physical examinations, cancer screening, and blood pressure testing, along with vasectomies and abortions. Planned Parenthood has its own staff of physicians, several of which are or have been affiliated with Jefferson Hospital.

The public affairs department is concerned with the lobbying to keep laws concerning family planning, abortion, and sex education in schools as liberal as possible.

The education department works to train people, including health professionals, to become comfortable with their own sexuality, and thus be able to communicate this knowledge to others.

Continued on Page 10
by Richard Yelovich

Joseph E. Levine and Richard Attenborough, who collaborated on last year's war epic "A Bridge Too Far," are together again as producer-director in a bizarre psycho-thriller, "Magic." Based on a novel by William Goldman and using his screenplay, it involves a struggling comedian-magician who develops a ventriloquist routine but slowly succumbs to the psyche he projects to the dummy.

Anthony Hopkins turns in a bug-eyed performance as Corky, the down and out entertainer who creates Fats, an Alfred E. Newman look-alike that voices the alter ego of his manipulator. On the brink of stardom, he retires to a Catskill Mountain cabin owned by ex-high school crush Ann Margaret. He pursues her love and is convinced of their bond by performing a psychic card trick that Kreisken does routinely without so much perspiration.

Upon the arrival of his agent, the versatile Burgess Meredith, and his husband, who is not as dumb as he looks, Corky's obsessive nature spills over into irrevocable action. Corky's descent into schizophrenia is gauged by his increasing dependence on the evil feedback he directs to himself through Fats. He exhibits a type of Freudian struggle until the dominating sphere of conscious shifts and his personification assumes complete control. It is an interesting concept, one we have doubted before seen on the Late Late Show or vintage "Twilight Zone." Whereas Rod Serling would delight in portraying the supernatural, Attenborough doesn't strain credibility. Instead he initiates an exploration into the psychological possibilities but finally settles for reliable Hollywood murder to provide the intrigue. The dialogue is quick, as often unautomobiles, hunters, and ultimately the most serious challenge: General Wound-gust, the fierce battle scarred dictator of Etria, a fascist warren. The result of their trials are the fruits of virtue and an added dimension to each character. Hazel's poised assurance and clear thinking make him a natural leader; Bigwig's strength and courage prove immeasurable in battle. Fiver's unbinding will and confidence of his vision override his natural timidity. An unlikely hero is Kehyar, a wacky wounded seagull who nurse back to health and enlist in their cause. The later Zero Mostel's vocal interpretation provides just the right touch of humor in the midst of calamity. The crucifix of the story translates well into film. There is no burdensome proselytizing or silly metaphysics to detract from the simple wonder of these creatures and their determination to survive without restriction. Naturally, Attenborough affords the rich detail in the or "storyteller" device Adams employs to create a culture in his novel. Small matter, for this picture offers enough reward as it is.

Conversely, Martin Rosen has directed a quiet little children's fairy tale about well-rabbits. Based on Richard Adams' bestseller, "Water-Ship Down" is an epic struggle for survival in a merciless world. After a poorly conceived introduction on the Origin of the Rabbit, we are drawn into a tranquil warren (rabbit village) among the English countryside where a clairvoyant rabbit named Fiver foresees a terrible event ruining their homes. (An episode of modern society, the shopping mall, is to be constructed there.) Failing to convince the Chief Rabbit of their imminent peril, Fiver's brother Hazel and a tough veteran of the security force, Bigwig, gather those willing to leave and steal away that night.

Their journey is inspiring as they game the danger imposed by foxes, automobiles, hunters, and the wacky wounded seagull who is not as dumb as he looks. Their determination to steal away and leave their homes is sordid and their determination to their cause. Their increasing dependence world. After a poorly conceived introduction on the Origin of the Rabbit, we are drawn into a tranquil warren (rabbit village) among the English countryside where a clairvoyant rabbit named Fiver foresees a terrible event ruining their homes. (An epistle of modern society, the shopping mall, is to be constructed there.) Failing to convince the Chief Rabbit of their imminent peril, Fiver's brother Hazel and a tough veteran of the security force, Bigwig, gather those willing to leave and steal away that night.

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Jefferson Hit With Disco Epidemic

by Brad Feldstein

In the wake of the film "Saturday Night Fever," the urge to disco is being felt across the nation in epidemic proportions, and Philadelphia and the surrounding areas, it seems, have been hit with their immune defenses down.

Many observers will ask: "Why is disco so popular," or "why are people rushing to disco with such intensity?" Certainly, philosophers of the 1960's will look to the '60's to explain the disco craze of '70's. The answer, however, are perhaps more fundamental. Above all, disco is FUN! Dancers take pride in the fact that they can master certain moves, putting them together in smoothly flowing combinations. Like any sport, practice means improvement, and disco-tees strive to excel.

Even Jefferson, it seems, has succumbed to the recent disco epidemic, as evidenced by the popularity of disco TC's and the Commons' disco instruction. For the disco initiate, Le Bistro, at 757 S. Jefferson, is the disco. Live Jazz Featured At Le Bistro

South 12th St. is worth investigating. From 10 in the evening until 2 in the morning, people parade through London's first two floors of diners, eventually reaching the disco neatly tucked away in its third story.

The atmosphere seems to take on that of a private party, perhaps owing to the rather modest dimensions of the dance floor - approximately three times the size of an Orlowitz living room. There is no need to feel intimidated here, even for the beginner. Dance ranges from jeans to "moderately cyber." London's has no cover charge, which perhaps explains why it is generally packed on Friday and Saturday evenings. Try to arrive as early in the evening as possible; the crowd packs up as the evening progresses, and enough room for dancing becomes wishful thinking. Like many places, without a cover charge, London's relies heavily on its proceeds from the bar. Near midnight, when the room quadruples its lawful capacity, people armed with drinks from the bar can be seen strategically inching their way across the dance floor, hoping to avoid the elbows of unsuspecting dancers usually with little success. A good rule of thumb to follow: when the glasses start flying across the dance floor, it's time to leave.

For the more adventure-some, Valentine's of Cherry Hill (Route 70) is worth a trip. A short jaunt across the Benjamin Franklin Bridge gets you there in about 15 minutes. The cover charge on Friday and Saturday evenings is $5 per couple.

The better dancers of the area seem to flock to Valentine's, and it remains to be seen whether the newly opened Emerald City (formerly the Latin Casino) will lure away any of Valentine's disco fanatics.

The first thing which strikes you about Valentine's is the interior, done entirely in shades of Mediterranean blue. The second noticeable thing about Valentine's is the over-abundance of John Travolta clones; they, too, seem to flock here. Dress at Valentine's ranges from flash to bizarre, which are equally suitable adjectives to describe the dancing (Incidentally, this is the home of the dance known as the "Touch Freeze.") Some people will admit tedly be turned off by the atmosphere. As one observer put it, "Everyone acts so fashionable, and so together, and so aloof-it's all such a tremendous put-on!" If you enjoy disco and appreciate the latest in disco music, however, chances are that you'll enjoy Valentine's.

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Counsel Prefix Bids Adieu

December 6, 1978

Dear Editor,

I feel that some of the members of the curriculum committee who wonder why class attendance is steadily declining read this letter, for it does not seem to deal with the problem. Admittedly, it will cite only one incident. However, I feel that there are a few reasons why some students choose to become "a number," "to join talks where she was told that the faculty would always be happy to entertain questions."

Not only did the lecturer spend much time trying to answer the question than he would have simply giving the requested information, but he seemed to belittle an student who pays a lot of money to receive an education, (go look up how much if you don't know already), I have other things to say).

My impression was that the President ran the meetings to maintain some sort of order, and carried on correspondence which the Secretary typed (I was Secretary last year—and I thought anything to be done, as long as all that typing!) So, somehow, I was elected. And I quickly found that many of my impressions of the job were not completely accurate. The largest part of my time acting as a student voice has been at meetings other than Student Council meetings.

Furthermore, during the year, as the President of the Student Council, I attended monthly meetings of the Hospital Student Affairs Committee, occasional Curriculum Committee and Student Affairs Committee meetings, and meetings of the committee chairs, which was written the Self-Study report for the LCME accreditation team visit. In addition, there were multiple meetings with individuals in faculty and administration on Student Council business. The Council, and consequently its President, are also responsible for the appointment of student representatives to faculty committees, the pre-registration for the Honors Program in Clinical Orientation Program for new freshmen. Fortunately, other than other Student Council officers, and also students on faculty committees,_recruit in the workload, or the task would be formidable.

What has Council been doing this year? One of the major issues has been the change in election procedure for Student Council officers. Previously, they were elected by the voting members of the Student Council (the class representatives and one (or nonexistent). Now, however, all medical students will be given the opportunity to vote for the officers.

This past year, there was strong feeling among the medical students that Graduation Exercise should be held separately, from the remainder of the University to maximize the number of seats available for friends and relatives to attend. A petition to this effect was circulated, and was signed by 85% of the medical student body. The matter has been discussed, with Dr. Kellow and Blume, and is currently being debated by the Senior Council officers.

The issue of change in Jef- ferson's fourth year tracks was again discussed this year. While it was voted last year that it appears to be some increased interest in an additional track again under discussion and should come to a vote in the not-too-distant future. This change would allow Jefferson seniors to be more synchrony with schools (and the NIH) when taking blocks away from Jeff, as most seem to operate on four-week blocks.

The problem of getting the Dean's Letters out early enough to permit seniors to interview during the vacation period for year has been considered. (Many hos- pitals require a complete application, including a Dean's Letter, before they will talk to students. The tentative solution which was agreed upon is to allow the seniors to choose whether to use rank and grades up to and including the third block the delay in obtaining fourth block grades which contributes to the problem. We have also attempted to... Continued on Page 7

Alternatives In Medical Education:

Erslev-ADynamic System; Behrendt-Radical Change

by Steve Levine

In an attempt to examine different viewpoints of medical education, the Ariel interviewed two Jefferson professors, Dr. Allan Erslev and Thomas Behrendt, whose alternative educational philosophies should prove to be very interesting to all concerned.

Dr. Erslev, Cardiza Professor of Ophthalmology and a member of the Division of Hematology, is not satisfied with any specific, static, system, saying that after five or six weeks with a certain curriculum, "suddenly you realize it's becoming quite sterile." With his European education, Dr. Erslev's training setup was quite different from those of the American system. After one year of college and three or one-and-a-half-year medical courses, mostly taught by privately paid tutors—all candidates for Harvard Medical School at the University of Cop- hagen joined Dr. Erslev in taking a comprehensive exam. The "taped lectures," which are inherent in that examination process may have been, in part, due to the "inducing nerve-wracking nature. (Certainly sounds worse than the National Boards, Part 1.)

This was followed— if one passed—by a three year clinical stint "oriented towards hospital exposure, not much towards lectures." His post-graduate work included time spent at Sloan-Kettering Memorial Hospital, Yale and Harvard before he joined the Jefferson faculty in 1959. At the present, Dr. Erslev feels that medical education is "very good—he is amazed at what students will learn in four years."

The biggest problem he sees is the admission procedure, "which does not discriminate." Again, Dr. Erslev believes that the system must always be changing saying that "you cannot have a permanent solution to a problem which is insoluble." He also feels that grade inflation has become "recommendation in- flation. Every student is very good or excellent. If some- times it's this is an average student, I know that he must be terrible."

On the subject of examination, Dr. Erslev sees them as serving important func- tion. ("I think that the biggest change in this school is to teach medicine, not biochemistry, but there's room to improve, but as except as they contribute to the production of a medical doctor."

"I think that the ideal curriculum should be geared towards the student's knowledge of what he will see on a day-by-day basis in the clinic. Dr. Erslev feels that we would be much better off if we "had a course of studies which starts off as a clinical course, set up by clinicians, with the basic sciences taught, ideally, in complete integration with the clinical material." Dr. Behrendt agrees that this integration of knowledge is the hardest thing to accom-

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WHY TEACH FROSH BIOCHEM?

by Dr. Arthur Allen

Among the basic sciences taught at medical school, the most fundamental is biochemistry. Its fundamental nature gives biochemistry more importance than any other course, and this creates a source of difficulty. The appeal of biochemistry lies in its ability to bring us down to the molecular level and provide us with a fresh set of relationships at once so clear and satisfying. The difficulty I refer to here is the fact that we attempt to extrapolate from the molecular events of biochemistry to the macroscopic or behavioral level, and attempt to recognize this by way of the whole animal. This difficulty can also be a source of irritation to the freshman medical student who can find portions of biochemistry abstract and seemingly unrelated to the practical problems of medicine. Most of biochemistry, however, can be put into meaningful perspective—indeed, the whole area can be used as an introduction to the medical student to recognize the relevance of biochemistry to the field of medicine. Most of the courses in issues that effect medicine. Most of the courses in medical school are taught by medical students-particularly taught by students who have patiently and steadily worked on various ideas and facts. In medical school teaching, one has the unusual opportunity of being able to make meaningful relationships among so many different areas of basic and clinical science. It is, in a sense, a teacher's paradise.

At Jefferson we have been very fortunate in that freshman biochemistry (as the major part of "Cell and Tissue Biology") with the help of a very dedicated biochemistry professor, has been fairly well received in the first-year man, who can trace the course is considered germane to the needs of the medical student. Each year about a dozen clinicians are invited to participate in our course and present what we refer to as clinical correlation lectures, emphasizing the close relationship between biochemistry and many areas of medicine. In addition, nearly all of the biochemistry faculty subscribe to the viewpoint that the special effort should be made to orient the teaching of biochemistry toward interests of the medical student.

Although I've been discussing relevance in the teaching of medical students, the faculty is, obviously, just as concerned about the teaching of the patients as about the teaching of the students. The latter is, in part, no doubt, required because the course is a preparatory course for the medical student. Although, as I've said, "Cell and Tissue Biology" is a fairly successful course at Jefferson, improvement is certainly possible and we welcome your suggestions.
Hiller Gives Insight to Water Sight

by WDB Hiller

Clear vision underwater is essential to good, comfortable swimming. Indoor pools typically exhibit a distribution of pH which is bi-modal about 7 and 11, necessitating goggles for anyone planning to swim face down in the water. It is therefore distressing to discover that you are unable to adjust the shape for which the commercial goggles are designed, or to realize that putting goggles in front of your eyes as poor administrative may be casting pearls before swine.

There is a simple and inexpensive solution to the preceding problems. Make your own prescription goggles! You will need plaster of Paris, tinfoil, a pound or so of kids' modeling clay, some Vaseline jelly, less than half a square foot of fiberglass cloth, not more than a quart of epoxy resin, some old tempered or plastic lenses, a wire coat hanger, patience and an assistant.

The procedure is actually very easy, so much so that after I had the idea, the first attempt was a complete success. The only tricky step involves the plaster of Paris. Remember that the reaction is exothermic, which is to say that the cooler the plaster is not added, the faster the set up. It is wise to mix up a couple of batches of plaster before Step I in order to know what ratio of water/powder and about what temperature water will give about a ten minute set up. It also wouldn't be a bad idea to mix up a little epoxy and catalyst if you are unfamiliar with this medium.

The general plan is as follows: take a mold from your face (a negative), then take a mold from this mold (a positive, ideally identical to the appropriate part of your face), then use this positive to make a mold for your goggles. Step I: a) mold a length of tinfoil over your face of sufficient size to reach above the forehead, past the ears on either side, and to the lower lip on the bottom. Outline, then cut out of the foil the area which is to be molded. This area should extend to the eyebrows above, four or five cm to each side, the corners of the eyes, and almost to the tip of the nose inferriorly. This foil will serve to protect your hair, etc, from the plaster.

b) cut out pieces of foil to fit the outline of your closed eyes.

c) Vaseline that part of your face to be plastered, place your face, then mold it, and allow the mold to harden. Especially large amounts are recommended for the eyebrows. The plaster is ready to go labour 3-4 cups) place large globs of Vaseline on the closed eyelids, then place by the boil eye covers, and the foil face-piece.

d) whenever the time of application the plaster shall be about as viscous as cookie batter. Place in a 6-10 cm short interval (a couple of minutes) before beginning and setting of plaster. The victim shall be down on his back, with the mold cup, his hands on either side of his head to help hold the plaster in place. A few drops should be gently pressed onto the face to eliminate air pockets, the remainder plumped on with especial care to ensure that the bridge of the nose is covered by at least 2-3 cm of plaster. The general mold should be uniformly at least 1/2 cm of plaster should be there to prevent a muscle. (About 10 minutes.)

Step IV: Shred the fiberglass long up to 10-15 cm lengths of a few strands each. Put this into the mold to force the fiberglass into some everywhere, but enough space for the casualty to pour the resin. Place large amounts over the nose bridge, so this is the weak point of the goggles.

More or Family Medicine

Step II: After allowing the mold to harden for 2-3 hours, the inside should be vasonelen, again with care to avoid catching the contour. Support the mold face down on a suitable surface and use some clay to build a rim around it to hold the plaster for the positive. Mix and pour the plaster into this mold. When the positive is firm but not completely hard, chip off the overflow around the edges which might prevent the molds from separating. Allow this cast to set for a while until overnight. Then gently separate the molds. A gentle, light pressure seems to have the best effect.

Step III: the positive mold should not be discarded. The point now is to build the actual mold out of clay for the goggle's positive. It is important to get a good seal between clay and mold, so the epoxy doesn't leak away before setting up. Have a couple of molds for the eye spaces. These plugs are the shape of the outline of the eye, and are easily made by pressing clay onto the mold and using a knife to cut out an appropriate shape. The lens will go on top of the plug. A plug, should fit continuously on the clay surface, with some of the lens edges visible past the mold. The lens should be placed so that the optical center is at the right place, and the lens is in a corona plane. A plug about 1 cm high should be fashioned from clay to fit the outer surface of the lens over the outside of the inner plug, to keep the epoxy off the outer lens.

b) Mix the epoxy and catalyst (ratios depend on the catalyst/resin than recommended on the cans, say half catalyzed resin and half catalyst into the mold in a very well ventilated place. Make sure the bridge of the nose is covered by at least 1/2 cm of resin, hopefully more. Watch that the nose is not leaking from the mold until it has set up.

Step V: When the resin has cured for at least a day, remove the molds and goggles. Remove the clay mold, scoop the clay from the eye space. You will now need a drill with a grinding disc (15 to 40 grit) and a sander. Grind the fiberglass away to the shape desired. Take off any rough edges from the part of the goggles in contact with the face. Cut some thin pree and glue pieces smoothly to the inside of the goggles (Contact your) in case of excess from the outer and inner perimeter with a razor blade. Bend and close the wire arms. The job is done. Finished! Any questions may be addressed to me c/o the Ariel.

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(All Assignments Accepted)
UP THE down ESCALATOR

by John P. Welch

After nearly ten years of continuous and less than flawless operation, the Jefferson Alumni Hall escalators have died and forced hundreds of students and faculty alike to actually walk up and down steps. Due to the seriousness of this matter, the maintenance department has turned to a combined team of specialists from Sears, Gimbel's and Wanamakers to conduct the postmortem on the steps. Heading the team are drive-shaft specialist Snap A Gear and sheet metal surgeon Poppa Rivets, both of less than world renown. Despite the fact that crews have been working around the clock (at the Barn?) for the past six weeks, no primary patrology has yet been identified for the early demise of these well-heeled steps. However, unconfirmed speculation has centered the last few days on the possibility that the steps suffered from premature aging (Stegena) due to continuous exposure to ageusia.

When asked about reported signs of life in the escalators, one on the third floor was seen moving as recently as last night - Rivets replied, "It's only a tonic reflex, they're dead alright. We'll rip that one apart next week, and see what's wrong with it."

Rivets went on to say that alter the escalators have been completely gutted and replaced, it is conceivable that life might return to these recalcitrant steps. However, Rivets was quick to add: "Do you foresee any such calamities at Jeff?" I asked. "No, no, you have elevators here at Jeff. The maintenance men can ride them. But I do think the entering class will be pretty small here next year. Nearly ever Wednesday afternoon I hear the interviewees saying they'd rather go a Podiatry school than be forced to risk their microscopes riding these escalators."

I even heard that half the freshmen class is trying to transfer to Philadelphia Osteopathic School - they have brand new escalators there.

Recognizing genius when I saw it, I asked Rivets one more question: "What do you think can be done to insure that the escalators run perfectly for the next fifty years?"

That's easy! Now answer me this question, have you ever been in a department store with escalators that didn't work?" Rivets eyes started to glaze over in anticipation of my answer. "No!, I said, totally oblivious to the tax he was taking.

That's it! Don't you see? At this point Rivets threw his sheet metal cutters down and started racing up the dismantled steps. When he got to the Mezzanine he started yelling: 'Men's wear, there, by the couches, hardware over there, bedroom furniture down this hall.' Rivets bounded up the next flight of stairs screaming: 'Toys, bedding, rugs over there. Don't you see? Just turn this building into a department store and these babies will run 'til hell freezes over!' I left Rivets on the fourth floor at this point. He was explaining his theory to a building professor in a double breasted blue suit who just kept smiling and showing him his pearl white teeth at Rivets.

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Continued from Page 4

Continued from Page 8

Behrendt - Radical Change

This professor finally said, "Department Store! We got enough departments, how about a good old fashioned Five and Dime instead?"
More On Planned Parenthood

Continued from page 3

A pilot program has been funded by the government to be completed by July, 1979, dealing with natural family planning. This method of birth control consists of teaching a woman to read her "body signs" and to interpret these with regard to her fertility at various times. Depending on whether or not she desires to conceive, she decides whether to participate or to abstain from sexual intercourse.

The following signs and symptoms of ovulation include:

1. Dervical mucus becomes egg white and stretchy;
2. Temperature initially drops and then rises in the pelvis;
3. The uterus pulls up in the abdomen and the cervical opening enlarges;
4. 25% of women have a mittelschmerz pain associated with ovulation.

This method is sanctioned by the Roman Catholic Church. Agencies which have offered this form of birth control in the past have not been very successful because they have offered it as the sole method. This method requires serious commitment and cooperation between the couple.

Overlapping with the education department is the counseling department which instructs its patrons with regards to medical procedures, relationship problems, pregnancy, and the various forms of birth control. Many teenagers think that oral contraceptives are the only method, but pills over a five-year span can have severe side effects upon a woman's body, and teenage girls are probably planning long-term contraception.

Other methods with high effectiveness include condom and foam, diaphragms, and intrauterine devices, but the only 100% effective method of birth control is abstinence.

The counseling service also sponsors teen rap sessions in addition to individual counseling sessions. There are three sources of funding for Planned Parenthood: (1) government; (2) patient revenues; and (3) private fund raising. Sometimes a particularly difficult problem arises. One such situation is where a mother brings in her adolescent daughter assuming that teenage sexuality is very prevalent and that her daughter will be involved, and she wants her daughter protected. Often the daughter does not even have any inclination towards sex, and the problem requires counseling not merely the daughter, but for the mother.

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Why Shaffer Plays Rugby

Continued from page 12

covered rugby. You see a rugby match lasts 80 minutes with a 5 minute break at half time. There are no time outs, no substitutions, no oxygen tank on the sideline, just a half time orange. This is not to say that the talents mentioned above are not necessary, on the contrary they are desired. But on the field 80 minutes of continuous play becomes a race of size and speed as exhaustion and fatigue set in. Now all that is left is the inner spirit that drives you when muscle cramps begin to plague you. And there is more to it than that. After the match the loser is congratulated by the victor with sincere respect and esteem. I don't see that in any other sport. And later you socialize with your opponent over a cold beer, singing sanitizing songs, again functioning as a team trying to outwit your opponent. The entire play becomes an event and the winner becomes indistinguishable.

That is just a small part of why I play rugby. I've met people who will remain lifelong friends because of the character that rugby brings out of a committed player. It is simply an honest unselfishness in their competitive spirit. There are, of course, other reasons for playing rugby, if you are good enough you could be chosen to play for the national team (or other upper level team). We do have the means of getting players the opportunity to do this. In addition to rugby is a sport that is more than a collection of bruises or victories or parties, it can be a lifestyle or just a great way of spending Saturday afternoon.

If you have any inquiries contact Joel Shaffer, S05 (215) 693-0393 or 32] Jeff Hall ext. 7970.
Jefferson Jocks Need Jury

by James Weidman

It is an autumn Saturday and two intramural football teams last long into the night. The quarterback drops back to pass and is subjected to a heavy rush. Just as he gets the ball, he is tagged. The ball spirals forward towards the intended receiver who is trying to pass and is subjected to December. Just as he is about to pass, he is suddenly bumped by the defensive line and the quarterback down before he passes. The rules are complex, and the referee interfered with.

Two teams are engaged in a fierce battle, hockey, game. As the ball goes into the corner, two opponents begin to fight. From this moment on, the game deteriorates into a purely physical game. There were many games like this during the season and in one particular game, the game was sustained. The result was the cancellation of the playoffs and the opposition committee issued a hockey at Jefferson.

This year’s ‘Ariel’ season, Fairmount Park, and beautiful spring weather, who can possibly imagine a perfect day for the season’s opener.

The two teams arrive early to loosen up. Brenda Peterson, this committee will act as the governing board for all intramural team sports as well as dual and individual competition.

The rules, schedules, and regulations will be made by the committees. The board will vote on them with a majority rule needed to pass or rescind a rule. The committee itself will be made up of at least two independent teams from each of Jefferson’s allied health department and regular independent teams if they wish to be represented.

In addition to teams sport individual sports such as table tennis, raquet ball, billiards, and futsal will be scheduled and officiated by the board.

With the interest shown by the students in intramurals at Jefferson, a committee will be formed to prepare a report to the Intramural Committee. The arguments will be rehashed and the rules will continue to be efficient. The committee needs your help as well as participation. If you wish to join the committee, there is a sign-up sheet on the campus or you can contact Brenda Peterson at the Common’s Office.

CANDIDATES FOR COUNCIL

With student council elections in the new future, THE ARIEL offers each candidate running for an office space in the paper to present a brief statement. Two of the candidates responded to THE ARIEL’s offer and their contributions follow.

by John D. Angstadt

Student Council knows within its resources the means to adequately and satisfactorily handle all student concerns. The success of Council’s actions depends upon organization, practical solutions, follow-up, and most importantly student support. Suggestions provided by Student Council are more likely to be examined by a Student Council Committee if they are carefully and thoughtfully constructed. Student Council disagrees with the student council, which Student Council will act as forming a governing board for all intramural team sports as well as dual

and individual competition.

By Elizabeth McGuire

Medical students generally are not holders of radical views. If they were they probably wouldn’t be here.] I feel that Jefferson students main concern at this time is to maintain an education. This task takes up the majority of people’s time and energy. It seems that many students are not active in trying to shape their education. I think the reason for this is that many students either don’t think anything can be changed or they don’t know where to start.

Perhaps the biggest challenge for Student Council is to act as a voice for students so that problems and suggestions can be presented to the powers that be. And more importantly, that these ideas be followed up until the students are satisfied that they have been heard. I feel that Student Council is the forum both for the students to effect changes in the educational process at Jefferson.

I think that Student Council has addressed this area in the past. However, much more can be done in the field of student support. This is an important concern for me. It could easily be done via a questionnaire of student expectations, etc., of Student Council.

Another important point is that Student Council should more vigorously pursue ideas presented to it. Wheels of change move slowly, but Jefferson, a less persistent factor in the key to seeing that student ideas are not buried and forgotten in some committee. This would be another high priority for the President of Student Council and one of the main goals of Jefferson’s Student Council.

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Ariel Editors missing from paste-up found in downtown.
Squash Clubbers Join Squashcon

by El Saleeb

After years of frustration and abuse, squash players in the Jefferson community are organizing to help their plight. Their problems stem from the fact that Jeff Hall houses only one court that is large enough for the proper playing of the game which should be played on a regulation sized court to fully test ones speed and reflexes as this game is played on. As future physicians, nurses or medical technologists, we will be running on very tight schedules, often in high pressure situations. There will be a great need for physical exercise and relaxation.

Squash is a sport that can give you as much exercise in one half to three quarters of an hour as would a half of tennis or jogging five miles.

To aid this need would be squash player in his pursuit of the perfect game. Jefferson has made an arrangement with Squashcon, a local squash club located at 210 West Washington Square. Jefferson students and faculty will be allowed to join Squashcon for twenty dollars per year, the regular student price being forty dollars.

Squashcon, located five minutes for Jeff Hall, Scott Library, Orlowitz, Doc's, the Barn or Barringer, is situated on the thirteenth floor over the Student dormitory. It has locker rooms, mail and menus, a sauna, and even a hair dryer. There are five regulation sized courts and a bar for those who did not get relaxed enough on the court. Racquets and squash balls are rented and lessons are available. Court costs range from two dollars to three dollars per person per hour depending on whether it is prime time or off hours. For those unsure, Squashcon offers a free half hour of playing time to those who have never played before, so try it, it's free.

In an effort to cut court costs, the Jefferson Squash Club is being formed. Its first meeting was Thursday, November 30th (unfortunately too late to make the deadline for this edition of the Ariel). By believing in the motto, "strength in numbers," we hope to obtain discount court rates at Squashcon for our members, which is open to students and faculty. If you missed the meeting but are interested in joining the Jefferson Squash Club, another meeting will be held next Sunday at noon in the mail box 682.

The Squash Club hopes to have several squash parties during the year at Squashcon with free beer, tap on and other social amenities. Lessons will be available for those interested.

RUGBY

by Joel Shaffer

The Jefferson Rugby Football Club completed its 1978 fall season by defeating Widener College, 4-3. Overall, our record was 4-3-1 with victories over Southside, Raphyn, Polytechnic Institute of Brooklyn, Penn State, and Villanova. The Jefferson Rugby Football Club, which is open to Jefferson students, will be running on very tight schedules, often in high pressure situations. There will be a great need for physical exercise and relaxation.

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