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## Ariel - Volume 9 Number 6

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# Bad Ariel

Vol. 1X, No. 6

The Thomas Jefferson University Student Newspaper

Monday, April 2, 1979

## BAD NURDS NERDS NIRDZ

by Jim McWeeney

In an unprecedented move sure to shock medical communities all over the country, Dr. Mackowiak announced yesterday that beginning next year Thomas Jefferson University will be excluding the "nerd" from admission to the freshman medical school class. Dr. Mackowiak was quoted off the record as saying, "it's about time we got these wombats out of the hospital and into the centrifuge where they belong."

Feelings of rage seemed to permeate the community as flocks of special interest groups stormed Jefferson Alumni Hall shouting protests and displaying banners saying "SAVE THE NERD, HE'S ALMOST HUMAN TOO" and "DOWN WITH NORMAL PEOPLE." In addition, a west coast law firm of "ban the bomb" and "save the whale" fame has been flown in to further study the dilemma. Expressing the view that this may be their most formidable challenge, one attorney went so far as to say that it may be easier to get a whale admitted to Jefferson next year than a nerd.

Effects of the decision within the Jefferson community itself were of decidedly mixed emotions. Patients were reportedly dancing in the corridors in response to the news. Dr. Aponte of the pathology department was quoted as saying that he will once again begin curving his examinations, while Dr. Schaedler of the microbiology department has reportedly already drawn up plans to fail 40 people in the incoming class. His comment of "why waste any time with the formality of exams" sums up the misgivings of those who question the "normal" (non-nerd) students ability to truly "make it" in medical school.

Just how the new program will be implemented is a source of heated debate. Dr. MacKowiak has indicated that the admissions office has developed a series of questions and tests that could help the committee immediately identify the nerd. Apparently, during the course of the interview, the

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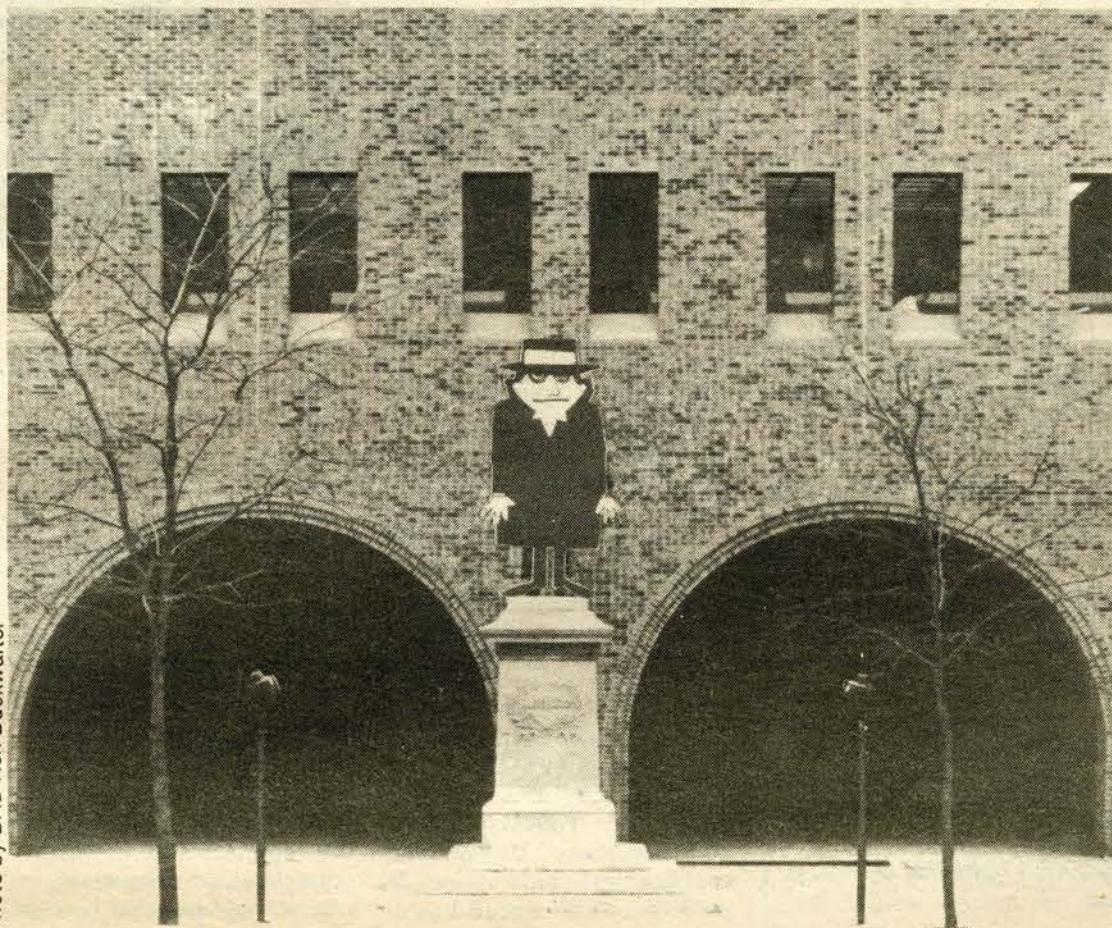


Photo by BAD Ken Buckwalter

## From BAD To Worse....

by John P. Welch  
George Winch

The BAD campaign - designed to generate ideas which could save the university a "Buck A Day" - has spread to the medical college. The following BAD programs have been appropriately reviewed and will be implemented starting at midnight tonight.

First, in an effort to free Jeff Hall next year for rental as a center city YMCA and Bambergers Department Store, the Freshman class schedule has been accelerated slightly. Although all the details have not yet been worked out, it is known for certain that lectures will have to be held continuously for the next 40 days and 40 nights. It is anticipated that the Anatomy and Physiology

block will be completed within the first three days. The next section will be a brief 84 hours long and will cover neuroanatomy. After this block a two hour break will be provided for tennis matches and a quick shower. If any students remain in the lecture hall to sleep during this two hour hiatus, it is anticipated that Dr. Karp might be allowed to present the Freshman nutrition course. We recommend three Milky Ways, a banana and a dozen oranges instead.

Spring pathology is next and will be taught by Ed Sekula who will distribute one 15 page handout per hour for the first 24 hours of the course. After the last handout has been "dealt with", 26,580 slides will be shown in a span of twenty-seven hours.

The fourth block will be small group discussions. Dr. Fink has let it be known that attendance is mandatory for the entire 36 hours and that students will be evaluated on their level of either participation or consciousness - whichever is deemed greater.

In the last 25 days and nights, Fall pathology, micro, pharmy and spring ICM will be taught. (NOTE: Dr. Mandle announced this morning that micro labs will be held from noon on the ninth for nineteen hours at the end of which time all lab work will be collected. However, the clinical unknowns are not due for another nine hours.)

The last lecture will be given on the 17th of May. Final exams run continuously from May 18th through noon of the 23rd. Final grades will be posted the 24th, Parents Day is the 25th, and students will start their miniclerkships with the present sophomore class on the 30th. The Fresh-

man have the option of either taking the National Boards this spring or taking them next year. In either case the sophomore year is herewith and forthwith officially cancelled. (Bambergers is hiring - get your application in early.)

If this experiment fails, Jefferson is prepared to buy three copies of the Kaplan review course and to put them on reserve in the library. All lectures would be cancelled and freshman students would have nine months to prepare for the National Boards. This BAD idea would save the school millions of dollars in salaries for professors.

A few members of the faculty recognize that these radical curriculum changes might not work. In light of this, individual basic science departments have developed their own BAD ideas which would supercede and replace all their other bad ideas.

Physiology: In an effort to defray costs on the dog labs, students will be required to bring their pet dogs if they wish to participate in this exercise. Breaking with tradition, students will be provided with surgical sutures if they wish to try and put their beloved pets back together again after the lab is completed.

Pathology: In light of the fact that the micro department charges three dollars for the micro lab manual, Ed Sekula has started charging a reasonable fee for each handout. Small handouts will retail for \$7.50 while large ones will go rapidly at 15 dollars each. In addition to these reasonable prices, the department will sell handouts for the entire course at a one time discount of 25%. This reduces the price to only \$375.00.

Microbiology: The micro department hasn't spent an extra buck since its inception, so there were not any BAD ideas from this department.

Pharmacology: The pharmy department is currently

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Photo by "Bucky" Buckwalter

## Son of a Gonz

by Leven Stevine

Assuming that David Rorvik's **In His Image: The Cloning of Man** was the farce that we all know it to be, it seems that researchers here at Jefferson have done it first. As the accompanying photo shows, not only have Jeff scientists achieved the first cloning, but they have actually made an exact copy of the smartest man alive. The youngster, known affectionately as "Gonzy,"

appears to have many of the great man's characteristic features such as a deep voice with a Puerto Rican accent, a propensity for shirts with contrasting collars and a synthetically correctable alopecia. When asked why he felt the procedure had occurred now at Jefferson when other researchers claimed that this moment would be a long time in the future, GONZ II replied "It is

[Continued on page 2]



# Deep Inside Miranda

by Dick Yellow

In this era of social consciousness one of the more engaging art forms of the 1960's has been victim of undue repression. The perpetrators of this cultural crime are puritanical zealots intent on force feeding their morals on a passive, if somewhat bewildered, public. Surrendering amid mild protestations, this much maligned entertainment device has been spurned once again to dingy movie halls and back room view-boxes. The recipient of such irreproachable actions is the innocuous Reverie Perfect du Voyeur or more commonly, the pornographic movie.

Fortunately, some courageous proprietors have withstood the recent attacks, and one center city bastion of Free Liberties (who shall, for fear of political repercussions, remain anonymous) is

currently screening the latest release of the delectable and much adored porno heroine, Commander Miranda. Fighting a standing room only crowd of true blue cultists, I managed to view the gala opening nite performance amid choruses of muffled groans and rustled paper bags.

When we last paid visit to our darling cadet, she had just escaped from the clutches of Amazon Alicia and her hoary herd of clitorophiles, whose rituals included trained anacondas and Club of Mars warheads. Safely back on 42nd St., she turns a trick with Stumpy, a one-armed sailor with a tattoo of the Hiroshima mushroom cloud ingeniously placed in order to expand upon proper stimulation. After the routine exchange of courtesies, the charming sexpot learns that several of her street walking

companions have mysteriously vanished within the last month. Smelling something fishy (only figuratively, as our sumptuous sex kitten was a firm believer in Summer's Eve herbal fragrance disposables) she sets about the task of gathering information.

Her first brush with danger occurs from a most unlikely source, a handsome, distinguished gentleman introducing himself as Boom Boom, call me BB. Looks aside, BB's reputation lies in his practice of lighting firecrackers beneath the rumps of unsuspecting bedpartners at the crucial moment to achieve an explosive orgasm. Afterwards, our poor sex queen coaxes info from the dazed Boom Boom while we get treated to watching her smear Vaseline slowly and delicately over every burn and abrasion on her pert derriere.

It seems BB is employed by the Powermen, a select group of ultra-chauvinists who are enslaving hookers for use in strange experiments. He was sent to deter the Commander but becomes so bedeviled by the curvy nymphet's oral ministrations that he is unable to harm her. Pausing at the doorway, our brown-eyed sex goddess bids adieu in perfect Lauren Bacall huskiness: "Sorry to have blown your mission, BB."

Hot on the trail of the Powermen, Miranda is waylaid by a variety of despicable henchmen, escaping each time by utilizing those special skills that leave both us and her captors squirming in euphoric frenzy. One particularly spiteful character, Toe Jam, forces our beloved to suck each of his toes for two delicious minutes. Another goon, dressed as Zorro, brandishes a feathered sword and miniature bolo, using each in ways even Garcia would have appreciated. Fittingly, an old nemesis turns up - Enema Eddie, escaped from the institution and working for the Powermen. Eddie has some new variations on a theme, his twisted repertoire now including a vacuum

[Continued on page 7]



Photo by "Flash" Buckwalter

"A familiar figure here at Jeff soon to be banned from admission."

## Noids No More

[Continued from page 1]  
following three questions would be put to the applicant in rapid fire succession.

1. Do you disapprove of the consumption of alcohol during classes?
2. Do you find biochemistry a fascinating science?
3. Do you own a leisure suit?

An affirmative answer to any of the previous questions could immediately exclude the applicant from further consideration. However, it was pointed out that two out of three negative answers may indicate some redeeming qualities in the applicant which may be accentuated with extensive therapy. With this in mind, the all inclusive "sweat test," masterminded by Dr. Conly, was designed to eliminate all doubt about those applicants possessing nerdulous tendencies.

The "sweat test" is again implemented during the course of the interview whereby, without warning, the interviewer displays to the applicant a computer print out sheet with his/her name on it and a final biochemistry grade of 75. Obviously, no applicant will be considered who begins screaming and pleading inanely for more points. However, the "test" is implemented by collecting small tubes of sweat from the

applicant's upper lip. A volume of more than 5cc collected in the first 30 seconds is again enough to exclude the applicant from further consideration.

Once again, flaws in the test appear to be numerous since the control level of sweat varies so much between applicants. (I myself soaked through two shirts and a vest during my interview without so much as an inkling as to what my biochemistry grade would be.) Dr. Conly also was reportedly worried about the consequences of this news reaching the applicant pool, being fearful that many applicants would douse their upper lips with anti-perspirants in order to throw a herring in the admissions office barrel. Such measures could, as Dr. Conly put it, "really screw up everything" and thus, plans are already being developed for an anti-perspirant screening session to monitor each applicant before his interview begins.

So it appears that new policy good or bad does not come without a price. However, the extra paperwork, bureaucratic red tape and numerous sweat tubes are all part of the Jefferson philosophy that strives for excellence, quality and humanistic medicine even if you have to step on a few people along the way.

## My Clone, the Doctor

[Continued from page 1]

a conundrum to me, but Henry might have some cogent hypotheses of heuristic value."

Some sources claim that Aponte requested to be the first subject of the research so that he could simultaneously teach two four-week senior blocks in Pathology. Others maintain that he needs the extra copy to keep a steady stream of new handouts flowing from the Departmental Office. It seems that Aponte asked that a certain Mr. Ed Sekula also be duplicated, but that his request was turned down.

Future cloning subjects are rumored to include: Dr. Robert Brent, who asked for

two copies of himself so that he could have 1 each serving his faculty appointments in the Departments of Anatomy and Radiology as well as Pediatrics; Dr. Paul Maurer, whose clone will presumably do all of Dr. Maurer's teaching so that he can remain in his laboratory; Dr. Carla Goepp, who needs a clone to go shopping for red dresses and black pumps; and Dr. Warren Lang, whose clone would spend most of his time looking up old one-line jokes guaranteed to make any audience moan. More information on this program can be obtained from the University Department of Duplication, room M-5, Jefferson Alumni Hall.



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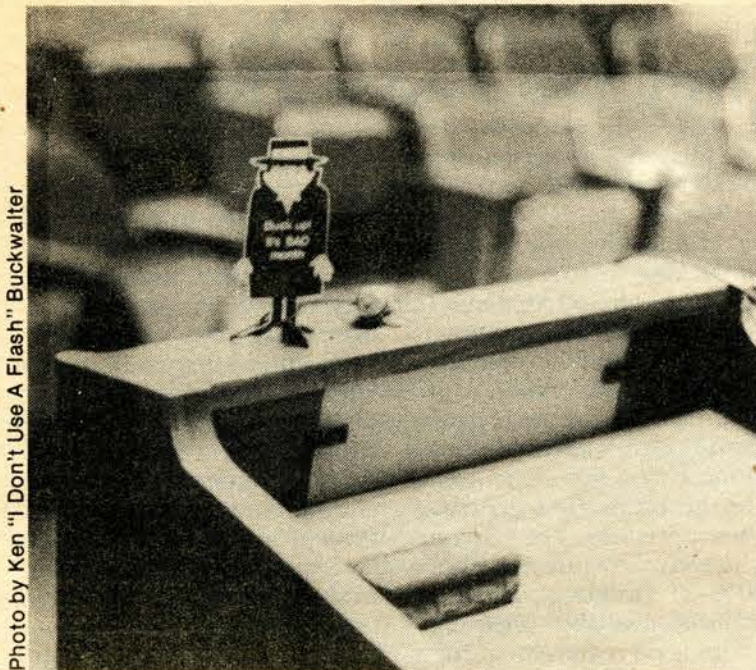


Photo by Ken "I Don't Use A Flash" Buckwalter

Revolutionary new educational system eliminates need for BAD lectures here at Jeff.

## ...TO WORST

[Continued from page 1]  
writing a list of the drugs sophomores should be familiar with and where they can get their hands on them. In addition, a short manual will be passed out the first day of the year with everything needed to pass the boards. All classes will be cancelled and the entire department disbanded except for one secretary and the xerox machine.

Anatomy: Gross anatomy lab will be dropped. Film presentations will take their place. Since surface anatomy will be stressed, most of these films will carry an X-rating. As you may have anticipated, Dr. Masters has previewed each film at double slow motion in order to verify their technical quality. Our advice: the Saturday matinee, it's cheaper and the popcorn is hot.

Histology: Dr. Eppler will mistakenly identify an ink blot as an electron micrograph of a pancreatic acinar cell and will be invited to spend a few months on the 14th floor.

After this event students will again concentrate on learning histology rather than bizarre and esoteric line drawings. This may not be a BAD idea, but it sounds pretty good to most students.

Biochemistry: Dr. Allen will be asked to buy his own chalk.

Not to be outdone, the alumni office has come up with the ultimate in BAD ideas: In an effort to save money on the application procedure for the sons and daughters of Jefferson alums, acceptance letters will be sent to those infants with an Apgar score of at least eight. It is hoped that the entire class of 1999 will be filled by this fall. Prepaid tuitions - based on estimated 1999 costs of 650,000 dollars per

student - would endow Jefferson for the next 50 years.

Since the BAD Campaign has been so successful—managing to decrease individual medical school tuition to just a trifle under \$10,000 per annum, it has been decided to initiate Jefferson grass roots campaigns annually to help eradicate present and future problems and to generally make life more pleasant for the Jefferson community. The program for next year will be the DUMB Campaign (Doctors United for Metropolitan Beautification). Posters and stickers saying "Join the DUMB Guys!" and "DUMB Guys Drink Milk for Christ!" are presently in the drawing stage. It would be a good idea to put on your thinking masks and start coming up with ideas to submit for the beautification of our urban campus. Some quick thinkers have already submitted ideas, such as peewee golf course on the plaza behind Scott Library, shining Samuel Gross' shoes, and demolishing the Savoy. On the more personal side of the beautification program, Jefferson Commons will offer a class in "Bonsai Sculpting for the Hair, Teeth, and Nails" and a class exclusively for the nursing students entitled "Make-up Detoxification and Withdrawal."

The initial reaction to this campaign has been extremely favorable. In exclusive interviews with the Ariel, Dr. Blueble remarked, "I'm DUMB and I'm proud." and Dr. Rosa added, "I'm DUMBer than Blueble, but on the other hand quite humble." Proposed acronyms for campaigns through the year 1984 will be WORSE, HOLY, ARTIFICIAL, and VOLUPTUOUS. For future announcements, watch this space.

## Rose Revives Rehab

by Reporter at Small,  
Phillip U. Gilman

Pete Rose, the most recently initiated performer in the cast of "Eight Wonders of the World", has declared that he will apportion seven-eighths of the total salary from his four year contract with the Philadelphia Phillies to Jefferson Hospital. The money is to be used to expand the Rehabilitation Medicine Department. In honor of this benevolent gesture on the part of Mr. Rose, the Rehab Department has added a suffix, "The Rose Foundation," to its title.

Dr. John F. Ditunno, Chairman of the Department, was questioned on why such an already effective department needed the

additional support. His explanation was that although (they) "are a good team over at Rehab, we needed an extra spark that would enable us to rehabilitate patients fully. In the past, the program has had a tendency to lose effectiveness completely just as patients were nearing their final stages of rehabilitation. We feel that Mr. Rose's contribution will enable us to achieve the added strength and depth needed to bring a rehabilitation program for a patient to its successful completion." Mr. Rose's only

comment was that this was a challenge he felt was worthy of his participation.

Rose came to the Phillies as a free agent after he refused to sign a contract with the Cincinnati Reds, his team of 16 years. It is anticipated that Rose's contributions to the city will be as great as those of another man that found his way here from Ohio: Mike Douglas (What did we ever do to Cleveland to deserve him? Good luck, California!)

Incidentally, one Jefferson Trustee said of Mr. Rose, "He does smell like a man."

## NEW ARK

Researchers at the New Alchemy Institute have built an "ark" in Cape Cod, Mass. It is a combination solar greenhouse, organic farm, and fish pond. The solar design keeps the building warm throughout the cold winter without any heat. The gardens yield fruits and vegetables all year round, and huge fish tanks produce an admirable quantity of food a year. Self-replenishing algae consume toxic fish wastes. An electric fan needed to blow the solar-heated air and an electric aerator for the fish tanks will soon be replaced by a windmill. According to the Energy Department, there is no doubt that some concepts, but not all, are applicable to the real world.



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## Thanks

On February 15th, the Faculty Curriculum Committee passed a resolution in favor of four week senior year blocks by a 9-1-1 margin. Thus, in what constitutes the first major curriculum change since 1972, the senior year will now consist of ten four week blocks instead of six six week blocks. Senior year will begin on August 20th, and track selection is due by June. Unlike past years, however, scheduling changes will not be permitted after September.

The decision by the Faculty Curriculum Committee comes in the wake of intense student lobbying. Last year the proposal was defeated and passage this year did not seem possible. Student petitions, a resolution by Student Council and ARIEL support obviously had their effect.

The number of different theories on the "proper" medical school curriculum corresponds roughly to the number of people expressing opinions on the issue. (See Welch, p.1 and Moberg, p.4) Like most issues, the answer is neither black nor white, but probably lies somewhere in the grayish zone. In supporting the proposal, the faculty demonstrates a willingness to comply with student demands and a certain responsiveness to student needs and concerns. The ARIEL commends those faculty members and students responsible for the change.

## The Eleventh Hour

by Steve Levine

To all graduate students, freshman medical students, junior allied health students and first and second year nursing students: your help and cooperation are urgently needed to keep **The ARIEL** from falling into an abyss of abandonment. The present staff is composed almost entirely of sophomore med students who will all (hopefully) be moving on to greener pastures next year.

Everyone from the editor-in-chief to the copy boy (if we had one) is leaving. We are willing to stay on long enough to train all volunteers through a May issue put out by you with our supervision.

Well, these are the bare facts of our situation. So why should you step forward and lend a hand? First, there can be a large personal reward, of satisfaction, (sorry, not of money) to anyone who becomes involved with the production of this paper. Whether you possess a creative flair for writing, the technical skills of the dark room or the leadership and teamwork abilities of editing, **The ARIEL** can provide a very valuable and enjoyable experience in exchange for some of your time. Many positions provide extensive interaction with other students, faculty and administrators, and can considerably widen your sphere of friends and acquaintances throughout the University. This paper can also give you the opportunity to put your name, your ideas and your stories in the hands of 3,000 students, faculty members, patients and visitors six times each year. If you want to let everyone know what you have to say, here's your chance.

If those flowery words of praise didn't convince you to join us, now I'm going to try appealing to your conscience. How can you let a valuable organ of communication die in your hands? While a wide variety of newsletters, magazines and journals are printed here at Jefferson on a regular basis, **The ARIEL** is the only student run periodical in the group and therefore is an important voice for student concerns. Certainly, **The Alumni Bulletin** wouldn't have fought four-week senior blocks; **DIRECTIONS** doesn't report on nurse's basketball; **The ARIEL** did that and much more last year. This paper also gives faculty and administrators a chance to air their views on a wide variety of issues which concern the students. If you don't step forward now, this important forum for news and opinions will fall by the way side...a victim of apathy.

Remember, no experience is needed. We feel that you're all bright enough to handle any of these positions.

So, if you're interested in a challenge, if there is still some unstifled journalist or photographer or businessman in you, if you just want to get involved, please keep **The ARIEL** on its feet. Let us know if you're interested by leaving a note in our Jeff Hall Mailbox, or by calling any of the editors or by coming to a meeting on Wednesday, April 14th at 7:00 PM in room M23. **WE NEED YOUR HELP NOW!!! PLEASE DON'T LET US [AND YOURSELVES] DOWN!!!**

## Where They Go From Here

by Michael X. Repka

On March 14, the results of the National Intern and Resident Matching Program (NIRMP) were released to the participating senior medical students. The Jefferson Medical College Class of '79 was relieved to learn that 55% (109) received their first choice and more than 80% received one of their first four choices. These percentages were essentially the same as those for the nation at large. Appointments were received for hospitals throughout the U.S., including Kapiolani-Childrens Medical Center, Honolulu, Hawaii, Jackson Memorial Hospital, Miami, and numerous others in most every state.

Unfortunately about 4% of participants in the NIRMP fail to receive an appointment. This year proved to be no exception for 11 students. At Jefferson this was a somewhat smaller group than last year and surprisingly a majority were applying in Surgery, whereas in past years the "trouble" has been with Internal Medicine and Family Medicine. This group was forced to begin looking for a position among the remaining vacant slots. Positions in Surgery were found at Boston University and the Wilmington Medical Center, in Radiology at Hahnemann Medical College and Hospital and in Family Medicine

at Jackson Memorial Hospital, Miami.

Briefly, the NIRMP grew up during the late 40's and early 50's to stop the trend that was forcing students to sign internship contracts earlier and earlier in their medical school training. The sole function of the program is to match students to positions giving the student and the hospitals time to make their decisions. The program currently matches about 80% of graduates to about 80% of available programs. There is no requirement for a student to participate.

The mechanics of the NIRMP can be somewhat confusing. Since late spring 1978, the class of '79 has been requesting information about residency programs, completing applications, and traveling for interviews. In early January, both the students and the hospitals were required to submit a list in order of preference of the hospitals the student would like to attend and of the students the hospital would like to have. From this information and with the assistance of modern electronics, a student received an appointment to the hospital highest on his list which had wanted him.

As an example, Student A+ decides he would like to go to either Massachusetts General Hospital or Yale-New Haven Medical Center.

After lying awake at night agonizing over the decision for many weeks our hypothetical student decides to rank Yale first followed by MGH. Both hospitals would like to have this student and have ranked our student #1. Since Student A+ liked Yale better he would receive that appointment. But suppose Yale did not care for our erudite, but perhaps dull, student and ranked him low on their list, it would be very likely that he would be off to Boston. If for some unknown reason many of the students Yale liked better than our Student A+ decided not to rank Yale highly and went elsewhere, our Student might just get into Yale. Such are the vagaries of the NIRMP.

Within the match there is a provision for married or engaged couples to apply together so that they can insure that they will not be separated. It is also possible for married couples to find positions at the same hospital and if the hospital is willing to take them, they can withdraw from the match prior to December, sign contracts with that hospital and those positions are removed from those that will be later matched. For students doing their internships in the Armed Forces Match Day lacked all importance, since their appointments have been public since last November.

## A Curriculum For Changing Times

by Dick Moberg

When, as medical students, we are told that half of what we have learned in medical school will be obsolete or wrong by the time we graduate, it gets to be somewhat frustrating when we sit down to memorize more and more details. Perhaps it is time to think about changing the medical education system.

This essay is not a criticism of a particular educational system but rather it is first a warning that the current medical information boom seems to be an exponential phenomenon and as such will reach a certain point where it will become unwieldy, and second, it outlines a plan which would allow us to deal with this information explosion both in our training and afterwards in our practices.

Most medical schools' curricula seem to be arranged as is Jefferson's with two years of basic sciences followed by two years of clinical experience. The basic science years are to provide the student with a background in the structure and functioning of the body both in health and disease. In the clinical years we add diagnostic and therapeutic skills to our armamentarium and then we are "out the door" and on our own. In concept this practice seems

logical but the method by which it is carried out has some problems. Let's take a closer look at some specific points:

In the basic sciences, the way we learn the information is not the way we will use it; in fact, it is exactly backwards. In Pathology we are told there is a disease called glomerulonephritis and we must then learn the histopathology, the clinical course, the symptomatology and so on. In Microbiology we are told there is a bug called Salmonella and we must learn the diseases it produces, the different strains, and so on. This is how we learn the facts. But later in the clinical years, we see a patient with a cough, a fever, a rash, or a pain. From these facts we must try to decide what is the disease. This is how we use the facts...backwards from the way we learned them. (Exceptions are the clinical unknown in Microbiology and case histories.)

In our first two years there is a point where the basic scientist should stop talking and the clinician should take over. Today we go far beyond that point to where the student submerges in a sea of details (and any intellectual curiosity he has usually goes down with him). In Pharmacology we are taught that high levels of

potassium are toxic to the heart and we must be careful when giving drugs such as potassium penicillin. A useful fact. But do we really need to know at what membrane potentials the fast sodium channels open and close?

The point here is not to be misinterpreted so let me explain. It seems there are many details presented to us just for our own curiosity and that won't particularly be useful in our practices (such as the different surface antigens on a mouse lymphocyte). Many of these tidbits are extremely fascinating but they should be learned by those students who are interested and on their own time. The problem is that we have not time for pursuing these interests because of the amount of details we must memorize and also, when one is spoon-fed details (shovelled?) one quickly loses his appetite for exploring a subject further.

In my eyes, medicine is one of the most fascinating fields around and most medical students seem to be very bright and very motivated. So why not teach only basic concepts and a minimum of details. Those students who want to learn more will and those who don't won't and it really won't matter.

[Continued on page 5]



# Future Visions

[Continued from page 4]

The last major point is that the lecture method is obsolete for presenting new material. This is a well known fact. We are told to read the material before the lecture but then many times, to our dismay, the lecture is presented as if it were new material. Lectures should not be given to convey new material but rather to promote the understanding of material obtained from other sources or to present visual material.

A half century ago a physician used a microscope regularly as he still did much of his own lab work. But now he must, out of necessity, rely on those more highly trained in recognizing patterns under a microscope. And for students, the excellent visual material that is presented in classes, and that which can be found in books is far superior to anything that can be found under their microscopes and much easier to use. So these expensive instruments don't seem to be a good investment for students entering medical school.

My first suggestion, then, is that students should not purchase microscopes but the school should provide them. Not 200 of them but perhaps a dozen or so in a room accessible at all times by any student. The student could then learn how to use a microscope and some of the more important techniques. In the room would also be slides from histology, pathology, and microbiology which would provide students with review materials at any time during their training.

Now the key point. With the money saved in not buying a scope, the student could purchase a tool which he can use both for his present education and in his future practice -- namely, a small personal computer system. By the end of this year a very useable computer system with mass storage will be about the price of a student's microscope.

How can a computer be used in medical education? Let's look at a few uses. A quick tour of the library before an exam will reveal many students shuffling through stacks of index cards with diseases, bugs, or drugs on them. Now computers, as most of us know, can put a little "magic" into these stacks of index cards. Were a student to enter his facts into a computer, the machine

could do several things to help him with his learning.

First, the computer could index the material under any number of different keywords. For example, if the name of a drug were entered the computer could give all the facts about that drug, or, if a particular side effect were entered all the drugs having that side effect would appear.

The computer could also make up questions from the facts entered and could keep track of what topics the student knew well and which ones needed reviewing.

Integration of information between different courses would become much easier. The pathology, microbiology, and therapeutics of tuberculosis could all be "stored" under this one topic as the student progressed through the respective courses. And the normal histology and physiology of the lung could be quickly retrieved for comparison. Reviewing for the boards would be much easier this way.

In summary, if we admit there is an information explosion then let's use the proper tools to deal with it. Computers are superb at information storage, retrieval, and cataloging whereas the brain is better at recognizing patterns and "putting two and two together." So the talents of each, brain and computer, are different but complement one another supremely. They should be used together!

The following changes seem logical in view of our information-intensive and increasingly technological field of medicine.

Two important additions to the curriculum should be short but forceful courses in both information science and in decision theory. The very first course a medical student receives should be one in which he learns to deal with information. The undergraduate college experience as it exists today has not been particularly effective in teaching students how to utilize information resources and how to set up a personal information system. The most effective method to deal with information on an individual level, of course, is to have your own computer. But even without one there are some very efficient techniques that could be taught to locate, store, and retrieve facts. These should be taught early on.

Decision theory or decision analysis, the other addition to the curriculum, is a relatively new science with its roots in the military operations analysis teams of World War II. Its main focus is to provide techniques for making the best choices when faced with a difficult or complex decision.

The closest thing we have to this today is the Problem Oriented Medical Record (POMR) and it is amazing that it took so long for a "scientific approach" to medical diagnosis to be adopted. But the POMR only goes half way. It helps to organize the data on the patient but gives us no help in using the data to make the decisions for treatment. It is here that decision analysis with its powerful statistical tools and a computer to implement them can make medicine less of a "cook-book" science.

This course should be taught prior to the clinical years and the data base on which to base our decisions could be either from our own files or preferably from a national compilation of the necessary disease statistics. Such a national data base, for example, is currently being developed for hepatitis treatment by the National Library of Medicine.

The next change would be to eliminate lectures and replace them by audio-visual review sessions. To think that over two hundred different students can pay attention to a lecture, and can all assimilate the material at the same rate, in all the different subjects for 3 to 7 hours a day five days a week is absurd. For some students, sitting through a lecture is an exercise in discipline and not an educational experience at all. It is equally foolish to assume that, because you have been taught (i.e. you have an M.D. or Ph.D.), you can teach. Delivering an informative, exciting, and well structured lecture seems to be an art with few masters. It is for these reasons I would opt for self-study or, preferably, computer-automated instruction.

But what then is the role of the instructor? These specialists should become our "gateways" to the knowledge in their specific areas of expertise. They should provide detailed outlines (their lecture notes?) to guide us in our introduction to their field. Presently an instructor prepares lecture notes for a lecture, which is spoken to

us which is recorded on tape, which is listened to by a scribe, who writes down what he thinks is said, which is typed by someone else, printed and distributed to us all. I've tried to think of a more roundabout way of getting material to students but I can't.

I would now like to provide a short scenario of medical education in the not too distant future.

Sam Student wakes up early today. He has been away for a few days and he is behind in his studies. He dials up the Central Data Bank at Jefferson, enters his student number, and places the phone on the acoustic coupler next to his computer. The week's lessons are transferred from Jefferson to the memory in his computer and the results from his last "progress check" are sent back to Jefferson for "evaluation." The entire process takes but a few minutes. The students have affectionately named the Central Data Bank "Jefferson University's Never-ending Knowledge" or JUNK for short.

Browsing through the material he has just received from JUNK he stops at the Bulletin section. Here he finds the schedules for some slide presentations in Pathology that he might attend, and he also notes what movie is playing at Jeff this weekend, when the next TC is, and what kind of contest the bookstore is having this week. Suddenly the screen starts flashing. Another message from the dean! It says that for the last few weeks the weekly evaluations for this class have been the lowest since Jefferson instituted the Computer Automated Medical Instruction System. Well Sam feels guilty and vows to spend the next few days glued to his computer console in hopes of catching up.

Leaving the Bulletin section he begins his studies. Cardiac glycosides are first. Sam chuckles. Last month his cat urinated on the computer's voice synthesizer and now the machine speaks with a lisp. After some introductory comments the computer displays a torso and animates the kinetics of the different drugs. He quickly learns that digoxin works quicker than digitoxin and is metabolized in the kidneys. The computer display then turns into an EKG monitor and displays the abnormal waves of digitalis toxicity as the computer's voice explains what is happening and

what should be done if this is seen. Sam then edits the presentation, adds his own comments, and files it under cardiovascular therapeutics in his own data files.

During the presentation the computer had asked Sam questions about the heart, had sensed that he could use some review, and had suggested he do that before proceeding. Obliging Sam slid into the computer a magnetic diskette labelled "Human Anatomy." On the screen appeared serial cross sections of the thoracic cavity taken from CAT scans and as the computer narrated, Sam scanned back and forth through the body observing the relationships of the various organs.

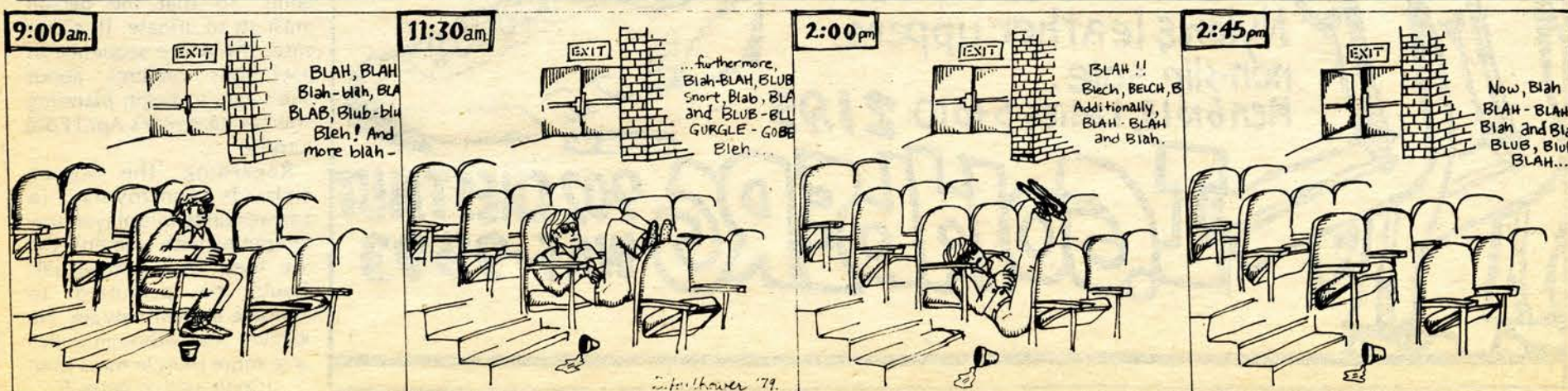
Sam is getting itchy now so he takes a break from JUNK and dials the local computer conferencing system number to see if he has any messages from a girl he knew in California. He doesn't but sends her a letter over the Telenet, the conferencing system to which she belongs. He then dials Amtrak and a train schedule is displayed on the screen. Sam makes a reservation for a trip to New York for a meeting this weekend. Following this Sam dials the local number for the National Library of Medicine and searches the Index Medicus for some abstracts for some research he is doing.

Sam now wanders into Jefferson for his weekly psycho-social checkup where he must talk to a therapist. If after 20 minutes the therapist cannot tell whether he is talking to a human or a machine then Sam will be assigned a day of intensive therapy at Doc Watson's Clinic. Jefferson started this checkup procedure after noticing that students were forgetting how to talk. Sam passed and later in the day went to Doc's anyway.

The above scenario is not that distant. The technology for all of the above has been around for a while and it is only a matter of time until the more progressive institutions adopt such a plan.

In summary, then, to survive the information explosion we must:

1. concentrate on relevance
2. start a personal information system early on
3. learn the techniques and items a computer cannot
4. let the computer learn the rest.





## Dr. James Fox -- A Man For All Sexes

Sometime ago, the Gibbons Surgical Society sponsored a lecture on "transsexual surgery," with Jefferson's Dr. James Fox IV as the guest speaker. The Ariel last week interviewed Dr. Fox, focusing on this particular aspect of his specialty, plastic surgery.

Dr. Fox began the long road to his career at the University of Notre Dame. He then matriculated at our very own Jefferson Medical College and graduated with the class of 1970. The allurements of our fine institution kept him here for his subse-

quent internship and general surgical residency. Following that, our hero opted for the sun and fun of the University of Virginia at Charlottesville. Here he learned his trade under the renowned Dr. Edgerton, who has trained 21 of 36 plastic surgery department chairmen at our University hospitals and founded the first plastic surgery residency in the United States. Once his formal training had ended, he continued for a year on the staff of the University of Virginia, where he was responsible for, among others, the transsexual

patients.

The wave of shock that fell upon him then was tantamount to that felt by freshmen taking their first pathology exam - he had never put in much time or interest in the lectures given by the psychiatry department (remember all those M&S lectures blown off in deference to anatomy and physiology?) and nearly became overwhelmed with their problems. However, our ingenious alumnus was able to soften the impact by dealing first with direct physical causes of gender dysphoria - namely, patients with ambiguous genitalia. Then he extrapolated his new experience to the psychological problems of the transsexual. Dr. Fox stressed the importance of differentiating the homosexual from the transsexual with regard to the modalities of anatomic sex, psychologic sex, and love object. For the homosexual female, for example, all three are female. For the transsexual, the psychologic sex is male, which of course conflicts with her anatomic sex. The specific medical importance of differentiating them, he says, is that (using a male example now for equal time) if a surgeon castrates a homosexual, he may psychologically crush him, as the patient thinks of himself as a male. For this reason, a two year period of psychiatric evaluation must precede every transsexual operation, the second year of which consists of hormone therapy (under the auspices of an endocrinologist) and cross-dressing. Although this may cause embarrassment during the next evening at the local discotheque, this phase is necessary.

Initially, a far greater number of males present with the desire for sexual reassignment than females. By the time surgery is indicated, though, enough males fall from the ranks to lower this ratio to almost 1:1. With



Dr. Fox demonstrating his "feel" for the subject.

regards to the procedure itself, the male to female sequence poses much less problems than the counterpart operation. The penile shaft is saved and shoved backwards into the pelvis to form a neo-vagina, and the reversed glans remarkably simulates a cervix. Labia are then formed by slicing the scrotum down the center and folding toward the sides, and the individual becomes a new woman with a quickness that would cause Elaine Powers to cringe with envy. The new female has some difficulties in lubrication during sex due to the epidermal skin of the former penis acting as a mucosal lining. However, the skin does take on some mucosal characteristics when placed in such an environment indefinitely. (That's one to remember.) Otherwise, the new female is capable of having climaxes just as normal women, and the average lay person would have difficulty distinguishing one from the other via appearance. Physicians, in fact, have examined them and have been none the wiser.

Conversely, the female to male procedure involves the

enigma of constructing a penis from somewhere that looks and performs as a normal one. The clitoris cannot be used, since its incomplete hypertrophy, even after hormone therapy does not permit it to approximate a penis in size. The surgeon, therefore, uses skin from another area of the body to construct the new penis. In order to allow the new man to achieve erection, some ingenious ploys have been attempted. Titanium stiffeners were in vogue at one time, but they tended to extrude, and they also caused the person to carry a perpetual erection, causing waitresses innumerable difficulties in performing their duties. Now, due to ingenuity born of "Bouncing Betsy" victims of the Vietnam war (victims of mines that would jump to trunk height before exploding), a new device is available. A reservoir is placed in the neo-scrotum which has a valve attached. When the individual desires an erection, he merely squeezes the little ball in his scrotum, releasing the valve and inflating his penis. He similarly depresses the ball to lose it whenever he wants. (Before all of you males run out to buy one of these, be aware of the fact that they require an enormous amount of skill to insert and cannot be found in local department stores).

The new males also have difficulty disguising their secret. Once their clothes are removed, their penile shaft gives them away. Also, some plastic surgeons do not bother to construct a urethral opening on the end of the penis, so that the person must sit to urinate. In either case, the entire sequence of operations requires about one year, so begin planning now for next year's April Fool surprise.

Regarding the Renee Richards controversy (a transsexual tennis player now competing with women), Dr. Fox feels that transsexuals should be permitted to compete in their new sex. He believes that although males have more muscle mass than

[Continued on page 7]

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Photo by Ken Buckwalter

## Phi Chi Wins Hockey Crown 3-2

[Continued from page 8] made a very strong bid for an upset as a Jeff Cohn goal, late in the game, offset a Delight goal by Vince Herbst and forced the contest into sudden death overtime. After the first ten minute overtime period the game remained even as goalies Barsotti and Rich Heckert made key saves. Then at thirteen seconds of the second OT

period a shot eluded Backrow's Heckert and Delight advanced to the finals. The other semi-final game was more of a wide open affair. Phi Alph rushed to an early 2-0 lead but four straight Phi Chi tallies, three by Paul Stander, turned the game around. A late Phi Alph goal by Bob Biester, his second of the game, made it close but Phi Chi held on and

moved into the final series with Delight.

Now that the hockey season is over there are number of people whom I would like to thank for their help in making this a very successful season. They are Gary Dukart, Vince Herbst, Barry Jacobson, Bob Mann, Fred Matlin, Steve Myrick, Mitch Rivitz, and Dan Wehner.

## BAD Boilerplate!

...Three Jefferson Medical School M.'s were arrested Monday, March 20, at the corner of 10th and Spruce Streets. The three individuals were hauled in for public drunkenness. The trio continued to sing 50's songs in harmony as they were taken to City Hall. The anonymous source who called the police

said, "I don't mind individuals wearing green slacks with a blue blazer, but drinking Schmidt's beer and trying to pick up bag ladies by singing **Macho Man** is a disgrace to the . M. profession. You can bet their PRSO will hear about this!!"

... Hahnemann Medical College, seeking a new

president, has reportedly interviewed several candidates. Among the notables are supposedly Milton Shapp, the Shah of Iran, and Billy Martin. Dark horse candidate Dan Flynn has reportedly turned down the position so he could devote full time activities to the business management of the **Flying Bull**.

## Yellow Turns Blue

[Continued from page 2] pump, jelly beans, and Alka-Seltzer.

After our heroine's personal catharsis and purgation, she discovers the Powermen's hideout and learns their terrible secret.

They are using prostitutes for trial experiments with a newly developed **bionic male organ**. Fully equipped (variable length, thickness, shape, color, ejaculation force and duration, including self-lubrication and inter-

esting attachment accessories) this electronic pecker would make impotence obsolete, and in effect reverse the recently increasing male sexual inadequacies fostered by the women's movement. Men would again be worshipped for the utopian satisfaction they could continuously provide their concubines.

Alas, sweet Miranda now faces her most serious challenge and to elaborate further would only spoil the spellbinding climax. Suffice it to say that after much cunning and subterfuge, including one incredible encounter with the Bionic Dozen Patrol Force, our daunting Commander side-steps a sticky situation and does her gender and profession credit. This is a must-see movie for everyone, and I don't mean a word of that tongue-in-chick.

## Fox's Fallacies

[Continued from page 6] women and are therefore stronger, much of the difference in athletic ability is due to initial upbringing. In other words, if females were encouraged to participate at the same level as males early in life, they could compete with them later. Furthermore, hormone therapy should pick up the difference in muscle bulk.

When questioned about the socioeconomic nature of transsexual patients, Dr. Fox said that although all groups have been represented, the majority of cases emerge from the lower or lower middle class (ironically the class with the strongest gender identity). These people refer the procedures to insurance companies for payment, as transsexualism is considered to be an appropriate psychiatric diagnosis. They come to find out about these centers (there are

approximately 12 in the U.S.) by word of mouth after having been frustrated by clergy and family practitioners not trained to address this problem. Before transsexual surgery was available, these patients "hid in the closet" until they appeared in emergency rooms with genitalia they had mutilated. Due in a large part to Dr. Fox's mentor, Dr. Edgerton (who founded the first gender identity clinic and performed the first U.S. transsexual operation) these people on whom nature has played a cruel April Fool joke can be helped. We here at Jefferson are indeed fortunate to have a similarly talented and dedicated pupil of his on our staff. Dr. Fox now specializes in reconstructive surgery, a field in which each patient presents the need for a new operation, requiring the exercise of his unique creative and artistic abilities.

## ARIEL Classifieds

### IMPORTANT ANNOUNCEMENTS

**Attention Freshmen** - Anatomy and Physiology will soon end. You will then be permitted to return to a normal existence, with reasonable time allotted for eating, sleeping, and other physiological activities. This message brought to you by the Student Council Curriculum Committee.

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In an attempt to give Medical students a break, the Radiology Dept. informed the **ARIEL** of some jobs available. Most of the openings are part time and involve typing and a knowledge of medical terms. The work times are daily, evenings, and weekends. Anyone interested should write a letter indicating available hours and days of week to Jean Vogt, Manager, Dept. of Radiology, Thomas Jefferson University Hospital, 11th & Walnut Street, Rm. 3607, Phila., Pa. 19107

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# Bad Sports News

Page 8

Ariel

Monday, April 2, 1979



"Jeff polo team increases stamina of ponies by exercising them under low oxygen tension."

## On To the Polo Grounds

by Mark Rubin

In the brief period of time since its inception, the Jefferson Squash Club has grown in amazing leaps and bounds. Spurred on by their successful involvement with the squash club, the Commons Committee has recently undertaken an even more grandiose program...The Jefferson Polo Team.

On March 14, the Commons Committee voted to allocate \$8,700.00 (roughly 93% of their yearly budget) to several students for the purpose of organizing a Polo

team. Discussion on the issue was surprisingly short and the money was voted to the team unanimously.

Recently there has been some rumblings of dissent in the background of the Commons Committee. It appears that many people are upset that 93% of the budget is being given to such a small group of students. This may sound true at first, but don't underestimate the number of polo players here at Jeff. If over 100 people here play squash, then at least that many must play polo too. After all, how many people

do you know who play polo but not squash?

What on earth does one team need \$8,700 for? Well, a good portion of the money will be used to convert part of the animal research facilities on the third floor of Jeff hall into stables for the polo ponies. According to Dr. Rosenfeld, chairman of the Animal Resources and Supporting Facilities Committee, this will be quite an undertaking, and it will be difficult to convince all the rats to share their cages with the ponies. The remaining monies will be used to purchase Jefferson saddle blankets, horse feed, and ascots and white dinner jackets for the team members.

If you would like to see your team play, you can watch them practice on the infamous dog-doo field at the corner of Locust and tenth streets. Apparently, the playing conditions there are less than superb and the team hopes to raise enough money from contributing alumni to be able to re-sod the entire field. The grass should grow really well, because there is certainly plenty of fertilizer on the field (as I found out the day when I played frisbee barefoot in the field).

Well, now that we have a Polo Team will things ever be the same here again? At the time of this printing, Jefferson is the only medical school with a polo team. Certainly that will become a strong drawing card for our school, and the applicant pool should start increasing this fall. Think of the pride we will all have when someone says, "Oh you're from Jefferson, isn't that the school with that new hospital and that great polo team?" If you still feel a bit decadent about the whole thing then just consider how easy it will be to make a house call in the back woods if you already know how to ride a horse. Tally-Ho!

Photo by BAD Ken

## BAD B-Ball

To top off one of the best basketball seasons yet at Jefferson, a faculty-student basketball game was organized by Commons. The game was held before the finals of the "B" league play-offs.

Tap off time was at 9:00 p.m. Dr. Masters took the tap but unfortunately sustained a facial and neck injury as he drove down court and had to sit out the rest of the game. The students came on strong under the auspices of Coach Moberg and his computerized game plan. The students scored at will as Dave Tenn ran interference for Charles Thompson who hoisted Vince Viscomi to the basket allowing Viscomi to dunk at will (a dream come true). The faculty became hard pressed to keep pace. Dr. Gee went into respiratory failure and Dr. Flynn had to be side-lined with severe electrolyte imbalance. Dr. Rosenfeld developed a borborygmi and Dr. Siegman, following a smooth lay up, pulled a muscle and left the game. Coach Vogel, undaunted, shouted relevant and irrelevant encouragement to his team, which made Jeff Hall sound like the Munich Olympics. The Antigens, the student team, took such a commanding half time lead, it was decided by Dr. Menduke, official scorer, to curve the scores so as to keep the game from being a failure. Half-time entertainment was provided by D.J. Jim O'Brien and the dancing of Hopkins and Kresge, who returned to the pool to finish their stimulated Channel swim together after the festivities.

The beginning of the second half favored the student team. John Angstadt played all positions, as he is

so fond of doing. Seth Paul came into the game after a few minutes to help John and played his usual mid-court game, i.e. shooting from mid-court on offense and falling back to mid-court on defense. But then came a crucial turnover Quiche Lorraine, still struggling to master his anatomy, kicked the ball down court instead of dribbling and the faculty team came alive. Dr. Rosa made a \$25 basket and then a \$35 basket (to be sold at next year's Faculty Art Auction) and the game was tied. Dr. Epple kept the pressure on the students by ordering the freshmen up to the histology lab for a pop slide quiz forcing cheerleader coach Mirabile to leave the sidelines and enter the game. Dr. Mauer, stimulating his defenses, made it difficult for the Antigens to score while Jensh's angels distracted the remaining sophomores. Fortunately Vince Herbst and Dave High were on hand to escort the angels to Watson's for a drink and that threat was allayed. The deciding play came with 2 seconds left and the score tied when Dr. Jackson intercepted a pass, turned, shot, and made the basket. But unfortunately, due to a genetic defect, he was unable to tell up from down (court that is) and sank it in the student basket. Fortunately, the standard error was +2 and the game was ruled a tie. The Game Ball was presented by the Ethical Society who also provided wine and high calorie chips. Jim McWeeney sliced the ball in half for Coach Moberg and Coach Vogel while Mark Rubin kindly consented to make another speech for the janitors who were trying to sweep up.

## Phi Chi Champs

by Mark Z. Repka

Phi Chi, led by Paul Stander, Dave Glick, Dan Wehner, and goalie Roy Maynard, bested Afternoon Delight in the crucial third game to wrap up the 1979 Intramural Floor Hockey Championship. In taking the series two games to one, Phi Chi, the early season mystery team, proved that when they decide to play they are the best.

It was Dave Glick's goal, midway thru the second half, and Paul Stander's empty netter which carried Phi Chi to a 2-0 triumph in game two and enabled them to extend the final round playoffs to a third game. Game two also marked the return to form of

Phi Chi goalie Roy Maynard. Maynard stopped several excellent Delight scoring chances late in the contest to preserve the victory. In the opener, Delight scored virtually at will and coasted to an easy 5-1 win. Highlighting the game for Delight was a hat trick by Steve Cohen and, as usual, phenomenal goaltending by Bob Barsotti.

Neither Afternoon Delight nor Phi Chi had an easy time of it in the semi-finals. Regular season champs Delight drew fourth place finisher Backrow and Phi Chi second in the regular season was scheduled against third place Phi Alph. Backrow

[Continued on page 7]

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