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 dull, thorough, and well attended, her teaching in the lab was yet more highly valued. The news that 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 Committee (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 73% 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 contract was cast. As this information penetrated the left over haze of summer, and the sudden blizzard of pathology, students turned incredulously to action. A petition was composed (see ARIES 9/30) and signed by 185 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 faculty 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 and consent of the departmental faculty, as to whether to recommend the person for tenure, or to offer a terminal year contract. This decision is then submitted to the Faculty Promotion Committee (FPC) by the chairman and may be approved or disapproved by the intradepartmental recommendation. The chairman then must explain his position before the FPC.

Dr. Peusner was informed verbally that she was eligible for a contract renewed in July of 1974. She received written notice that this would be her last year in July, 1980. Since Dr. Peusner had 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 intradepartmental recommendation. Dr. Johnson was asked whether it was unusual for a non-tenured faculty member to be not 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 had occurred in the 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 be part of the committee to explain or question Dr. Peusner, 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 had not 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 would then be either overruled or upheld. The Dean may then either agree or disagree with the recommendation. If Dr. Kellow should disagree, the FAC may then bring the case to the attention of the President or the Board of Trustees for their intervention. As of October 14, the FAC has not made its report. Dr. Kellow has told this reporter that he will support Chairman Johnson’s decision regardless of what his report might be.

Dr. Peusner teaches Histology and is a researcher of microsurgical 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 closely with Dr. Peusner, will be invited by the FAC or any other future appropriate 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. Kellow, 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 his and her 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.
The Final Case of John H. Watson, M.D.

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

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 stronger 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 musky 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 sudden 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 twirled. "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 Afghan campaign; later a GP in London; roommate, companion, and chronicler of the great detective, 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 a many question, but he beat me to the punch.

"Rather a nice flat you have here, Dr. Blznok." Seeing my surprised expression, I 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?"

Pretending 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 store. "Doesn't that place a barrier of some sort between you and the patient? Well, never mind, he chuckled with a wave of his band, "I suppose times change."

"Excuse me for a moment, Doctor," I interrupted. "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 droggled?"

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 hot brim. Therefore, when you have exhausted all possible explanations, you must accept the impossible ones. I am here."

He poused. "Now, may I discuss my problem?"

"Certainly, Dr. Watson." I paused, 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 Mr. Holmes, who the patient? I felt the yard was, chiropractor, whom he 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, too, recommended vitamins, but could not decide between one man's gastroenterologist and the other's dermatologist. 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 cont'd on page 3
Dr. Watson

conf'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. Bezrak, 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 bonged his penlight Ignotum, all just for effect.

"I am 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 medicine 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 modern 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 choosing careers in 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 waiting 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 stayed 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 huddled into a rather large office with two entrances. Two of the walls were lined with medical tests, and on a third hung an assortment of diplomas and certificates of achievement. Behind an expansive oak 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 pursued my files. He then turned to me, rattled off a series of pointed questions pertaining to the current 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 assured you, I noticed another conf'd from page 1 on 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?)

Ethical Society

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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 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 facility for campus apartments very nearly equates the supply. (Incidentally, the wedding cake layering of the building was ordered by the Philadelphia Redevelopment Authority, the municipal agency that built it.)

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 them with dormitory accommodations (e.g., for out-of-town student interviewing for residencies).

Mr. Kinter arrived at Jefferson in the early 1970s to assume control of what then became known as the Jefferson's Housing Office. It was the Jefferson community. The connection between hospital medicine and the World Series stems from the fact that this year's all American champions are the offspring of stigmas of a very common ailment—hemorrhoids. Everyday during the series, the entire nation has been apprised of the condition of George Brett's posterior. As a result, hemorrhoid sufferers from lower-class to upper-class have gone out of the closet, unburdening themselves of the shame of (as it is called in polite company) "groan." Traditional medicine has never been able to educate the public about hemorrhoids, that they are nothing to be ashamed of. But recently, it has become fashionable to publicize hemorrhoids and hemorrhoids are suddenly in the headlines. The only newspaper to report the hemorrhoids is the Washington Post, which has its headquarters in the same building as the University of Maryland's Institute of Medicine.

In all seriousness, though, there is one area in which athletes can definitely see the constructive role modelically, namely, the honest expression of emotion. This would mean a substantial savings - for the students at all of the medical colleges in Philadelphia - in insurance payments, for AMSA member by virtue of a discount. As proof of what the IMC 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. Dr. Wolfgang A. Legal, B.S. 27 10/15/80, on page 6

Ariel

Uniting Sports & Medicine

(THIS APPLIES MORE TO MALES FOR EMOTIONAL ADAPTATION.) They behave in a rather strange, sophisticated way. The sporting world is so geared up that—well, the Olympian is the only one who actually tries to be a philosopher.

Paranoid tendencies run high among athletes, who feel that they are often the objects of public ridicule. This is a problem that plague all athletes, but is particularly pronounced in American athletes. The American athlete is not only seen as a "showman," but also as a "narcissist." These tendencies are often exacerbated by the athlete's desire to be perfect. The athlete is constantly striving for perfection, even in the face of failure. This can lead to a fierce determination to succeed, but also to a fear of failure. The athlete is constantly under pressure to perform at his best, but also to perform better than his peers. This can lead to a great deal of stress and anxiety. The athlete is constantly comparing himself to others, and this can lead to a great deal of self-consciousness.

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 of the National Student Association, Mr. U. P., Temple and PCOM. Jefferson representatives were joined by Mr. Sam Spitz, Director of the AMSA Foundation, and Mr. Braun, a former AMSA member.
COLE QUILTS
Nicolle Cole is a cigarette smoker. She's going to quit but quit flying the Great American Smokeout. (See page 4.)

The GREAT AMERICAN SMOKEOUT
American Cancer Society

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 nonsmokers. 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 nonsmokers; have 14% more days of disability; are hospitalized more often than nonsmokers; have a higher incidence of all forms of heart disease and they have higher rates of casually related cancer of the lungs, bladder, larynx and kidneys.

Additionally, cigarette smokers are more susceptible to heart attacks than nonsmokers. Myocardial infarction and coronary disease are 1.5 to 3.8 times as prevalent among smokers as among nonsmokers. Heart attacks are 5 to 6 times higher among males aged 40 to 59 who smoke, and among blacks whose mothers smoke during pregnancy are more likely to be stillborn or have other development deficiencies.

Most smokers realize 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 offering premium rates by 1/3 for group policyholders who are nonsmokers.

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.

A special thanks to: Larry Blinn and Dave Polin for helping with layouts.

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Security Charges

The improper and often illegal removal of Jefferson property, including equipment and supplies, is a problem plaguing most urban institutions. It is a colossal injustice. Many students, employees, and faculty and 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 tools stolen. Building 6, the Business Administration building, 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.
Winning Essay

conf'd from page 3

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've 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 times to be solved, not as individuals with problems. And when your Dr. Moriarty consulted with me, he saw a not at a solving man, but rather a disease to be cured or controlled. A physician, at least in my era, needed n't be like either 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 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 promotions he needed before he turned to go, he cautioned me. "Remember, my friend, while a good physician needs 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 gnomes and gaters and patients with problems that I could never solve. And then, I began to remember my dream.

problem, it not? The detective sitting with

When he had finished his tirade, I

page 6

October 31, 1980

Pennsylvania

The Philadelphia Health Professionals

for Human Rights

is an organization of gay and lesbian physicians, dentists, dental and medical students, and individuals with the following objectives:

1. To provide a mutual supportive social and educational organization for members.
2. To improve health services in the gay and lesbian community.
3. To raise the health care community to the special problems of gay and lesbian patients and their families.

ATTENTION
Gay and Lesbian
Medical Students

Demand for medical
school recruitment of gay
students has become
more common over the last
few years. A few schools,
notably Johns Hopkins and
the University of California
at San Francisco have
admitted gay students,
but the process can be
complex and frustrating. The
Philadelphia Health
Professionals for Human
Rights, a group of gay and
lesbian physicians, dentists,
and medical students, has
issued a list of suggestions
for those interested in
medical school.

1. Contact a gay or
lesbian medical student at
the school you are
targeting and learn what
problems gay students
have encountered.
2. Travel to medical
school campus visits to
learn about the gay
student experience.
3. Contact a gay or
lesbian medical student
at the school you are
interested in.

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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 ashes and pains of losing only serve to make the thrill of victory much better, and
that most 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 turn on any 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. SAXON AND THE
EAGLES WIN SUPER BOWL? RUIN
CHANCES FOR PHILADELPHIA TO SET RECORD FOR SECOND
PLACE FINISHES IN 1980.

Author's note: Since this article was written, the Phillies have
come back to earth and obviously the scenario depicted
at the end of the article is not possible. The total athletic
achievement of the Eagles and the Philadelphia sports
fans have outdone the World Champions and Stick it.

AMSA

conf'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, information will be presented concerning the instrument sales.

If you are interested in joining AMSA, there are applications on the AMSA bulletin board in JAM. 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 Downtown 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**

**SOCCER FEVER AT JEFF**

by Pegley

Last Spring the Jefferson Borborygmi Soccer Club battled their way through the season to the Long Island Soccer League finals. Beating POCAM in a penalty kick "shoot-out" after 170 minutes of scoreless play in the semi-finals, Jefferson had one goal to rest up for the finals. The Borborygmi came out flat missing 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 on an N.A.S.I. team would have been proud of it. Despite Jefferson's opening flash, Temple's offense was completely snuffed out the rest of the game by the defensive play of Chris Pezzii and Ed Snipes, leaving goalie Eric Phillips bored for most of the game. Jefferson rallied again around and through Temple, putting the ball everywhere but in the net. On a play Macdonald and Mark Kahn worked a give and go leaving Macdonald with the ball 12 yards in front of the goal. After Kahn was dragged down by a fullback, Kahn converted the penalty kick tying the score at 1-1.

By half-time Jefferson easily could have been in double figures, hindering 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 backdoor goal to take the lead 1-2. Deciding to make the game exciting Jefferson coached them up to the second half. Starting to tie or possible loss in the face, Jefferson lacked the energy and confidence they needed to win the game. Jefferson rallied up the effort, with Mark Kahn guiding the Borborygmi to a goal from the left side. A little later David Goodman kicked a beautiful shot through the Temple's defensive wall into the net on an indirect free-kick. The referees disallowed the shot, 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. Jefferson had one last shot on goal against Jefferson. The Borborygmi never scored again.

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**TOPS AT TENNIS**

by John Sutysk

It's not quite Wimbledon or the U.S. Pro Indoor Open, but some Jefferson students are involved in a 32 week long national high school tennis league. Matches are played over the fall and spring seasons on the First 30 Tennis Clubs and they consist of one set each of mixed doubles, men's doubles, women's doubles, men's singles and women's singles. Jefferson has an entire Tennis Team, so ad scoring in effect.

Last year, three Jeff teams competed in the twenty team Metro division of the league. When the smoke of the long season and playoffs had cleared, the survivors were both from Jeff. The two teams were the defending national champs, Med Tech, and the Holliast 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 Halley (JMC '82) and teammates Lenny Gessner, Larry Lareau, Gary Oh, 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 voicing their way through an expanded league with which some non-school teams. Hopefully, this year will bring Jeff its third straight team tennis championship. I'll keep you in touch.

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Running For Beer

By Paul F. Mansfield

On September 14, T JU Commons in conjunction with Miller Lite Beer held its first of many 10 mile races. The race course started at 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 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 Phily Med Ruggers this fall are no exception. While starting as many as eight neophyte ruggers out of a side of fifteen, Phily Med has compiled a record of 2-2-1 against the likes of Princeton U., Wharton School, Haverford College, Temple Med. and Rowanor Valley Club. In losing, the ruggers have been more the victim of inexperience than hassle. 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 lingue) against Haverford College, the veterans of the team marvel at the truly fine rugby finesse Greg Mazzeon has developed on the "pitch" (that's the field of play). Greg has scored for 5 scores this season (one less than his record at 10 parties). Under the wise coaching of Tom Bowen (the Titan of Doc Watson's, with that "dancing smile") the scrum has begun to control the game. The awesome talent of Freshmen Chris Daniels (cont'd on page 7).

Memories of a Philly Fanatic

by Aaron Bleneak

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 Phily Med Ruggers this fall are no exception. While starting as many as eight neophyte ruggers out of a side of fifteen, Phily Med has compiled a record of 2-2-1 against the likes of Princeton U., Wharton School, Haverford College, Temple Med. and Rowtonor Valley Club. In losing, the ruggers have been more the victim of inexperience than hassle. In fact, both games in the loss column were decided in the closing minutes by just a few points.

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