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## Ariel - Volume 5 Number 6

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**Authors**

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## John Glenn Delivers Merves Lecture

by Alec Gerson

"Oh brave new world that hath such people in it."

Note that the quote - taken from the Tempest - makes no mention of time or place but only refers to person as a cause of exclamation.

It is no secret that the American public is disenchanted with the space program. NASA - at one time one of our country's proudest agencies - is now reduced to the role of a ragged mendicant who must go begging for funds.

There are those who give as reason for this turnabout - the much heard rejoinder that federal money is tight, therefore, we cannot afford a full force space program. They point out that, in their opinion, space exploration has little redeeming social value. It does not put food in the mouths of the starving nor aid in the pacification of the big cities. Well, maybe yes and maybe no, I'll leave that to the historians to sort out.

But don't be fooled into thinking that some meticulously thought out cerebral argument is the reason why we are turned off to space. The truth of the matter is that we are not sufficiently amused by the exploits and reports of our astronauts and technocrats. People will pay a high price to be entertained (as any thriving 20 year old rock star

will tell you). I will not go so far as to tag each Mercury, Gemini and Apollo mission with the billing, "A bomb is born," but like it or not, most of us expected a lot more for our money.

Admittedly, many of our expectations may not be grounded in reality. Yes, Virginia there is no Santa Claus and Ming the Merciless does not have colonial control over the dark side of the moon. Nevertheless, I wonder what the fate of the space program would be if NASA were a Harold Prince Production starring Perry Como "on his way to the stars."

On April 4, 1973, Col. John Glenn - who on Feb. 20, 1962 became the first American to circle the globe in a space craft - delivered the annual Merves Distinguished Lecture of the Humanities in Medicine.

Col. Glenn is a personable man who has more than the touch of the poet in him. Perhaps, if all the astronauts were more like him, there would now be more astronauts to be more like him. He began his lecture by expressing his disappointment that this symposium did not fit in with Webster's definition of the word, "a drinking party; a feast, where there is drinking." But with a shrug of sober resignation he started in on the scheduled topic of discussion.

(Continued on page 7)

## Marijuana and Cancer?

Jay D. Amsterdam

Drs. J.C. Cottrell and S.S. Sohn, from the TJU Department of Pathology and Dr. W.H. Vogel, of the TJU Department of Pharmacology, recently conducted experiments on the "Toxic Effects of Marijuana Tar on Mouse Skin."

Their research received national recognition in American Medical News (April 9, '73), which stated that "marijuana is just as likely to produce cancer as cigarettes because users usually hold the smoke in their lungs as long as possible. . ."

The research was based upon previous experiments (done by the U.S. Surgeon General) using cigarette tobacco which was artificially smoked in a special device, and the condensate (tar) collected and dissolved in acetone. This solution was then painted on an area of mouse skin, which later revealed malignant changes. Known cancer-producing agents (e.g., benzo-alpha-pyrene) were also applied to mouse skin in the same manner and, as expected, cancer resulted.

The Jefferson research team used marijuana from the "street market" as well as special grown cannabis from NIH. The marijuana was artificially smoked, the tar collected and applied as an acetone solution to the skin of mice. Histopathologic evidence of malignant change

was present in the marijuana painted area.

One can imply from these results that if both dissolved cigarette tobacco and dissolved marijuana leaf cause skin cancer in mice, and if cigarette smoke is associated with lung cancer in humans, then marijuana is also possibly associated with lung malignancy. It could likewise be inferred that one need smoke fewer "reefers" than cigarettes to produce the same carcinogenic effects, because the user keeps marijuana tar in contact with lung tissue longer than cigarette smoke, and more marijuana tar is absorbed.

Dr. Vogel feels that it should be up to the individual to choose to smoke marijuana (or cigarettes) but that at the same time, people should know that marijuana is composed of chemicals which do have possible cancer producing effects. He also states that the active hallucinogenic agent in marijuana (THC) is not related to the components which show a carcinogenic effect on mice.

Dr. Vogel and other Jefferson researchers hope to do further experiments with marijuana whereby they will selectively "fractionate" the tar in marijuana to isolate the specific chemical(s) which causes malignant change.

## Choir Presents Spring Concert

The Third Annual Spring Concert of the Thomas Jefferson University Choir will be held on Friday evening, May 18, at 8:50 in McClellan Hall.

The Choir is composed of medical students, nursing students, nurses, hospital employees, physicians and spouses of Jeffersonians. It rehearses once a week, and is dedicated to enriching the cultural life of the university through creative study and presentation of all types of music.

Previous concerts have included not only masterworks by Bach, Vivaldi, Schubert, Faure, Vaughan Williams and others, but also spirituals, rock, spoken choruses, etc.

This concert promises two highlights of particular note.

First, the choir will be presenting a major work in the jazz idiom, Psalmkonzert by Heinz Werner Zimmermann. It is a five movement concerto of psalms, in English, written for chorus, baritone solo, three trumpets, string bass and bivraphone. Solos will be sung by Curtis Cummings, '76, and special guest, Richard Shapp. Paul Scimonelli will be coming from the U.S. Marine Band in



Opera singer, Richard A. Shapp of Pennsylvania's First Family, makes his conducting debut with the Thomas Jefferson University Choir.

Washington to play bass, and Glen Scimonelli, of the U.S. Air Force Band, will play lead trumpet. Dave Grebos, director of the University Commons and an accomplished percussionist, will play vibraphone.

The program will also include Works by Johann Pachelbel (1653-1706), J.S. Bach, Randall Thompson, and others.

Second, the university will be privileged to welcome guest conductor, Richard A. Shapp. Mr. Shapp is well known as an operatic baritone, having appeared as soloist with several major opera companies, at the Academy of Music, as a nightclub entertainer, and most recently, having been contracted for a major appearance in Spain. He studied conducting under Robert Page at Temple University. This will be Mr. Shapp's conducting debut.

Mr. Shapp has chosen to perform three light numbers for choir and baritone solo. The solos will be sung by Robert Sataloff, '75.

Mr. Sataloff is the conductor of the choir. Before entering Jefferson, he performed extensively between Washington and Boston as an operatic baritone. His undergraduate degree is in Music Theory and Composition from Haverford College, and he trained in conducting both at Haverford and at Harvard.

Mr. Sataloff describes this year's program as "varied, fun, light, and totally in keeping with the spirit of Spring."

As always, admission is free.

## Dr. Gibbon: A Personal Perspective

By Leo Riordan  
(Development Office)

On the eve of the 20th anniversary of the revolutionary operation by Dr. John H. Gibbon, Jr., May 6, 1973, it is significant that his death, February 5, 1973, elicited so many national tributes in the lay press. For he avoided public recognition.

The New York Times said he "performed the world's first successful open-heart operation using a machine that totally bypassed the heart."

David Cleary of the Philadelphia Evening Bulletin struck a nice note covering the memorial service at the College of Physicians of Philadelphia: "The degree to which one remarkable man can influence the lives of thousands was made clear," etc., etc.

The lay press catching up with the coverage in medical publications. He enjoyed recognition in the profession. Visits by Regius Professors of Surgery at Oxford and Cambridge Universities, and from the leading Russian surgeon, among many others, pleased him.

But the lay press was something else, as our PR department discovered soon after it opened. It had expected to build the Jefferson image with Dr. Gibbon as one of the key-stones. Dr. Gibbon simply said "no" more firmly than we had ever heard it said - yet said it more pleasantly. So, an immediate and lasting friendship developed.

He was a fascinating personality. Slowly he bent a little when he realized that his attitude was costing Jefferson public

recognition. But he would grant an interview only if it was requested. It could not be generated by us.

Lord, how newsworthy he was! His historic invention was only the climax. He was handsome and photogenic. He lectured brilliantly; wrote with style. He was a member of a medical family not unlike the Warrens of Harvard and Boston. A fifth generation physician in the direct male line, third generation Jeff, and a second generation Jeff professor of surgery. Now it is six generations - the psychiatrist Dr. Robert H. Gibbon, Jr., '66 is his nephew.

He could strike out in a new field and ignore the scoffers, yet shrink from lay press recognition when he triumphed. Dr. Gibbon didn't even see anything historic about his heart-lung machine. Immediately after May 6, 1953 he started fresh research and cannibalized the machine for other experiments.

When told that the Smithsonian Institution wanted it for permanent exhibit he asked, "What on earth for?"

Yet by 1963 he had mellowed. The American Heart Association was launching a national 10th anniversary celebration of the historic event and that first patient, pretty, healthy, happy Miss Cecelia Bavolek, asked to be pictured with Dr. Gibbon and the machine. After all, they had saved her life. He posed, with the "lung," the only part left.

Contrast that with the operation itself. It had been soundly planned and skillfully executed. Public relations? No way. Nothing was known until a day later when

a stark announcement was made to the papers. Dr. Gibbon's biographical data was unavailable. So was he. Three days later a TIME science writer and photographer, seeking a full-page report, contacted assisting surgeons and built a good background. But the photographer?

"Dr. Gibbon was too camera-shy to pose with his heart-lung machine," TIME reported, still mystified. Nor was he interested in financial gain for himself, for he assigned royalties from the machine to Jeff.

There would have been no picture of the operation itself had not an assisting surgeon, Dr. George J. Haupt, '48, used his ordinary camera.

Dr. Gibbon built a happy, harmonious office. His book, Chest Surgery, was dedicated to his wife, Mary (Maly), not merely a devoted spouse, but a medical technician who worked with him all 19 research years; his secretary, Miss Marguerite Stadvic; and an associate, Dr. Thomas F. Nealon, Jr., 'S-44.

This was typical. Everybody got credit for suggestions. He was not afraid of new ideas from anyone.

When interns or residents wanted to spend another year in research he would find a "new source" of funds. They did not know until later that he was his own "source."

Two big social events of the year were the Christmas Party and the spring picnic, both of which he hosted at Lynfield Farm.

As many of his former students put it, "It was great to be young and to be a Gibbon protege."

# Editorial Board

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## In the Limelight

Dr. Leonard Reichman, of Merion, is the new Chief of Services of Thomas Jefferson University Hospital's Division of Oral Surgery. With Jefferson for 11 years, he is Clinical Associate Professor of Otolaryngology.

Renowned Oklahoma city physician and surgeon Dr. Joe Henry Coley, of 401 N.W. 14th St., has been appointed National Alumni Chairman of Thomas Jefferson University's \$25 million Sesquicentennial Campaign. He is a 1934 JMC graduate.

Dr. Joseph S. Fisher, a 1970 graduate of JMC, a second-year resident in internal medicine at Thomas Jefferson University Hospital, has received the House Staff Teaching Award of the honorary medical fraternity Alpha Omega Alpha, Jefferson Medical College chapter. The presentation is made for outstanding ability in medical education.

He is the son of Mr. and Mrs. Abraham Fisher, of Rhawnhurst.

Dr. Norman Lasker, director of the Theodore T. Tsaltas Dialysis Center at Thomas Jefferson University Hospital, has been named a faculty member of the honorary medical fraternity Alpha Omega Alpha by the Jefferson Medical College chapter.

A physiologic psychologist at Jefferson Medical College Dr. Chester R. Wilpizeski, has been awarded a \$26,506 grant by the National Institute of Environmental Health Sciences to examine the effects of heavy metals poisoning on hearing and equilibrium.

Arthur Allen, Ph.D., associate professor of biochemistry at Jefferson Medical College, has been named to the 1973 Awards Volume of Outstanding Educators of America.

The awards program, of national scope, is undertaken annually to honor distinguished men and women for exceptional service and achievement. Nominations are made by high-ranking officials at colleges and universities throughout the country.

Congratulations go to the following who passed the Senior Life-Saving Course recently given at Jeff Hall: Walter Graves; Mary Ann Roddy; Elaine Pepper; Maureen Kelly; Patricia Jones; Mike Weinberg; Mark Gottlieb.

## Read Us in September as You Do in May

Dear readers, prepare yourself for a shock. ARIEL is taking a summer vacation and will not return to its honored place on the newsstands until Sept. of '73. However, if any of you aspiring young cub reporters want to sniff out a scoop in the intervening months, contact us through our mailbox in Jeff Hall and we will be glad to get in touch with you.

All kidding aside, we have enjoyed putting together Vol. 5 of ARIEL and wish to thank you for the warm reception you have given it. Perhaps, the greatest tribute we have received all year was handed to us by a fish peddler down at the Italian Market. While taking a walk by his shop, we noticed that the lining of his garbage can consisted of three

soggy Bulletins, two decomposing Inquirers, a mellowed New York Times and right beneath the Times, a prominent copy of the ARIEL. What more flattering statement can be made for a paper than to say that its rank is but fish fat deep behind that of the New York Times. Wow! What a compliment.

Next year our staff will remain intact except for the loss of former editor Dave Jacoby, who will be leaving for an internship in San Francisco (Let us hear from you, Dave). Hence, for better or for worse, you can expect a similar brand of journalism in the upcoming school year.

Have a good summer. See you in September.

## Salute to the Commons

It is about time that the Commons Office staff is given a vote of appreciation - they've been taken for granted for too long now. It is all too easy - especially when under the pressures of medical/nursing school - to retreat into one's own world, living a simple and uncomplicated life with occasional sampling of the "fruits" of others' hard labors.

Such is the case of the Commons Office. Life at Jefferson would most assuredly be drab and difficult, were it not for the activities (i.e., SFS Parties; movie nights; discount tickets to cultural and sporting events; concerts at Jeff Hall representing a wide spectrum of talent; a multitude of speakers, intra-

mural sports and tournaments) and business aspects (i.e., arranging travel accommodations for members of the Jeff community; scheduling rooms for organizational meetings; arranging housing for overnight guests in Jeff Hall; special group vacation tours) under the auspices of the Commons Office.

Take vested interest in your education while at Jefferson. Moreover, pick some of those enjoyable "fruits" of life. But don't be too busy to forget to appreciate the "bearers" of those fruits. Participate in Commons-sponsored events. Go to a Commons Committee meeting and voice your suggestions/opinions. And if sometime you are hit by a flash of inspiration, stop by the Commons Office with a mere and simple "Thanks!"

## "Letters to the Editor"

## Nutrition Education Re-emphasized - Sen. Schweiker

Dear Editors:

Thank you very much for inviting me to comment on nutrition education in schools of medicine and dentistry.

As a member of the Senate Select Committee on Nutrition and Human Needs, I have become very much aware of the urgent need for more and better practical education in nutrition for our doctors. Although medical and dental schools do have courses in biochemistry, physiology and pharmacology which deal with various aspects of nutrition, most medical and dental schools do not have courses in nutrition which deal with the basic relationship between good nutrition and good health.

It is entirely clear that many diseases are related either directly or indirectly to nutritional factors. In a follow-up report to the White House Conference on Food, Nutrition and

Health, the Panel on Advanced Academic Teaching of Nutrition pointed out that:

Atherosclerosis (including coronary heart disease), obesity, diabetes mellitus, hypertension, and osteoporosis are representative of many disorders in which nutritional factors are either of principal or contributory importance. In addition, new trends in food processing and environmental concerns require a great expansion of research in the area of trace minerals, "secondary vitamins," pollutants, and involuntary and voluntary food additives. Much of the research directed toward these problems must be conducted by individuals who have received (or should receive) advanced academic training in nutrition.

I think it is also important to point out that sound nutritional

practices are vital to the maintenance of health and prevention of medical disorders. In other words, it is vitally important that doctors and dentists have enough knowledge of the relationship between nutrition and health to prevent medical and dental problems from occurring. As Ranking minority member of the Health Subcommittee of the Senate Labor and Public Welfare Committee, I am very conscious of the need for more emphasis on the maintenance of good health.

Interestingly, a study by one medical school indicated that in general, the physicians questioned were more knowledgeable of the theoretical aspects of nutrition than of the applied aspects. The study indicated that younger doctors do not know as much about nutrition as they should and that they want to know more. In contrast, the study indicated that many older doctors did not know much about

nutrition, but did not particularly feel the need for more education in this area.

Food faddism and folk medicine are becoming more and more popular today. Many people are turning away from physicians and dentists to obtain the information about nutrition. I believe part of the problem is that many doctors simply are not in the position of being able to provide their patients with the kind of nutrition information patients need and desire for the maintenance of good health. We urgently need more scientific information about nutrition and health. We need more and better nutrition research. We will not get it unless our medical and dental schools are able to provide the kind of training needed.

Sincerely,

*Richard S. Schweiker*  
Richard S. Schweiker  
United States Senator

## "Nurses' Training"-Re-examined

Editors:

I wish to commend the spirit of "Discrepancies in Nurses' Training," a long-awaited and much needed constructive criticism of the TJU Nursing school. The situation of the "Martin Inmates" needs correcting, for even when compared to other area nursing schools ours is a bad scene. However, one of the letter's paragraphs requires a response.

Those statements, concerning the baccalaureate program, were destructive and out of place in an otherwise well-directed letter. It was poor editorial journalism to throw in such a prejudiced comment. This brings to light another bad scene that's slowly worsening at Jefferson—the cold war between the degree and diploma nurses.

Among doctors, surgeons don't malevolently turn up noses at internists just because of different theoretical approach and training. Why so among differently trained nurses? Degree nurses should fit into the scheme of things here with no more hassle than any new group has in the past.

I doubt that a degree nurse would "stand and theorize about the possibility of arrhythmia versus heart block" in a code blue. Let's not trade accusations, because both sides would have too much damaging artillery. Instead, how about working to develop the right cooperation between the two branches of nursing? I think we agree that we need better communication among all medical professionals on the hospital floor, nurses included.

Curtis Cummings

To Anonymous:

I realize that it was not the main point of your letter to the editor (Discrepancies in Nurses' Training 3/30/73) but I did not care for the slur made upon degree nurses.

"For we have all come in contact with a degree nurse. I was appalled at the lack of practical experience they receive. I sometimes wonder what they would do with a "code." Stand around and

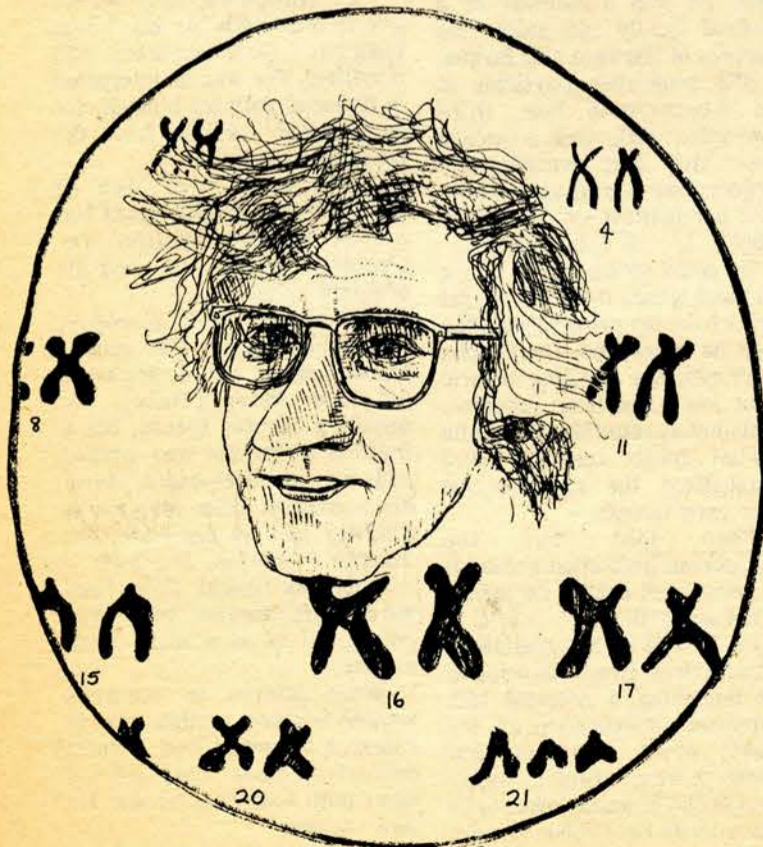
theorize about the possibility of arrhythmia versus heart block instead of actually starting cardio-pulmonary massage."

I am in the baccalaureate nursing program at Jefferson (which was initiated Sept. 1972) and I would like to inform you that I would certainly start immediate cardio-pulmonary massage. Perhaps you are unaware that the nurse's function is care, not diagnosis.

Why is it that the diploma program waits until the end of freshman year to discuss patient communication? Isn't the patient of foremost importance? On our first day of classes we discussed patient communication and will continue to do so. The second matter discussed by our class was the "team approach" and I believe that you had better start thinking about that.

Lorraine Mueller

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Jackson's Syndrome-

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# A Case For "Death Therapy"

"Few of us live beyond our three score and ten years and yet in that brief time, most of us create and live a unique biography and weave ourselves into the fabric of human history." (1)

\*\*\*

April 3

I went back over to Pennsylvania Hospital this afternoon to visit Don S—. It had been almost a month since I had last seen him, and I had promised him that I would stop by soon. Excuses appeared fast and furious during the succeeding four weeks, but the combination of an exasperating neurology seminar and a beautiful Philadelphia day overshadowed any excuses today. My body led me the two blocks, but my mind lagged. What do I say — how do I act — with a 25-year-old terminal cancer patient?

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"Watching a peaceful death of a human being reminds us of a falling star: one of the million lights in a vast sky that flares up for a brief moment only to disappear into the endless night forever." (2)

Late in February, I had been assigned a two-week rotation to the seventh floor, Schiedt Building, drawing early morning venous blood samples. Don was one of those patients who required bloodwork drawn every day. But it was not until Saturday morning, the end of the first week, that I found out from a nurse why Don was in the hospital: "Mr. S—? He's got metastatic cancer to the colon. Yes, he knows about it. They're not sure how long he has — the surgeons didn't even think he'd make it off the table after the second operation. He's so young. . . it's . . . just a shame, a real shame."

While I was definitely affected by that news, I was nevertheless so sure that, come Monday, I would act and feel no different toward Don. But that Monday came, and the joking, happy-go-lucky, efficient technician of a week ago had become a serious, dutiful, almost coldly-efficient technician. My mind had become a battleground of conflicts: on one hand, condemning my change of attitudes and actions, while, angry on the other hand that one and two-third years of medical school education had done nothing to help prepare me for facing Don's dying.

And what of Don? Throughout the two weeks, he was fully conscious, aware of what was going on, easy-going, talkative, and, all-in-all, somewhat less apprehensive than me, it seemed. It was only because of this apparent relaxed air about him that, by Wednesday, I began to open up, talk freely with him, to be able to joke (He once told me that he loved hoagies, so I promised him him that if he could wait long enough, I'd patent an IV Hoagie — though I couldn't guarantee the hot peppers. Boy, did we both laugh over that one!)

Saturday came. I told Don that I regretted that I hadn't had much time to talk to him, but that I would stop by soon and spend some time shooting the proverbial bull. The last words I ever heard Don speak were: "Hey, that would be great."

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"Then Almitar spoke, saying, we would ask now of Death.  
And he said  
You would know the secret of death.  
But how shall you find it unless you seek it in the heart of life?  
The owl whose night-bound eyes are blind unto the day cannot unveil  
the mystery of light.  
If you would indeed behold the spirit of death, open your heart wide  
unto the body of life.  
For life and death are one, even as the river and the sea are one."  
The Prophet  
Kahil Gibran

As soon as I walked in, I could tell that Don was close to death as the immediate family, close friends, and a priest were in the room. All medications had been stopped. Don was comatose, though at times he vaguely responded to spoken and physical gestures. The impact of the situation did not hit me, however, until later, when the family and friends had gone and I was left with the priest and the nurse. Only then did I venture to Don's bedside. Only then did I feel sharp pangs of remorse for my feelings of

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I spent the latter part of the afternoon talking with his parents and the priest. I observed that they seemed to accept Don's dying very well outwardly — my unprofessional opinion — but the time succeeding his death could prove to be another story. Upon leaving, they told me how much they appreciated my coming over. And I reply — the full truth of which probably did not become apparent until much later — that: "Don's dying made my life, in so very many ways, more meaningful."

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"Those who have the strength and the love to sit with a dying patient in the silence that goes beyond words will know that this moment is neither frightening nor painful, but a peaceful cessation of the functioning of the body." (3.)

The following day, the priest called me with the news that Don had passed away during the night. I still easily remember my instantaneous reply: "I'm glad." "Yes, I am, too," added the priest. And in those two words, we both knew of the painful but aspiring truth my heart had spoken.

Mark Dembert

(Editor's Note: I would hope that my recounting this experience to you will move many of you to investigate and read up on the importance of Death/ Dying Therapy. As physicians — moreover, as human beings — we are constantly grappling with life — or death, depending upon your view. We know who our adversary is — but we don't, for the most part, understand who our adversary is. It is with this in mind that I urge you to consider, even to think about, a course with actual patient contact in death/ dying therapy. We have none at Jefferson — as is the same with most medical schools. We need one at Jefferson — for the benefit of both the patient and you, the physician or nurse, the human being.

M.L.D.

### Suggested Reading

- (1) "On Death and Dying," Elisabeth Kubler-Ross: The Macmillan Company, 1969 (A paperback, it is the classic book on the subject).
- (2) "The New Death Therapy," in Philadelphia Magazine, April, 1973. (Find out about the Death/ Dying Therapy Movement in Philadelphia.)

### PHILOSOPHY OF MEDICINE

To the Editor: Extending once more the theme for the medical profession's increasingly humanistic broad-mindedness, Poe<sup>1</sup> has elaborated the concept of marantology "for more understanding treatment of medical orphans, the old, the hopelessly ill, and the dying." He also refers to the suggestion of Krant<sup>2</sup> that terminal care be considered a specialty and given a place in the medical-school curriculum. I should like to see, instead of such restricted parochialism (why not have a course on trauma of adolescence?), time set aside in the medical-school curriculum for a course of study entitled "The Philosophy of Medicine." This not only would entail the psychologic and sociologic aspects of the behavioral sciences that many schools already teach, but assist the student in defining the role of the physician as compassionate interactionist in a changing world that he unavoidably helps to shape. Topics such as euthanasia, dignity of the dying patient, abortion counseling (in the light of the recent Supreme Court decision), quality and delivery of health care, and the role of acupuncture and other non-Western technics in American medicine, to name just a few, should be diligently pursued to give already overburdened medical students a sound philosophical framework with which to approach situations that physicians encounter at one time or another and for which ready-made textbook answers cannot be supplied. A complete physician must also be somewhat of a philosopher to properly execute his responsibilities.

ARTHUR SITELMAN  
Jefferson Medical College

Philadelphia, Pa.

1. Poe WD: Marantology: further thoughts. N Engl J Med 288:165, 1973
2. Krant M: In the context of dying. Psychosocial Aspects of Terminal Care. New York. Columbia University Press. 1972. p 205

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NO MAN IS AN ISLAND, ENTIRE  
OR ITSELF; EVERY MAN IS A PIECE  
CONTINENT, A PART OF THE MAIN; IF A  
WASHED AWAY BY THE SEA, EUROPE IS THE LESS,  
AS WELL AS IF A PROMONTORY WERE, AS IF A  
MAJOR OF THE FRIENDS OR OF THINE OWN WERE.  
ANY MAN'S DEATH DIMINISHES ME BECAUSE  
I AM INVOLVED IN MANKIND; THEREFORE  
NEVER SEND TO KNOW FOR WHOM THE  
BELL TOLLS. IT TOLLS FOR THEE.  
JOHN DONNE  
1633

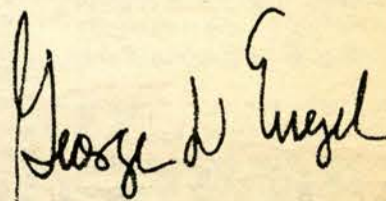
# Dr. Engel Replies

To the Editors:

I am most pleased that you selected my paper for republication in ARIEL. In general the message I have been trying to communicate has been responded to more by students than by faculty who by and large find it difficult to face up to issues once they have become entrenched in other ways of functioning. It is difficult to enjoy the status of a successful physician and yet have questions raised about one's qualifications in what are in effect elemental areas. But then this has been characteristic of medicine throughout its long history. As I go around the country speaking on these issues the response I often get from faculty members is, "Well that's all very good and we agree, but who is going to do this kind of teaching?" My answer has been that if the faculty and those most responsible for the educational program are genuinely convinced that these matters are important, they will extend effort to recruit such faculty and if they are unable to find such people they will send someone from their own faculty to get the necessary training. I make the analogy to Medical Genetics, which in the last decade or so has come to be recognized as an important discipline for a modern medical school. I know of no medical school which has not been made a vigorous effort to develop such a program. The effect then is to make Medical Genetics a sought after discipline for young physicians to enter. Exactly the same will be true when the importance of the psychosocial approach for the every day functioning of the physician is equally well appreciated. Then, too, that field will enjoy more recognition and prestige and attract more support and candidates for training.

I enclose for your interest a copy of my recent consideration of these issues which I presented before the Philadelphia County Medical Society last December. If you wish to use any part of this in your paper you have my permission. (Enduring Attributes of Medicine Relevant for the Education of the Physician, Annals of Internal Medicine, 78: 5870593, 1973)

In respect to your own personal interests I will be very pleased to have you keep in touch with us and perhaps consider the possibility of spending some elective time in our program as students or perhaps become involved as fellows later on in your training.



George L. Engel  
Professor of Psychiatry  
Professor of Medicine  
University of Rochester School  
of Medicine

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# Speak Out Article Of The Month

## Sucrose Intoxication and Diabetes

A.M. COHEN

Diabetic Unit and Laboratory for Endocrine Research, Hadassah University Hospital, Jerusalem, Israel

Many years ago it became generally accepted that diabetes is a disease with an inherited predisposition (1-3). However, factors other than insulin deficiency play a role in the pathogenesis of the disease. The exact mechanism of the development of diabetes mellitus is still unclear. The role of a series of internal and external "precipitating factors," which uncover the genetic tendency, is still a matter of controversy. Endocrine changes, pregnancy, obesity, occupation, climate and nutrition have been listed among these precipitating factors.

The extreme change that has occurred in the external environment of life mode and food habits of several Jewish ethnic groups as a result of their immigrating to Israel, provided an opportunity for studying the effect of these changes on the prevalence of diabetes in Israel.

In a field survey, close to 16,000 people were examined. It was found that the prevalence of diabetes was 1% for Sephardi Jews and 2.5% for Ashkenazi Jews, with an average of 1.8% for the total population (4). However, the difference between the Ashkenazi and the Sephardi groups was not statistically significant. The incidence of diabetes among Jews in Israel is no greater than among other nations in different parts of the world (5-10).

On examining about 5,000 Yemenite new immigrants to Israel, we found only three cases of diabetes, i.e. the prevalence was almost-zero (4). However, on examining Yemenites who had settled in this country for more than 25 years, the incidence of diabetes was about the same as

that among the Ashkenazi Jews of western origin. The same observation was repeated among the Kurdish new immigrant Jews, in whom no diabetes was found, in contrast to the Kurdish old settlers, in whom the incidence of diabetes was higher than among the Ashkenazi Jews.

A dietary survey carried out with Bavly and Poznanski (11) among the Yemenites revealed that: 1) most of the fat consumed in Yemen was from animal sources; 2) almost no sucrose was consumed in Yemen, whereas in Israel a considerable percentage of the carbohydrate intake was in the form of sucrose; 3) a large percentage of the fat consumed in Israel was in the form of unsaturated fat.

On the basis of these data we suggested an association between the increased sucrose consumption and the increased incidence of diabetes (12). Similar observations were made in and around Durban, where the increased incidence of diabetes in Asians and Africans was related to increased sucrose consumption (13).

Experimental studies were undertaken to investigate the effect of sucrose on various parameters of carbohydrate and fat metabolism. In collaboration with Teitelbaum (14), two groups of albino rats were put on ad lib. synthetic diets in which the carbohydrate component (72%) consisted either of sucrose or corn starch. After the animals had been kept on these diets for two months, the oral glucose load showed impaired glucose tolerance in the sucrose group (14). Similarly, the growth curve of the sucrose-fed rats was found to be impaired when compared to that of the starch-fed rats (15).

Reducing the protein content in the respective diets accentuated these changes (15). However, the nitrogen balance in the sucrose-fed rats was no different from that of the starch-fed animals (16).

The liver fat content of the sucrose-fed animals was twice as high as that in the starch-fed rats (14) and the rate of synthesis of liver cholesterol and triglycerides from labeled acetate was greater on the sucrose diet than on the starch diet (17).

It has been suggested that the effect of sucrose on the blood lipids is caused by fructose (18). We have shown that animals fed glucose also have a greater rate of incorporation of labeled acetate into the liver and serum cholesterol and triglycerides than the starch-fed rats (17). The serum insulin-like activity of the sucrose-fed animals was lower than that of the starch-fed rats (14).

In collaboration with Shoshan we have found that in the sucrose-fed rats there is an increased amount of soluble collagen in the aorta and that the ratio insoluble/soluble collagen is reduced (19).

To gain a better insight into the metabolic changes affecting the carbohydrate and lipid metabolism, the enzymatic patterns in animals kept on a sucrose diet for periods of eight months, were studied in collaboration with Shafir and Briller (in preparation). It was found that sucrose feeding resulted in increases in the activity of liver enzymes associated with glycolysis and lipogenesis which were considerably higher than in the starch-fed control rats. The biggest differences were seen in the activity of

NADPH-generating enzymes. It may also be seen that these differences in enzymatic activity were sustained after 48 hrs. of fasting. The enzyme activities in the sucrose-adapted 48-hr-fasted animals exceeded those in animals fed the laboratory chow ad lib. These results may be interpreted as indicating that sucrose-derived hexose constitutes a greater load on the liver than the starch-derived hexose thus necessitating a higher extent of adaptation of glycolytic and lipogenic enzymes.

Together with Rosenmann (20), we studied the pathology of the rat kidneys. After periods of 8 to 12 months of feeding the sucrose diet, changes identical to those of diffuse glomerulosclerosis were seen. The retinas of these rats were studied together with Yanko and Michaelson (21). The trypsin-digested retina showed cell loss, capillary irregularities, strand formation and microaneurysms. One of the age-matched, starch-fed controls showed these pathological changes.

We have thus shown that in animals with the same genetic pattern, sucrose feeding has resulted in impaired carbohydrate tolerance and alterations in lipid and collagen metabolism. Furthermore, the impaired metabolism caused by changes in the nature of the dietary carbohydrate was associated with microangiopathy in the kidney and retinal changes characteristic of diabetes mellitus.

These experiments demonstrate the interaction between the genetic factor and the environmental factor in producing diabetes. In the same ethnic group with the same genetic pattern, a change in diet, con-

sisting mainly in the type of carbohydrate, namely sucrose, has resulted in an increased incidence of diabetes-like changes. To our minds, this is a laboratory duplication of what has been observed among Yemenite new immigrants and old settlers, where, with the change of environment and diet, the incidence of diabetes has risen.

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## Course Evaluation-

### A New Academic Adjunct

by Larry Cook  
David Mayer

During the Winter quarter of last year the students of the class of 1975 undertook the evaluation of the required Core Curriculae and Professors at Jefferson. They have continued this project through each successive quarter to the present one. Beginning this fall, the students of the Class of 1976 have also begun evaluating the required courses at Jefferson. The Class of 1975 has evaluated Anatomy, Physiology, Pathology (spring and fall), Psychiatry (spring and fall), Pharmacology and Microbiology and the rest of the courses offered. The class of 1976 Cell Biology and is currently evaluating Structure and Function.

Support for the Course Evaluation project has been generously given by the Student Council of JMC and the members of the classes involved. Funds have been allocated by Student Council to support the costs of computer analysis and distribution. The current evaluation of Structure and Function being carried out by the class of 1976 is also being supported by the department of Anatomy and Physiology.

Copies of the course evaluation reports in their entirety were distributed to each professor who was evaluated, to the Chairman of the department, to the Curriculum and Promotions committees and the

Deans of the Medical College. A copy is also on reserve in the Scott Library.

At present, results are available for two departments that have offered courses in two different quarters. Both Psychiatry and Pathology offered courses in the Spring and a review of the data collected both terms has led to consistent reports for each course. Pathology showed many strong points. The attendance of students was consistently high with an excess of 80% of the class reporting that they attended more frequently than 90% of the time. With respect to defining goals of its courses the Pathology Department received strong positive responses on both occasions. In contrast to these and other consistently positive responses, the Department of Psychiatry and Human Behavior's courses received consistently negative responses from the class of 1975. Close to a majority of the class did not attend lectures 50% of the time during either quarters. An even stronger percentages of the class felt that the goals of courses were not adequately defined during either quarter. Within the scope of these evaluations of Psychiatry and Human Behavior were several other pertinent parameters which continued the negative trends.

The Committees for Course Evaluation of the classes of 1976

and 1975 include Eugene Wolfel, Michael Flacco, Larry Cook and David Mayer. It should be noted that many persons in both classes deserve much credit for their time, effort and cooperation. The committees for Course Evaluation operate under the auspices of the Student Curriculum Committee of Student Council. Any inquiries, requests for information or criticism should be routed through the Student Curriculum Committee.

We would like to thank John Veloski of the Management Services of Jefferson's Computing center for his indispensable help.

## Jeff Student Nurses- 1973 B-ball Champs

by Janet Welsh

The Thomas Jefferson Student Nurses Basketball team finished their 1972-73 season in first place for the second consecutive year. In the championship game, played on March 19, 1973, T. J. U. beat Lankenau by 11 points with a final score of 21-10.

Our cheerleaders, from the freshman class, participated with four other squads in a cheerleading competition and also finished first to receive a trophy from the American Legion who

sponsors the basketball teams as well as the cheerleaders. This was the first competition for the four members of the T. J. U. squad including: Maryanne Bartoszek, Cindy George, Barb Hamilton, and Debbie Smith. They also did a great job cheering the basketball team on to victory during this season's games.

At this time the team wishes the graduating seniors congratulations and best wishes in their nursing careers.

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## Med School: Some Thought on Studying Abroad

by Richard L. Goldwin, M.D.  
Fitzgerald-Mercy Hospital

Many students in American medical schools are not aware of how many of their former classmates are studying medicine abroad. Presently, there must be about 3000 American citizens training at schools outside of the U.S.A. I can speak with certainty about Bologna and the other Italian schools, but I am sure that students from other countries would tell similar stories.

There are currently between 500 and 550 Americans studying medicine at Bologna, with an additional 250 in Rome and about 100 in Padua. The first question most people ask is why? For the most part, the answer is a lack of space in the American schools. When I applied to school in 1966, there were about 28,000 students competing for about 8,000 places. I would estimate that no more than 600 of us who were not fortunate enough to find a place here chose other countries as a means of obtaining our goal of a medical education. Some others go abroad because in the eyes of the admissions committees here in the U.S., they are too old (which is usually over 26 years).

Admission procedures vary from country to country. I applied through the Italian consulate in New York City. I believe that in most cases applications are processed by the consulates of the various countries which accept Americans, though some (Ireland, for example) require special examinations or interviews.

In the case of Italy, or for that matter most European schools, the main problem which the new student faces is that of getting along in a new, and often strange, tongue. At Bologna, both the University and the student organization offer language classes for the first year students, and a proficiency exam in the Italian language is required before you may take any classwork exams. There is really not a great problem with the medical terminology, but even in the later years, an English-Italian dictionary is a constant companion when reading texts in either language.

Aside from the language, I feel that the examination format is the biggest hurdle that once faces in Italy. All examination are oral, and of course, in Italian. Generally, a student's grade in a particular subject is determined solely by the final exam, which takes place after that course is finished. In effect, each student's exam is a mini-lecture, delivered by the student to the members of the examining commission. Many years of experience enable these men to determine from this brief encounter how well the individual has grasped the material at hand. Generally American texts or Italian translations of these texts are used in supplement to Italian authored books when preparing for tests, but frequently an examination may turn on the ability to use a professor's own favored terminology or descriptions, and therefore complete familiarity with lectures is a must.

There are certainly advantages and disadvantages to studying abroad. Obviously, the biggest advantage is the degree, which enables the student to enter the field of medicine here at home. The education, I feel, is of the highest level, and more so in Italy it is true that you get out of it what you put into it. There is also the advantage of a cultural education that few can match. Just the opportunity to live for six years in a foreign country, and become absorbed in that country's way of life is an education all its own.

On the other hand, some problems may arise from the difficulty in communication with the patient, as well as orienting oneself in a very different hospital situation. There are no attending physicians in the large public hospitals which make up the University teaching services, and each patient is admitted by a member of the hospital staff and cared for by this same doctor or others who work in the same clinic. The situation in private hospitals is somewhat similar to that here in the U.S., but unfortunately these are not included in the teaching programs. One other problem which looms big for Americans who study abroad is the E.C.F.M.G. exam, a sort of entrance permit to an accredited hospital and training program, which is currently being protested in the courts by the students in Guadalajara, Mexico.

Some students are now transferring back to American schools after four years training in the Italian schools. When I first went to Bologna, only one or two students would transfer back after taking the part I of the National Boards. In recent years,

thanks to a more liberal policy and a program known as COTRANS (Coordinated Transfer), about 10 or 15 students a year are being integrated into American medical school third year classes. We hope that eventually all students who start out studying abroad will be able to return to the U.S. to complete their clinical training.

### STUDENT NURSES DUMPED

The Jeff Student Nurse's basketball team, one of the finest girl's basketball teams in Philadelphia, faced its "greatest" challenge of the season here at the Commons on April 4. It was the second annual Basketball Classic between the girls and the Nu Sigma Nu "B" team "All Stars." Disappointed by a close loss in last year's game, the girls were determined to show they had the better team. The girls looked poised at the start of the game, setting up well on both offense and defense to jump to a 10-6 lead. However, the "All Stars" were not about to be outdone and quickly got the lead back and went on to bury the girls, proving that last year's win was not a fluke. The two teams later met again, this time at a post-game party at Nu Sig - both sides agreeing that the night was a lot of fun.

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# Glenn

(Continued from page 1)

He explained that there is a common misconception that the space program merely represents a "political race with Russia." The American public is not aware of the many social services that come out of the program. For instance:

1. 7% of all radio and television communication is relayed by space satellites

2. Satellites can do a "multi-spectral analysis" on light reflected and radiated off the surface of the globe. This light when analyzed can tell commercial fishermen where large schools of fish are swimming. Also it has been reported that it has detected a corn blight in the midwest before any other instrument of detection could identify it.

3. Not commonly known are experiments demonstrating that when moon rock is mixed with earth soil, plant growth increases by 4 to 10 times what it ordinarily would be.

4. It may be that satellites could eventually harness solar energy as a power source for earth bound industry.

5. Satellites forecast the routes of hurricanes, thus

providing warnings that save many lives.

6. DAB-1 is an enzyme discovered in the blood of astronauts returning from space. Accumulating evidence indicates that it plays an important role in triggering off the defense mechanisms of the body.

7. Some of the synthetic materials created by the space industry are now used in the production of brassieres. They supply support for women who want a shape "that is out of this world."

Col. Glenn went on to mention that there are many people who write into NASA expressing their dissatisfaction with the space program. One I-wonder-how-typical-letter went as follows: "None of us have any business going up in space. We should all stay home and watch TV like the Good Lord intended."

In closing, Col. Glenn recognized that "science has run unbridled" for many years, but this is no reason for us to turn our back on it. We are fortunate to be living in an exciting time where each and every one of us has the opportunity to do our own "individual thing." New ideas do not come from groups and committees, but rather are the results of individual efforts.

## Music Review

# End of an Era

by Gary Kaskey

It seems appropriate that my last pop article of the year should begin at the end of the beginning - or something. The Beatles, man, yea. Well, I first got into the Beatles this year, being an avid Stones fan and considering the fabulous foursome considerably overrated. I was wrong. The Beatles started everything, from the Grateful Dead, to the Stones to Dylan. Their influence verily permeated the culture. Their essential goodness was the cornerstone on which everything else was built. And then they crumbled.

What happened? Some say it was Yoko, some say it was Allen Klein, I say it was inevitable. If you put four humans in a pressure cooker image intensifier environment, little sparks of friction will explode. The only real mystery is why they lasted so long together.

McCartney released McCartney and announced the Beatles were through. (It was a blatant power play fashioned to ruin the sale of Let It Be and give the impression that he was the sole cause of the group's demise.) McCartney was, at best, a mediocre album and only deserves musical mention as being Paul's best release from that time to now. Rain, Wings, and Roseway Boogie (or is it Speedway Rose or Boogway Speed) are so awful that they don't even make good flying saucers. From being one of the two leaders of the musical world, Paul now has the musical belt of a soggy French fry. One can only sigh and wonder.

Ringo and George have been the two most consistent Beatles. Ringo with his fantastic singles, "It Don't Come Easy," "1972," and "Backoff Boogaloo." Admittedly they were produced by Peter Drake (the man who can make his guitar talk), and some of the finest musicians in Nashville, but they were good. And George - well, the All Things

Must Pass album and the concert Gar Bangala Desh are two of the most musically important and fulfilling events of this decade.

We come to John. John is by far the most outspoken Beatle and former leader of the group, social militant, and eternal center of controversy. In the infamous Rolling Stone interview, John accused the others of ganging up against Yoko, Paul of subverting the group, Paul's father-in-law of trying to rip the group off, the United States for war crimes, and the world for misunderstanding his genius. Admittedly this interview was taken as he was just completing extensive therapy and was excessive, but it was real. John's works have been the most uneven. From the heights of "Cold Turkey," "Workingclass Hero," "Imagine," to the awful self-indulgences of the Two Virgins LP, he has laid bare his life. He comes across as a tremendously sincere, questioning individual and one who takes on the world's burdens as his own.

Today, the individuals are out going. Ringo has just completed a new album with a little help from George and John. George, too, has an album expected to be released shortly. Paul is toting with his band Wings (and you know how I feel about them). John is trying unsuccessfully at present to gain U.S. citizenship and gain custody of Yoko's son. The boy's Apple Corporation has dismissed Allan Klein for alleged abuse of his power.

The inevitable question is, will the Beatles reform? The answer just has to be no. The boys have too much respect for what they have now and what they had then to reach into the past. But will John, Paul, George, and Ringo put out another album? for that answer we would have to ask one of them, which is just what we are planning to. With all possible humbleness and sincerity we are sending a copy of this article out to all involved and hope for an answer. Tune in next year.

## Jason Was Here!

by Steve Glinka

The best entertainment event of the year at Jefferson took place on March 28 at 8 P.M. as Jason, a Canadian Rock Band rocked into the Commons for a dance concert. Though attendance was small at the beginning of the concert, the good music and cheap beer managed to lure perhaps 300 Jeff students away from their books before the night was over. Jason, five enthusiastic young people, combined musical talent with fine vocal harmony to produce a highly entertaining evening doing some material of their own but mostly borrowing from other well-known artists & eras. The concert consisted of four sets, each representing a different period of American music. The sets were divided by short breaks which the group used to change into costumes which set the theme for each set.

The first set instantly won the audience over with medleys of hits by The Mamas & the Papas as well as the Four Seasons. Jason also featured some original numbers which were well received. Next came a set of hits from the 20's and 30's - done with a modern touch. The third set opened with the group dressed as Mousekateers singing the Mousekateer theme song. This served as an introduction to music of the 60's, especially California hits. Heavy emphasis was placed on the Beach Boys and the Commons rocked to such hits as "Run, Run, Runn," "I Get Around" and more.

The last set brought the house down. Jason, talking and looking like a mythical rock group of the 50's; "The Greasers," performed such great 50's hits as "Rock around the Clock," etc. The finale came when "Elvis" appeared on stage dressed in a grey-sequined suit to sing "Hound Dog" and some other of his million-sellers to a wildly cheering audience.

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Join ARIEL

Movie Review:

# Last Tango

by Robert L. Breckenridge, Jr.  
 Cinema runs in cycles. Since the New Wave movement in France started its decline around 1964, there have been no important films. Godard has turned Marxist, Truffaut has turned bourgeois, Bergman has become boring and Fellini hasn't made a good film since 8 1/2.

Hollywood, in its pursuit of cash, has shafted "the industry" with its occult kung fu exploitation movies. At last, an Italian film director, Bernardo Bertolucci, has taken the best elements from the New Wave and Hollywood, added his own genius, and created a monumental masterpiece which hopefully will stimulate a new revolution in cinema (but probably won't).

The Last Tango in Paris deals with the aging and the death of the modern myth of American machismo so prominent in our films and literature. Paul (Marlon Brando) is the essence of machismo as he combines the innocence and toughness of Bogart and Cagney with the romanticism and sexuality of The Wild One. Paul is a 45-year old former boxer, former journalist and former American living in Paris, grieving over his wife's suicide. Bertolucci recalls the plot of the first New Wave film, Godard's Breathless, by setting up an affair between Paul and a young French girl, Jeanne (Maria Schneider) in an empty apartment.

Paul has doubts about his own virility, and blames it on his wife's infidelity and other outside factors altering their relationship. He insists that he and Jeanne insulate themselves from the world by not revealing anything of their outside lives, even their names.

Jeanne is a pretty 20-year old girl fascinated by Paul's sexual power over her. In a homage to Truffaut, Bertolucci uses Jean Pierre Leaud (whom Truffaut uses as an autobiographical actor), to play Jeanne's fiance, Tom. He is making a film of a young girl in love, Jeanne herself. Tom uses the movie camera to know Jeanne. He tries to define her and direct her.

Inevitably both men fail in their attempts to know her. As Brando says, "If a man had all the knowledge in the universe he still wouldn't know his wife."

Bertolucci uses the con-

trasting ages of Tom and Paul as a vehicle for his theme of aging. At first, Jeanne rejects the youthful Tom for the fatherly Paul. In the isolation of the apartment, Paul seems almost ageless to Jeanne. However, later when Paul takes her to one of the old dance halls in Paris the illusion disappears. As she realizes, "It's all over," we catch a glimpse of the dying celluloid sexual hero as Paul mimics Cagney's, "You dirty rat."

The art of filmmaking is a blending of reality and fiction. Godard (and later Bergman) would interview his actors and talk to them about their opinions of the character they played. He would also try to capture moments in film when the actor would be himself. For example, in Singin' in the Rain, when Debbie Reynolds is dancing with Gene Kelly and Donald O'Connor, she holds her dress as she flips over the couch. Godard says this little unconscious slip reveals the modest family girl in Debbie Reynolds.

Bertolucci has refined this Brecht/Godard idea when the actors talk about their childhoods. In what appears to be improvisation, Brando and Schneider reveal to each other in a highly emotional and personal manner, their own and their character's childhoods. It is moments like these when Schneider approaches the acting ability of Jeanne Moreau and Brando displays the best acting I have ever witnessed.

Two other notable features were the musical score and the cinematography. The music, a progressive jazz, is used as a counterpoint to the highly emotional scenes, rather than creating the emotion. Bertolucci has become a master of color photography, using color to enhance emotion. He uses shadows as props in the relatively simple setting of the apartment. Outside he blocks his shots of Paris in such a way that the complexity becomes surreal.

There are innumerable other things for which the movie can be praised. The only shortcoming I can find is the \$4 admission price. Originally movies were the poor man's art and entertainment but that pimp of American movies known as the box office has created a high-priced whore. But being a whore doesn't make you a bad person.

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located at Jefferson Hall Reception Desk (Or call Bonnie Litman, 829-7925).

### BASKETBALL RESULTS

Congratulations to the new "A" league champions Gilbert Parks' Independents II, team and the "B" Champions Herb Grays' Sophomore Independent team.

The "A" Champs finished the league in third place. In the playoffs they defeated Allan Hoovers' Phi Alpha team 48 to 42. Their real test came in the semi-finals when they erased a three year domination by downing Nu Sigma Nu 61 to 43. In the finals they won handily over a surprising employee team by a score of 52 to 31.

Members of the Independents team are Gilbert Parks, (Coach) Charlie Goldsmith, Tommy Layton, Kevin Tracey, Bruce Jarrell, Jim Marencik, Rich Evans, and Barry Rosen.

In the "B" league, the champs advanced by defeating Nu Sigma Nu 54 to 46 in the first round, in the semi-finals they beat Podolskys' Independent B 64 to 42. The finals found the sophomore Independents trailing by 12 points at the half only to rally for a convincing 51 to 35 win over runner-up St. Andres' Phi Alpha B Team.

Members of the B League champions are Herb Gray (coach) Ray Baraldi, Jim Delehanty, Bob Kehm, Mike Kilcullen, Jay Rauth, Bill Daly, Tom Kilcheski and John Griggs.

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