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Ariel

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M*A*S*H Revisited?

Is Suicide Really Painless?

by Edward G. Zurad

"Let our position be absolutely clear: Any attempt by any outside force to gain control of the Persian Gulf region will be regarded as an assault on the vital interests of the United States. It will be repelled by use of any means necessary, including military force."

President Carter announced the draft registration and "revitilization" of the Selective Service System on Wednesday, January 23. The Selective Service System has been out of action since 1975 when President Ford stopped registration.

They're already burning draft cards at Stanford University in California. Draft opponents are beginning to mobilize. Everyone is wondering whether women will be included in the draft registration process. Some students at Jefferson are joking about the advantages of a practice in British Columbia.

There are questions on the minds of many medical students: What does the Doctor Draft mean? More specifically, who does it involve and how does it work? The ARIEL sought answers to these questions only to find that there was no one in the Federal Government who could answer them since no personnel or monetary appropriations have been assigned to the "revitalization" of the Selective Service System because of the recent nature of the President's announcement. Through the suggestions and recommendations of Dr. Robert C. Mackowiak, Associate Dean and Director of Student Affairs, the ARIEL was fortunate to uncover several physicians at Jefferson who have had significant involvement with the armed forces medical services and who could provide information on how such matters were handled in the past.

Dr. James H. Lee, Jr., Professor of Obstetrics and Gynecology and Chairman of the Department, is a Retired Captain who served 21 years of active duty with the U.S. Navy. He served as Chief of Obstetrics and Gynecology at the Philadelphia Naval Hospital before coming to Jefferson. Dr. Lee outlined the "Berry Plan" (named after a Dr. Berry who was Deputy Director of the Armed Forces Medical Services when the plan was developed, not the Jefferson Neuropathologist whose portait is hanging in Alumni Hall) which was employed in conjunction with the Doctor Draft during the Vietnam conflict. According to Dr. Lee, the Berry Plan provided "deferments (to residents and graduate medical students) to complete graduate training" with the stipulation that physicians who were granted such deferments were obligated to serve "two years of active duty" upon the conclusion of their specific residency program.

Dr. Richard Arthur Baker, Clinical Associate Professor of Obstetrics and Gynecology, is a recently Retired Naval Captain who had served as Chief of Obstetrics and Gynecology, later, Director of Clinical Services, and eventually, Commanding Officer of the Philadelphia Naval Hospital. He elaborated on the Berry Plan stating that one could sign up "in a specialty in which the Armed Forces had some relative interest." He mentioned that there was some interest in virtually every specialty but he specified that the local draft boards and the named forces had percentage restrictions on the number of medical officers in the various specialties. Thus, the principle of supply and demand was utilized to determine the eligibility for the Berry Plan. If a graduate could not enlist under the Berry Plan for various reasons, the applicant would be permitted to receive one year of post-graduate training (an internship, which is required by law) and would then be inducted as a General Medical Officer. In such cases, any specialty training desired by the applicant would have to be pursued upon the completion of active duty.

Dr. Frank Davis Gray, Jr., the Magee Professor of Medicine and Chairman of the Department, retired in 1971 from the Army Reserve after more than 30 years of reserve service. At one point, he served as Surgeon for the Continental Reserve Army Command. Dr. Gray commented that during the Vietnam conflict, the Army's needs for internists were fairly well satisfied. Thus, "it was difficult" to enlist in the service under the Berry Plan if one was interested in specializing in internal medicine. Dr. Gray remarked that he knew of a few students primarily interested in internal medicine, who applied for the Berry Plan to be trained as anaesthesiologists in order to receive the training deferment, because they knew that the Army needed anaesthesiologists.

Dr. Gray mentioned that during World War II and the Korean Conflict, the local draft boards employed a novel method in pursuading physicians to join the service. A letter would be sent to the physician stating that in a certain specified amount of time, he would be

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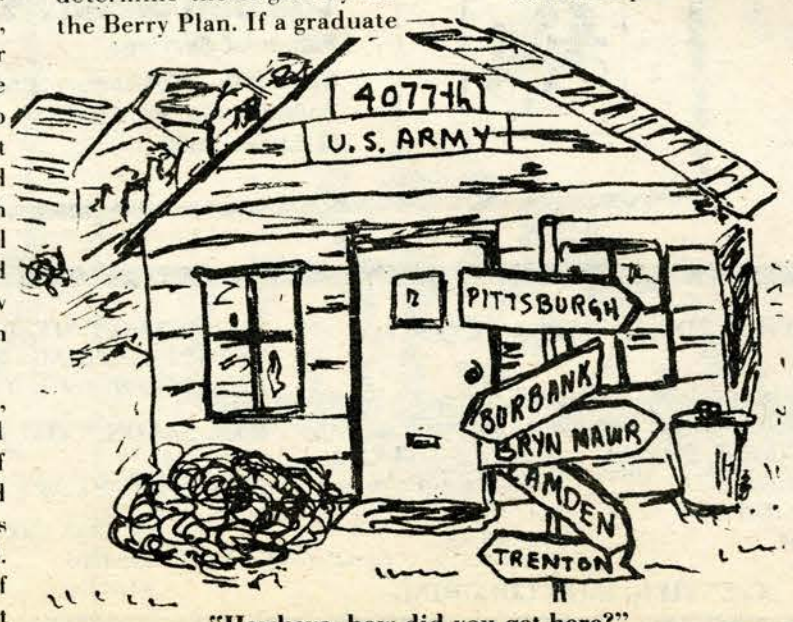

"Hawkeye, how did you get here?"
"A fellow named Berry gave me a two year vacation."

Happy Valentine's Day Jefferson!
Look For Your Valentine Message On Pages 6 and 7

Preceptorships Available

by Frans Vossenberg

The 1980 AMSA national convention at the Sheraton here in Philadelphia will provide a forum for discussion of the National Health Service Corp. Tentative plans call for a program on the interaction between medical education and preparation for service in a medically underserved area. The NHSC preceptorship program will also receive attention by way of an exhibition booth with preceptorship staff and brochures.

The Indian Health Service and the NHSC has contracted with AMSA to coordinate its program. Only NHSC scholarship recipients are eligible for these clerkship placements. On the other hand, IHS preceptorships are organized by the Indian Health Service itself. Any health professional is eligible; applications are made directly to IHS regional recruitors. A list and map of IHS sites and regional office addresses can be found *in AMSA's NHSC Resource* Catalog on reserve in the library.

The format for planning a preceptorship with the NHSC starts with an application to the NHSC/AMSA preceptorship program. An acknowledgement of the receipt of the application is sent to the student. The responsibility for the student's placement is then assigned to a NHSC/AMSA staff person. The staff person deals with preceptorship assignments in the region encompassing the

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Sex and the Medical Student

by Jim O'Brien

It seems appropriate for this Valentine's Day issue to write about a much-talked-about and often misunderstood subject — the sex life of a Jefferson medical student. Although it cannot be argued that the flavor of one's sex life is a reflection of individual character, medical students do share certain character traits and environmental constraints so that some generalized behavior patterns may be implicated.

It is almost universally agreed among psychiatrists and psychologists writing on the subject that the sex life of the average medical student, in terms of both frequency of encounters and intimacy of experiences, is sub-par for his or her age group. The reasons for this are a reflection of the individual's personality makeup, previous experience and his present educational confines. Many of those who make it to medical school are obsessive-compulsive (often referred to as the "Type-One Personality") in their drive for success. This pattern may lead to introversion and rigidity, barriers to intimacy. A study which appeared in **The Journal of Medical Education** explained that "The typical medical student's life has been one filled with recognition of his achievements and successes, and the student tends to view

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Sex and You

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himself as infallible." Entrants also seem to lack the interpersonal experience of many other college graduates. The aforementioned study emphasized that, "the typical pre-med spends his time studying to insure acceptance into medical school. Thus he may have a relatively retarded social experience." These two psychological components are then aggravated by a rigid academic discipline and a loss of personal freedom, especially during the clinical years.

Most medical students are single, heterosexual men. For this group, there is often a preoccupation of where to go, what to do, whom to date. Some attempt to gratify both ego and libido by seeking multiple, impersonal sexual encounters, or "pick-ups." This lifestyle, however does little to assuage a desire for intimacy and maybe quickly abandoned by those who experiment with it.

Most students prefer the comfort of a few, or even one, sexual partner. In maintaining more intimate relationships, one must learn to overcome certain characteristic barriers — availability of time, fear of commitment, and fear of physical or emotional entrapment. It is not always a simple matter to negotiate the demands of a relationship with the demands of professional school. In extreme cases, they may become mutually exclusive.

Of course, there is the alternative of abstinence, which really is not a sexual variation. Those who claim to possess "tremendous self-control" may try to sublimate their sexual energy into schoolwork or other outlets.

Some of the problems of the single heterosexual male medical student are aggravated by attending a small medical school with no associated undergraduate college. Many men or women, for reasons valid or invalid, resist the idea of dating another health professional. Another undercurrent is the widespread suspicion that some women are intent to trap a potentially wealthy medical student into marriage. This feeling has led to indifference and resentment toward women in general (and vice versa) in some instances.

Additionally, residence

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Doctor Draft

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Medical Officer. (Dr. Gray explained that one cannot be drafted to be commissioned as an officer since the commission itself implies a choice made be the individual. Dr. Gray indicated that he knew one young graduate who refused to be intimidated by such tactics who waited to be drafted and served three years like any other drafted G.I.).

Dr. Baker discussed his personal experience with his local draft board which seems somewhat unique. He attended medical school at the University of Utah during the Korean conflict. His local draft board attempted to draft him while he was still in medical school — as a medical student! He filed local, state, and eventually a federal appeal. He graduated from medical school during the appeal process and enlisted under the Berry Plan. He became a Medical Officer in the Navy and remained one for 23 years. He asserted that the military experience is a "damn good experience for any young doctor." The experience provides the opportunity for "a lot of maturing and is an excellent transition from the residency to practice" according to Dr. Baker. He commented that the experience is a chance to "spread your wings, but still have the emotional support of experienced physicians present" if it is needed.

All three physicians interviewed regarded the military experience as a positive one in retrospect. However, it was unanimous that the system is fair only if everyone must serve — if the draft is uniform. It was suggested that doctors are discriminated against in times of war because of their necessary skills. Dr. Gray aptly demonstrated this by recalling a law which was passed in the early 1950's which raised the maxium age limit for the Doctors Draft to 45 while the normal draft age limit was much less.

Dr. Baker affirmed that the Berry Plan is currently out of action along with Selective Service System and that if there is any military action, new legislation would have to be passed by the Congress (which may or may not resemble the Berry Plan).

Dr. Gray offered some observations on the present situation: He believes that the current crisis resembles that of World War II more closely than it does the Korean or Vietnam conflicts. He speculates that if a war develops, it would probably be a conventional war since "anything else would be unthinkable." However, because of the "enormous number of troops which would be necessary (due to the large area involved), he believes that the government would do what it had done in WW II in terms of supplying military physicians (Dr. Gray noted that in WW II in terms the armed forces expanded from virtually nothing to a force of "10 million men in a year and a half.") Thus graduates, who had at least one year of post-graduate training would be pursued as well as the more experienced practicing physicians because such a rapidly expanding force requires experienced medical personnel.

Preceptorships

cont'd from p. 1

student's first choice for placement. The coordinator tries to match the interests and experience of the student with the needs and facilities of the NHSC site. After tentatively matching a student with a clinic, the staff person sends the application to the physician then contacts the student. If their goals for the preceptorship are compatible, the match is confirmed. Finally, the student receives financial information and resolves the logistics of the actual placement. The goal of the NHSC/AMSA staff is to conclude all of the planning at least four weeks before the beginning of the preceptorship. Obviously, the earlier you apply the better are your chances of completing the process in time.

The preceptorship program is not limited to third and fourth year students. Many sites would prefer students in their clinical years, however last year 60% of all NHCS rotations were filled by first and second year students. There are two key advantages to a preceptorship in the NHSC. Postgraduate placement in the NHSC depends on the interview between the leaders of a medically underserved community and the physician. Thus prior service in this community or a similar one demonstrates the physician's interest in the people and the environment specific to the site involved. Lastly, a preceptorship gives the student an idea of areas in his medical education to be particularly emphasized in preparation for service in the NHSC.

WHO Fights Indian TB

Tuberculosis Experts to Meet to Discuss Lack of Protection of BCG Vaccines in Trial

The World Health Organization will bring together tuberculosis experts in two meetings to examine the implications of a large-scale trial that has shown BCG vaccination as affording no protection against lung tuberculosis in the south of India.

The trial was launched in 1971. First findings, compiled seven and a half years later, have been published in the current issue of WHO's Bulletin (Vol. 57, No. 5, 1979), as well as in the Indian Journal of Medical Research.

Though exact dates have yet to be set, one meeting is tentatively scheduled for April and a second for June to address questions raised by the trial. In elaborating on results, WHO experts emphasize that, while surprising, they "must not be interpreted as indicating the BCG vaccination is useless everywhere."

A scientific group will be asked to advise on further research, and a study group will be requested to recommend policies for vaccination programmes now under way.

Some 260,000 individuals above the age of one month were covered by the Indian trial, which was aimed at preventing lung tuberculosis in the population of 209 villages as well as in a town in the district of Chingleput, west of Madras.

BCG vaccine is named for its two developers, Drs. Leon Calmette and Camille Guerin. Although used extensively throughout the world since the 1950s, "its mode of action has remained largely obscure," the report of the trial notes, as has the "immune mechanism in tuberculosis."

Thus far, results have varied in the scientifically-valid, controlled studies that have been carried out, with the success of BCG vaccines varying by population group, and ranging, the report notes, from good, namely 80 percent effectiveness and efficacy, to poor, the latter in the Indian trial.

Questions raised

The Indian trial raises questions such as the following:

Were there procedural flaws?

According to the report: "The methods and materials oudy were scrutinized at a meeting of experts held in Madras in 1977, and it was concluded that there were not any apparent flaws in the procedures followed in the study."

Were the BCG vaccines used of adequate potency?

"In past trials in which no effectiveness was observed." WHO experts point out, "relatively weak vaccines and a low dosage had been used, with vaccination by multiple puncture rather than by injection." For the Indian trial two BCG strains, Danish and French, were used in the highest tolerated doses.

The strains were selected for their relatively high efficacy in experimental studies. Extensive laboratory control showed the vaccines to be of a good quality.

Could other factors have played a role?

The trial area is one where mycobacteria other than the tuberculosis bacilli are common. The triggering of the immune response by such harmless mycobacteria "would result in an apparent reduction of the effect of BCG," according to the trial report. In other trials showing poor protection, WHO experts point out, this probably was also the case.

However, it is unlikely that this natural immunity could have masked the effect of a potent vaccine entirely. Therefore, other factors must have played a role in the Indian trial. According to WHO experts: "The epidemiology of tuberculosis in the trial area appears peculiar in the sense that tuberculosis occurs long after a person is infected. Generally, and notably also in south India, not far from the trial area, disease occurs soon after infection." This phenomenon, which needs to be studied further, may well be connected with the effectiveness of vaccination.

"It is possible therefore that the findings in the study population are not applicable in other parts of India, or elsewhere," the experts say. "The full explanation for the varying degrees of protection is yet to be found."

Should BCG vaccination be stopped?

Where many factors may play a role and when the level of protection is non-existent, as in this case, little can be deduced about the worth of the vaccine and its effect under different circumstances.

In most countries now BCG vaccination is given mainly to infants. It should be pointed out, the report of the trial says, "that the present results may not be extrapolated to infants, since infant tuberculosis was not observed in the trial."

And although there is a need for further data, WHO holds it would seem unreasonable to stop current vaccination programmes, since evidence of the protective effect in infants appears favorable.

PCMS Interacts with Students

by Frans Vossenberg

In the interest of helping their future colleagues the Philadelphia County Medical Student Affairs Committee. Chaired by Bernard B. Zamostien, M.D., the committee assembles representatives from the six medical schools (including PCOM) in Philadelphia. The group meets monthly in the PCMS headquarters at 21st and Spring Garden.

Instead of a clash of interests as one might expect, the committee provides a forum for constructive discussion between medical students and organized medicine. Recent topics have included residency matching problems, financial aid, Armed Forces and NHSC scholarships, and local medical school activites. Currently the committee is preparing a letter explaining the pros and cons of Armed Forces scholarships and service. The article will be sent to the pre-med advisors at each college in Pennsyl-

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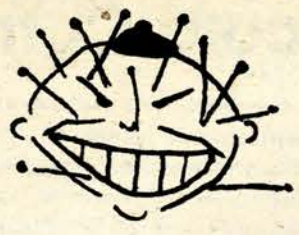

Acupuncture Abounds

A list of 43 diseases and conditions that lend themselves to treatment by acupuncture is published in the December issue of World Health, official illustrated magazine of WHO. The list was drawn up at a WHO seminar on acupuncture held in China last June, when delegates from all six regions of the Organization watched clinical acupuncture being used for a variety of purposes, including analgesia for major surgery.

The list ranges from sinusitis, bronchial asthma and osteoarthritis to toothache, migraine and constipation. However, the seminar specified that the list was based on clinical experience and not necessarily on controlled clinical research; furthermore, the inclusion of specific diseases was not meant to indicate the extent of acupuncture's efficacy in treating them.

Contributors to the magazine describe the ever-increasing popularity around the world of this ancient practice, and the way China is completely integrating traditional Chinese medicine and "Western" medicine. There is also an eye-witness account of a major lung operation carried out on a wide-awake patient, with only one single needle as "anaesthetic."

Writing about the spread of acupuncture to the United States since the early 1970's, Professor Frederick F. Kao comments: "Unfortunately, acupuncture remains something of a political football in the developed world. Rhetoric competes with scientific research." However, the number of trained acupuncturists in the USA is now steadily growing, and the same is true in many countries of Western Europe. Pointing out that "Western" medicine is itself a distillation of folk medicine and thus no different from Chinese medicine, Indian medicine and so forth, Professor Kao asks: "Why do we talk about medicine in such isolated and culturally relative ways, while other disciplines such as chemistry, mathematics and physics know no such boundaries?"

In an introduction to this issue, Dr. Qian Zinzhong, the Minister of Public Health of China, writes: "We now recognize that, although acupuncture originated in China and is part of our country's rich medical and pharmacological heritage, this therapy has become the common property of the human race and is subject of intense interest to medical workers the world over."

Record Corner

by Jim O'Brien

To those of you seeking something different in modern jazz, I'd like to recommend Pat Metheny's "American Garage." Metheny's adept six and twelve-string guitar improvisations blend nicely with the keyboard virtuousity of Lyle Mays. The total effect is a pastoral jazz romanticism that is relaxing, but always interesting. This is great all-purpose music — for studying, partying, or just listening. A great album from an impressive young artist.

For rock 'n roll fans, there's Blondie's "Eat to the Beat," a good, but inconsistent collection of New Wave music. Deborah Harry's voice is excellent and the instrumentation is clean, but the album lacks the gutsiness that made Johansen, the Ramones, and the Sex Pistols great punk bands. What I really like about Blondie is more cultural than musical. Harry is a fashion-conscious, hard-driving punk — with a sense of humor. In these vacuous times, her prototype seems to be the only logical model for men and women of the eighties.

Even though the disco market is dying a deserved death, there are still a few albums worth looking into. Shalamar's "Big Fun" is probably the best album available now. The L.P. includes the hits "The Second Time Around" and "Right in the Socket." The other cuts are worthwhile too, even though they haven't received a great deal of airplay. Unlike most disco L.P.'s, this one has some class.

(These albums are available at Gola Electronic, 1001 Chestnut St.)

In addition:

New releases by Bruce Springsteen, Bob Seger, and my favorite group, Steely Dan are due. I hope to be able to review them for the next issue.

Interactions

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vania in the hope of informing college seniors of the vagaries of a scholarship obligation.

In addition, the Medical Student Affairs Committee has developed a Newspaper Editors Subcommittee to strengthen communications between the area medical schools. The PCMS will act as a clearinghouse for information on medical school programs which are open to medical students in the city. The student representatives will then be responsible for publicizing the events in their school newspapers.

Clearly, the PCMS/medical student interaction is of mutual benefit. We utilize the PCMS resources to further our interests, while they develop in us an interest in organized medicine.

Whatsa AMSA Upta?

by Joe Stella

As we head into the second half of the school year, the AMSA (American Medical Student Association) core group at Jefferson wishes to thank everyone for their support and attendance at the Sports Medicine Seminar and other AMSA programs of the past Fall. In response to the survey of student interests, the core group is in the process of planning programs for the remainder of the year. Here's what's on tap:

On February 13 at 7:30 p.m., Dr. Mackowiak and a senior med student will discuss the third and fourth year curriculum at Jeff. This meeting will be very informative - the speakers will offer some hints for personal planning - and all sophomores and freshmen are urged to attend. Check the bulletin boards for meeting place as the date approaches.

Also coming up will be a seminar on personal finances (banking, investment, and insurance), a session featuring introductions to the medical specialties, a program on desensitization techniques (ie., relaxation exercises and constructive ways of coping with stress), and a panel discussion on Allied Health personnel - Medical Student relationships (professionally speaking). More details on these programs will be forth coming.

The BIG AMSA EVENT for the Spring is the AMSA National Convention, this year being held right here in Philly on March 19-24. Everyone is invited to attend this exciting gathering which will include workshops and talks on a variety of medical and social issues, an assembly to decide national AMSA policy, equipment and pharmaceutical displays, and an opportunity to meet other med students from around the U.S. All those who attended last year's convention in Denver found it a very worthwhile experience.

The Jefferson AMSA Chapter also serves a resource function. For example, there is now on reserve at the main library an AMSA Resource Notebook featuring current articles and pamphlets on National Health Insurance, Medical Ethics, Trends in Medicine, and other topics. Students are encouraged to use and to submit articles to the AMSA Notebook; ideas for new topics are always welcome. The chapter also provides information on the National Health Service Corps, NHSC Summer Preceptorships, and other summer job opportunities, Address inquiries to AMSA at the Alumni Hall mailroom.

AMSA at Jefferson is here to serve you. Use us, ask us, help us, grow with us, . . .just don't ignore us.

Psychiatric Forum Views
"The Pawnbroker"

By David Horvick

The Psychiatric Forum of TJU has chosen four brilliant works in composing its first film series. The series is unique in that not only are the films striking examples of cinematic craftsmanship, but in addition, they offer penetrating character studies of psychoanalytic significance. They provide the rare combination of art, insight, and entertainment which, when united with free admission, constitute a lure difficult to resist.

The first film presented was Sidney Lumet's **The Pawnbroker.** Sal Nazerman is a pawnbroker in the Harlem section of New York. He came to America 25 years ago upon his release from a Nazi concentration camp. Before the war he had been a professor in Germany. The experience in the camp rendered him unwilling, perhaps unable, to teach. Nazerman, his family, and friends were debased, tortured, and stripped of everything they valued. By the end of the war his wife and children were dead. Nazerman survived, but his inner self, his soul, had been destroyed. He had seen the horrors men were capable of imposing on other men; he had felt what it was like to be absolutely powerless in the face of inhuman atrocities. His faith in God, man, philosophy, and art had been destroyed in the Holocaust.

Now money was all that interested him. Money was something to which you could hold on; something of whose value you could have a clear idea. With money you could buy comforts to ease your suffering. Thus, to all appearances he became a cold, heartless businessman. As pawnbroker, Nazerman is the person to whom the destitute, if they are to survive, are forced to come with their most valued possessions. With the pawning of these objects, the people must give up the hopes and dreams they attached to them. The pawnbroker takes these objects into the gray, caged-in, jail-like back room of his shop and gives the person a minimal amount of money and a code number (as Nazerman was given a number in the concentration camp when his dreams were taken away) for the object.

Nazerman's past is revealed in a series of flashbacks. The pawnbroker tries not to think of his past. Yet, at moments when his defenses have weakened or when his present situation so closely parallels the nightmares of his past that it is impossible for him not to make the connection, memories appear. A youth gang beating up a helpless man reminds him of beatings at the camp. The dull, lifeless faces of the people on a subway train bring back the train of prisoners on which he was taken to the camp. A prostitute, desperately in need of money, begging him to have sex with her recalls the sexual assault on his wife by German officers.

The last incident is significant in that it gives the pawnbroker a clearer idea of the people who come to him for money. He gains a sense of how pathetic these people are and of how dependent they are on him. Furthermore, he learns from the prostitute that the man for whom he has been laundering money is her pimp. The pawnbroker decides that he will have no more dealings with the pimp — this, despite the fact that a major part of Nazerman's income results from these dealings. The pimp, another figure who debases human beings and who holds the power of life and death over them, decides not to kill Nazerman for his rebellion. He realizes that the pawnbroker would like to die and that it is more agony for him to be alive.

The pawnbroker, then, has been stripped of his last hope — the hope that money and its pursuit would ease his sufferings. He is no longer able to make money at the expense of innocent people. He longs for death. In the closing sequence an attempt is made on his life during a robbery of his shop. The pawnbroker's Puerto Rican employee, Jesus, thwarts the attempt, but in so doing is himself killed. Jesus has given his life for one who no longer wants his.

Rod Steiger, as Nazerman, gives a monumental performance. Subtly blending a demeanor of cold heartedness with inner boundless despair, he shows us a man whose loneliness and sorrow run far deeper than more normal degrees of suffering could create.

Visually, the film blends the cold, meaningless, yet eerie, geometries of the New York City landscape with the stark, chilling atmosphere of the concentration camp. Thus there is imparted an almost hallucinatory quality to the film. At the same time our sense of the pawnbroker's despair and disjunction with life is intensified.

Following the film Dr. Salaman Akhtar of the Department of Psychiatry spoke briefly about the film and about the difficulty of breaking into the usual psychoanalytic classifications the massive traumatic neuroses suffered by those who were incarcerated in concentration camps.

House of Battle

by Kath Woods

Medical school is a tunnel. The light at the end of it shines from a fancy piece of paper with M.D. printed on it, and from that first job as a real doctor.

Sure, it will be a little scary, a challenge — but all the hard work here will pay off. You'll be calmly saving lives and curing patients in no time.

Is that how the light at the end of the tunnel looks to you? Yes? Well then, friend, take off those rose-colored glasses and step into **The House of God.** This novel by Samuel Shem, M.D. will shatter whatever illusions you may have about the glory and glamour of medicine. In this story of internship, there is no glory and no glamour — only a struggle to survive, preferably with a little sanity and humanity left intact.

It's a losing battle. In **The House of God,** the patient becomes the enemy. *"They want to die, and we will not let them. We're cruel by saving them and they're cruel to us by fighting tooth and nail against our trying to save them. They hurt us, we hurt them."*

In **The House of God,** the endless piles of sick bodies eclipse relationships outside. *"The little woman is mad as hell that I'm here all the time... Doesn't matter...In California being married two years means you've hit the median."*

In **The House of God,** you watch your friends crack under the strain. *"...Potts had taken the elevator straight to floor eight, had opened a window and had thrown himself out..."*

And for the interns of **The House of God,** sanity slowly slips away and humanity is sacrificed to survival.

The generous sprinkling of humor Shem scatters around provides some comic relief, but let fair warning be given — this is not a book to read when you're depressed. If internship's in your future, you may want to have a suicide prevention hotline number handy.

If you manage to survive the depression and a few slow sections, **The House of God** makes for some interesting reading, exposing a side of medicine that isn't often brought to the public's eye — and perhaps should be.

Happy Valentine's Day

To Ed,
Who always comes through with the lead article...finally.

To Mark,
Who always keeps out from underfoot.

To Stuart,
Who provides us with good stories and pictures on rugby and soccer. (Hey! Aren't those the sports you play?)

To Meg,
Who always comes on time and leaves on time.

To Jim,
Whose record collection grows by the issue.

To Banyas,
Who never knows what to write when **asked** to bitch.

"J. I. Maguire: Be My Valentine, Kisses, Geoffrey."

Alex Levin:
I want you! I need your body! I must have you.
Love, 216-56-7184

Happy Valentine Hydra!!!
From the Hydra Slaves

To that adorable red-headed guy in the first year class - will you be my Valentine?

Madalyn,
Happiness is skipping deadlines.
The Ariel Staff

Jo-Ann and Carol,
Let me give you all of my love.
Love,
"Rod the Rod"

Paul, I admit it - Finally I've met my equal Will you give back my bone now.
Nigel

Little,
Always happy, never in "ms-re" you may grow tall, just wait and see.
"Our Names"

C/O comfort shoes
Dear D.K,
Those lab periods you spend away pass like ~~weeks~~.
Your Bed.

Hey Gorgeous,
Let's get together and study **real** hard sometime. I'd love to swab your plate.
Guess Who?

The Disk and the Slomp... they are better to me than I deserve.
Love, "Dr. N."

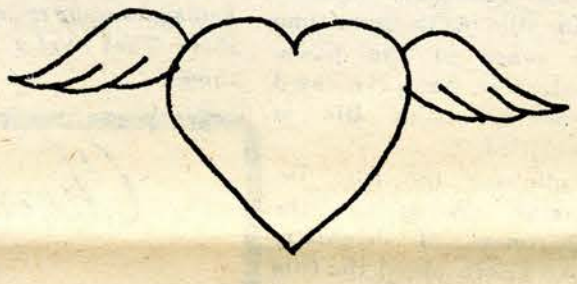
Angelbumps —
Remember the Alamo? I don't. Happy VD. (Hope you get it.)
HBB

Wunnerful and Roomie —
Only four more months... up the FCs! P.S. Any info on my nurse friend?
—Daddy

FB —
Sometimes often you're made up your mind is the best time to change it.
—Anonymous—

Manya
A polish lady through and through,
Here's a Happy Valentine's Day to you.
"Our Names"

Cora,
Feed me!! Bathe me!! Pet me!!
Nigel



Sue, Happy Valentine's Day!
I wish you were here!!
Love,
John

Happy Valentine's Day to our "Friends" in 1303.
— Ace & Commander

Cowboy Hoch, Will you be my Valentine?
- The Spruce Street Bag Lady. (Courtesy of The IMF)

Dear Groucho,
Can we go to Hershey Park together?
Love, Rushmore

T.W.
I've got a HEART flush (ace high) for you on Valentine's Day. Have a beer and match the pot!
Passionately,
Hawk

To Harry's Happy Hackers from your better sixth: May each of your Valentine's desires be fulfilled!

Happy Valentines Day to Margie C. from Zig. I mean Don!

You're my sweetest Pooh-B-Bear!
Happy Valentine's Day!
I Love You.
Poopsie

To Snuggle Butts:
Happy 3½ Year Anniversary!
From Loverne

Bizbeth Ann — Happy Valentine's Day, Kiddo! and keep Loving me the way you do - Nobody does it better!
Me

Darling Sheri,
Though it's been two years, I fall deeper in Love with you each day. Love You Forever.
Bobby

L.B.B. (alias Teddy),
Be prepared to give up Zeke 'cos it looks like I may be replacing him soon.
Jamie

Happy Valentine's Day to MURPH —
Whoever He is!!!

Margie C.:
Happy Valentines Day from Zig. I mean Don!

To Irene,
Ah! The Island of Crete, an intimate place for the birth of Love.
Your Valentine's
The unGreek Lovers

Dear Princess,
Precious & few are the Moments we spend together. Happy Valentine's Day.
One who prefers "Princess" over "Bubbles"

T. Getts: Be My Valentine

To Cindy X:
The Greatest girl we know, and our favorite S.A. specimen! From the guys at table # 39.

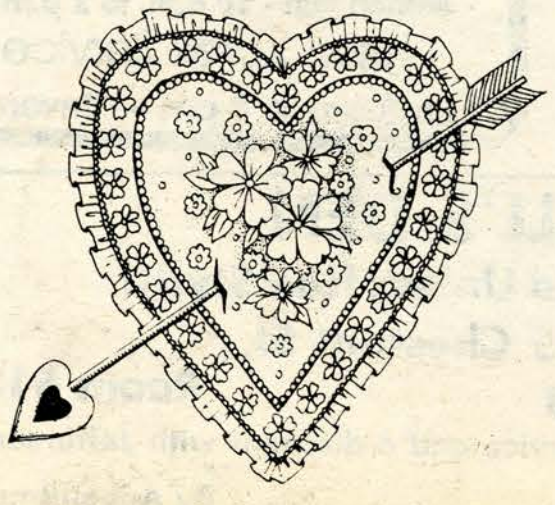
EAE - To the most wonderful girl in the world... Thanks for giving me such a Great Feeling Inside. You'll **Always** be my Valentine.

Happy Valentine's Day to the Guys in the Townhouse.
From the Girls on the 7th Floor.

Hey Luboff - Happy Valentine's Day
Love, The Cookie Monster

Hey Corey,
Come up and see us sometime baby!
Oscar & Felix

Earth to Bob M, Earth to Bob M:
From your Favorite Martians
Happy Valentine's Day



PK
I hope your sister doesn't see this (Happy Valentine's Day)
Luv, B.C.

Dear Snuggles,
A Happy Valentine's Day with Love from the Fuzzy Bear.

Dear Marcalee & Mary,
Happy Valentine's Day from the Guys on Top of You!

Happy Valentine's Day to the staff of that insufferable rag, the **Ariel.**

Clair:
Report to the E.R. for a **pelvic exam** and a Valentine!
T.S.

Dear Poochie:
You're the Best Thing I got goin.
Love, Your Sted Student Husband with
MIGGY BUSCLES

F.N.P.:
I've got the goods on E.P.S. - yours for a price. Happy V.D., if you know what I mean.
Joan

Dearest Pamela,
My Love for You is a Big Smile inside me growing warmer all the time.
Love, Chuck

Mike ,
About your offer for coffee or tea, anytime.
Your Secret Admirers

To Cowboy Hoch,
The handsome, debonair, and so-cool cowboy; No one could Love You as much as I!
J.R.H.

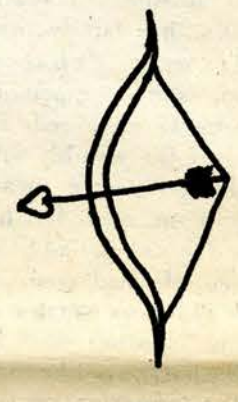
I need, I want — Love, there is Selfless I say, I am. .

S.L.W.
Thanks for being there when I need you. I couldn't make it with out you. Someday is Coming!
Love,
Johnathan

Hollywood,
Your chest and arms drive me wild; but forget it until you beef up those Chicken Legs.
Love,
Melinda

Happy Valentine's Day to the gorgeous sophomore with the dark mustache.
Your secret admirer

Charles H, will you be our Valentine?
10th Pavillion



Arteries are red
Veins are blue
Judd Moul, I love you
I do, I do.
The Librarian

Happy Valentine's Day, Bob McNamara...You Rascule!

Tom W. Happy Valentine's Day To Our Best Dressed Customer. Signed Krass Brothers.

M. McG
Hugs and kisses for Valentines Day
Mom and Dad

To the "boys" from Phi Alph; never far from sight. May Valentine be a lonely, cold and woman less fight. Take it from this, you have our permission to print this poem in your next newsletter edition.

Dearest Amy
I love you and miss you.
Bob

Phi Alph sends love and kisses to all on Valentines Day...Remember the February Post T G...all invited!

Andy - Yeah!
From, the Pooh
Happy Valentines Day

To NEN "DOORMAN":
Be our Valentine!!
NEN and the "61" Society

To N. Little: It's so BIG!! (and it's all yours!)
Your Admiring Valentine

Quincy:
Tune in to Channel 3 for your Valentine!
B.G.

Nobody does it like Cary Lee!
M.P.D.

Carolann,
The polyps in your nose are as cute as your tiny little feet... but probably bigger.
"Our Names"

T.L.
Puppy Love is for Dogs. 'Nuff said.
-Anonymous

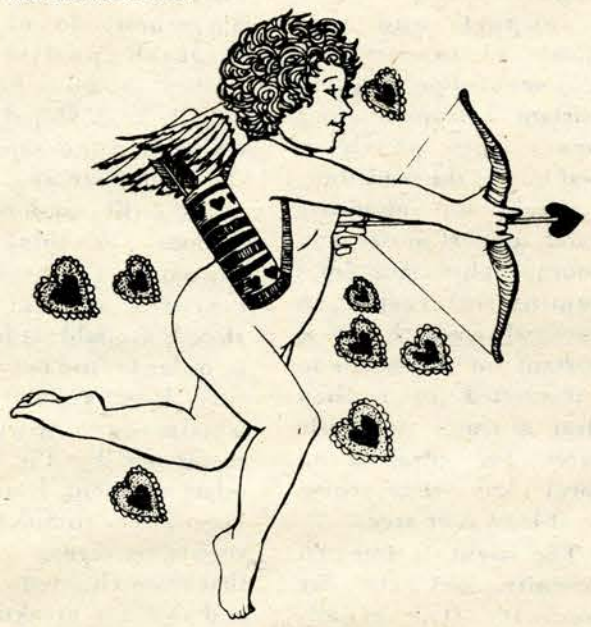
Clyde - Pussycat, Pussycat, I Love You. Yes I, Do. You and your Pussycat Eyes.
Chrissy

Geneva,
You think your hair is black, it's really brown. But it's still a treat having you around.
"Our Names"

Vanessa, Oh I mean Geneva, no I really meant Vanessa, Oh well, have a Happy Valentine's Day!
"Our Names"

Bob,
We decided to cut this short due to the 20 word limit. Take a Hint!
"Our Names"

Deity Lady,
You blow me away
-Your Bad-Assed-Lover



"But God demonstrates his Love toward us, in that while we were yet sinners, Christ died for us."
Romans 5:8

Attention **Everyone!**
Isis Lives — Beware!
—Mitch—

To the Guy who celebrates Valentine's Day on Feb. 1st, have a great **today** anyway!

Sophomore Small Group 10,
Keep up the sincerity and pass the salt.

Happy Valentine's Day, Ellen and Ron!

Chris,
An Irish wonder you'll always be even though you'll Marry E. Takorski.
"Our Names"

-lappy Valentine's Day, **Martin Getzow!** ove Smokey and Chubby. (No hard *eelings!)

lappy Valentine's Day to all the Phi Alps - especially Ron, Kevin, Al, Bruce and Judd!
Love, Lynda

lappy Valentine's Day, Debbie B.!!
Love your roomie

Mary,
Austin from Boston that's where you're om. One lovely daughter - where's the on?
"Our Names"

on,
We're going to get you.
The Balkans

Dear Tina,
I miss you very much.
Your Bra

To Brian, my dancing partner and buddy- Happy Valentine's Day, and Birthday!
Love,
TK

Steve,
It was a classy joint before you showed up.
Ben

Dear Mike,
S.M.A. slowly!
WUBYA,
Mel

Dear Miss Piggy,
My digits acne for your warm Hog-Maws.
T.H. Kermit

To Kenny Rosenberg,
I wish you'd notice me before I graduate! I love you!
A friend

Dear Ken B.,
You smell just right!
Todd

To Terri of the 20th floor,
I love you.

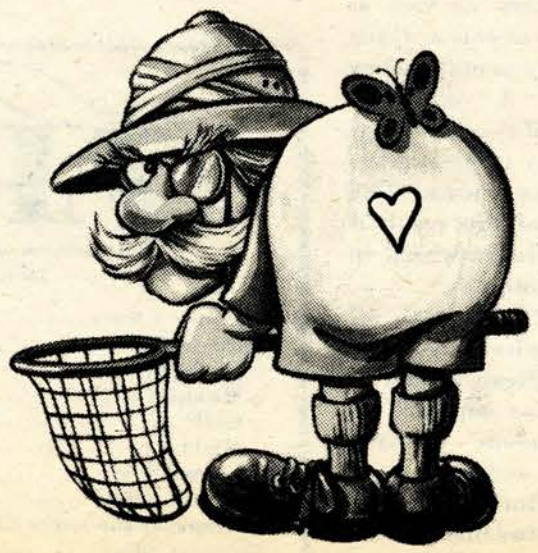
Joan,
I know all about you and Eric and the baby, and it's all over.
A friend

To Irv in the E.D.
I live your bod.
An admirer

To Jerry Watkins with Love from
Security Dept.

Rachel,
How's about using your pull to have me written back in?
Missing Person

To the Girls in the back row,
I finally figured out why my desk won't sit flat.
Love,
Who do you think.



Helaine,
Happy Valentine's Day
Love, Mark

To that tardy mystery lass, who is often confused with an ass. I wish you a happy day. And an alarm clock, to arrive on time for class.

To the 20th Floor Mandingoes,
May cupid's arrow pierce your black leather and bananas. We love ya.
Worms & Mom

Happy V-day to Linda Lovelace in 837.

Madalyn,
Your lay-outs are superb.
-Your co-

Dear Todd,
We love you from afar.
Tall People

To whom it may concern:
Anonymous sure does write a lot, doesn't he? (She?)
-Me-

Dear Dr. L.,
How's your nature.
—Us

Dear Todd,
You were right. Love between two people is beautiful. But with 8 it's fantastic
Vicki

Renata,
Sorry about your virtue.
Prince Matchibelli

Dear Lance,
We love the way you lick your eyebrows when you talk.
Love, The Girls from West Phila. Geriatric Home

Zucchini,
Long time no see. Happy VD! (Let's catch up on each other's news sometime soon.)
Candide

Janice,
Stop me before I murder again.
Pat

My Darling Cora,
Love to meet you for peanut butter sandwiches. Please respond.
Love - Box 636, 529, 424

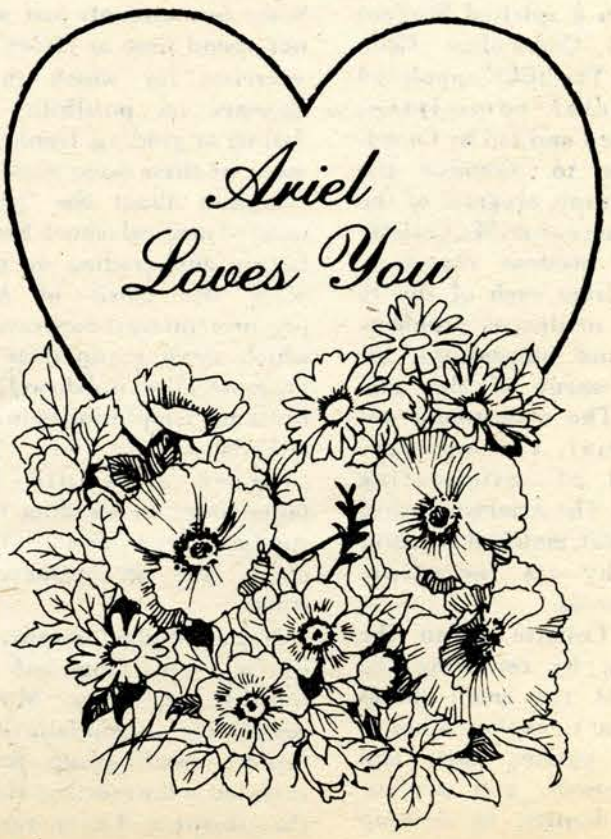
To Tim C.,
You don't know how many times I've wished that I had told you. . .
Happy Valentine's Day
"736"

Dear Denise,
I'd like to write something serious - but it's **hard**.
Have To Shower,
Me.

To Ellen Feldperson and Nancy (not-so) Little
Won't you be our Great, Big, Darling Valentines?
All Our Love,
The Boys from Table 16

Hey Lady —
Yes, I think you're sexy. Now what do you think we should do about it?
—Anonymous—

Mariann,
With your low cut dresses and your Halston spray, you'll brighten any Schnivey's day.
Our Names



Dear Dr. N.,
Hope Cupid brings you a disease of your own. (You know which one.)
Luv, Curly.

Dear Rod the rod,
J.L. and M.A. want to take lessons.
XXOO LORAC

TGS-D,
Send a Lightning Bolt!!
— The High Priest

John,
You wok this and wok that. . . and we like you awok.
Our Names

Stuart,
If I see one more picture of your thighs, I'll go mad.
—The Printer

To whom it may concern:
My Love life has been terrible with out my Germ Tube.
Please Return
Dr. Mandle

Happy Anniversary P. Your soft brown eyes have always magnified the warmness of your touch. I Love You, Honey.
Trebla

Nikey,
Although you are a "sad slob" You will get a good cyts job.
Happy Valentine's Day
"Our Names"

Sue,
You have the moral support of your friends and neighbors.
- An aging playwright

S.B.
I Love You bloated bald brain!
Love & Kisses
B. Oincki

My Dearest Steph,
Even though your Frances is gone, We'll always help you sing your song!
Happy Valentine's
"Our Names"

Happy Valentine's Day to the Mr. B and the gang.
Neil

To the girls of Martin: I Love You All!
Judd M.

Dear Nigel — Meet me at fire hydrant in front of Jeff Hall and we'll do it doggie - style.
Love,
Doghramji

Buzzy Bear
May your life be filled with honey.
Always,
Dee

Marc —
Continue to be my friend and you will always find me yours.
Love,
T.K.

Be my Valentine, Penelope Pitstop. . . or Little Buddy will get you!!
T.B.G.

Happy Valentine's Day, Nancy!
Love Debbie and Lynda

my CaL: HaVe a DILLY of a day —
your SaGe.

Linda R. - I think you're the cutest girl I've ever seen!
A Secret Admirer

Snuggle Bunny - you know you're got my heart! Hugs and Kisses, your little M.B.

Brenda,
Let's check out the view from your window.
The Ghost of Christmas Past

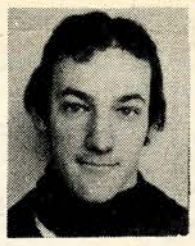
For a Special Camper —
We'll have to continue our search for a station which accepts VISA.
With Love - A Bathroom Wall

Did Ya, Do Ya. I Did, I Do.
Love, Paul

To someone with a Kissable Nose,
Being in Love with You make Valentine's Day Special.
The Physics Wiz.

Just wishing a dear College Friend a Happy Valentine's Day. (to Pres. from Sec. CSSC-PSU.)

Paying the Price of Disinterest



Apathy — that concept we all profess to despise in election years; that whose spectre haunts our indolent human nature despite massive campaigns against it; that which forces us to tacitly accept what we detest — hopefully lost a battle last week to a spirited Student Council Curriculum Committee. The SCCC appointed a special committee, organized and led by Cora J. Collette to examine the small group program of the sophomore year. Ms. Collette invited student representatives from each of the 15 groups to discuss problems with and suggestions for improvement of the program. The atmosphere was informal, refreshingly devoid of intimidating faculty. The Ariel commends this effort, matched in genius only by its incredible obviousness.

Ms. Collette began the meeting by reviewing the goals of the small group program: to explore areas of ethics, patient care and management, and professional identity; to develop skills in interviewing, physical diagnosis, and cooperation; to promote clinical experience; to meet classmates on a level other than the cold, large class ambience which comprises the rest of our preclinical experience. Who can argue with such objectives? Certainly we cannot. We should all support and work toward them, especially since small group allow us to strive toward those objectives the way we wish to. We have the unique opportunity to plan our own activities. If we become frustrated with basic science "*trivia*" seemingly irrelevant clinically, small group allows us to explore "*relevant*" topics, practice "*relevant*" skills, and to experience "*relevant*" situations. This surely appeals to the student body more than an additional hour and a half of lecture per week.

Yet small group is not perfect. Problems exist with this course as with any other. Representatives each cited specific problems with their own group which were as many and varied as the faces in the room. Perhaps, through SCCC recommendations to the faculty, many of these will abate. Also, students urged each other to take more initiative as groups and spread the initiative, so that if students want more clinical exposure, for example, they should go out and get it. Again we are battling with apathy, an opponent which we should not have in the first place. Some few students just will not spend time or effort on exercises for which there appears no possibility of failing or grading. Ironically some of these same students complain about the "*pressure*" of medical school. Since failure and grading do not serve the spirit of low pressure, interest motivation which small group tries to promote, all would do well to resist any temptation to force attendance this way. To proceed so would be tantamount to handing the apathetic complainers the noose they so mistakenly crave.

Not all student apathy, of course, stems from lack of outside coercion. Many reasons for student failure to achieve small group goals surfaced at the meeting. Here the substitute of an energetic and informal student committee for an often stifling faculty presence produced its finest results. Students felt free to speak openly and bluntly whereas some admitted reserving some comments when meeting with faculty. Through this friendly atmosphere many leaders left with suggestions and ideas obtained from others in discussion. Certainly some problems escaped solution via simple discourse, but the SCCC can now present these (some of which the faculty are quite incognizant, since students seemed uncomfortable to submit them directly) to the governing faculty of the small group program.

Therefore, despite all arguments to the contrary, we suspect that the student - faculty barrier stands as tall as ever. Student representatives and committees remain our most effective yet least understood and used means of communication with staff and administration. So fight apathy. Look up your SCCC members, your student reps to faculty committees, your Student Council reps - maybe even consider contributing to the Ariel.

by Jeffrey Banyas
Editorial Editor

"Not long ago. operating rooms had windows. . . . It did no patient a disservice to have Heaven looking over his doctor's shoulder. I very much fear that, having bricked up our windows. We have severed a celestial connection."
- Dr. Richard Selzer, Confessions of a Knife

Faculty Perspective XII

by Robert L. Brent, M.D.

The Medical Student Investigator

Years ago, one of the dreams of medical students was the discovery of something new and important. Charles Best was fortunate to work with Banting on the isolation and preparation of insulin. Few medical students who accept a summer position expect to be involved in work that leads to the Nobel Prize. And, in fact, the mature investigator and mature student should recognize that making a breakthrough is as fortuitous as it is creative. If it were not for the thousands of quality scientists putting the blocks of knowledge in place, the one scientist who is fortunate enough to solve the puzzle would not have been able to perform.

Medical student research programs have purposes that go beyond the making of new knowledge. Besides allowing the student to participate in a research program, they accomplish other goals.

1. Expose a Student to Biomedical Research:

This is important because many students neither have the aptitude or personality to become an investigator. Therefore, the medical school has the responsibility to allow the students to involve themselves in a research program. If the student completes the 10-week experience and can clearly say that "*research is not for me*," then that program was just as successful, from an educational standpoint, for that student as for the student who was positively affected by the experience.

2. Encourage Physicians to Become Interested in Biomedical Research:

This latter goal is of special interest to me for several reasons. When I first came to Jefferson in 1957, there were at least 20 students who applied for summer research positions in our laboratory. Some summers we had as many as six students working in the developmental biology laboratories. A very high proportion of these students have gone on to prestigious academic positions. The importance of this result is that they are involved in biomedical research.

With the "*coming*" of Wilbur Cohen as the Secretary of Health about 10 years ago, the support for medical student research disappeared, and there was a concerted effort to encourage medical students to enter the primary care field and not enter research careers. The number of physicians involved in post-doctoral research programs has drastically fallen. In 1972 there were almost 5000 physicians involved in post-doctoral research programs. This has fallen to about twelve hundred in 1978 and is falling even lower.

I support, and will continue to support, the development of primary care physicians. I happen to be a primary care physician myself but, at the same time, we should not eliminate research opportunities and discourage physicians from becoming interested in biomedical research. It is important for physicians to be interested in applied clinical research and basic research for advances in medical knowledge come from at least four areas:

1. The scientific research community and the lay community (the grandmother who suggested that DES may have caused her grandchild's cancer, the engineer who developed the computer).
2. Basic biomedical research performed by Ph.D.'s in basic science departments (a very important contribution to medical knowledge).
3. Practicing physicians involved in clinical research or just functioning as alert practitioners.
4. Physicians involved in basic biomedical research.

It is the last category that is in serious trouble in the USA today. Furthermore, I believe that a physician trained in basic biomedical research can provide a unique contribution to medical knowledge. He or she brings to the laboratory bench a knowledge of disease and clinical medicine that can be extremely helpful in formulating and solving important biomedical problems.

The reduction in research exposure during a physician's formative years is, in my opinion, one of the main reasons for decreasing student interest in research. There are other reasons, too. Laboratory experience in the basic science courses has diminished over the years. Students are told that research support is difficult to obtain.

We are attempting to reverse the lack of student support by making research opportunities available. Jefferson was given the opportunity to obtain 32 research positions for medical students beginning July 1, 1980. Hopefully, we will obtain this support. In the event that we do not, I would still encourage the students to think about exposing themselves to research opportunities already available at Jefferson in order to find out whether they have an interest in becoming a physician researcher. For the few who select the field, I can assure them a very stimulating and rewarding career. It is true that research is tedious, slow and that the breakthroughs are few and far apart. But the biomedical research community is our investment in the future. Without new knowledge, we will become scientifically bankrupt. Therefore, I strongly encourage the first- and second- year students to start talking with the faculty about research opportunities. It is an educational opportunity offered to you by your school. Take advantage of it now. Once you have graduated, the opportunities for testing your interest will be much more inaccessible and time-consuming.

Sequela

Yes, "Sophomore Sequela" is official! Since so many people showed interest and ideas in creating a sophomore follies, we're going to do it. The date is March 19, and the place, of course, is Jeff Hall. Any sophomore with an idea for a skit or who would like to participate in a little number called "The Grapevine" contact Paul Doghramji or James O'Brien for info and details, or just drop a note in Box 610.

ARIEL
The Student Newspaper of Thomas Jefferson University
Jefferson Alumni Hall, Box 27

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Support SCCC

During the past year, the Student Council Curriculum Committee has grown in both size and effectiveness. Although it has not been the only source of making changes in the curriculum, the SCCC has used input from course questionnaires to the fullest. It is the purpose of this article to help the Jefferson student body realize the benefit of voicing its opinion in an organized way.

While the SCCC had minor input into changing senior year rotations from six to four weeks, its greatest achievement has been in the restructuring of the nutrition course. Student disapproval with the previous course prompted five additional nutrition lectures in the Cell and Tissue Biology block and a redistribution of lecture time in the freshman Medicine and Society course. An SCCC student representative worked with the M&S/ICM Subcommittee in effecting this change.

The committee has helped precipitate other changes in the M&S/ICM structure. The small group program has been modified and now includes time for instruction in clinical diagnostic techniques. Handouts have been upgraded, and the course booklet for the Psycho-pathology course has been rewritten at the request of the SCCC.

Questionnaire results indicated that change was necessary in the Basic Sciences, and many of these changes have been made. In Pathology, instructors that had been evaluated highly last year have been given additional lecture time this year. At the students' request, some subjects in the Pathology curriculum have been given proportionately more time in the course. In Physiology, the SCCC helped revise the number of lecture hours/topic, teaching assignments, and text recommendations. Above all else, the SCCC has had major bearing on the teaching assignments of all Basic Science courses. The committee has agreed, however, to keep confidential all information regarding instructor evaluations and subsequent changes. The results of teacher evaluations are reviewed by the committee, professor concerned, course chairman, and the Dean.

The Student Council Curriculum Committee is presently an effective and influential force in effecting change in the Jefferson curriculum. However, little could get done without the support and cooperation of the student body. The committee represents the opinion of the majority of students, and because of this, student participation in filling out questionnaires is vital to the strength of the SCCC.

Representatives to the SCCC are Jim Boyajian, Cora Collette, Barb Davies, Chris Eriksen, Clair Hess, Scott Hessen, Pauline Park, Cindy Robinson, Steve Scott, Craig Sherman, and Brian Stang. Drs. Mackowiak and Menduke serve as advisors.

Student Sex (Dis)continued

cont'd from p. 2

hall hours of females may encroach upon the dating system. The medical student may express this distaste in, as one student put it, "dating within the confines of a high-school courtship."

For the female medical student, problems are compounded. A study of women medical students at the University of Colorado revealed that women were more concerned than their male counterparts about the problems of loneliness. One unique concern is that she has substantially narrowed down her choices of a partner by entering medical school. Some men would be intimidated by someone better educated or wealthier than themselves. As a result, many women eventually date or marry other doctors or medical students.

The married student should theoretically have no problems satisfying his or her sexual desires, but there are other complications. Harvard psychiatrist Samuel Bojar claims that in the case of the male medical student, there may be resentment to the prolonged state of dependence on the wife's or parents' income. This may lead to feelings of inadequacy and questioning of one's own masculinity, according to Dr. Bojar.

Loneliness is a major concern. Dr. David Owen Robinson, a clinical professor of psychology at the University of Colorado, likened the reaction to the *"partial loss"* of the medical student during the clinical years to the Kubler-Ross stages of grief. Initially, the spouse has feelings of protest, but the student is rarely home to be confronted; and when the student is, the spouse feels too much sympathy to be confronting the student with anything else. Next, both partners feel despair in that they are powerless to change their circumstances. Finally, each partner develops signs of detachment. One junior in Robinson's study regretted that he *"returned to a bachelor existence as a frame of mind."*

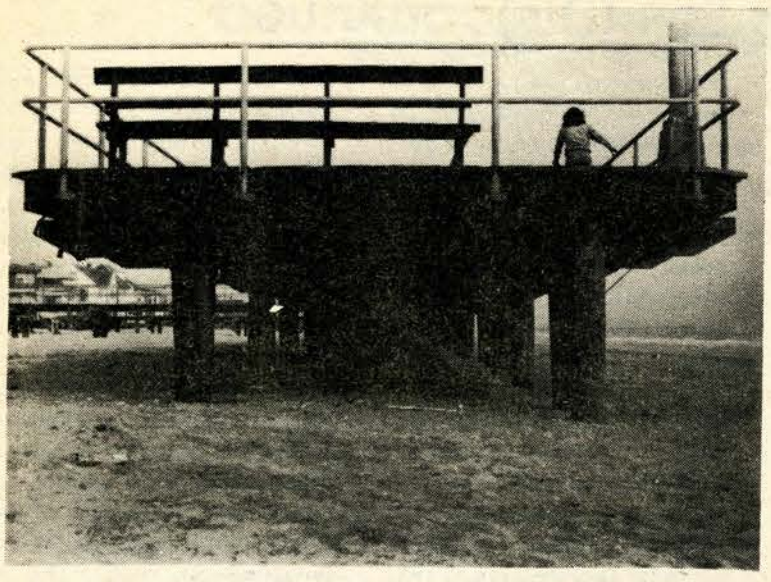
For the female medical student, marriage may prove even more prohibitive, although not untenable. As University of Kentucky psychiatrist Frida Surawicz warns, *"The relative inflexibility of medical education makes heavy inroads on her time and becomes almost an impossibility in the case of marriage and children."*

It is no wonder, then, that medical marriages carry a high divorce rate. In spite of these hardships, couples have adapted to form successful partnerships. The promise of a high future income and easier lifestyle may inspire strength to make it through the temporary rigors of medical school.

Perhaps the least studied individual is the homosexual student. He or she shares concerns similar to the heterosexual — availability of time, lack of trust, and often lonliness. A unique concern would be the decision whether or not to *"come out of the closet."* In Jefferson's conservative environment, such a choice could not be taken too lightly. Bigotry exists in the administration, faculty, and the student body. Honesty is not always appreciated, even at this *"enlightened"* institution.

Any student of the human mind knows the importance of healthy sexual relations in maintaining a state of physical and psychological well-being. In the case of the medical student, this state of well-being is crucial to his future practice. As Dr. Mark Edwards, author of the Colorado study emphasizes, *"The dehumanization (of medical students) also derives from the 'tunnel vision' which students acquire when excessive demands preclude time for family, friends, recreation and for the exploration of personal interest."*

Sizing Up The Residency Applicant



Explore the Outing Club

by Chris Eriksen

Where is the Outing Club? They've been tromping through the woods, scaling cliffs, and calmly canoeing down local rivers. During the extended '79 Indian Summer the club concentrated on both day trips and backpacking. Between hikes, club members prayed for snow.

The winter season brings with it inviting scenes of blazing cross-country ski trails through virgin forests over glistening fresh snow (like Fairmont Park), as well as relaxing in front of a warm fire after that long trek through the woods. Cross-country skiing is a most inviting way to explore the wintry outdoors. It doesn't involve lift lines or their fees; it enables you to avoid Pocono traffic, and does not confine you to crowded slopes. Equipment is relatively inexpensive, about $100, for a sport that allows you to travel effortlessly wherever there is snow. So if you now find yourself praying for snow, you're not alone — the Outing Club is too.

For those not interested in skiing, the winter also drives the Outing Club underground. A few spelunking trips are being planned. Imagine exploring a 50° cavern when it is below freezing outside.

If spelunking doesn't tingle your spine, perhaps a visit to the Outing Club's next (February 15) meeting may do the trick. The "*Second Annual Stop By On A Snowy Evening*" meeting is planned for that night, and while some folks show-off their ten best slides, others sip wine and spin exciting yarns with new friends. Keep an eye out for Outing Club signs in Alumni Hall.

Incidence of Sexually Transmitted Diseases Increases

Press Release

• The control of veneral disease has become a matter of international as well as national concern as the result of global changes in the human environment and the rapid development of inter-country communication.

• The sexually transmitted diseases (STD), which used to be called "venereal" diseases, are caused by infective agents such as viruses, chlamydiae, bacteria, yeasts and parasites.

• The prevalence (total number of detected cases) of STD has been on the increase for the last 20 years in all age-groups. Some countries are disturbed by the marked upward trend shown by the rates for young people, often 15 to 19 year-old adolescents.

• The three principal venereal diseases are syphilis, gonorrhea and non-gonococcal urethritis. A pregnant woman with syphilis may infect her fetus so that the baby is born dead or with congenital syphilis. There are thus imperative reasons why a serological test for syphilis should be carried out on all pregnant women.

• There are about 20 other sexually transmitted diseases of equal importance. Chlamydial infection of the genital tract, which is as common as gonococcal infection of the same site, can be transmitted during birth and cause severe eye or lung disease in the newborn. Effective treatment of these conditions, for instance with antibiotics such as the tetracyclines, is however available.

• Research has shown that other infections, such as those due to cytomegalo-viruses or herpes viruses, may be transmitted sexually and are more common than is generally supposed. These diseases, which are serious mainly because they may be transmitted in utero or during birth, are still difficult to diagnose and treat.

• The incidence of STD varies from 1 to 15% depending on the country concerned, which means that they are among the most common world diseases (with the exception of epidemic influenza, malaria and schistosomiasis). This is particularly true of syphilis and even more so of gonorrhoea and non-gonococcal urethritis.

• STD are a serious public health problem not so much because of their acute manifestations (urethritis, vaginitis, cervicitis), which are curable, but because of the risk of complications (salpingitis or in the male, epididymitis, etc.) in infected but untreated individuals, which may lead to male or female sterility or to ectopic pregnancies. The socio-economic repercussions and individual impact of these diseases are thus considerable.

• Syphilis and its complications seem to be on the increase in a number of countries. Nevertheless, the microbe responsible for the disease *(Treponema pallidum)* is still very sensitive to penicillin.

• Even if syphilis and gonorrhoea were to regress to the extent of no longer constituting a danger to public health, many other sexually transmitted diseases would continue to cause serious concern.

• Very often STD, in particular gonorrhoea, occur in inapparent forms that do not lead the person affected to seek treatment. However, even when symptomless the disease remains contagious and capable of producing local or general complications. Gonorrhoea often occurs in disseminated and in particular in cutaneous forms.

• Gonococcal strains producing an enzyme, penicillinase, that destroys penicillin appeared, first in Asia in 1976, then Africa, and subsequently spread very quickly to most parts of the world. These strains are, however, still sensitive to families of antibiotics other than penicillin but often costing more.

• In order to prevent failure, treatment needs to be prescribed on the basis of continous evaluation of gonococcal sensitivity to antibiotics.

• It is essential to find and treat the contacts of affected persons if any programme for the control of STD is to be effective.

cont'd on p. 11

Sexual Diseases

cont'd from p. 10

- In many uncomplicated cases of STD, antibiotics are available that will provide a complete cure when taken as a single oral dose or a single injection.
- No vaccines are yet available for immunization against STD but there are well-founded hopes for the development of a gonorrhoea vaccine.
- Ignorance and indifference concerning veneral diseases are evident in various parts of the world not only among the general public but among some health authorities.
- **An education action programme has been proposed by WHO to all its Member States. Its purpose is to (i) make the general public aware of the** community problem represented by STD, (ii) ensure that the control programme receives active collaboration from groups and individuals, (iii) inform groups at risk of the curative and preventive measures available and encourage them to use them, (iv) teach young people to pay attention to the health aspects of their sexual life, (v) prepare health and other personnel for their role as educators in STD control programmes and alert dispensaries to the needs of their parents.
- Any programme for the eradication of STD will bring economic rewards. By cost-benefit analysis of simple, feasible control programmes, WHO has shown that such programmes are of considerable socioeconomic benefit to the community as well as defending the individual's right to health.

Show your pride: order your official T.J.U. School Ring February 13 to 14 (Wednesday - Thursday from 10 to 3 p.m.) at the bookstore. $15 deposit required.

Collector Wants: Class rings (College, others) marked "K" wanted, any condition. Paying: Small **$15** Medium **$20** Large **$40** Buying all "K" marked jewelry, chains, etc. Immediate payment. Keep sake, 7109 Circleview, St. Louis Missouri 63123.

Hurricanes Lead Tennis Tourn

By Scott Halista

With the U.S. Indoor Tennis Tournament in town, many Philadelphians have been privileged to see the finest players in the world in action. While these professionals battle it out for big bucks, a group of amateurs are vying for first place in another, somewhat less prestigious, tournament — the Philadelphia Hospital Team Tennis League. This is a competition between teams of medical students, nurses, or other hospital affiliated tennis players. They represent their respective hospitals in a weekly round-robin match at Pier 30 Tennis Club.

Jefferson has several teams in this league, which has daytime and night-time divisions. The league meets every Sunday for a two-hour match of men's and women's singles, doubles, and mixed doubles. The schedule began on September 30, and will continue until May 4 when the winning team of the Philadelphia league will be determined. This team will then play teams from California, Pittsburgh, Dayton, Baltimore, and Washington, D.C.

Currently leading the race for the daytime division title in Philadelphia is one of Jefferson's teams — the Halista Hurricanes — with a 13-2 record. Team members Lenny Gessner, Scott Halista, Karen Holland (the MVP for the first half of the season), Larry Larreau, Gary Ott, and Beth Squiers are hoping to clinch the local playoffs and go on to play "the-team-to-beat" — from California, of course.

MKM Sports, who organized this league, will also be sponsoring other activities for hospital-related teams; in fact, this summer they are planning their first annual Hospital Olympics. . .Look Out Moscow!

Sports News

Squash Can't Be Squelched

by Al Signorella

After extensive contract negotiations with Squashcon, and a brief lapse in membership, the Jefferson Squash Club is back on the courts as of February 1st. Club membership includes playing privileges at Squashcon, with free court time during specified hours. Squashcon, located three blocks from campus, offers the best in squash with five regulation courts, saunas, bar, and locker room facilities.

Junior Eli Saleeby Taking Advantage Of Squashcon Facilities

Complete information and memberships are now available at the Commons Office, M-63 JAH. A membership costs $20 for students and commons members, $40 for Jefferson employees, and is good for February through May, and September through December.

For all of you summertime athletes, caught in the doldrums of winter lethargy, squash provides a challenging and fast-moving indoor sport for all levels of ability. Give the game a try.

Nurses Call the Shots

by Steve Pearson

Jefferson's Diploma Nursing basketball team has gotten off to a fantastic start. They are currently in first place in the Student Nurses Basketball League with 5 wins and 1 loss. The team, coached by sophomore medical student Steve Pearson, lost their first game against a tough Bryn Mawr squad but has gone on to win 5 games in a row, including contests against the likes of Lankenau and Helene Fuld.

Jefferson's squad has recieved strong support and leadership from its four returning seniors: Marianne Maxwell (Captain), Sue Bergdoll, Dianne Olesiewicz, and Patty Dwyer. Two of the starters are freshman — Ellen Pedenson and Cathy Peterson. The rest of the team includes juniors Debi Bader, Madonna Schuster, Angela Mihalanas, and freshman Sue Solecki and Sue Keeler. All have made a vital contribution to the team's success.

Rugby Recruits Players

by Bob McNamara

MAUL. SCRUM. RUCK

The above words are not taken from a Batman fight scene, they are part of the unique glossary of the unique sport called Rugby. Here at Jeff a number of students will relieve some tension this spring by playing rugby against area professional schools. After that they will really relieve some tension by consuming various quantities of beer and joining their opposition in outrageous song at the traditional post-game party.

Everyone is welcome to join the team, everyone gets an opportunity to play and the partying is optional (so don't worry about test time). Jefferson must field 30 players each Sat. for an A and a B game but recently we haven't met this total. The best 15 players play A side. While this requires neither great size or ability it does require conditioning as there are two 40 min. halves with no time outs and only two substitutions. B side is somewhat informal and is usually shorter, with time taken to explain mistakes and points of the game since most players are new; nonetheless, these games are often more spirited.

Many overlook the competitiveness of the game and the camaraderie among rugby players, and write it off as too rough. The bump and bruise are common but, as any player will attest, serious injury is almost nonexistent. The time commitment is minimal, formal practice is once a week on Wed. night, and games (or practice for the first 2 weeks) on Sat. at one. If interested contact Bob McNamara at 923-6218 or talk to any player. Current team members will be playing in the Mardi Gras Tournament in N. O. shortly, and a meeting to finalize plans will be held Wednesday, February 6 at 9 p.m. at Phi Alpha Sigma, 313 So. Tenth. New prospects are welcome to come have a beer and meet some team members.

Maul, Scrum, Ruck; Ruggers Run Amuck (Yuk, Yuk, Yuk)