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## Ariel - Volume 9 Number 1

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# ARIEL

Volume IX No. 1

The Thomas Jefferson University Student Newspaper

May 22, 1978

## Freshmen Field Furious Follies

by Lee Wugofski

The halls of Jefferson Commons were witness to the annual 'Freshman Follies' last Wednesday evening, May 17th. This once-a-year spoof where students reflect humorously on their past year at Jeff, showed that no one was spared: faculty, student nurses, or the students themselves.

With a band starting the evening with a revised version of 'Aqualung', this group of rather talented Frosh proved vital to the show, picking up the silence of scene changes and providing good entertainment for the intermission. The shows M.C.'s, Rob Kester and Don Kramer, have to be commended not only for their original ideas and acts on stage, but also for their coordinating ability during the few weeks prior to the show.

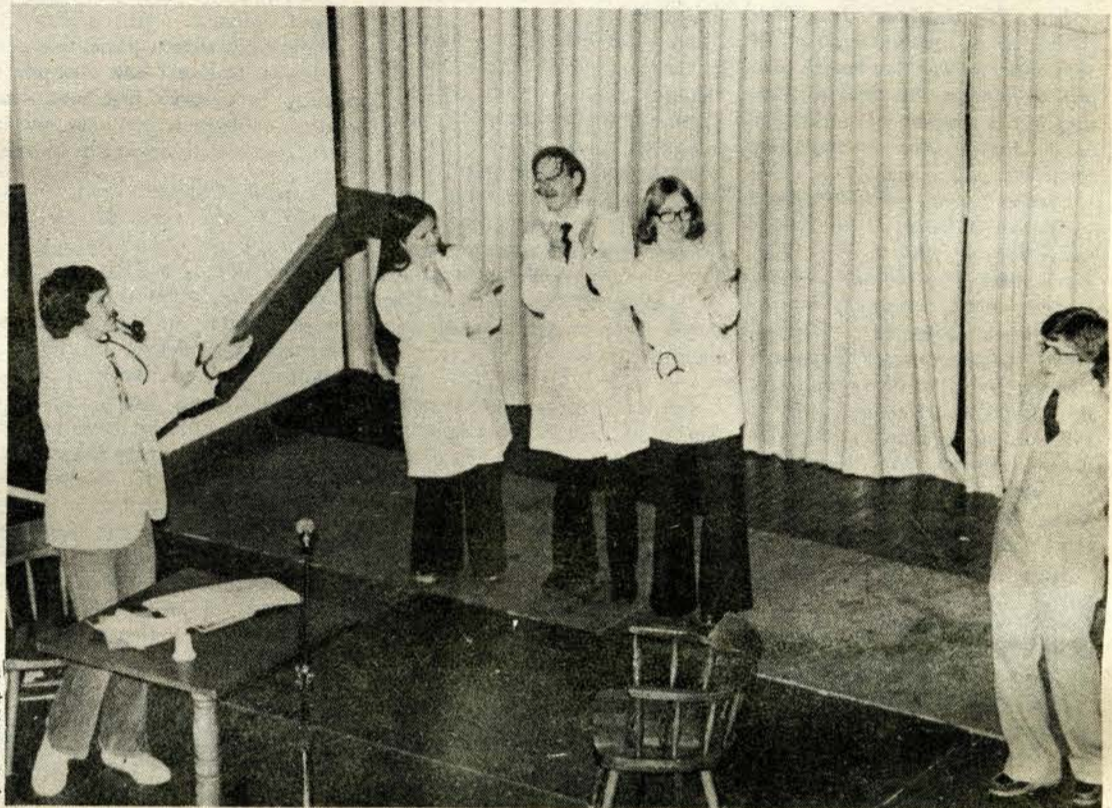
### Augie Augments Follies

Even though the ribs of a number of faculty members were poked, this did not prevent them from being spectators to the caricatures portrayed by the students. On a couple occasions, faculty members actually stepped into the spotlight. During the first act, in what

proved to be as much a surprise to himself as the audience, Dr. August Epple took to the stage, being told that he was to mimic students in the classroom setting (i.e. reading the newspaper). This misconception only lasted for a few seconds however, when full lights came up to reveal the 'Epple Look-Alike Contest'. Being the last of five contestants, Dr. Epple was finally asked why anyone would want to be 'Augie' Epple, with a professorship in anatomy. To this Dr. Epple spontaneously replied, 'Well, I had higher ambitions.' The opening of the second act saw Dr. E. Marshall Johnson reek revenge on the Class of '81, as the phantom of the slide projector.

Among the many faculty members pantomimed, some included were: Drs. August 'Augie Doggie' Epple, Wolfgang 'Bagel' Vogel, John 'Sley' Sheas, 'Broadway' Carla Goepf, Norman 'Medullawitz' Moskowitz, Arthur Allen, and Laird Jackson.

Of the numerous skits depicting student life during the first year at Jeff, a very graphic account was given by Jim McWeeney and Mark Rubin in 'Two Roommates'. By



by Tom Westphal

Chuck Bryner, Kelly Acton, Sam Laucks, Diane Gillum, and Mitch Edmundson in Follies' "Admissions" Skit.

taking characters to the extreme (an anemic nerd 'Poindexter' plus a suavely-dressed B.M.O.C. 'Dash'), and contrasting them at home and in the class, McWeeney and Rubin touched upon some of the humorous (if not absurd) as-

pects of the first two years at medical school.

Special mention must go to Jim Kilkner, coordinator of the Follies, who was able to organize the event in a little over three weeks time. Indeed, all those who

contributed to aspects of the productions should be commended for their effort, and proud of their work. The Class of 1981's Freshman Follies proved to be a whole new 'modality' in medical school experience.

## Hospital in Labor

by Steve Robb and Greg Slick

Although Jefferson's new hospital is 5 months pre-mature there is no need for alarm. With its dedication on June 9th, the building program that has revamped much of the university comes to a close.

This newest addition to the Jefferson family is part of a well planned phase of growth that started back in 1964. By 1971 the Philadelphia Hospital Authority had been established by the city and the state. The authority allowed Jefferson to float the third largest bond issue up to that time for a U.S. hospital. The new hospital stands 9 stories has 404 beds, almost all of which are single and in private rooms, and cost in excess of \$0 million dollars. The first floor, in addition to its parking and loading facilities, will house a Fidelity Bank, shoe store, electronics and radio shop, food store, pharmacy and hospital gift shop, with additional shops to open later in the year. The second floor houses much of the management end of the hospital - dietary,

admissions, bookkeeping and cafeteria. Dining tables are placed in both north and south atria, or courtyards, which through a computerized glass roofing will be climate controlled year round. Impressive in both design and sheer size, this landscaped focal point of the hospital similar to Children's Hospital in concept, will be highlighted with huge decorative banners, flags and artificial "clouds". Floors 3, 5, 7 and 9 are inpatient; 4, 6, 8 are outpatient, office space, records and library.

Dr. F.J. Sweeney, Vice-President for Health Services, has noted that neither the Foerderer Pavillion or Thompson were built, or can be feasibly adapted from an economic viewpoint, as a teaching institution. He notes several improvements towards better teaching facilities in the new hospital. Each floor has been broken down into 4 sections of 32 beds, each with 4 nursing stations and two teaching rooms per section. Foerderer presently has 32 beds for 1 nursing station and 1 teaching room. These teaching rooms are small in the new hospital but at each end of each floor there is a larger classroom which can seat 20 students. In addition each floor has a teaching center.

Small seminar rooms are located adjacent to most departmental areas of each floor. For example, both CV and pulmonary, on the 5th floor, have seminar rooms. [Continued on Page 5.]

## TUITION: Jefferson Ups Yours

by Pat Welch

The Thomas Jefferson Board of Trustees voted May 1st to increase next years tuition for all medical students. Freshman will be paying \$7,000 while upperclassmen are facing a 10% increase in charges. According to Dean Kellow the tuition increase was held to a minimum with mandated pay raises of between four and nine percent being the major additional cost in the budget.

While the tuition increase is higher than the 6% raise which Dr. Bluemle set as the minimum last winter, many students ex-

pressed surprise that the increase was not greater. Indeed, Jefferson tuition will be the same or less next year than the other non-state related schools: Hahnmanen - \$10,000; Penn - \$7,000; Medical College of Pennsylvania - \$7,000. Tuition at the three state related schools will range from a low of \$4,000 at Pitt to \$5,000 for Temple and Hershey.

When asked whether the large increase in tuition at Hahneman made it easier for Jeff to raise its tuition, Dean Kellow replied with an emphatic no and expressed

fears that a large increase in tuition would hurt the long term effort to diversify the student body. In fact, Dean Kellow stated that fewer black students are enrolled for next year's class.

The increase in tuition will generate an additional \$450,000 next year with the total income from tuition estimated to be \$5,602,000. According to Dean Kellow tuition pays approximately 17% of the medical school budget with Federal Grants and state aid making up the bulk of the balance.

## Aponte Previews Pathology

by George Winch and Bert Schiowitz

With the advent of Spring, some thoughts turn to love, but around here, the freshman will soon think of nothing but Pathology. Dr. Gonzalo Aponte, the man we can thank for this, recommends as a textbook either Anderson or Robbins, with Robbins being the book of choice for those who wish to understand what they read. Though most of last years student bought Robbins, its use is what

Dr. Aponte really recommends.

Dark room fans will thrill to the fact that we will be viewing more than two thousand kodachromes during the course. Dr. Aponte is working on getting copies of the slides for student use in the library, but this will probably not be possible this year. Kodachrome review sessions normally held on Saturdays by Dr. Warren Lang remain unscheduled at present since Dr. Lang is on sabbatical, at the

Mayo Clinic until September. A replacement is being looked into.

Concerning the exams, you might as well know right now that all are cumulative, with material from this spring appearing on the final. There is a lot of material in little time, so the best advice is to get it right away, which brings us to the purpose of this article. Ariel thought that a few of you that were bored with Neuro might want to get a headstart.



## Two Nurses Discuss Their Decision To Become Physicians

by Brad Feldstein

Most students, having followed the traditional 4-year premedical curriculum as undergraduates, enter medical school with similar educational backgrounds. Two women from the class of 1981, however, would have to take exception from including themselves in the above group. Dolores Labota, 23, and Mary Jane McClements, 26, entered Jefferson in September of 1977 as health professionals from the field of nursing, but in the past 9 months they have begun the process of becoming physicians.

Dolores Labota graduated from Villanova University's Baccalaureate Nursing program in 1976, just 2 years after she had decided that she would eventually like to become a physician. Having picked up the necessary pre-medical requirements along the way, she applied to Jefferson in July of 1976 and was accepted in September of that year. Prior to entering Jefferson, Dolores worked at Hershey Medical Center as an operating room nurse.

Mary Jane McClements transferred to Boston University's Baccalaureate Nursing program in 1971, after one year at Moravian College as an undeclared major. Upon graduating in 1974, she worked as a staff nurse at University Hospital in Boston. The following year, having finally decided that she would eventually like to become a physician, Mary Jane

enrolled in Emmanuel College in Boston, while still continuing her nursing career. Leaving University Hospital in the summer of 1976 to continue her studies full-time, she graduated in 1977 with a B.A. in Biology and was accepted to Jefferson in August of that year.

**Ariel: Why did you eventually decide to switch from Nursing into Medicine?**

**Mary Jane:** When I was a Junior in nursing school, I gave serious thought about switching over to a pre-medical curriculum. However, I wanted to get a better idea of what the health field was all about. My father is a doctor, which some people say is reason enough to know what you're getting into. But I don't really think that it is. So I decided to hold off from making any decision until after graduating nursing school..

I made my decision to switch in Spring of 1975, when I had been working at University Hospital in Boston for about 6 months. I enjoyed the work that I was doing; it was a very interesting floor to work on. University Hospital is affiliated with Boston University Medical School and is a teaching hospital. The floor which I worked on was surgical, mostly cancer patients.

Our floor worked extremely well as a unit. The doctor's were extremely cooperative in working with the nurses and the patients. It wasn't like a lot of floors where the

doctors just came through, wrote orders, and left. They made an effort to keep the lines of communication open, and there were a lot of learning opportunities, such as conferences and case presentations.

I gradually found myself being drawn in toward's the physician's role. The whole process of learning about disease, yet having a relationship with a patient, really appealed to me. I had an opportunity to observe first-hand the doctor's role in patient care, and it was one which appealed to me.

I really enjoyed what I was doing at the time, but it was limiting to me. I don't mean to say that nursing is a limited profession, by any means. But my interests were in the diagnostic aspects, the taking of responsibility, making decisions about treatment, and being someone who is in a little bit more control about what happens to the patient.

**Dolores:** I saw my decision to enter medical school as a way in which I could give the best care and the most care that I was capable of producing for a single patient. It's important to point out that at the time that I made my decision, I decided not to switch into the traditional pre-medical curriculum. I wanted to be able to integrate my experience, facility, and perspective as a nurse into my training as a physician.

The frustrating thing about



By Bert Schlowitz

Freshmen medical students Dolores Labota left and Mary Jane McClements.

nursing with respect to myself was that there were always so many questions which I couldn't answer as a nurse. One attraction of Medicine is the pure intellectual stimulation, the academic nature of the profession. However, it's important to realize that I loved nursing and that I still do.

**Ariel: Do you feel that you're bringing something with you into your training as a physician that perhaps the student who has taken the so-called traditional educational route is lacking?**

**Dolores:** Having worked in a situation where several people in different roles are responsible for the care of a single patient, I understand how it teaches these people to communicate with each other and be cognizant of the other people working on that team. In this regard, my nursing experience should be extremely valuable. That's not to say, however, that a medical student or physician cannot appreciate what a nurse, respiratory technician, etc. is trying to accomplish.

**Mary Jane:** A sensitive medical student or sensitive doctor is not necessarily prevented from understanding the functions that different members of the health care team are trying to accomplish.

**Dolores:** I really don't know how many medical students who have not been in a hospital for any given length of time understand the function of a nurse. What are her capabilities, responsibilities, and limitations? The relationship between physicians and nurses can take many avenues. Some physicians seem to feel that doctors have their job and that nurses have their job, but that the two should never mix. Other physicians feel that their role in taking care of a patient is to function along with a nurse. If you were to ask a medical student what a nurse does, perhaps a typical answer would be, "She carries out the doctor's orders." But that's a very superficial explanation. There is such a thing as a nursing diagnosis, a nursing history, which are also very important to the care of a patient.

**Ariel: What have you learned from your experience with the physician/nurse relationship?**

**Dolores:** The most important thing that I would like to achieve in a physician/nurse relationship is a feeling of mutual respect. When I first went to Hershey, I was told that the surgeons in the O.R. will respect you when you earn it. This attitude really antagonized my philosophy, because it sounded so very much like a one-way street. I have always felt that I would respect a surgeon because he has a certain talent, education, and knowledge to offer. On the

other hand, he should respect the nurse because she has a certain talent and knowledge to offer, too. People who work together on a health care team should come in with respect; it should not have to be earned.

**Mary Jane:** The doctor's which I respected the most were the ones who gave the nurses some credit for having some intelligence. A lot of them did, but there were a few who just would not. I also had a lot of respect for doctors who were good with their patients.

On the oncology floor where I worked, the doctors and nurses had a very good working relationship. There was a lot of cooperation. They weren't the type of doctors who would say, "Why hasn't this been done?" Doctors and nurses would work together on many patient problems. The important thing that they realized was that the nurses were with these patients much more time than they could ever be, so they gave us credit for what we knew about these patients.

**Ariel: When you finally decided to become a physician, were people supportive of your decision?**

**Mary Jane:** Many nurses that I would talk to would say, "They don't take nurses into medical school. It's very hard for a nurse to get into medical school." I even had a long discussion with a nurse who had applied to medical school herself and had been rejected. She said, "Oh, nobody ever gets into medical school after they've been a nurse. It's just impossible." However, I knew that that wasn't true. I knew of several doctors at the hospital where I was working who had been nurses before becoming doctors.

The people at Emmanuel College, however, were very encouraging to me. My father was also very supportive, although he was a bit pessimistic. He never discouraged me from pursuing my goal, but he kept saying things like, "Well, if you don't get in, you can always be a nurse practitioner or nurse anesthetist."

Most of the doctors were also very encouraging. I had heard from other people that doctors don't like nurses to enter into their field, but this was something that I had never heard from a doctor. **Dolores:** My family, particularly my father, has the impression that I will do whatever I decide to do. They have been, and still are, very supportive.

I was cautious in my approach to the people at the College of Nursing at Villanova. I realized that someone else could have benefited by being in my place at school. This was the first point that the Dean of Nursing brought up to me. However, she was helpful to me and made it possible

[Continued on Page 6.]

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# FOR YOUR INFORMATION

by George Coar and Rick Bartlett

According to U.S. News & World Report, profits of United States Companies over the first quarter of 1978 were up 8 per cent compared to the same quarter in 1977. This was primarily due to inflation. But of companies surveyed, three out of four reported an increased profit.

Richard Nixon's recently published memoirs are selling for \$19.95. To date, over fifty books have been published on the topic of Watergate. (Who says crime doesn't pay?)

Based on prices from the fall of 1977, the minimum budget for a family of four living in Philadelphia is \$10,897 per year. This can be contrasted with a figure of \$11,155 for New York City. Now, aren't you glad you are living in Philadelphia?

The Federal Government is considering taxing the following items: free tuition for spouses and children of university professors, season tickets to sporting events, free tickets to theatres and concerts, free parking upon the premises of employers, Christmas gifts of more than \$25 offered by employers, company picnics, body guards for corporate executives, free subscriptions for employees of magazines and periodicals and

## An Interview With

# SAM RAPPAPORT

by George Coar

(This is the first in a series of articles attempting to acquaint the TJU populace with some of the individuals who represent them in various governmental posts. They are not intended to express the political views of either the author or the Ariel.)

The 182nd District is represented in the Pennsylvania House of Representatives by Attorney Samuel Rappaport. Rappaport was born and raised in Philadelphia. He is a graduate of Temple University and Columbia Law School. During the period of 1966-67, he served as a delegate to the Pennsylvania Constitutional Convention and was responsible for drafting the legislation permitting "Home rule". In 1970, he was elected to the Pennsylvania State House of Representatives. His positions in the House include vice-chairmanship of the Appropriations committee, chairmanship of the Ethics committee and vice-chairmanship of the Urban Affairs committee. Rappaport is also a founding director of Philadelphia Health Action, the only consumer controlled health maintenance organization in the Philadelphia area.

"I believe in local and original government and am a strong advocate of community control, particularly local planning. The level of control should depend on how to best structure a program to provide service."

On the issue of housing: "Public housing is a failure. Government should get out of housing. I believe in individual home ownership. Of course, there are always individuals who will be unable to own their own homes. In these cases, rent subsidies could be the answer."

"I see need of money for education. I am aware of the ever-

free on-the-job training education. (Sure hope they don't tax the air we breathe).

According to a Supreme Court decision on the 1964 Civil Rights Act banning sex discrimination, employers cannot require women to pay more into pension funds than men just because on the average they live longer.

The Federal Trade Commission will conduct an investigation into the integrity of commercial products promoted by comic-book characters. (U.S. News and World Report) (Watch it, Dagwood and Blondie).

On December 15, 1978, almost all aerosol products containing fluorocarbon propellants will be banned, including deodorants and hairsprays. Only products which have no acceptable substitutes will be exempt from the ban. These include contraceptive vaginal foams, aircraft maintenance products and drugs used for inhalation therapy.

Thirty thousand Americans have completed a 26.2 mile marathon and this number should approach 250,000 within a decade. Stephen Clapp in 'What Nutritionists can Learn From Runners', states that health professionals know little and care less about exercise and have something to learn from the new run-

increasing costs of a medical education. Currently, the three state-related medical schools, Temple, Hershey and Pittsburgh receive a sum of \$7,465 per student while the private schools, Jefferson, Hahnemann, Medical College of Pennsylvania and the University of Pennsylvania Medical School receive \$4,400 per student per year.'

Recently, I have been very instrumental in increasing appropriations for Thomas Jefferson College of Allied Health Sciences from \$750,000 to \$1,500,000.'

The questioning turned to the Herbert Fineman situation, and Rappaport responded, 'Herbert Fineman was one of the finest representatives we have had. He panicked in asking Penn to destroy letters. He was playing games of fifteen to twenty years ago. Without Herbert Fineman, the Philadelphia school system would not exist today. Was he guilty? I don't know. As chairman of the Ethics Committee, I am familiar with such problems. I believe that a representative can write recommendations for worthy applicants from his district which he personally knows. Applicants of poor backgrounds have no one to speak for them, therefore, representatives are their only voices.'

For anyone interested in contacting Representative Rappaport, his mailing address is:

Samuel Rappaport  
House of Representatives  
Main Capitol  
Harrisburg, Pennsylvania 17120  
Telephone 215-KI5-7600

Representative Rappaport has office hours every Thursday evening at 7:00 P.M. at Spring Garden Street

ing trend.

Because all twenty-one counties of New Jersey have cancer rates exceeding the national average of 174 deaths per 100,000 people, the New Jersey Department of Environmental Protection is sending out questionnaires to 13,000 industrial plants asking for information on the use of 188 chemicals and heavy metals. There will be an attempt to monitor air and groundwater samples for carcinogens.

In 1930, 2 per cent of women smoked, and the male-female ratio was 30:1. But as women have taken up the habit, lung cancer has increased. From 1970-74, the incidence of lung cancer in men compared to women was 1.9:1 as compared to at ratio of 4.7:1 between 1945 and 1949. Smoking women have a 16-fold risk of lung cancer compared to non-smokers. For men, there is only a ten-fold increase.

On May 6, four Creek Indians began a month long horseback ride from a reservation near Cairo, Georgia to Washington as a sign of protest against treaties they claim the Government forced the Indians to sign. They seek reparations for all Creek land east of the Chattahoochee River and ownership of a small tract of land in Carroll County.

The South Korean government has banned strikes and collective bargaining and only permits workers to join a Government-recognized union. A survey showed that among 350,000 unskilled workers, consisting of a majority of teen-age females, the average wage was \$62 per month. One 19 year old female chocolate packer works twelve hours per day with a rest period of fifteen minutes for \$103 per month.

## Family Physician Banquet

Dr. Paul Brucker, chairman of the Department of Family Medicine, was the guest speaker at the annual banquet of the Jefferson Family Physicians Society held May 9th. Dr. Brucker spoke on both the history and the future of family medicine in the United States. Of special interest to underclassmen were Dr. Brucker's comments addressed to the special role the Family Physician can and should play in health care delivery.

Graduating seniors were honored at the banquet. Nearly all of the senior members of the society are doing residencies in Family Practice.

Next year's officers, who were elected at the April meeting of the society, were introduced at the banquet. They are Joe Devlin-President, Jim Lockhard-Treasurer, Bill Lovett-Program Chairman, Kevin Gill-Entertainment Chairman, and Patrick Welch-Secretary.

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# GRADUATION DISPUTE

## Editorial

by Steve Levine

"Sorry, Grandma...You Can't Come", an article which appeared in the April 1, 1978 issue of the *Ariel*, has raised a point concerning a problem which, if not corrected, could serve to cause much antagonism among the students and faculties of the University's several colleges. Author Martin Trichtinger reported an announcement by Registrar Arthur Owens which, in effect, stated that the number of commencement tickets available for each Jefferson graduate would be reduced from six to five. The Academy of Music, Jefferson's traditional site for commencement exercises, is large, but apparently not large enough to accommodate the 371 graduating students, their guests, the faculty and administration. This problem has surfaced this year for the first time due to the graduation of the first class of Cytotechnologists; it will become a greater problem in the future as present classes grow and new departments, such as Dental Hygiene, add their seniors to the Jefferson graduation program.

One possible solution to this dilemma is not really a solution at all. The situation can remain unchanged, with a consequent decrease in the number of tickets available to each student with the passing years. This would keep graduation exercises for all students at the beautiful, traditional Academy of Music. The 'sense of unity between the colleges', that President Bleumle feels is a good point here at Jefferson would be partially maintained. I say *partially*, because of animosity which could develop between the various colleges of the university. A decrease in the number of tickets available for graduation means that fewer members of each student's family can attend the ceremonies. Graduation from college and professional school is an important occasion in the lives of the graduating students and, more importantly, in the lives of the graduates' families. As more families are upset by the circumstances, a certain degree of hostility is bound to penetrate an otherwise joyous occasion.

Moving graduation to a new location would probably solve this problem and, at the same time, create some new ones. While all Jefferson students would be able to graduate together with all of their family present, the commencement might end up at the Spectrum rather than at the Academy. I realize that this is a rather outrageous proposal, but it does underscore an important point—where could commencement exercises feasibly be held? The size, location, availability, cost and aesthetic qualities of Philadelphia's many auditoriums would have to be evaluated by the University administration. At present, the Academy is close, available, within budget and without a doubt the most elegant hall in the area. As Dr. Bleumle has stated, '(moving graduation) is something that the University would have to look into at least 3 or 4 years in advance.'

A third possible solution is one that is advocated by Jefferson Medical Student Council President Cathy Zuurbier and many students in the Medical School and College of Allied Health Sciences. By temporally separating the medical and allied health commencement exercises, all University students could graduate at the Academy of Music and all would be allowed a larger number of guests. Specifically, Ms. Zuurbier has proposed two graduation programs, one in the morning and one in the afternoon with a noon luncheon for all graduating students and their guests. A petition is to be circulated among all University students to determine their acceptance of this plan. Such a dual program must be investigated, with specific regard to cost and feasibility. The strongest objection to this type of proposal has come from faculty and administration. Many Allied Health instructors, who emphasize the team approach to medical care, feel that a program of this kind would tend to polarize the various team members even more so than they are presently. (See Letter to the Editor) As he expressed in the 'Grandma' article, President Bleumle is personally opposed to separating the graduations because 'it represents a symbolic departure from something that (he) finds good here at Jefferson, a sense of unity between the colleges.'

All three of these possible arrangements have advantages and disadvantages relative to the three main issues involved. I don't believe we can all graduate in a suitable auditorium with our entire families present. If this is the case, then priorities must be set and action taken. The administration, faculty and students of this university must explore the matter further, and we must explore it soon. Being as 'Expansion and growth are the keys to the future of medicine' (Jefferson Medical College Catalogue, 1977-1979, page 14), and since the Jeff community is consequently growing quickly this problem is certain to become much more difficult to solve the longer we wait.

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The editorial content of the *Ariel* is determined solely by the Editorial Board.

To the Editor of Ariel:

It was disheartening to read Martin Trichtinger's article in the April 1st edition concerning the number of tickets available for June graduation. For two years I have been emphasizing to my students and anyone within earshot that health care delivery to a patient is a team approach. The quality of that care being only as good as the quality of communication, respect, and desire to work together that exists among the involved professionals.

The medical students that become physicians at graduation would have a very hard time practicing without the vast cadre of allied health professionals providing their expertise. Yes, Martin Trichtinger - cytotechnologists are a big factor! How many graduating medical students can microscopically diagnose carcinoma cytologically in a gynecological or non-gynecological patient specimen?

I have always felt that one of the failings of the programs at Thomas Jefferson University has been the existence of departmental/program isolation. During the academic years of training we underutilize an excellent opportunity to integrate the various students so they would graduate with a fuller understanding of the various roles and responsibilities of the professionals in the medical field and thus leave behind parochial views of health professionals exemplified by a multi-runged ladder of ascending importance. If at present we do not maximize the existence of many programs under one common university, let us start

## Letters to the Editor

your embarkment on your careers at graduation time with a sense of unity.

Concerning student attitude being summed up a nursing student's statement - "Who cares?" - I personally know a class of cytotechnology students that *do* care, and I hope this attitude of caring I have seen in them these past two years is contagious.

Marilyn J. McHenry  
Instructor  
Department of Cytotechnology  
Dear Editor:

I am responding to the article by Martin Trichtinger in Vol. VIII No. 5 of the *Ariel*, titled "Sorry, Grandma... You Can't Come", which I feel was totally inappropriate.

As a member of the faculty in the Department of Cytotechnology, I have stressed the positive features of the "Health Care Team", and the tremendous benefit to be derived by health professionals and patients alike when medical personnel at all levels interact and communicate with each other. Mr. Trichtinger's emphasis on "the addition of cytotechnologists to the graduation exercise" as a "big factor" in decreasing the number of tickets available to medical students from 6 to 5 can only undermine the philosophy of the health care team. In light of these comments, students and *prospective students*, will certainly have to reevaluate their concept of "unity" within the health care profession. It is hoped that it does not represent the attitudes of the majority of medical students in this graduating class.

Certainly a more positive attitude towards allied health professionals must be fostered by physicians and future physicians if the needs of the medical profession as well as the patient are to be met.

Douglas E. King, M.S.,  
CT(ASCP)  
Assistant Professor  
Department of Cytotechnology

Dear Editor:

It was appropriate to see Martin Trichtinger's "Sorry, Grandma... You Can't Come" in the April Fool's issue of the *Ariel*. One can only assume that the tenor of the article was in keeping with the mood of the occasion. Mr. Trichtinger is aware, I am sure, that University graduation is just that, *for the University*. The increase in graduates, and subsequent reduction in tickets, is no more the "fault" of the cytotechnology students than it is any other allied health graduates or the increase in graduating medical students. Therefore, when a serious article appears in the *Ariel* concerning graduation tickets, I trust it will discuss intelligently, alternate locations for the future. This certainly will be much more positive than antagonistic statements and quotes which segment the University.

Sincerely,

Rhonda Karp, Ed. D., CT  
(ASCP), CMIAC  
Chairman and Associate Professor  
Department of Cytotechnology

## Dr. James Hunter: Jeff's "Handman"

James M. Hunter, M.D., prominent Philadelphia physician and educator, was born in Camden, New Jersey and raised in Merchantville, New Jersey, where he attended local schools. In 1949, he received his B.S. degree from Dickinson College, then attended Jefferson Medical College and received his M.D. degree in 1953. He interned at Jefferson from 1953-54. He was a resident in orthopaedic surgery at Jefferson and studied under the eminent Dr. Anthony DePalma, from 1954-58, then proceeded on as a fellow in hand surgery at Columbia-Presbyterian Medical Center in New York from 1958-59.

Dr. Hunter is now Associate Professor of Orthopaedic Surgery at Jefferson Medical College, Chief of Hand Surgery Services and Coordinator of House Staff Education, as well as a member of many hospital committees. He was past consultant for the U.S. Army at Valley Forge General Hospital and is now consultant at the Philadelphia Naval Hospital. He is also a member of the staff and Department of Orthopaedic Surgery at the State Hospital for Crippled Children, Elizabethtown, Pennsylvania.

He is an N.I.H. grant recipient

and U.S. Army Research and Development Command contractor, and through these developed the first artificial tendon implant (the Hunter rod), which is used worldwide. An ongoing research project between the Department of Orthopaedic Surgery and Dr. Robert Mullan, Department of Anatomy, is concerned with the nutrition of the tendon systems of the hand and clinical applications to surgery.

Dr. Hunter founded and established the first center and clinic for rehabilitation of the hand in Philadelphia—the first of its kind in the Delaware Valley, the first in Pennsylvania and one of the first in the country. He also introduced the Hand Surgery Service Section to the Department of Orthopaedic Surgery at Thomas Jefferson University Hospital. His practice is at the Hand Rehabilitation Center, Ltd., 243 South 10th Street, Philadelphia, Pennsylvania.

The center was established by Dr. Hunter to focus the best existing knowledge and technical ability on the comprehensive care of hands maimed by injury or disease. It has one purpose - to make hands functional again so that its patients can compete in

the world. Rehabilitation of the hand is a two-pronged program involving physical therapy and occupational therapy. Dr. Hunter contends that the hand is injured more often than any other part of the body. Nearly one-third of all industrial accidents involve the hand, and two-thirds of those result in permanent disability. The hand specialty is challenging and combines general, neurological, orthopaedic and plastic surgeries,

[Continued on Page 5.]



by Rick Spaide

Dr. James Hunter



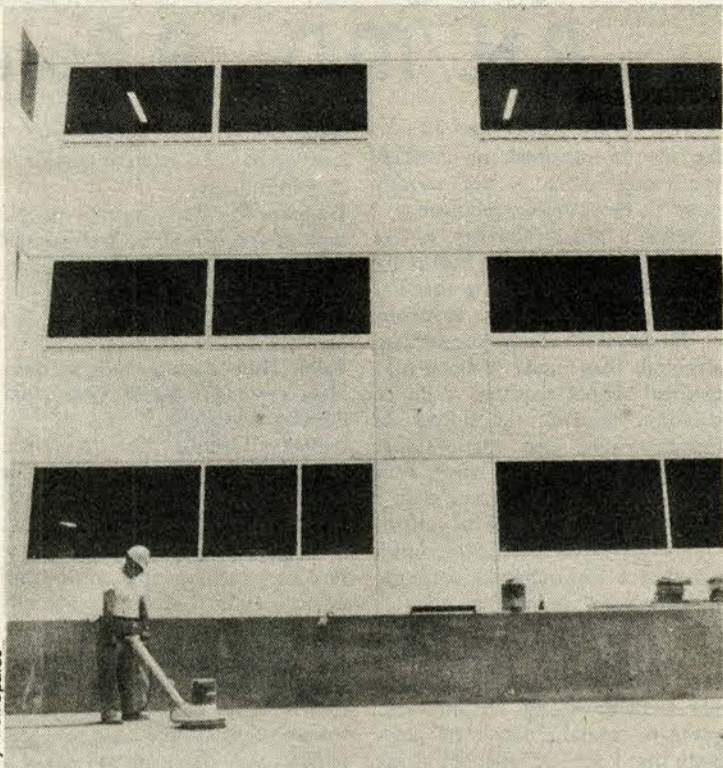
# Dr. Hunter

[Continued from Page 4.]  
 as well as the new micro-surgery technique where traumatically amputated hands or parts of the hand can be replanted and brought about to function almost to the pre-accident level. The center handles industrial accidents, arthritis, birth defects, burns, paralysis, and crippling due to degenerative diseases and tumors.

Dr. Hunter is also a devoted member of a musical jazz group, the Red Peppers, who play both professionally and for pleasure. He is a member of the Philadelphia Union League and the Bachelor's Barge. He is an avid boatsman and often rows several miles up and down the Schuylkill River.

Dr. Hunter and his wife Carolyn have three children, Gary, Kimberly and Jeffrey, and reside in Penn Valley, Narberth, Pennsylvania.

[Dr. Hunter was the guest of honor at the 48th annual Black and Blue Ball held May 13th at Jefferson Alumni Hall. The Ariel prints this biographical sketch as a service to its readers.]



by Rick Spaldie

Metal detectors move in.

# The Bull Flies

by Dan Flynn '78

The National Student Educational Fund sponsored a national competition to recognize college students who produce the best informational materials for other students: printed or audiovisual matter. After recently reviewing the 330 qualified entries, **The Flying Bull** made it into the finals and was selected for Honorable

Mention for best student publication for 1977. Because of its originality there is interest in making it available as a model to students at each of the other medical schools.

The 1978 edition is now being prepared. Anyone interested in being an editor, writer, or proof-reader etc. should drop a note in Jeff Hall Box 290.

# HELLO!

by Emily Wofford

All of a sudden the sophomores have left their seats in Solis-Cohen and have begun that part of their medical education for which most of us are here. They have gotten haircuts, hidden their blue jeans in the closet, and taken off for the hospitals. To them we say good luck, let us know how it is, and see you in the sauna when you're not on call.

As for those of us with still another year of basic science lectures and the note service, we are also moving ahead into new grounds. (That is, of course, barring any unexpected drastic deviations from the mean.)

Unlike other four year institutions where upperclassmen traditionally have the loudest voice in student affairs, the campus and the curriculum here are not conducive to four years of commitment. Most juniors and seniors just don't have free time. Therefore, we fledglings are left to attend the nest.

As freshmen we had to learn where the front door was (and how to slip out the back,) and now that we are somewhat secure in our insecurities, we can assume some responsibility for the student body.

We at the *Ariel* staff are experiencing an acute onset of responsibilities. If you haven't noticed a change in volume number on the masthead, take another peek. Since the last issue was published, a new board of editors has taken the job.

The previous staff has made a highly commendable contribution in rehabilitating the paper and restoring its circulation. We all reap the benefits of their long hours of work not only publishing the paper and keeping us informed but also doing the dirtywork involved in its resuscitation. We now have another channel for expressing the ideas and concerns of the students. Thanks to the editors of volume eight for a job well done.

And now for volume nine....

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# New Hospital Unveiled

[Continued from Page 1.]  
 rooms within their areas. The 9th floor has more teaching space than any other floor, completed by a large audio visual center. The entire hospital is wired for T.V. audio-visual taping.

Each patient room in the hospital has what is called a "nurse server" or set of built-in lockers where clean linens, supplies and medications can be stored or used linens can be placed for storage.

Dr. Sweeney noted that Jefferson Hospital is a tertiary care center, serving as a source of updated and available technology to both urban and suburban areas. The hospital complex, he noted needs to maintain 647 beds in surroundings that meet modern life safety codes. The new hospital represents a modernization program which allows for replacement of less desirable inpatient facilities in some of the older buildings of the hospital complex, while adding a net gain in medical sophistication without a net increase in beds.

Recently the university received a lot of bad press concerning the

taxes on the new hospital. According to Dr. Sweeney Jefferson is awaiting the outcome of the Overmont Case now pending concerning a similar situation at the Philadelphia College of Osteopathic Medicine. Dr. Sweeney says, "Jefferson pays its taxes". The university will be paying taxes on commercial space in the new hospital and for private offices.

Concerning the tuition increase, Dr. Sweeney stated that there is no tuition money going into the new hospital. He explained that it has been a policy of the university that each division rises or falls on its own budget and that no tuition money from the medical school is being used for the hospital.

Long range plans call for Thompson to be used for psychiatry and ancillary services with the Foerderer Pavillion housing clinical labs, pediatrics, OB/GYN, physical medicine and rehabilitation. Also the emergency room will be moved to the first floor of the Foerderer Pavillion, after the pavillion elevators have been remodeled to connect with each floor of both the new hospital and Thompson.

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"On the Jefferson Campus"

## R.N./M.D.: A Rare Breed

[Continued from Page 2.]

for me to overload on credits, something which is not usually done in the nursing program.

When I was at Hershey, it was known from the very beginning that I would be entering medical school after a year. The surgeons at Hershey were always supportive, although they made it clear that medical school required a lot of stamina. Overall, the nurses at Hershey were also encouraging, although there were some that seemed to resent the fact that I would be entering medical school. Older nurses, in particular, often felt that I was rejecting nursing, which wasn't the case at all.

**Mary Jane:** Concerning my decision to apply to medical school, I kept a rather low profile. When I was working at the hospital and going to school, I didn't tell anybody that I worked with about my intentions. For one thing, if I didn't get in, it would mean the "losing face" routine. Secondly, there is an undercurrent of resentment for someone who crosses barriers, because they feel that you're rejecting nursing. People would ask me why I was going to school, and I would usually tell them that I was interested in Biology and needed such and such a course, which was an adequate explanation for most people. However, a resident once asked me point-blank, "I'll bet that you're applying to medical school, aren't you?" I told him, "No, of course not," and he responded with, "Well, if you are, you better know what you're getting in to, because it's no fun."

**Ariel:** Since you already have a profession in the health field, is it difficult to explain to someone why you want to change professions within that field?

**Dolores:** That's like saying, "Why aren't you satisfied with what you are?" I hope that I'm never satisfied with what I am. I want to be a doctor because that's the next place for me to go. People take different directions in their lives, and this is mine. Sometimes there is the edge of guilt that says you're cheating someone else, but in the long run it's not really true. Anyone who has the desire and motivation to accomplish something will find a way. It's not as if everything in the past is behind me. My experience as a nurse will be put to use, hopefully to the advantage of those people that I'm taking care of.

**Mary Jane:** I looked upon the thought of being a doctor as a very fascinating and interesting career and as something that I thought that I would enjoy more. To me, nursing was a logical step, some-

thing that I could spring from. I look upon my education as part of a continuum.

**Dolores:** Perhaps some people look at the two of us and wonder why we did things the way that we did. I guess both of us would say, "There isn't any other way; it's logical."

**Ariel:** How have people in your class reacted towards your prior nursing experience?

**Dolores:** Overall, the feedback has been good. Most people in our class are mature enough to appreciate the experiences of other people, just like I appreciate the fact that other people come from backgrounds that are completely unrelated to Science or Medicine. However, there are a few people who feel threatened by the fact that maybe a person has been someplace that they have not, and maybe, they think, it will make a difference.

**Mary Jane:** I really haven't had any negative feedback. Most has been either positive or neutral. However, people do tend to make a lot of assumptions about what you've studied before.

**Dolores:** I would like to be able to share what I do know with other people in the class, and I hope that they would share with me what they have learned.

**Ariel:** Do you see yourself as a nurse training to become a physician or as a medical student in the process of becoming a physician?

**Dolores:** For me, there is a definite process that I am going through. I can identify a nursing

attitude, and I can identify a physician attitude. Personally, I like being able to piece them together. When I am in a position to listen to a conversation between a doctor and a nurse, sometimes I listen as a medical student. Hopefully, I will be able to incorporate both attitudes in terms of the care that I will be able to give to a patient.

**Mary Jane:** I must admit that I no longer really think of myself as a nurse. It's been almost two years since I've worked as a nurse, and it's difficult for me to align myself that way. I feel like I've taken a few steps forward, and I have a different perspective now. Of course, there is part of me that is still a nurse. I have certain skills, and I will always have those skills.

**Ariel:** How will you approach your future physician/nurse relationships?

**Mary Jane:** I never want to be the kind of doctor who says, "Look, I was a nurse once, and I know that you ought to be able to have your meds out on time." Recently, I overheard a resident in the ER complaining over the phone about late lab results. He said, "I know that it doesn't take that long to do a CBC, because I used to be a lab technician myself." However, knowing what to expect in terms of a nurse's training, capabilities, and skills is something that I will carry with me.

**Dolores:** I'll have a certain respect for the nurses who I'll be dealing with and for what they have been educated to do and for what they feel is their function.

### Student Council News

by Stu Gordon

The student council of the Medical College has recently introduced three major reforms involving changes in the election of Class Representatives and executive officers.

Mr. Martin Carney, chairperson of the Election Reform Committee, submitted his committee's proposal at the Council's April 26th meeting. At this meeting, two of the three election changes were approved.

Beginning next year, the Freshman class will elect class representatives in October and in March. This gives the first-year class more time to select representatives who will remain in office during the greater part of the second year. The Sophomore and Junior classes will elect their class representatives during the months of February and April respectively. According to Mr. Carney, these changes allow for a more equal distribution of Council meetings attended by the Class Representatives.

A second proposal, concerning the election of class representation to the Jeff Hall Commons Governing Board, was also approved by the Council. Hereafter, the Class Representative to the Commons Board will be elected on the same ballot as the class officers.

The most controversial and major election reform concerned the selection of the Executive Council, the President, Vice-President, Secretary, and Treasurer, in a general election involving the entire student body. Amidst much confusion and

heated discussion, the Council voted to accept this proposal by a tally of 11 to 8. However, since any constitutional amendment must be passed by a 3/4 majority vote of Council members present, the general election proposal was defeated.

While generally accepted by the Freshman and Sophomore representatives, the Junior and Senior officers did not favor the general election reform. Vice-President Carney stated later in an exclusive interview that he was "surprised that the general election proposal did not pass at the (April 26th) meeting." It appeared that although the upperclassmen agreed in principle with having a general election for the Executive Council, they identified too many procedural errors in the proposal. Mr. Carney later expressed his regret that some of the upperclassmen who had made little contribution to constructing the proposal, rejected the proposal on the grounds of "semantics and logistics".

The drafted proposal was then sent back to the Election Reform Committee for further changes. According to various sources within the Student Council, the proposal will be resubmitted at the May meeting during which the proposal has a fair chance of being accepted. Because of the rules for constitutional amendments, if passed by a 3/4 majority of voting Council members, the proposal will have to be accepted by at least a 2/3 majority at the June meeting in order for general elections to be held next fall.

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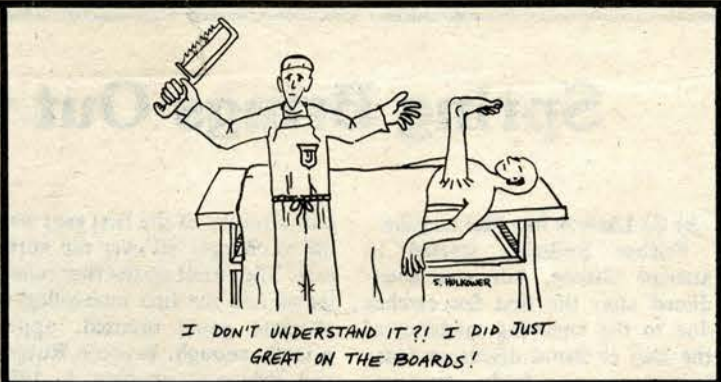


## More Frisbee

[Continued from Page 8.]

come the six point deficit they entered the period with the intention to erase. I could write volumes on some of the spectacular plays which were executed with picturesque precision in view of the relative inexperience of the team. However, I will only mention some of the other players who displayed surprising skill and superb spirit. Eric Margolis hustled for three goals, assisted on six others and made twelve catches. Steve Hul-kower and Scott Kennedy threw very accurately, completing 78.3% and 68.2% of their passes respectively. "Broadway Bill" McLemore was the only Jeff player to have perfect statistics. (The Duke would have been proud.) Bill had one throw, which he coolly completed to Rick who back-handed a goal to the ever-present Eric.

The team closed its season on a rather depressing note, losing a hard fought game against Lehigh University. Even though Jefferson added the skills of Time Cates, Mike McClosky, Steve Levine, Jim Balshi and Marc Norris, the gale force winds of the Lehigh Valley proved too difficult to overcome. A good indication of how difficult it was to complete a pass is found upon comparison of the statistics from the two games. The team average of completions in the Penn game was over 60%. In the Lehigh game, only a third of the passes attempted were completed. Steve Levine played well enough to catch two goals, although he freely admits he should have had four or five. Rick Finegold had five assists on seven goals, which gives him seventeen on the year. This, to my knowledge, is a TJU Ultimate record. Also, according to the statistical records kept by the future Mrs. Little, "Broadway Bill" McLemore managed once again to complete 100% of his passes. All things considered, the season was at least a moderate success.



## The Last Lap

[Continued from Page 8.]

Hopkins' daily training giving him the edge in the final kick. To many people Rob Hill (I) was the surprise of the evening, as he won in each of the four events he was allowed to enter. Hill won in the first relay, the 80 yard freestyle, the 80 yard backstroke, and touched out Carabasi (NS) to win the 40 yard freestyle in 17 seconds. Hill explained his performance by pointing out that he has been tapering longer than most people (four years), but others have been

more inclined to attribute his wins to the fact that he is somewhat stronger than a speeding locomotive. John Reinhardt (I) and Doug Hiller (I) also each won four events. Reinhardt swam one of the finest races of the evening against Hopkins (NS) when he continued to accelerate on every stroke of the 80 yard butterfly, finally winning the race by two bodylengths. Reinhardt also won the 40 yard backstroke, and two relays. Independence Captain Doug Hiller won on two relays, the 80 yard breaststroke, and the closest

race of the evening, the 40 yard breaststroke. Hiller, Carabasi (NS), and Erickson (PA) came off of the blocks together, out of the turn together, and swam stroke-for-stroke even to the finish, where Hiller finished less than one tenth of a second ahead of Erickson and Carabasi in a time of 24.8 seconds.

Dennis Monteiro (NS) won the men's 40 yard butterfly, with Nu Sigma's other victories coming from Ben Hopkins (80 yard Individual Medley) and Mo Lawlor (women's 40 yard backstroke and 40 yard butterfly). Kim Childress (I) won the women's 40 yard freestyle, and received second place in women's 40 yard butterfly. Ty Jenkins added eight points to the growing Independence lead by earning second places in the women's 40 yard back and breaststroke races.

The final race of the night was the men's 160 yard freestyle relay, and the crowd went wild for the last time. It was anybody's race until the end, when Reinhardt earned his nickname once again by blasting ahead of Nu Sigma to win the event for the Independence team.

In the final analysis, Independence won with 96 points, followed by Nu Sigma with 77 and Phi Alpha with 57 points.

## FUN RUN

A FUN RUN will be held in conjunction with the dedication week festivities celebrating the opening of the new TJUH.

The race will begin at 1:00 p.m. on Sunday, June 11, and will be open to all joggers. Affiliation with the Jefferson community is not required.

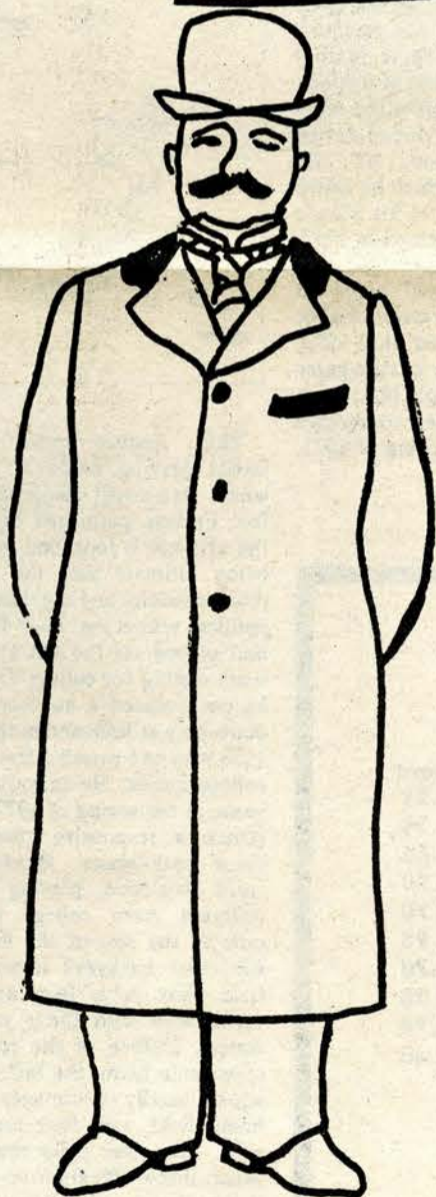
The runners will begin their approximately 2.5 mile course in the plaza behind the Scott building. They will follow Eleventh Street to the Chestnut Street Transit where they will turn east and continue to Front Street. On Front Street south to Walnut and west on Walnut back to Eleventh, the runners will race until they reach the entrance to the new hospital on Eleventh Street.

No Registration is required for participation. Certificates will be given to all participants who finish the race.

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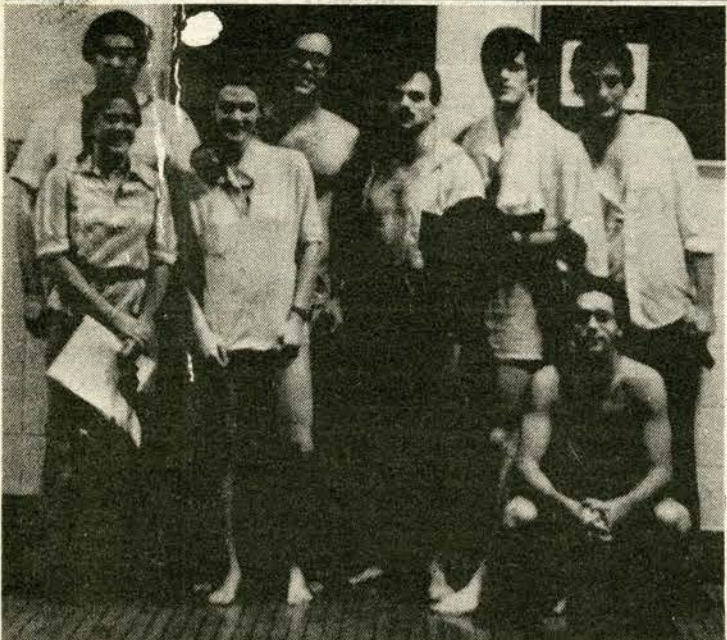
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by Matthew Brady

The team that drowned out Nu Sig and Phi Alpha: [L to R] Rob Hill, Kim Childress, Ty Jenkins, Cap'n Doug Hiller, Beast Reinhart, Steve Eisner, Jeff Lubin [kneeling], and Bruce Dooley, official starter.

## Independents Drown Frats

Twenty six swimmers representing Phi Alpha, Nu Sigma, and Independence Swimming competed in the annual Intermural Swim Meet at Jefferson Hall on May 3rd. Among the competitors were ex(some more so than others) college swimmers, high school swimmers, and untrained natural talent. The meet had been postponed twice, giving the swimmers unexpected time to psyche up and 'taper' (swimming jargon for slack off). Bruce Dooley was kind enough to officiate and act as starter for the meet, being rewarded for his efforts by an unexpected and fully clothed swim at the end of the evening.

Phi Alpha's fine effort was led by team Captain Jim Wilson, Al Erickson, famous lifeguard Tom Griffin, and Sue Erickson who won the women's 40 yard breast-stroke. Nu Sigma was the pre-meet

favorite, with such college swimmers as Matt Carabasi (Princeton), Ben Hopkins (Penn State), Dennis Monteiro (Miami) and Mo Lawlor (William and Mary). Independence Swimming, described by Place Judge Haines Cates as "the biggest group of ringers ever assembled" included John ('Beast') Reinhart, a local swimming star, Rob Hill (Lehigh), Steve Eisner (Lehigh), Captain Doug Hiller (U of Cal. at Santa Barbara), Jeff Lubin, Ty Jenkins, and Kim Childress.

Independence set the tone for the meet by winning the first event, the 160 yard Medley Relay, with Hill, Hiller, Reinhart and Eisner. Phi Alpha outswam Nu Sigma for second place. Ben Hopkins (NS) and Steve Eisner (I) battled the longest race of the evening (200 yard free) with

[Continued on Page 7.]

by Ed Little & Ray McLaughlin

Frisbee probably started in ancient Greece, but was abandoned after the first few catches due to the annoying tendency of the clay or metal discus to cause injury upon body impact. Although some catch-and-throw games were played during the early 1900's at Yale and several other schools using pie tins from the Frisbie pie company, it took the advent of petrochemical technology to achieve a "discus" that could be caught without fear of harm. The Wham-O toy company of California put out the first commercial plastic disc, the Frisbee, in 1959. Frisbees began appearing throughout the country, and any former college student can attest to their prevalence on campuses today, thrown around in "the quad" in a non-competitive sport-even termed "counter-cultural" by some due to its de-emphasis on winning. A game called "Guts Frisbee", with a line of players on either side of a field trying to throw a catchable pass that the other side drops, was played by some college teams as far back as the pre-plastic era, but did not resemble any previous team sport in that movement to the center of the field was forbidden. A more active team frisbee sport was developed by Joel Silver of Maplewood, NJ. He showed this game, which he called "Ultimate Frisbee", to his friends at Columbia High School in 1967. A year passed before the first recorded game took place at Columbia, and a varsity frisbee squad was not formed until 1970, when Columbia won its first game against Milburn High (43-10). A five team New Jersey conference was formed in the spring of 1971,

and veterans of the first year went off to colleges all over the northeast. They built up the first college teams and the first intercollegiate ultimate game occurred, appropriately enough, between Rutgers and Princeton on Nov. 6, 1972, being 103 years to the day after the first intercollegiate football game between the same schools. As in the football game, Rutgers won, 27 to 25; the game was even played on the same field, now a parking lot (is that some sort of statement?). By 1975 a thirteen team league had been formed, including MIT, Tufts, Rutgers, Princeton, Yale, Cornell, Holy Cross, Clark and Hampshire. Rutgers, with such present frisbee greats as Irv Kalb and Dan "Stork" Roddick, shot off to a Notre Dame-like dominance of the game for the first five years. League expansion had led to the creation of an East and a West Conference, with a championship game won last year by Penn State against UCLA..



Thus, Frisbee spread in the fertile playing fields of college, where ten-credit semesters and free Fridays permitted honing of the art; but it took one person to bring ultimate into the hurried time schedules and notepiles of the medical school set. Rick Finegold had played on the old Princeton team during his college days, and he encountered a number of students here at Jefferson in the fall of 1976 who had tossed a few 'bees in college quads. He introduced the game in the spring of 1977, and it struck a responsive chord with these enthusiasts. Gradually a team developed, playing a game different from college ultimate only in the size of the field (the Barringer backyard instead of a field sixty yards long and forty yards wide with thirty yard end zones). Instead of the regulation seven man team, the Jeff ultimate squad usually scrimmages on their home field with four men on a side. The other rules remain the same: throw-offs are from one goal line to the opposing line-up on the other goal, then the 'bee is moved up the field by passing (only 3 steps are allowed after catching before the throw) until a throw to a man across the goal is completed. Passes that are incomplete, dropped or intercepted result in a turnover of the 'bee, and the defenders attempt scoring in the other direction. There are two fourty minute halves, and a good running game has been calculated by Roger Woods, M.D.--director of the Institute of Frisbee Medi-

cine (this is the truth, folks) in Santa Monica, California--to expend 400-600 calories per hour. My STAMP skills set this at 9 or 10 METS, barring scribe error.

The evident benefits of such activity to study-bound med student was an obvious drawing card, as was the sheer pleasure of the flying disc game, but there were obstacles to the development of a competitive team. Lack of a full-sized field was one, another was the acute lack of practice time. A medical school team thus, of necessity, loses a competitive edge to college teams who can practice every day. Jefferson is believed to have the only medical school team--which is surprising given the M.D. degree of Stancil E.D. Johnson, the California psychiatrist whose book *Frisbee* is the "practitioner's manual and definitive treatise" of early frisbee, and the aforementioned Dr. Woods. Jeff's team has its own "loose" style of play, climaxing in long bomb passes to the end zone, fast, precise, short work, sprinting catches and many interceptions (more while on offense!). But spirit is never lacking, and the team is expected to continue next year lead by this year's freshman rookies after the "charter" team leaves for their junior year clerkships.

The Jefferson Ultimate Frisbee Team made its debut on a cold March afternoon at Hill Field on Chestnut Street in Philadelphia. Their opponents in the eighty minute long contest were a group of well-trained and talented undergraduates of the University of Pennsylvania. After a rather hesitant opening few minutes, the Jeff discophiles managed to remain highly competitive throughout the rest of the game.

After falling behind 8 to 1 in the first ten minutes of the half, the Jeff team rallied to close the margin to 13 to 7 by halftime. Rick Finegold and Ed Little were very instrumental with their highly accurate throws of 30 yards or more to swift receivers Jim Hopkins and Dave Mannino. As long as I'm mentioning the finer moments of the day, I might as well describe one of the better scoring plays of the game. Just before halftime, when Penn had just scored two goals in a row, five different Jeffmen moved the frisbee the entire length of the field in ten seconds or less. Ray McLaughlin received the throw-off at his own goal line and floated a back-hander to Jim Hopkins. Hop pitched the frisbee to Ed Little who was on his wing about fifteen yards upfield. Ed quickly flicked a stylish forehand fifteen yards further upfield to Rick Finegold who had just slipped between two defenders. Meanwhile, "Scampering Dan" Fisher had broken past the defense. Rick fired a backhand bullet to hit "Scampering Dan" in his outstretched hand just as he crossed the goal line.

In the second half, Jefferson actually outscored the Penn Ultimate Team 13 goal to 11. This, however, was not enough to over-

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