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Ariel - Volume 11 Number 5

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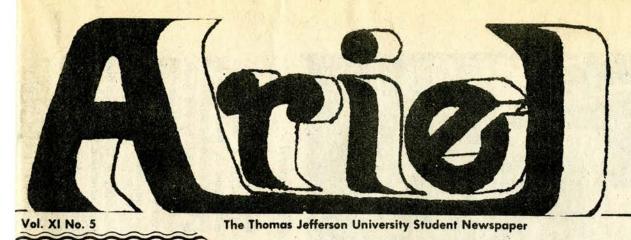
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Authors Saul Helfing, David Polin, Jeff Greenwald, Steve Edmundowicz, Kevin Hardy, and Allan Cummings			





February 13, 1981

Natentine
Messages
pages 8-7

ARIEL Explores the World of

The Chiropractor

BOOKSTORE

On The Move

by Saul Helfing

temporary home is found. making recommendations for the his right hip, an anxiety disorder future.

Committee, chaired by Dr. Ronald Jensh (Anatomy) surveyed the Freshman and Sophomore Medical Students and first year Allied Health Students. The survey's purpose was to find out what the General concensus from students is with regard to their feelings and cont'd on page 11

by Blezwood

The inspiration for these two articles about chiropractic medicine arose from a conversation I had early this fall with two friends of mine - the Cynic and the Moralist. I sat down at their table in Jeff Hall only to find them in the midst of an Sometime this spring the argument over a number of Jefferson Bookstore will be newspaper clippings. The fact moved from its present location to that they disagreed about the make room for the Thomas Eakins articles did not surprise me, for Museum which will display the one could not find two more famous artwork, "Gross Clinic." diametrically opposed individ-After serving the student body wals. The Cynic, a grad of Prehere at Jeff, the bookstore will Med U., is a born-again probably be moved to a Republican. Besides an overt location until a distrust of anything out of the mainstream of his personal life President Baldridge has charged experiences, his only notable the Commons governing board flaw is a persistent nervous twitch with evaluating the situation and in which his right hand grasps at born of his painful separation Early last fall, the Bookstore from his calculator upon entrance into medical school. The Moralist, late of the College of the '60s, is a displaced and science-minded John Denver-

> The Cynic was infuriated by a number of articles written by a local chiropractor. "This chiropractor's answers to

applicability of chiropractic violate much of what is known pathology, neuroanatomy and neurophysiology. Furthermore, he tries to set his readers against allopaths by charging physicians with neglecting the well-being of their patient (by dissuading them from visiting chiropractors) in favor of AMA ethics, monetary gain, or the continued recognition of allopathic (and osteopathic) medicine as the only true and tenable health field."

The Moralist, realizing the hopelessness of arguing without the facts, asked his company, "If you're so concerned about this, why don't you do a little research on chiropractic and write something to The Ariel and other papers. You can't argue what you don't know — at least, not fairly."

Well, I just don't have time to fool around with make-believe doctors and hocus pocus. Too much Path to memorize - if I take time out I could drop out of the top 5%. But what about you, Bleznak? You're always looking for something exciting to write about. Give this a shot."

I agreed that this might be just the job for The Ariel's crack questions about the theory and investigate reporting team,

"Blezwood and Blinnstein." So we read up on the current conflicts between allopathic and chiropractic medicine, interviewed chiropractors, read their literature, investigated the scientific literature on spinal manipulation, and interviewed Jefferson faculty. Unfortunately; we could find no faculty members who were knowledgeable about chiropractic. A noted neurophysiologist had heard nothing about the chiropractic research that Tedd Koren, Doctor of Chiropractic (D.C.), had claimed was proceeding at the University of Colorado. A psychiatrist acquaintance admitted that he had always believed chiropractic manipulation, which involves the "laying on of hands," functioned by a placebo effect, but he was unaware of any research documenting this belief. So we were left with just the literature and our interview; for the interview, see the accompanying

COMMENTARY ON DECISION-MAKING

see page 8

- Chiropractic's Tactics -

by Blinnstein

Upon opening the door at Dr. Tedd Koren's office one is confronted with a stereotypic waiting room, including couches and magazines, a receptionist behind a window busily working a typewriter, even the anxiouslooking patients trying very hard to store holes in the floor. But a closer look revealed that this was not the family doctor's office with which we are so familiar. First I noted the brisk pace of patients entering and leaving the examining room. Patients seemed to be gone no more than two minutes before re-emerging into the waiting room and hurrying over to the waiting receptionist. "What efficiency," I thought, and made my way over to the obligatory stacks of brochures and pamphlets I was sure expounded vaccination schedules and diaper'rash remedies. Instead I found titles denouncing doctors and drugs, things I always thought part and parcel of the medical world. With this I was ushered back to reality and the task at hand, an interview with Dr. Tedd Koren, chiropractor.

In a few minutes I was greeted by Dr. Koren and escorted into his office. Once again the diplomas and desk paraphenalia would betray only to the most observant that I was not speaking to a medical doctor. Our introductory chatter very quickly led me to

extremely amicable fellow (an impression that would not falter) who gave up his career as a radio-disc jockey to pursue the study of chiropractic. He enrolled at the Sherman College of Straight Chiropractic in spartanburg, S. C. and gained his degree some three years later. There, he said the curriculum was similar to most medical schools programs with the obvious emphasis on osteology and spinal anatomy. After graduating he set up quarters in Philly and has since practiced "straight" chiropractic, or the pure, unadulterated art of working-out spinal subluxations via good-ole manipulation. No drugs, no sutures, just that leverage and prying which results in the welcomed "crack" of

After being informed of the history of the discipline and its perceived role in today's health care system we got on to discussing that very popular notion amongst the medical profession that chiropractic was (in the vernacular) somewhere between voodoo and cow manure in its proven effectiveness in combatting illness. Of course Dr. Koren was no stranger to such debates and had his opinion at the ready.

"It is important to understand that chiropractors don't treat disease," he began. "They treat dis-ease. " By this, he explained, believe that Tedd Koren was an one can consider chiropractic as a

preventive program that should be exploited by all. He rightly noted that while most of us don't think twice about regular medical check-ups, we never consider having our spines aligned as part of a program for well-being.

"If a chiropractor doesn't diagnose or treat diseases, what exactly does he or she do," I gamefully countered.

This led to a discussion of the philosophy of holistic health, a cornerstone of chiropractic, but a theory utilized by many other systems of alternative health care. Dr. Koren thought holistic philosophy similar to "sorting the multitudes of variables in a jigsaw-like manner in order to arrive at a composite of individual well-being," or that intangible we call health. In this respect the chiropractor's duty is to align the spine, and by thus putting all of the pieces in their proper orientation, allow the body to naturally fight its battles against viruses, bullets and other forms of entropic proponents that seek to scramble the puzzle and initiate "dis-ease". The bottom line is that chiropractic thinks the body can take care of itself "just fine, thank you,", if we can eliminate those no-good energy sapping subluxations that erode our natural healing potential. It's an optimism that makes you smile alright, but I thought some evidence was in order; proof that chiropractic could assure "the force being with us."

If chiropractors shy away from anything, it's a demand of some scientific evidence for their work. Dr. Koren proved to be no exception and this segment of our conversation was frequently punctuated by hurried exits to see patients. Not only can chiropractics offer little scientific verification for their preachings, but they also don't seem to mind

for a ABUSE Better World Tomorrow 9t's AR Chiropractic. Chiropractic.

Chiropractic spreads the word.

that ongoing research can't even boast a snail's pace. Dr. Koren did supply me with an article from a pathology journal that even the most conservative would have to agree was outdated. A pathologist around the turn of the century noted that many postmortem examinations showed unexplained degeneration of organs innervated by spinal nerves originating from rotated or otherwise abnormal vertebrae. While suggestive and certainly provocative Dr. Koren was at a loss to explain why further follow-up work was not undertaken. He did add that the work of a Dr. Soax in Colorado has noted certain toxic chemical changes in spinal nerves impinged upon by vertebrae, and that such changes may result in a toxic degeneration of the spinal column. In short, while some research has proven interesting, it is anything but prolific and certainly not conclusive. In fact, there is more research directed at the possible

dangers of manipulation than in

support of its efficacy.

I found a much more enthusiastic Dr. Koren when we began to discuss the clinical proof of his pudding. By and large, patients believe in chiropractic and generally feel better after an adjustment. And by the number of patients that traversed Dr. Koren's office floor that afternoon, I can hardly question chiropractic's patient popularity. But I did wonder whether a large clientele necessarily proved that the manipulation itself corrected any latent subluxations. (It was even difficult for me to believe that a spinal nerve impingement could be latent!) "Perhaps," 1 suggested, "the real success of a chiropractor is his ability to calm and assure an anxious patient by the appropriate use of language and touch." And if this was the case what, on the grass-roots level, distinguished chiropractic from another form of what might generically be termed "relaxation therapy."

Dr. Koren acknowledge such difficulties as again the consequences of a dearth of research, but suggested that the placebo effect pervades medicine as much as chiropractic. In fact chiropractic's holistic approach is more willing to accept this phenomenon, since the psyche is but one more puzzle piece to be put into peace, and not the compounding problem that medicine wants to make it. And anyway, if the patient leaves the office in a more comfortable state, one must consider the encounter a success regardless of the underlying reasons.

cont'd on page 10



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Vertebral Alignment or The Backbone of Chiropractic

by Blezwood

As tangled and confused a picture as modern allopathicosteopathic (both considered now as allopathic) medicine presents to the public — what with primary care specialties, secondary care specialties, subspecialties, and conflicting theories and treatments for various ailments — it does not approach the nebulous nature of chiropractic. When D. D. Palmer first employed spinal manipulation to restore the hearing of a janitor, he claimed that proper maintenance of the CNS would prevent those lapses of bodily systems that lead to disease. In this way, all ailments could be cured or prevented by chiropractors. Since that moment in the late 1800s, the chiropractic movement has engaged in a differentiation into factions that puts religion to shame. Some sects profess to provide treatment only for back and neck pain and claim to want to work with physicians. Others, the "straight" chiropractors, still believe as did D.D. Palmer — that a patient needs only chiropractic care and his own bodily defenses to remain disease free — and they denounce medicine, its surgery and drugs, as a major contribution to our unhealthy society. These are merely the two extremes; in between are many sects that employ such diverse treatment modalities as hypnotism, acupuncture, acupressure, nutrition, and others in association with spinal manipulation and claim to cure various ranges of illnesses. These factions are often at war amongst themselves over such questions as: 1) what pathologic conditions can chiropractors

treat; 2) can the basic lesion of chiropractic, the vertebral subluxation, be visualized on xray; 3) should D.C.s work with allopathic/osteopathic physicians; 4) exactly what is the definition of a vertebral subluxation; 5) should the various chiropractic sects support one another?

Tedd Koren, D.C., whom we interviewed and who provided us with much of our "inside" information on the subject, is a "straight" chiropractor. He believes that allopaths need only treat trauma cases; all other health problems can be managed by regular visits to a chiropractor to minimize the effects of "silent vertebral subluxations." These are impingements by some portion of the spine — the vertebrae itself, the disc, etc. - upon nerves whose efferent components supply the viscera but contain no afferent or sensory components. Thus, the patient can suffer a disturbance of bodily function which presents with signs and symptoms particular to the affected organ system, yet he/she will experience no pain in the area of the impinged nerve. (If this concept of wholly efferent nerves seems to contradict basic anatomy, read on).

In contrast to physicians, straight chiropractors do not perform physical exams on their patients. In fact, they profess to be completely disinterested in signs and symptoms, preferring "free the body from interference with its nerve supply and allow its homeostatic mechanisms return the patient to health." Other sects of chiropractic perform extensive physicals and have more explicit aims (i.e. the alleviation of pain

symptoms) to their manipulations.

Chiropractic has virtually no basis in experimental evidence. D.C.s claim that all the proof for manipulation is clinical in nature; and each chiropractic sect claims that they possess such evidence. Reports of cancer remissions, total recovery of function in paraplegics and quadraplegics, cures of hyperkinetic and retarded children, maintenance of juvenile — onset Diabetes mellitus without insulin, and such decorate the bulletin boards in D.C.'s offices, publications by schools of chiropractic, and chiropractors' advertisements. Most of the scant information that does exist is contained in books such as Drugless Medicine by Peter Blythe and The Holistic Health Handbook, in which chiropractic is catalogued along with other alternatives to allopathic medicine. Jefferson's library contained one transcript of a workshop, sponsored by a U.S. Senate subcommittee, which investigated the research status of spinal manipulative therapy. The workshop included: M.D.s, D.O.s, D.C.s, and Ph.D.s in the neurosciences. The consensus of the research articles I read was that while the general concept of chiropractic may be sound — i.e.: that compression of spinal nerves, roots, or sympathetic efferents may have a deleterious effect on the effector organs there is no evidence at present that such compressions can occur cont'd on page 9

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The New S. C. Officers

by David Polin

The Student Council leadership changed hands last month after December's election.

The new President is Ron Brockman ('82). Len Zon ('83) is Vice-President Ron Long ('83) is Secretary and Lynda Schneider ('83) is Treasurer.

Brockman said he plans to "use Student Council to get information to the students." The minutes of the Council meetings are printed and distributed monthly. They contain information from Student Council committees and all student clubs and organizations. The minutes also contain other points of interest, such as announcements of student opportunities.

By reading the notes, "students can pick up most of the things going on at Jefferson," Brockman said.

The new Student Council President said he likes to think of the Council as "the Students' Voice." The Council provides a medium through which student views can be expressed to the faculty. For example, in the recent matter involving Dr. Peusner, Student Council expressed the general student opinion of Dr. Peusner's outstanding abilities.

The Council examines what Brockman calls "the every day workings of student life." Currently, the Council is investigating the efficiency of the mailroom, improvement of class scheduling and the future of the school bookstore.

A special committee has recently evaluated the Radiology Department and will soon be reviewing the Physiology Department.

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The new Vice-President said that he plans to use the committee system to increase the effectiveness of the council.

"A new committee on financial aid would function to compile information, distribute the facts and possible ideas, and present the medical student's problems and concerns to the administration," Zon said.

"Another possibility is an Admissions committee which would allow students to study the admissions process and give suggestions to the Faculty Admissions Committee."

Elections for freshman representatives to the Council are to be held in February. Sophomore elections are planned for March.



This is the way it was, in case you missed it!!

- RAFT DEBATE -

by Jeff Greenwald

The Scene Unfolds: Three Doctors are the only passengers of a ship that is sinking into the freezing water. Frantically, they search for a life raft. They find one but there is one problem...the raft will support only one of them. Who is most worthy of the three? Which one of them, if they should survive, would benefit society the most?

For those of you who don't recognize this situation, this is the theme of the annual "RAFT DEBATE" sponsored by the Hobart Amory Hare Honor Society. This year, the debate was held on January 22 and hundreds of spectators cheered and jeered as the three doctors (an internist, a surgeon, and a pathologist) attempted to prove their worthiness to society.

Dr. Uncle Warren R. Lang, Associate professor of Pathology and Professor of Obstetrics and Gynecology, surprised the audience with his somewhat strange attire; he was wearing a long-haired wig and earrings and a white gown with "path power" plastered across the back. When asked why he should be saved, he replied, "I'm the only one of the three of us who could do a pelvic on a mermaid, if necessary." It was one of the funnier lines of the night).

Dr. William S. Frankl, Professor of Medicine, a cardiologist, was the only one of the three dressed conservatively. His argument was based on the premise that Darwin would have concluded that a cardiologist was the most advanced of the human species. He criticized his companions by quoting Galen (so he says). The only thing this writer can remember from the quote was the way it ends: "...barbers or surgeons, it matters little, funeral directors or pathologists, it matters little."

On the whole, the evening turned out to be a lot of fun, both for the audience and for the participants. At the end of the program, the audience was asked to vote on the winner of the debate by registering their applause with whomever they thought was the most worthy among the three doctors. Due to the strong contingent of sophomore medical students in the audience, Uncle Warren was proclaimed the winner, (I guess that means everyone passed pathology?)

If you missed this year's debate, make sure you get a chance to see it next year. I don't know who the cast of characters will be, but I'm sure they will provide an entertaining evening.

FOR MORE INFORMATION PLEASE CALL: 925-3477 or

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Concerning the

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Quality of Care. It may not be correct to assume that "doctors cannot maintain and improve quality of care unless they can measure it." Standards of care and significant progress toward improvement in quality of care have evolved, despite deficiencies in our ability to measure the changes with precision. Further, government and insurer interest in and insistence upon various measurements of patient care were and continue to be focused on cost control, without any genuine concern for quality. The questions raised — When and how can/should quality control be taught? What role does CME have in quality control? — are extremely important and deserve attention.

Supply of Future Medical Faculty. Undoubtedly, several factors contribute to the decline in numbers of younger physicians entering academic medicine. Fiscal and regulatory constraints, as well as overall economic differentials between academicians and private practitioners, are important deterrents, but may be overemphasized. There is, I believe, a more significant factor contributing to the decline: failure on the part of medical schools to recognize the need to increase the education component of medical education.

Generally, medical school faculty are recruited and rewarded for their research accomplishments and potential (particularly in the basic sciences) and/or their clincial expertise and reputation. Most have not had any formal (even informal) preparation/training in education principles or practices; nor is teaching ability a major consideration in their selection. Consequently, teaching responsibilities often are regarded as an "add on" or are not accorded priority in their academic efforts. And, absence of a reward system for teaching lessens the attractiveness of faculty positions and presents disincentives to incumbents; the latter contributing to a considerable turnover.

There is need for a return to "dedication to teaching" which can inculcate sound principles and the art and science of medicine, utilize modern education precepts and practices, and foster the development of clinical expertise/judgment in lieu of technologic proficiency as the sine qua non of the competent physician. A prerequisite will be acceptance of this approach by the "old guard" and the traditionalists.

Howard S. Madigan, M.D.

Associate Dean for Continuing Education

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You are invited to present your current research to the Thomas Jefferson University Community during the annual Student Research Day, April 29, 1981. This event is sponsored by the Jefferson Society of Sigma XI and will be conducted this year with the cooperation of the Graduate School.

Research will be presented using a poster format. There will be two prizes of \$100 each and two of \$50 for the first and second best presentations in the medical and graduate student categories. An undergraduate category is being initiated this

year for Jefferson undergraduates as well as for undergraduates at nearby institutions. Prizes will be awarded on the basis of the recommendations of a panel of faculty judges. In order for the judges to preview the research and for planning space allocations, an abstract containing no more that 250 words needs to be submitted by April 1 to Dr. Sandor Shapiro, Cardeza Institute. Medical students who are presenting research done in part while enrolled in a graduate program are requested to enter the graduate student category.

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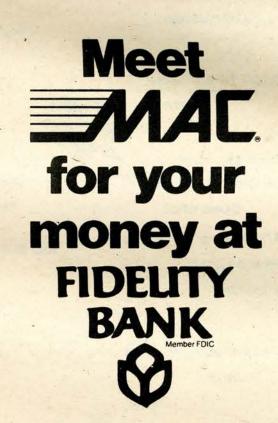
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Happy Valentine's

George,

I love being with you!

Cindie

We still love Murph, whoever HE is. Happy V.D.

From Small Group 12

Marc:

Chopin hasn't been the same since you left.

Happy Valentine's Day.

Love, T.K.

To Vanessa,

Wishing for lots of Valentine's kisses from you, you hot-blooded italiano!

From "6-strings"

Love forever W. B. to L. R.

To Rob at Met.

You play a great guitar. Let's do it again soon.

An old friend, P.S. Happy Birthday!

Mr. President Sir.

Get your skis ready for a wonderful weekend!

Love always

Joey,

Hearts, love and flowers to you.

Always, P.

Ping & Pong,

You're my bestest buddies!
"XO" to you on Valentine's Day!

Guess Who?

To one real "cute thing",

Happy Valentine's Day.

Always, Tootsie

Dearest TR,

You're the best average guy around

Yours, JP

Paul,

Now and in time to come my love is yours and more.

Deborah

HF

Without you I'm "hopeless". Be my Valentine.

Love, J.C.

J To Robin and Rich,

Congratulations on your marriage!

(And Happy Valentine's Day!)

Day

Honey,

Happy Valentine's Day!

Love L.

Pete and Beth.

Congratulations to the first 'in class couple' to take that big step!

To the former mandingoes,

I miss the whips, the dinners and talks.

Let's do it again!

Mom

To Jak,

I still think you're the ultimate!

Happy Valentine's Day

You're our favorite Valentine.

Love, Cocoanut Lady and the Snips

How could you not love an all Catholic 1972?

Really impressed, O'Grady and Side Kick

Your love and Dad's Bucks have allowed me to be here.

Thank you, Love Rick

dogs chase cars and they can't drive!

I don't care if you chase girl;

M.A.C.K.,

Jack,

Dear Jeff,

You're one of the sweetest Valentines anyone could ever have

Love, Susan

Scottie baby,

You can sip your lips on my coffee anytime
Happy Valentine's Hon

To Marc Kress,

Roses are red, violets are blue. You don't know me;

I'd like to know you?

Happy Valentine's Day to our neighbors on Waverly Street.

Love D. & E.

Dear Joanne,

You're making this my happiest Valentines Day ever

Love, Rick

Bill,

I love you! Your patience is never ending.

Love, Linda

Hey Little One,

Love and let love, Spring's on the way,

Happy Birthday, Jay

TO BK:

Who has the sensitivity to understand Rachmaninoff by the fire?

You're invited.

T

To that gorgeous Micro Prof,

We love your hair!!

Signed, 2 women down front

Cytatechnology Faculty and Class:

Happy V. D.

Phantom Cytatech

To Miss K.

What are you doing tonight?

Miss I & F

Reggy,

We love you dearly?

Love, the chubbettes

Black,

It's open house at 6:00 tonight.

Wanna...visit?

White

How about breakfast in bed?

Ophelia too!

My Treat, Pumpkin

To MBG,

Lisa

Hey Mac,

It should have been MGB, Happy Valentines Day

Guess who?

Dear TJU

You make me so glad that Jefferson exists

Love, JMC

You're Sweeter'n Aunt Betty strollin a Rocky Road
eat'n chocolate cookies!

I love you, Poopsie

Tom,

I've got the Fever for you! Happy # 3.

Loves ya lots, "MC"

Butt Sipski

Your Birthday Fits your heart, keep on loving. Guido

Bro -

What was that about incest is best?

SIS

Bobert Baby:

Happy B-Day and V-Day

Love "Champ" BB

Chere Carolina.

Soyez ma Valentine,

Love, Ducky

To the lovely ladies in 804,

HAPPY V.D.III

from the men in 801

To Prince Matchabelli,

You smell so good we'll do anything!

Love, the girls without dysplasia

Cindie,

Remember, a wedding ring is a vicious circle.

Guess Who!

To JW,

With all our love and deep affection who loves ya security.

Dear Baby-pie,

Roses are red Randie is hot Dear Ms. Mulholland We like you a lot

Mer! Mer! Mer! Mer! Mer! Mer!

Love, Doopsoms

Mer! Mer! Mer! Mer! Mer! Mer!

Mark V.

Rachmaninoff or Prokofieff?

Your place or mine?

The Swimmer

Dear Susan,

I regret that my heart has but four chambers to devote to you.

Love, Jeffery

To Glen Madara,

We could make beautiful music together!

Love, you not-so-secret Admirer

To Dr. Wilmington,

Welcome home!

Can't wait to start running with you again...

Love...It should be obvious

Mike,

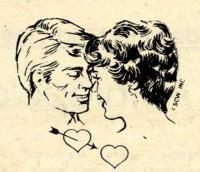
The King of the World. We love you.

Happy Valentine's Day.

From Us

To:

Coffee, Preppie, Cousin, Meatball, Spaghetti,
Gorilla, Person, Mellow Yellow
Thanks for the Good times!



To Sam-I-am.

You're a special hon in our life at Jeff.

From Yes-you-are Midtown

To the guy in the sex twead pleated pants:

We'll do anything!!!

Your secret admirers XOXOXOXOX

To Skinny and Smokeless,

Congratulations on your well kept resolutions.

To Beth and Cogs,

The secret is out!

Congratulations You Guys!

To my Kaneseroo

Just can't keep silent anymore,
I crave your bod

The Giz

Dear Sonya,

There is nothing so sweet as your thighs.

Yours forever, Nicolai

You're sweeter'n Aunt Betty strolling a Rocky Road eat'n Chocolate Cookies! I love you!

Poopsie

Bert,

I love you.

Yours forever, Babooshka

Dear Brucey Moosey,

I love your antlers.

Sign, Mr. Tea

Spike,

The casinos await us!

Terri K.

Shirley,

I love you, Always

Walt

To Joe Henry,

Why don't we do it in the road?

With love, the Movie Star

Marcalee -

in the early morning light,
and loving Dusk's twilight

Jay

Dear Babe,

You are even more adorable when you're pregnant.

Your stallion

Dear Tommy,

You can smoke my fish anytime.

Love Yankarick

P.M.

I will always love you. You are always on my mind.

Love, Your Litte Girl

Dear Jan.

Happy VD, I like your act, everyone gets to clap.

Love, Rob

Dear Mark C.,

Blue is a violet, red is a rose, nothing's as perfect as your cute little nose

Love, VJ.

To BJ and ME,

Isn't it nice to be spending Valentine's Day with the "Thanks-to-Barringer" Roaches

LS



Ed. you were the first: Amy

To C. S. My Favorite Pharmy Stud.

How about a little experimenting?

Hugs and snuggles.

Guess Who

A.M.S. # 153

HAPPY V-DAY!!! All my love, M.I.S. # 426

"Little Pumpkin"

Thanks for being my best friend...
and much, much more.

Love You, "Snuggle Bunny"

Frick and Fran,

Would you be our Valentine?

M&I

Greetings to furry face

The Great Chef with the disappearing mouth

Roses are red Violets are blue Suzzane Trepino Texas loves you

SPERM WHALE:

Thar she blows?

THE SIG

B.B.

Will you be my Valentine?

Love, E.S.

June Lee,

You are very special.

Love, Ed

To Rob at Met:

You play a great guitar. Let's do it again soon.

An old friend.P.S. Happy Birthday





On Decision Making At T.J.U.

Several issues back (September 26, 1980), the ARIEL sought to bring the matter of Dr. Kenna Peusner's dismissal to the attention of the Jefferson community. Dr. Peusner, Assistant Professor of Anatomy, is being denied renewal of her contract. As of now, no final decision has yet been reached on the matter. This poses something of a dilemma to this newspaper: on the one hand, The ARIEL has all along attempted to gather as much information as possible about the events surrounding Dr. Peusner's dismissal; in addition, the paper has a responsibility to inform students about important events at this university. On the other hand, the paper realizes that publishing certain facts may lead to misinterpretation, cause unnecessary embarrassment, or perhaps even injuriously affect the final decision. Therefore, we hope to walk a tightrope: attempting to inform the community about an issue which may very well have significant consequences upon the university without in any way jeopardizing the chances for an equitable decision.

In an article which appeared in its October 31, 1980 issue, the ARIEL outlined the process by which Dr. Peusner was denied contract renewal. After serving six one-year contracts, a decision regarding tenure is made. This process requires the report of a committee composed of members of the department. As Dr. Peusner has been at TJU for only five years, the decision to continue her contract rests solely with the Chairman of the Anatomy Department, Dr. Marshall Johnson. (Ultimate authority, of course, rests with the President of the University and the Board of Trustees). After receiving notification during the summer that her contract would not be renewed, Dr. Peusner appealed her case to the Faculty Affairs Committee. Presently, the FAC has forwarded its report to the Dean and the Executive Council, a committee comprised of the President and the department chairmen.

By now, the students, faculty, and administration are aware of Dr. Peusner's capabilities as an academician. The Student Council Curriculum Committee has reported that students think highly of Dr. Peusner's abilities as both a lecturer and as a laboratory instructor. Her research has also received recognition for she is a principal investigator on an NIH grant. Reluctantly, we must therefore consider the possibility that the decision to deny renewal of her contract is based upon factors other than Dr. Peusner's academic qualifications. If this is so, then it is surely a most disturbing state of affairs for it directly strikes at the philosophical foundations upon which academia flourishes: as a forum for presenting and discussing diverse points of view.

The political ramifications of this issue affect both the internal workings of TJU and, externally, Jefferson's standing as an academic institution. The former effect concerns the role of the department chairman, especially the chairman's unilateral prerogative to retain or dismiss a non-tenured faculty member. Surely, department chairmen hold this to be an important mechanism by which they can maintain the quality of their departments (by weeding out unsatisfactory instructors). Thus, chairmen can be expected to act in such a way as to preserve this prerogative. In this case, however, department chairman may discover that they have hitched their wagon to a bad horse; if Dr. Johnson's decision is not based upon Dr. Peusner's professional qualifications and if the other chairmen support this decision, they may be needlessly placing this perquisite of the departmental chairman in jeopardy. For, if Dr. Peusner successfully challenges her dismissal this calls the leverage of the department chairman into question and may open the door to similar challenges in the future.

The second aspect to consider is the effect of this matter upon Jefferson's standing in the academic community. Thomas Jefferson University does not exist in a vacuum and any institution must continually strive to achieve and preserve its good name. A good name attracts good students. A good name attracts scientists who can bring funds into the school and who do quality research. Quality research enhances the name of the institution. But what quality researcher would wish to come to an instition where his/her career hangs in the balance depending upon a chairman's caprice? The ARIEL has learned that several colleagues of Dr. Peusner from other institutions have sent letters to the President of TJU on her behalf. This must act to serve notice that the academic community is aware of this matter.

In sum, therefore, whatever its outcome, this matter will not have served Thomas Jefferson University well.

What is the students' role in this decision-making process? Why have students taken the time and made the effort to report student opinion of Dr. Peusner to the administration and to bring this matter to the community's attention? To answer these questions properly requires cont'd on page 11

Ideas in Medicine

Anthropologist talks Medicine

Editor's note: Medical anthropologist John-Henry Pfiffering, Ph.D., has spent the last eight years studying the culture of American health workers.

Tom Ferguson: What is the key to understanding the culture of health workers?

John-Henry Pfifferling: The most important thing is that there's not just one culture, but many co-cultures. Each one has its own philosophy, its own code of ethics and standards of practice, its own understanding of health and disease.

TF: What are some of these cocultures?

JHP: Allopathic medicine that's the M.D.s — osteopathic medicine, chiropractic, nursing and public health to name a few. Each one developed from a separate — and sometimes competing — philosophy. These philosophies are not immutable. They can change. Right now, for example, I think nursing is undergoing a fundamental philosophical change. It's in the process of moving away from the disease-centered, hospitaloriented medical model. It's creating its own approach to health and health care, one which emphasizes self-care and illness prevention, and pays more attention to psycho-social and cultural factors.

TF: What about the culture of physicians?

JHP: Physicians are very heavily socialized into a narrow biomedical perspective on health illness, which guides a tremendous amount of their behavior. They're taught to pay speical attention to some kinds of information and to downplay or ignore others.

TF: What do they ignore?

JHP: By and large, they disregard information in any language other than their own technical vocabulary. That means that people who speak the various dialects of English — or who don't speak English at all — tend to be regarded as "poor historians." Doctors tend to ignore information about what the illness means to the person who has it, and how it relates to the rest of his or her life.

TF: You were saying that you lived and worked with physicians in a way that gave you access to feelings and information not usually available to non-doctors.

JHP: That's one of the great things about being an anthropologist — you live with the people you're studying. In the first phase of my field work, at the family practice in Maine, I observed that group of doctors in a tremendous variety of situations. I interviewed them and collected extensive life histories while they were on call at night. When you spend all night talking with a physician about his life, and you show great interest in him as a person, and it's 2 in the

morning and there's no one else around, you get very close.

I began to see these docs — my friends — as individuals separate from the whole facade we associate with being an M.D.: their career autonomy, their power and their control over others. Frequently, I saw them as victims of that facade.

TF: You're: talking about physicians who, on the surface, appear to be functioning well. JHP: Right. Many had lots of power, too: division chairmen, chiefs of staff, directors of medical programs — people with stature. And here they were feeling troubled with nowhere to

TF: Did you limit your own involvement to anthropological observation?

JHP: No, I eventually became much more than just an observer. Our social life — my wife's and mine — was at the time deeply connected to the social life of the physician culture. We became close with several docs who had very serious problems. We ended up inviting some of them into our home because we were their friends and that's what friends are for. It was the beginning of my work with impairment among health workers.

TF: How about the other end of the spectrum — did you find any doctors who felt fulfilled, healthy, and happy?

JHP: Surprisingly few, when you consider that seen from the outside, physicians are supposed to be such a privileged group. The majority of physicians I encountered lived in a state of chronic stress. This was true for both residents and practicing docs, but especially for hospital residents. Residents voice a surprising amount of job dissatisfaction, feelings that their work was largely routine drudgery. The resented the fact that this supposedly wonderful, exciting profession had turned out to be just another fairly boring job. If you look beneath the surface, I think you'd find a real epidemic of career disappointment among physicians.

TF: How about physicians' health?

JHP: Of all the physicians in the study, very few were what I would call healthy. Most were just barely surviving. This was especially true of the medical students and hospital residents. There were a few doctors — very few — who had made superhuman efforts to maintain a high quality of life, but everything in the medical system

schedules, peer pressures — worked against it. There is no clinical setting I've seen that really addresses the well-being of health workers as an important issue — which is why we ended up establishing the Center.

I think it's important for health workers to feel personal fulfillment in their work — for the sake of their patients as well as themselves. Doctors who have tried to put together fulfilling lives have had to do it on their own. They haven't received much support from the medical system.

TF: How does all this affect the hospital patient?

JHP: The patients are the most left out of all. Hospitals are scarey places for patients. They are often confused about the roles of all the different staff poeple in their different ritual vestments. There's a whole mysterious set of rules, procedures and ceremonies in a hospital, none of which are discussed openly. The patient's input is not particularly valued, and they're not informed what's happening to them. We're wasting a very powerful resource by not involving hospitalized patients in their own care. I think patients should be invited to add information to their medical records and participate in decisions that affect their care. TF: Let's step back a bit and talk about the scope of the problem of impaired health workers.

of impaired health workers.

How big a problem is it?

JHP: It's very significant. Every year, this country loses the

year, this country loses the equivalent of seven entire medical school classes to doctors' suicides, drug addiction and alcoholism alone. Most people working in the field would agree that about 10 percent of all

cont'd on page 9



THE STUDENT NEWSPAPER OF THOMAS JEFFERSON UNIVERSITY
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MORE FROM PHIF

cont'd from page 8

drug abuse, major depression, other severe psychiatric and emotional disorders, serious marital and family problems, and so on. It does not include all the lesser levels of impairment: chronic burnout, controlled alcoholism, chronic unhappiness, alienation, depression and personal disorganization — any of which can adversely affect facts, not feelings. patient care.

TF: Which health workers have the highest risk of serious impairment?

JHP: Women medical residents. Their rate of emotional disorders is four times greater than a comparable population of women in other professions would experience. Women health workers of all kinds are at high risk. The values of the medical system are very masculine — competitive, hierarchical and closed. There's also a great deal of sexism in the physician culture. American Indian and black physicians are also at high risk.

TF: I know you believe that those figures are due, in part, to the cultural values that physicians learn in their hard time. They're trained to training. What are those focus on problems, not strengths, values?

JHP: Docs are trained to believe patients receive inferior care. that they must always appear all Serious impairment includes: knowing. They have no preparation for failure. Ther tend to depend on others particularly their superiors — for their own sense of self-worth. They tend to defer gratification. They're highly competitive and tend not to support their colleagues when they're having a hard time. They're trained to focus on problems, not strengths,

TF: And the patient sees all this quite differently.

JHP: Of course. Patients think of themselves as suffering from an illness. Doctors think in terms of diseases. The illness is part of the patient's whole life, but the disease has to do only with organs and cells.

JHP: Docs are trained to believe that they must always appear allknowing. They have no preparation for failure. They tend to depend on others particularly their superiors — for their own sense of self-worth. They tend to defer gratification. They're highly competitive and tend not to support their colleagues when they're having a facts, not feelings.

Commons Lines Up Activities

The December Christmas TG was a huge success; even I had fun wearing a coat and tie. It was really neat seeing everyone dressed up in their duds. In the future, TG's are going to be theme-oriented, and hopefully increasing interest and enjoyment for everyone. In the spring, TG's are going to be a classic. In January there was "Greater Nite" with the Phi Alph Alumni Band once again doing their thing. In February, Don (Ziggy) Zeller has lined up a top Philly Jazz Rock Band, "Cafe Ole" and we'll serve appropriate refreshments. The big show will come in March when CAC will have it's first "suitcase" TG. It's a fun variation of a Frat Party where people pack a suitcase and dress ready to spend a weekend in the Bahamas. One lucky couple will be driven by limousine to the airport and fly to Freeport, all expenses paid. There will probably be a small fee charged at the door for the raffle to defray the cost of the trip. It may be the event of the year. Why not get dressed and pack for the Bahamas and come have a great time.

Special events planned soon are Sophomore Sequela (or why I pathologically hate bugs and drugs) written and produced by the Class of '83. A Jefferson-Atlantic city trip is in the works, utilizing the current "Casino Bus" war going on now.

The CAC is a fast growing committee and I'm inviting anyone with "Off the Wall" or "Down to Earth" (some California cliches) ideas to drop by and maybe join the committee, O.K.

The new Commons Activities Committee (CAC) has jumped into the driver's seat by

presenting fresh ideas and programs.

For the first time in quite a while Movies at Jeff are an event. Each weekend over 200 people come to see some really great films. To enrich the environment, Commons has a new sound system being used this year and season tickets which entitle you to a large variety of cont'd on page 12

Jefferson Commons

FEBRUARY CALENDAR

FEBRUARY 13, FRIDAY / FEBRUARY 14, SATURDAY FEBRUARY 15, SUNDAY

8 p.m., Commons Film Series, Dr. Zhivago, Solis Cohen Aud., J.A.H. **FEBRUARY 17, TUESDAY**

Racquetball Doubles, Deadline for sign ups at Issue Counter, J.A.H. FEBRUARY 20, FRIDAY / FEBRUARY 21, SATURDAY FEBRUARY 22, SUNDAY

8 p.m., Commons Film Series, Natural Lamporn Frat House, Solis Cohen Aud., J.A.H.

FEBRUARY 20, FRIDAY

9 p.m., Valentine T.G., Music by Cafe Ole' Cafeteria, J.A.H. FEBRUARY 22, SUNDAY

8 p.m., Cushion Concert, Phila. Classical Guitar Society, Eakins Lounge, J.A.H.

FEBRUARY 23, MONDAY

Table Tennis Doubles, Deadline for sign ups at the Issue Counter, J.A.H.

March Activities

FRIDAY, MARCH 13 / SATURDAY, MARCH 14 SUNDAY, MARCH 15

B p.m., Commons Film Series, Breaking Away, Solis Cohen Aud., J.A.H.

MONDAY, MARCH 16

Art Exhibit, India Ink by Pierluigi Meynardi, March 16 thru March 27, 10 a.m. - 10 p.m., Art Gallery, J.A.H.

FRIDAY, MARCH 20

9 p.m., T.G., Suitcase Party, Music by Entourage, Cafeteria, J.A.H.

FRIDAY, MARCH 20 / SATURDAY, MARCH 21 SUNDAY, MARCH 22

8 p.m., Commons Film Series, The Exorcist, Solis Cohen Aud., J.A.H.

SUNDAY, MARCH 22

8 p.m., Cusion Concert, Phila. Baroque Ensemble, Eakins Lounge, J.A.H.

> FRIDAY, MARCH 27 / SATURDAY, MARCH 28 SUNDAY, MARCH 29

8 p.m., Commons Film Series, The Inlaws, Solis Cohen Aud., J.A.H.

SUNDAY, MARCH 29

8 p.m., Cushion Concert, Classical Guitar Society, Solis Cohen Aud.,

Jefferson Commons' Film Series 15 MOVIES on Fri., Sat., Sun. at Solis-Cohen Auditorium

- ALUMNI HALL -

DOCTOR ZHIVAGO
XXX MOVIE
No Movie
No Movie
. BREAKING AWAY
THE EXORCIST
THE IN-LAWS
No Movie
Agatha
No Movie
H WAY BUT LOOSE
GOING IN STYLE
JULIA
No Movie

May 22, 23, 24 GOLDEN GIRL End of Series

A WAR WILLIAM WAR

Chiropractic Kinks

cont'd from page 3

without the patient experiencing spinal pain and no evidence that spinal manipulation corrects the impinged nerves. The most interesting article was authored by Dr. Scott Haldeman, who holds D.C., Master of Science, Ph.D. in neurophysiology, and M.D. degrees, regarded the clinical basis for manipulative therapy. Dr. Haldeman discusses the four most common conditions treated by manipulative therapy somatic (especially back and neck) pain, nerve compression syndromes, functional disorders of visceral organs, and psychosomatic-psychic pain — and in each case he concludes that the existing information and evidence fails to demonstrate that spinal manipulative therapy is successful. So, with what conclusions are

we left? Experimental and clinical evidence disproves chiropractic's claims of effectiveness, and yet chiropractic is growing in popularity evidenced by the sudden increase in the number of chiropractic school and their patient loads. A recent publication noted, "Despite the AMA's claim that chiropractic is an unscientific cult whose practitioners lack the training and background to diagnose and treat human disease, chiropractors see about five million patients per year in the U.S." Furthermore, although chiropractors are at odds, amongst themselves concerning the practice, efficability, and theories of chiropractic, they are

mounting attacks against physicians' criticisms through the courts, media, and various publications. And, at least in the courts, they are winning the battle; physicians are no longer able to criticize chiropractic without being charged with a violation of the rights of D.C.s.

Do we, as members of the

allopathic/osteopathic medical fields, continue to claim that chiropractic is unproven, ineffective, and/or fraudulent? Or do we accept chiropractic as an alternate form of care for our patients? A recent publication noted that "Michael Goldstein, a sociologist at UCLA, and his colleague, Gregory Firman, a psychiatrist, have stated that chiropractors actually serve a vital purpose for medicine by providing an outlet for many potentially time-consuming and trouble-making patients whom physicians cannot serve well. They noted that chiropractic fills a need not met by traditional medicine by offering a simple theory of disease (misalignment of the spine) that is easily understood by poorer patients living in rural areas. Chiropractic also legitimizes the sickness of patients whose problems physicians dismiss as 'just nerves'; therefore, chiropractors often succeed where physicians fail."

"Well," the Cynic muttered, putting down my article. "Its pretty informative and not even all that poorly written. But your crack investigative team missed a lot of chances to pin that chiropractor down and ask some in-depth questions. And he's still publishing his stupid articles you didn't crack the case."

The Moralist turned towards me with a thoughtful expression. "But maybe we learned something from this. The science of medicine is so complex, that, in trying to master it, we often neglect that art of medicine. After all, the administration of treatment is often as or more important than the treatment itself."

"Look at chiropractic from a patient's perspective," he continued. He or she is not subjected to the complete physical and array of lab tests which both are often demeaning and which, not infrequently, supercede a casual and pleasant discussion between the patient and the doctor. The chiropractor makes no diagnosis and, unlike his medical counterpart, does not have to warn the patient about the possible side-effects of drugs or surgery. The patient lies down and is told that he or she may experience a pleasant rush, the immediate and complete relief from all symptoms, and other such positive suggestions. And then, the patient receives the pleasure of the "hands on" experience. All in all, its kind of like hypnotism coupled with the placebo effect — a kind of seduction of the patient. And many respond positively. While I'm not advocating spinal manipulation, perhaps we should learn to use some of their techniques in our dealings with patients. He looked at the Cynic. "Afterall, science isn't

everything."

A Taste of The Irish

by Steve Edmundowicz

I realize that most people do not need another excuse to go have a drink. However, when a new bar opens its doors half a block from the center of Jefferson's campus it is at least worth one beer, and in this case probably a lot more. This past month, the Irish Pub opened for business at 1123 Walnut Street, across from the Forrest theater.

The owners are not new to the bar scene as they have been running the Irish Pub and Inn at St. James Place in Atlantic City for years. Inside the Pub in Center City, a warm atmosphere is established by a handmade hardwood bar, antique ceiling fans and lights, wooden floors, and over one hundred framed artifacts on the walls. The wall decorations were collected by

Dairy

Fresh

Nuts

Dried Fruit

one of the bar's owners over the years and range from historic New York Times headlines to original photographs of sports heros like Babe Ruth and Lou

While checking out these bits of memorabilia, you might want to order a beer, which can create a dilemma as the pub offers a wide selection brews. On tap there are mugs and pitchers of Genesee Cream Ale, Michelob, and two Irish favorites: Harp Lager and Guinness Stout. In bottles they feature a selection that will satisfy most everyones tastes from Bud to Moosehead Ale (a personal favorite). If you prefer mixed drinks, they have the usual selection as well as specialties like bartender John Hladun's Iced Tea or Irish coffee served in a beer mug, made with imported Irish whiskey and topped with creme de menthe and laced with whipped cream.

When the munchies hit be sure to check out the Irish Pub's menu. They serve large sandwiches, burgers, salad and side orders from opening until the wee hours of the morning. Dinner platters (\$4-9) of fried chicken, pork chops, steak, liver and roast beef are served from 3 p.m. The regular menu is augmented by daily lunch and dinner specials that are even more reasonably priced. If you have a sweet tooth the Pub features several freshly baked desserts (Natalie's Dutch Apple Crumb Cake is one of the best).

Besides being close and offering a change of pace from other local bars, the Irish Pub is also reasonable. Draft beers start at 60¢ a mug while mixed drinks are \$1.25. The crowd is quite diverse with locals, executive types, theater parties, nurses and students depending on the time and day of the week. It has been rumored that the Pub will feature live entertainment starting sometime next month.

If you're looking for someplace close with atmosphere, good food and drink, and reasonable prices stop in at the Irish Pub. Its a good time and you certainly don't have to be Irish to enjoy it!



Occasions

At the Chiropractor's

Getting Bent into Shape

cont'd from page 2

One must then conclude that the art of chiropractic seems quite successful (at least for Dr. Koren) albeit the science of chiropractic rests on thin ice. But the x-ray machine that sat in a small room in Dr. Koren's office seemed much too heavy for that ice. And I imagined a crack forming when Dr. Koren told me that subluxations could not be visualized on radiographs. Questioning the utility of such a potentially abused diagnostic machine was inevitably the next focus of discussion.

Dr. Koren maintained that xrays were used to monitor a patient's progress and not to diagnose subluxations. In other words, a profile is kept of the patient's spinal alignment that allows the chiropractor to combat any ongoing abnormalities. For instance, a muscle group may attempt to compensate for a pathological process, moving the spinal column slowly but surely on the road to subluxation. While Dr. Koren admitted such temporal changes are minute, he assured me that a trained eye can notice such tendencies and begin manipulation aiming to reverse such a trend.

Radiographs, in addition to muscle palpitations, are aids in alignment and are not intended to serve as determinants of subluxations.

Finally Dr. Koren asked if I was interested in manipulation first hand, and I, without hesitation, headed for the examining table. In the next two or three minutes, he exposed an area of tension on the right side of my neck, found one leg to be an inch longer than the other and found that my occasional bouts with lower back pain could be handled. Two or three "snaps" later I arose from the table feeling like some animated latin percussion instrument. Some of the sounds I never knew I could make, but I admittedly felt looser after the manipulation and, viola, Dr. Koren had reset the length of my legs to their natural equivalence.

After expressing my gratitude for his time and expertise ! walked back down Chestnut Street both enlightened and confused about what had just transpired. Back at home my suit pants still fit, but I did experience some difficulty in falling asleep, wondering whether its really therapeutic for people to sound like a bowl of Rice Krispies and



with Moshe Waldok telling

Tales of Jewish Humor 11 a.m. / SUNDAY, FEBRUARY 15

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Bookstore Location

Still Undecided

cont'd from page 1

desires concerning this matter. The results of the survey were astounding. Over 500 students responded in favor (97.4%) of retaining the Bookstore with only 15 unfavorable answers. The presence of the student's large support will probably insure the future operation of the Bookstore here at Jeff.

The Bookstore Committee also used the survey as a sounding Board for student comment on Bookstore operations. Some students voiced objections to various areas such as pricing policies, hours of operation, overstocking of books, and location. In their report to the senior officers. The Bookstore Committee used several concrete recommendations made by students for this future operation.

Primarily, the Committee recommended that the relocation of the Bookstore to be in a central location of campus. The ideal location turned out to be the Scott Memorial Library, since it is important that the Bookstore be readily accessible and prominent to all Jefferson students. If the library is unavailable, then a new place in Alumni Hall can be utilized; probably M-5:105, since there are no desirable locations to be found in the north part of the building (Locust St.)

Several recommendations were made for operational changes in the Bookstore.

— The discontinuation of the sale of drugstore items (Wawa West) and limiting of the unique Jefferson paraphenalia (T-shirts, sweatshirts and mugs).

Feasibility of selling and buying used books; this may be profitable for the Bookstore in the future.

Various Departments should evaluate their "required" and "recommended" book need for various courses. This will allow the Bookstore to more efficiently order books and decrease carrying costs and solve storage problems.

Operating hours are a common complaint among students in Lab and Class all day; currently the store is open from 8:45 a.m. to 4 p.m.; the committee recommends adding an hour to the daily schedule (8:45 - 5:00); this would make the store more available to students.

The pricing of books was a common complaint among students. In the past few years, · the bookstore has had problems breaking even. Currently books are bought at a 20% discount from a distributor and sold at a 10% to cover expenses and costs. The Committee also felt that many students were unprepared to accept the fact that medical books generally cost more than regular undergraduate texts. There is also a possibility that the operational jurisdiction will be subcontracted to a distributor in order to gain necessary improvements.

Currently, the senior officers of the University are evaluating the Committee Report and will soon make their recommendations and decision regarding the bookstore. If anyone has further recommendations for the Bookstore, they should contact Dr. Jensh or the Commons Committee. As a Jeff student and a member of the Bookstore Committee, I feel that all the students here at Jeff should thank Dr. Jensh for working hisoff. He has worked for us above and beyond the call of duty. Now, it is our turn to do something. You cannot expect a small group of people to do everything for you. You are adults, and responsible members of this student body. Let us help each other and preserve or bookstore which is quickly becoming an endangered



cont'd from page 8

considering what role students play in this institution. As the beneficiaries of the teaching process, students constitute the group which is concerned foremost with the quality of education at Jefferson. Indeed, our futures depend upon the teaching skills of the faculty (be it in lecture, in lab, or working with professors on their research). So it is paradoxical that there are no official means by which student opinion about teaching performance can be duly recognized. The Student Council Curriculum Committee (SCCC) can only bring its findings to the attention of a department chairman; the committee is dependent upon the chairman's cooperation for any further use of the information it has collected.

Judging a teacher from a student perspective is not the only measure of a teacher's qualifications, but it is certainly very critical perspective. Students have a responsibility to express their opinions about teachers' capabilities and we trust that the faculty and administration recognize their responsibility to listen to student opinion and to include student views in evaluations of faculty members. The SCCC spends many hours polling and reporting student opinion about teachers and courses. The SCCC is the official voice of the student body in these matters and it is not at all unreasonable to suggest that its work be officially considered in decisions regarding education at Jefferson. This, the role of students in the educational decision making process is having a responsibility to be included officially as part of it.

Books Wanted: Sophomore Medical Students looking for review books for the National Board Exams; willing to pay fare price. contact 928-1367 or leave message in Box # 801 Barringer.

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Choir looks ahead toward Spring

TJU CHOIR PREPARES

For Spring Concert

by Kevin Hardy

Using a highly successful and well attended Christmas concert as a springboard, the Thomas Jefferson University Choir has launched itself into preparations for an even better spring concert. Once again, the choir is under the able leadership of Jefferson faculty member and choir founder Robert Sataloff, M.D., his associate conductor Donald Meyers, M.D., and Choir President Deborah Malenak.

Although a few members have moved away from the Philadelphia area, an influx of new voices and new social

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activities has kept the group strong. The first rehearsal of the new year was followed by Debbie, Scott, and Cindy's infamous Strawberry Daiquiris, and more than one Thursday evening has been spent in relative debauchery by the postchoir Moriarity Club (an underground choir subgroup for which Dr. Sataloff will claim NO responsibility). The choir openly encourages anyone with an interest in singing to join the current membership of sixty voices. Rehearsals are held every Thursday evening at 7 p.m. in McClellan Hall in the College Building at 1025 Walnut Street. No auditions are held, and experience is welcome but

The spring concert scheduled for Friday, the 15th of May promises to present an extremely versatile program. While the selections have not yet been

finalized, they will probably include several spirituals, the Back Bourree, Randall Thompson's Alleluia, and the spoken (and quite bizarre) Geographical Fugue. In addition, the Jefferson College Chamber Singers, a small group of selected choir members, will be presenting several choruses from Mozart's opera Idomeneo. The Chamber Singers will be serving as the chorus for a fully mounted production of the opera to be presented by the Academy of Vocal Arts at the Walnut Street Theatre on May 22nd and 23rd. The opera will feature lead roles sung by members of the Academy, conductor Christofer Macatsoris, and wild applause from the audience (hopefully).

Persons wishing more information about the T.J.U. Choir may contact Kevin Hardy at 627-4695, or simply come to rehearsal or Thursday evening.

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THE NEW SPORTS PROGRAM At Jeff

by Allan Cummings

Hi, my name is Allan Cummings, and I have recently been appointed Intramural Sports Director of the Commons. As some of you may already know, I have been active in Commons sports for a long time, both in an administrative and participative role. This appointment will represent a link between students and Commons hierarchy, for the purpose of communication, as well as a chance for me to implement some long awaited changes and improvements in the sports program here. Some things will occur over time, as I will be working until I graduate in June of 1982 to improve the intramurals. Some of my responsibilities will include:

- 1. Organizing and directing both present and new sporting events.
- 2. Scheduling and Tournament Draw for all sports.
- 3. Organizing and directing clinics for referees in each sport where it is appropriate.
- 4. Assisting in budget planning for all sports.
- 5. Assessing popularity and success of sports.
- 6. Writing a monthly Sports Bulletin, in which will be past results and upcoming sign-up dates.
- 7. Enforcing Commons regulations.
- 8. Directing award ceremonies. 9. Organizing Sport Commit-
- 10. Various other activities.

tees.

The above represents only of the things I do; suggestions for other roles I could play are welcomed. As I mentioned above, an important role I will serve is to accept suggestions from students, as well as complaints, and hopefully get something done about them. This is a big chance for students at Jefferson to get a say about whar happens in sports here — but I need your help. I need at least 1 or 2 people in every major sport to



help keep track of things, as I am not always available to watch all games or cover all problems. Major sports coming up include IM Volleyball and IM Softball; anybody who would like to help can call me. I am available weekdays after 5 p.m., and after 12 noon on weekends. My home phone is 627-8327; if I'm not home, try another time.

There are a number of significant changes that will be happening in upcoming sports. I will be covering them in my first Sports Bulletin. Anybody interested in initiating a new sport can contact me. Keep an eye out for the upcoming Sports Bulletin, on your newsstands

- 1. Coed Volleyball (Teams and Individuals) approx. Feb.
- 2. Raquetball Doubles (Mixed pairs only) - approx. Feb.
- 3. Table Tennis Doubles (Open Pairs) - approx. Feb.
- 4. Squash Singles approx. Feb.
- 5. IM Volleyball (Teams only) approx. March 13.
- 6. IM Softball (Teams only) approx. April 1.
- 7. Foul Shooting approx. April
- 8. Golf Tourney approx. April
- 9. 8-mile run approx. April 25 (tentative).



Med students show off their floor hockey skills

Birthday

Commons

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films, making the cost of seeing the film even less. Due to popular demand we're going to show an "Adult Film" classic (XXX), as an experiment...should be interesting. I'm sure that the Psychiatry Department would like to get in on this one). Also there are a few part-time positions available for projectionists. If you are interested, you should see JMC sophomores george Chen or Bill Kendrick.



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