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Ariel

WE'RE BACK

Vol. XII, No. 1

The Thomas Jefferson University Student Newspaper

December 1982

CHANGES EYED FOR CURRICULUM

by Sheila Grossman

The year 1972 was an important one for Jefferson Medical College; it was then that the Block System and the Senior Track System were instituted. In the intervening years there have been several modifications and continual re-evaluation of the curriculum. Most recently the Faculty Curriculum Committee, chaired by Dr. Paul Brucker, approved major revisions for the Sophomore year beginning in 1983, and has begun to study the possible overhaul of both the Freshman curriculum and the examination format at this College.

Some may wonder why the curriculum needs periodic review; it is natural to regard change with a jaundiced eye. But change and growth must occur in any medical school curriculum, because change and growth are ever-present in the scientific basis of medical practice. Immunology, for example has become fundamental to the scientific foundation of all clinical courses, yet there had not been a coherent course in Immunology here at JMC.

Up until the fall of 1982 the concepts of immunology had been taught in a fragmentary manner by the Departments of Biochemistry, Physiology, Pathology and Microbiology; resulting in redundancy, inefficient use of time, and lack of coherent presentation of controversial issues in the field.

In 1980 the Faculty Curriculum Committee resolved to form a coherent course in Immunology. This decision became the impetus for a major re-evaluation of the academic program for the class of 1986. The Committee's list of objectives included better integration of the curriculum to facilitate comprehension, and exploration of alternate methods of

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Photo by Ben Alman

Dr. THOMAS E. STARZL discusses new techniques in transplantation surgery

Visiting Physician to Examine Education

by Sam Markind

This autumn, Jefferson Medical College welcomes Dr. Juana G. Jardiolin as the first fellow of the Overseas Scholars Project. This fellowship, funded by the Educational Commission for Foreign Medical Graduates, is geared toward bringing physicians involved with medical education in foreign countries to the United States in order to study medical education in this country. The term of the fellowship is six months.

Dr. Jardiolin is associated with the School of Medicine of the West Visayas State College in Iloilo City in the Philippines where she is Professor of Medicine. Dr. Jardiolin explains that the West Visayas Hospital is one of two government hospitals in the Philippines,

the other being the Hospital of the University of the Philippines. Whereas the latter is over a century old, the West Visayas Hospital is a rather recently erected facility. (Incidentally, a bed costs \$5/day at WVH.)

Medical education in the Philippines is quite diverse as these are more than ten medical schools in the country. Of these, two are publicly owned, West Visayas being one of the two. Instruction is available in English. This came about because during the years following the Spanish American War when the U.S. governed the Philippines (1898-1942), the Philippine educational system was greatly modernized. Many changes were made in education in the Philippines, including the introduction of English into the classroom. Tuition at the two public medical schools is

\$200 per team, approximately \$600 per team at the private schools.

While at Jefferson, Dr. Jardiolin plans to study and scrutinize Jefferson's educational program. She is especially interested in reviewing a number of problems in the area of medical education which are of concern to her. These include difficulties of attracting physicians to serve as faculty in medical schools, getting physicians to teach courses in basic sciences, and introducing modern audiovisual technology into the educational programs of medical schools in the Philippines. She is also interested in learning about Jefferson's program for training physicians to serve in rural and physician shortage areas. (Just as in this country, Philippine physicians are

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Professions' Night

by Grace Goracci

The third annual Night with the Professions Cocktail Party was held on Monday, November 15, 1982. The event was sponsored by the American Medical Student Association (AMSA), The College of Allied Health Sciences, The College of Graduate Studies, The Jefferson Alumni Association, the Jefferson Medical College, and the Jefferson Commons. Students and faculty from the medical school, the graduate school the College of Allied Health Sciences were invited. AMSA first organized this event three years ago with the purpose of increasing the interaction between pre-professional students and professional faculty at Jefferson. The ideal was to provide a relaxed atmosphere where the students and faculty could get to know people in the other areas of the health profession.

This year the cocktail party was attended by about 300 "professionals" from all areas of the University. A good time was had by all. Next year we hope to make it even bigger and better. Hope to see you all there!



A good time being had by all at the night of the Professions Cocktail Party

Photo by Ben Alman

CHALLENGES AWAIT MEDICAL SCHOOL GRADUATES

by Gary Fishbein

What challenges are in store for medical school graduates of our generation? This was the topic of Daniel Federman, M.D. as he addressed the Jefferson Chapter of the Honorary

Medical Society Alpha Omega Alpha. Dr. Federman, Dean of students at Harvard Medical School, and a "world renowned endocrinologist" delivered a lecture titled "preparing to be worthy" on Tuesday, November 16.

Dr. Federman stressed that there is a

strong intellectual obligation that accompanies the degree of Medical Doctor. Because of the "rapid evolution of knowledge" in the field of medicine concerned and worthy physicians are obligated to continually expand their foundation of knowledge through "continuing self education." Because of the continuing growth in medical knowledge, "one cannot permanently attest to (another physician's) knowledge." In order to maintain an optical level of care, Dr. Federman advocates "the need for internalized high standards among physicians."

Another social issue which challenges the worthiness of physicians is the aging of the population. Dr. Federman is disarmed over the lack of knowledge among students about geriatrics. He attributes this lack of knowledge to the scanty integration of geriatrics into medical education. "The biochemists and physiologists don't tell us about the reaction that run len efficiently as we grow older," noted Dr. Federman. He also observed that relatively few present day medical students have had an ailing grandparent living in the home, which decreases the tolerance of medical students for older patients.

The technological complexity of medicine is another issue which will have to be dealt with by our generation of physicians. Noting that there is "a seductive excitement of new technology...which draws adherence," Dr. Federman cautions physicians to "learn whether something makes a difference by objective evaluation." Dr. Federman feels that these new technologies stress too much action and not enough rigorous analysis

by the physicians of the patient's real problems. "We reimburse disproportionately for those who do rather than for those who think," noted Federman.

"Something has gotten out of line in the area of physician's fees," and the Harvard Dean feels that future physicians are going to have to hold the line on escalating health care costs. Since physician's decisions affect the majority of expenditures in hospitals and laboratories, worthy practitioners must be cost conscious so that health care does not become a commodity for only the rich. "We have to get outside our immediate clinical responsibilities" in order to begin to address this problem.

Dr. Federman wrapped up his address by reminding the future worthy physicians of the need to interact with other health care professionals and other organs of society to bring about the most effective health care system. He reiterated the obligations which face physicians and reminded us of our responsibilities to deal with the ethical and social issues which face medical practice. "A doctor's ability should be judged by his performance in this arena."

HERPES HYSTERIA BLAMED ON MEDIA

Reprinted from AMN

Increased reports of genital herpes have given the media material to induce herpes hysteria, some critics say.

An Emory U. professor, Andre Nahmias, MD, is starting a study to determine if there really has been a dramatic increase in the disease. (Federal figures show that in 1979, consultations with physicians about herpes made a nine-fold jump over figures from about 15 years earlier.)

Dr. Nahmias' study will analyze specimens taken since 1971 and look at 20,000 people from various socioeconomic levels and areas of the country. He hopes that his five-year effort will replace small studies that have been used to draw larger, erroneous conclusions about the number of cases.

Some investigators suspect that the higher statistics come mainly from increased awareness triggered by numerous reports in professional publications and the lay media. Dr. Nahmias said increases among college students and the middle class probably had occurred but he was not sure if publicity were solely responsible.

INVESTIGATORS HAVE a tough time citing actual numbers of cases, much less one definite cause. One estimate shows 10 million to 15 million cases in the United States, but genital herpes is a disease that can be undetectable or recurrent. These two possibilities have done little to help statisticians' efforts or ease the public's fears.

Complicating some physicians' caseloads are the small numbers of patients with imaginary cases of herpes or people who fear they have herpes and must be reassured they have a more treatable condition.

Critics trace the cause of some such cases to media reports that discuss the possible pain, psychological trauma, and chronicity to genital herpes. Other authorities say media generally give responsible, accurate reports of the problem.

Heightened awareness may be only one factor in higher herpes statistics. Some investigators think the increase in reported cases has occurred because young adults of the baby-boom generation increase their risk of exposure by starting sexual activity earlier, having more partners, and marrying later than previous generations.

PHILIPPINE PHYSICIAN

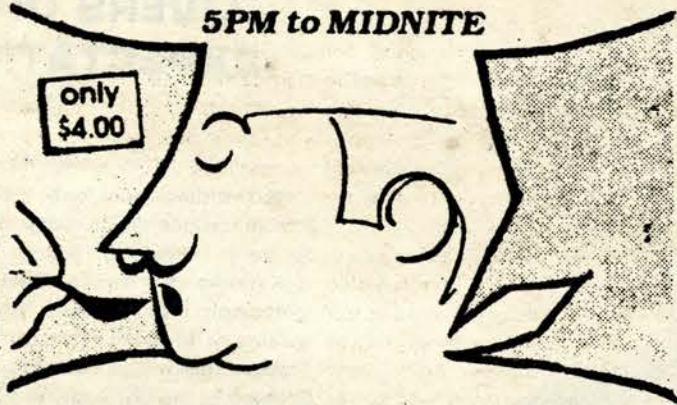
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attracted to larger city medical centers.) Anyone interested in meeting and speaking with Dr. Jardiolin can find her in the Office of Medical Education, first floor of College Building.

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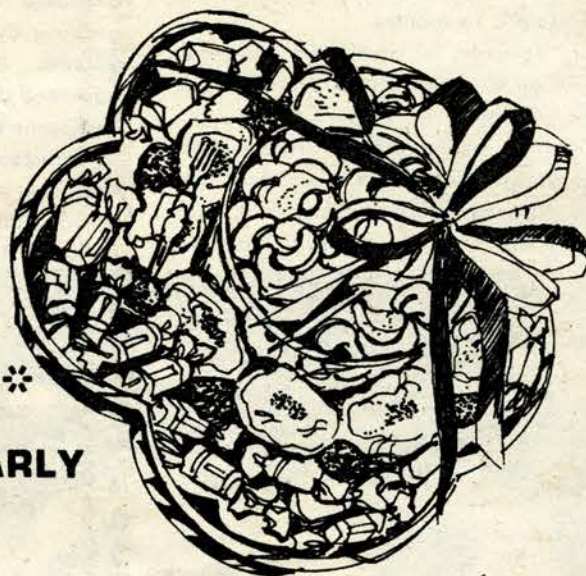
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POLL SAYS MORE AMERICANS EXERCISE

A majority of people in the United States say they "exercise strongly" everyday, according to a Washington Post-ABC News public opinion poll.

"In the past 20 years the number of American adults who exercise regularly has continued to increase," said C. Carson Conrad, executive director of the President's Council on Physical Fitness and Sports. He also pointed out that there was a growing involvement by women and elderly that had not peaked.

The poll found that more men than women exercise regularly, but that women - particularly younger ones - may be catching up. About six in 10 adult men indicated that they exercise daily, compared with 46% of women.

The percentage of people exercising decreases with age, yet a surprising four of 10 adults over 60 said they exercise daily, compared with two-thirds of those 18 to 30.

The poll took a sample of adults 18 and over and asked whether they "exercise strongly for a total of 20 minutes or so a day." That type of exercise was identified as "any activity that causes your breathing and heartbeat to increase rapidly and strongly," as in aerobic sports.

Of the 1,505 people interviewed, 53% said they exercise daily, while 46% said they do not, and 1% had no opinion. Another 28% said they exercise every few days, and only 21% said they exercise once a week or less.

SCHWEIKER LINKS CANCER TO ATOMIC TESTS

Reprinted from AMN

The nation's top health official says that above-ground atomic bomb tests probably caused human cancers and that the government "made some very bad mistakes" in handling the tests in the 1950s and '60s.

The comments by Richard S. Schweiker, secretary of the Health and Human Services Dept., were made in Salt Lake City, where the federal government is defending itself against assertions that bomb tests caused cancer in scores of people.

Schweiker, who was in Utah campaigning for the re-election of Sen. Orrin Hatch (R, Utah), chairman of the Senate Labor and Human Relations Committee, told a news conference: "My

position is that where there is smoke, there is fire. I believe enough questions have been raised and enough shown in the hearings to indicate that there is a great deal of suspicion and a great deal that is probably true."

Conceding that his comments conflicted with the position of Justice Dept. Lawyers who contend the tests caused no deaths or illnesses, the health official added: "We all have different perspectives and different points of view. All I can do is speak to the health and scientific part of it."

He concluded that if fallout were linked to the cases of cancer, the government "would bear some responsibility for compensating the victims."

MEDICAL SOCIETY TO START STUDENT CHAPTER

by Grace Goracci

The Pennsylvania Medical Society (PMS) is starting a medical student section (MSS) of their society this year. It is open to ALL medical students in the state of Pennsylvania. The purpose of the MSS is to enable the students to make physicians aware of the issues and problems most concerning medical students as well as to work with the physicians on problems affecting the medical profession.

Organized medicine (which PMS and the American Medical Association (AMA) represent) is recognized by the lay and scientific communities as a powerful organization. New social and medical developments necessitate the need for constant re-evaluation of lifestyles and the health care system. Organized medicine attempts to define standards and make recommendations to assure optimal health in the face of these changing developments.

The PMS-MSS consists of medical students from all eight Pennsylvania medical schools, including the osteopathic school. Each school is now in the process of starting a local chapter. Each local chapter has one representative who serves

on the PMS-MSS Governing Council. In this way all Pennsylvania medical students will be able to pool their ideas and work together to accomplish their goals.

At the present there are two committees of the PMS-MSS; They are the academic and the financial aide committees. These committees have already had several meetings this year. Anyone who is interested in joining or in obtaining more information, send a note to JAH Box No. 238. We desperately need your support - after all, who knows more about the interests and problems of medical students, than medical students themselves?

The Philadelphia medical school students have also been invited to attend meetings of the Philadelphia County Medical Society. They have 40 different committees on which they would like medical students to serve. They range from medical education, public health and medical studies, medicine and religion, professional relations and grievances, medical legal and inner city health delivery, to name a few. More information about this will be available in the near future.

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ARIEL Views

We're happy to be back in operation as the student newspaper of Thomas Jefferson University. We hope that you will take advantage of this forum to communicate with the students, faculty and administration of this university. The success of the Ariel is dependent upon input from members of The College of Allied Health Sciences, The Graduate School, and the Medical College. I'm anxious to receive more articles from the Allied Health and Graduate Schools.

The goal of this newspaper is to raise questions and promote discussion about various issues that affect Jefferson. To meet this goal, I plan to expand the editorial services of the newspaper. We are going to prevent various viewpoints on topics that are of importance to Jefferson students. In this edition, for example, there are two essays dealing with curricular events. In future publications, I'd like to present scholarly explorations of topics such as student admissions interviewing, honor code, and nuclear disarmament.

We intend to increase the amount of investigative reporting that appears in The Ariel. The editorial board and staff (that's you!) will diligently follow up on articles that raise important questions. It might be interesting, for example, to investigate Jefferson's preparedness for incorporating computers into educational activities. With an eager and enthusiastic staff we can increase the amount of inquiry that goes on outside of the classroom.

A well run newspaper can improve the quality of student life at Jefferson. We can keep you informed of upcoming social and entertainment events. We can even provide you with the latest results of the volleyball teams. However, as readers you must tell us what matters of concern to you. You can do this by writing letters to the editor, supplying us with an article pertaining to your activity, or personally contacting a member of the editorial staff. As editor of the Ariel, I promise to listen to your comments and concerns. In this way, the Ariel can better respond to the needs and queries of its readers.

Gary Eric Fishbein

FASCINATION with TV

by David and Dana Rabin
Reprinted from AMN

At first glance, he hardly instills confidence in his patient. He is loud, he is brash, he is usually unshaven, and invariably his dress leaves something to be desired. He is sanctimonious and selfrighteous. Furthermore, he drinks heavily; in fact, he has set up a permanent still in his tent. All in all, the picture is

hardly reassuring for the wounded soldier who becomes his patient. The contrast between Hawkeye Pierce, MD, and Marcus Welby, MD - television's quintessential Physician - could not be more pronounced. Dr. Welby was quiet, wise, reassuring, and very proper. Why is it then that this Korean War draftee inspires such love and respect from his colleagues in the Mobile Army Surgical Hospital (MASH) unit, from his patients, and from an avid audience of millions of Americans from widely divergent social and economic backgrounds?

First, we should examine some of the more obvious, lovable traits in Dr. Pierce, played by Alan Alda. To his female audience, he offers a tall, dark, handsome, and appealing character. This is reinforced by Alan Alda's constant support of various women's issues, including the equal rights movement. Hawkeye, though, is equally popular with men. Both sexes respond readily to his candid, almost fearless behavior within the usually hierarchical setting of a military camp.

DO WE THEN identify with him because he is anti-establishment, James Dean in surgical garb, a prototype of the modern anti-hero? Probably not. Unlike Holden Caulfield of *Catcher in the Rye*, MacMurphy of *One Flew Over the Cuckoo's Nest*, or Yossarian of *Catch-22*, Hawkeye has nothing to lose from his rebellious attitude. After all, a discharge and return to the United States would constitute release rather than punishment. So, he is loved in spite of the fact that we are aware he is not an authentic anti-hero.

The answer can only be that Dr. Hawkeye Pierce is admired because he displays so many of the old-fashioned, pristine qualities we expect from the complete physician. Indeed, he has characteristics that remind us of the Boston

physician and teacher, Francis W. Peabody, MD. The scion of an old Massachusetts family, Dr. Peabody was graduated from Harvard Medical School. He then went on to become professor of medicine and head of the Harvard Clinic at Boston City Hospital at the age of 30. He was described as having "...a rare blending of learning and humanity, incisiveness of intellect and sensitiveness of the spirit..." which are the traits required of a great physician. No one will argue that Hawkeye is a supremely skillful surgeon; however, like Dr. Peabody, our admiration and confidence derive from qualities of heart and mind not directly associated with professional achievements.

Hawkeye treats each one of his patients with almost fierce personal care and compassion. He talks to his patient, explains the problem, and is eminently approachable. Furthermore, he relates to patient, colleague, nurse, and friend identically: tolerant to a wide range of human behavior and never condescending. Every patient is convinced that Hawkeye genuinely has his welfare at heart. As Dr. Peabody wrote, "the treatment of a disease may be entirely impersonal; the care of a patient must be completely personal."

Dr. Peabody cautioned physicians that hospitalization leads to dehumanization of the patient. It would be so easy for physicians to become indifferent or careless in the chaotic environment of so-called "meatball surgery," but Hawkeye is consistently devoted and always available. He is never neutral and never dispassionate. Despite the stressful frenetic atmosphere of the front-line MASH during the peak of the Korean War, Hawkeye is able to maintain a sensitivity to each individual. Most importantly, his professional standards are never compromised.

Hawkeye's bedside manner hardly follows the protocol suggested for Harley Street London, or Park Avenue, New York. Yet this does not affect adversely our perception of him as a warm, compassionate human being. Millions of viewers love and trust Hawkeye because, like Dr. Peabody, he believes that "the secret of the care of the patients is in caring for the patient."

LETTERS

Medical school for most students is the four years which come between college and the M.D. degree. The education is not something which is enjoyed. Rather, it is a demanding constraining system of ideas which must be memorized in order to pass. In point of fact, though, most Americans grow up in educational systems which they come to dislike and try to avoid as much as possible. There are no normal kids who enjoy going to school or doing homework. Performing activities which seem irrelevant to life is not a pleasant ritual for students of any age.

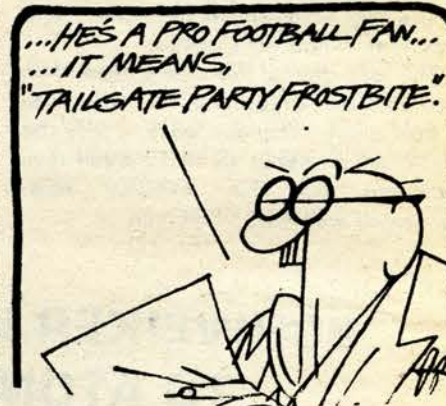
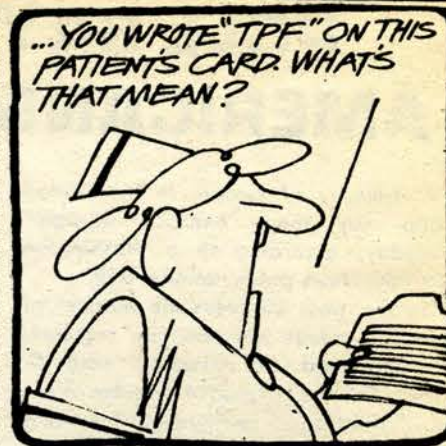
College may be a little different. Some find topics to study which provide thrills and enjoyment. Seemingly, medical school should also be an exciting and enthusiastically undertaken task. Everyone in medical school is studying topics which are relevant to their life. No one could get admitted without some appreciation of the art and science of medicine. Yet medical students are observably not enthusiastic with their work. Rather education regresses to the unenjoyed task which elementary and junior high school were. Guilt, fear of failure and the desire to rise above nameless mediocrity keep students grinding.

More importantly, the educational atmosphere influences the psychological health and growth of medical students. Ultimately, the way in which a doctor treats his patients depends upon his outlook on medicine. The ability to treat people compassionately depends upon the development of this trait before a physician actually faces his first patients. Furthermore, the enthusiasm to keep up to date with modern discoveries requires a positive outlook on education.

As a member of the SCCC (Student Council Curriculum Committee) for the last year, I have had some opportunity to hear what my classmates think of their education. The committee, which is almost entirely student run and governed, distributes questionnaires to students at the end of each block of classes. Traditionally, the questions have concentrated on the teaching ability of our faculty. More specifically, students rate the faculty on whether or not lectures are interesting to listen to, organized, motivating, well paced, and comparable in quality with other professors. After this first computerized section, the questionnaire assumes an open ended format in which students comment on and explain their rankings.

About one-half of the questionnaires are returned to the committee - not bad considering that many students do not attend classes, and so cannot rate lectures. Unfortunately though the student body never gets any feedback on the results. The SCCC fears that publishing the data would be harmful to their relationships with the faculty. Because students do not

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We need a change

by Patrick Romano

The fall semester is now well underway and 16,000 freshman medical students have begun the arduous study of anatomy, biochemistry, physiology, and the other basic sciences. This time-honored educational process has remained basically unchanged since soon after 1910, when Abraham Flexner published his famous report which revolutionized American medical education.

Yet the same approach that turned medicine from a craft into a profession 70 years ago may no longer be appropriate today. Our problem now is not a lack of adequately trained physicians but a surplus of overtrained specialists. A recent study of medical practice conducted by the University of Southern California confirmed that specialists spend much of their time treating ailments that properly lie within the realm of primary care; arthritis, diabetes, benign hypertension, uncomplicated pneumonia. The predictable consequences of this phenomenon include cost escalation, fragmentation of care, weakening of the physician-patient relationship, and overconcentration of physicians near urban medical centers.

Memorizing thousands of trivial details about anatomy and pharmacology may have been appropriate when physicians were expected to know every surgical procedure and every prescription drug, but such times are long past. The possibilities for diagnosis and treatment have multiplied so extensively that no practitioner could ever have more than a fragmentary knowledge of medical science. Hence medical training should primarily teach students the process for solving clinical problems and obtaining needed information.

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LETTERS cont'd from page 4

see any of the results of the survey, many fail to take their evaluations seriously. Disillusionment sets in by sophomore year. The percent of returns has fallen significantly. Hopefully, this article will reveal the importance of SCCC surveys.

The survey results are sent to the individual professors, their department chairmen and the course coordinator. Little other than congratulations are passed on to professors with good or averages rankings. Professors who were poorly evaluated are contacting for a rap session with the SCCC. Some professors are able to use the criticism constructively. Others, however, do not improve because being a good teacher requires more effort than they feel it deserves.

To me, it seems obvious that the scope of the SCCC must be expanded. Poor quality teaching is an important area to identify. Yet, there is little which students can do about a tenured professor who considers lecturing a disruption of his research time. On the other hand, both the Dean and President of Jefferson have expressed active interest in the workings of the SCCC. It seems that the Medical College is receptive to changes. Students of medicine must take an active role in this process. The administration has nothing to lose by satisfying the concerns of the

medical students. A satisfied student body upgrades the quality of education and the percentage of incoming freshman who accept a Jefferson offer of admissions over rival schools.

Last year, the SCCC experimented with a few new ideas, interspersed in the traditional questionnaire. One major discovery was that the student body strongly objected to proposed rescheduling of courses during the sophomore year. Apparently, students feel that the courses themselves, rather than the order in which they are taught, need improvement.

Presently, the committee is making arrangements to expand the questionnaires into the clinical Junior and Senior rotations. Other new ideas are also being considered for expanding the SCCC and improving its effectiveness. The Deans office has been pushing for more involvement of the department chairmen in making up and interpreting results. Maybe this would make the faculty take the SCCC in a more serious light.

Others have suggested (1) publishing the survey results, (2) allowing faculty members to publish a written response to the student evaluations (3) holding an occasional open meeting with the student body (4) evaluating areas other than teaching competency. The content of lectures, the lecture format itself, the

adequacies/injustices of testing are all areas with which the SCCC has occasionally questioned during the last year. Hopefully, many of these important issues can be acted upon. Upper classmen should also be questioned on whether their first two years of classroom study are of practical relevance. These results will certainly help to identify areas which were overstressed and which need more coverage. Of course, the content of junior and senior years also needs evaluation.

Among SCCC members, there are often disagreements over which priorities should be placed foremost. What is agreed is that we have a responsibility to determine why student morale is so negative. All pupils owe it to themselves to take an active role in determining how our educational process could be improved. The SCCC would greatly appreciate letters from anyone interested on how we can help assuage the discontentment with the existing educational system. This should certainly be a major priority for each of us.

By Steve Greenspan

CHANGES cont'd from page 4

Lectures may have been the optimal means of transferring information back when books were scarce, but now an incredible range of independent learning aids (lectures, videotapes, photocopies, mannequins) are available to students. The special insight that professors possess comes not from their ability to recite facts from their problem solving skills honed by years of experience. The poor attendance at most medical school lectures and the development of note taking services graphically demonstrate how little that students benefit from the archaic lecture format. Reprinted from The New Physician

Medical Student Section

by Richard Spiegel

The new Medical Student Section of the Pennsylvania Medical Society held its first meeting at the Bellevue Stratford Hotel on October the twenty-first. The Academic Committee was among several that were formed.

One student represented each of Pennsylvania's eight medical schools. We discovered that some schools provide more in certain nonscientific areas such as career advising and nonclinical electives. Thus, we are considering circulating a questionnaire to help to identify the relative strengths and needs at each school. We are now working on two more immediate projects. The first is to make available a list of the speakers and programs scheduled at the right medical schools. The second concerns gathering and distributing information on the possibilities for taking fourth year clinical electives at other schools. These two projects were discussed at our second meeting at Hahnemann on November fourteenth.

Jefferson needs two more representatives to the academic committee. Those medical students who are interested should call Richard Spiegel for further information.

Human Insulin

Eli Lilly and Company has advised physicians that the U.S. Food and Drug Administration has granted marketing approval for the company's human insulin of recombinant DNA origin. Humulin®, trade name for the new insulin, is the first commercially produced product for human health care resulting from recombinant DNA technology. Lilly plans a phased introduction of the product beginning later this year.

Humulin is a highly purified insulin product that is chemically and structurally identical to insulin produced by the human body. The product is being manufactured in Indianapolis and at Liverpool, England. Lilly announced on September 17, 1982, that health officials in the United Kingdom had granted marketing approval for the product.

Lilly has been involved with insulin manufacture and insulin research longer than any other company in the world; sixty years ago Lilly became the first to make animal-source insulin commercially available. Over the years, the company has continually introduced different forms of insulin to foster better diabetes therapy.

ROLEX AWARDS

The launching of the 1984 Awards was announced this past September 30 by the Geneva headquarters of Rolex. The Awards were created by Montres Rolex S.A., to provide financial assistance and recognition for projects that combine the creativity of idealistic vision with practical application in the following three categories:

- Applied Science and Invention
- Exploration and Discovery
- The Environment

The Awards were initiated with the belief that even in these complex times, an enterprising, determined individual can, with encouragement and assistance, make a tangible difference in our quality of life. For the third time, five Laureates will be chosen by an International Selection Committee and will - in 1984 - each receive 50,000 Swiss francs and a gold chronometer. These and other noteworthy projects submitted will be published in the 1984 edition of "SPIRIT OF ENTERPRISE". Each new edition is mailed to all major print and broadcast media in order to make these projects and their authors more widely known and accessible to the scientific and editorial communities.

Information concerning the Rolex Awards can be obtained by contacting:

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St. George Society

by Sue Sajer

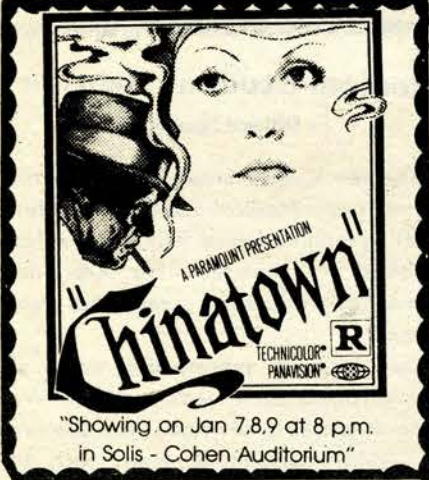
The Saint George Cancer Society offers unique opportunities to both medical and graduate students. The society, consisting of students from all of the Philadelphia schools of medicine and allied sciences, presents a series of lectures during the school year. The first two lectures discussed (1) ovarian cancer, and (2) the family physicians' role in the detection, diagnosis, and treatment of cancer. Future

meetings will include a joint lecture with the St. George Dental Cancer Society, "Pediatric Oncology" on January 25, "Cancer of the Uro-genital Tract" on February 16, and "Differentiation of Malignant and Benign Tumors" on March 22. Lectures are open to all and are held at the Philadelphia College of Physicians, 19 S. 22nd St. from 8- 10 P.M.

In addition to the lecture series, some students participate in summer fellowships. Fellowships are applied to research or clinical positions in fields such as Medical Oncology, Surgery, Obstetric-Gynecologic Oncology, Radiation Therapy or Pathology in one of Philadelphia's hospitals.

Dr. Stephen Weiss will be replacing Dr. Carla Goepf as the Society's Faculty coordinator at Jefferson. Both the students of Jefferson and the Society wish to thank Dr. Goepf for her interest, commitment and support.

For more information, come to the January 25 meeting or contact Susan Sajer (592-9175).



"Showing on Jan 7,8,9 at 8 p.m. in Solis - Cohen Auditorium"

The Body in Question

Joe Dankoff
Class of 1985

After a long week of studying, who in the world would want to watch a TV show about medical science? Normally, I would say, "Not I". However, "The Body in Question" (Friday, 9:00 PM, channel 12), with host Jonathan Miller, is different. The show makes learning about medicine painless and even enjoyable.

The episode (the series is 12 parts, I believe) seen on 11/5/82 was entitled "Breathless". It studied the history and current concepts on the subject of respiration. Miller began the show with a history of events leading to the understanding of just what it is we take from the air to live, and what it does in the body. Acosta noted that when traveling high in the Andes Mountains, he experienced "weird sensations" associated with breathlessness. Torricelli proved that air actually had weight, and later Pascal showed that as you increase altitude, the pressure of air decreased. This fits with the observations of Acosta: namely, that there was no increase of "poison" in the air at higher altitudes, but a lack of something essential. But what was this essential item, and what did it do?

a mouse and a candle in a watersealed container and showed that they both expire faster than if either was put in alone. However, it would take another hundred years before Lavoisier would successfully attack the phlogiston theory in describing respiration vs. combustion, and also before oxygen was successfully isolated as the element necessary for these processes to occur.

It is always easier to explain an unknown phenomenon in terms of something that is easily understood. The Greeks believed that the heart was like a furnace: the incoming "bad blood" (that was made in the liver) got fresh air from the lungs (like a bellows), obtained combustibles from food, and the smoky waste departed in the expired breath. This theory explained the body's natural warmth, the constant need for respiration, and the between the incoming and outgoing blood from the heart. This theory, reinforced by the medical philosopher Galen, stood basically intact for many years.

The show moved on to a bit of respiratory pathology, including simple explanations of emphysema and asthma. One neat little trivia item was discussed. Fat people had always been known to be sleepy by nature, but the sleepiness of the fat boy in the Pickwick Papers was what led to naming the syndrome of somolence, hypoventilation, and extreme obesity the Pickwickian syndrome. (Attention class of 1986: you will see this one again.)

A demonstration of respiratory control center action followed. The host, now wearing nose plugs, breathed into a spirometer without any fresh air being introduced to the system. His breathing

cont'd on page 7

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The dogma of the ages was finally challenged by the end of the 16th century. A new age of science had dawned; now, the ability to prove a theory received priority. The Royal Society of London (with such distinguished members as Sir Christopher Wren, Robert Boyle, Isaac Newton, and Robert Hooke) demonstrated in 667 (in their version of freshman dog lab) that as long as a dog is artificially respired, its chest can be opened and it will survive. Stop the respiration, and the blood leaving the heart becomes bluish. Also, blood in a glass tube will form a clot. Expose only one end of the tube to air, and only that end of the clot will be red. Thus, combined with the fact that Leonardo da Vinci had proven much earlier that air could not be forced from the atmosphere into the heart, the furnace analogy had to be changed. Now, it was held that the thing needed to keep us alive must be picked up in the lungs, and that the heart simply propels the blood along like a pump. But was this "thing" the same element that kept a flame alive? Mayo put

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Uneven Distribution

Reprinted from AMN

The distribution of doctors in New York City is a classic case of feast or famine. In plush, upper-income neighborhoods, patients have a "feast" of physician specialists to choose from. But in ghetto or slum areas, the doctor-to-patient ratio is dangerously high. In fact, although federal guidelines suggest a doctor-to-patient ratio of 1-to-3, 100, the ratio is 1-to-9,111 in the South Bronx and 1-to-7,179 in Central Harlem.

This problem is not a recent development. Since 1971, six state programs designed to ease the maldistribution have failed. A recent study by the Legislative Commission on Expenditure Review found that students in one of the state programs, the Regents Physician Shortage Scholarship Program, would rather repay scholarship subsidies with interest rather than fulfill a contractual obligation to work in medically deprived areas.

The program provides direct subsidy for a student's medical education with the stipulation that the student will work nine months in an impoverished area of the city for each year of scholarship.

The New York legislature is taking strict measure to punish the almost 40 percent of students currently avoiding medical service in underprivileged areas. Effective this year, such students will have to repay double the amount of their subsidy, in addition to interest.

Since 1971, the Physician Shortage Program has paid more than \$4 million in subsidies to 538 students, an average of more than 9,000 per student.

THE BODY IN QUESTION

cont'd from p. 6

soon became rapid and deeper, thus demonstrating the central CO₂ control. However, if a potash filter is attached, the CO₂ will be moved and the O₂ deficit will not be strong enough to stimulate the necessary increased respiration, and more importantly will not signal that there is any problem. By attempts to write the alphabet on a sheet of paper, the host demonstrated a marked lack of muscle and mental control, and he nearly passed out. The dangers of hyperventilation (such as before attempting to swim an entire length of a swimming pool under water) were thus demonstrated. The host said that he didn't feel very different and didn't realize how horribly he was butchering the alphabet.

Miller's well-schooled British accent increased the understanding and believability of the show, much in the same manner as Alistair Cooke. The use of outdoor locations, visual models and displays, and his general knowledge of history made the show quite enjoyable. Of course, as health profession students, we have received much more information on respiratory physiology and pathology than he presented to the general public. Yes, it was relatively simple; but at the same time, it was never condescending and at no point in the show was I bored. To put it bluntly, I wouldn't bag this show because I figured I would learn more by just reading the notes. I highly recommend watching it.

Join the
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December 1982

December 1

Club Commons Brown Bag Series, Dr. Donald Morse, "Stress for Success", 12-1p.m., Eakins Lounge

December 5

Club Commons Classical Series, Academy of Vocal Arts, three of Philadelphia's finest vocalists with the Thomas Jefferson University Chamber Singers, 2p.m., Cafeteria center

December 8

Club Commons Brown Bag Series, Kevin Roth, "Kevin Roth in concert", dulcimer and piano, 12-1p.m., Eakins Lounge

December 10, 11, & 12

Commons Film Series, "Three Stooges go round the World in a Daze", 8p.m., Solis Cohen Auditorium

December 17

Thomas Jefferson University Choir Concert, 8p.m., McClellan Hall, Commons Holiday T.G. party follows, music by Whale, 10p.m.-2a.m., Cafeteria, J.A.H.

All of the above events with the exception of the choir concert will be held in Jefferson Alumni Hall.

December 16

Commons/Stouffers specialty luncheon, cafeteria, J.A.H., 11:30a.m. - 1:00p.m.

January 1983

January 7, 8, & 9

Commons Film Series, "Chinatown", 8p.m., Solis Cohen Aud.

January 14

Suitcase Party T.G., Island music, 9p.m., cafeteria

January 14, 15, & 16

Commons Film Series, "The Producers", 8p.m., Solis Cohen Auditorium

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CURRICULUM CHANGES EFFECTIVE 1983 TO 1984

cont'd from page 1

administering examinations. At the present time there is a Subcommittee on Examinations, headed by Dr. Richard Baker, which is considering possible changes in the exam format. Dr. Koszalka is Chairman of the Subcommittee on the Placement of Anatomy, which is exploring the feasibility of moving Gross Anatomy to the first teaching block of the Freshman year.

On February 18, 1982 the Faculty Curriculum Committee approved the following changes in the Sophomore curriculum, by a vote of 8 to 5. The first block will consist of Pathology (presently a 10-week "crash course") which will run for 20 weeks, until around January 21st, and Microbiology, which will run for 16 weeks, ending just before Christmas. Approximately the first 18 hours of Microbiology (or both Micro and Path) will be devoted to an integrated, interdepartmental Immunology course. Details are still being worked out, according to Dr. Gonnella, Associate Dean and Director of Academic Programs. Medicine and Society, as well as Introduction to Clinical Medicine, will remain unchanged, continuing from Fall until the end of April. Pharmacology will run for 14 weeks concurrently with ICM, providing ample opportunity for correlation of these clinically relevant courses.

The Basic Science Core Curriculum will be completed at the end of April. In early May the month-long "mini-clerkship", Introduction to Physical Diagnosis, will begin. This is a bedside course in clinical medicine taught at Jefferson Hospital and its affiliates. Dr. Brucker and Dr. Gonnella

pointed out that another important function of the Curriculum Committee is to monitor the quality of the educational experience during the "mini-clerkship", which represents the students' first opportunity to learn medicine with actual patients.

There will be about 10 free days between the end of formal instruction and the beginning of the two-day National Board Examination Part I. Dr. Gonnella emphasized that this represents no departure from the present policy.

Student reaction to the curriculum changes was essentially negative, according to Dr. Alex Levin (JMC '82) who worked closely with the Curriculum Committee prior to his graduation. On February 15, three days before the Committee approved the changes, the Student Council Curriculum Committee unanimously vetoed the entire package of proposals, which originally included a measure to restructure the examination format. Among the reasons cited for the students' veto were the fear that course integration would not, in fact, occur; fear that the workload during the first block would be overwhelming; belief that Sophomores should complete the Basic Science courses earlier in the year, and fear that changes in the method of conducting examinations would not represent improvements. In deference to the strong influence of the SCCC, the student representatives to the FCC voted against the proposals, and the sections pertaining to examinations were tabled for further investigation.

Doctors Gonnella, Brucker and Levin all indicated that the student voice was considered in all aspects of the Committee's decisions, and added that the

Curriculum Committee continues to welcome students' comments in its quest to upgrade the education offered at Jefferson.

What are the anticipated advantages of the new Sophomore curriculum? In addition to the obvious advantage of having better correlated courses and a coherent Immunology course, more reading time has been worked into the schedule, especially before examinations. The revised curriculum for the Sophomore year will decrease the number of days containing more than 4 hours of lecture, which is officially against Faculty Curriculum Committee policy. Pathology can be taught at a less hectic pace, and will be related, where appropriate, to the

microbiological basis of disease.

There is always the possibility that the finest goals won't quite reach fruition. Fear of change by students and faculty alike may result in a lack of commitment to successfully implement the proposed changes. However, Dr. Gonnella has expressed assurance that the faculty is ready and willing to work together toward the achievement of the goal of an integrated Sophomore curriculum and a well designed course in Immunology. The Faculty Curriculum Committee has considered changes for the Freshman year. Proposals to group Anatomy and Histology together in the first block of the Freshman year have been rejected by the FCC.

CONTEMPORARY ARTIFACTS

CONTEMPORARY ARTIFACTS 1982: A SHOW OF CRAFT ART opens this Sunday, Nov. 21, at the Museum of American Jewish History, Independence Mall East, 55 N. 5th St. The second annual invitational exhibition and sale of Judaic crafts sponsored by the Museum features works by more than 45 artists from throughout the United States.

Highlighting the exhibition opening will be an Artists Panel discussion from 2 - 4 p.m. Four of the artists whose works are on display in CONTEMPORARY ARTIFACTS 1982 will discuss how they use their art to express Jewish themes. Panelists include Laurie Gross, weaver; Claire Kirpich, ceramist; Leon Lugassy, metal sculptor, and Aviva Passow, calligrapher. Alice M. Greenwald, the Museum's director, will serve as moderator.

A celebration of the revival of the art of crafts in America today, CONTEMPORARY ARTIFACTS focuses especially on the current resurgence of interest in Judaic craft expressions. More than 100 pieces in calligraphy, ceramic, enamel, fabric, glass, metal, paper and wood are included in the exhibition.

Colorful wall tapestries, ceramic

havdalah plates, menorahs, jewelry, woven prayer shawls, spice boxes, mezuzahs, sabbath candle holders and torah pointers are among the crafts pieces on display. Prices range from \$35 to \$10,000.

"The current renaissance in Judaic crafts attests to the growing interest in reinterpreting and adapting traditional objects and themes to speak more directly to contemporary audiences," Beverly Haas, exhibition coordinator, noted. "Today's crafts are tomorrow's artifacts -- a tangible legacy for future generations."

CONTEMPORARY ARTIFACTS runs through Jan. 31, 1983 and is open to the public during regular Museum hours: Sunday, 10 a.m. - 4 p.m.; Mondays through Thursdays, 10 a.m. - 5 p.m. During the months of November and December, the Museum will also be open on Fridays, 11 a.m. - 3 p.m. for the convenience of holiday shoppers. For further information, call the Museum at (215) 923-3811.

The Museum of American Jewish History is the only cultural institution in the country dedicated to the preservation, exhibition and interpretation of Jewish participation in the growth and development of this nation.

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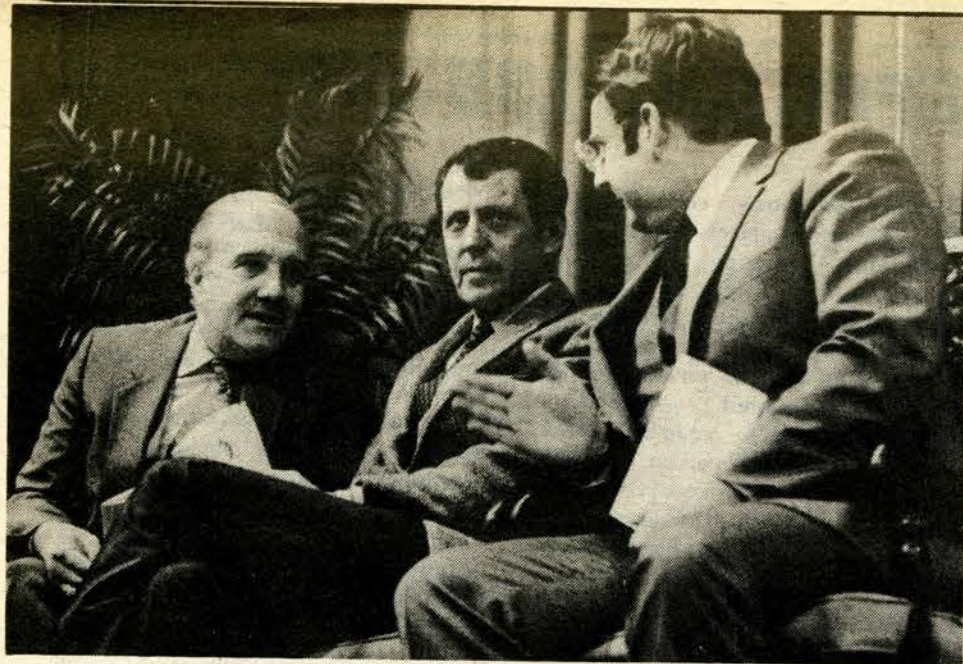


Photo by Ben Alman
Drs. Fink, Starzl, and Maddrey discussing liver transplants.

STARZL LIVER LECTURE

cont'd from page 1

research in the field of liver transplantation, has brought the procedure to a stage where it is accepted as a legitimate mode of therapy in the management of a patient with severe liver disease.

Dr. Starzl began his lecture by discussing his work in the field of renal transplantation. The lessons which were learned in transplanting kidneys have been applied to other organs including heart, liver, and pancreas. According to Dr. Starzl, "any competent surgeon can transplant a kidney." The real challenge is to prevent rejection of the organ. Indeed, much of the early work in the field of

transplantation dealt with immunosuppression which would allow for the acceptance of the organ without making the patient susceptible to deadly infections or malignancies.

Dr. Starzl has been involved in the development and testing of immunosuppressive agents. Conventional therapy for transplantation involved the administration of Immuran, which carried a one-year post-transplantation survival rate of only 48%. Dr. Starzl has tested new immunosuppressive modalities including Cyclosporin, which has allowed for 92% survival rate among unmatched recipients in kidney transplants. Dr. Starzl has been using Cyclosporin exclusively since 1981, and he states that he has had only one death in 110 death patients on whom he has performed kidney transplants. Dr. Starzl noted that Cyclosporin has made patients less of a surgical risk and he has been able to perform re-transplantation, on those patients who have not responded favorably to their first graft.

With the aid of Cyclosporin, Dr. Starzl has been able to offer liver transplantation to patients with previously untreatable hepatic disease. Dr. Starzl presented "Chuckie" to the audience, an eleven year old boy who had undergone liver

transplantation one year ago. Chuckie had been given a liver transplant because of his inborn error of metabolism, an antitrypsin deficiency.

To be considered a candidate for liver transplantation, a patient must be under the age of 55, have no extra-hepatic malignancy, no extra-hepatic infection, and no serious disease other than those that affect the liver. Dr. Starzl has transplanted livers for patients who have had alcoholic liver disease, Budd-Chiari Syndrome, Biliary Atresia, Wilson's Disease and primary hepatic malignancy that has not metastasized.

Dr. Starzl feels that liver transplantation can help improve the lives of patients with liver disease, which presently ranks as the fourth leading cause of death in the United States. Dr. Starzl would like to have a national network of 30 Regional Liver Transplants Centers so that patients would never have to travel far to get the appropriate therapy.

Dr. Starzl spent the entire day at Jefferson participating in Grand Rounds and discussing therapeutic problems with the Jefferson Health Care teams.

The Annual Martin E. Reyfuss Lectureship was created & endowed by the Percival E. and Ethel Brown Foederer Foundation in honor of the late Martin E. Reyfuss, M.D., Professor of Clinical Medicine at J.M.C. The Reyfuss Lecturer is selected each year by a faculty committee, and may speak on any medically related topic.

The American Dental Hygienists' Association has announced the winners of the ADHA Foundation Scholarships that are given to full-time dental hygiene students on the certificate/associate, baccalaureate and graduate levels. Lynn Finocchi of Thomas Jefferson University recently was awarded a baccalaureate scholarship. Congratulations, Lynn!

NATIONAL MEDICAL NEWS

From AMN

Pope blasts experiments

Pope John Paul II, in an address to scientists attending the annual seminar of the Pontifical Academy of Sciences last month, condemned experiments conducted on the human embryo.

In his talk to 40 scientists from many nations who attended a special audience, the people reiterated the Vatican's views on such experimentation.

"I condemn in the most explicit and formal way experimental manipulations of the human embryo, since the human being, from conception to death, cannot be exploited for any purpose whatsoever," he said.

The pope did not explain the kind of experimentation he condemned, but it was clear his remarks included recent "test-tube" fertilization of the ovum, which the Vatican has criticized on several recent occasions.

He said his condemnation did not extend his test-tube experiments on human genes, "which have yielded results for the cure of diseases related to chromosome defects."

"It is to be hoped, with reference to your activities, that the new techniques of modification of the genetic code, in particular cases of genetic chromosomal diseases will be a motive for hope for the great number of people affected by those maladies," the Pope said.

He did not specify the type of testing he supported but cited sickle-cell anemia and "some hereditary diseases" as examples of diseases that might be cured or avoided through "biological experimentation."

"The research of modern biology gives hope that the transfer and mutations of genes can ameliorate the conditions of those who are affected by inherited diseases," he said.

"In this way the smallest and weakest of human beings can be cured during their intrauterine life or in the period immediately after birth."

The pope said the church had no objection to biological experimentation on animals.

"It is certain that animals are at the service of man and can hence be the object of experimentation. Nevertheless, they must be treated as creatures of God which are destined to serve man's good, but not to be abused by him," the Pope stated.

Ford Foundation

The Ford Foundation plans to make grants expected to total \$6 million over the next two years in a program to improve the health and mental development of poor children in the United States and the Third World.

Under the program, called "A Fair Start for Children," the foundation announced initial grants of \$3.1 million to fund programs to help teen-age mothers, women in Appalachia, and the children of Florida farm workers and Mexican-American laborers in Texas.

Columbia U., New York City, received \$330,000 to train women in the neighborhood near Columbia-Presbyterian Medical Center to help migrants from the Dominican Republic with prenatal care, contraception, and nutrition.

The Child Welfare League of America received \$482,000 to help urban American teen-age mothers in six cities. The Redlands Christian Migrant Assn. received \$420,000 for a health and education program for Florida migrant workers, and Vanderbilt U. received \$473,000 for a maternal and child health program in rural Tennessee, West Virginia, and Kentucky.

The Center for the Development of Non-Formal Education got \$178,000, and the National Child Nutrition Project received \$160,600.

In addition, the foundation gave \$284,000 to Columbia U. to conduct a research project with Cuba to assess that country's success in reducing infant mortality from gastroenteritis. The foundation also made two grants for projects in India, one for Colombia, and one for Nigeria.

Va to study

The Veterans Administration has launched a \$2.06-million nationwide study to find drugs that could help reduce the 20% failure rate of coronary artery bypass surgery.

Ten hospitals and 1,100 patients will participate. The study will be directed by Stephen Goldman, MD, chief of cardiology at the Tuscan Veterans Administration Medical Center, and Jack G. Copeland, MD, chief of cardiovascular surgery at the U. of Arizona.

Dr. Goldman said that the failure rate following bypass surgery is 20% in the first year and 3% to 6% annually thereafter. The study aims to compare drugs and drug regimens that have shown promising anti-platelet action.

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FRISBEE

Temple Medical School, two students at Temple Dental School, one from U. of P. Med School, and, ironically enough, two students from PCOM. Although this bunch includes some excellent Ultimate players, this group of athletes whose Social Security Numbers will never be seen on a wall in Jefferson Alumni Hall must now be questioned as to whether they really want to sacrifice and win for JMC. Richard Katz, a first year student at PCOM who played faithfully for the Oxen during the last two years, now will sell his awesome frisbee abilities to the school with the best offer each week. His attitude is, at best, questionable. In a recent interview, he was quoted as saying, "The challenge in Ultimate is to catch a pass seemingly just out of reach. At Jefferson Ultimate, the challenge becomes greater each year."

The team should be able to overcome

this adversity and have a successful spring season on the field. As for the team's off the field success, many thanks go to Commons, and in particular, Brenda, for their support and sponsorship of the club and its activities. The frisbee sale, which was initiated in spring of '81, is an ongoing event with a three fold purpose. First, it gives players, other students, faculty, and visitors an opportunity to buy frisbee at close to 1/2 off the regular store price for a comparable disc. Secondly, it represents an attempt by the team to be somewhat self supportive. At the same time, special discs are printed up which bear the name of the school and its team, and the emblem based on the statue of St. Luke, so familiarly located between Glowitz and Scott library.

DRUG FIRM REVAMPS PACKAGING

Reprinted from AMN

Physicians and other health workers are a key part of the manufacturer's plan to rebuild consumers' confidence in Tylenol.

Noting that "70% of consumers originally tired Tylenol on the recommendation of a health care professional," McNeil Home Products Co. once again is focusing on professionals, a company spokesman said. A force of more than 2,250 sales representatives from McNeil and 12 other firms related to Johnson & Johnson will be trying to motivate physicians and other professionals to reassure patients.

McNeil hopes physicians will pass on the advice that "with tamper-resistant packages and their own good judgement," consumers can use Tylenol safely again, the official said. The firm also is trying to bolster its prescription Tylenol sales which, at least in Chicago, dropped after seven people died in late September after taking over-the-counter Extra-Strength Tylenol capsules laced with cyanide. (Company statistics show that Chicago prescriptions already are climbing back to normal levels.)

Company officials do not think they are fighting a hopeless battle. Even if Tylenol sales dropped 50%, the drug still would be the leading over-the-counter analgesic, despite sales gains by other products recently. Surveys by Johnson & Johnson also show that about 60% of people who use Tylenol regularly would buy it again. About 75% of regular users would buy it if the drug were in a tamper-resistant package, said James Burke, board chairman of Johnson & Johnson.

People who are not regular users of Tylenol are more hesitant. About 80% had little interest in ever using the brand.

TO LURE OLD and new customers, McNeil will put Tylenol in a container with three safety seals and two labels alerting people to be wary of tampering. Unveiled at a news conference held via satellite in 30 cities, the new safety system features glued box ends, tough, red plastic wrap with the words "Tylenol safety seal" around the bottle neck, and a foil seal over the bottle mouth. Wording includes "new safety sealed" on the box; a yellow label that says, "Do not use if safety seals are broken" will be on the bottle.

The new packages will be on most store shelves by Jan. 1, Burke estimated. He said the company could live with new federal regulations requiring all over-the-counter drug companies to keep drugs in standard packages on the shelves until Feb. 5, 1984.

In addition to the 2.4-cent additional cost of each new package, Johnson & Johnson will absorb the cost of coupons offering \$2.50 off the price on any Tylenol product. Burke said the Sunday newspaper coupons, to be issued twice in November and at least once in December, are a way to reimburse the 35% of Tylenol users who threw away the product after news of the poisonings. Consumers also can get coupons by calling 1-800-232-2222.

Other than the coupons (and the free publicity generated by the news conference), Burke said the company had no other immediate advertising plans.

Coupon redemptions may cost Johnson & Johnson \$20 million to \$40 million. That figure will be added to the \$100 million spent recalling, testing, and destroying Tylenol capsules. The loss from increased packaged costs will be based on the number of bottles sold, so Burke could not estimate it.



Photo by Ben Alman

Fun Time: invent your own caption

RUGGERS UNDEFEATED

On Saturday, November 13, Jefferson's Philly Med Rugby club finished an undefeated season by beating Haverford 17-4. The team's two hard fought ties were played against Division Champs Temple Med and PCOM. Philly Med's team captains Jeff McConnell and Rich Tobin are pleased with the team's effort and are looking forward to an even better spring season. The highlights of this spring's season will include The Michelob

Invitational Medical Rugby tournament, hosted by Philly Med. The tournament will be held in April at Memorial Hall fields in Fairmount Park. Watch for sign's — J.A.M. with the exact date of the tournament. Another highlight will be the first meeting between Jefferson's Philly Med Club, and Hahnemann's hapless team which broke off from Philly Med only this year.

by Jonathan Krohn

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Sports News

PENULTIMATE

by Gary Gilman

In one of its most successful seasons in the teams brief seven year history, the JMC Ultimate Frisbee team completed its Fall '82 campaign with a 3-3 record. Capping off the team's moderate success were the sectional playoffs, held on a beautiful autumn Saturday at William Tennent HS in Warminster, Pa. The boys from Jeff were defeated by Swarthmore and the Phila. Frisbee Club, but managed to come back and win a gutsy battle with the Harrisburg "Flying Eyeballs". by a score of 21-19. Although knocked out of the drive for the National Championships (held at the Rose Bowl), the JMC "Flying Oxen" could ride home that day on I-95 with their heads held high.

For those unfamiliar with the sport, Ultimate is a fast-moving, non-contact sport played by two seven player teams. The object of the game is to score goals. The disc may only be moved by passing, as the thrower is not allowed to take any steps. Any time a pass is not completed, a turnover occurs, resulting in immediate change of possession of the disc. A goal is scored when a player successfully passes the disc to a teammate in the endzone which that team is attacking.

One of the reasons for the team's turnaround has to be the experience of many of the team's players. Senior Jeff Keenan, who was captain of the team during the "rebuilding years", is a sure-handed player (he is going into OB-GYN) who has proven to be a table, steadying influence on the younger, more excitable players on the squad. Junior Todd Hoover, co-captain last year and clearly the team's smoothest and most subtle disc-handler, has contributed immeasurably with his talent, his smile, and his careful choice of words. When asked about the team's success this past year, he replied, "I had a great quote yesterday". Nick "formation of foot-mouth complexes" Mandalakus gives it all he has out on the field, but has never contributed to anything with subtlety. He does not think that the team was all that successful this past year, eloquently stating that "We didn't do half-bad when people showed up." another of the team's established stars is third year student Deepak Kapoor, a former co-captain whose only fault is that he tends to

FRISBEE

be too quiet out on the field.

The rewards that one can attain from the highly competitive sport of Ultimate Frisbee go well beyond what happens out on the field. 1982 saw the evolution of a very healthy rivalry between the "Oxen" and the relatively new Ultimate team at Phila. College of Osteopathic Medicine. Be it that Ultimate Frisbee is an idealistic game in that rules are scarce and players must call their own fouls, good sportsmanship is an absolute necessity, if the competition is to remain in the positive spirit with which it was intended. The games between the "osteopaths" and the "allopaths" are always hard fought and emotional, but never ugly, as is often inevitably the case in Ultimate. The good rapport out on the field, in turn, has made it desirable for the two teams to take advantage of their competitiveness and close proximity, and play each other frequently. The situation is even beneficial in a career oriented way, giving students at the two schools an opportunity to learn more from each other. Such is exemplified by PCOM Ultimate captain Dan Black's offer to employ histeam members as trainers for the "Oxen" in the upcoming Spring '83 seasons.

The outlook is bright for the next season, as well as for those which follow. Like most student organizations at JMC, the Ultimate team is fun largely by members of the sophomore class. Consequently, freshman must take on an active role if a club is going to continue to thrive. This year, the "talent" is fairly equally divided amongst the four classes, and the class of '86, led by Russel Bennett, an experienced player from the Univ. of Chicago, and the "Johnstown Connection", Ken and Keith Gibson, has no paucity of good players.

Although this reporter has a strong personal stake in the reputation of the JMC "Flying Oxen", there is an even greater obligation to what is known as journalistic integrity. In other words, it is time for an ugly situation afflicting this other school sponsored Ultimate teams, to be fully exposed. What I am talking about is ringers. It's true, sports fans, there were in fact competing for the JMC Oxen this fall at various times one student from

cont'd on page 11



Photo by Ben Alman

Jeff Ruggers scrumming it up.

Ruggers Undefeated!

Story Inside... Page 11



Black and Blue Rigger has Man by the throat

Photo by Ben Alman

Jefferson Soccer

Despite losing several key players since last spring, Jefferson's soccer team compiled an impressive 6-1-1 record this fall. The team's only loss came on the first week of the season, as a tough Penn Med team defeated Jefferson's poorly unified and incomplete team by a score of 2-1. Undaunted, and aided by the return of Dr. Tom "Rod Stewart" MacDonald (Microbiology), C. Martin Palmer ('83), and others, Jefferson's team rebounded and went undefeated in its last seven games. Other veteran regulars included

Mark Kahn ('83), Dave Goodman ('84), Ed Snipes ('84), and John Larson ('85). Freshman Ken Margulies, a strong midfielder, was a welcome addition, as was his classmate Tom Meyel, a solid fullback. Paul Strohmayer and Larry Fechnor (both '85), were also consistent performers. Last but not least, the team welcomes tradition — breaker Sue Sajer ('85), the team's first woman player.

by Jon Krohn



FRISBEE TEAM PHOTO