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Graduate Catches The Shah's Blahs

In Madelyn Schaefer's
The deposed Shah Mohammad Reza Pahlavi is presently in Philadelphia's Graduate Hospital for a splenectomy which was to be performed in Panama City two weeks ago.

Despite newspaper reports that the sixty year old deposed Shah of Iran was to have been operated upon at the Phladelphia Medical Center in Panama City, that operation did not take place. It was felt that the exiled monarch could obtain better medical care in the United States, and Graduate Hospital agreed to assume the responsibility for his care.

The deposed Shah came to Git on March 28 under a pseudonym to disguise his presence in the U.S. This was supposedly to prevent further strains on the already delicate relationship between the U.S. and Iran so as not to endanger the position of the U.S. hostages still being held in Iran.

Once the Shah arrived at Gt, however, it was hard to keep his identity secret. The number of security guards present around his room in the surgical ICU aroused the curiosity of nearly all personnel in the hospital. Although interns and residents were not allowed in the rooms, one of the interns recognized the Shah's face as he was being wheeled down to radiology. The intern tried to read the name on the arm band, but could not find one on the exiled monarch.

Most of the hospital personnel who were authorized to enter the heavily guarded room would not discuss the case or even verify the identity of the man in the heavily guarded room for fear of reprisals (i.e. dismissal). But the Ariel did find one doctor who was willing to speak on the issue. He identified the patient behind the heavily guarded door as Pahlavi, and explained that International newspapers this week carried the story of the deposed Shah's splenectomy in Cairo. And in order to cover up the trip to the United States for the operation. The inner stated that Pahlavi had intended to have the surgery in Panama City two weeks ago because the Carter Administration had publicly discouraged Pahlavi's coming to the U.S. But two days before the scheduled splenectomy the former Shah was sent a personal message through Hamilton Jordan from President Carter stating that Pahlavi would be welcome to receive medical and surgical care at any Philadelphia area hospital, provided he traveled incognito so that there would be no repercussions from Iran. Graduate's reputation for excellent surgery, and, more importantly, even better experience in disguising patients and their operations, encouraged the former Shah to have the splenectomy there. It was decided to continue the facade that Pahlavi's splenectomy was to be performed in Panama City in order to hide the change of plans.

Now that the cover is lifted it is wondered how Iran will react to the situation. Up to this point there have been no indications that the Iranians are aware of Pahlavi's presence in the U.S. However, it was felt by many staff and students here that the next 48 hours will be very critical for the fifty hostages still being held captive in Iran. The former Shah is to have his enlarged spleen removed this morning. If these are no complications, he should be discharged within the next few days. The past three days have been spent doing additional tests on the progression of the Shah's lymphoma, and to determine the success of the gall bladder operation performed several months ago.

Comming Concerts

By "Action News" O'Brien
John Lennon has announced that the Beatles will finally reunite after a ten-year breakup. Their debut concert will be performed at Jefferson Alumni Hall for the upcoming April 12. Apparently negotiations had been going on since time in an effort to bring the legendary Fab Four to Jefferson.

"We've always wanted to play Jeff," said an optimistic Paul McCartney, and I'm glad things worked out. Actually, the only reason we held out at all was that issue of free beer privileges during intermission. Once we got that, we signed the contract immediately."

The Commons is presently recruiting other groups for future TG's and coffeehouses. The list of candidates include The Who, Pink Floyd, The Sex Pistol (minus Sid Vicious), Earth, Wind and Fire, 101 Strings, Aleksandar Gdanov, and Vladimir Horowitz.
The Man Who Could

by J. Edward O'Brien

A score of bureaucratic deeds, a young man rose to fame. Macmillan would have been so proud of how he used his name. He strings both had won the hearts of men across the land. New freedom would be had by all while John was in command.

So galant were the rules all in grandiose Comrad John F. Arthur, jackie dear, and Bobby Lancelet.

And "special rank" for makers, the king he would bestow To secretaries, Angie D. and Marilyn Monroe.

John's reign was brief, yet well recalled, those fateful thousand days

Of Keachin's fits, Vietnam hoops, and sunny Cuban boys.

But looted was he, that golden bow, with speaking eyes of blue.

In spite of sheer incompetence, his martyrdom was due.

Aris, poor brother Robert, too, was the day.

When poor old Edward lost control and drove into the taxi

"An accident, an accident!" he shouted to the court.

"How was I to know that I should die a death report?"

He echoed old "King Richard's" words that, "I am not a crook."

"It's just a big blunder that I'm sure you'll overlook.

A little thing like homicide should not get in the way."

Remember I'm only here, my brother's portage."

A new novel featuring repeated thrusts into the unknown, exciting excursions into deep earth, trips up and down on the express elevator, rockets blasting off into outer space, and that inevitable fear of orthopedic patients...

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by Paul J. Shrink

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2. To improve health services in the gay and lesbian community.
3. To sensitize the health care community to the special problems of gay and lesbian patients and practitioners.

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A Salute To The Nerd

by J. Edward O'Brien

The time has come to recognize a special breed of man without whom our society, and especially our medical schools, would just not be the same. I am speaking of the "nerd." For generations, "underachievers" (or normal people) have made a habit of mocking and abusing the nerd as if he were some sort of sub or ultra-human life form. Ingrated Be it not for the diligent nerd our public image as a hallowed institution where "students till the hours away and dedication saves the day" would be shattered. Indeed, the nerd is a necessary academic buffer—without him the public, or worse yet, the deans, might become suspicious that some of us actually do eat, sleep, breathe, and (God forbid) party.

The 10 cardinal signs of nerdisti

1. He is dealing with a true-blue nerd: (a) Tales about that "Goodman—can't believe he asked us—that test at Pub Nite, (b) Has decided on his residency sub specialty by the second week of block n. (c) Stays in Philly over term breaks to study for National Boards. (d) Picks his nose with reckless abandon. (e) Has a private "keep-away—or I'll kill you" cubicle in the Scott Library. (f) Never hear of Marilyn Stoop. (g) Eats dinner in Pennsylvania Hospital the day after a big test. (h) Doesn't complain about Pathology practicals. (i) Hasn't exercised since the day he almost managed a push-up in high school physical. (j) Picks the meanest yellow highlighter this side of the Schuykill.

How to spot a nerd in a crowd.

The nerd may try to hide his true identity by posing as a preppie or, rarely, as an underachiever. A clever eye, though, will usually spot an underachiever because he invariably blows his cover. For instance, a nerd may try to come off as a preppie by wearing the traditional brown cardyseye blazer, alligator sweater, and blue sandal pants—but his giveaway will be the block thick-thumbed Thom McCan's he'll wear in place of the standard brown Dockside rs.

If you are still unsure after analyzing his appearance, then try having a conversation with him. A preppie will demonstrate some social privvy—no matter how arrogant and outdated it may seem. The nerd, on the other hand, will freeze up. Complete absence of social skills is virtually pathognomonic of chronic nerdisti.

The nerd disguised as an underachiever will be even easier to pick out. His bell-bottom jeans will stop six inches from floor, his sport shirt will reveal a tag with the red letter "K" sticking up from the back of the neck, his disproportionately white socks will keep falling down. In a semi-formal setting, he will be even more obvious—he will be the only one wearing the canary-yellow Johnny Miller leisure suit.

Origins of the nerd: Where do nerds come from? Basically, there are two types of nerds—juvenile-onset (JON) and maturity-onset (MON). We all know juvenile-onset nerdisti in our lifetime. He is destined from birth to a life of high achievement and boredom. While all the other kids on the block wanted to be astronauts or firemen or ballerinas when they grew up, the JON had his sights set on neurophysiologists or corporate law. While everyone else watched "Romanoff" in first grade, the JON tuned in every Sunday night to "The Firing Line." In junior high, while every- one else was grappling with "rom'd on page 3
The Penultimate Nerd

For their second project in Medicine and Society, sophomores small groups were asked to design a census-like survey of living conditions among Jefferson students. The winning questionnaire, submitted by Small Group #23, is presented here.

1. Members of the household
   1. To be filled in by the head of household: How many spouses do you currently have? __ yes __ no.
   2. How many children do you have? __ yes __ no.
   3. Please check categories of live-in help employed in your household:
      - maid
      - cook
      - laundry service
      - butter
      - chauffeur
      - gardener
   4. Personality profile of head of household:
      - obsessive-compulsive
      - obsessive, not compulsive
      - compulsive, not obsessive
      - not obsessive, not compulsive (not a student)
   5. Do you have pets? __ yes __ no. If so, please check the most appropriate category below:
      - nude mice
      - amoebas
      - marmosets
      - naive guinea pigs
      - naive pigs
   8. Living accommodations:
      1. How many rooms does your household occupy? (Do not count porches, greenhouses, solaria, or closets). Circle: _ _ _ _ _ _ _ _ _ _ _ _ _ _
      2. If you employ live-in help, do they have their own bathroom? __ yes __ no
      3. Do you have your own bathroom? __ yes __ no
      4. Are the bathrooms indoors? __ yes __ no
      5. Are the bathrooms complete (i.e., with sink, toilet, shower, whirlpool, Olympic pool, other standard features)? __ yes __ no
      6. Rent or mortgage value of house, apartment, or other accommodations? __ $9.95 at Woolworth's __ overpriced
      7. Do you have adequate garage or stable space? __ yes __ no
   9. How far away are the nearest medical facilities?
      - next door
      - downstairs
      - upstairs
      - across the street
      - around the corner
      - more than 15 miles
      - right here
      - across Walnut St.
      - across Locust St.
      - across 2nd St. (fill in your favorite).

The questionnaire, submitted by Dr. George H. Lubeck, was designed to elicit information about the living conditions of Jefferson students. The survey was aimed at understanding the various aspects of living arrangements, including the number of rooms, bathrooms, pets, and medical facilities. The questionnaire also sought to gather insights into the personality profile of the head of household and the nature of any live-in help employed. The aim was to provide a comprehensive view of the living conditions among Jefferson students, allowing for a better understanding of the community's needs and challenges.
Never Nothing

For Lovers of Double Negatives and English Mysteries

June 4, 1973 was much like any other summer’s day in Peterborough and Ralph Mellish, a file clerk at an insurance company, was on his way to work as usual, when nothing happened. Scarcely able to believe his eyes, Ralph Mellish looked down, but one glance confirmed his suspicions: behind a bush on the side of the road, there was no aeroplane, no disemboweled trunk of a man, no evidence of any crime at all, no one present. For Ralph Mellish, this was not to be the start of any tale of events which would not, in no time at all, involve him in neither a tangled knot of suspicion nor any web of lies which would, had he been not uninvolved, surely have led him to no other place than the Central Criminal Court of the Old Bailey. But it was not to be. Ralph Mellish reached his office in Dowzell Street, Peterborough at 9:05 a.m., exactly the same time as he usually got in.

End, a sharp-eyed dever young girl who had been with the firm for only four weeks, couldn’t help noticing the complete absence of tiny but tell-tale bloodstains on Mr. Mellish’s clothing. Nor did she notice anything strange in Mr. Mellish’s behavior that whole morning. Nor the next morning, nor at any time before or since the entire period she had worked at the firm. But for the lack of any untoward circumstances for the young secretary to notice, and the total non-involvement of Mr. Mellish in anything illegal, the full weight of the law would have insured that Ralph Alders Mellish would have ended up like all who challenge the fundamental laws of our society, in an iron coffin with spikes on the inside.

Adapted from “Monty Python’s Flying Circus”

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There's No Place Like Home

by Marilyn Seehafer

A study conducted by Dr. Ida Martison at the University of Minnesota found that home care for children who die will shortly from some chronic incurable disease such as cancer is not only desirable for both child and family, but also quite feasible.

The study was conducted in Minneapolis - St. Paul and surrounding areas. Initial requirements for referral to the study included an age of 17 years or less, irreversible chronic disease with approaching death, and no impatient requiring procedures. 64 children were examined in the study; 58 died within the first year.

A pediatric oncologist was always available to the families throughout the study, but most of the children were given supportive care by their local physician. Nurses were on call for the family 24 hours a day, 7 days a week. They were close enough to reach the family in less than ten minutes if necessary. They made weekly home visits, as well as emergency visits.

The families involved in the program were drawn from economic lines, although there was greater involvement by the lower middle and upper lower economic classes. In addition, there were 4 single parent families involved in the study.

It was wondering how long a family could care for a dying child before the system would break down. Although 15 families cared for their children less than a week, 16 families provided home care for 2 months, and 4 families cared for their children for over 3 months. Dr. Martison initially expected the study to show some types of cancer which could not be handled in a home care type program. This was not the case.

All of the frequent types of childhood cancers were involved in the study. The reason for final hospitalization varied, including supportive care, pain, respiratory distress, hemorrhage, seizures, obturation, and cancer treatment. With the exception of seizures (which required large doses of medication with constant monitoring and which could not be completely controlled), Dr. Martison felt the complications could have been treated at home. As an example, one of the children in the study fell and broke both hips. The orthopedic surgeon recommended sandbagging rather than operating, and because hospitalization was not unquestionably necessary, the family decided to sandbag and care for the child at home.

Pain medications were given to 86% of the children at home. 26 of the children were on oral medication, mostly methadone; 11 received drugs intravenously; 8 were on no pain medication.

A survey of hospital oriented equipment in the home revealed that the most common additions were wheelchairs, and the products to prevent bedsores. Hospital beds were not as popular as was expected, and even when present, the child was more often than not found on the livingroom couch. The children much preferred a wheelchair to a hospital bed. Other equipment in the home included: Q tanks, IV equipment, catheters, and suction equipment. The parents were taught to be able to handle all of the equipment in their homes; no problems were encountered in this endeavor.

Although physician visits were not discouraged, and the opinion of returning to the hospital was always open to the families, the physician visits were minimal. 76% of the children had no visits by a physician beyond the monthly checkups by the center, and 16% had only one visit. One child had 17 visits (the largest number of the group), mainly by a psychiatrist who had begun treating the patient before home care commenced, and who had a good rapport with the patient.

The difference in cost between home and hospital care was enormous. The mean cost of home care in the study was $1200. The mean cost of hospital nursing room and board was estimated to be $5888, whereas the actual cost in 1956 was $10,316. The cost analysis table made from the study provides conclusive evidence that home care is definitely cheaper than hospital care. Since the publication of the convincing results of this study, medical insurance has covered home care in Minnesota.

Home care was viewed by psychiatrists as desirable for the children so that children could be with their parents in such an important time. However, it was also found through this study that home care was just as important for the parents and siblings of the child. The dying child at home was able to interact with family and friends so that life was as normal and full as possible. It was found that of those children who died in the home, 11 died in the livingroom/familyroom, in the midst of life, whereas only 15 died in the bedroom.

The parents, through interviews by counselors at one month, six months, and two years after their child’s death, expressed the need for interaction with their child during that difficult time. One parent recalled having an initially poor relationship with her dying son, which slowly improved during the last few weeks of her son’s life.

COST ANALYSIS TABLE:

<table>
<thead>
<tr>
<th>Care</th>
<th>Cost</th>
<th>Cost/Day</th>
<th>it of children for basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>hospital</td>
<td>$1726</td>
<td>216</td>
<td>11 children</td>
</tr>
<tr>
<td>home (A)</td>
<td>$1414</td>
<td>36</td>
<td>46 children</td>
</tr>
<tr>
<td>home (B)</td>
<td>$1238</td>
<td>34</td>
<td>20 children</td>
</tr>
<tr>
<td>home (C)</td>
<td>$361</td>
<td>6</td>
<td>11 children</td>
</tr>
</tbody>
</table>

In conclusion, hospitalization was preferred over home care in the case of a dying child, especially if the family is willing to take on that responsibility.

The article was based on a presentation given by Ida M. Martison, R.M., Ph.D. at the 19th Annual Convention of the American Medical Student Association, held at the Sheraton Hotel in Philadelphia, March 19-23, 1980.

**********

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Turn to us.

A Journey Through Jeff

A vague haze of delirium creeps upon me. All is a blur, a dream of sudden, sudden... 

He is your leader, he is your guide. 

On the amazing journey together you’ll ride... 

Something was ringing. "The alarm," thought Hank, "it must be the alarm." He reached for the clock in a strictly mechanical motion, a reflex. The clock was a thing of conventional design, a brine-capped alarm pin. Still the ringing continued. Grudgingly he kicked off the blankets that bound him to his bad and trudged toward the sound. Unconsciously of the sea, Hank lay turning himself a figure 8. His eyes were deflected from above, dropping their excrement on him as would a squadron of Squads over Dresden. Initiated, Hank shook off the water, his fingers curling and uncurling for battle during the last week on the Beach. He had assembled his senses too late, though. Memories shot across the sky, leaving trails behind delineating their numerous pathways. One such falling star survived the friction of the atmosphere and clubbed Hank over the head, knocking him out suddenly and completely. 

As Hank again returned to the world of the living, he saw that the landscape had changed. In place of quiescent Neurobeach loomed the Glass Mountain of Pathology. An elder, grandfatherlike figure beckoned to him with a whistle, as if a somewhat younger man chummed a vessel, as shown aboard several maps to guide him. He picked up a map of the South and trekked toward the Mountain and up the west bank. The going seemed reasonable, at least at first. Before long, though, Hank sensed something amiss. The summit appeared no closer after the first week than it had at the start. Nor did it appear closer after the second week, nor the third. In fact, the more Hank climbed, the less progress he seemed to make. He seemed to be slipping backwards.

Doggedly he trudged on. The younger man kept throwing more confusing and cumbersome maps at him, which did little after about to increase the already existing slouching Hank kept climbing, and the peak kept standing ever taller and farther away from him, but Hank would never see the other side. He became angry and discouraged. The elder man continued to wave and blow his whistle. The slope became more slippery, and Hank felt his grip loosening as he slid back. The younger man flung more maps at him. Hank stopped to read them, and his new unatched back accelerated. The top of the mountain appeared to be eroding into the clouds before his eyes. The pace of his fall yet quicken. Just when all seemed lost, the winged horse Manduksw clicked up beside Hank and bore him in its saddle to the top of the mountain. A great wave overtook him, as much of his own slate was washed away?

The familiar mist of the brine greeted his aura. Hank looked around at his new boat, which seemed more practically furnished than his earlier raft. Although it still carried some useless desolation, it seemed to have less of the extraneous and more of the germane than the former vessel. Hank took this as a sign of his near the end of his journey. After all, Thanksgiving at his second year would arrive soon. So thought Hank as he wallowed in the midst of his navets. He sailed along and soon heard a delightful melody ring out for the first time, so he accepted his verbal tour. But when he continued he began to make out voices singing in perfect harmony backed up by the cooings of a violin. Hank began to paddle his boat to the poisonous song. The Masses of Micro Island could hardly stifle their chukles. Time after time, year after year, they had lulled unsuspecting adventurers to the underside of congeniality only to crash them against the rocks jutting from the sides of the vessel. But before Hank could reach the Masses, Tropical Storm Phryne would have its day. Greats stones of hail fell from a clear sky, burning as fire as they landed on the vessel. A voice rumbled up from the ocean, instructing Hank to catch each and every hailstone that fell his way, lest the resulting inference consume him. So Hank began grasping at the raining hail. He had little trouble snatching the stones at first, but found it increasingly difficult to hold them and still catch more. The hail fell stronger and began to slip through his fingers. Stones he had once held firmly dropped from his hands. A warm breeze began to crackle at his feet, slowly eating away the side-piece of his boat, causing him to dance about comically. The hail poured with yet more force. 

Hank awoke shivering. He glanced down at his electric blankets and...
Trashy Articles: The Librarian Speaks
by Melville Dui

As with astrology and medicine, library science is an applied art deriving from centuries of basic research. It was also, until fairly recently, the exclusive preserve of male, chauvinist fascists at whom a few pitiful specimens still survive. But with the era of Melville Dewey and his School of Library Economy at Columbia University, under the guise of “women’s liberation,” this wretched librarian en masse females into his classes. The locks have never been the same since. But I digress.

In the sub-specialty of academic health science librarianship, clinical research has led to a series of postulates and laws on student behavior. This brief article will highlight the validity of these research findings in the context of the Scott Memorial Library.

It is a given in medical education that the freshman year is especially traumatic. Bright, young carefree individuals who have spent their years learning, memorizing and demonstrating, burning dining halls and draft cottages to a more structured, disciplined environment to be especially difficult. (Almost as bad as spending the holidays at home with parents.)

The onus for bringing order out of chaos falls to the faculty in Gross Anatomy. Spiritually related to English majors, these hopelessly optimists mold the clay delivered to them by the Admissions Office and, in general, successfully produce a more manageable, malleable product, amenable to further instruction. It is indeed in this basic course that students are introduced to correct behavior patterns, sufficient for life as a bystander or a beneficent. (“Gangling go in the green boxes, dude, the nuclei in the blue tanks and dendrites intracocular in the red trays.”)

The photographs, taken on a Monday when both freshmen and sophomores were involved with final examinations, serve to illustrate how clinical library research can discriminate among classes and between the good, passing student and the bad, failing one.

In photographic number 1 and the close up, number 2, we see a sophomore group with two freshmen hangovers. Note the nearness of the pile in the wastebasket -- a typical sophomore phenomenon.

Contrast it with the two bits of debris alongside, obvious freshman detritus, although possibly the ignature of a pair of falling sophomores. Laboratory examinations are not yet complete, but in either case the evidence is clear: these “outside-the-wastebasket” droppings are the hallmark of marginal students.

Photograph number 3 is a more focused example of freshman behavior. The poor sod who abandoned this can make no effective effort to find a wastebasket. That he failed his examination is without question. That he has no remedial work is without doubt. Can he be saved? Is it worth the trouble? Wouldn’t his medical adviser have made it clear this potential lawyer or sanction writer found his true niche in life?

The library certainly would be.

Letter To The Editor

The members of the Committee are appointed by the President of the Medical Staff at Thomas Jefferson University Hospital and represent all departments: the Basic Sciences, The Dean's Office, the Basicalaureate Degree School of Nursing, College of Allied Health and Science. Since the Committee, it is the opinion of the Committee that the students should be heard. The Student Council, several of the members of the Student Body have been present for most of the meetings. The Student Affairs Committee of the Hospital report to the Executive Committee of the Medical Staff of the hospital with their recommendations.

Over the past two years, the following matters have been discussed by the Committee and recommendations made to the Executive Committee of the Hospital Staff:

1. Student meal plan.
2. Lockers for female medical students.

4. Provisions for evening meals while on call.
5. Parking Permits while loading or unloading at Jefferson residences.
6. Avoiding holding students over at the end of their clinical rotation.
7. Vacation and Schedules.
8. Adequate teaching space in the new hospital.
10. Pagers for students on call.

Job openings in the medical college - posted at the Registrar's Office.
12. Check cashing facilities for students.
13. Disposition of student foot shall at the beginning of each rotation.

Progress has been made on a number of these points. A student meal plan is in effect and we are assured that lockers for female students are under construction. Additionally, temporary parking permits are available while loading or unloading at Jefferson residences. Because of the fiscal necessity for keeping Jefferson Department well occupied there are times when students who have monthly, parking permits may find no space available; this possibility should be kept in mind. Early warning is the key. The “major of the independent arts” has not been solved, and is in the hands of the administration.

When problems arise, to do with Student Welfare, they may be brought to our attention, preferably thru your student representatives or any member of the Committee.

Sincerely,
Paul A. Bowes, M.D.
Chairman
The members of the Committee are:

- Su Carroll Kain, M.D.
- Co-Chairman
- Philip R. Cline, M.D.
- Ray Clove, M.D.
- Adrian D. Copeland, M.D.
- Gordon F. Fishkin, D.O.
- Ralph E. Fisch, D.O.
- Carlo E. Groom, M.D.
- Robert C. Mackowiak, M.D.
- Sylvester L. Noble, M.D.
- Gordon F. Schwartz, M.D.
- Arthur N. Trusiner, M.D.
- Christine A. Byrnes, M.D.
- House Staff Representative

Ms. B. Bennett (Administration)

Jeff's Journey Continues

contin'd from page 6

Vigor. The flames leapt higher, torching his crutch and throwing a new twist to his dance. The gods cackled in amusement. All the while his vessel, now totally ablaze, marched inexorably toward the deening churis of Mira Island. Closer and closer he came. His heat grew hotter and hotter as the hail battered his head like meaginring fire. In desperation, Hank jumped from his vessel into the air. At the height of his leap he glanced toward the Muses. Before his eyes the once beautiful shapes turned a sickly green, sprouting long pointed, water-soaked beaks where once cute noses had been. The perfect incisors tapered; Honk felt a sickly sense of dread, hammering at his head as he descended toward the ground. His vision and breathing rose in panic. He had lived several lives; he would end today; his ordeal would end; his trial by fire would be completed or .1 medicine, library, science is on preserve of the faculties.

He heard voices-human voices. Honk peered down the street, scanning the crowd for one of his former travelers stood by. They would negotiate the trail. They would try to swim, to drink, to dance. The ship crept ever forward. All travellers stood silent, watching, waiting, striving to retain their composure. Suddenly from the south boomed an explosion. Everyone whirled about to the noise, but saw nothing. When they turned back around they noticed that some of their company had vanished. Skye would strike once more that day, hurling another hand-chosen group into the sea. Hank had covered his eyes in fear, but despite his worries he lived through the first day.

As the sun rose over the eastern horizon, Hank fell to his knees in prayer, trembling in fright. Just when the sun attained the summit of its circuitous climb, Hank heard a splash from behind. He buried his face in his palms and wept. A cold hand landed on his neck. He felt a scream rise up his throat but stop, choked off in its ascent by the clamping force of the hand. The grip continued to tighten. Hank's eyes met a blinding flash as Skye planted back his head. He gagged. Then, without explanation, the hand released him. His vision and breathing returned to normal. Still shaking, Hank felt a warm fluid trickle down his legs, reminding him just how terrified he had been. No tears fell from his eyes. Skye's breath was heavy, and he thought he would never again behold so beautiful a moment. He descended the stairs of the ship to share his joy with the others.

by Jeffrey B. Banyas

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Convening Can Be Fun

by Joe Stella

In the spacious Grand Ballroom, student representatives from each American Medical school debate a resolution calling for the phasing-out of nuclear power plants... dotting the land. The wine flows freely as students react to the sounds of Clarke Nuclear and the Decorations... various corners of the hotel see students gathering to share their views, attend a workshop, or venture forth into the Philadelphia night. Everywhere is the excitement of exchanging ideas, exploring new frontiers in medicine, and making new friends. Such were the scenes at the recent American Medical Student Association (AMSA) National Convention, held at the Philadelphia Sheraton on March 20th to the 23rd.

While there were no funny ha's, boasting of women peeping out at the convention was not without its color: dress ranged from jeans and a plaid or pleated skirt to a conservative suit and tie, accents from the Texas drawl to the Boston twang, and political buttons from "Health Care for People, Not Profits" to "Reagan in 1980." There was a bit of razzle, and a bit of politicking... in fact, Jefferson's Chapter President, Jeff Bliss, campaigned and was elected to the national office of Trustee-at-Large.

During the four days, over 1300 medical students attended scores of workshops which addressed a variety of topics, some mainly political... Political Rights and Torture, How Students Can Influence State Laws, others largely medical... The Improved Polivical Exam, The Dying Patient, Dealing Sensitively with the Gay Patient. Large audiences showed up to hear talks on areas of growing Interest-Nutrition and Preventive Medicine, Humanistic/Holistic Medicine, Geriatrics, Occupational Health. While some workshops concentrated on strategies for curriculum change, others dealt with the dynamics of personal growth and change.

Indeed, the greatest frustration voiced at the convention was the dilemma of having to choose one of five interesting programs running concurrently.

The theme of this year's convention, which celebrated AMSA's 30th Anniversary, was "The New Physician - Healer, Advocate, Activist." Each evening highlighted one of these roles by featuring a keynote speaker followed by a series of workshops focusing on that role. The culmination of the convention was Saturday evening's multimedia 30th birthday celebration, where physicians from five decades recounted the heritage of health activism in America, punctuated by pictures and music from the times. The healers described their roles in various activities from the first intern negotiation for $12/month wages to the medical presence at the civil rights and anti-Vietnam war matches. Their personal histories were reflected in the evolution of many medical student organizations, some radical and some closely associated with the AMA, to the present-day, autonomous organization known as AMSA. The celebration was capped by a band and some rather wild dancing in the Grand Ballroom, proving once again that AMSA members not only take on the weighty concerns of the planet, but also know how to throw a good party.

An important part of the convention was the House of Delegates, a body of representatives from each medical school, which met every day to hear reports and vote on resolutions which would determine AMSA's internal policy and positions on medical curriculum, national health policy, and other medical and social issues. A summary of the adopted resolutions will appear in the next issue of the Ariel.

In the coming year, it is the job of the Jefferson delegates, who numbered about twenty from all four classes, to keep the spirit of the convention alive at JAC and to offer the membership not only the traditional AMSA services such as preceptorship information and insurance, but also programs designed to address those areas in the realm of medical education which do not appear in the curriculum... at present. It is the hope of the chapter leaders that all Jefferson students will respond with ideas, assistance, and attendance at these programs.
To: S.A.T.

Mazel Tov! What's the baby's name? Can I come to the christening? When's the wedding?

Chinese Cock

To: The Man who hates

Green Eggs and Ham

I'm withdrawing due to lack of interest. I can handle the rent?

From: Phenomenal

To: The Nose

Bob cleaned his room, did the bathroom, and cooked dinner for you.

To: Smokey and Chubby

Heard about your recent accomplishments. Smokey gained weight and Chubby has been waking up coughing.

Guess Who

Tim,

What! You haven't done it for 5 years? But you're sooo good at it!

Julia (it's Real!)

T.P.,

I loved it when you pulled over to the side of the road, got me all wet, then dried me off when you were finished. Your Car

To: Rich G.

Go suck eggs!

To: Jim D'Amour Ann Petit

We found problem. You have monamine oxidase.

You must stop salivating!!

Any scribe that omits the fact that Be sure to count all of your multiples.

Bad poetry shall immediately change The Revenge of A.

Any scribe that omits vital announcements or test location shall have his/her picture put in the course.

The Medicine and Society Lecture by Drs. Fink and Olshin will not be held this week. They muttered something about performance anxiety.

The Schaeffler Fan Club will meet in a telephone booth on Race Street.

Social Announcements

The Gonzalo E. Aponte Pathology Society hosted a luncheon featuring curdant jelly, port wine, cottage cheese, and strawberries. Only the freshman partook.

The FREE DR. SMITH FUND will meet today to discuss his defense. He is charged with encouraging obscene acts with pieces of Scotch Tape.

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A NOTE TO MEDICAL STUDENTS

DON'T LIE TO THE CENSUS

Be sure to count all of your multiple personalities.

A Resolution of Student Council

The Revenge of Group C

Any scribe that omits the fact that HO's were distributed shall be publicly flogged.

Any scribe that uses "effect" where "affect" is the proper usage shall immediately be demoted to fourth grade.

Any scribe that ends his/her notes with bad poetry shall immediately change his/her name to Rod McKuen.

Any printer that cuts off the bottom of the page shall be forced to read five Agatha Christie novels minus the last chapter.

Any scribe that omits vital announcements (e.g. test location) shall be sent to Graduate Hospital for an operation.

Any scribe who quotes from HOUSE OF GOD shall have his/her picture put in DIRECTIONS.

To: Al

I ran into Gina and she wants to see you.

STOP SALVATING!

Your Future Roomie

Rich G.

Phi Alpha Sigma.

Go suck eggs!

National Brainstein Month Committee

Bitt Brand

Jim O'Brien

Howie.

We found the cause of your problem. You have no monamine oxidase.

The Curly's Clinic

Mom

To: Al

Wow! What a spring cleaning!!! Thanks for the Luna's Pizza Recipe.

To: Bob

Go suck eggs!

If you don't quit clubbing seals, I'll kiss and tell.

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Restaurant

Dell

11th and Spruce St.

WAS-8222

Deli Meats, Salads and Sandwiches

Fresh Produce

Groceries Smoked Fish

Party Trays a Specialty

Brunch Sun. 10 a.m. to 2 p.m.

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Open 8 a.m. to 8 p.m. — Seven Days

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While they last, FREE

Support Hose, Panty Hose, or Knee Highs With Purchase of Duty Shoes in White or Colors.

comfort shoe store

128 south 11th street

Philadelphia, pa.

19107

215/926-1775

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Open 8 a.m. to 8 p.m. — Seven Days
THIS SPACE IS ENTIRELY MADALYN'S FAULT!

Lucky.
Remember the night when
Our love was bubbling over.
Well, the bubble's still growing. What shall we name it?

To the adorable redecorated
guy in the freshmen class.
April Fool!

To the 7th floor of Martin.
We did it!!

Dear Jeanne (The Dancin' Macheanne),
Is it true you're taking a year off for disco lessons disguised as a med tech in Haiti?
RJ Evans.

Is it true that NEJM has described your wardrobe as the strongest known emetic in the free world?
Gail.

Enough said about April Fool.

Your Secret Admirer.

Dear Throaty Medical Students.
Why don't you give up? Teddy Kennedy will become President anyway.

Nostradamus.

P. J. MORIARTY'S
1116 Walnut Street
Quality Gourmet Burgers
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DRAFT BEER
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WHO Institutes International Drug Controls

WHO Press Release

Three narcotics and five psychoactive substances, shown as a danger to public health, will be placed under international control following recommendations by the World Health Organization (WHO). Individually, each is a synthetic, drug, commonly called "angel dust," which is manufactured exclusively for veterinarians and is used for quietening animals. The abuse of this drug has been on the increase in North America in all ages "but particularly in those of school age - among the 18 to 25-year-olds," according to a group of experts at a meeting convened by WHO. The eight drugs were recommended for control because there is evidence - or a potential - of their abuse. The drugs are dependence-producing, with the capacity to affect the mind. They also lend themselves strongly to trafficking. WHO's recommendations were acted upon by the 30-member UN Commission on Narcotic Drugs at its recently-concluded sixth session in Vienna.

The three narcotic drugs recommended for control are:

- Sufentanil
- Fentanyl
- Methaqualone

Sufentanil: This drug is a synthetic analgesic, mainly used in anesthesia. It is the stronger of the two opioids, as compared to meperidine, which cannot be met by other widely available drugs. WHO experts say: "International Drug Conventions WHO derives in mandate to evaluate the safety of narcotic and psychoactive drugs, and of recommending controls when a threat to public health has been shown."

Furthermore, the expert panel on Narcotic Drugs, with its recommendations, proposed that "there is an increased incidence of deaths associated with it in the United States and Canada." Deaths generally occur when it is taken in combination with alcohol or other depressant drugs, and by individuals with a history of psychiatric problems." Several countries have already subjected this drug to narcotic control laws. The five psychoactive drugs recommended for international control are:

- Phencyclidine, or "angel dust" (this substance causes in users, WHO experts say, "agitation, rage, violent behavior, hallucinations, recurring psychosis, coma." "Large quantities of this drug have already been seized that have originated from clandestine manufacture," the experts point out. There is little evidence of its abuse outside North America. Phencyclidine analogues: Three dependence-producing synthetics like phencyclidine, influencing thought, behavior, and mood, and similarly, with no use for man. "There is good evidence of their illicit production and street use in the United States and Canada," the WHO experts say.

Methaqualone: A sleeping pill, dependence-producing, and similar in chemical structure to methamphetamine, a depressant already subject to international control. There is no evidence of a therapeutic use of meclozolam which cannot be met by other widely available drugs," WHO experts say.

International Drug Conventions

WHO derives in mandate to evaluate the safety of narcotic and psychoactive drugs, and of recommending controls when a threat to public health has been shown, from two conventions:

- The 1961 Single Convention on Narcotic Drugs, with its modifications, that deals mainly with hard drugs, such as cocaine, morphine and opium.
- The 1971 Convention on Psychotropic Substances, which primarily covers synthetic drugs, new increasingly being marketed throughout the world.

Both treaties provide for various levels of control, with a drug's capability for harm weighed against benefits. Thus, under the 1961 Convention, sedatives and hypnotics have been placed at par with morphine and pethidine, both widely-used painkillers, and depressant drugs with codeine. WHO's evaluating the benefits/risk ratio of drugs is regarded as particularly important for developing countries, because many lack the expertise to so determine themselves. The countries import psychotropic substances manufactured in developed countries. Thus, use - along with misuse - increases, where measures of control are considered far from adequate.

Working with WHO are officials from other international agencies - Interpol, the UN Division of Narcotic Drugs, and the International Narcotic Control Board - plus those from member countries.

For instance, Belgium proposed that sufentanil be evaluated, and it is the task of the narcotic board to monitor the trade, manufacture and use of the narcotic and psychoactive substances that are placed under international control. As many as 20,000 pharmaceutical preparations are registered in some developing countries, with as many as 1,000 containing psychoactive ingredients. Moreover, they are often provided without prescription directly to patients by non-medical personnel, or sold over the counter.

Depressants, as barbitals and methaqualone, stimulants, as the amphetamines, and hallucinogens, as LSD and marijuana, are among the better known psychoactive substances. In other action, at its sixth session, which took place in February 1980, the UN Commission recommended the decision by WHO's Executive Board in placing the item of drug abuse on the agenda of the 33rd World Health Assembly, opening in Geneva next May.

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He's serious about working

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At his young age he is the founder of the 13th St. Association, a member of the Philadelphia Chamber of Commerce and the Washington Square West Civic Association, and a partner and vice president of a local real estate management company.

Mike knows the problems of the student and employees, particularly in the areas of MEUA Loans, safety on night-time streets, and funding towards medical research. He is sensitive to the needs of nursing staff, employees, and their unions.

Mike lives in the Jeff vicinity. He knows your problems firsthand. He wants to work, he's serious, and he'll do a good job in Harrisburg.

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Mike is the best person for the job.

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Hockey Highlights
by Allan Cummings

This year's hockey teams went down to the wire to make the playoffs, as the playoff teams were not decided until the final night. When the dust settled, Altonen Delle, composed mostly of juniors, had taken the title by one slim point over AXX's "A" team.

Delle, led by the superb goaltending of Bob Backrow, strong offense of Mark Reyke & Fred Martin, and steady defense of newcomer Mitch Rhitz, won seven games. Their only loss came in the last week of the regular season, falling to AXX "A", 2-0. Earlier they posted victories of 2-0 over Phi Alph "A", 2-1 over Backrow, and 7-3 over Nu Sig.

AXX "A" went from apex to nadir in three short days. They saw their bid to win the title come up short by one goal when they tied Phi Alph "A", 2-2 the day before the season ended. Led by the stellar defense of senior Dave Fishman and Mark Stull, and the potent offense of senior Mike Kunishauer, AXX's only loss came at the hands of Nu Sig, in an intense 1-0 game. Earlier, they had beaten Backrow on Opening Night 4-3.

There was a tie for third place, between Nu Sigma and Phi Alph "A". Nu Sig, the highest scoring team in the league, was paced by offense by Bob Mann & Vince Viscomi, anchored by goalie Allan Cummings. Their season was highlighted by the 1-0 win over AXX "A", as well as a 4-4 tie with Backrow, when they came back from a 4-1 deficit. They qualified for the playoffs on the last day of the season with a 11-1-1 posting of Junior Birdmen.

Phi Alph "B", led by freshman Captain Pete Cognetti, managed to beat to beat AXX "B", AXX "B" won a game by forfeit, and was led by Captain Mike Breidow.

All in all, it was an exciting season of hockey. Altonen Delle, AXX "A", Nu Sig, and Phi Alph "A" faced off in the playoffs which began on Sunday, March 23rd.

Chris Erikson exercises his picturesque.

by Stuart Ninger

Should you load up on carbohydrates before your next five-mile running race? How about for your next marathon? Is it a good idea to use caffeine as a pre-race stimulant? These and other sports physiology questions were brought up at a luncheon sponsored by the Physiology Department and the Jefferson Running Club on March 19. The guest of honor was Charles Tipton, Ph.D. Physiology, who is the primary sports physiology consultant for the University of Iowa.

Dr. Tipton first addressed the subject of carbohydrate loading, a technique long distance runners use to "bulk up" muscle glycogen stores by eating high carbohydrate meals a few days before each race. "When one loads carbohydrates the competitor should remember that for every gram of carbohydrate consumed, one must consume two grams of water. The water intake tends to make racers sluggish and perform worse if they are not experienced at carbohydrate loading," Dr. Tipton went on to say that racers should practice "loading" a few times before they use it in a race. Also, if the race does not last longer than forty minutes, carbohydrate loading is worthless. Some race-day preperation painters were given. "Do not eat glucose right before the race because it causes insulin rebound and hypoglycemia, and does not give you "instant energy." Pre-race caffeine use was discouraged as well. Yet a major pre-race requirement is warming up and stretching out. People who do not warm up and stretch out have a much higher incidence of muscle pull and cramps than those who do. Warming up also increases connective tissue blood flow and helps prevent damage to these frequently overworked and undernourished tissues.

In addition to pre-race exercises, maintaining a strength balance between muscle groups also prevents racing and training injuries. Runners usually have stronger quadriceps than hamstrings and hamstring injury is common. Dr. Tipton suggested strengthening the hamstrings to avoid injury, but emphasized that the exercises used approximate the action seen in running. The principle of sport specific training is very important for getting the most performance from a training schedule.

Dr. Tipton recommended limiting the use of weight machines in training for sports other than weight lifting. However, he said that tradition is hard to break, and athletes will probably continue weight training no matter what.