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# Ariel

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Phil Maurer, Jeff Thatcher, Paul Davis in a live performance at Jeff Hall.

## COFFEEHOUSE HEADLINERS

by Ayn Siegel

On Tuesday, September 30, 1980, at 9 pm, the Jefferson Commons sponsored a Coffeehouse featuring the talents of a number of students of the Thomas Jefferson University. The Coffeehouse was under the direction of Jeff Thatcher, (JMC, class of 1983). Steve Weiss (JMC, 1983) was in charge of sound effects.

First to perform were Jeff Freed (JMC, 1983) and Jonathan Daitch (JMC, 1984), who played several classical violin duets. They were followed by John Gorham (a jr. in the nursing program), who sang and accompanied himself on folk guitar. Jonathan

Daitch then performed solo on his violin. Subsequently, Howie Fugate (JMC, 1983) sang 4 original songs, of which he played 2 on guitar and 2 on piano. Peter Bergethon sang, accompanying himself on guitar, and then performed "Corner of the Sky" accompanied by Jeff Thatcher on piano, Philip Maurer (JMC, 1983) performed a flute, accompanied by Paul Davis (JMC, 1983) on guitar and Jeff Thatcher on piano.

The "Has Beens" began a set of 3 numbers with "Take the Long Way Home," featuring Donald (Ziggy) Zeller (JMC, 1983) on

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## Controversial Ethics Discussed

by Kevin Hardy

Surrounded (or perhaps engulfed?) by floor/chair sitting, peanut/pretzel/chip munching, wine/soda sipping wide/bleary eyed men/women, Dr. Paul Fink kicked off the 1980-1981 Ethical Society season by observing: "About five years ago, the American Psychiatric Society went through a convulsion and voted that homosexuality is not a disease. I'm not sure if there's any other branch of medicine that could vote on whether or not a particular condition is a disease!"

Although the appropriate (and one imagines appreciated) chuckles and chortles ensued, the statement did focus attention on the topic for the afternoon, the ethical problems surrounding homosexuality. As Dr. Fink noted,

the controversy over the status of homosexuality as disease or preference is linked to the dilemma of whether or not it is medically ethical to attempt to change homosexuals into heterosexuals.

The scope of the talk is perhaps too extensive to be encapsulated. However, it did probe one area of particular interest to future health professionals who will be treating homosexual patients "...not just for homosexually transmitted venereal diseases..." but as individual people with a concern to share and learn about themselves. This area concerns the relationship of the professional to the homosexual patient. Dr. Fink suggested that although "No one can totally free

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## NO DECISION YET ON Peusner Matter

by Peter Waldron

The news that Dr. Kenna Peusner, Assistant Professor of Anatomy, had been denied a contract renewal was greeted with surprise by those in the University who are familiar with her work. If Dr. Peusner's lectures in histology and neuroanatomy were lucid, thorough, and well attended, her teaching in the labs was yet more highly valued. The neuroscience lab which she conducted was regularly attended by twice the number of students assigned to that section. The student evaluations from the Class of '83 conducted by the Student Council Curriculum Committees (SCCC) reflected this. When compared to all other histology professors who taught in the Cell and Tissue Biology course, Dr. Peusner received the second highest rating, with 75% of those students responding affirmatively to the statement: Dr. Peusner is an outstanding instructor.

This is the milieu into which the word of Dr. Peusner's non-renewal of contract was cast. As this information penetrated the left-over haze of summer, and the sudden blizzard of pathology, student incredulity turned to action. A petition was composed (see ARIEL 9/80) and signed by 185 out of 223 members of the Class of '83 plus some third and fourth year students. The Student Council Curriculum Committee (SCCC) wrote a letter to the President, the Dean of the Medical School, the Board of Trustees, the Alumni Association and to the Faculty Affairs Committee (FAC) which acts as the faculties grievance committee and is the present home of this dilemma. Members of the SCCC met with Dr. McGehee, chairman of the FAC, to explain the student's opinions and the results of student evaluations of Dr. Peusner conducted by the SCCC.

The procedure at TJU regarding contracts is that a non-tenured faculty member is given a yearly contract, at the discretion of the chairman, for six years. At the end of the sixth year a decision is made by the

chairman of the department, with the advice of a committee composed of members of the department, whether to recommend the person for tenure, or for a terminal one year contract. This decision is then submitted to the Faculty Promotions Committee (FPC) by the chairman and may be accompanied by the intradepartmental recommendation. The chairman then must explain his position before the FPC.

Dr. Peusner was informed verbally that she may not have her contract renewed in July of 1974. She received written notice that this would be her last year at Jefferson on June 15, 1980. Since Dr. Peusner has been at TJU for only five years, the decision to continue her contract with the University rests solely with the chairman of the Anatomy Department, Dr. Marshall Johnson, and does not require an interdepartmental recommendation. Dr. Johnson was asked whether it was unusual for a person not to be given the full six year period, and therefore be considered for tenure. He responded that it was not unusual but that it was the first time that it had occurred in the anatomy department during his 8 years as chairman.

When Dr. Peusner was informed that her current contract was a terminal one, she contacted Dr. Kellow, Dean of the Medical School. He advised her to appeal to the FAC. Dr. Peusner presented her case to the FAC on 7/11/80; Dr. Johnson presented his case on 7/18. No other persons have been asked to appear by the committee although other members of the anatomy department did contact the Chairman of the FAC and expressed their willingness to appear. Dr. Peusner has not been told by Dr. Johnson of the reasons or incidents which led to his decision, and consequently has not had an opportunity to respond to them in any forum. Dr. Johnson said to this reporter that he did not wish to comment at this time on his reasons for his decision, but that he is confident that he has chosen the right

course of action.

The FAC will make a report to Dean Kellow, recommending that Chairman Johnson's decision should be either overruled or upheld. The Dean may then either agree or disagree with the committee. If Dr. Kellow should disagree, the FAC may then bring the case to the attention of the President or the Board of Trustees and ask for their intervention. As of October 14, the FAC has not made its report. Dr. Kellow has stated however, that he will support Chairman Johnson's decision regardless of what the FAC report might be.

Dr. Peusner teaches Histology and is a researcher of microscopic neuroanatomy. As such she works closely with the heads of those divisions within the anatomy department. Dr. August Epple, Professor of Anatomy, and head of the Histology division offered the following comments when questioned about this matter:

"It would be highly inappropriate and unacademic for me to comment on a pending matter in which I most likely will be questioned by the FAC. I must expect for fairness sake that Dr. Moskowitz and I, who have been working closest with Dr. Peusner, will be invited by the FAC or any other future appropriate university authority to give our opinions unless a mutually agreeable settlement is worked out. From the limited information which is available to me, I must assume that this is a highly delicate and important matter whose outcome may have an enormous impact on the future of our university."

Dr. Moskowitz, Professor of Anatomy and Coordinator of the Neuroanatomy course and investigator in that field said that he had no faults to find with Dr. Peusner's teaching performance, research or with his interaction with her as a colleague.

Given Dr. Peusner's distinguished abilities as an instructor and researcher, her success in obtaining NIH and NSF grants, and her popularity with the student body, Chairman Johnson's decision remains a puzzle.



# HAPPY HALLOWEEN



# The Final Case of John H. Watson, M. D.

This story, written by Jefferson medical student Aaron D. Bleznak '83, won AMS's 1980 New Physician Manuscript Contest. The article is reprinted from the October issue of the magazine.

It was one of those chilly March nights, only the full moon and the street lamps shedding an eerie glow over the fog-bound city. With my short white jacket providing some small amount of protection from the dampness, I made my way back to my apartment, weary from the long day and a bit anesthetized from a brief respite at the neighborhood pub. Suddenly, I heard a man's voice call out, "Excuse me, young sir. You, yes, excuse me one moment."

It must have been the heavy British accent that pierced the fog both outside and inside my skull and kept me from passing off the stranger as merely one of the neighborhood's idle alcoholics. I looked at the figure emerging from the darkness of the alley—a hefty, middle-aged man with a ruddy complexion and a walrus mustache, wearing a musty grey tweed suit and carrying a walking stick to compensate for his rather pronounced limp. To any aficionado of Sherlock Holmes, these features recall but one character, whose name and portrait, oddly enough, adorn the pub I had just left. In my sodden state the name burst from my lips, despite the incongruity of

the situation. "Dr. Watson?" "Why yes, old boy. Glad to see that my humble reputation precedes me. Excuse me for the bother, but I have a bit of a problem and, deducing from your attire and that rather voluminous text under your arm that you are a member of the medical profession, I have hopes of soliciting some information from you." He paused to tighten his coat about him as a frigid wind swirled. "Excuse me for being so forward, but do you perhaps have a flat to which we could retire? I have need of a warm fire and a spot of tea to stave off the effects of this dreadful weather."

Ashamed of my ungraciousness, I replied in the affirmative and led the good doctor to my apartment. We walked in silence, my mind swirling with what I recalled of John H. Watson, M.D.: an army surgeon, his leg injured in the Afghanistan campaigns; later a GP in and about London; roommate, companion, and chronicler of the great deductive reasoner and consulting detective, Sherlock Holmes. By the time we had

scaled the four flights to my apartment, my mind was somewhat clearer. After providing Dr. Watson with some tea, I sat down across from him prepared with many a question, but he beat me to the punch.

"Rather a nice flat you have here, Dr. Bleznak." Seeing my surprised expression, as I had yet to introduce myself, he hastened to explain. "Some of Holmes's deductive abilities have rubbed off on me. I saw the name tag pinned to your jacket. However, I must confess that I was quite surprised at the absence of a shingle outside your door. How do you attract any business?"

Preferring to allow Watson to think of me as a physician and not just a student, lest he take his case elsewhere, I replied, "In 1980, Doctor, we have separate homes and offices. I see no patients here."

"I see," he murmured, with a disapproving stare. "Doesn't that place a barrier of some sort between you and the patient? Well, never mind," he shushed me with a wave of his hand. "I suppose times change."

"Excuse me for a moment, Doctor," I interjected. "I am confused by your presence here... in 1980, I mean. It seems impossible."

"My boy, let us apply one of Holmes's principles. First, pinch yourself to ascertain if you are awake. Good. Now, I trust you are neither inebriated nor drugged?"

I shook my head no.

"Excellent," he continued. "Now, please come here and touch me. You note that I am solid, and thus neither an illusion

nor a hallucination. And you see my name on this hat brim. Therefore, when you have exhausted all possible explanations, you must accept the impossible ones. I am here," He paused. "Now, may I discuss my problem?"

"Certainly, Dr. Watson."

"You see, old boy, back in my day I developed symptoms of some peculiar sort of disease. I could find no mention of it in the literature, and no one of my colleagues could make anything of it. I suffered with the sickness until the opportunity to visit this time presented itself, and I seized upon it.

"Upon my arrival here," he continued, "I solicited advice as to where I should go for health care. I first asked a young woman, who directed me to the office of her, I believe the word was, chiropractor, whom she promised would clear up my problems simply by manipulating my spine. This seemed rather too simple to me, so I stopped another passer-by, a young man with frightfully long hair. He advised me to employ vitamins and holistic medicine. Not comprehending his meaning, I tried again, questioning two well-dressed businessmen. They, finally, recommended physicians, but could not decide between one man's gastroenterologist and the other's cardiologist. By this time, I was intrigued by the variety of responses, and I continued to solicit opinions from a wide selection of people. While many prescribed a number of types of M.D.s, I also received numerous promises of relief

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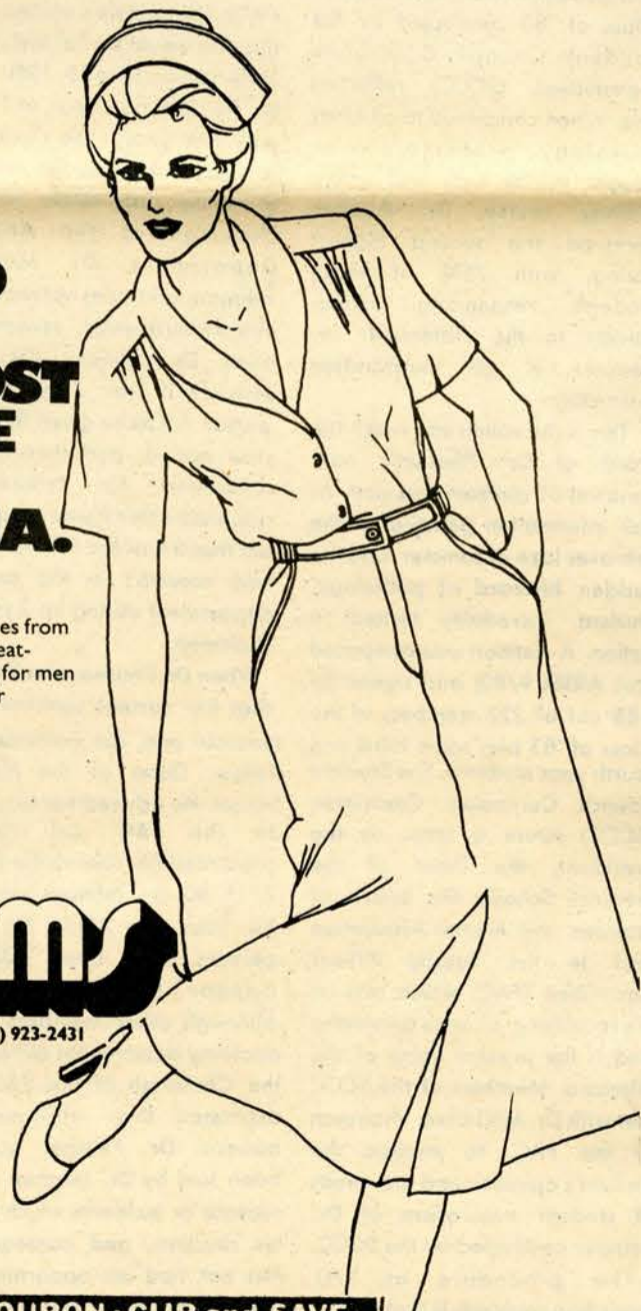
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# Dr. Watson

cont'd from page 2  
 should I visit nurse practitioners, podiatrists, psychologists, evangelists, and apostles for the "Feel-Good" movement. I must admit, my dear Dr. Bleznak, that the fragmentation of your profession has me confused."

"Why not just tell me the problem?" I replied, and the good doctor proceeded to rattle off a bewildering array of symptoms suggesting an obscure, multisystem disease, the likes of which even my medical school Path course had not discussed. When he had completed his discourse, I checked his eyes and ears, listened to his heart, and banged his patellar ligament, all just for effect.

"I'm afraid, Doctor, that I cannot help you." Falling back on the excuse of modern medicine, I hastened to add, "This just isn't in my area of specialization. But in a few hours it will be morning, and I will arrange for you to be seen by the Chief of Obscure Diseases at our hospital.

While we walked to the hospital, Watson pressed me for the reasons behind the amount of specialization in our field and the existence of numerous alternatives to the M.D. I explained that the high degree of technology and the vast array of knowledge involved in the study and practice of modern medicine made it impossible for any one physician to comprehend or utilize much more than a fragment of the field.

It was more difficult to convey to him the reasons for so many people's dissatisfaction with medicine, as evidenced by their preference for alternate forms of health care. The good doctor refused to accept the excuse that people look elsewhere because medicine does not have all the answers. He claimed, "Medicine has always had limitations, but

we physicians can offer quality care to even incurable patients by..."

He never got a chance to finish his remarks, for we had reached the hospital. I left him at the door to an office with a sign that read: P.J. Moriarty, M.D., Doctor of Obscure Diseases.

Several hours later I came across the good doctor sitting alone in a small park between the hospital and my apartment. He seemed to be quite immersed in speculation, so I sat next to him and waited for him to speak.

"You know, old boy," he began. "I have seen a great deal today. Much of it was marvelous—the astonishing new technology you possess for ascertaining the status of various bodily parts and the facilities for health care. During the tests I underwent, I wondered why so many of your people ignore this avenue of health care. While it seems a trifle impersonal at times, it far exceeds the capabilities of the medicine my age practiced."

Before I had a chance to remark upon his statements, he continued in a more downcast tone: "But the failing of your system became obvious after the tests were concluded. I anticipated a moment or two of relaxation before my examination and consultation with Dr. Moriarty, but no sooner had I settled myself than a receptionist descended upon me with a sheaf of forms to be completed. I glanced over the questions and, noting their content, asked the young lady if it would not be redundant for me to fill out the forms, since the doctor would most assuredly garner the same information during the history. She looked at me as though she thought me a savage, and tartly replied that the doctor had no time for such foolishness."

I broke in, "Well, it is true that modern physicians are very busy. Their patient load is..."

Watson ignored me. "After roughly 45 minutes of that ridiculous exercise, I was ushered into an examining room, where I waited another half hour. When the door opened I expected to finally meet Dr. Moriarty, but instead encountered a young colleague of his, who proceeded to give me a rather cursory physical.

"Finally, I was hurried into a rather large office with two entrances. Two of the walls were lined with medical texts, and on a third hung an assortment of diplomas and certificates of achievement. Behind an expansive oaken desk, framed by two pillars of manila folders stuffed with different colored papers, was Dr. Moriarty. He neglected to shake my hand or offer me a seat and proceeded to ignore me for a good seven minutes while he perused my file. He then turned to me, rattled off a series of pointed questions pertaining to the exact location and severity of my various symptoms, pronounced his diagnosis of an unpronounceable disorder which, while not curable, could be controlled by certain drugs, and asked if I had any questions. When I voiced my curiosity as to the pathogenesis and precipitating factors of the ailment, he smiled faintly and sidestepped my queries with the alacrity of a polished politician. He then referred me to his secretary who was to provide me with the proper prescriptions and my bill. As I left the room, both bewildered and frustrated I assure you, I noticed another

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# Ethical Society

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 oneself from prejudice." neutrality is necessary in dealing with a homosexual patient in order to provide quality medical care. He supported this statement by citing evidence that some doctors become too uncomfortable with homosexual patients and thus provide poor medical treatment. Dr. Fink recommended awareness of one's personal background, one's feelings toward homosexuality, and the facts concerning homosexuality as the best

approach to maintenance of professional neutrality.

The date for the next Ethical Society meeting has not been finalized as yet. However, it should occur sometime in late November. Society dues are only one dollar, and all members of the T.J.U. community are welcome to join. Anyone interested should watch for signs in Jeff Hall or contact Brian Allen at Nu Sigma Nu.

...And a fun time was had by all. (Isn't that how all these articles end?)

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# Uniting Sports & Medicine

by Sam Markind

Having actually witnessed the Phillies win the World Series, it would be impossible for me not to write anything about this marvelous feat. As a long time fan who remembers the lean years (oh, so many) and the "almost" years of the late 70s, I realize that "marvelous" might be too weak an adjective. Be that as it may, I decided to attempt to unite the events of October with the purposes of this newspaper, i.e., informing the students of a health-sciences university. What follows is the result.

It is probably true that sports are accorded too high a place in our leisure-oriented society. After all, there are numerous athletes who are making large fortunes by playing the same games that millions of kids play just for fun. In addition, they are raking in more big bucks by advertising sporting equipment and other glamour items. Nevertheless sports and athletes will, more than likely, continue to be admired for many years to come. So it seems a good idea to have athletes lend their support to socially-oriented goals. Charitable organizations already do this, airing advertisements which feature athletes. Perhaps, then, it's time for medicine to rethink its approach to dealing with society.

The connection between medicine and the World Series stems from the fact that this year's Fall Classic forever erased the stigma of a very common ailment — hemorrhoids. Everyday during the Series all America was apprised of the condition of George Brett's posterior. As a result, hemorrhoid sufferers from coast-to-coast have come out of the closet, unburdening themselves of the shame of (as it

is called in polite company) "grapes."

Traditional medicine has never been able to educate the public about hemorrhoids, that they are nothing to be ashamed of. Even Preparation H ads haven't really sensitized society — ever notice how many jokes are made about Preparation H? But George Brett has succeeded where others have failed. Perhaps Brett could be brought over to Madison Avenue to participate in an advertising campaign. And the slogan? No problem. As Brett remarked after his minor surgery between games 2 and 3, "It's all behind me now."

But why stop here? This is only the beginning. There must be scores of other prominent athletes who suffer from various common maladies which the general population considers embarrassing. Jock itch, problems associated with an enlarged prostate. How 'bout post-adolescent acne? Oh, if only it were true that everybody's acne cleared up by that twentieth birthday, never to return. With the heavy advertising done for anti-zit medications, coupled with a very appearance-conscious culture, it is an embarrassing faux pas to have the slightest blemish. But, if Mark Spitz had been afflicted with blackheads when he won his seven gold medals, pimples would have at least become tolerated. Imagine the tremendous sigh of relief among millions of America's young adults if that had been the case, the emotional trauma of growing up significantly reduced.

In all seriousness, though, there is one area in which athletes can definitely serve as constructive role models: namely, the honest expression of emotion.

(This applies more to males for emotional display by females has traditionally been more accepted). Despite the hype about living in a liberated society, a stoic facade is still associated with the male ideal. Except, curiously, in sports, where a successful play is greeted with an emphatic slap of the hands (or toosh) or other overt sign of satisfaction. Granted, this skin slapping may be so frequently repeated as to be trivial. But the scene in the Phillies' locker room following the final game was truly extraordinary.

While Garry Maddox was being interviewed on TV, Paul Owens, Dallas Green, and Tug McGraw were engaged in a three-way embrace behind him. And the three of them had tears in their eyes — they were crying with joy. It was truly an unexpected sight. Three grown men, each deeply involved with athletics, the latter an admired star of the sport. There they were (diverting much attention from the interviews, no doubt), just huddled there, not doing much of anything, just holding on to one another. And letting it all hang out. Since they are sportsmen, no one will ever say they're not "men." People won't call them names for what they were doing. They are three people who were drawn close to one another, who struggled together, and who succeeded together. And each was showing the others what that triumph meant to him. It just so happened a television camera was there to watch.

It seems almost absurd to talk about sports, and the people who play them, in such a serious manner. Yet successful athletes are tremendously admired — and, moreover, imitated — so their influence upon society can actually be profound, for better or for worse. From hemorrhoids to psychic well-being, sports really do influence our culture. Of course, it is just for laughs to imagine saturation advertising featuring sports celebrities describing their medical histories, etc. But there are occasions when medicine and sports can really help one another. (As an example, several months ago, Darrell Porter, the K. C. Royals' catcher, publicly announced that he is trying to overcome a drinking problem.) Maybe this is a relationship whose time is arriving.

## Housing Office Lauded

One of Jefferson's many strong points is the performance of the school's Housing Office. Headed by Mr. Bruce Kinter, the department operates the Orlowitz and Barringer apartment buildings and the Martin Residence Hall, providing quality rental apartments to the Jefferson community.

Actually, the Housing Office is a rather new dimension of the university, added when Orlowitz was built in the late 1960s. The university, which was rapidly expanding at that time, decided to build Orlowitz to provide quality accommodations for the twin purposes of attracting house staff and offering decent housing in the immediate area. (In the 1960s, Washington Square West was a rather dilapidated neighborhood; in fact, Washington Square was then called the "Park of the Perverts.")

As the demand for campus housing grew in the early 1970s, the university decided to expand its facilities and so built Barringer. Currently, the demand for campus apartments very nearly equals the supply. (Incidentally, the wedding cake layering of the building was ordered by the Philadelphia Redevelopment Authority, the municipal agency which sold the land to Jefferson.)

Due to the present phase-out of the Diploma Nursing program, the Housing Office has assumed responsibility for operating Martin Residence Hall (previously run by the Diploma Nursing program administration). Although the building will remain a predominantly female dormitory, a Task Force has been established to consider some new uses for Martin. Suggested new uses include designing seminar rooms and providing short-term accommodation units (e.g., for out-of-town med students interviewing for residencies).

Mr. Kinter arrived at Jefferson in the early 1970s to assume control of (what had then become) a rapidly growing department of the university. As the lessor (landlord) of the residence buildings, he is ultimately responsible for their operation. In addition, Mr. Kinter is available for any counseling needs which students may have. His academic background is in counseling and he is eager to be of service in this capacity.

Of course, the most visible employees of the Housing Office are the men who sit behind the front desk in the lobby of each building. It is they who field the majority of tenants' problems, provide security for the buildings, and greet us with a friendly hello as we return from a trying day in the hospital or in lab. Their names are probably among the more well-known on campus, for they become a daily part of the lives of the tenants.

ARIEL wishes to take this opportunity to acknowledge the services rendered by the Housing Office and to express its appreciation to the members of the Housing Office staff for the efforts they make to serve the needs of the Jefferson community.

## AMSA Addresses Student Body

by Lenny Nasca

What is AMSA? Well, we all know what the AMA stands for. But, more importantly, the S represents the main reason for the existence of this organization. For students, The American Medical Student Association is a group which carries a meaningful voice heard at the national, state and local levels. AMSA was founded by a few students and we have grown to a membership of about two hundred. The nation has been split into different regions for the purpose of making it easier for medical schools to send representatives to the Regional AMSA meetings. Jefferson is in Region III, consisting of all of the Pennsylvania Medical schools (allopathic and osteopathic) George Washington, Georgetown, John Hopkins, and the University of Maryland. Our Regional Trustee is Patric S. Romano from Washington, D.C. The Jefferson AMSA Chapter officers are:

- Rich Greco, President
Len Zon, Vice President
Debbie Carter, Membership and Task Force

Karl Naegele, Treasurer
Lenny Nasca, Secretary

In response to the question, "WHY JOIN AMSA?" I felt it necessary to publish the following list of:

### The Financial Benefits of Belonging to AMSA

- 1. Discount on Stedman's Medical Dictionary - cost \$8.95. In the Jefferson Book store, the cost is \$27.00 - A SAVINGS OF \$18.75. You will need a dictionary for the Freshman and Sophomore years.
2. Discount on Dissecting Kit - Non-AMSA members \$9.00; AMSA members \$7.00.
3. Instrument sale (when established) - A discount will be offered to AMSA members.
4. Discount at the used Book Sale (Anatomy, Physiology, Neuroanatomy and Pathology books will be sold) - Non-AMSA members 10% commission charged. AMSA members 7% commission charged.
5. CIBA collection (the Netter set) - \$211 - Non-AMSA members; \$179 - AMSA members; \$32 SAVED.
6. The opportunity to obtain a Master Charge (Credit Cards are very hard to obtain as a student).
7. Insurance on your instruments.
8. Capability of going to AMSA conventions - Non-AMSA members \$1.00; AMSA members - FREE;
9. Free book on How to Pick a Residency.
10. 5 years of "The New Physician" (monthly) and "Infusion" (included in the dues).

12. Ability to stay at other Medical Schools by contacting the National Office (a Hospitality Program). This is invaluable when you are applying to residency and want to eliminate added costs.

13. AMSA lobbies for more money for medical students from the Congress. It needs your ideas and support.

In addition to all these financial benefits, the local chapter sponsors activities (such as a blood pressure clinic), monthly meetings which are very informative (with wine and cheese), and a chance to get involved in a national organization (the conventions and task forces).

On Saturday, October 25, a meeting was held with representatives from Hahnemann, U. of P., Temple and PCOM. Jefferson representatives were Ruth Smith ('84) and Lenny Nasca ('83). Out of this meeting came the beginning of a feasible means of forming a co-op with the buying power of about 900 students. We all require microscopes, instruments, lab coats and books. If the arrangements can be made with either the manufacturers or the distributors, AMSA stands a good chance of forming this co-op. This

would mean a substantial savings for the students at all of the medical colleges in Philadelphia and a further savings for AMSA member by virtue of a discount.

As proof of what the JMC chapter is capable of accomplishing, in September there was a used book sale, an instrument insurance sale, a lab coat sale and survival seminar for incoming First Year Students. For October, a dissecting kit sale and seminar by Dr. Wolfgang Vogel.

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ARIEL THE STUDENT NEWSPAPER OF THOMAS JEFFERSON UNIVERSITY Jefferson Alumni Hall, Box 27
Executive Editors ... Ellen Feldman and Leonardo S. Nasca, Jr.
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# M. D. Surplus

by Jeff Greenwald

In the last issue of **ARIEL** an article appeared concerning a projection by the Graduate Medical Education National Advisor Committee (GMENAC) stating that in the future there will be a surplus of physicians. The following is an abstract of an article from the September 29, 1980 issue of **Medical Economics** concerning this topic.

The major concern of GMENAC is with the specialty distribution. While the Bureau of Health Professions (BHP) of the Department of Health and Human Services generally agrees with GMENAC that there will be a surplus of physicians, there is quite a lot of disagreement concerning how the surplus will be distributed. For example, BHP predicts under supplies of OB/GYN and ophthalmology specialists while GMENAC is predicting oversupplies. This difference also shows up between the surgeons and pediatricians. But, what do the specialty leaders think about this topic?

The leaders generally agree that there will be a surplus by 1990, but most of them feel that the numbers in their field will be just about right — or could be; if colleagues in the other specialties would keep off their turf. For example, The American Society of Internal Medicine (ASIM) is admittedly against any cutbacks regarding Internal Medicine residencies. William Dermody, chairman of ASIM's manpower committee states:

It is inappropriate and fallacious to separate the sub-specialists from Internal Medicine as a whole, I think the number of doctors we will have in 1990 will be just about right."

The American Academy of Family Physicians (AAFP) maintains that there is no way a surplus of Family Practitioners (FPs) can develop within the next ten years. The AAFP contends that FP's offer the best hope for a solution to the physician shortage in the rural areas. FP's meet the medical needs and the minor emergencies in a community that is incapable of supporting the individual specialties. How many communities could afford, in combination, an internist, an obstetrical gynecologist or a pediatrician, to say nothing of an orthopaedic surgeon to set fractures, an allergist to give shots and a dermatologist to treat acne? The FP fulfills almost every criteria, within certain limits, that is demanded of him by the community and he is still able to build up an economically sound practice.


Some pediatricians would say there is a surplus already," says Dr. John P. Connelly of the American Academy of Pediatricians, "but at the national level, we see a huge number of children who aren't getting the proper care." Connelly emphatically disagrees with the BHP's prediction of a large

surplus of pediatricians. He points out that 27 percent of all pediatric residents are foreign medical graduates (FMGs). Therefore, the curtailment of FMG supply by the restrictive legislation passed in 1976 will mean fewer pediatricians — particularly in the inner cities. Even with these setbacks, Connelly believes that the supply and demand will just about balance out. (But, after making this statement, the medical care aspect should be looked into and not the number of pediatricians.)

Dr. Warren Pearse of the American College of Obstetricians and Gynecologists says, "We don't know what a physician surplus is, so I don't believe we can say whether we'll have one, or not." Apparently, first year residencies in OB/GYN have reached a plateau over the last four years, but there are still shortages of OB/GYN specialists even in the urban areas. In addition, Pierse is convinced that physicians will be choosing to be less busy when he says, "We are starting to take the same attitudes as other people about leisure." (This concept could be a little difficult when one thinks of the untimely arrivals of newborns without the aid of induced labor drugs.

How can we interpret these statements by these specialty leaders? As was stated before, there is no disagreement about a surplus, but what about the demand for physicians? There are two variables that could move this demand either way. On the one hand, there will probably be advances made in the medical sciences that will give physicians more and better treatment for their patients — such as the strides made over the past few years in perinatology, cancer therapy, organ transplants, and orthopedic surgery. This would mean that there may be future need for more specialists. However, the discovery of simple therapies for diseases that today require complex, long-termed management would mean less work for physicians. This in turn would mean less physicians needed.

Any way you slice it there will be fewer patients per physician in 1990 than there are today. The head of BHP's Division of Health Professions Analysis, Howard V. Stambler, sums up the outlook this way:



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"It's nonsense to suggest that we will have doctors walking the streets looking for work. But, it may be that not all doctors will be able to practice where they want to, or earn as much money as they would like, or treat only the kinds of patients that they would prefer."

The attitude chosen by each physician may be the only thing possible to counteract the projected surplus and thereby balance out the supply to demand ratio. For anyone that is interested in this counteraction proposal, I would suggest that you read the article directly from the September 29 issue of **Medical Economics**. Also, look for the next issue of the **ARIEL** where we will find out what the departments at JMC think about this problem which may have an effect on our future as new physicians and the future of medical colleges throughout the nation.

## Security Changes

The improper and often illegal removal of Jefferson property, including equipment and supplies, is a problem plaguing most urban institutions. Jefferson is no exception. Many students, employees, and faculty and medical staff members have reported a growing level of theft of departmental as well as personal property.

Over the past year, we have witnessed significant losses as a result of lockers broken into, supply closets ransacked, patient valuables missing from Hospital rooms, jewelry, watches, and hand tools stolen. No building on campus has been immune.

In a move to provide greater security and protection for all Jeffersonians, the Security Department has been asked to institute additional protective measures effective October 13, 1980. As an initial step, officers will be asked to inspect packages carried by any person, including visitors, patients, salesmen, employees, volunteers, students, and members of the medical staff and faculty, as they leave the Jefferson campus. The cooperation of everyone will guarantee a significant decrease in the loss of personal, as well as University property.

## Cigarette Sickness

Cigarette smoking continues to be a major health hazard according to the Insurance Federation of Pennsylvania and the Health Insurance Institute. Recent government findings indicate that smokers have more bronchitis, emphysema, peptic ulcers, arteriosclerosis and heart disease than do non smokers. In fact, 85% of deaths from bronchitis, emphysema and other lung diseases could be prevented if people stopped smoking.

Cigarette smokers lose 33% more work days than non-smokers; have 14% more days of disability; are hospitalized more often than non-smokers; have a higher incidence of all forms of heart disease and they have higher rates of causally related cancer of the lungs, bladder, larynx and kidneys.

Additionally, cigarette smokers are more susceptible to heart attacks than non-smokers. Myocardial infarction and coronary disease are, 1.5 to 3.8

times as prevalent among smokers as non-smokers. Heart attacks are 5 to 6 times higher among males aged 40 to 59 who smoke, and unborn children whose mothers smoke during pregnancy are more likely to be stillborn or have other development deficiencies.

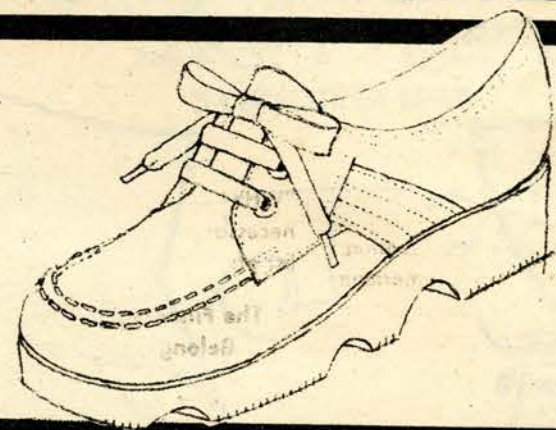
Most smokers recognize the dangers of smoking and an increasing number of smokers are trying to quit. Also many insurance companies realize the potential health hazards of cigarette smoking and have begun to encourage them to quit by offering discounts on life insurance policies. In certain cases, companies are discounting premium rates by 1/3 for group policyholders who are non-smokers.

For additional information on this or other insurance matters, contact the Insurance Consumer Information Service, at 1-800-222-1750 Monday through Friday 9 a.m. to 5 p.m.

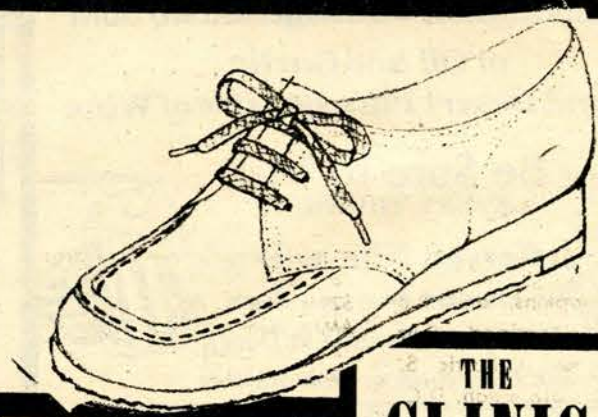
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# Winning Essay

cont'd from page 3

patient being shown in through the second door."

When he had finished his tirade, I defended, albeit meekly, my chosen profession. "But, Dr. Watson, this scene is reminiscent of one of Holmes's consultations at 221 B Baker St., is it not? The detective sitting with the evidence spread before him, asking a minimum of direct questions, deducing the problem, and pronouncing the

solution. Dr. Moriarty is a fine reasoner."

Watson turned a half-pitying look on me, as though wondering what I had been taught in medical college. "My dear Dr. Bleznak, you are, I know, an avid reader of my works. Please relate to me the characteristics I attributed to Mr. Holmes."

I complied with this curious request, ending with "and you often noted what a great actor,

scientist, musician, and boxer those various fields lost when Holmes chose detective work as his profession."

"Very well done," the good doctor replied. "And you will please note that I never once mentioned what a great physician medicine had lost despite Sherlock's tremendous observatory and deductive skills. The reason is this: Holmes looked at his clients as crimes to be solved, not as individuals with problems. And when your Dr. Moriarty consulted with me, he saw not a suffering man, but rather a disease to be cured or controlled. A physician, at least in my era, needed qualities other than those possessed by detectives; he required compassion, emotion, and gentleness, qualities that both Holmes and your physicians appear to lack. If the disease or ailment cannot be cured or palliated, modern medicine has little or nothing to offer to its patients. And that, my boy, is why so many of your people seek alternatives to modern medicine, despite all of your knowledge and technology."

With that, the good doctor wished me luck and announced his intentions to return to his own time in order to finish his work and receive the ministrations he needed. But before he turned to go, he cautioned me, "Remember, my friend, that while a good physician should be a detective of sorts, even an excellent detective lacks many qualities needed by a good physician."

And with that remark, he left me to ponder his words.

I awoke with a start, the Complete Sherlock Holmes weighing heavily on my chest. I glanced at the clock and, realizing the time, began grumbling to myself about another long day of rounds, seeing gomers and goners and patients with problems that I could never solve. And then, I began to remember my dream...

# Phillies

cont'd from page 8

steadily improved, participating in the playoffs each of the last two years. Philly players, if at times at odds with fans and writers, have been of top caliber and have enjoyed much individual success. With this abundance of success, one would think that Philly sports fans would be in their glory.

Oddly enough, that is not the case. Sports fans are a curious breed — too often their conceptions of their home teams' successes and accomplishments are dependent upon what the national media and the so-called experts write. And despite the success Philly teams have enjoyed in the past five years, success which five years ago was found only in the dreams of the most true fanatics, the national media has not yet deemed our teams worthy of greatness. No longer is Philadelphia the "City of Losers," now, ignoring all the hurdles and big games a team must survive in order to make the finals of any pro sport, the national media has dubbed Philadelphia the "City of Also-Rans, of Chokers." Philadelphia, lusting after the plaudits given to Pittsburgh (the "City of Champions") and New York City, have become dissatisfied with the excellent, and often superlative, athletic achievements of our teams.

So I send out a call for all Philly fanatics to join me and refuse to allow the pleasure we derive from the performances of Philly's pro-teams to be marred by the poison pens of frustrated jocks. When Pittsburgh and NY fans foolishly ask you how you can stand watching the Philly teams choke answer, "Well, it's tough sometimes, always having to follow all four pro teams through both regular season and playoffs results in failed exams, boy/girl

friends angry at being stood-up, and huge outlays of cash for game tickets. It can be rough on a fan."

Unfortunately, the sarcasm will probably go right over their heads. They fail to see how one can enjoy rooting for teams that these gods, the sports writers, have labeled "chokers." Somehow, they are unable to comprehend that, to a true sports fanatic, the aches and pains of losing only serve to make the thrill of victory that much better, and that much of the enjoyment comes from observing the beauty of the sports and the great athletic achievements of the players. Besides, as you know, you really can't trust those lousy New York, LA, Chicago, etc. writers—they all just have it in for Philadelphia. I can just see what the headlines would be should the Eagles win the 1980 Super Bowl after the Phillies, Flyers, and Sixers all lost in 1980 finals: EAGLES WIN SUPER BOWL; RUIN CHANCES FOR PHILADELPHIA TO SET RECORD OF FOUR SECOND PLACE FINISHES IN 1980.

*Author's note: Since this article was written, the Phillies have captured the World Series, so obviously the scenario depicted at the end of the article is not possible. During the celebration and victory parade, it became obvious that the Phillies themselves had experienced the same anger at the remarks of some national (especially NYC) sports writers, as had this sports fanatic. Tug McGraw best expressed both my and, I expect, many Philly players' and fans' feelings when he said, "Let NY (writers) take this World Championship title and stick it."*


# AMSA

cont'd from page 4


In November, those students who ordered dissecting kits will be receiving them and any that are left over may be purchased on a first come, first serve basis. Also, informative will be presented concerning the instrument sale.

If you are interested in joining AMSA, there are applications on the AMSA bulletin board in JAH. National dues are \$20 while chapter dues are \$10 for four years.

Currently, the Fall workshop for Regions I, II, and III is being held at Downstate Medical Center in Brooklyn, New York. It began on October 31 and will be ending November 2, 1980. The workshop schedule includes notable keynote speakers, task force programs, and a Halloween costume party.



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## RUGGER'S RECORD

cont'd from page 8

and Dave Lynch have put fear in many an opponent's heart while big Rick Stoner has simply gone after the opponent's heart. Veterans from Hahneman, John Goodall and Dean Sofereanor, Jeff Banyas (JMC '82) as well as third year man Al "I have not settled down" Midura have provided rugby guidance to eager scrummers Tony "the lip" Furnary, Dave "Mom I scored" Hill and tough running John Kelly.

The passing duo of captains Dom Coletta (HMC '81) and John Wilson (JMC '82) have used their quick footwork to baffle many a defender and sometimes even rookies Rich "on the make" Tobin and crazy George Lisehora. Other rookies like bearded wonder Charley Leinberry (who doubles as "B side" scrum half), John Scixe, John Bedrock Pedrotty, and Randy have all begun to master this unusual game.

Hahnemann rookie Chuck Horchak performed admirably at

the tough fullback spot until junior Chris Pezzi returned his fine veteran form to the lineup after an injury. And "Mac" Bob MacNamara has returned from a distant rotation to play some "gusto" rugby, exposing freshmen (and at the parties, himself) to some of the finer points of performing on and off the field.

Special mention of a courageous rugger who has hung up his spikes for the season goes to Rhode Island's Vinny MacAndrew who sacrificed his skiing season with a broken leg while defending against a "try" near his own goal line. It is reported that Vin has the single, largest, leg cast ever poured by the orthopods at Jeff. So if you see our "Rugby Poster Child 1980" with the crutches, salute this fallen warrior and make all donations to the Vinny MacAndrew Fund payable to this author.

## Tops at Tennis

by John Sutyak

It's not quite Wimbledon or the U.S. Pro Indoor Open, but some Jeff students are involved in a 32 week long national hospital team tennis league. Matches are played every Sunday at the Pier 30 Tennis Club and they consist of

one set each of mixed doubles, men's doubles, women's doubles, men's singles and women's singles. In World Tennis Team, no ad scoring is in effect.

Last year, three Jeff teams competed in the twenty team Philly division of the league. When the smoke of the long season and playoffs had cleared, the finalists were both from Jeff. The two teams were the defending national champs, Med Techs, and the Halista Hurricanes. After overcoming the strong Med Tech squad, the Hurricanes captured the national title by defeating the best of Baltimore, Johns Hopkins. The national winners team was made up of captain Scott Halista (JMC '82) and teammates Lenny Gessner, Larry Lareau, Gary Ott, Beth Squires (all JMC '83) and MVP Karen Holland (CAHS '81). The national championship trophy is on display in the Commons Office.

This season, two squads of Jeffersonians are serving and volleying their way through an expanded league which has some non-hospital Teams. Hopefully, this May will bring Jeff its third straight team tennis championship. I'll keep you in touch.

## Coffeeshouse

cont'd from page 1

harmonica, Jeff Thatcher on piano, Paul Davis on drums and Paul Kajencki (JMC, 1983) on bass guitar. In the group's remaining numbers, Paul Davis played guitar, Howie Fugate played drums, Paul Kajencki played bass guitar, Jeff Thatcher played piano, Ruth Weissberger played guitar and Don Zeller played lead guitar.

Jeff Thatcher then performed several numbers on piano. He was followed by Glenn Madara (JMC, 1983) on piano, accompanying Carol Gessner, who sang 2 songs, "Out Here On My Own" (from "Fame") and "Look What You Done to Me." Glenn then performed 2 solos on piano, including "Cinema Show" (Genesis).

The evening concluded with a Jazz Band composed of Glenn Madara (Piano, Trumpet); Phil Maurer on saxophone; Rick Osenbach (JMC, 1983) on trumpet and piano; Cornell Percy (JMC, 1983) on guitar and Cornelius Percy on drums. A featured number was Rodger Sayre (JMC, 1983) singing "New York, New York."

The ARIEL extends a hearty thank-you to all of the talented performers and crew who made the evening so enjoyable. Special thanks to Jeff Thatcher, without whom this article would not have been possible.

## SOCCER FEVER AT JEFF

by Pegleg

Last Spring the Jefferson Borborygmi Soccer Club battled its way to the Professional School Soccer League finals. Beating PCOM in a penalty kick "shoot-out" after 120 minutes of scoreless play in the semi-finals, Jefferson had one night to rest up for the finals. The Borborygmi cranked up their aching bodies to challenge Wharton's team, which featured an international collection of players including one or two Americans. After a very rough 90 minutes of yellow cards and a Jefferson shot that incredibly bounced off of both goal posts the Borborygmi limped off the field losing 1-2.

The year's season opened with high hopes and a true shoot out against Penn Vet. ending in a 5-5 tie. Penn came out hustling, double and triple-teaming. Penn came on the small and rough field, forcing the Borborygmi to make many mistakes. Penn scored first after intercepting a pass from the fullback to the goalie. A few minutes later Tom Macdonald dribbled down the right wing and passed to Mark Kahn who beat Penn's goalie to the right corner tying the score. Penn's scrappy play resulted in their taking a 1-2 lead into half time, and quickly making it 1-3 in the second half. Facing a two goal deficit Jefferson decided to mix muscle and finesse and finally came alive. Mitch Remetz put the Borborygmi back into the game (2-3) booting the ball in after it squirted out to him during a goal mouth melee. Halfback Jim Ritter rocketed a shot just over the bar shortly before Tom MacDonald forced in a goal off a Penn defender tying the game at 3-3. Not letting up, Jefferson took the lead 4-3 with a perfect corner kick from Coach Craig Palmer to wing Jeff Coughlin who fired a great header into the net. Despite Jefferson's control of the game, Penn tied the score at 4-4 on a good long shot. With about 10 minutes to play Victor Kim was grabbed by Penn's goalie while receiving a pass in the penalty area. Mark Kahn put the penalty kick into the left corner giving Jefferson the lead 5-4. Unfortunately with just a few minutes to go, a Penn player lofted a floating ball from the left side across the goal mouth which dropped just under the crossbar

amid a crush of leaping players, tying the score. Jefferson couldn't score in the short time left and had to settle for a tie despite good play and many scoring opportunities.

The next game against Wharton promised to be an exciting rematch of lost years championship play. But the Borborygmi came out flat losing 5-0 and never being in the game after the first few minutes.

Against Temple Med the Jefferson team appeared to get its act together. Temple scored in the first minute or two on an indirect kick they played so well that an N.A.S.L. team would have been proud of it. Despite their opening flash, Temple's offense was completely snuffed out the rest of the game by the defensive play of Chris Pezzi and Ed Snipes, leaving goalie Eric Phillips bored for most of the game. Jefferson rolled over, around and through Temple, putting the ball everywhere but the net. On one play Tom MacDonald and Mack Kahn worked a give and go leaving MacDonald with the ball 12 yards in front of the goal. After he was dragged down by a fullback, Kahn converted the penalty kick tying the score at 1-1. By half-time Jefferson could easily have been in double figures, having filled the air a foot high and/or wide of the goal with enumerable shots. Predictably, the Borborygmi

came out flat for the second half, Temple scoring on a fullback goalie mix-up taking the lead 1-2. Deciding to make the game exciting Jefferson coasted through much of the second half. Staring a tie or possible loss in the face, Jefferson cranked up the effort, with Mitch Remetz gaining a tie with a shot from the left side. A little later David Goodman kicked a beautiful shot through Temple's defensive wall into the net on an indirect free-kick. The referee disallowed the kick, citing an obscure rule stating the ball must roll its circumference before the shot may be taken. On the rekick, Coach Palmer blasted a shot in the corner which the goalie just got a hand on and saved. Finally, with a few minutes to go center-half Mark Kahn dribbled up-field and passed to right wing Tom Whetzel breaking for goal. Whetzel pulled the ball back and made a pass to forward Dave Goodman who put the shot away for the winning goal. A few moments later Jefferson almost scored again when Kahn blasted a long shot which caught the bottom of the crossbar and bounced out to Goodman, who's attempt on the rebound was saved by the goalie. The final score was 3-2, in a true team effort that included John Sutyak and Kevin O'Neal helping the Borborygmi control the game. Jefferson is now 2-1-1 and is hopefully on the way to this years playoffs.

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# Sports News

## Running For Beer

By Paul F. Mansfield

On September 14, TJU Commons in conjunction with Miller Lite Beer held its first of many 10 mile races. The race course started on Locust Street in front of JAH, turned north on 11th Street to Chestnut Street until 16th Street, north on 16th to Ben Franklin Parkway, along the Parkway to the Art Museum, up West River Drive to Falls Bridge, and returning on East River Drive to the back of the Art Museum.

With about 70 entries, there were 57 people who finished. They all met in front of JAH. It was a somewhat muggy morning and as time dragged on it began to get a bit warm (any runner can tell you that this is not as nice as it sounds because warm weather saps one's strength rapidly). Nonetheless, it was a scenic run (first hand experience of this author) and I highly recommend to anyone who has not seen the statues and boat houses, or never been up along the river drives. This race attracted not only Jefferson students, faculty, alumni, employees, and spouses, but also a number of "outsiders."

Awards were presented in several categories but the overall male and female winners were Charles Norelli (JMC '83) in 55 minutes and 19 seconds, and Patricia McGuire (JMC '79) in 1 hour, 17 minutes, 40 seconds, respectively. Winners in the age categories:

16 and under — Dave Block

26-35 - Richard Henderson

36-45 - Tom Gallagher

46 + - Rafael Ferrer

All of the runners seemed to enjoy the Sunday morning jaunt through Fairmount Park. Perhaps the mood was best summed up by one runner who said, "As long as you compete, you're never a loser."



Charles Norelli (JMC '83), Winner of Jefferson Lite Beer Run

## Rough Ruggers Give All

by Andy Curtin

The 1980 Philadelphia Med. Rugby team has launched its fall season with all the revitalized enthusiasm that rugby has been enjoying within the Philadelphia area in the past few seasons. More than forty recognized clubs and college teams have sprung up in the Philadelphia suburban region and with each new club another generation of rugby fanatics is born.

The Philly Med Ruggers this fall are no exception. While starting as many as eight neophyte ruggers out of a side of fifteen, Philly Med has compiled a record of 2-2-1 against the likes of Princeton U., Wharton School, Haverford College, Temple Med, and Rancocas Valley Club. In losing, the ruggers have been more the victim of inexperience than

hustle. In fact, both games in the loss column were decided in the closing minutes by just a few points.

While the Freshmen may boast of the exploits of Guy Stoffman "shakin' and bakin'" his way to 3 unanswered touchdowns (a "try" in rugby lingo) against Haverford College, the veterans of the team marvel at the truly fine rugby finesse Greg Mazanek has developed on the "pitch" (that's the field of play). Greg has darted for 5 scores this season (one less than his record at TG parties). Under the wise coaching of Tom Bowen (the Titan of Doc Watson's, with that "dismaying smile") the scrum has begun to control the game. The awesome talent of Freshmen Chris Daniels

cont'd on page 7

## Memoirs of a Philly Fanatic

by Aaron Bleznak

I paced back and forth from my bedroom to the living room, racking my mind as hard as I ever did during an exam. My train of thought went thusly:

"Now let's see; Ruthven didn't allow a run last inning. What did I do before it began? Oh, yeah, I tossed around a football!"

With that revelation I ran to the closet for the old pigskin, coaxed my roommate into having a quick catch, and then tossed a lob pass into the hall closet in such a way that, as it had before the previous inning, it brushed my brown jacket and bounced off the soccer ball before hitting the floor. Only then did I plant myself on the floor to watch the Philadelphia Phillies wrap up a long-awaited National League pennant.

If you, dear reader, are a moderately sane person, oriented to self, place, and time, then you will probably view the above ritual as the actions of a dangerously deranged character. However, let me assure you that I, too, am at least fairly normal throughout much of my life, excluding those times when Philadelphia sports teams are active. At those moments, scenes

such as the one I described above are common, interspersed amongst periods of elation and despair. You see, I am a Philadelphia sports FANATIC.

My romance with Philadelphia pro sports began in the early '70s, when the Eagles, Flyers, Phils, and Sixers (respectively, the pro football, hockey, baseball, and basketball franchises) swept if not dead last place "honors" almost annually. In those days, we thrilled to the hopes of 500 seasons and breaking out of the cellar; a scoring or batting champion, a Gold Glove winner, or an All-Star in any sport was taken straight to our hearts.

But with the Stanley Cups won by those amazing Flyers in 1974 and 1975, we have been experiencing the Golden Age of Philly sports. All of the pro teams have been fairly regular first division teams: the Phils won three consecutive NL East titles, the Sixers have been in the playoffs every year and have finished second in the NBA twice, the Flyers have been contenders and playoff participants every year, twice bowing out in the finals, and the Eagles have

cont'd on page 6

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Tues., Dec. 16	Wichita	7:35
Tues., Jan. 6	Baltimore	7:35
Sat., Jan. 10	Chicago	1:35
Wed., Jan. 14	Hartford	7:35
Tues., Jan. 20	Cleveland	7:35
Sat., Jan. 24	Buffalo	7:35
Tues., Feb. 3	Baltimore	7:35
Sat., Feb. 14	Denver	1:35
Mon., Feb. 16	Phoenix	7:05
Thurs., Feb. 19	New York	7:35
Mon., Feb. 23	Hartford	7:35
Sun., Mar. 1	New York*	1:35
Tues., Mar. 3	Phoenix	7:35
Sat., Mar. 7	Hartford	7:35
Sun., Mar. 8	Cleveland	7:05

\*To be played at neutral site

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