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M*A*S*H Revisited?

Is Suicide Really Painless?

by Edward G. Zarad

"Let our position be absolutelype: Any attempt by any outside force to gain control of the Persian Gulf region will be regarded as an assault on the vital interests of the United States. It will be repelled by use of any means necessary, including military force."

President Carter announced the draft registration and "re-vitalization" of the Selective Service System on Wednesday, January 23. The Selective Service System has been out of action since 1975 when President Ford stopped registration. They're already burning draft cards at the University of California. Draft opponents are beginning to mobilize. Even though it is not yet clear whether women will be included in the draft registration process. Some students at Jefferson are joking about the advantages of a practice in British Columbia.

There are questions on the minds of many medical students: What does the Doctor Draft mean? More specifically, who does it involve and how does it work? The ARIEL sought answers to these questions only to find that "there was one in the Federal Government who could answer them-since apparently the Department of Defense and Secretary of Defense were not able to answer them.

The Doctor Draft is the latest in a series of monetary appropriations who have been assigned to the "re-vitalization" of the Selective Service System because of the recent nature of the President's announcement. Through the suggestions and recommendations of Dr. Robert C. Mackowiak, Associate Dean and Director of Student Affairs, the ARIEL was fortunate to uncover several physicians at Jefferson who had significant involvement with the armed forces medical services and who could provide information on how such matters were handled in the past.

Dr. James H. Lee, Jr., Professor of Obstetrics and Gynecology and Chairman of the Department, is a Retired Captain who served 21 years of active duty with the U.S. Navy. He served as Chief of Obstetrics and Gynecology at the Philadelphia Naval Hospital before coming to Jefferson. Dr. Lee outlined the "Berry Plan" (named after a Dr. Berry who was Deputy Director of the Armed Forces Medical Services when the plan was developed, not the Jefferson Neuropathologist whose portrait is hanging in Alumni Hall) which was employed in conjunction with the Doctor Draft during the Vietnam conflict. According to Dr. Lee, the Berry Plan provided "deferrals (to residents and graduate medical students) to complete graduate training," with the stipulation that physicians who were granted such deferments were obligated to serve "two years of active duty" upon the conclusion of their specific residency program.

Dr. Richard Arthur Baker, Clinical Associate Professor of Obstetrics and Gynecology, is a recently Retired Naval Captain who had served as Chief of Obstetrics and Gynecology, later, Director of Clinical Services, and eventually, Commanding Officer of the Philadelphia Naval Hospital. He elaborated on the Berry Plan stating that one could sign up on a specialty in which the Armed Forces had some relative interest. He mentioned that there was some interest in virtually every specialty but he specified that the local draft boards and the named forces had percentage restrictions on the number of medical officers in the various specialties. Thus, the principle of supply and demand was utilized to determine the eligibility for the Berry Plan. If a graduate could not enlist under the Berry Plan for various reasons, the applicant would be permitted to receive one year of post-graduate training (an internship, which is required by law) and would then be inducted as a General Medical Officer. In such cases, any specialty training desired by the applicant would have to be pursued upon the completion of active duty.

Dr. Frank Davis Gray, Jr., the Magee Professor of Medicine and Chairman of the Department, retired in 1971 from the Army Reserve after more than 30 years of active duty service. At one point, he served as Surgeon for the Continental Reserve Army Command. Dr. Gray commented that during the Vietnam conflict, the Army's manpower needs were fairly well satisfied. Thus, "it was difficult to enlist in the service under the Berry Plan if one was interested in specializing in internal medicine. Dr. Gray remarked that he knew of a few students primarily interested in internal medicine who applied for the Berry Plan to be trained as anesthesia specialists in order to receive the training deferment, because they knew that the Army needed anesthesiologists.

Dr. Gray mentioned that during World War II and the Korean Conflict, the local draft boards employed a novel method in pursuing physicians to join the service. A letter would be sent to the physician stating that in a certain specified amount of time, he would be called on.2

It seems appropriate for this Valentine's Day issue to write about a much-talked-about and often misunder stuped subject—the sex life of a Jefferson medical student. Although it cannot be argued that the flavor of one's sex life is a reflection of individual character, medical students do share certain character traits and environmental constraints so that some generalized behavior patterns may be implicated.

It is almost universally agreed among psychiatrists and psychologists writing on the subject that the sex life of the average medical student, in terms of both frequency of encounters and intimacy of experiences, is sub-par for his or her age group. The reasons for this are a reflection of the individual's personality makeup, previous experience and his present educational confines. Many of those who make it to medical school are obsessive-compulsive (often referred to as the "Type-One Personality") in their drive for success. This pattern leads to introversion and rigidity, barriers to intimacy. A study which appeared in The Journal of Medical Education explained that "The typical medical student's life has been one filled with recognition of his achievements and successes, and the student tends to view himself as a person of value."
**Sex and You**

cont’d from p. 1

himself as infallible.” Entrants also seem to lack the interpersonal experience of many other college graduates. The aforementioned study emphasized that, “the typical pre-med spends his time studying to insure acceptance into medical school. Thus he may have a relatively retarded social experience.” These two psychological components are then aggravated by a rigid academic discipline add a loss of personal freedom, especially during the clinical years.

Most medical students are single, heterosexual men. For this group, there is often a preoccupation of where to go, what to do, whom to date. Some attempt to gratify both ego and libido by seeking multiple, impersonal sexual encounters, or “pick-ups.” This lifestyle, however, seems to lack the comfort of a few, or even one, sexual partner. In this local draft board which seems somewhat unique. He attended medical school at the University of Utah during the Korean conflict. His local draft board attempted to draft him while he was still in medical school — as a medical student! He filed local, state, and eventually a federal appeal. He graduated from medical school during the appeal process and enlisted under the Berry Plan. He became a Medical Officer in the Navy and remained for 23 years. He asserted that the military experience is a “damn good experience for any young doctor.” The experience provides the opportunity for “a lot of maturing and is an excellent transition from the residency to practice” according to Dr. Baker.

**Doctor Draft**

cont’d from p. 1

Medical Officer, (Dr. Gray explained that one cannot be drafted to serve as an officer since the commission itself implies a choice made by the individual. Dr. Gray indicated that he knew one young man who refused to be intimidated by such tactics who waited to be drafted and served three years like any other drafted G.I.

Dr. Baker discussed his personal experience with his local draft board which seems somewhat unique. He attended medical school at the University of Utah during the Korean conflict. His local draft board attempted to draft him while he was still in medical school — as a medical student! He filed local, state, and eventually a federal appeal. He graduated from medical school during the appeal process and enlisted under the Berry Plan. He became a Medical Officer in the Navy and remained for 23 years. He asserted that the military experience is a “damn good experience for any young doctor.” The experience provides the opportunity for “a lot of maturing and is an excellent transition from the residency to practice” according to Dr. Baker.

**Preceptorships**

cont’d from p. 1

students’ first choice for placement. The preceptor tries to match the interests and experience of the student with the needs and facilities of the NHS site. After tentatively matching a student with a site, the site coordinator sends the application to the physician then contacts the student. If there are goals for the preceptorship are compatible, the match is confirmed. Finally, the student receives financial information and resolves the logistics of the actual placement. The goal of the NHS/CAMS/PAMSA staff is to conclude all of the planning at least four weeks before the beginning of the preceptorship. Obviously, the earlier you apply the better are your chances of completing the process in time.

He speculates that if a war develops, it would probably be a conventional war since anything else would be unthinkable.” However, because of the “enormous number of troops which would be necessary (due to the large area involved), he believes that the government would do what it had done in W.W II in terms of supplying military physicians. Dr. Gray noted that in W.W II in terms the armed forces expanded from virtually nothing to a force of “40 million men in a year and a half.” Thus graduates, who had at least one year of postgraduate training would be pursued as well as the more experienced physicians because such a rapidly expanding force requires experienced medical personnel.

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WHO Fights Indian TB

Tuberculosis Experts to Meet - Disscuss Lack of Protection of BCG Vaccines in Trial

The World Health Organization will bring together tuberculosis experts in two meetings to examine the improved control of a large-scale trial that has shown BCG vaccination as affording no protection against lung tuberculosis in the south of India.

The trial was launched in 1971. First findings, compiled seven and a half years later, have been published in the current issue of WHO's Bulletin (Vol. 57, No. 5, 1979), as well as in the Indian Journal of Medical Research.

Though exact dates have yet to be fixed, one meeting is tentatively scheduled for April and a second for June to address questions raised by the trial. In elaborating the results, WHO experts emphasize that, while surprising, they "must not be interpreted as indicating the BCG vaccination is useless everywhere."

A scientific group will be asked to advise on further research, and a study group will be requested to recommend policies for vaccination programmes now under way.

Some 260,000 individuals above the age of one month were covered by the Indian trial, which was aimed at preventing lung tuberculosis in the population of 209 villages as well as in a town in the district of Chingleput, west of Madras.

BCG vaccine is named for its two developers, Drs. Leon Calmette and Camille Guérin. Although used extensively throughout the world since the 1950s, "its mode of action has remained largely obscure," the report of the trial notes, as has the "immunological mechanism in tuberculosis."

Thus far, results have varied in the scientifically-valid, controlled studies that have been carried out, with the success of BCG vaccines varying by population group, and ranging, the report notes, from good, namely 80 percent effectiveness and efficacy, to poor, the latter in the Indian trial.

Question raised

The Indian trial raises the following questions such as the Indian trial raises the following questions:

- Were there procedural flaws?
- According to the report: "The methods and materials used were scrutinized at a meeting of experts held in Madras in 1977, and it was concluded that there were not any apparent flaws in the procedure followed in the study."

- Were the BCG vaccines used of adequate potency?
- WHO experts point out, "relatively weak vaccines and a low dosage had been used, with vaccination by multiple punctures rather than by injection."

PCMs interacts with Students

by Franc Vossenberg

In the interest of helping their future colleagues the Philadelphia County Medical School has set up a committee. Chaired by Bernard B. Zamostien, M.D., the committee assembles representatives from the six medical schools (including PCOM) in Philadelphia. The group meets monthly at the PCMs headquarters at 21st and Spring Garden.

Initially, a draft of interests as one might expect, the committee provides a forum for constructive discussion between medical students and organized medicine. Recent topics have included residency matching problems, financial aid, Armed Forces and NHSC scholarships and local medical school activities. Currently the committee is preparing a letter explaining the pros and cons of Armed Forces scholarships and service. The article will be sent to the pre-med advisors at each college in Pennsylvania.

A list of 45 diseases and conditions that lend themselves to treatment by acupuncture is published in the December issue of World Health, official illustrated magazine of WHO.

The list was drawn up at a WHO seminar on acupuncture held in China last June, when delegates from the six regions of the Organization watched clinical acupuncture being used for a variety of purposes, including analysis for major surgery.

The list ranges from sinusitis, bronchial asthma and osteoarthritis to toothache, migraine and constipation. However, the seminar specified that the list was based on clinical experience and not necessarily on controlled clinical research; furthermore, the inclusion of specific diseases was not meant to indicate the extent of acupuncture's efficacy in treating them.

Acupuncture Abounds

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Contributors to the magazine describe the ever-increasing popularity around the world of this ancient practice, and the way China is completely integrating traditional Chinese medicine and "Western" medicine.

There is also an eye-witness account of a major long operation carried out on a wide-awake patient, with only one single needle as "anaesthetic."

"Unfortunately, a caricature remains something of a political football in the developed world. Rhetoric competes with scientific research,"

However, the number of trained acupuncturists in the USA is now steadily growing, and the same is true in many countries of Western Europe. Pointing out that "Western" medicine is itself a distillation of folk medicine and thus no different from Chinese medicine, Indian medicine and so forth, Professor Kao asks: "Why do we talk about medicine in such isolated and culturally relative ways, while other disciplines such as chemistry, mathematics and physics know no such boundaries?"

In an introduction to this issue, Dr. Qian Zhimeng, the Minister of Public Health of China, writes: "We now recognize that, although acupuncture originated in China and is part of our country's rich medical and pharmacological heritage, this therapy becomes a common property of the human race and is subject of intense interest to medical workers the world over."

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OFFER GOOD THRU FEB. 24
Record Corner

by Jim O'Brien

To those of you seeking something different in modern jazz, I'd like to recommend Pat Metheny's "American Garage." Metheny's adept six and twelve-string guitar improvisations blend nicely with the keyboard virtuosity of Kyle Mays. The total effect is a pastoral jazz romanticism that is relaxing, but always interesting. This is great all-purpose music for studying, partying, or just listening. A great album from an impressive young artist.

For rock 'n roll fans, there's Blondie's "Eat to the Beat," a good, but inconsistent collection of New Wave music. Deborah Harry's voice is excellent and the instrumentation is clean, but the album lacks the gutsiness that made Johannesen, the Ramones, and the Sex Pistols great punk bands. What I really like about Blondie is their sense of humor. In these wacky times, hers seems to be the only logical model for men and women of the eighties.

Even though the disco market is drying a desired death, there are still a few albums worth looking into. Shalamar's "Big Fun" is probably the best album available now. The L.P. includes the hits "The Second Time Around" and "Right in the Socket." The other cuts are worthwhile too, even though they haven't received a great deal of airplay. Unlike most disco L.P.'s, this one has some class.

(These albums are available at Gola Electronic, 1001 Chestnut St.)

In addition:

New releases by Bruce Springsteen, Bob Seger, and my favorite group, Steely Dan are due. I hope to be able to review them for the next issue.

Interactions

cont'd from p. 3

vania in the hope of informing college seniors of the vagaries of a scholarship obligation.

In addition, the Medical Student Affairs Committee has developed a Newspaper Editors Subcommittee to strengthen communications between the area medical schools. The PCMS will act as a clearinghouse for information on medical school programs which are open to medical students in the city. The student representatives will then be responsible for publicizing the events in their school newspapers.

Clearly, the PCMS/medical student interaction is of mutual benefit. We utilize the PCMS resources to further our interests, while they develop in us an interest in organized medicine.

What's AMSA Up to?

by Joe Stella

As we head into the second half of the school year, the AMSA (American Medical Student Association) core group at Jefferson wishes to thank everyone for their support and attendance at the Sports Medicine Seminar and other AMSA programs of the past Fall. In response to the survey of student interests, the core group is in the process of preparing programs for the remainder of the year. Here's what's on tap:

On February 13 at 7:30 p.m., Dr. Mackowiak and a senior med student will discuss the third and fourth year curriculum at Jefferson. This meeting will be very informative - the speakers will offer some hints for personal planning and all sophomores and freshmen are urged to attend. Check the bulletin boards for meeting place as the date approaches.

Also coming up will be a seminar on personal finances, a session featuring introductions to the medical specialties, a program on destensitization techniques (i.e., relaxation exercises and constructive ways of coping with stress), and a panel discussion on allied health personnel - Medical Student relationships (professionally speaking). More details on these programs will be forth coming.

The BIG AMSA EVENT for the Spring is the AMSA National Convention, this year being held right here in Philly on March 19-24. Everyone is invited to attend this exciting gathering which will include workshops and talks on a variety of medical and social issues, an assembly to decide national AMSA policy, equipment and pharmaceutical displays, and an opportunity to meet other med students from around the U.S. All those who attended last year's convention in Denver found it a very worthwhile experience.

The Jefferson AMSA Chapter also serves a resource function. For example, there is now on reserve at the main library an AMSA Resource Notebook featuring current articles and pamphlets on National Health Insurance, Medical Ethics, Trends in Medicine, and other topics. Students are encouraged to use and to submit articles to the AMSA Notebook; ideas for new topics are always welcome. The chapter also provides information on the National Health Service Corps, NHSC Preceptorships, and other summer job opportunities. Address inquiries to the AMSA at the Alumni Hall mailroom.

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The Pawnbroker

by David Horovitz

The Psychiatric Forum of TJU has chosen four brilliant works in composing its first film series. The series is unique in that not only are the films striking examples of cinematic craftsmanship, but in addition, they offer penetrating character studies of psychoanalytic significance. They provide the rare combination of artistic insight and entertainment which, when united with free admission, is a rare delight to resist.

The first film presented was Sidney Lumet's The Pawnbroker. Sal Nazerman is a pawnbroker in the Harlem section of New York. He came to America many years ago upon his release from a Nazi concentration camp. Before the war he had been a professor in Germany. The experience in the camp robbed him of his youth, his health, perhaps, unless, to teach. Nazerman, his family, and friends were deceived, tortured, and stripped of everything they valued. By the end of the war his wife and son had been gassed. Nazerman survived, but his inner self, his soul, had been destroyed. He had learned to be absolutely powerless in the face of inhuman atrocities. His faith in God, man, philosophy, art had been destroyed in the Holocaust.

Now money was all that interested him. Money was something to which he could hold; something of whose value he could have a clear idea. Money with money he could buy comforts to ease his nightmares. With money he could buy a clearer idea of his past. Money with money he could buy a philosophy, and from that first job he has been laundring his money. The pawnbroker, Nazerman, gives us a monumental performance. Subtly he bleeds the demeanour of cold heartedness with inner boundless despair, he shows us a man whose loneliness and sorrow run far deeper than mere normal degrees of suffering could possibly explain. Visually, the film blends the cold, meaningless, yet eerie, geometries of the New York City landscape with the stark, chilling atmosphere of the concentration camp. The film is infused with an almost hallucinatory quality to the film. At the same time our sense of the pawnbroker's despair and disjunction with life is intensified.

Following the film Dr. Salaman Akhtar of the Department of Psychiatry spoke briefly about the film and about the difficulty of breaking into the usual psychoanalytic classifications the massive traumatic neuroses suffered by those who were incarcerated in concentration camps.

The pawnbroker, then, has been stripped of his last hope — the hope that money and its pursuit would save his suffering. He is no longer able to make money at the expense of innocent people. He longs for death. In the closing sequence an attempt is made on his life during a robbery of his shop. The pawnbroker's Puerto Rican employee, Jesus, thraws the attempt, but in so doing is himself killed. Jesus has given his life for one who no longer wants his.

Rod Steiger, as Nazerman, gives a monumental performance. Subtly he bleeds the demeanour of cold heartedness with inner boundless despair, he shows us a man whose loneliness and sorrow run far deeper than mere normal degrees of suffering could possibly explain. Visually, the film blends the cold, meaningless, yet eerie, geometries of the New York City landscape with the stark, chilly atmosphere of the concentration camp. The film is infused with an almost hallucinatory quality to the film. At the same time our sense of the pawnbroker's despair and disjunction with life is intensified.

In The House of God, Samuel Sheem, M.D. will shatter whatever illusions you may have about the glory and glamour of medicine. In this story of internship, there is no glory and no glamour — only a struggle to survive, preferably with a little sanity and humanity left intact.

It's a losing battle. In The House of God, the patient becomes the enemy. "They want to die, and we will not let them. We're cruel by giving them and they're cruel so us by fighting tooth and nail against our trying to save them. They hurt us, we hurt them.

In The House of Battle, the endless plight of sick bodies eclipse relationships outside. "The little woman is mad as hell that I'm here all the time... Doesn't matter... In California being married two years means you've hit the median."

And for the interns of The House of God, sanity slowly slips away and humanity is sacrificed to survival. The generous sprinkling of humor Sheem scatters around provides some comic relief, but let fair warning be given — this is not a book to read when you're depressed. If internships in your future, you might want to have a suicide prevention hotline number handy.

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• Opportunity to qualify for specialized roles, teaching or additional education. See if you qualify.

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The Army Nurse Corps.
Happy Valentine's Day

To Ec. Who always comes through with the lead article, finally.

To Mark, Who always leans out from underfoot.

"I'm Mugwump Be My Valentine, Maids. Goddness, Alex Lamb: I won't yet I need your body I must have you. Love, 216-55-7144.

Happy Valentine's Day
From the Maids

To that colorable red-headed guy in the third row class, will you be my Valentine?

Modestly.

Happiness is skipping deadlines.

The Maids Staff

Jo-Ann and Cara.

Let me give you all of my love.

Paul. I admit it - finally I melt at my equal With you give back my bone now. Nigel

Little.

Always happy near "mine" you may grow tall just look at me. "Our Names"

CVD comfort shoes
Dear D.K.
Those tab periods you spend away poor like weeks.

Your Best

Hey Gorgeous.

Let's get together and study eat hard and study something I love to write your pet. Guess Which

The Dick and the Sump, they are better to me than I deserve.

Love, Dr. N

Angelbumps

Remember the Alamo? I don't. Happy VC (hope you get it.)

MY

Wunnerrrr and Roomie -

Only four more months up the F.C. P.S. Any info on my nurse friend? -Daddys

Sue, Happy Valentine's Day! I wish you were here.

Love, John

Happy Valentine's Day to our "Friends" in 1980 - Age & Commander

Cowboy Hoot. Will you be my Valentine? The Sparrow Street Big Logy (Courtney of the M.M.)

Dear Snuggles,

Can we go to Henny-Pot together? Love, Brinnamore.

Fl.

Frog (and a straight flush of hearts) to you on Valentine's Day. Have a beer and match the pot. Positively.

Hibb

Naturally, Happy Hootenanny from your better half. May each of your Valentine's Desires be fulfilled!

Happy Valentine's Day to Maggie C. from Zig, mean Don!

You're my sweet Pooh-Bea!

Happy Valentine's Day!

I Love You

Popple

To Snuggly Buffy

Happy 30 Year Anniversary!

From Loaves

Babeth Ann - Happy Valentine's Day, kitten and keep loving me. The way you do - Nobody does it better!

Me.

Dazzling Pearl,

Though it's been two years, I still dream in love with you each day. Love you forever.

Bobbi

L.B. (also T.K.)

Be prepared to give up Jake 'cos it looks like I may be replacing him soon.

Jannie

Happy Valentine's Day to MURPH - Whoever he is!!!

Margie C.,

Happy Valentine's Day from Zig, mean Don!

To me,

Who always provides us with good stories and pictures on rugby and soccer. (Hey! Ain't those the sports you play?)

To Stuart,

Who always comes on time and leaves on time.

N.J.

I hope your sister doesn't see this (Happy Valentine's Day) liv. B.K.

Dear Snuggle,

A Happy Valentine's Day with Love from the Rudy Beak

Dear Marcia & Mary,

Happy Valentine's Day from the Susquehanna Tip of You.

Happy Valentine's Day in the east of that inaudible ridge. The Atler.

Dear Poohie:

You're the Best Thing I got gain.

Love, Your Third Student Husband with MIGHTY BUBBLES

FNL.

I've got the goods on E.P. - yours for a price. Happy V.D. If you know what I mean.

Joan

Dear Pam creece.

My Love for you is a big bumblebee I growing warmer all the time.

Love, Chuck

Mike - About your offer for coffee or tea, anytime.

Your Secret Admirer

To Cowboy Hoot, the handsome, debonair, and social cowbow. No one could love you as much as I.

JHP.

I need a heart - Love, there's a Selfish say, I am.

SLW.

Thanks for being there when I need you. I couldn't make it without you. Somebody is Coming!

Love,

Johnathan

Hollywood.

Your chest and arms drove me wild but forget that until you bump a place Chosen Legs.

Love,

Melinda

Ariel's are red.

Vera are blue.

Judd Mid. I love you.

I do it.

The Librarian.

Happy Valentine's Day, Bob Mohammee. You Rockst!!


M.McK.

Mugs and kisses for Valentine's Day. Drink and date.

To the "Boys" from Phil and Jennifer. Never from right. May Valentine be a lonely, sad and womanless sky. Take it from this, you have our permission to print this poem in your next newsletter edition.

Dear Amy.

I love you and miss you.

Tom. From the Pooh.

Happy Valentine's Day.

To Nحن "DOOMAN".

Be our Valentine.

10. and the "M" Society

To N. Little. It's 3 9 B.G.I. (and it's all yours) Your Admiring Valentine

Many Thanks.

To Channel 3 for your Valentine E.S.

Nobody does it like Cari Leer.

MFP.

Conkern.

The politics in your nose are cute as your tiny feet, but probably bigger.

"Our Names"

To Jim.

Whose record collection grows by the minute. Your secret admirer.

Charles H. Will you be our Valentine?

10th Pavilion

Happy Valentine's Day to the gorgeous sororities with the dark mustaches.

Dear, Val.

Who never knows what to write when asked to bitch.

Ariel.
Dear Thad,
I miss you very much.
Your Bro

To Beanie, my dancing partner and buddy-
Happy Valentine’s Day, and Birthday, Love, Tr

Steve,
I was a close friend before you showed
up.
Ben

Dear Milly, S.M.A., slowly!
WURK Mel

Dear little Piggy,
My digital zone for your warm Hug
Movie.
Hi, Kimmi

A "Pussycat" Love,
Ken

Happy Valentine’s Day
Love, Mark

To that fusty merry toss, who is often
confused on an axis, with a happy day.
And an alarm clock, to arrive on
time for class.

In
We’re going to get you – The Balloon

"Pussycat" Love
Cheryl

Geneva,
You think your hair is black, it is really
brown. But it’s all a bad looking you
around.
“Our Names”

Vanessa, Oh I mean Geneva, no I really
mean Vanessa. Oh well, have a happy Valentine’s Day.
“Our Names”

Bob,
We decided to put this short due to the
20 word limit. Take a hint!
“Our Names”

Daily Lazy,
You blow me away.
Your Bad-Ass Lover

But God demonstrates His Love toward
us, in that while we were yet sinners, Christ
died for us.
Romans 5:8

Attention Everyone
We Love – bowwows
– Mitch –
To the Guy who celebrates Valentine’s
Day on Feb. 14, I hope you have a great today
anyway.
“Our Names”

To Kenny Rosenberg,
I wish you would leave me before I
graduate! I love you!
A friend

Dear Ben:
You smell just right!
Todd

To the 20th Floor,
Montivogues,
May cupid’s arrow pierce your black
leather and banquet. We love ya.
Wongs & Mom

Happy V-Day to Linda Loveless in $37.
Mockshy.
Your layouts are superb.
‘Your ca

Dear Todd,
We love you from afar.
Tell People

To whom it may concern
So whom it may concern.
Anonymous sure does write a lot, doesn’t he?
(Sh!) –Me

Dear Dr. L,
How’s your nature?
-Lisa

Dear Todd,
You were right. Love between two
people is beautiful. But with this it’s fantastic!
Vanilla.
Sorry about your virtue.
Prince Matchabelli

Love,
The Girls from West Phila.
Gentle Home

Zucchini,
Long time no see. Happy V DAY (let’s
put up on each other’s noses sometime soon.)
Condolences

Jasmine
Stop me before I mister again.
Pat

My Going Case
Love to meet you for peanut butter
sandwiches. Please respond
Love – Box 536, 529, 424

To Tam of the 20th Floor,
If I love you
Joan,
I know all about you and Eric and the
baby, and it’s all over.
A friend

To be in the E.D.
I like your bad
An admirer

To Jerry Woffles with Love from
Security Diet
Rachel
How’s about using your pull to have me
write back in?
Missing Person

To the Girls in the back row,
I finally figured out why my date won’t
take the love,
Who do you think

To Tam C,
You don’t know how many times I’ve
wished that I had told you
happy Valentine’s Day “75th”

Dear Denise,
I’d like to write something serious but it’s
hard.
How To Shower,
Love

Dear Dr. N,
Hope Cupid brings you a disease of
your own. (You know what I mean.)
Lucy, Cathy

Dear Bad the kid,
Jill, and M.A. want to take lessons.
XOEO UBAC

TOD D,
Send a Lightning Bolt!
– The High Priest

John,
You walk this and walk that and we
like you a whole lot.
Our Names

Stuart,
It see one more picture of your things
I’ll go mad.
– The Printer

To whom it may concern.
My Love life has been flashy with my
Germ Tub.
Please Return Dr. McConnell

Happy Anniversary P. Your soft brown
eyes have always magnified the
warmness of your touch. I love you.
Honey

Nancy,
Although you are a “bad girl” you can
get a good job still.
Happy Valentine’s Day.
“Our Names”

Sam,
You have the most support of your
friends and neighbors.
An aging playwright

S.P.
I love you beasted toast brand
Love & Kisses
Barbara

My favorite step,
Even though you Pronounce logic. I’ll
always help you ring your song
Happy Valentine’s
“Our Names”

Happy Valentine’s Day to the M.A. and
the going.
Nell

To the girls of Martin I love you All
Judi M

To Ellen Feldman and Nancy (not so)
Little.
Won’t you be our Great Big Darlin’
Valentines?
All Our Love
The Boss from Table 15

Hey Lady –
Yes, I think you’re see. Now what do
you think we should do about it?
–Anonymous

MaryAnn,
With your low cut dresses and your
Rastafarian style, you’ll brighten any
Schminky’s day.
Our Names

Dear Nige – Meet me at the hustin’
in front of Jeff Hall and we’ll do it doggie-
syle.
Love,
Degel.

Buzzy Bear
May your life be filled with honey.
Always,
Dee

Mark –
Continue to be my friend and you will
always find me your.
Love,
XL

Be my Valentine, Pamela Phillip,
or Little Buddy will get you.
T.B.G.

Happy Valentine’s Day, Nanette
Love Debbie and Linda
my Col. W.O.A. DILC of a day –
your Babe
Linda R, I think you’re the cutest gal I’ve
ever seen!
A Secret Admirer
Squeaky Bunny – you know you’re my
heart’s Hope and Klas, your little BB
Anita, let’s check out the view from your
window.
The Ghost of Christmas Past
For a Special Cookie,
We’ll have to continue our search to
a station which accepts VISA
With Love – A Bathroom Wall
Did ya, Do Ya I Did, Do.
Love, Paul
To someone with a래스e Nose.
Being in Love with You makes
Valentine’s Day Special.
The Phat Cat.
Just wishing a dear College Friend a
Happy Valentine’s Day. (To Jes. From.
Scorpio – Pisces.)
Paying the Price of Disinterest

Apathy — that concept we all have heard, and probably about election years that whose spectre haunts our indolent human nature despite massive courses and grants that force us to tacitly accept what we detest — has become a reality this year. The second week to a spirited Student Council Curriculum Committee (SCCC) of a special committee, organized and led by Cora J. Collette to examine a small group program of the sophomore year. Ms. Collette invited student representatives from each of the 15 groups to discuss problems with and suggestions for improving Student Council Curriculum Committee program. The atmosphere was informal, refreshing level of interest and motivation. Collette is haunts our indolent want more clinical exposure, my colleagues and I believe that this lack of motivation stems from the concept of apathy.

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I believe that a physician trained in basic biomedical research can provide a unique contribution to medical knowledge. He or she brings to the laboratory bench a knowledge of disease and clinical medicine that can be extremely helpful in formulating and solving important biomedical problems. The reduction in research exposure during a physician's formative years is, in my opinion, one of the main reasons for decreased student interest in research. There are other reasons, too. Laboratory experience in the basic science courses has diminished over the years. Students are told that research support is difficult to obtain.

We are attempting to reverse this trend by providing research support by making research opportunities available. Jefferson was given the opportunity to offer research positions for medical students beginning July 1, 1980; a faculty and student committeee will obtain this support. In the event that we do not, I would still encourage the students to think about exposing themselves to research opportunities already available at Jefferson in order to find out whether they have an interest in becoming a physician researcher. For the few who select the field, I can assure them a very stimulating and rewarding career. It is true that research is tedious, slow and that the breakthroughs are few and far between. But the biomedical research community is an investment in the future. Without new knowledge, we will become scientifically bankrupt. Therefore, I strongly encourage the first- and second-year students to start talking about research opportunities. It is an educational opportunity offered to you by your school. Take advantage of it now. Once you have graduated, the opportunities for testing your interest will be much more inacessible and time-consuming.

Sequela

Yes, "Sophomore Sequela" is official! Since so many people showed interest and ideas in creating a sophomore follies, we're going to do it. The date is March 19, and the place, of course, is Jeff Hall. Any sophomore with an idea for a skit or who would like to participate in a little number called "The Grapevine" contact Paul D'Agostino or John O'Brien for info and details, or just drop a note in Box 610.
Support SCCC

During the past year, the Student Council Curriculum Committee has grown in both size and effectiveness. Although it has not been the only source of making changes in the curriculum, the SCCC has used input from course questionnaires to help the Jefferson student body realize the benefit of voicing its opinion in an organized way.

While the SCCC had minor input into changing senior year rotations from six to four weeks, its greatest achievement has been in the restructuring of the nutrition course. Student disapproval with the previous course prompted five additional nutrition lectures in the Cell and Tissue Biology block and a redistribution of lecture time in the freshman Medicine and Surgery course. An SCCC student representative worked with the M&S/ICM Subcommittee in effecting this change.

The committee has helped precipitate other changes in the M&S curriculum. The small group program has been modified and now includes time for instruction in clinical diagnostic techniques. Handouts have been upgraded, and the course booklet for the Psycho-pathology course has been rewritten at the request of the SCCC.

Questionnaire results indicated that change was necessary in the Basic Sciences, and many of these changes have been made. In Pathology, instructors that had been evaluated highly last year have been given additional lecture time this year. At the students' request, some subjects in the Pathology curriculum have been given proportionately more time in the course. In Physiology, the SCCC helped revise the number of lecture hours/topic, teaching assignments, and text recommendations. Above all else, the SCCC has had major bearing on the teaching assignments of all Basic Science courses. The committee has agreed, however, to keep confidential all information regarding instructor evaluations and subsequent changes. The results of teacher evaluation are reviewed by the committee, professor concerned, course chairman, and the Dean.

The Student Council Curriculum Committee is presently an effective and influential force in effecting change in the Jefferson curriculum. However, little could be done without the support and cooperation of the student body. The committee represents the opinion of the majority of students, and because of this, student participation in filling out questionnaires is vital to the strength of the SCCC.

Representatives to the SCCC are Jim Boyajian, Cora Collette, Barb Davies, Chris Edwards, Brian Mackowiak, and Mendeke serve as advisors.

Student Sex (Dis)continued

Robinson, a clinical professor of psychology at the University of Colorado, likened the reaction to the "partial loss" of the medical student during the clinical years to the Kubler-Ross stages of grief. Initially, the spouse has feelings of protest, but the student is rarely home to be confronted and when the student is, the spouse feels too much sympathy to be confronting the student with anything else. Next, both partners feel despair in that they are powerless to change their circumstances. Finally, each partner develops signs of detachment. One junior in Robinson's study regretted that he "returned to a bachelor existence as a frame of mind."

For the female medical student, marriage may prove even more prohibitive, although not untenable. As University of Kentucky psychiatrist Frida Surwitz warns, "The relative inflexibility of medical education makes 'honey roads' on her time and becomes almost an impossibility in the case of marriage and children."

It is no wonder, then, that medical marriages carry a high divorce rate. In spite of these hardships, couples have adapted to form successful partnerships. The promise of a high future income and easier lifestyle may inspire them to make it through the temporary disfigurement of medical school.

Perhaps the least studied individual is the homosexual student. He or she shares concerns similar to the heterosexual— availability of time, lack of trust, and often loneliness. A unique concern would be the decision whether or not to "come out of the closet." In Jefferson's conservative environment, such a choice could not be taken too lightly. Bigotry exists in the administration, faculty, and the student body. Honesty is not always appreciated, even at this "enlightened" institution.

Any student of the human mind knows the importance of healthy sexual relations in maintaining a state of physical and psychological well-being. In the case of the medical student, this state of well-being is crucial to his future practice. As Dr. Mark Edwards, author of the Colorado study emphasizes, "The dehumanization of medical students" which derives from the "tunnel vision" which students acquire when excessive demands preclude time for family, friends, recreation and for the exploration of personal interest."
They've been tromping cliffs, and calmly through the woods, scaling over extended '79 Indian down local rivers. During the both day trips and country skiing. is a most trails through virgin forests with it inviting scenes of (like Fairmont Park), as well fire after that long trek  

If spelunking trips are being planned. Imagine exploring a 50' cavern when it is below freezing outside. If spelunking doesn't tingle your spine, perhaps a visit to the Outing Club's next (February 15) meeting may do the trick. The "Second Annual Stop By On A Snowy Evening" meeting is planned for that night, and while some folks show-off their ten best slides, others sip wine and spin exciting yarns with new friends. Keep an eye out for Outing Club signs in Alumni Hall.

Incidence of Sexually Transmitted Diseases Increases

Press Release

The control of venereal disease has become a matter of international as well as national concern as the result of global changes in the human environment and the rapid development of inter-country communication. 

The sexually transmitted diseases (STD), which used to be called "venereal" diseases, are caused by infective agents such as viruses, chlamydiae, bacteria, yeasts and parasites. 

The prevalence (total number of detected cases) of STD has been on the increase for the last 20 years in all age groups. Some countries are disturbed by the marked upward trend shown by the rates for young people, often 15 to 39-year-old adolescents.

The three principal venereal diseases are syphilis, gonorrhea and non-gonococcal urethritis. A pregnant woman with syphilis may infect her fetus so that the baby is born dead or with congenital syphilis. There are thus imperative reasons why a serological test for syphilis should be carried out on all pregnant women.

There are about 20 other sexually transmitted diseases of equal importance. Chlamydial infection of the genital tract, which is as common as gonococcal infection of the same site, can be transmitted during birth and cause severe eye or long disease in the newborn. Effective treatment of these conditions, for instance with antibiotics such as the tetracyclines, is however available.

Research has shown that other infections, such as those due to cutaneous viruses or herpes viruses, may be transmitted sexually and are more common than is generally supposed. These diseases, which are serious mainly because they may be transmitted in utero or during birth, are still difficult to diagnose and treat.

The incidence of STD varies from 1 to 15% depending on the country concerned, which means that they are among the most common world diseases (with the exception of epidemic influenza, malaria and schistosomiasis). This is particularly true of syphilis and even more so of gonorrhea and non-gonococcal urethritis.

STD are serious public health problem not so much because of the direct manifestations (urethritis, vaginitis, cervicitis), which are curable, but because of the risk of complications (salpingitis or in the male, epididymitis, etc.) is infected but untreated individuals, which may lead to male or female sterility or to ectopic pregnancies. The socio-economic repercussions and individual impact of these diseases are thus considerable.

Syphilis and its complications seem to be on the increase in a number of countries. Nevertheless, the microbe responsible for the disease (Treponema pallidum) is still very sensitive to penicillin.

Even if syphilis and gonorrhea were to regress to the extent of no longer constituting a danger to public health, many other sexually transmitted diseases would continue to cause serious concern.

Very often STD, in particular gonorrhea, occur in inapparent forms that do not lead the person affected to seek treatment. However, even when symptomless the disease remains contagious and capable of producing local or general complications. Gonorrhea often occurs in disseminated and in particular in cutaneous form.

Gonococcal strains producing an enzyme, penicillinase, that destroys penicillin appeared, first in Asia in 1976, then Africa, and subsequently spread very quickly to most parts of the world. These strains are, however, sensitive to another families of antibiotics other than penicillin but often costing more.

In order to prevent failure, treatment needs to be prescribed on the basis of continuous evaluation of gonococcal sensitivity to antibiotics.

It is essential to find and treat the contacts of affected persons if any programme for the control of STD is to be effective.
Sexual Diseases

...cont'd from p. 10

- In many uncomplicated cases of STD, antibiotics are available that will provide a complete cure when taken as a single oral dose or a single injection.
- No vaccines are yet available for immunization against STD but there are well-founded hopes for the development of a gonorrhoea vaccine.
- Ignorance and indifference concerning venereal diseases are evident in various parts of the world, raising the risk to the general public but among some health authorities.

- An education action programme has been proposed by WHO to all its Member States. Its purpose is to (i) make the general public aware of the community problem represented by STD, (ii) ensure that the control programme receives active collaboration from groups and individuals, (iii) inform groups at risk of infection, (iv) teach young people to pay economic 'rewards', (v) prepare health and other personnel for their role as educators in STD control programmes and alert dispensaries to the needs of their parents.

- Any programme for the eradication of STD will bring economic rewards. By cost-benefit analysis of simple, feasible control programmes, WHO has shown that such programmes are of considerable socioeconomic benefit to the community as well as defending the individual's right to health.

Hurricanes Lead Tennis Tourn

By Scott Halista

With the U.S. Indoor Tennis Tournament in town, many Philadelphians have been privileged to see the finest players in the world in action. While these professionals battle it out for big bucks, a group of amateurs are vying for first place in another, somewhat less prestigious, tournament—the Philadelphia Hospital Team Tennis League. This is a competition between teams of medical students, nurses, or other hospital affiliated tennis players. They represent their respective hospitals in a weekly round-robin match at Pier 30 Tennis Club.

Jefferson has several teams in this league, which has daytime and night-time divisions. The league meets every Sunday for a two-hour match of men's and women's singles, doubles, and mixed doubles. The schedule began on September 30, and will continue until May 4 when the winning team of the Philadelphia league will be determined. This team will then play teams from California, Pittsburgh, Dayton, Baltimore, and Washington, D.C.

Currently leading the race for the daytime division title in Philadelphia is one of Jefferson's teams—the Halista Hurricanes—with a 13-2 record. Team members Lenny Gesner, Scott Halista, Karen Holland (the MVP for the first half of the season), Larry Larreaux, Gary Ott, and Beth Squiers are hoping to clinch the local playoffs and go on to play "the-team-to-beat"—from California, of course.

MKM Sports, who organized this league, will also be sponsoring other activities for hospital-related teams; in fact, this summer they are planning their first annual Hospital Olympics. Look Out Moscow!

YOU'RE JUST AROUND THE CORNER FROM THE MOST FASHIONABLE UNIFORMS IN PHILADELPHIA.

We're Z&H Uniforms, and we just opened on the corner of 11th & Sansom with a new fashion approach to uniforms. Drop in to see beautiful designer styles from Barco, White Swan, Whitenton; and more; great-looking duty shoes and accessories; everything for men from Mr. Barco; and all the fashions a student or practicing professional needs.

Z&H—the uniform that makes you feel pretty.

GRAND OPENING SALE!

$5 OFF any purchase over $25
$10 OFF any purchase over $50

Sale ends March 8
Squash
Can't Be Squelched

by Al Signorella

After executive contract negotiations with Squashcon, and a brief lapse in membership, the Jefferson Squash Club is back on the courts as of February 1st. Club membership includes playing privileges at Squashcon, with free court time during specified hours. Squashcon, located three blocks from campus, offers the best in squash with five regulation courts, saunas, bar, and locker room facilities.

Complete information and memberships are now available at the Commons Office, M-63 JAH. A membership costs $20 for students and common members, $40 for Jefferson employees, and is good for February through May, and September through December.

For all of you summertime athletes, caught in the doldrums of winter lethargy, squash provides a challenging and fast-moving indoor sport for all levels of ability. Give the game a try.

Junior Eli Salieber
Taking Advantage Of Squashon Facilities

Nurses Call the Shots

by Steve Pearson

Jefferson's Diploma Nursing basketball team has gotten off to a fantastic start. The above words are not taken from a Batman fight scene, they are part of the unique glossary of the unique sport called Rugby. Here at Jefferson a student numbers will rise some tension this spring by playing rugby against area professional schools. After that they will really relieve some tension by consuming various quantities of beer and joining their opposition in outrageous song at the traditional post-game party. Everyone is welcome to join the team, everyone gets an opportunity to play and the partying is optional (so don't worry about test time). Jefferson must field 30 players each Sat. for an A and B game but recently we haven't met this total. The best 15 players play A side. While this requires neither great size or ability it does require conditioning as there are two 40 min. halves with no time outs and only two substitutions. B side is somewhat informal and is usually shorter, with time taken to explain mistakes and points of the game since most players are new; nonetheless, these games are often more spirited.

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Rugby Recruits Players

by Bob McNamara

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