

AMERICAN UNIVERSITY
LIBRARY
OF BEIRUT

CLOSED AREA

CLOSED AREA

N. MAKHOUL
BINDERY
1 2 AUG 1972
Tel. 260458

M E D I C U S

VOL. 9

1970-71

medicus

C.C.

AMERICAN UNIVERSITY
OF BEIRUT
27 JAN 1971
UNIVERSITY
LIBRARY

A MONTHLY JOURNAL PUBLISHED BY THE MEDICAL STUDENTS' SOCIETY OF AUB

Vol. 9, No. 1, Nov. 1970



**YOU
HAVE
NOT
CONVERTED
A
MAN
BECAUSE
YOU
HAVE
SILENCED
HIM**

(John, Viscount Morley, On Compromise, 1874)



HYKACID

THE BEST TO COOL OFF
THE FIRE OF YOUR STOMACH

Available in tablets and suspension

Rajabrou

medicus

A MONTHLY JOURNAL PUBLISHED BY THE
MEDICAL STUDENTS' SOCIETY OF AUB

Vol. 9, No. 1. November, 1970

EXECUTIVE BOARD

HENRY NASRALLAH · Editor-in-chief
(English section)

BASEM AZAR : Editor-in-chief (Arabic section)

BASSAM MUSHARAFIEH : Responsible editor

DANIEL FULEIHAN : Student Advisor

ASSOCIATE EDITORS

KAMAL AKL, SYDNEY MIR

ASSISTANT EDITOR

SUHA MURAD

BUSINESS MANAGER

SALAH BIBI

CIRCULATION MANAGER

IMAD ZANTUT

PHOTOGRAPHY

WALID HAFEZ, RASHID BADDOURA

STAFF

ANIS RACY, ELIAS NICOLA

RESIDENT ADVISOR

RABI SULAYMAN M.D.

FACULTY ADVISOR

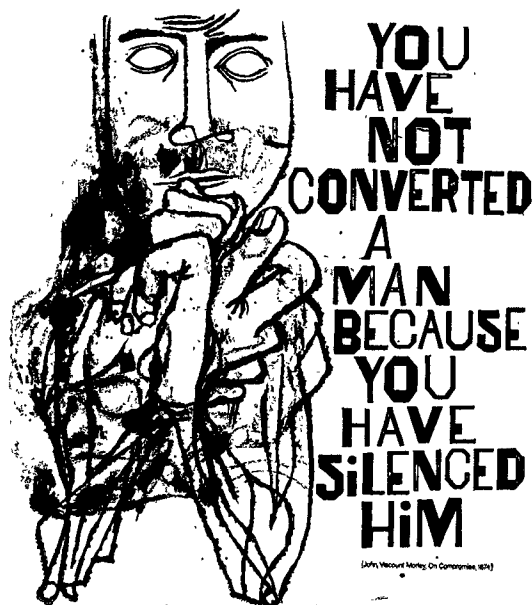
SUHAYL JABBUR M.D., Ph. D.

SIGNED STATEMENTS EXPRESS THE
OPINION OF THEIR SIGNERS.
UNSIGNED STATEMENTS THAT OF THE
EDITORIAL BOARD.

in this issue

Editorial	3
Letter from the Advisor	5
Constructive Criticism	7
Interview with Mr. Egee	8
The Shortest way to Success	16
The Four-month elective period	21
General Knowledge Quiz	22
Class of 1975 : Views	24
Status Anniversarius	26
What are Smokers Waiting For ?	29
The Exchange Program	30
Impossibilities	32
Automation	34
For me ... A Woman	35
Improbabilities	37
MEDICUS Newsreel	39
M.S.S. Resumé 69-70	43
Teaching in First Year	45
The Unhappy Metamorphosis	48

OUR MOTTO : «I DISAPPROVE OF WHAT YOU
SAY BUT I WILL DEFEND TO THE DEATH
YOUR RIGHT TO SAY IT».

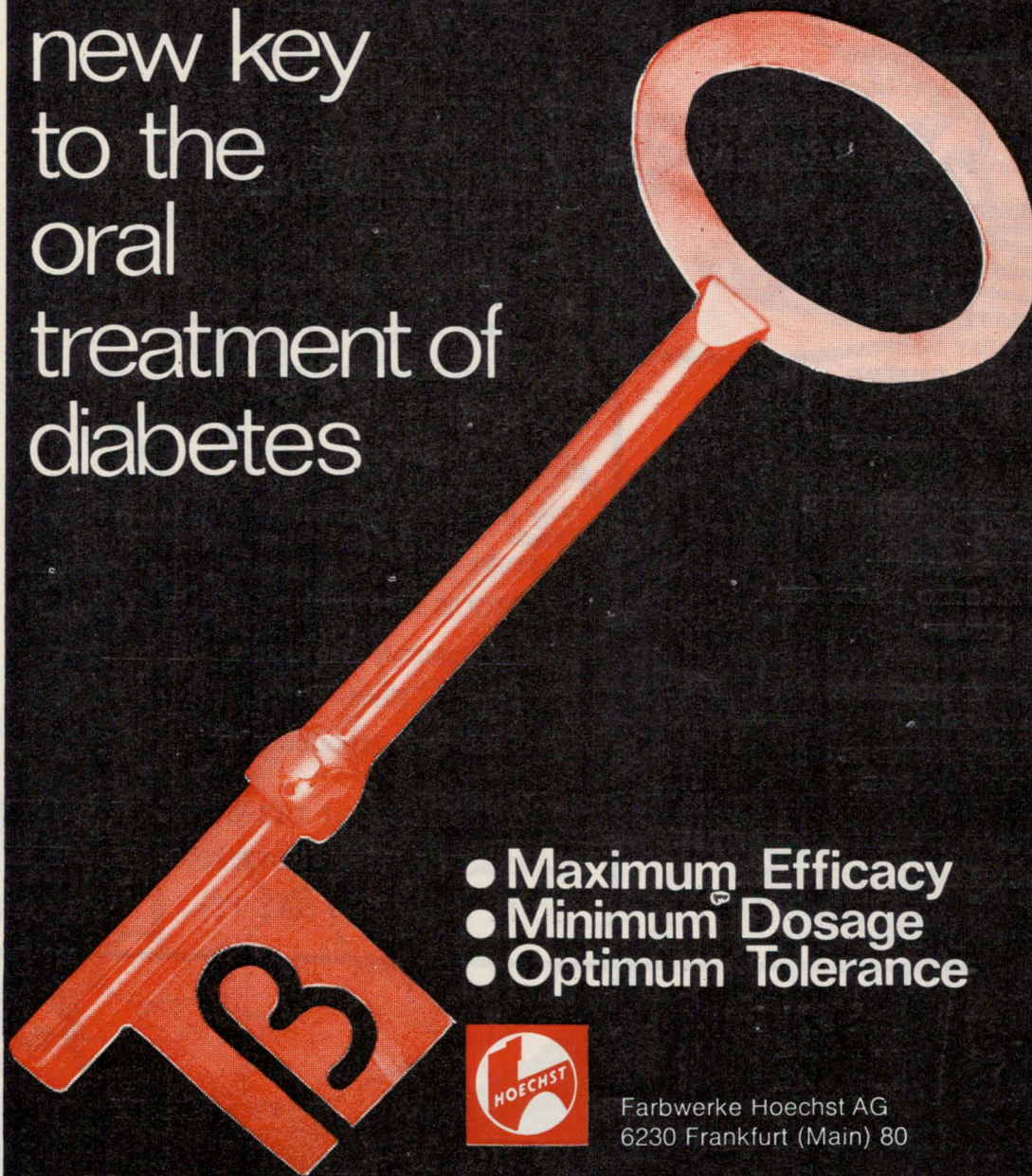


COVER STORY

John Viscount Morely (1838 — 1928), son of a surgeon, was a journalist, thinker and politician of strong temper and marked unconventionality. The quotation of the cover is from his celebrated treatise « On Compromise », (of which he said the only trace of compromise was in the title.)

Through his writings, Morely, a close friend of John Stuart Mill, expressed his rationalist faith in unfettered intellect as the only sound guide to conduct.

the
new key
to the
oral
treatment of
diabetes



- Maximum Efficacy
- Minimum Dosage
- Optimum Tolerance



Farbwerke Hoechst AG
6230 Frankfurt (Main) 80

Daonil[®]

HOSTA PHARMA
CHARTOUNI, RUE MAKDESSI
Tel: 295220 BEYROUTH LIBAN

Platform for Change

Psychologist William James once declared that the greatest revolution in his generation was the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives.

Never has this startling discovery been more apparent than nowadays — two generations later — when change is sweeping every facet of human life. The young generation, with daring, fresh convictions and novel outlooks, have brought about a drastic universal re-assessment of antiquated laws, mores, and traditions (which have acquired with time a tyrannical, axiomatic status), and a stiff, uninspiring way of life that perceptibly lags behind in this age of new values and new truths.

But where do we, as medical students of today, healers and scientists of tomorrow, stand in this flux of events ? To what extent have we paved the way for uprooting old misconceptions, to uphold new principles ? How actively have we partook so far in rejuvenating our educational system ? How fit, how vigorous, how trustworthy, how alive, is our image as physicians for a dynamic age ?

The facts are hardly laudable. For reasons known or cryptic, we, the medical students at AUB, have plunged into stagnant swamps of listlessness and apathy, while our peers shake nations and rock the world. We have degraded our motives by dismissing any task beyond « the-minimal-necessary-requirements-to-pass », while others ask for life more abundantly. We have learnt to ignore the unknown with passionate allegiance to the familiar, while others devote their lives to explore and unearth the hitherto arcane. In short, we have withdrawn into a suffocating academic nutshell, as others reach out for a brave new world.

Who is to blame for this unhappy alienation from the university of whom our predecessors once were uncontested leaders ? How did passivity and indolence replace an unquenchable thirst for the satisfactions of an all-encompassing knowledge ? What disfigured the medical students from undaunted youth with boundless potentialities to mere robots performing a limited number of functions ?

In trying to formulate an answer, it is the moral obligation of every medical student to search himself first, before blaming extraneous causations. The long and demanding course of medical education could very well be responsible. The structure and methods of the educational system are factors to consider too. The nature of relations with the educators could hardly be overlooked as well. Yet, what matters most is none of these influences, but the innermost attitudes of every medical student. If these are healthy, critical and decisive, then he will impose change on his surrounding rather than undergo a passively adaptive process himself. This reversal of classic evolution marks the apogee of man's progress, and the zenith of human achievement.

Medicus this year will spare no effort to emphasize the profound role of attitude in shaping life patterns particularly so for the medical students. It will urge them to re-appraise themselves, and will exhort them to participate actively in re-modelling their context. Medicus also aims to direct cogent criticism where and when the exigencies arise, and thus fulfill its role as a platform for change.

Henry Nasrallah
EDITOR - IN - CHIEF
(English Section)

SEARLE SCIENTIFIC SERVICES

(A division of G.D. Searle and Co., Ltd.)

HORMONE ASSAY AND CLINICAL PATHOLOGY SERVICE
NOW AVAILABLE IN ALL MIDDLE EAST COUNTRIES

ESTIMATIONS PERFORMED INCLUDE

HORMONE ASSAYS

Serum Protein Bound Iodine
Serum T3 Binding Index
Serum Thyroxine
Plasma Progesterone
Plasma LH
Plasma Cortisol
Plasma Growth Hormone
Plasma Insulins
Urinary 17 - Ketosteroids
17 - OH Corticosteroids
Pregnanediol
Pregnanetriol
Total Oestrogens
Fractionated Oestrogens
Oestriol
LH

CLINICAL PATHOLOGY

Screens for
Sodium, Potassium,
Chloride, Co₂, Urea, Sugar, etc.
All kinds of
Routine Biochemistry including
Lead, Copper, Magnesium, Lithium
Haematology and Bacteriology

Specialised tests can be performed if needed.

G. D. Searle & Co. Ltd.
(Middle East Area)
P. O. Box 4524
Beirut
Lebanon
Tel. : 240695
Cable : SEARIN BEIRUT
Telex : via A. Anderson & Co. 666

Associates in Lebanon :
Laboratoires Dr. Emile Rizk
38 Rue Clemenceau
Imm. Esseily
Beirut
Lebanon
Tel. : 233422
Cable : RIZKLABS BEIRUT

All estimations performed at reasonable cost to highest degree of
Precision Accuracy Specificity Sensitivity
in the Searle Laboratories in England.

LETTER FROM THE ADVISOR

Of all the changes I witnessed in the A.U.B. Medical School following my student enrollment nineteen years ago, none were as significant to student faculty relations as a trend which started during the past academic year. This was illustrated by two independent undertakings.

In January 1970, a Student-Faculty Committee, the first of its kind, started regular meetings with the School Director and deliberated on several aspects of the medical student's life. One of the committee's actions about student grading in the clinical years was later debated during three faculty meetings, with student representatives present, and eventually endorsed.

The second concerned the problem of student evaluation of teaching, teachers and the curriculum. Another Student-Faculty Committee on Teaching Evaluation has prepared detailed questionnaires to be used for the first time this year. Other efforts in this direction include the reporting by two small student committees on preclinical teaching and the active participation of two students in the entire two-day proceedings (August 1970) of a faculty group on first year teaching.

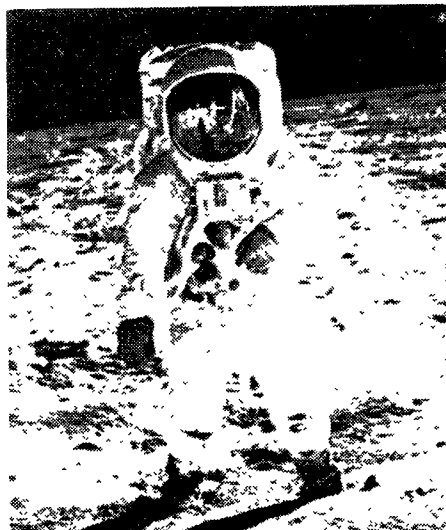
In spite of these worthy beginnings, students still complain of a major gap between them and the faculty. A recent (June 1970) student survey here concluded «that the first year student felt isolated from the rest of the university, socially or otherwise» and urged for «more faculty-student cooperation.»

The student-faculty 'gap' is one of the most challenging dilemmas of the university of today. Perhaps the above-cited student-faculty programs have not had enough time for their fruition. They must, therefore, continue. Our limited experience with the faculty advisory system to students suggests that a considerable amount of indifference, almost apathy, permeates a large proportion of our students. Indeed a vicious cycle does exist which makes the faculty equally disillusioned.

Students, therefore, **must** now make the initiative, become bolder, at the individual and group levels, and pursue a dialogue, on academic and non-academic problems with the faculty. Let this be a call, a challenge or even a defiance and I know many of my faculty colleagues are just as anxious to meet this challenge.

Suhayl J. Jabbur, M.D., Ph. D.





**WHAT IS NEW FOR TOMORROW
IS AT SINGER TODAY**

REGIONAL OFFICE MIDDLE EAST

STARCO P.O. Box 94

**COVERING : LEBANON - SYRIA - JORDAN - LYBIA - SOMALIA - SAUDI ARABIA -
KUWAIT - BAHRAIN - ADEN - YEMEN.**

CONSTRUCTIVE CRITICISM :

A MAJOR SIGN OF IMPOTENCE

Rabi' Sulayman, M.D.



This time the revolt is going to be the start and not the end. A complete, total, and an unequivocal revolution that destroys a lot... everything. Constructive criticism is a fallacy... a major sign of impotence and sterility. It is the dogma of heroes and patriots. Lots of people are heroes and patriots, and I have no desire to be one. Lots of people are afraid of the vanity of things, and I have overcom it. Lots need to reflect, and I have no need to reflect, I don't any more. yes I don't, rejoice over the Good.

Rebellion ?? call it that. I not only believe in it, but also ask for it. I demand it at all levels and at all times to change all things and all men. A destructive revolution is what we need, and not criticism. **One cannot fight absurdity with logic.** All the things and all men here, form an incomprehensible, absurd jungle. All these men and all these things are not only against life, but they fight life and what life has of love and beauty and order. They want for us, consciously or unconsciously, prostitution and destruction. All the notions that I have been so fond of :

ethics, logic, progress; all these notions that have seduced us, now appear to be no more than puppets stuffed with bran. Now, today, I vote for any sign of rejection, mutiny and rebellion.

And MEDICUS will know no mercy, for it represents a large voracious mouth and a great brute soul not severed from truth. The people who write in it, the people it represents have a compassion for all life which struggles, cries, hopes, and does not accept the fact that everything is a megalomania of nothings.

It is high time to destroy this assimilated total of nothings. And like in any other revolution, all the little virtues are lacking. All what is there, is an uncomfortable dangerous virtue which asks a lot, demands a lot, expects a lot, and which is very hard to satisfy. Infront of it all medicine, logic, profits, losses and plans for the future, vanish...

The books will be left alone, reason and the mind too. We will stop reading books before it is said that the dogs ate our flesh while we read books.

And this is going to be the start, not the end.

INTERVIEW WITH

MR. DAVID EGEE

By : Daniel Fuleihan &
Bassam Musharafieh



In our constant and relentless search this year for interesting and informative topics with which to enlighten our readers, we have undertaken a project by which we will interview a major personality in our hospital environment in order to better comprehend the intricate workings of this great institution. We, therefore, saw fit to call on Mr. Egee, A.U.H.'s young director, for an informative and informal beginning to this new endeavour.

Mr. Egee welcomed us in his usual friendly and warm manner. Before we embarked on the interview, Mr. Egee offered the following informative resumé.

EGEE : Prior to coming to A.U.B. I was assistant director of the Hunterdon Medical Center in Flemington, New Jersey. I was there for 2 years. Prior to that I was at the Brooklyn Hospital in Brooklyn, N.Y. as the night administrator, and that was for about a year. I graduated from Columbia University from the School of Public Health and Administrative Medicine. I received my Masters degree in hospital administration in 1966. Before that I was working with the American Red Cross in Anchorage, Alaska and near Seattle, Washington. Married, four children, oldest child 12, youngest one 3, one 7, and one 10, and that's all.

MEDICUS : Can you give us an idea of how this hospital was planned and who was consulted concerning the revision or changes in plans.

EGEE : The project was first started by having a consultant do a study to determine the medical needs, and the facilities that would house the services or the type of services that would be offered. This was done by a man named Dr. Snope who was at that time, I believe, executive director of the Grace — New Haven Hospital, and then the actual hospital was designed by Haines, Vorayes, and Smith who had done a number of hospitals before this one in and around New York City. But most of the work was done by

the Medical Center Planning Committee. All the original members are now gone with the exception of Dr. Raif Nassif. He is the only one who...

MEDICUS : Who were the members ?

EGEE : Gee, I don't know, Wilson was on it. I'll have to check back but Dr. Nassif would be able to tell you better than I. Because it started in 1958. Their first meeting was in 1958 or 1959.

MEDICUS : But these were not professionals, were they ?

EGEE : Well they were professionals at least those from here, from AUB were, but the original study was done by this fellow Snope.

MEDICUS : The hospital was completed and opened in 1970, and the plans were completed in 1962 and therefore we started off being antiquated by 8 years. How do you feel about this ?

EGEE : Sure; an illustration of this would be the Coronary Care Unit. When the hospital was discussed, when plans were being made, and when even and after the hospital was finished, there was no area for the Coronary Care Unit. At the time there was a storage area and we made this into a Coronary Care Unit. I don't think this is unique with one hospital. The Belvue Hospital in N.Y. is now 11 years in construction and by the time it's finished it

will be 12 to 14 years obsolete. The construction of a hospital is complicated. You don't have running water and a sink in every office of an office building. You don't have oxygen and suction in every room.

MEDICUS : Considering the fact that this hospital was completed 7 years after breaking land, was this taken into consideration ?

E G E E : Sure, they anticipate as much as they can. But there will be new things coming that they don't know about. Like the Coronary Care Unit. All hospitals designed 10 years ago don't have them. Transplantation experiments will create another problem for hospitals, that was not part of the planning. Interesting enough here ... now here this was accounted for. In our animal O.R.'s you see there are 3 tables side by side. Well then this had been thought of, in a sense, but in our O.R.'s if transplantation becomes popular may be our O.R.'s have to be altered.

MEDICUS : Are you satisfied with the planning of the hospital as it is running because we as interns, those of us who work in the hospital day and night, feel a lot of deficiencies in it. How do you feel about it compared to other hospitals you've seen ?

E G E E : Well naturally the design is adequate but I will certainly admit that there are some aspects of it that are not completely satisfactory. But I... no matter what design is made, what sort of hospital is made, there is always going to be 10 per cent error, 10 per cent misjudgement, 10 per cent design features that will not make the Resident happy, but may be the same design feature that has made the resident or intern unhappy, is what fits the attending or the professor or a nurse. Now what may make a nurse unhappy, may be will fit your needs very well. So there is going to be a certain level which we'll have to tolerate generally. In the hospitals that I have seen and visited, this hospital is as modern and as well designed as any you will get in contact with in the next 10 years. Again other new hospitals that you go to you will find certain design deficiencies that you will run into there. What you won't find is the fact that if you're a surgical resident almost surely all your activities can't take place on the same floor. Here the OPD private clinics, academic offices and patients are all on one floor. You don't have to go one place to OPD, another area to the ward. This, I think, is unique. I don't think you'll find this too often in another hospital because hospitals are designed in phases, so they build one pavillion and they add one here and then one there. It's very often a jumbled mess.

MEDICUS : We'll go to some more details now. How come the attendings have much better locker rooms than the students in this hospital ? They have new lockers, we have old lockers, they have one to a locker, we have 3-4 to a locker, they have a phone and a bathroom in their locker room, they have it well lit with a nice ceiling. We don't have a phone, we don't have a bathroom and our keys... one key fits ten lockers.

E G E E : There are injustices all over the world, you know, and I guess may be this is how rank has its privilege.. you see you have these things to look for to when you become a physician. We don't want to make you too happy now because you will become much more difficult to satisfy when you become an attending physician.

MEDICUS : But the nurses and the orderlys, I believe, have their own lockers and better rooms than we have even. I think we are at the bottom of the barrel as far as this is concerned.

E G E E : I think at the moment we accept that you are at the bottom, but keep in mind that facilities are being made in building '56 in the old hospital compound and that building is at the moment being renovated. So, on a temporary basis, yes. These are not your final quarters, I think many of the lockers of the students are right in the hallway of the sub-basement and this is strictly a temporary situation, just as the school of public health is sharing now the top floor of the old private clinics and those professors look over at me and say «here I am, a full professor on tenure and that young 33 year old director of the hospital sits there in a nice air conditioned office.» So I think this is a 15 year project and you just happen to be here at the wrong time.

**WE DON'T WANT TO MAKE YOU
TOO HAPPY NOW...**

MEDICUS : If I wear a sport coat I have no place to hang it. If you want to come neatly dressed and you want to hang something up there is not the place for it.

E G E E : It is interesting this locker room situation. When we had a full time medical staff meeting, one of the biggest complaints was the locker room situation. In some ways it amuses me. The value that is placed on certain items that they seem almost... I guess may be there wasn't the time and energy and effort, may be we expanded too much time in developing operating rooms, and not enough time with the locker rooms. Because this seems

to be the biggest problem. This may be a real design deficiency. May be instead of having physicians design hospitals we should have labor relations people design hospitals because this is a big issue in industry, providing locker space for people, and it becomes a labor negotiation, a part in bargaining sessions.

MEDICUS : Was it ever considered to bring students into the discussion about the hospital planning ?

EGEE : I don't think so. I think that is a very good point, and I don't think it was done, and I don't know of a hospital that did do it except a hospital in the U.S. which sent a questionnaire to the community saying that if you were to build a hospital what would you include in it. And some of the answers were quite interesting. One old fellow wanted to have all red headed nurses. But this is a good point. I think they should have included the students or at least a questionnaire could have been sent out. And I don't think it was.

MEDICUS : Going back to the locker rooms, and keeping in mind that we have about 120 clinical medical students and that a large number of lockers are shared by more than 2 students each, how would you explain the fact that we have 135 lockers in that room ?

EGEE : I can't explain it.

MEDICUS : Why do you have so many in there ?

EGEE : Look I did not. I mean I wasn't prepared for such a detailed discussion of the locker room situation. I would have to do a study to determine the numbers..

MEDICUS : You see this is our complaint. That this is not done. It seems to be done for every body else, for the nurses, for the orderlies for the attendings, but when it comes to the students these studies are not done, like our living accommodations : the rooms we are to sleep in, etc. There aren't enough rooms to sleep and we are sleeping in unused rooms on the floor. The lockers and things like this, we were not taken into consideration and we live here day and night.

EGEE : Because the design, and the way the hospital was to function was not to include students staying overnight in the hospital..

MEDICUS : Interns !

EGEE : Well there are interns rooms, there are overnight rooms for interns on first call.

MEDICUS : Yes ! but not enough.

EGEE : Whether they are enough or not is another question. The chairmen of the services, that were chairmen at that time were consulted on this specific matter, and at that time we were told by the chairmen, this is how many room we will

need. The result is that we have rooms on the sixth floor which, two in a room, could accommodate 16 people and at that time, it was felt that 16 is enough.

MEDICUS : May we bring a further point. There are 2 to a room and this means that 4 people use one bathroom and the 4 people all wake up at the same time and they have the use of one bathroom. Again we feel this is rather poor planning because it is impossible to stick 4 people into one bathroom at the same time, to shave or wash up before they go to the floor.

EGEE : I know, I am faced with the same pro-

**I DON'T THINK THERE
IS A SHORTAGE OF NURSES (!)**

blem at times. I have 4 children, my wife and I, and when we get up in the morning we all have to use the same bathroom.

MEDICUS : Yes but that's voluntary, this is enforced on us.

EGEE : This is enforced upon me too.

MEDICUS : Going back to the lockers once again Mr. Egee, I happen to have counted the lockers in the locker room in the sub-basement and they are exactly 135. What according to you is the rationale behind putting all these lockers down there ? Is it a dump room or what ?

EGEE : May be I didn't understand your question. What's your point ?

MEDICUS : There are 135 lockers, used by about 120 medical students (3rd yearers, 4th yearers and interns). We know that there are lots of lockers shared by more than 2 students..

EGEE : So therefore there should be an excess of lockers.

MEDICUS : Yes.

EGEE : May be I can ask somebody to go down have a count. We were not sure how many students there would be. When you move a whole hospital over surely there is bound to be some error and we can look into it and may be if we can work it out that people don't have to share lockers, it's fine.

MEDICUS : We have a question concerning the nurses. We know that there is a chronic shortage of nurses in this hospital. You had to go to Europe to bring in some extra help and we are constantly losing the nurses we have here usually to the U.S. We would like to have your ideas why the nurses are so poorly paid here ? why we lose so many of them ? and why so many restrictions are placed on them, as to make them almost useless ?

EGEE : Let's take one at a time. Why they're paid so little ? Well let's go back to the

first question. Is there a shortage of nurse ? I don't think there is a shortage of nurses. I don't think there is a shortage of nurses in Lebanon, in America or anywhere else. I think that many many of the responsibilities of the nurses could be done by a college student who has had some background in business administration. A nurse doesn't have to be a nurse to make up a nurses schedule. Secondly why they're paid so little ? I am not sure that they are. According to the information available to me now the AUB hospital pays its staff nurses about 100 L.L. more a month than any other hospital in the Beirut area. The third question : how can we stop our nurses from going to America, is the same situation as how we can stop our doctors from going to America. Obviously Sidon needs more physicians but what are the rewards of working in Sidon as contrasted to working in America, and the rewards for a nurse to work in America right now are greater, both financially and as far as accomodation is concerned. In California, nurses start at \$750 a month. I can't compete with that. Now if this is the primary interest of a nurse, to make money, she should go to the States and I am not going to make any effort to stop her. But I believe that many are staying here not just because of the money but because they want to stay in Lebanon. This is their home. Then you can't just look at nurses, you have to look at other people within the health field. You have the practical nurse, the pharmacist, the x-ray technician, the lab technician and there has to be financial rewards for these people also, so when we speak of the nurses' salary lets talk about the salary of all health personnel. Eventually we'll price ourselves right out of business. The public just won't be able to afford the costs. There are many people who just can't afford to come to A.U.B. anymore because we priced ourselves right out of the market. I think this is a shortage business. We are not going to solve the shortage by paying more. In America they've tried and it did not work. They still had a shortage of nurses, and they're paying the highest salaries in the world, and still any nurse can go to California and find a job tomorrow. There has got to be other answers to the problem and I don't think they lie in 100 L.L. more or less a month. This isn't to say, and I want to make this clear, I think people should receive as much as the hospital can pay, not to give them as little as they can get

away with. But I see too many people come into my office with a hospital bill with 10 days in the hospital... I had a fellow here just the other day-4800 L.L. His brother was in the hospital for 10 days. That's a lot of money. I could not afford it. I'll be honest with you. If I did not have a health insurance I could not afford to come to A.U.B.

Many hospitals in America have tried to deal with this issue which is a crisis situation and is one that is been talked about, and they haven't come up with a satisfactory answer. But I think, the only way to solve it is to designate what we traditionally call nursing functions to other people. Why does it have to be a nurse to give a medication? Is this the only person that can do it ? Can't we train other people to do it ?

MEDICUS : Well they usually don't give. If its I.V. the interns give it.

EGEE : I was thinking of I.M. and the like. And then there is the point. Why should you give the I.V.'s ?

MEDICUS : We agree.

EGEE : There are many hospitals who have what they call I.V. teams and they incidently can give an I.V. a hell of a lot better than you can.

MEDICUS : We don't doubt it.

EGEE : If I were a patient I much rather have it by a member of a team. They can do a much better job than you as student, as an intern, or hakim.

MEDICUS : The last question about the restrictions on the nurses.



EGEE : This is a little harder to answer. I hear it from both sides. The nurses feel that they would like to be given a little more responsibility and it is a question of whose responsible for what particular part of the patient. Is it the attending ? is it the resident ? is it the student ? is it the nurse. In many hospitals where there are no teaching programs the nurse as-

sumes many of the responsibilities of the students. What is it that you had in mind about restrictions? I mean a specific example. May be we can argue it.

MEDICUS : For an I.V. infusion-nurses are not allowed to open the ampule, they are not allowed to take the syringe out of its cover, so many times they give you the syringe, and needle in its cover, the cotton, and you go through all the procedure and when you ask why they tell you we are not allowed to do it. With all the restrictions they have, we don't see a use for a nurse. To see how many b.m.s. or how many times a patient urinates. I mean you can have a moron go around and ask the patient these questions and get the same information. As far as we are concerned from our experience on the wards the nurses are useless; they don't serve any function at all other than keeping doors locked and keeping us out of rooms that we want to go into so we have to go and get the key from them.

E G E E : When a doctor writes an order for a medication to be given every 4 hours who does it?

MEDICUS : The nurses carry it out but it does not need a person trained three years in this to do. You can take a college educated person or an intelligent person and he can carry out the order.

E G E E : O.K. we go back to talking about functions. In this I don't argue about it. I don't know whether we should continue thinking in terms of what is considered to be a traditional responsibility of the nurses. And I think in many places they are looking at it and in our OPD where we have not hired nurses, and we have nurses leave in the last two years because we learned that the responsibilities of the nurses are clerical in nature and we replaced these by ward clerks. In working in the catheterization Lab we need somebody who has an x-ray background, and not a nursing background, in the kidney dialysis this always used to be done by a nurse, now we hired two girls with a baccalaureate, they were given some training and it worked very well. I think that over the years, there will be a time when you won't be giving I.V.'s any more, and there will be a time when you see less nurses on the floor, or you will see more patients with the same number of nurses, because I think that eventually they will assume more of a supervisory role. But to say that the nurse is useless, I don't think you mean that.

MEDICUS : We do.

E G E E : I still don't accept that, because certainly you're not proposing that on an experimental basis you take a floor and say

O.K. all nurses out.

MEDICUS : Well you need some body to carry out certain duties.

E G E E : But now again we're arguing on the functions of a nurse, and you're not suggesting that all nurses move out tomorrow.

MEDICUS : No, they serve a purpose but this purpose is limited, for the number of nurses there are on the floor.

E G E E : Look, it's a tremendously complicated problem, and I don't think there is going to be an easy way out of it, and I am sure that you, when you are a cranky physician you're still going to be dissatisfied with the nursing situation in whatever hospital you're in. It is a little like in the army. We all have to moan and groan about something.

MEDICUS : Mr. Egee, if there are any work facilities open for medical students in this hospital would you be ready... are you for the idea of paid work for medical students in this hospital?

E G E E : I have heard this talked about on an informal basis. Personally I am not opposed to it. But the issue by the professors is that if a student is filling his time working how is he going to study? I think this is their concern, speaking about a Sunday afternoon that's considered your free time, that he could work. Because a medical student's day is not defined although it must be defined in the sense that if you're not expected to be here all night there must be an unwritten rule that your day is finished at a certain hour... and of course, the question is you're supposed to be here all night, why isn't he provided with sleeping quarters, it's a rather ticklish question... it's a little more complicated than I thought. That's interesting... I could not... I am not so sure my first answer is correct now.

MEDICUS : Do you think that possibilities for work will be available in this hospital on the basis of work scholarship in the near future?

E G E E : You see it's very difficult to say what's work and what's training. What is legitimately part of the students' development and training. I mean how do you separate this from work. I personally, I don't think they should. I think if a student knows what is expected of him if he finds that he can work 4 or 6 hours

**I AM NOT OPPOSED TO THE IDEA OF
PAID WORK FOR MEDICAL STUDENTS
AT A.U.H.**

a day and still perform his duty as a
medical student and can do his study

and necessary reading, and I believe that he can, because we all have time to go to the coffee shop. So may be we could use that time better—spend it working.

MEDICUS : We meant the particular example where medical students have to be by the bedside of the patients on peritoneal dialysis, overnight duty. Do you think that, if a student is assigned to do such a job, he should be paid or not ?

EGEE : If the resident says this is a very sick patient, some body should be with him all night. This is a responsibility of a physician. This is what the whole problem is about. Taking care of sick people. Now if the patients on you floor are all in a situation that does not require your help, are you suggesting that students, like our practical nurses, are paid a stipend every month while they are in training ? Because they are in fact offering some service. This was the whole problem with nursing education, and there are people who are confused and every one accuses the hospital of using nurses as workers, and not as part of their training, but if you start working and you're paid then whether the job has any teaching value or not now we are throwing that out the window. If I say look, or who ever is responsible for the floor which is the nursing supervisor, that patient who wants to have a private duty nurse is not very sick, this has no teaching value. But while you're doing this but not being paid, theoretically you're presented in those situations which they have a teaching value, or some learning or some benefit to your development. But if you do it on a work basis, maybe half your day will not have anything to do with your medical development... I. I won't say that .. let me say that.. I think that it could be worked out probably but it's a damn... it would be very difficult. It's not such an easy thing... I could not say just... I would say yes, it could.. it's possible, but all of these other issues will have to be worked out. Then the question of medical education comes up. May be this whole... every one, all the students want the clinical experience, now the question is : should you be paid for this ?

MEDICUS : Along the fringe of this we have these food coupons for the cafeteria, and from past experience, the food coupons given don't last the whole year. We are not asking for pay for internship, although in most places in the world they do pay for it and our day sometimes goes... well for 36 hours, with 12 hours off duty; there is no pay for this at all, and there is very

little teaching in this, and not even being provided for food, I Don't think this is fair. In this way they do make money out of us, because we're serving a needed function, and if we don't serve it you'll have to get somebody to do it and pay them. I think instead of having food coupons, if we have badges to be identified as interns, and we buy our food throughout the year.

EGEE : Yeah, but the hooker in this... is... you say that if we did not have the students we'll have to go out and get somebody else to do it, and this is correct, but the fact remains, that this service could be gotten for a hell of a lot less that what it is costing us now. But it is...

MEDICUS : For the food ?

EGEE : Lets talk generally not so specifically about the food. But, I can't remember

**I DID NOT KNOW THAT FOOD COUPONS
DO NOT LAST THE WHOLE YEAR...**

the figures, its something like \$4,000, or \$5,000 or \$8,000 a year to educate a medical student. Isn't that correct. ?

MEDICUS : Yes, but this hospital is here for us. It's not here for the attendings, or for the nurses. A teaching hospital is here for the students.

EGEE : Right.

MEDICUS : But, theoretically we're no longer students, we're interns. I mean although we're still considered students and we pay 100 L.L. for registration, we are fulfilling the function of interns, and our comrades in the rest of the world are paid for this function, and in the rest of the world they are faced with the same problem. They pay a certain sum of money. Their tuition does not cover the cost of their education. Every teaching hospital loses in this respect, because they pay more than the students pay them. However, in other hospitals they are paid. In our hospital we are not even provided for the food, which is not too much to ask. You give 800 L.L. in food coupons but it does not last the year.

EGEE : Well, I did not know it did not last the year.

MEDICUS : This is the experience in past years.

EGEE : Oh dear, I do not know. It is interesting where did the figure 800 L.L. come from ? It may be a sacred figure. It may have all kinds of mystical significance. You find much of both hospital and university administration making mystical signs.

MEDICUS : We see the nursing students using food coupons. Are these free ?

EGEE : Nursing students ? I think it's free for them.

MEDICUS : It would be interesting to see how much they get in regard to how much we get and whether it lasts them for the whole year.

EGEE : It would be. Of course this could be done as a study. We could do a study to see whether males or females require more food, then we could base it on that. I don't know where the figure 800 L.L. came from, but as I said, I am sure it has some heavenly significance, which I would not want to tamper with, at the risk of upsetting the guards, and we've got enough trouble. But seriously I don't know where the 800 L.L. came from and it would be interesting to see how long...

MEDICUS : How long ago ?

EGEE : Yes, because prices are going higher all the time.

MEDICUS : We know that the amount of food coupons is calculated according to the number of nights that an intern stays on duty. With this year's new internship program interns are staying on duty more than expected or calculated, so in case their coupons run out would you be ready to give them new coupons ?

EGEE : No.

MEDICUS : No ?

EGEE : Not, in that.. my answer to your question was not yes. If an intern runs out of food coupons before the end of the year would I give him more ? probably not. probably not. Certainly not without finding out why. What's wrong with this intern ? Why? what's the problem here? so don't... I mean if you're trying to... I feel I don't want to be pushed into a corner here. So I won't answer your question.

MEDICUS : Without further investigation.

EGEE : Of course, of course.

**... I FEEL I DON'T WANT TO BE
PUSHED INTO A CORNER...
SO I WON'T ANSWER YOUR QUESTION !**

MEDICUS : O.K. Two more questions. One : the cafeteria. At times the food can be described as lousy. At night, we're served, those of us on duty we have only 1/2 an hour to eat if that much, we are fed used food. Food that has been there from lunch or from breakfast or from the day before...

EGEE : I know, my wife gives me left-overs too. I know exactly how you feel, and you'll get used to it. You'll have left-overs the rest of your life.

MEDICUS : In general the menu is static. There is never any variation...

EGEE : Oh ! come on.

**I HAVE NEVER YET MET A MEDICAL
STUDENT, AN INTERN, OR A RESIDENT
WHO HAS NOT COMPLAINED ABOUT
THE FOOD !**

MEDICUS : This is the consensus of everybody. The food service stinks. It's miserable.

EGEE : You know something : I have never yet, met a medical student or an intern or a resident, that has not complained about the food. But let me not end it there. There are people who are now practicing medicine here at AUB for over 20 years and they themselves said «I hated the food when I was a student here, and the food is still lousy», but strangely enough they still go up to the cafeteria and eat.

MEDICUS : It's convenient.

EGEE : Yes, but you reach a point in your life where the convenience is not worth it. This does not mean to say that we should not make an effort to try and make it better. I am a little surprised that you said there is no variety, because in contrast to many cafeterias I have been to, I think we do have a better than average variety. It may be not enough to satisfy you yet. You see food is such a personal thing, what you might think is good I might think is lousy.

MEDICUS : But every body agrees it is lousy.

EGEE : What do you suppose the problem is ? What's the problem with it ?

MEDICUS : This country is famous for its fruits. If you take the fruits in the cafeteria, the watermelons are lousy, the apples, half the time, are no good, the grapes have no taste. There are delicious fruits in this country; one wonders where does Kaddouh get his fruits from ? to buy some of this stuff we would make the person give us money.

EGEE : We are buying the fruits from the same place you are. May be our fruits are cleaner than what you are accustomed to.

MEDICUS : Is the Cafeteria privately owned by Mr. Kaddouh or is it hospital owned ?

EGEE : It's not privately owned by Mr. Kaddouh.

MEDICUS : How much of it is owned by Mr. Kaddouh, percentage wise ?

EGEE : Well come on you're putting me on. You know the answer to that !

MEDICUS : No, we don't !

EGEE : Mr. Kaddouh is an employee of the American University.

MEDICUS : Yes. We all know THAT.

EGEE : So therefore, how can he own any part of the cafeteria ?

MEDICUS : Well, we heard that he does.

EGEE : Well...

MEDICUS : He works on a contract which he makes

so much money of the profits, or who gets the profits ?

EGEE : Mr. Kaddouh like every one else in the University works for a salary just like I do, just like vice presidents do, just like the professors do.

MEDICUS : Yes, but how come he gets a percentage of the profits.

EGEE : Well he doesn't get a percentage of the profits. This just is not true.

MEDICUS : Says who ?

EGEE : Says me.

MEDICUS : Is the cafeteria a profit making organization ? Are we paying extra money, or it just breaks even ?

EGEE : In fact we're loosing. Our expenses exceeded our income in the cafeteria.

MEDICUS : After the lousy food, it's good to know everybody is suffering.

EGEE : That's what they say. You should make an interview with Ali Kaddouh some day.

MEDICUS : We will.

One further question concerning maintainance. One day I was in the second floor and I was going to the cafeteria and I went in to wash my hands in that little lavatory next door. There were no towels and what towels were there, were all on the floor, and they had been there, it looked, for half a day. There was no soap, the wash basins were dirty, there was urine on the floor, and I decided the cafeteria food

was bad enough without facing this. So I went to three bathrooms on the third floor, and I could not find soap nor towels in any of them. At this point I gave up. I went way up to the fifth floor to my room, to wash my hands, and then went down to the cafeteria. There seems to be at times, especially in the laboratories, and this is a hospital, there seems to be a breakdown in the maintainance.

EGEE : You're talking about the housekeeping ?

MEDICUS : Yes, the housekeeping.

EGEE : Again, I won't argue with you that there probably may not be a time on occasion when a bathroom is dirty. But I would be surprised to hear that this is the routine. I think that most of the time the bathrooms are clean. Now this is not to say that what you went there that day particularly in the last week, you're right, it was very difficult for people working in the house keeping department to get along...

MEDICUS : No this is in general, all the time. I'll give you the example of the bathroom right next to room 557. For the last 2 weeks there is no soap, and no paper towels.

EGEE : I have no comment.

MEDICUS : Thank you very much Mr. Egee.

One address for all your medical books and supplies:

*Scientific Publications and
Instruments Agency.*

Room 219

Maktabi Bldg.

Abdel Aziz Street

Beirut.

Tel: 344830

P. O. Box 2574

THE SHORTEST WAY TO SUCCESS

- Asinus Asinum Fricat -

By : Anis Racy

Introduction :

The subject of brushery has been reviewed extensively in previous articles (1). However, as this is a prevalent disease and recent statistical analyses (2) have shown it to be on the rise, albeit in more sophisticated and malignant forms, we have seen fit to study and expose the more occult aspects of this otherwise well studied syndrome.

There are various methods by which a medical student aspires to success and recognition, but what concerns us in this study is the quickest way of getting them, following the principle of «least effort for a maximum gain»(3). In order to understand the intricacies of such a method one should familiarize himself first with the discipline of «reactive self-immolation».

Method :

What is «reactive self-immolation»?

This is a very powerful means of producing in the brushee an opposite reaction to the one that is literally professed by the brusher. Let me explain.

In declaring to your superior your ignorance about a pet subject of his, even if you know enough about it to make him blush, you will provoke him and give him the opportunity to propound his thoughts unto you, a thing he finds extremely satisfying to his ego. Once this is done, you will inflate an already favorably prepared ego by expressing your admiration and demeaning your own knowledge in contrast to his. The effect never fails to catch up. By the enthusiasm he shows in «teaching» you, you can guess at the image he has formed of you : a serious student of higher education who «really wants to learn».

The first part of the theorem is thus demonstrated. The converse is not less conclusive : allow him to ask you about a sensitive problem dear to his heart. Then either come up with well-founded evidence to refute his argument, or show not enough concern about the importance and the central role his theory plays in the development of human science, and he will immediately deem you unworthy of his teachings. You are then an arrogant figure who should be disciplined, or else you are deficient in factual knowledge and hence deserve to be failed.

Of course these two demonstrations are but extreme positions one can take, and one has all the scale in-between to develop his own variations using the same theme.

Case Report I :

A fourth year medical student alone with the attending :

Student : (Who has already heard several times, and from that same attending, about the Critical Closure Pressure Theory) : «We hear a lot, sir, about the ischemic effects of hypotension on the kidney. But how does this happen ? Don't the vessels dilate as a reflex to the drop in blood pressure, thus bypassing ischemia ?».

Attending : «Well, this happens to a certain extent (sic). But what happens if there is further drop in the perfusion pressure ?».

Student : (Eyes wide open, as if taken by surprise) «That I cannot tell, sir. Has it been studied ?».

Attending : (Smiling mysteriously) «Have you heard about the Critical Closure Pressure ?».

Student : «The Cri-ti-cal Clo-sure Pressure ?».

Attending : «This is a new revolutionary theory to explain how...» (and he goes on to repeat once more what the student already knew from his first year course in physiology: By the time he reaches the climax) : «... this is how the vessel is thought to shut down and necrosis results.» (the student's eyes bulge out and he is breathless with admiration.)

Student : «How interesting ! I would have never believed it could happen like that.»

There is a twinkle in the attending's eyes, and a faint smile shines on his face, the smile of satisfaction : «That boy really wants to learn.»

End of Case Report I.



Discussion :

It is apparent from what was said above that a calculated avowal of ignorance, masterfully manipulated, can perform wonders, for man is vain by nature, especially a frustrated man who finds no one to relieve him of the burden of his knowledge, like Zarathoustra (4) : «I am disgusted with my wisdom, like a bee that has collected too much honey. I need open hands to turn to me.»

This is how the technique of «reactive self-immolation» works. But does it always work ? There are contraindications to its use.

Contraindications :

1. An attending who is allergic to such methods, someone who really knows his subject and is a good observer of human nature. Yet even he may fall at times, depending on the skill of the student who may be a refined psychologist. *

* You may use this technique at your own risks.

2. The second contraindication is by far the more serious and this is the presence of a colleague, a fellow student, who is involved in the discussion. There, the least attempt at self-immolation may be ceased upon by the «colleague-brusher» to propel himself up, destroying in the process all hope in producing the opposite reaction aimed at by the first one.

What is one to do in such a case ? Here a very delicate interplay of hit-and-fly has to be used, in what might be termed the «Cassius Clay technique», in homage to the great fighter's style.

The crucial point in this discipline is to use to opponent's weakness in order to mark a point. This is at times easier said than done, especially if your knowledge is not less deficient than his. However, good judgement can lead you places, for if you know when to abstain, and how to use your silence, waiting patiently for your occasion, you will succeed where a less patient opponent failed.

Case Report II :

- Intern 1, Intern 2, and Attending, in the morning round :
- Attending** : «Could this patient have malignant hypertension ? If yes why, if not why not ?».
(Interns 1 and 2 both jump up, trying to answer. They stop, realizing their mistake. Then begins a beautiful show of gallantry, each one leaving the stage to the other, and refraining from answering such an easy question. Finally, one of them speaks).
- Intern 2** : «This patient does not have malignant hypertension because his diastolic blood pressure is below 130 mm Hg.»
- Attending** : «Oh yes ? And what is the definition of malignant hypertension ?»
- Intern 2** : «It is a state of accelerated vascular damage due to the high blood pressure.»
- Attending** : «Right. But how do you determine that?» (Pause. intern 1 starts fidgeting, and an all-knowing smile appears on his lips.)
- Intern 2** : «Well... you determine it by... by the blood pressure.» (The smile on Intern 1's face now becomes sarcastic and he shakes his head in disapproval.)
- Attending** : (to Intern 1) : «Well, maybe you can help him.»
- Intern 1** : (relieved) «Of course, sir. I think it is diagnosed by the papilledema.»
- Attending** : «Very good. Does he have papilledema ? Whose patient is he ?»
- Intern 1** : «My patient, sir.»
- Attending** : «Did you check his fundi ?»
- Intern 1** : «More or less, sir.»
- Attending** : «Did you or did you not ?»
- Intern 1** : «I... well ... not exactly, sir;» (Silence).
- Intern 2** : (Breaking the silence, and apparently very detached) «He has no papilledema, sir.»
- Attending** : «Ah. very good ! so you've examined him even though he is not your patient.»
- Intern 2** : «Well sir, I make it a point to examine all the patients on the floor.» (sic).
- Attending** : «Wonderful. Then you must be in a position to tell me on which side, nasal or temporal, does papilledema start ?»
- Intern 2** : «On the nasal side.»
- Attending** : «Are you sure ?»
(silence)
- Intern 1** : (cannot hold himself still, glances meaningfully at the professor) «Hmm...»
- Attending** : «Well, what do you say ?»
- Intern 1** : (now sure that his friend is screwed) «I think, sir, it starts on the temporal side.»
Alas, he spoke too soon and fell to the teacher's trap.
- Attending** : «No sir. your friend was right. It starts on the nasal side.»

Thus goes the bloodless duel, until one of the two blunders, at which stage his «friend» makes it a point to show grief and concern at his lack of knowledge, while the attending finishes him off.

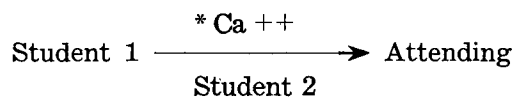
End of Case Report 2.

Discussion :

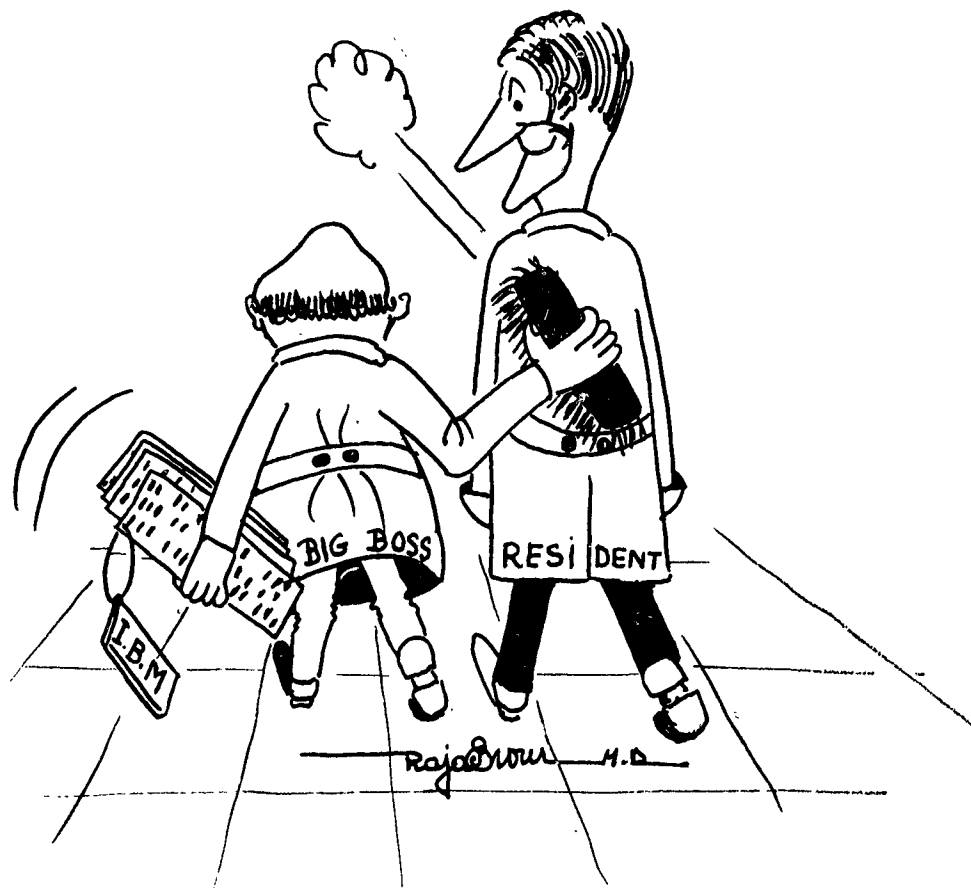
It should be noted that in the first illustration, the brushing is a two-way reaction, with the greater component going from student to professor (or resident). The same holds true for resident vs. attending. The reaction can be summarized by equation 1 :



In the second case the reaction proceeds with the second brusher used as a catalyst for the first. Equation 2 :



There remains a third possibility, one that is often neglected and the importance of which has not, in my opinion, been given its due in previous studies on the subject. I am referring to the reversal of the process shown in equation one, whereby the brushing is mainly done by the attending. Strange as this may seem to the uninitiated, this variant is among the most malignant as it denotes a basic pathology in the personality of the protagonist. But before we analyze this pathology further, let us take a look at the pathogenesis of this disease.



Pathogenesis :

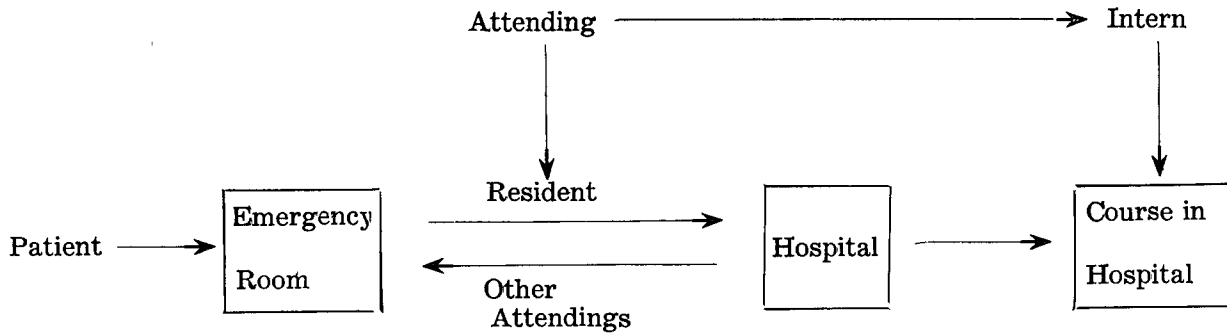
For an attending physician to stoop in front of a resident or even an intern, certain criteria must be fulfilled :

1. The attending must be in need of a bed for a private patient of his.
2. The bed is usually a coveted object of desire and the subject of competition among practitioners. (5)

* Ca ++ is not really necessary.

3. The admitting mechanism must be activated by the resident in question, and
4. The intern responsible for that patient must be in a position to influence the rate at which the studies are done.

The mechanism can be summarized in equation 3 :



Under such strict, but by no means uncommon, conditions, it is clear that the ground is set for the disease to creep in. Whether or not it does creep in depends on the genetic predisposition of the individual. Here is the basic pathology in his sick personality.

Pathology :

Among many factors predisposing to the development of the disease, factors such as weak personality, frustration, unsuccessful private practice, etc... one stands out as number one, equal to all of the rest : the grasping reflex.

This reflex is normally present only in the neonate. However, in some people, it may persist in latency until such times when the demand on the superego to restrain this drive becomes so strenuous that it gives way, and the reflex reappears. The grasping mechanism then differs from the original one only in the fact that it is now directed at patients and IBM cards. The whole process is not unlike what is described in psychoanalytic terms as «regression to the anal phase of development», with persistence of the hoarding mechanism. (6)

It is such people as described above who may end their round with you by saying :

« حكيم ، انا ممنونك » .

References :

1. MEDICUS, Vol. 6, No. 3, 1968.
2. Fuleihan, D. ; **The Prevalence of Brushingenia**, Oxford Press. 1966.
3. Fawwaz, G. ; **The Fourth Law of Thermodynamics**, M.S.S. Anniversary, 1970.
4. Nietzsche; **Also Sprach Zarathoustra**, p. 1, 1921.
5. Talhouk; AUMC Admissions Office.
6. Freud; **Introduction to Psychoanalysis**, p.p. 97, 1965.

FOR YOUR ADVERTISEMENTS

in MEDICUS

CONTACT :

SALAH BIBI

Tel. : 248157

Address : A.U.H., P. O. Box : 236/E3

THE FOUR-MONTH ELECTIVE PERIOD

A NEW EXPERIENCE

By : Bassam Musharafieh

When the four-month elective period in internship was adopted by the clinical committee last year, both faculty and students hailed the decision as «new, daring, and revolutionary». Yet, when the Surgery department allowed an intern to choose an attending to work with as his assistant, the response was quite different. And many originally enthusiastic supporters became skeptical and cautious observers.

Possibly they had their reasons for this skepticism.

From the casual observer's point of view, the four-month elective period that I spent rotating with some members of the plastic surgery staff, seems nothing but « a very light schedule ». And comments like : « Are you still on vacation... er, I mean in your elective period ? », and « I don't envy you. These successive night duties must be really hard work. », were by no means uncommon.

From my point of view, things looked much different. Comparing an average nerve-splitting-body-wrecking day for an intern on Surgery Ward-Division two, to an average day for me, here's what the picture looks like :

I take my place on the operating table opposite the surgeon, as his first assistant, first thing in the morning. This usually goes on until noon. A colleague intern at A.U.H., if he is lucky enough to be scheduled on an operation, takes his place on the operating table as the second assistant, or the retractor holder. In this respect an intern does not differ a bit from a fourth year medical student. His only privilege, as an intern, is that he is usually scheduled on operations of private patients early in the morning where the attending, the resident, and the patient's family are a bunch of fussy and sophisticated people.

I get a better view of the operative field, whereas a colleague intern at A.U.H. gets the best view of the retractors and the scrub nurse standing opposite to him across the tray of instruments.

Being the first, and usually the only, assistant in the operating rooms of outside hospitals, has other advantages also. You are the Surgeon's pupil, so to speak, whereas an intern at A.U.H. scrubbing as the second assistant usually gets little teaching. Most of what the Surgeon says is usually addressed to the resident, or the first assistant, who is usually busy « brushing the attending » and blaming the intern for mistakes he himself has committed.

At noon I usually have some time and, fortunately, some energy left to do some useful work until 3:00 p.m., when the afternoon session starts. A colleague intern at A.U.H., by the time lunch hour comes, is so exhausted by motivating work, of immense teaching value, like writing orders, changing

dressings, putting infusions, giving I.V. pushes, so much so, that he calmly and slowly confines himself to a necessary afternoon nap.

The afternoon session which I used to spend with the Surgeon in his private clinic had, to my mind, the highest quota of teaching value. I got a very clear picture of what I might be like, say, ten years from today. I got to face problems, make decisions on the spot, answer embarrassing questions, and learn the proper management of outside patients who, in one's future practice, constitute the bulk. In addition to that, I had a very good chance of meeting all sorts of people, and plastic surgery offers one the best chances in this field : demanding people, people difficult to satisfy, intelligent people, and mediocre people from all strata of society. The nouveaux-riches, the well-to-do, and the poor. A plastic surgeon has to be more than just a surgeon. He has to have a deep understanding of human nature — a psychiatrist, if you wish, to be able to meet the everlasting demands of all these stereotypes of human beings. I once asked a plastic surgeon : « what do you think is the subject most related to plastic surgery, that one should choose if he's offered the time ? » and, believe it or not, « psychiatry » was the answer.

Sitting silently next to my « tutor » in his clinic, and standing up to be introduced to his patients, I was at a further advantage. I listened, and tried to reason out what would my answers be, if the questions were addressed to me instead.

In addition, I got what every physician should get before he chooses a speciality — a chance to see and experience what it is like to be, say, a plastic surgeon.

I learned... a lot, without really noticing it. At the end of my elective period I used to answer the question addressed to my « tutor » silently to myself. And I used to be surprised when his answer came very close, if not identical, to what I had silently figured out.

Finally, my nights were free when I was in the elective period, and I had the freedom to spend them the way I saw fit. A colleague intern, on the other hand, is on-call half the time, and has little, or no, choice of how to spend his nights.

Last but not least, I had a very good chance to visit and work at, what is sarcastically referred to at A.U.H. as, « outside hospitals ». In many of these « places », for those who don't know, one sees familiar faces and hears familiar names being paged. Faces and names of surgeons who also work at A.U.H.

The atmosphere at outside hospitals that I visited, most of which were not teaching hospitals, is, by far, more informal than that of A.U.H. — if you can ever refer to A.U.H.'s atmosphere as informal. You

are treated like a colleague by physicians who are old enough to be « feared » and « dreaded » at A.U.H. Even the same attendings at A.U.H. are different persons when you meet them in outside hospitals, which only serves to cast a light at the sick and artificial atmosphere of formalities that surrounds student-faculty relationships at A.U.H.

To sum up, I hope that the above will dis-

antle the skepticism expressed by some staff members, especially residents, over the elective period in Surgery. For those who remain in doubt, I have the following to say : « Do you really think, after reading the above, that an intern at A.U.H. learns more, in four months, than an intern taking the elective ? » If still in doubt, why don't you ask the interns who tried both systems ?

A General Knowledge Quiz

Prepared by : Kamal Akl

For each question select one answer :

- | | |
|--|--|
| <p>(1) The «Land rover» was first manufactured in Britain in :</p> <p>(a) 1938.
(b) 1948.
(c) 1928.
(d) 1932.</p> <p>(2) Which of the following was not a painter :</p> <p>(a) Goya.
(b) Gainsborough.
(c) Liszt.
(d) Monet.</p> <p>(3) Which combination represents a painter and a composer :</p> <p>(a) Picasso and Rossini.
(b) Leonardo da Vinci and Renoir.
(c) Constable and Moore.
(d) Chagall and Greaves.</p> <p>(4) Zambia is rich in :</p> <p>(a) Gold.
(b) Copper.
(c) Potassium.
(d) Magnesium.</p> <p>(5) The winner of the Nobel prize in literature for 1970 was :</p> <p>(a) American.
(b) French.
(c) British.
(d) Russian.</p> <p>(6) All helped in the unification of Italy except :</p> <p>(a) Garibaldi.
(b) Cavour.
(c) Mazzini.
(d) Spalanzani.</p> <p>(7) The diffusion of atoms of one metal into the surface of another is called :</p> <p>(a) Alloying.
(b) Metalliding.
(c) Plating.
(d) Galvanization.</p> <p>(8) King George III had :</p> <p>(a) Porphyria.</p> | <p>(b) Hemophilia.
(c) Schizophrenia.
(d) Hysteria.</p> <p>(9) The atmosphere of Mars is almost pure :</p> <p>(a) Oxygen.
(b) Nitrogen.
(c) Hydrogen sulfide.
(d) Carbon dioxide.</p> <p>(10) Subjective images generated within the eye brain rather than by light from outside are called :</p> <p>(a) Hallucinations.
(b) Phosphenes.
(c) Delusions.
(d) Fantasies.</p> <p>(11) The one who wrote «Unsafe at any speed» is :</p> <p>(a) Ralph Nader.
(b) Ian Fleming.
(c) Agatha Christie.
(d) Edgar Wallace.</p> <p>(12) Pavlov died in :</p> <p>(a) 1910.
(b) 1936.
(c) 1960.
(d) 1896.</p> <p>(13) An ant eater living in a zoo refuses to eat unless his food is sprinkled with :</p> <p>(a) Oxalic acid.
(b) Acetic acid.
(c) Formic acid.
(d) Catch up.</p> <p>(14) The author of the «Naked Ape» is :</p> <p>(a) Julian Huxley.
(b) Rachel Carson.
(c) Charles Darwin.
(d) Desmond Morris.</p> <p>(15) «The Rise And Fall Of The Third Reich» was written by :</p> <p>(a) Bertrand Russel.
(b) William Shirrer.
(c) Vladimir Nabokov.
(d) Graham Green.</p> <p>(16) The number of bones in the human body is :</p> <p>(a) 206.
(b) 196.
(c) 226.
(d) 260.</p> <p>(17) Used in the generation of laser :</p> <p>(a) Ruby.
(b) Diamond.
(c) Emerald.
(d) Carbon.</p> <p>(18) Women were first granted the right to vote in 1893 in :</p> <p>(a) England.
(b) Canada.
(c) New Zealand.
(d) Sweden.</p> <p>(19) David Livingstone was an :</p> <p>(a) Astronaut.
(b) Explorer.
(c) Hunter.
(d) Soldier.</p> <p>(20) Carmen in «Opera Carmen» by Bizet was a :</p> <p>(a) Baroness.
(b) Gypsy.
(c) Queen.
(d) Princess.</p> |
|--|--|

- q — 02
 q — 61
 c — 81
 a — 17
 a — 91
 q — 51
 d — 14
 c — 13
 q — 12
 a — 11
 q — 10
 d — 9
 a — 8
 q — 7
 q — 6
 d — 5
 d — 4
 a — 3
 c — 2
 b — 1
ANSWERS

MSD **MERCK SHARP & DOHME INTERNATIONAL**
Division of Merck & Co., Inc. 110 Church Street New York N.Y. 10007 U.S.A.
where today's therapy is tomorrow's therapy

To him... "mobility" means his family's livelihood



Capsules/Suppositories

Indocid Trademark



For a prompt return
to normal activity in acute bursitis,
and capsulitis of the shoulder

(indomethacin MSD) anti-inflammatory/analgesic/antipyretic

the earlier... the better

NOTE: Detailed information is available to physicians on request.

CLASS of 1975

A Sample of their Feelings on their 1st Day at Medical School

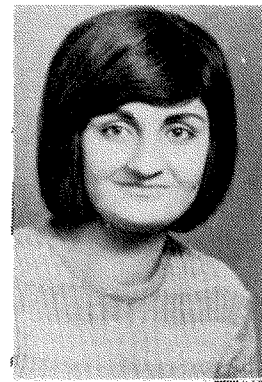
By Sidney S. Mir

«I had prepared myself for the cadavers.» That was one of the statements made by a first yearer when asked how he felt on the first day of Medicine I.

If one really thinks about it, one finds that with the years that pass by, so too does the previously misconceived idea, which engulfs in the same framework apprehension, fear of unsurmountable work, and above all, fear of failure. That summarizes the Medical Student - from beginning to end.

How is all this manifested in the beginner ? what comes into the mind of a person attending the first hour of scheduled lectures on the first day of a medical career ?

Elizabeth Bøghossian gives her first impression, a frank appraisal of what went on in her mind on that day. «The first hour on my schedule was Human Anatomy, and I was horrified by the idea. I resented



**The first hour on my schedule was Human
Anatomy, and I was horrified
by the idea...**

the organizers for that ; couldn't they have put anatomy in the last period ? Why did they want to welcome us with dead people ? Then, as it turned out, the director of the school was to give us a speech at that time, and I said to myself : Thank God Anatomy was scheduled for the first period after all !»

Her resumé of the day's activities went as follows «It was then ten o'clock and I was in the anatomy Lab. At last, I was going to see those cadavers. I wanted to know what kind of fellow was going to become part of our group. I preferred it to be a lady - at least I'd be more at ease. We entered the big room, took our numbers, paid 2 pounds and took the box of bones (we were allowed to take them home). The Psychology lecture made the afternoon quite interesting.

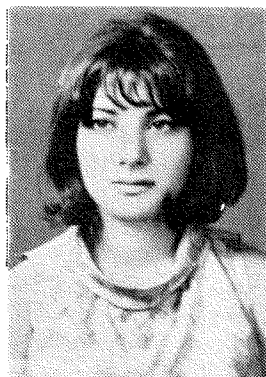
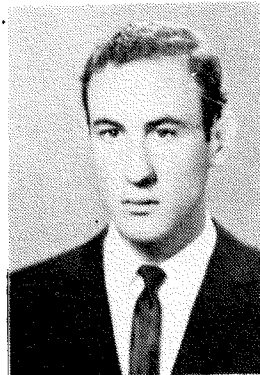
At last, Dr. Nassif came. He wasn't as horrible as I was told he would be. He was quite kind and did not terrify me at all. Some others however, did get really anxious because he had called out the names of a few boys to see him after the meeting was over. It so happened that most of the boys named had beards and long hair and moustaches. Some said that he was going to get them to shave and get haircuts.

At 5 o'clock, a student from MEDICUS came over and asked us about how we felt on the first day of Medicine I. After we had finished, I went outside and found it raining. I cursed both MEDICUS and the representative; had it not been for that interview I would not have gotten drenched.»

That was how one young lady felt on what seemed to be quite a trying day.

Nadim Nimeh seemed to have a somewhat different altitude. He stressed, as did May Tabbarah the break of habit that was so imminent in the coming years.

«It seemed to me that I just made a big step into a new life,» was his first comment. «I passed through the old campus near West Hall that afternoon, and for the first time in my life I felt I was different from the rest of them. I began to wander why they were standing their like that, why didn't they go and study something ? Then I saw an old friend sitting on a seat, and I wanted to talk to him, but without any reason, I kept walking along with the book in my hand towards Van Dyck.»



Again the cadavers seem to have had the effect of upstaging other experiences as May Tabbarah alludes. «... Moreover, on this first day, I was curious, enthusiastic and frightened to see the cadavers but I had prepared myself for this shock... last but not least, I hope the idealism about the medical school will be justified.»

Undoubtedly, Experience which inevitably entails Responsibility on the part of the individual made the greatest impact. Joe Maalouf felt that he was venturing on something totally different from what he had experienced before. «It marked a new chapter in my life,» he said, «I hope that this feeling with all the enthusiasm and determination that it implies will last throughout my stay in this school.



All of this, however, was not without gratitude and a certain feeling did not escape them - that they had the chance to be the chosen few amongst the many who applied. Joe Maalouf summed up this feeling in his conclusion when he said «... and I hope that I shall prove to them and to my self that I am worthy of this profession.»

As is often said, that the strength and quality of a school depends in the final analysis on its faculty and profession, did not go unnoticed. George Abella states : most of the professors were re-assuring and warm in their welcome, which was quite encouraging in view of the hard task ahead of us.»

I cannot help but feel that it is quite often left to the individual to adapt on his own. Up to the present time, M.S.S. has shown little more than apathy* towards its new members, and towards everything else for that matter!

* The M.S.S. this year will, hopefully, rectify this unhappy state of affairs. — Ed.

STATUS ANNIVERSARIUS

By : Anis Racy

Daniel Fuleihan

EPISODE I : THE GREAT GATHERING

The epoch is sometime in the Middle Ages. The place is somewhere in France. Four great men are gathered in a meeting that will change the course of history in years to come :

- 1 — The Marquis de Van Dyck, a great painter(1) and an astute politician.
- 2 — The Baron Georg von Phawaz von Pharmaberg-aus-Bavaria, a shrewd man whose pleasure is to track down and destroy «healers» of all types.
- 3 — His Highness S.J.J. the Duke of Western Action Potential.
- 4 — Milhem the Terrible of Transylvania, who had the uncanny power of seeing the inside of a man just by looking at him.

Marquis : (musing over the reed in his mouth (2)) «I have called you, my friends, to this meeting, distracting you from your administrative responsibilities, because I think the problem is of importance. You all know the situation, and we all agreed to do something about it or else we wouldn't be here. I would like to hear from you what you think the next step should be.»

S.J.J. : «As a keen observer of human behavior, and from my experience with chicken and mules (3), I have come to think it is essential to understand the nature of the problem before we conclude by forming our opinion, and...»

Marquis : (cutting him short) «May we please cut the unnecessary and come to the point; I have to attend to my portraits before they dry.»

S.J.J. : «But... but... I keep telling you we should use reason, not force. As my great friend John Beccles says, the Oriental Question should be solved peacefully.»

Milhem : (sigh).

Marquis : «You don't seem to agree, your terror (4). What do you propose ?»

Milhem : Crush them!»

S.J.J. : «But... but.. they are all kids.»

Milhem : «Kids or no kids, they must know who rules the Orient.»

Marquis : «We all agree, then, to push for the expedition ?»

S.J.J. : «I think it is a necessary evil.»

Marquis : «What does the Baron think ?»

Baron von Phawaz : «Phantasy (5). This is all Phantasy. You talk like healers. Your answer is always ready under your armpit.»

Footnotes :

1 : He would have been a great photographer but for the fact that it did not exist at that time.

2 : Pipes were not discovered yet. That is why he had to use a simple reed.

3 : Cats and monkeys were not used for this purpose then.

4 : This is a title he shares only with Ivan The Terrible of Russia, much later in history.

5 : What he actually means is «Bahwara.»



Marquis : «Very well. Let us choose a leader for our expedition.»

S.J.J. : «What we need is a wise man.»

Milhem : «We want a warrior.»

Marquis : «I know of only one man combining these qualities : King Alfred of Entland.»

Milhem : «You mean Alfred the Great!»

Baron von Phawaz : (sarcastic) «Another healer.»

And so the die was cast.

Before we follow them on their way to King Alfred, let us take a look at the events taking place in the City of Berytus on the eastern shore of the Mediterranean. Beneath the deceptive calm of this idyllic city the seeds of discontent were budding. For more than fifty years, the people were subjugated by the iron grip of Salvador Mano, better known as Sal-Mano, the personal representative of King Alfred. To check the populace he did not refrain from using such dreaded officers as Nicholas Falcon, who was directly responsible for brushing Sal-Mano's and King Alfred's wardrobes. His other

lieutenants included the famous Vahé the Lionhearted, better known as the Butcher of Sidon, himself seconded by his assistant the genial, fast-acting Johnny-Au-Quatre-Epingles, (6) and the great Alou-Alou Khuri, as well as Tony Bickers the Impersonator of William of the same name. The last two were the scourge of every woman in the province : let one show sign of discontent and they would sterilize her, for in their hands lied the fate of future generations.

The iron grip was loosening, however, and this infamous oligarchy felt it all too well, for on the other side, leading the dissentors, were men of great power. Their power lied in the influence they had on the younger half of the people. More over, they had enough courage to express the wish for a reform and the will to fight for it. Notorious among them were Qur-Ban-Derm, the man with the tough skin (7), A-Phi-Phi the Just, and a few others.

After this digression, we will leave the reform to ferment in this perfect setting, and will take you back, in our next issue, to the palace of Great Alfred.

6 : It is after him that the French idiom came to denote a neat and excessively well dressed individual, tiré-aux-quatre-

épingles.

7 : And a specialist in the field.

LETTERS TO THE EDITOR

Please send all your letters (or articles) to :
MEDICUS
 The editor
 Box 22 F
 AUH, Beirut — Lebanon

Some kinds
of iron are
not always
acceptable...



Fero-Gradumet effectively treats iron deficiency anemia while virtually eliminating gastric irritation.

Here's why: The iron in Fero-Gradumet is in the exclusive Gradumet[®] form, important for these reasons:

- Can be taken on an empty stomach—no painful side effects to discourage continuation of your therapy.
- More effective absorption—because it is taken on an empty stomach, Gradumet iron is better absorbed.
- Only once-daily dosage — no need to remember a multiple-dose regimen.

Fero-Gradumet[®]

ferrous sulfate in controlled release form, Abbott

Abbott Laboratories S.A.
Beirut



Leb 0274E

What are Smokers Waiting for

By : Henry Nasrallah

CAUTION : (ALTHOUGH SMOKERS IGNORE CAUTIONS)

THIS ARTICLE IS NOT HAZARDOUS TO YOUR HEALTH.



I was chatting with a smoker the other day. Aside from his dull conversation, I had to endure the stench of a nauseating halitosis, and to breath a suffocating mixture of oxidation products that engulfed me, thanks to his voracious draws on a cigarette, that ubiquitous cylinder of virulence in modern civilization.

Well, civilization or not, I could hardly wait to be released back to clean, fresh air. But a disappointment was lurking in the car I hopped into with three others. One of the passengers soon pulled out his pack of super imperial mentholated poison, and generously offered each of us a chance to join the ritual of self-destruction. The driver and one of the passengers accepted the invitation, and before I could perform some emergency prophylactic hyperventilation, a smoking orgy was ablaze.

The small car was promptly transformed into a chimney, complete with smoke, soot and ashes (and the smokers' scorched mucosae as dead as bricks.) Had it been Christmas time, I would have hung up my stockings and waited for Santa.

I decided to control my resentment and behave in a positive manner instead. So I pedagogically cleared my throat and set out on preaching to those three lost men about the various diseases irrevocably proven to ensue from smoking. I warmed them up with upper respiratory tract inflammations, stepped up the tempo with arrhythmias and vascular effects, and finally, wrapped in frightening statistics, the coup de grâce was delivered : Cancer of the lung and larynx.

Elated at the panicky features of my audience I was confident of having scored a resounding victory in the art of persuasion. But not for long. One of the smoking passengers, his ego defense mechanism fully stimulated, thwarted me with : «Oh come on, that's not true. My doctor told me not to believe it, and he smokes 2 packs a day himself.»

I winced. This doctor, through weakness and misleading exemplification, was actively propagating disease and belittling its hazards.

As I cheerless'y left the polluted car down-town,

an old shaggy beggar approached me, his palm extended. My index finger automatically sought my tiny change pocket, but emphatically retracted when he asked not for money, but for a cigarette. For this wretched creature, and probably for the hundreds of millions of tobacco slaves, smoking ranks in importance ahead of eating and a few other physiologic needs. (Some of them, I learned, wake up at night to smoke.)

Day by day, my loathing for the cigarette intensifies. I see people wasting their last pound to slake this senseless, morbid desire. They might as well roll their pound note and burn it out of existence. But I doubt whether they would do that with the same ostentatious theatricality and pretentious poses they strike while fondling their cigarettes, cigars or pipes. (What aspect of modern living can better illustrate Thorstein Veblen's concept of «conspicuous consumption» ?)

Moreover :

- I hear of wild fires caused by carelessly thrown stubs.
- I read of children poisoned by eating their parents' cigarettes or cigars.
- I see men of all grades of importance degrade and humiliate themselves and beg for a smoke when they run out of tobacco.
- I watch physicians chain-smoking, while denouncing drug addiction, and branding drug addicts as inadequate personalities.
- I observe surgeons hurrying out of a pneumonectomy for a smoker's cancerous lung, and discuss his poor prognosis while puffing their cigarette.

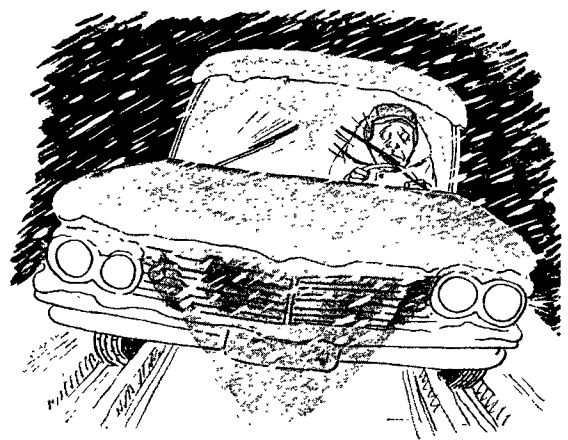
It is said that humans nowadays spend as much money on smoking every 10 years as the entire cost of World War I.

Well what are smokers waiting for ? To get as many of them dead too ?

Gad! Look at the miserable weather! It's bitter cold, the snow has piled up into drifts, and now the sleet is icing up the roads. Boy, nothing could make me go outdoors today!!



Good Lord! There isn't a cigarette in the house!!



«Bactrim» Roche

A breakthrough in modern chemotherapy

«Bactrim» Roche is the most up-to-date bactericidal chemotherapeutic agent against bacterial infection.

«Bactrim» Roche acts swiftly against bacterial infection.

«Bactrim» Roche consists of two components (trimethoprim and sulfamethoxazole) which exhibit mutual potentiation.

«Bactrim» Roche is given orally at convenient twelve-hourly intervals.

The results of this potentiation are: smaller dosage, greater effectiveness, wider spectrum of activity, change from bacteriostatic to bactericidal action.

The excellent therapeutic effect of «Bactrim» Roche has been substantiated in many thousands of cases to date.

«Bactrim» Roche is a broad-spectrum antibacterial, the spectrum of activity being comparable with that of ampicillin, tetracyclines and chloramphenicol.

«Bactrim» Roche is effective against upper and lower respiratory tract infections as well as urinary and alimentary tract infections. It is effective in septic conditions and in other infections caused by sensitive organisms

«Bactrim» Roche is often active against bacteria resistant to antibiotics, due to its unique mechanism of action the danger of secondary resistance during therapy is very small.

«Bactrim» Roche is well tolerated and has a low incidence of side effects.

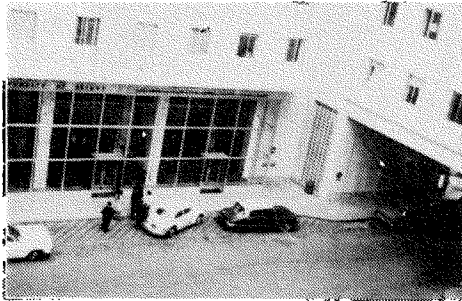
«Bactrim» is a Trade Mark

F. Hoffmann-La Roche & Co. Ltd, Basle, Switzerland

IT IS IMPOSSIBLE...

By : Bassam Musharafieh

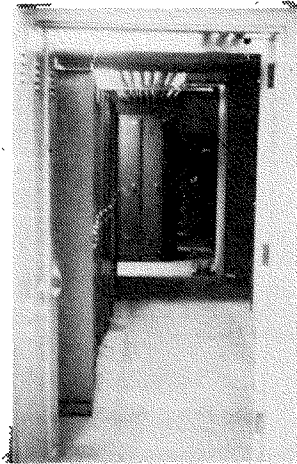
- To believe that such a colossal building like that of A.U.H. has only three tiny holes called «doors».



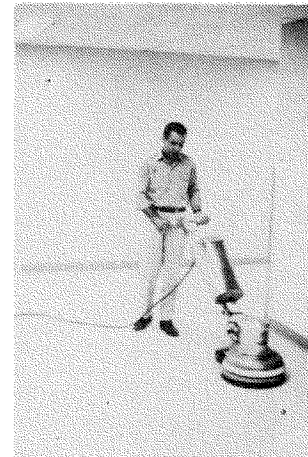
- For first comers to enter the A.U.H. without pulling or pushing both wings of each door several times.
- For attendings, no matter how hurrying they are, to walk into the hospital without taking a peek at the Coffee Shop.
- For a hurrying doctor to reach the ninth floor in time despite the «help» of eight «Autotronic Elevators» (whatever that means).



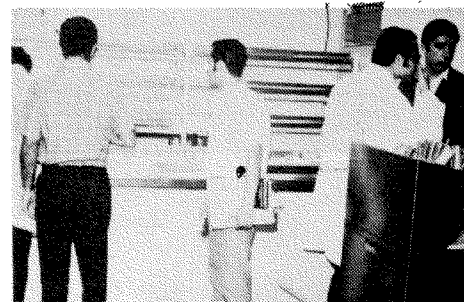
- For medical students to obtain enough oxygen in their locker room in the Sub-Base-ment.
- N.B.** The lack of oxygen is not due to the fact that it is six meters below ground level, but rather due to the presence of at least 130 lockers in the 6x7 meters room.
- To guess at the rationale of having 135 lockers to be used by some 120 clinical students, knowing that there is a big number of lockers each used by more than two students.



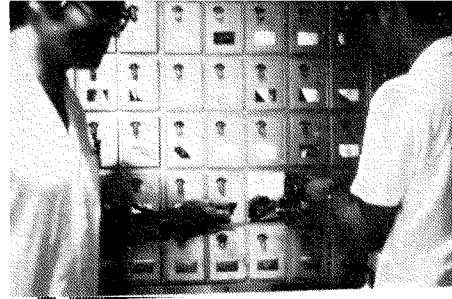
- Even with the use of the most powerful detergents, to erase the black scratches and blotches on the floor tiles all over the hospital.
- To believe how a \$ 20 million medical center can have such poor quality floor tiles.



- To check your post box without being nauseated by the smell on your way.
- To eat at the A.U.H. cafeteria for so many years without developing paralysis of the **Chorda tympani**.
- To find familiar faces anymore in the queue at the cafeteria.
- To pick up some edible stuff from the big array of «food» displayed on the serving line at the cafeteria.



- To get your mail out from a post box packed full with free medical samples.
- To put a dirty white gown through the laundry and get it back clean in less than a week.
- For an intern to sleep uninterrupted for six short hours every night without being awakened by the nurse for such major procedures like reinserting an infusion needle, placing a Foley catheter on the request of the patient herself, or renewing an order for codeine.
- And inconceivable how such a big hospital can be «owned» by one person — or so he thinks.
- For a medical student, a resident, or even an attending to grow a beard without getting at least one threat from at least one person, to shave it or else...
- To get enough nurses to run this hospital, and it is more than impossible to convince the administration that nurses don't usually like low salaries, inhuman treatment, and old-hag-spinster supervisors on tenure appointment, not to mention shabby living quarters.
- For some interns to find rooms to sleep in; and this, of course, is due to the insuffi-



- cient number of rooms in this hospital.
- To climb up and reach some first year residents and talk to them. Funny ! but their noses assume the retroverted-stuck-high up-in-the-air position as soon as they metamorphose from interns to first year residents.
- For such a hospital like A.U.H. to function properly with all the above-mentioned impossibilities.
- For somebody, like me, to write such a list of impossibilities in MEDICUS without being summoned to the Dean's office for a disciplinary action.

MEPROZINE®

COMBINES THE TRANQUILIZING ACTION OF MEPROBAMATE 400 mg. (SIBON®) AND THE MILD ANTI-DEPRESSANT ACTION OF BENACTYZINE HYDROCHLORIDE 1 mg.

MEPROZINE® is indicated in both acute and chronic depressions, and in less severe depressions when accompanied by anxiety, insomnia and agitation.

A PRODUCT OF

Beirut - Lebanon

SCIERLABS S.A.L.

Tel. : 257736

Automation Claims a New Victim ...

AMERICAN UNIVERSITY HOSPITAL Beirut — Lebanon

SUBJECT : Attire While on Duty in Hospital
The attire for the Residents, Interns and Students while in the hospital should be as follows :

Men

1. Men should be clean shaven.
2. The summer uniform should be an open neck, white, short-sleeved, shirt-jacket buttoned at all times. It should be properly ironed preferably starched with the name legibly printed on the pocket.
3. The winter uniform should be a long, white gown, properly ironed and preferably starched. It should be buttoned and worn over a shirt and tie. The gown should be standard among all students.
4. Shoes should be polished. Sandals are not acceptable.
5. Residents and Interns who are required to stay in the hospital overnight because of on-call will supply their own pyjamas.

Women

1. The dress worn by the female students and staff should be simple, decent in length, and not fancy.
2. Their hair-do should be tidy and proper.
3. No flashy make-up or fancy jewelry should be worn.
4. Strong perfume should not be used.
5. High heels are acceptable if they are not noisy. Sandals are not acceptable. Stockings are preferred.
6. The gown should be buttoned at all times.

Smoking is prohibited in all areas of the hospital, except in lounges, conference rooms, laboratories, and recreational areas.





for me, a woman...

(We have no need for anything, anymore. Here and now, we carry in our hearts all the bitterness and all the sweetness of life)

Time is spreading its diaphanous veil,
the whole universe of earth, thoughts and men,
is drifting towards a distant sea,
the minutes are calling for you.

For me?

No, not for me.

For me is the whisper of a naked woman
on my neck, at dawn,
time knows no existence in her voice, and dawn
never comes out.

For me, all life,
For all life is not enough,
Its frontiers dwindle in the gasping dusk
day after day,

and its substance turns into branches,
flowers, and fruits,

Let all the others have everything,

Let God take everything,

For all the others, let there be God.

For me... A woman.

Rabi' Sulayman, M.D.



Designed x made by Fontana

IT IS IMPROBABLE ...

By : Anis Racy

I have read the impossibility list written by my friend Bassam and could not resist the temptation to list a few improbabilities. It should be clear from the start that any statements made are drawn from personal observation of facts well known to all who live in Lebanon or work at A.U.H.

It is highly improbable ...

- That the food in the cafeteria will improve for, according to the law of supply and demand, when the demand is fixed the supply is the varying factor. Needless to say, the variation always tends to the maximum benefit with least cost.
- That the elevators will be changed, because they were chosen, as in the case of the food, in accordance with the principle of maximum benefit (not to the hospital) for the greatest cost (to the hospital).
- That the mail boxes will be changed (widened or increased in number), because they have been thus planned, long ago, by masterminds of engineering.
- That the poor quality of the floor tiles could have been better, because the difference in prices was originally meant to be used for the purchase of E.K.G. machines. Whether or not the E.K.G. machines were bought is another, independent problem.
- That the so-called «owner» of the hospital will stop believing that he really does own it, when he has such overwhelming allies as the undescrivable Miss Pearson.
- That the bearded medical student, resident, or attending will shave his beard if he is convinced his whole outfit is proper for a doctor.
- And doubly improbable that, if he does shave it, he will have enough self-esteem to be a physician.
- That the hospital will keep functioning properly without a quantitatively and qualitatively improved nursing body.
- But not impossible for all these improbabilities to be corrected when one is highly stimulated, and in the right channel.





NOW AVAILABLE

CATILAN

CHLORAMPHENICOL "HOECHST"

Presentation

Catilan 500 mg. Chloramphenicol 10 capsules

Catilan 250 mg. Chloramphenicol 20 capsules

Catilan Granules for oral suspension (with added vitamins)

60 g. of granules for preparation of 120 ml. oral suspension (3g. chloramphenicol)

Catilan for injection

vials of dry substance

1, 10, 50 x 1.3 g.

(with 5 ml. distilled water for injection).



Farbwerke Hoechst AG, Frankfurt (M) Hoechst, Germany

HOSTA PHARMA — Chartouni bldg.— Makdessi street— Tel: 295220— Beirut Lebanon

I.F.M.S.A. 19th GENERAL ASSEMBLY

Three delegates from M.S.S. represented Lebanon at the 19th General Assembly of the International Federation of Medical Student Associations (I.F.M.S.A.) held in West Berlin from July 25 to August 4, 1970. The delegates were Mr. Bassam Musharrafieh, President of M.S.S., Mr. Mohammad Attar, Secretary of M.S.S. and Chairman of the M.S.S. International Committee, and Miss Sana' Musharrafieh, Chairman of the M.S.S. Student Exchange Committee.

Sixty-three delegates representing thirty-one member countries of I.F.M.S.A. attended the General Assembly. Delegates from all member countries were asked to present to the General Assembly reports on the following subjects :

- 1 — The Function of the Doctor in Society.
- 2 — The Health Care situation in the member countries with regard to the Third World.
- 3 — The state of Medical Education in the individual countries.

The first three days of the meeting were spent in discussing the above reports, and although no positive resolutions were arrived at, the discussion was fruitful in that it offered the delegates a chance of exchanging views.

M.S.S. PRESIDENT ELECTED CHAIRMAN

The General Assembly proper convened on July 29, 1970. Mr. Bassam Musharrafieh was unanimously elected Chairman, and Mr. Geoffrey Lloyd (U.K.) Vice-chairman. The topics on the agenda were mainly organizational, and dealt with membership fees, credentials, aims and functions, and constitution. The delegates from the European Common Market Countries, a group of students with radical views, wanted to introduce politics into I.F.M.S.A. and to abandon both the constitution and the papers of credentials. Their argument was valid in that it introduced a change, but failed however, to offer an alternative. It was finally decided to abide by the constitution until a two thirds majority decides to amend it.

Another group of students, mostly non-Europeans were trying to «decentralize» I.F.M.S.A., so to speak, and make it a truly «International» Federation rather than a «European» Federation of Medical Student Associations. They succeeded. For the first time in its 20-year old history, I.F.M.S.A. is holding its next General Assembly in New Zealand next August. This decision was taken when it was made clear to all the delegates that the Government of New

Zealand is ready to pay U.S. \$ 500 for the ticket of each of the first two delegates from member countries.

Lebanon was elected to an Executive Board position as the Director of the Standing Committee on Professional Exchange (S.C.O.P.E.). The above committee supervises the exchange of some 5000 students every year within the member countries of I.F.M.S.A., and publishes the booklet «Medical Student How To Go Abroad». The booklet will be published in Lebanon next year and will be distributed to member countries of I.F.M.S.A. Miss Sana' Musharrafieh, Chairman of the M.S.S. Student Exchange Committee was recently appointed by the M.S.S. Cabinet as the Director of S.C.O.P.E. effective January, 1971.

Denmark, which held the permanent Secretariat-Treasury of I.F.M.S.A. since the latter was established, submitted her resignation. The United Kingdom was elected for the above post for a period of one year. James Dunbar, a Scottish, was elected as President of I.F.M.S.A. The next Executive Board meeting will take place in Iceland next December-January.

EXCHANGE NEWS

Fifteen incoming Exchange Units * were arranged by M.S.S. this year, most of them during summer. The students came from four countries only : U.A.R., Sudan, U.K., and Sweden. Following is a table of the exchangees :

NAME	COUNTRY	UNITS (months)
Ramzi Khuri	U.A.R.	2
Berge Azadian	U.A.R.	2
Amani Musa	Sudan	1
Buthaina Mirghani	Sudan	1
Jonathan Pulman	U.K.	2
Peter Burge	U.K.	2
Christopher Wood	U.K.	3
Magnus Adrianson	Sweden	1
Staffan Marild	Sweden	1

The opinions of these students about the exchange program differed. The two Swedes praised the professional aspect of the clerkship at A.U.M.C., but were disappointed with the social program. The situation was remedied when they both joined the International Student Conference on Tropical Health, an M.S.S. activity famous for its exquisite social program.

Christopher Wood, a Londoner who stayed around three months at A.U.M.C. in the Department of Pediatrics, had a relatively longer experience than the rest of the exchangees. His views appear in a separate article which he was asked to write for this issue of MEDICUS.

* One Exchange Unit is defined as one student on a one-month exchange clerkship.

Eight outgoing exchange units were arranged by M.S.S. also during summer : The clerkships were arranged in four European Countries : Poland, U.K., West Germany, and Sweden.

The Outgoing exchange students were :

NAME	HOST COUNTRY	UNITS (months)
Sami Huseini, Med. I	Poland	1
Rafic Muawwad, Med. I	West Germany	1
Rif'at Bashir, Med. I	Poland	1
Adib Bitar, Med. II	U.K.	1
Sana' Musharafieh, Med. II	Poland	1
Safa Rifka, Med. IV	West Germany	1
Arthur Salibian, Med. V	U.K.	1
Bassam Musharafieh, Med. V	Sweden	1

The opinions of all the outgoing students was encouraging. Invariably they all liked it. Anybody who gets free board and lodging, and at times pocket money too, would like it.

FIFTH INTERNATIONAL STUDENT CONFERENCE ON TROPICAL HEALTH

The M.S.S. Scientific Committee chaired by the able Samir Hanash was the organizer of the Fifth International Student Conference on Tropical Health (I.S.C.T.H.) held at A.U.M.C. from July 2nd to July 22nd, 1970.

The academic program included lectures, panel discussions, and field trips. The topics discussed both by students and A.U.B. faculty ranged from Typhoid fever, Malaria, Cholera, Hydatid disease, and Shistosomiasis to Filariasis, Leprosy, Visceral Leishmaniasis, FMF, Trachoma, Malnutrition, and Maternal Child health.

The Conference, unfortunately, was hardly «International» this year. All the participants came from Sweden and some of them were disappointed. They expected to find participants from many other nationalities. By the end of their stay with us they seemed to have changed their minds. The Swedes are famous for liking to explore new environments and the social program of I.S.C.T.H. offered them what they like — to see practically every spot in Lebanon in 3 weeks. Most of them stayed more than that, one stud-

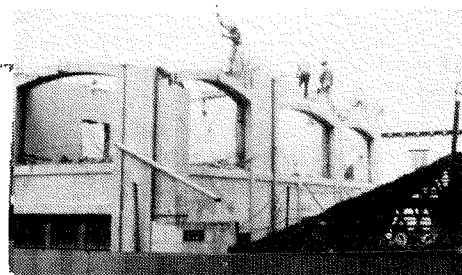
end stayed until the end of summer, and many did not limit their visit to Lebanon but extended it to Syria, and Jordan as well.

The participants were :

NAME	UNIVERSITY
Chatlotte Wiktorsson	Lund
Ann-Charlotte Hult	«
Saima Jonsson	«
Kajsa Oberg	Gothenburg
Ann-Mari Svennerholm	«
Urban Brunnel	«
Anita Brunnel	«
Staffan Marild	«
Magnus Adrianson	«

The number could have been bigger had it not been for the tremendous efforts of the Zionist-controlled press in Europe which always tries to explain to the world what a troubled-by-fighting, and unsafe country Lebanon is.

DEMOLITION OF OLD HOSPITAL STARTS

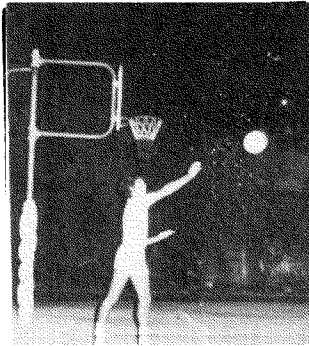
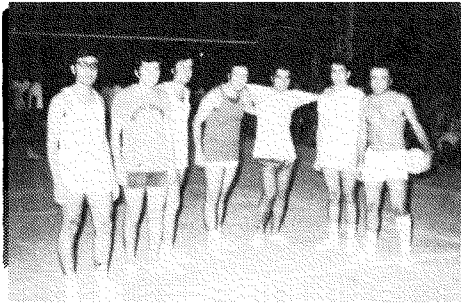


THE M.S.S. CABINET 1970-71

PRESIDENT	Bassam Musharafieh
VICE-PRESIDENT	Salah Bibi
SECRETARY	Mohammad Attar
TREASURER	Safa Rifka
MEMBERS	Robert Pambakian
	Sami Hrawi
	Tarif Nsouli
	Joseph Afram

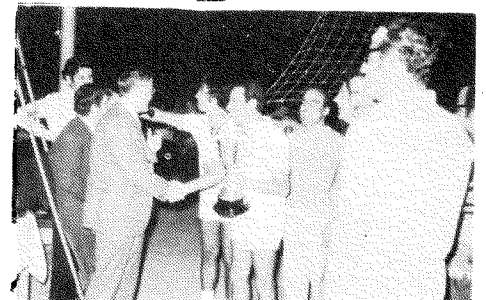
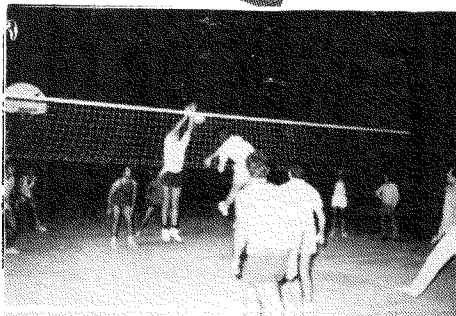
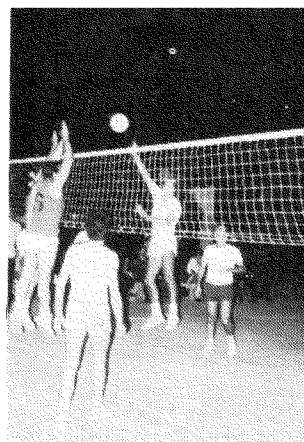
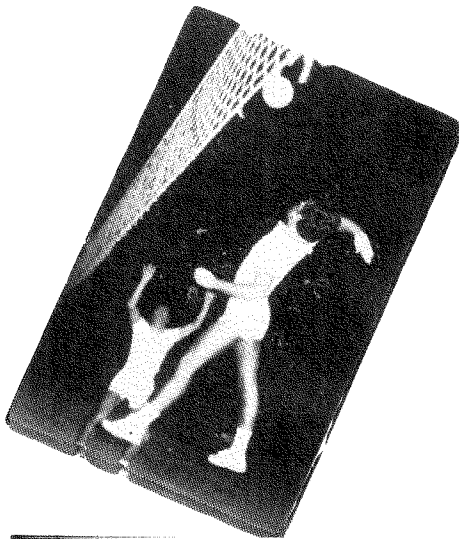
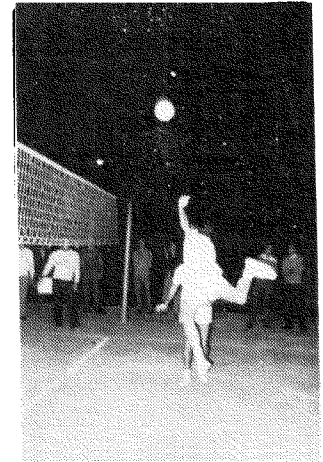
M.S.S. COMMITTEE CHAIRMEN, 1970-71

	A.U.H. Box	
ANNIVERSARY	E 4	Joseph Haddad
ATHLETICS	E 20	Gabriel Haddad
BUSINESS & PUBLICATIONS	E 3	Salah Bibi
GENERAL KNOWLEDGE	D 50	Anis Racy
I. S. C. T. H. *	E 28	Isam Susu
INTERNATIONAL	E 18	Mohammad Attar
JOURNAL ENGLISH SECTION	E 12	Henry Nasrallah
ARABIC SECTION	E 2	Basim Azar
MEDICAL EDUCATION	E 11	Freda Naim
M. E. M. A.	D 49	Bassam Musharafieh
MUSIC	E 7	Ismail Al-Khalil
SCHOLARSHIP	E 13	Safa Rifka
SCIENTIFIC	E 5	Samir Hanash
SHOW	F 22	A group of students
SOCIAL	E 25	Robert Pambakian
STUDENT EXCHANGE	E 25	Sana' Musharafieh
YEAR BOOK	E 5	Walid Hafiz



A volley-ball match was held between the faculty and the students on Monday, November 9, at 7:00 p.m. on the A.U.B. courts

The game was well attended and cheered, and ended in a «surprise» victory of brain over brawn, with a smothering 2 - 0 defeat for the students. A hypervolemic cup was presented to the faculty's team by Dr. Nassif which included Drs. Attallah Dabbus, Dagher, Shammas, Srouer and Deeb.



Shield the heart against
angina pectoris with

Inderal



'Inderal', shields the anginal patient's heart against undue sympathetic stimulation. The pulse is slowed. Cardiac energy is conserved. Oxygen requirements are reduced and may be met more adequately by the limited coronary supply. The patient enjoys a new degree of freedom from pain and his capacity for exercise is substantially improved.

'Inderal', the beta-adrenergic receptor antagonist depends for its effect on a specific pharmacological action. Before using 'Inderal' it is important that doctors should read the detailed literature for information on dosage, precautions and contraindications. We shall be pleased to send you full information on request.



Leaders in cardiovascular research
Imperial Chemical Industries Limited
Pharmaceuticals Division
Alderley House Alderley Park
Macclesfield Cheshire England



Inderal

Propranolol Hydrochloride B.P.

TRADE MARK

MSS RESUME 69-70

ANNUAL REPORT PRESENTED BY OUT-GOING PRESIDENT SALIM ABU - FADEL TO DR. RAIF NASSIF, DIRECTOR OF THE SCHOOL OF MEDICINE

I. Officers

Central Cabinet	
Salim Abu Fadil	President
Nadir Khoury	Vice President
Melhem Samara	Secretary
Safa Rifka	Treasurer
Samuel Andonian	Member
Salim Isa	Member
Walid Mufarrij	Member
Isam Balat	Member

II. Ad Hoc Committees' Chairman

Bassam Musharafieh	Anniversary
Tarik Mardam Bey	Athletics
Henry Nasrallah	General Knowledge
Daniel Fuleihan	International
Flavio Vincenti	Journal
Samuel Andonian	Medical Education
Ismail Al Khalil	Music
Safa Rifka	Scholoraship
Samir Ayyash	Social
Daniel Fuleihan	Student Exchange
Walid Hafiz	Yearbook

III. Activities

This year despite the increasing apathy and lack of interest in M.S.S. activities, M.S.S. functions were realized by the great efforts of some devoted members under the supervision of the cabinet.

The following report briefly reviews the Society activities under the headings listed :

A. Anniversary Committee

The anniversary was celebrated this year in April 3rd and 4th in West Hall auditorium. Although it was not in December, as is the case every year, however the anniversary committee succeeded in staging a hilarious anniversary for two nights that was commended by all faculty members. Bassam Musharafieh and Anis Racy were the pillars of this year's anniversary. The « Zajal » part prepared by Hanna Saadeh was one part that greatly appealed to the audience.

B. Athletics Committee

This year the athletics committee was put into shape. Basket-Ball, Football, and Volley-ball teams were organized and actively participated in the intramural games of the University. The basket-ball team, which consisted mainly of third year medical students, won the university basket ball intramural championship. The athletic committee this year, held an athletic day with the French faculty. Teams from both faculties competed in football, basket ball, tennis, and running. The day ended in a small gathering at the french faculty where sandwiches and refreshments were served and where prizes were distributed.

C. General Knowledge Committee

This year the general knowledge committee activities consisted of sponsoring several general knowledge contests that succeeded in attracting large audiences. The most successful of these contests was the one where teams from the faculty, residents, and students participated and which ended with the faculty team winning the contest.

D. International Committee

This year, through the great efforts of the chairman of this committee, M.S.S. succeeded in holding an organizational meeting for the establishment of an Arab Federation of Medical Students on April 25-27, 1970. Twenty delegates from United Arab Republic, Syria, Sudan, Yemen, and Lebanon attended the conference. The chairman of our delegation was elected as President of the conference. During this conference the constitution of this federation was laid down and a second meeting to be held during the coming summer in Cairo was scheduled.

E. Journal Committee

During the past years Medicus, the Medical Students' Society journal used to be a one man's journal. This year a great emphasis was placed on organizing and training a staff consisting of members of the five different classes of our school to secure continuity of the work for years to come. The journal showed marked improvement, and contributions from both faculty and students increased markedly.

F. Medical Education Committee

The activities of this committee were not numerous as expected, but were successful. Aside from projecting medical films, the committee sponsored a course in principles of electrocardiography that was given by Dr. Riad Tabbara, Chairman of the Department of Internal Medicine, that was attended by a very good number of medical students and faculty members.

G. Music Committee

The music committee activities have become one of the major fund raising projects of our society. Through the tremendous efforts of its chairman, the committee held a successful piano recital given by the British pianist Mr. John Clegg on April 25, 1970. Revenues from such an event went to the scholarship committee.

H. Scholarship Committee

The scholarship committee's funds were next to nil. This year special efforts were put to raise a respectable sum to help needy medical students. All M.S.S. fund raising projects contributed in raising

such a fund. A cinema Gala was **specially held** for this purpose and by the end of this year the funds of this committee were around 8000 L.L.

I. Social Committee

The social committee remains to be the committee with the greatest number of activities and that attracts the greatest number of medical students. Aside from organizing successful parties with Nursing Students' Society and BCW social committee, the committee continues to hold an annual ball which is one of our societies fund raising projects. This year's ball was held in Bristol Hotel on May 16, 1970 and was attended by a good number of faculty members and medical students.

J. Student Exchange Committee

Although our society had to withdraw from the International Federation of Medical Students' Association (I.F.M.S.A.), this committee was able to keep good relations with many of the country members of this federation and to continue to have exchange students on bilateral basis.

The issue of rejoining the Federation was brought to discussion again this year; and since the reasons

for withdrawal no more hold, it was decided to rejoin the Federation. Such a decision was reached at, after discussing the issue with the previous M.S.S. president Dr. Nabil Kronfol, a previous chairman of this committee Dr. Haroutune Armenian, our advisor Dr. Alfred Diab, and in the organisational meeting of the Arab Federation of medical Students' held in Beirut on April 25-27, 1970. A policy for work within the federation was set by the delegations of the different Arab countries that participated in the conference.

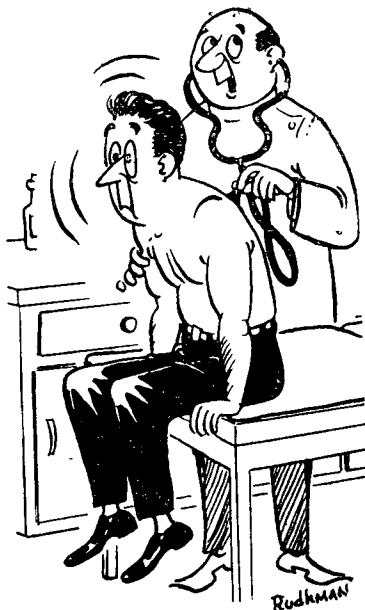
K. Year-Book Committee

The medical section of the year-book this year came out to be one of the best sections in the whole yearbook reflecting the efforts of this committee. The good coverage of almost all activities of our society with lively pictures is another merit of the medical section in the Campus of 1970.

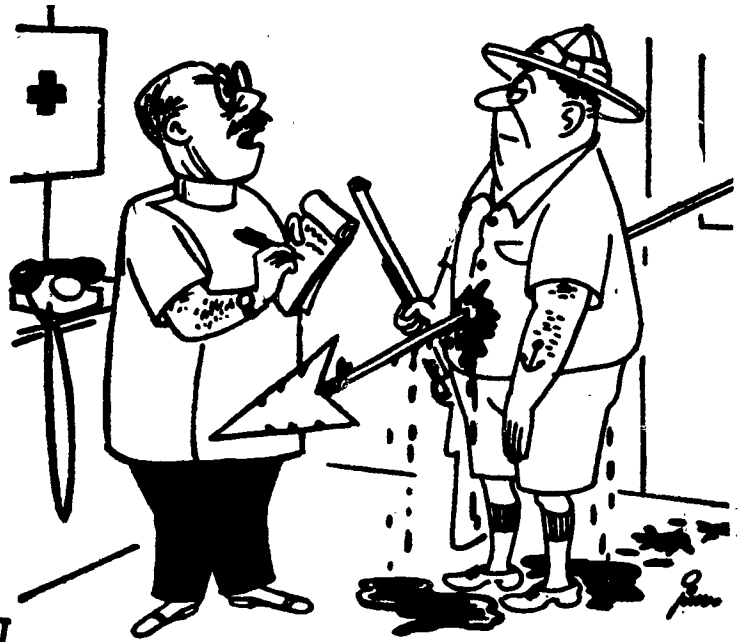
L. Student Council

Our society actively participated in all discussions and issues and played a leading role in all decisions taken by the council. Our representative to the council was the 1st Vice President.

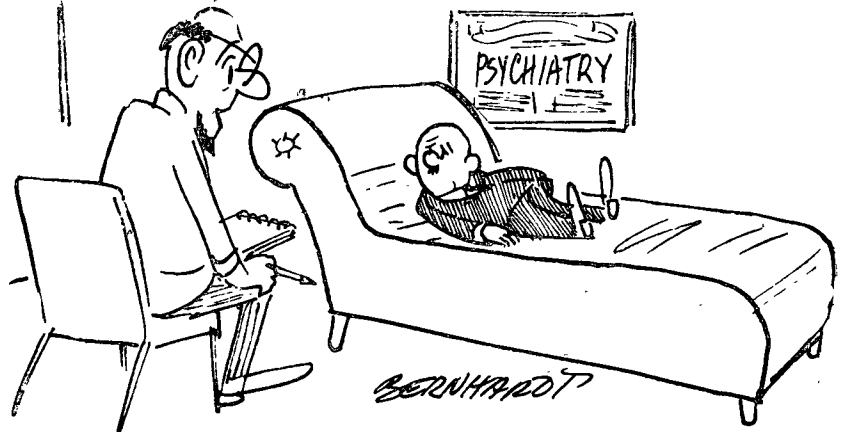
LAUGHTER
THE BEST
MEDICINE



"That's enough coughing now let's hear that death rattle again!"



"Mother's maiden name?"



"First, we'll see if we can determine the cause of your inferiority complex."

TEACHING IN MEDICINE I

SHALIMAR HOTEL,

BAABDAT, SEPT. 4 & 5 1970

Present :— Drs. Afifi (Chairman), Bikhazi, Durr, Hajjar, Ibrahim, Jabbur, Khatchadourian, Khalidi, Khuri, Mufarrij, Sha'afi, Yashruti, and Wakid, Director R. Nassif exofficio. Mr. Manhal Ghanma and Mr. Sami Harawi (student representatives).

The meeting was called to order at 9:30 a.m. Friday Sept. 4th 1970. Dr. Afifi opened the meeting by welcoming the members of the committee and thanking the medical students' representatives for their participation.

I. COORDINATORS' REPORTS

1. **BASIC HISTOLOGY** : Dr. Ibrahim reported on Basic Histology. The course was given in a similar fashion to the previous year. He recommended the following changes for the coming year : 1 — Shifting of lectures and laboratory on the eye and ear from the first to the second semester (Nervous system block). 2 — Shifting of neurohistology from the second to the first semester since it did not seem to be well integrated with the Nervous system block. The proposals were approved. It was also felt that since the load of histology teaching was excessive and spread all along the year, functional histology, whenever feasible, could be given by the physiologists. Dr. Ibrahim proposed scheduling of lectures and corresponding labs in such a manner as to allow students to study the lecture before coming to the laboratory.

2. — **BASIC BIOCHEMISTRY** : Dr. Durr reported on Basic Biochemistry. He stressed the fact that a heterogenous class takes the course including medical, pharmacy and graduate students. The course comprised lectures, seminars and discussions. The seminars and discussions were very useful and will be maintained in the future. Dr. Durr next brought out the question of premedical curriculum. It was felt that some of the subjects taught in Basic Biochemistry could be given in college thus freeing time in Med. I. It was decided to reactivate the premedical committee to look into the premedical curriculum and its relation to preclinical teaching.

3 — **NERVOUS SYSTEM** : Dr. Jabbur reported on the nervous course. Basically the course was given in a similar fashion to previous years. He felt that the electrophysiology part was too concentrated during the first week of the course and proposed to spread it in the future and dilute it with gross anatomy lectures. Similarly the diencephalon part needs to be spread out.

4 — **CARDIOVASCULAR** : Dr. Khuri reported on the cardiovascular block. He stated that the course has not been really stable in the past few years due

to frequent changes in lecture material and lecturers, and due to its simultaneous timing with the nervous system. He suggested to give the cardiovascular system and nervous system in two separate blocks, allotting 2 weeks for cardiovascular physiology. He presented a syllabus of the course that proposes no change in the number of lecture hours but a reduction in the number of laboratory experiments and the addition of discussion periods. The proposal was adopted.

4 — **HOMEOSTASIS** : Dr. Khuri then reported on Homeostasis. He pointed out that the course suffered in the past due to the limited time available for it. He proposed 1 — allotment of 4 full weeks for the course. 2 — Adding some integrated lab experiments. 3 — Introducing 12 hours of discussions and drills. 4 — Expanding the kidney histology part. The committee adopted the above proposals and it was suggested to aim at more integration in this particular block and perhaps start with the organ systems (pulmonary, kidney) then go to internal regulations.

5 — **METABOLISM** : Dr. Khatchadourian reported on Metabolism. He pointed out that the time provided for the course was not adequate so that material was cut down to suit the allotted time. He proposed to place more emphasis on practical or classical physiology rather than cellular physiology in the gastrointestinal tract and to modify the level of reproductive physiology teaching. It was also felt that some internal organization is needed in this course and that 4 weeks must be provided for this section.

II. GROSS ANATOMY — PROPOSAL FOR CHANGE (Proposal attached)

Dr. Afifi reported on gross anatomy. He proposed a change in the orientation of the course with emphasis on applied anatomy and embryological aspects of human anatomy i.e. the functional approach. He pointed out that the proposal comes after several meetings and deliberations within the Department of Anatomy and after correspondence with many other universities. The proposal consisted of a sizeable cut in the number of lectures and a promotion of the learning process in the laboratory.

Instead of dissecting all the body, certain difficult areas would be prosected and demonstrated. Several teaching aids would be employed such as movie films, radiologic plates, models and preserved specimens. The students also would be taken to the operating room to see living anatomy. Frequent discussion hours in the laboratory, preferably preceding the dissections are planned, and a revised ana-

tomy manual would be used. It is hoped that the course in the future could be integrated with basic histology and or other courses in the first semester. The proposal was adopted by the committee.

III. GENERAL PHYSIOLOGY AND BIOPHYSICS — PROPOSAL FOR CHANGE (Proposal attached)

Dr. Sha'afi reported on General Physiology and Biophysics. He pointed out that the course this year dealt with a number of difficult and other unrelated topics that could not be comprehended in one week. He also brought out the fact that no one textbook could be utilized in this course and detailed handouts are needed. He proposed moving the course to the first semester and incorporating certain other topics in it such as fluid mechanics, thermodynamics and muscle physiology. The main advantage of this shift is that the material would be better assimilated if spread in time and that it may be a good starting course for graduate students in Biochemistry and Physiology. The proposal was adopted by the committee. It was pointed out however that an attempt should be made to coordinate or integrate the membrane part of the course with histology and to check with the Department of Radiology regarding the lectures given in radiobiology during the second year.

GENERAL DISCUSSIONS ABOUT TEACHING IN MED. I

The general discussion centered about the level of teaching. Some members of the committee felt that the various tutors must try to unify the level of teaching. Others felt that such a unification may not be easy to achieve and is not really necessary since the exposition of the various levels in itself is instructive. Dr. Khuri brought out several points on the subject. He stated that the level of teaching depends on the discipline involved. For example the biochemical and biophysical sections may be involved mainly with the molecular and cellular levels while the integrated part of teaching should be concerned mainly with the organic and systemic levels with excursions into the molecular and cellular levels. The principle of relevance must be adopted, guided by useful feedbacks from students, clinical faculty and other faculty members. It was proposed to keep this subject as a continued dialogue among the various faculty members.

The question of handouts was next discussed and the group came out in favor of the following :

1. Encourage outlines for every lecture or for a group of related lectures.
2. The amount of details in the outline should be left to the discretion of the teacher concerned.
3. Discourage detailed handouts.
4. Stress guided readings.

IV COORDINATORS

The following will coordinate courses in Med. I for 1970-71.

Basic Histology	Dr. M. Ibrahim
Basic Biochemistry	Dr. I. Durr
General Physiology and Biophysics	Dr. R. Sha'afi
Nervous System	Dr. S. Jabbur
Cardiovascular Physiology	Dr. A. Birbari
Homeostasis	Dr. R. Khuri
Metabolism	Dr. J. Hajjar

Director Raif Nassif appointed Dr. Adel Afifi chairman of the First Year Teaching Committee and Coordinator of teaching in Med. I.

V. GENERAL INTEGRATED EXAM

Dr. R. Khuri reviewed the experience with the General Integrated Exam as administered on a trial basis this year and presented general guidelines for discussion (statement attached).

The rationale behind the general exam and ways of achieving integration were then discussed at length. From this discussion, three proposals were formulated.

1. To assign to students projects dealing with integration and require them to report on these topics in depth in a seminar type session at the end of the year.

2. To assign to students specific readings related to integration from popular scientific journals and require them to report on their reading at the end of the year.

3. To give an open book examination stressing integration at the end of the year.

After long discussion, the Committee was in favor of the first proposal. A period of 7-10 days was felt to be adequate for this purpose at the end of the semester provided students are assigned their projects early in the second semester. It was felt however that teachers should attempt to stress integration across the board in their own blocks whenever feasible, and that a series of lectures on integration should be planned for the end of the second semester. It was felt by the Committee that this system should be tried for three years before substantial change is entertained. Details of this program are to be worked out by the Committee on General Integrated Exam which is expanded to include all the Coordinators.

VI. THE HONOR SYSTEM

The Committee was glad to hear the favorable report of students representatives on the honor system. It was felt that the students should continue to implement the system during the second year through the same Student Committee. It was also felt that the system should be introduced into the new first year class by the second year students. The adoption of the system must come from the first year students themselves and preferably after they have had time to know each other and to discuss it with second year students.

VII. PREMEDICAL STUDENTS : ORIENTATION PROGRAM AND INTERVIEWS

A. Orientation of new comers to the Schools

was deemed essential. The Committee approved the following orientation program to be implemented this October.

1. A welcoming and orienting talk by the Director of the School to follow the convocation.

2. New comers in small groups will then be escorted through Van Dyck by member of the Faculty and second year students.

3. A welcoming tea party will be given by the Director as early as feasible after School starts.

4. Contact of new comers with other medical students and with MSS should be encouraged early and maintained.

B. Interviews : The Committee felt that the method of interviewing adopted in 1969-70 whereby a group of three to four premedical students spend three to four hours with one faculty member should be maintained. The value of this type of encounter is to help orient the students to the School and Profession and in addition help the Faculty know these students better.

It was felt however that a better evaluation sheet should be worked out.

C. Advisor System

The advisor system as implemented in 1969-70 whereby Faculty members were assigned three to four student advisees was discussed. It was generally felt that contact between Faculty and students was not optimal. The group urged that such contacts be frequent and regular. It was recommended that the Director send a reminder to Faculty members at the end of four weeks after school begins to insure that they have met with their advisees.

VIII. B.S. DEGREE : TO OFFER OR NOT TO OFFER

The advantages and disadvantages of offering a

B.S. degree to Med. I students at regular commencement time was discussed at length.

It was decided to continue for the time being to offer the B.S. degree at commencement time in June.

IX. NATIONAL BOARD EXAM, PART I

The performance of our students in the National Board Examination Part-I was reviewed. The possibility of incorporating National Board grades for Med. I courses into School grades for these courses was discussed.

It was decided not to alter our present policy regarding the National Board until enough experience is gathered and until the Exam is given under optimal conditions for a number of years.

The group urged strict adherence to the time allotted in the calender for preparation for the Exam at the end of second year.

X. LAB. TEACHING

While lectures and readings may improve the knowledge of a student of medicine, the laboratory experiments improve both knowledge and skills. The Committee thus recommended promotion of better laboratory teaching. It advises reduction in the number of experiments and the development of a few experiments requiring detailed reporting. It recommends frequent discussions and constant guidance in the laboratories.

XI. TEACHING OF PUBLIC HEALTH AND PSYCHOLOGICAL DEVELOPMENT :

Discussions of these two courses was postponed to allow the teachers of these courses to participate in the discussion. Both teachers were out of the country at the time this workshop was held.

J. J. Hajjar, M.D.

MEDICUS SUBSCRIPTION COUPON

PLEASE SEND ME THE ISSUES OF «MEDICUS»FOR THE YEAR 1970-1971

I ENCLOSE :

5 L.L. RESIDENT AND NURSING STAFF OF AUH.

15 L.L. A.U.B. FACULTY AND ALUMNI IN LEBANON.

\$ 10.00 A.U.B. ALUMNI OUTSIDE LEBANON.

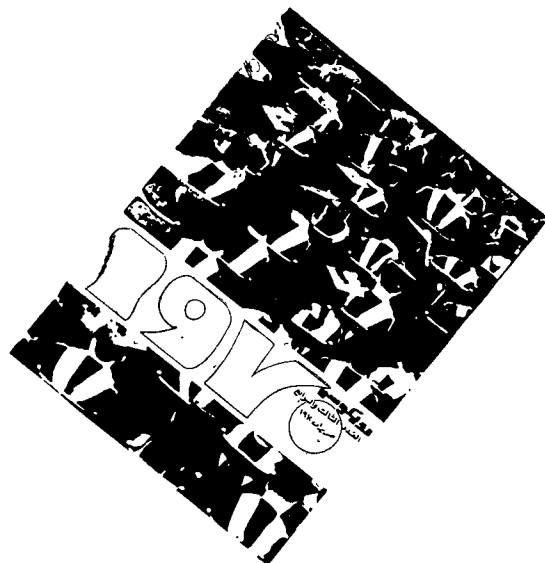
ADDRESS :
.....
.....

REVENUES GO TO THE MEDICAL STUDENTS' SCHOLARSHIP FUND.

THE

UNHAPPY

METAMORPHOSIS



This is the first issue of « Medicus » for this academic year. To the disappointment of few of us an Arabic section is absent.

However, I am not surprised but only disgusted. We, an Arabic speaking people have reached the ultimate of self denial. We study in a «foreign» language — English — and thru a long metamorphosis in AUB have forgotten ourselves — forgotten our language.

To many of us — including some faculty members — the Arabic section in Medicus was something to be taken lightly — if at all; but to few of us it always was a source of pride. The absence of this pride of ours from this issue was due to lack of participation of the student body in writing. Who to blame is not the main issue, but the issues to come will hopefully contain the remedy.

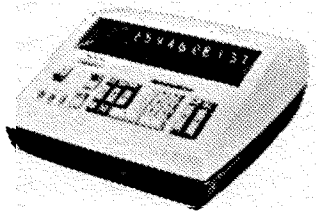
Basim Azar
Editor-in-chief
(Arabic Section)

REMINGTON RAND

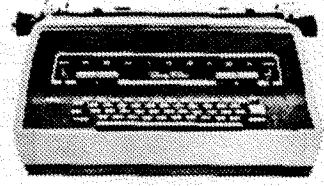
ريمنجتون راند



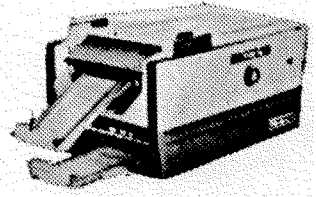
تُقدّم
خزائن
كاروكس
مع



الآلة الحاسبة
الالكترونية EDC III



الآلة الكاتبة
الكهربائية ٢٥



آلة تصوير المستندات
الالكتروستاتيكية R2

وكالة الهلال التجارية

شارع مدام كوري رقم ٤٧٧ - ملك عبد الخالق . بيروت . ت: ٢٥٤٣٥٥ - ٢٩٦١١٨

SPECIAL STUDENT FARES TO EUROPE

These fares apply from:
June 1st to October 15th, 1970 inclusive
December 20th to January 15th, 1971 inclusive

ANKARA •	R/T	129 L.L.
ATHENS □	»	228 »
BRUSSELS	»	468 »
COPENHAGEN	»	566 »
GENEVA	»	488 »
FRANKFURT	»	520 »
ISTANBUL •	»	181 »
MILAN	»	442 »
PARIS	»	468 »
ROME	»	442 »
VIENNA	»	488 »
ZURICH	»	488 »
LONDON	»	566 »

- Until March 31st, 1971 (age from 16 to 28 years)
- From June 1st to October 15th, (age from 16 to 31 years)

A student, for this purpose, means a person who at the time of commencement of travel has reached his/her 12th but not his/her 31st birthday, and who is enrolled in full time course for a school year at an educational establishment.

For further information regarding arrivals and departures of flights, please call 272220 - Extension 712.

MIDDLE EAST AIRLINES AIRLIBAN

In association with AIR FRANCE

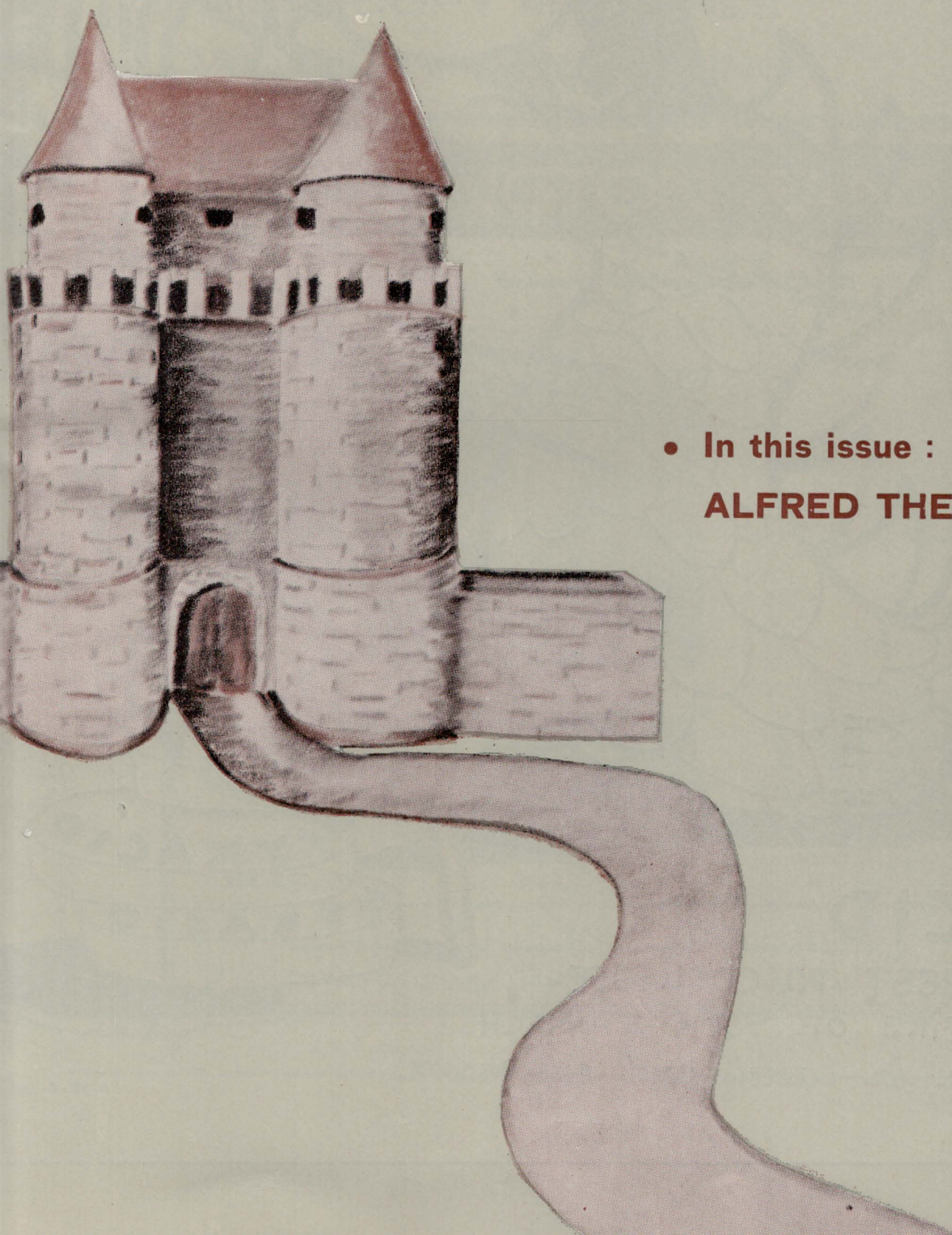


medicus

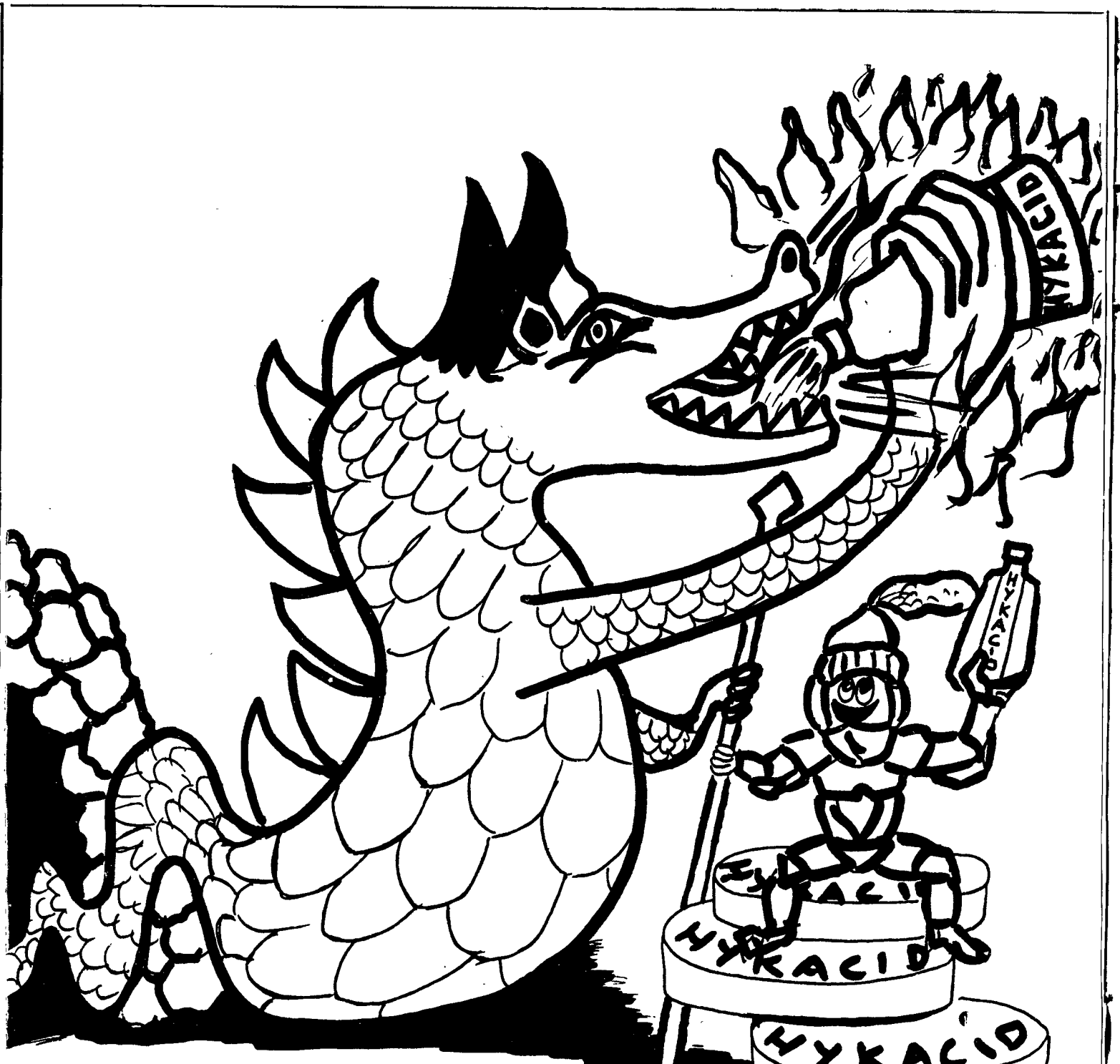
C.C.

AMERICAN UNIVERSITY
OF BEIRUT
27 JAN 1971
UNIVERSITY
LIBRARY

A MONTHLY JOURNAL PUBLISHED BY THE MEDICAL STUDENTS' SOCIETY OF AUB
Vol. 9, No. 2, Jan. 1971



• In this issue :
ALFRED THE GREAT



HYKACID

THE BEST TO COOL OFF
THE FIRE OF YOUR STOMACH

Available in tablets and suspension

Rajabow

FOR DOCTORS and STUDENTS

CARDEX

ELECTRIC TYPEWRITERS

PHOTOCOPY MACHINES

CALCULATING MACHINES

REMINGTON RAND

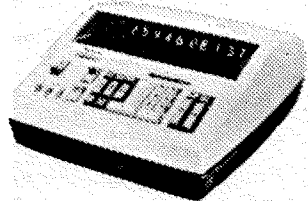
ريمينجتون راند



تقدم

خزائن
كاردكس

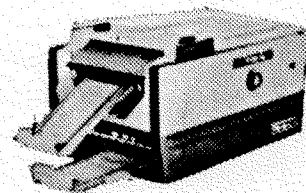
مع



الألة الحاسبة
الالكترونية EDC III



الألة الكاتبة
الكهربائية ٢٥



آلة تصوير المستندات
الالكتروستاتيك R2

وكالة الهلال التجارية

شارع مدام كوري رقم ٤٧٧ - ملك عبد الخالق. بيروت. ت: ٢٥٤٢٥٥ - ٢٩٦١١٨

medicus

A MONTHLY JOURNAL PUBLISHED BY THE
MEDICAL STUDENTS' SOCIETY OF AUB

Vol. 9, No. 2 January 1971
EXECUTIVE BOARD

HENRY NASRALLAH : Editor-in-chief
(English section)

BASEM AZAR : Editor-in-chief (Arabic section)

BASSAM MUSHARAFIEH : Responsible editor

DANIEL FULEIHAN : Student Advisor

ASSOCIATE EDITORS

KAMAL AKL, SYDNEY MIR

ASSISTANT EDITOR

SUHA MURAD

BUSINESS MANAGER

SALAH BIBI

CIRCULATION MANAGER

IMAD ZANTUT

PHOTOGRAPHY

WALID HAFEZ, NUHAD KRUNFUL

RASHID BADOURA

CARTOONIST

RAJA SROUR, M. D.

STAFF

ANIS RACY, ELIAS NICOLA, SUHAYL NASR,

ELIE KARAM, GEORGE ABELA, JACK TOMEY

JOHN MISSIRIAN, MAHER AWDEH, MARDEL-

LI NAAMAT, ELIZABETH BOGOSSIAN, HAGOP

DERKRIKORIAN, FOUAD MUDAWWAR.

NURSING REPRESENTATIVE

ANNIE CHELEBIAN

HONORARY EDITOR

FLAVIO VINCENTI

RESIDENT ADVISOR

RABI' SULAYMAN M.D.

FACULTY ADVISOR

SUHAYL JABBUR M.D., Ph. D.

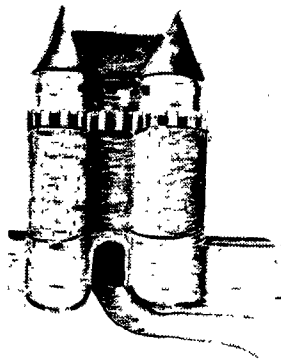
SIGNED STATEMENTS EXPRESS THE
OPINION OF THEIR SIGNERS.

UNSIGNED STATEMENTS THAT OF THE
EDITORIAL BOARD.

in this issue

Editorial	3
Letters to the Editor	7
Status Anniversarius II	8
The honor system	11
For your ears only	12
The unconverted	14
Life at AUMC	16
Exchangees' reports	18
Pondering on the absurd	20
Towards a new image	21
Cartoon of the month	24-25
Laughter - The best Medicine	26
Letter to the Advisor	27
Nursing Page	30
Newsreel	31

OUR MOTTO : «I DISAPPROVE OF WHAT YOU
SAY BUT I WILL DEFEND TO DEATH YOUR
RIGHT TO SAY IT».



COVER STORY

This Castle breeds a magic spell,
For here is where two eagles dwell :
King Alfred and his Lady Belle,
Come, come with me and hark ye well
His ever busy majesty
Is busy raising hell of hell.

Hanna Saadeh

The cover depicts King Alfred's palace (see page
8) as sketched by Elias Nicola.

THE OBSOLESCENT HERITAGE

Man's yesterday may ne'er be like his morrow
Naught may endure but mutability.

Percy Bysshe Shelley

The old order changeth, yielding place to new,
And God fulfills himself in many ways,

Lest one good custum should corrupt the world.

Alfred, Lord Tennyson

The current system of education is a perfectly bothersome **anachronism**. It stands in grave discrepancy beside the gigantic strides of scientific advancement, and in striking **disharmony** with contemporary trends of thought, behaviour and relations. Few other institutions existing today lend themselves to more vociferous criticism and demands for urgent, overall reform.

Literacy is a tool — it can never be the ends of education. Yet the system of education today seems hardly aware of that. Although alarmingly deficient for vivid updated perspectives, this time-worn system clings tenaciously to obsolete notions that renders it too shallow to realize that the aims of education is not just to teach but to elicit a hunger to learn, not to distribute packaged facts, but to stir an inquisitiveness for truth, and not only to impart knowledge, but also to nature sound attitudes.

Moreover, education has ignored its vital mission of preserving, let alone developing, originality, and has set forth instead to mass production whereby dissimilarity is promptly crushed to uniformity in the **stereotyped**, mechanical procedures of the classroom routine. Students are given little choice : they are forced to read the same books, learn the same words, memorize the same dates. And in such a stale atmosphere of **sameness**, most of them shed whatever singularity they had, and settle for the daily rations of ready-to-consume, canned knowledge.

Not only has this «**assembly-line education**» constituted a major retarding force against a possibly speedier progress, but it has to a large extent forced untold millions of unique individuals to shunt their talents into traditional channels, depriving the world of a boundless potential for bright innovation and rich diversity.

The greatest discoveries and inventions of all time were either an affair of chance, or through assiduous investment of individual efforts. Seldom were they a direct unequivocal extension of some classical principles (cultured under a painfully punctilious pedagogue!) It is to men who actively sought knowledge and examined its contents, not to those who passively received it that we owe our present level of enlightenment. And it is to the persistence of a murky, uninspired education that we should direct a scorching blitz of blame for not knowing more.

The boisterous anti-establishmentarian upsurge and widespread student dissent that appeared on a large scale in the last few years is not merely a component of a political movement or a sign of social unrest, but something tantamount to antithesis, an inevitable rebellion against the timeworn and utterly incompatible modes of education. The ebullient, self-asserting youth of today are no longer willing to submit to the rusty education machinery that ingests them at the age of 5, shapes and molds them according to senile principles, then vomits them at 25 with various titles and sundry professions, but all alike in their dull **orthodoxy**, **bland conventionality** and **narrow mindedness**.

To regard school-children as herds, corralled into classrooms, to be ruled by a teacher, smells too strongly of serfdom and subjugation to be tolerated by a breed that suckled, along with milk, concepts of freedom and democracy. Educating the space-age generation in a style tailored to medieval needs is an irrational act of unsurpassed calibre.

Thus, a major reconstruction of educational methodology is imperative. It must be accepted that education is a dynamic entity assuming various forms for different circumstances and that the arbitrary status of an irrefutable dogma which characterizes the traditional authoritarian system of education is a cardinal sign of its stark ineptitude. Finally, it must be conceded that no two individual should emerge from the same education with anything in common, save for a ceaseless, inexorable desire to learn more.

Henry Nasrallah
EDITOR-IN-CHIEF
(English Section)

Letters



THE EDITOR
MEDICUS
A.U.B.

CONSTRUCTIVE CRITICISM IS A FALLACY BUT SO IS REVOLUTION...

I was interested in an article in November's **MEDICUS** called, «Constructive Criticism : a major sign of impotence» by Rabi' Sulayman, M.D. Whether or not Dr. Sulayman was making an attempt at humor, he certainly has stated an opinion that many people share. Dr. Sulayman has made clear that he is for «a complete, total, and an unequivocal revolution that destroys a lot... everything». The key word to me is «destroy a lot». I too believe that constructive criticism is a fallacy — at least much of the time. But so is revolution. The one usually changes nothing and the other changes everything. The difficulty I have with changing everything is that that would include me. And I know that if **everything** about me or within me were changed I would cease to be me. I might be totally changed either by «thought control» or by bomb but in either case I cease to be me. So I would prefer to see change occur by some mechanism short of total destruction through revolution. If I am to have any beauty or love in my life as Dr. Sulayman seems to imply I ought to have, then I must be able to live to search for it. In short, change must occur at a rate slower than that of total revolution.

There are various rates of change, sometimes change being very rapid and sometimes slow. We become angry when the change we want does not occur rapidly enough. Or we become frustrated when the change which does occur is not the same as the change we wished. But in either case, if we solve our frustration and anger by destroying the system, then we have no further opportunity to change that system. So I suggest we spend more time learning how rapidly change must occur in different situations and how do we demand change in such a way so that we can succeed in creating the changes we want and thereby at the same time preserve the things we like in the system. Dr. Sulayman, by his very act of writing his note in **MEDICUS**, showed that, for that moment at least, he was willing to confront the magazine with its need for change. Perhaps this is his method of confronting the AUB with its need to change, too. I don't know. But what is apparent is that he wrote the article and did not bomb the magazine offices so we may hope for the moment that he is still willing to work in the present social system.

How does one make change occur ? The most common way, of course, is for me to change myself within the system, in other words, to adapt and comply. But the day when that is the **only** major way for change to occur is over. Dr. Sulayman and I agree on that. What then? Let me create an imaginary situation and suggest what **might** happen. I can write a letter to the President telling him that this University needs changing. I should write him a letter (I'll send him a copy of this) and tell him that I think building an underground parking lot is an error.

That's my criticism. To make it constructive I would say we have greater needs than this parking lot. We need to improve public transportation because there are already too many cars and a parking lot is only an expensive and very temporary solution to a bigger problem. I would suggest in my constructive criticism that the University should help find ways to reduce the number of cars. To really expand my thesis, the University should have as a **top** priority for research, teaching, and support of programs which will help reduce the size of the population of Beirut (and Lebanon and the world). So, there's my criticism. Now, after I send my letter to Dr. Nassif, and Dr. Lichtenwalner, and Dr. Kirkwood, (my chain of command) they are informed that I am restless being part of an institution that is able to build an underground parking lot (or a multimillion dollar hospital, for that matter) and simultaneously hear from them that there is not enough money for us to run the place the way we think it ought to run or do the research we wish to do.

Now they're informed. But have they **heard** ? With **this** little letter nothing will happen except perhaps a polite letter thanking us for our interest and explaining the **fact** that the money has already been allocated and cannot be spent in other ways so there's nothing to be done about it. Now what do I do ? Dr. Sulayman sounds as if he would bomb the place. But I will not, at least not for the moment ! I'll repeat it. Another letter. That might help our Administration see the value in refusing to build such monstrosities even if the money is a gift. But it might not. At this moment, I might become tired and say the hell with it all and go out to treat myself to a beer mumbling about the lousy Administration we have. Finished- at least my relevance to this subject would then be over.

But suppose I have lots of energy this time and decide to pursue the subject. Next I might involve some energetic and liberal people like Dr. Sulayman and see if we can develop a petition so that our Administration will know that it isn't just one crackpot

with a nutty demand. Of course, at this time, I might find out that too many people think I am a nutty crackpot so I might let it go. But it is a good idea and our «committee (horror at the sight of the word, «committee») is collecting 1,000 names of faculty and students and interested parties who feel an underground garage is inappropriate in the AUB at this time when the nurses and faculty are so underpaid. 1,000 names are obtained; lots of people want change.

But the President hesitates. He now has that funny feeling one gets when one is confronted with the possible **need that he has to change**. If Dr. Kirkwood is like some other presidents around, he'll be conservative and refer this to the Board. And the Board will put it on for its next annual meeting. And if that makes Dr. Sulayman and me angry, well, are not we impolite ! Who are we to demand the Board to hurry along. Well, we are or at least I am) polite, so I will do nothing and by the time the Board meets next the whole issue might be irrelevant and most of my energetic liberal friends will have forgotten it by then.

But not all perhaps. The Board gives a moment to the problem and it is inserted into the minutes and no one is notified that the idea for a change has been rejected. The Board quietly has decided not to accept our request. By this time, of course, they have broken ground and soon they will be starting construction so perhaps we should relax and forget it. Besides, now really, society (sorry, I meant our parking lot) isn't all **that** bad, is it ?

Yes, we say it is. Someone on the committee finds out about the Board decision and we write the Board and the Secretary for the Board replies that they've heard all about this problem; what is it we're actually complaining about ? We all know that the AUB has done many good works so why are we complaining about **this** problem ? And who **are** we, anyway ?

No, Dr. Sulayman, I will not revolt and destroy the University. Not yet. I am angry. I feel like so many people do these days, us little people whose complaints never seem to be heard, not even by those important people who spend so much time lecturing about change in our modern world. Our committee is organized by now. We even have a name : ComFUP which stands for Committee For Underdeveloped Parking Lots. ComFUP meets again. Of course, by this time we've all become very good friends and have so much fun meeting thinking about creating change that we've sort of forgotten what the original project was all about.

But **not me**. I call this special meeting. We wire the Board and the President that they must delay work until this matter is settled. An assistant vice-president will call up and say they cannot do that because the people who have donated the money have specified how and when it is to be done and it will be impossible to get this money for any other purpose. Now, circuitously the VP let's it be known that the Administration is very upset about all this and why don't we mind our own business anyway. After

all, and he does have a point, we're not part of the Administration.

Notice that essentially we've never met our opposition. This is about to end now because people like Dr. Sulayman are getting damned annoyed at this monolith and are making noises like, «it is high time to destroy this assimilated total of nothings». I would be more specific and simply say this parking lot really is not relevant either to the history of the AUB or to the needs of the Middle East at this time. But I understand Dr. Sulayman now much better than I did when I started out with this project. **Much** better.

And now Dr. Kirkwood is pretty nervous. He calls ComFUP in and we meet to discuss this issue. What alternative ideas do we have ? Well, we're not sure. But couldn't the money be spent on population studies better ? Or on pollution studies although we really don't need much study about this. Everyone in Beirut is only too overwhelmed with data about noise, filth, crowds, and poverty. No. ComFUP says, no more studies. Spend the millions of dollars to **teach** the people actually involved — we must have less cars. We must have fewer babies being born. Publicity, spend the money on that. Teaching clinics for potential parents so they may plan their families, spend the money on that. But our Administration knows all about that. Why this tiny little sum would only be a drop in the bucket for that problem. Why pick on us with your issues ?

Who know's why ? I've got a headache.

But tomorrow is another day and tomorrow might find us back with ComFUP organizing a «march». We march up to College Hall, we then sit with our placards, sing the University song, have our photos taken, listen to all the people ask who the hell are we and what is our problem, and then we go home.

Nothing happens.

At about this time a subcommittee forms spontaneously (who knows how ?) and this subcommittee is made up of people who frighten even Dr. Sulayman. With no warning they march into the President's office and occupy it. A bunch of loafers with nothing to do join in and it ends up that all of College Hall is occupied and the chairman of this subcommittee is not quite sure how **that** happened but perhaps it's for the better. The Board has an emergency meeting in New York.

A fact-finding committee is formed and takes the next jet to Beirut. They spend a good deal of time and serious thought about the issue. Several of them privately tell some of us older people on the original ComFUP that they wish the change had occurred but right now can't we help them get these awful-dirty-hippy-type-radicals out of the building so we can discuss things in a more rational manner ? We, and Dr. Sulayman will be better at this because he was thinking of joining the group anyway — we go and talk the **RADICALS** into some sense and they pull out of the building.

A month later in calm amongst paneled walls and mahogany desks the Board in its wisdom decides

to continue with the project to build the parking lot. And at this moment, Dr. Sulayman, I will understand you who are willing to revolt and destroy the lot. But, sir, when you write article and talk about radical change, remember that radical destruction might change more than you wished for. It might destroy things that you cherish. You would be much better off (maybe) by trying each stage of escalating your demands. Do you know why, Dr. Sulayman? Because it is possible that maybe one or two persons on the Administration or on the Board might surprise you and have some sense and manage to avert building another multimillion dollar, Ugly American, irrelevant structure. And it is even possible that the people who donated the money might see the sense in supporting some program in the buildings already built, as an alternative to building another building. You don't know. You'll never know, either, if you don't ask, and ask again, and keep asking until somehow get a decent answer and solution. Of course, there's always the change some clunk will come along and bomb the place while you're asking your questions. And there's always the chance you'll be overcome by your own inertia. But, well, that's life isn't it?

Lawrence D. Egbert, M.D.
Professor and Chairman
Department of Anesthesiology

Copies of the following correspondence between Dr. Antoine Anid and Mr. A.K. Barbir were sent to MEDICUS, as well as Vice-President Monnier, Dr. Alfred Diab, and Mr. David Egee.

Dear Mr. Barbir:

I think all of us, the educated people at least, believe in constructive criticism for the welfare and progress of our institution. However, I have felt lately that some of your workers do not welcome this attitude with an open mind but rather feel very bad about it and try to be insulting.

I would like to mention that Mr. Ali Kadouh has been most insulting and impolite towards our journal MEDICUS, as well as the residents body. I say this, Sir, with deep regret. When he was asked what he really thinks of MEDICUS, his own words were «Actually, it bothers me very little if any, and I usually wipe my... with it.» As for the residents, his comment was «Their attitude is that of Infantile regression». Those, Sir, were his actual words.

I am more than deeply hurt with such a character in our institution. That institution that we all cherish and love. I am positive that no man with his senses would dare and declare what he thinks of MEDICUS and what he would do with our journal in such a vulgar manner and in public.

We think that it is high time that the administration does something about its workers concerning ethics and how a gentleman should behave.

I deeply regret to inform you of this misbehavior of Mr. Ali Kadouh, for we believe that whoever takes care of our food-intake has to be clean not physically only but otherwise as well.

We all hope that this insulting event will not happen again, for the aim of this institution is not only to teach students to become good physicians

and nurses, but also to avoid them unhealthy personalities.

A. Anid, M.D.
Senior Resident

Dear Dr. Anid:

Your letter of December 22, 1970 re. Mr. Ali Kadouh distressed me. Since your envelop is marked «urgent» I am writing this short note at once to tell you that I have received the letter and that the case will be handled in the best interest of all.

Let me take this opportunity to wish you a very happy Christmas and a successful 1971.

Sincerely,
A. K. BARBIR

To Mr. David Egee,

Please refer to Dr. Anid's Letter addressed to me dated Dec. 22; my letter to Dr. Anid dated Dec. 23, my conversation with Mr. Kuzayli, and my letter to Dr. Anid of Dec. 29.

I would appreciate your keeping me posted regarding this case. I will look forward to hearing from you as to its final outcome.

Sincerely
A. K. BARBIR

Dear Henry,

It's very difficult for me to explain my feelings after I received the first issue of MEDICUS 1970-71 **Congratulations**, for a great job. Going over the articles I felt I missed AUB more and more. All the fantastic news about the student-faculty committee the year one schedule changes and all the new plans for MSS made me feel sorry that I'm not there to enjoy it with you. Last year towards the end of the year we used to hear about all these changes, I am so glad they all turned out to be so successful. As for Medicus, I could not have imagined a better issue than what you have produced. It gives me a great feeling of pride to have been among you people, changing Medicus into a group activity.

You had asked about Hopkins, this is a great institution, sometimes it gives me more the feeling of a Hall of Fame. One meets all the great names in Medicine every day in the corridors. But as far as the student body is concerned, the same confusion that has taken over all American campuses, exists here. As people, it is much more difficult to establish rapport with other students; (everybody lives in his own shell). The sincerity and friendship so typical of Middle Eastern students is missing here. The Medical School schedule is very very liberal! I have the whole of next year as elective and there are only 4 rotations required 4.5 months Medicine, 4.5 months Surgery, 4.5 months Pediatrics, 4.5 months of Psychiatry and OB, GYN. Sometimes you feel like the rotations are too short to really learn much but the American students generally seem to work much harder than the average Middle Eastern student. This in my opinion also accounts for the tense feeling among the student body here at Hopkins versus the relatively relaxed atmosphere at AUH. My congratulations also to Bassam; MSS sounds like it is becoming more and more active. The Medical Student Society here is practically non-existent.

Please convey my greetings to all the Medicus staff members and all of the friends at AUH. Keep up the good job.

Shahram Khoshbin
The Johns Hopkins Hospital

The following letter was sent to Director of the Medical School Dr. Raif Nassif. Copies were sent to Drs. Diab, Afifi, Tabbara, Harrison, Bickers, Matta, Nachman, Rizk, Alami, Noltenius, and Egbert as well as Mr. Egee, the Student-Faculty Committee, the MSS Cabinet and MEDICUS.

Dear Sir,

A rule which is stated in the Resident Medical Staff Manual, is that all orders on patients must be signed by licenced physicians i.e. Residents and attendings. This rule has been overlooked in the past, as far as we know, for the past three years at least. Lately this regulation has been applied and only in the Surgery department.

We, the interns, were not aware before, that such a manual as mentioned above existed. Now that we are aware, and since we are law abiding and want to sincerely follow all the rules and regulations that have been set forth by the medical board, we would like to draw your attention to the following facts.

1. Interns in the Surgery department are not different from Interns in any other department and a regulation applied to one Intern should be applied to all.

2. A regulation, such as the one which states orders on patients have to be countersigned by a licenced physician, should not be mishandled so that order books would be taken to the Coffee Shop to be signed by a resident just because a resident would not come up to the floor and sign the orders before he finishes his coffee. It is our understanding that order books are not to leave the floor under any conditions. It is also our understanding that carrying of the order book by the Intern and following the Residents for a counter signature has no teaching value in the least and is simply a waste of valuable time for us.

3. The Resident Medical Staff Manual, in addition to the above mentioned regulation, has many other regulations which are not being abided by.

Among such regulations are :

- a. Residents are supposed to completely fill and sign blood transfusion requisitions.

- b. Except in emergencies and where blood is needed in O.R., E.R. or Recovery Room blood is to be withdrawn from the blood bank by the residents.
- c. Patients are to be transfused only by licenced physicians.
- d. EKGs are to be taken by the EKG technician and if off duty hours then EKGs are to be taken only by the Resident.
- e. The duty of writing discharge summaries is assigned to Residents in all Hospital Departments.
- f. Attendings should be informed of their patients being admitted to hospital by the admitting office.
- g. In case of accidents to patients it is the resident who should be called to examine the patient immediately and write his report.
- h. In cases where an in-patient deteriorates or becomes seriously ill it is the job of the Residents to call the private Physician.

All the above mentioned and many other regulations, we came to realize, are matters of Hospital policy and procedures which have been set by the medical board, and are to be applied in all hospital departments.

It is therefore our sincere wish to abide by all the rules and regulations set by the medical board in the Resident Medical Staff Manual. Application of such rules, however, will undoubtedly result in some clashes and personal disagreements between Interns and Residents, and such clashes are things that we hate to see happen. We would therefore be much obliged if the Residents were to be informed, by the Chairmen of their respective departments, or by whoever is supposed to see to it that the rules and regulations of the Hospital should be enforced, that our refusal to do things which we are not allowed to do is merely a sincere wish on our part to abide by the rules and regulations of this Hospital.

Hoping that all those concerned will take this letter into consideration, we remain truly yours.

Interns Class of 1971

LETTERS TO THE EDITOR

Please send all your letters (or articles) to :

MEDICUS

The editor

Box 22 F

AUH, Beirut — Lebanon

STATUS ANNIVERSARIUS

By Anis Racy
Daniel Fuleihan

EPISODE II ALFRED THE GREAT

You remember how, in «the Great Gathering», the decision was taken, wisely we should say, to approach King Alfred, the leader among leaders. Well, while we were reviewing the events taking place in Berytus, our friends the Marquis de Van Dyck, S.J.J. of Western Action Potential, his Terror Milhem of Transylvania and the Baron Von Phawaz were well on their way to Entland (1). As they were travelling incognito, nobody paid any attention to them until they reached King Alfred's palace.

- «Where is King Alfred?» asked the Marquis as they reached the gates.
- «Who are you to ask about his Majesty?» replied the offended gateman.
- «I am the Marquis de Van Dyck and I wish to see the King at once an urgent matter». The tone of the gateman changed, for even in England the Marquis is feared and respected, and he said.
- «His Majesty is busy, your excellency, but do come in; I will inform Lady Belle of your arrival at once.»

Lady Belle, one should explain, was an extraordinary person. Although a lady in the full sense of the term, she was actually more able than most men. In her position as first assistant to His Majesty the Kong, she practically held the court in her hand. As she greeted our friends, she was polite and proficient as usual. She apologized for His Majesty's occupation with an apparently very important problem at the court. The King, she explained, was personally supervising the «rubbing» (2) of the backyard pavement.

- «You mean he is really watching over such a triviality himself?» asked the baffled Baron.
- Her ladyship courteously replied :
- «His Majesty watches over every step taken in his court. Nothing in this Kingdom passes by him unseen : he is really very busy.» She had not finished her sentence when a voice was heard from inside the great Hall. At first they could not make much of what was said, but the tone was that of an exasperated man. Then it grew clearer :
- «Why can't you do it properly ? Do I always have to tell you what to do ? I am busy enough without this problem. Now don't let anyone step in here before it is clean. I want my palace clean.» At

that the great King appeared and, seeing his visitors, came to their greeting, then cordially took them in to his private quarters, for they were important persons indeed... and old friends too !

The Marquis, as I have mentioned previously, was a very shrewd man; he knew what the king's favorite complaint was and, knowing that he would not listen to anything that was said to him before he recited the list of his troubles, the Marquis hit the right note at once.

- «I see your Majesty is quite occupied. I hope you are not overworked.» That was enough : His Majesty removed his crown, put it on his table, then rested his head in his hands and began :
- «I am overworked, but what can I do? I cannot leave my commitments to those who need me, and I have to preside over the War Council, over the Council of the Lords, then the Higher Council of Chivalry and Ethics, as well as the Court of Justice. There is no damn Council in this kingdom I don't have to attend to myself. Then I have to meet with the Emperor of Transylvania and the King of Spain who both need me. And the recent troubles in Berytus ! (pause) well... what can I do for you?».
- «We are coming for precisely that last problem you mentioned : the troubles in the Orient,» said the Marquis, puffing on his reed as he stopped to recollect his thoughts before exposing the situation. Now that King Alfred had finished complaining about how busy he was, he could listen at ease. Then the Marquis undertook to give His Majesty a full report about the issue at hand, taking great pains at giving the details. When he had finished his lengthy exposure, all that the King said was :

1. Some misguided readers have interpreted this as meaning ENT-land, but only shortsighted, ill-thinking people make the connection, and for no other purpose than to bring in the name of Dr. Diab who happens to share the same surname with our king. But then how many Alfreds are

there in this world, and how many Milhems? what can you do about such wished individuals other than ignore them ?

2. waxing was not done then in order to shine the pavement, so rubbing it with special files was resorted to.

— «They are doing all this just to irritate me». The four guests looked significantly at each other : all that was going on in the Orient, the new trends, new ideologies, the fight for independence, etc... all this was aimed at irritating His Majesty Alfred the Busy! !! What could you say ? Finally His Terror ventured :

— «What are you going to do about it ?» King Alfred did not answer. He put on his crown, rose to his feet and very solemnly walked to the door where two guards were standing. He whispered something to them and came back, saying :

— «In my Orient, things will run as I wish them to run. I will show these animals who is master over there.» Milhem was ecstatic :

— «Bravo King Alfred ! That's a leader ! We will crush them all !.

S.J.J. intervened, and said he believed things could be solved peacefully, to which the Marquis replied by saying that the revolutionaries had already prepared for fighting and that should things come to the worst, they, the nobility, should be prepared to use force.

— «Why don't we start at once?» asked his Terror, «We will raise an army as we move. I can guarantee for myself at least about...», but the Baron cut him short :

— «Healer's talk! You talk like those barbarians of the North. We in the South know better. Before you pack and go, you'd better try to analyze the problem and come up with a reasonable plan of action. What does you Majesty think?» The king was pleased to see that the final word would be his.

— «I have thought of it, he said, and have already sent for my advisor-in-war who will draw for you the plans. He is no doubt the greatest strategist of all times. Ah ! here he comes. Gentlemen, I present to you the Earl of Teebée, my advisor-in-war». The man who went by the title of Earl of Teebee was quite ordinary-looking, fair, with blue eyes, and not very impressive altogether. But when he started talking, they knew he was of a caliber of his own. An all-knowing look appeared on his face as he unrolled the maps and started : «Gentlemen, this is the map of Berytus, and here, drawn in red, are the enemy forces now, supposin' they have 1000 archers, each archer with 5 arrows, and 85 per cent accuracy of hitting the target on the first shot, and supposin' they shoot 3 wheezin' arrows a minute with a tail wind of 15 knots, what would be the percentage of our men that would fall in the first hour, if they were at arrow's distance from the enemy lives?» At that

he stopped, his eyes bulged as he submitted the question to the audience. They looked at each other but none answered. Indeed, they were very much impressed and perhaps a little bit oppressed not to have understood anything. But The Earl of Teebee was after an answer :

— «Well ? anybody would like to guess?»

S.J.J. : «By the law of... of.. probability, I should say... 25 per cent » Earl of Teebee : «Very good. Actually it is 90 per cent».

King Alfred : «Impossible ! I have decided our losses will not exceed 35 per cent at most.»

Earl of Teebee : «It can still be arranged, your Majesty, using preventive measures such as my **Broad Camouflage Girdle(3)** to hide our men.»

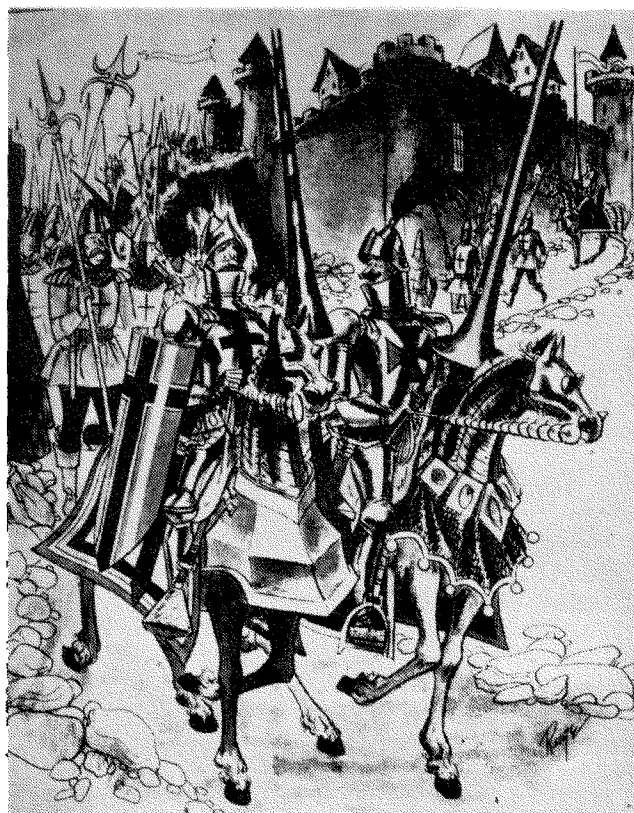
King Alfred : «Very good. You prepare the final plan, call my officers, raise the army, take care of all the details and leave the rest to me .Now when do you propose to move ?»

Milhem : «Why, we can move today!»

Von Phawaz : « At least in a week's time.»

S.J.J. : «L.. I.. think we can start some time in the near future.»

Finally the Marquis spoke : «We will move in 2 days' time». The others knew the Marquis well enough to anticipate that whatever he decide will finally pass as their choice, so nobody argued anymore.



3. The Broad Camouflage Girdle, or B.C.G., proved to be a very effective protective technique, hence the application of the name, in its abbreviated form, to other preventive measures, such as the B.C.G. vaccine.

Two days later the army moved. It was a Majestic spectacle, those fine cavalymen, the infantry and the archers all led by the unique, the superb, the onliest King Alfred the Great (Very busy).

Hypertension

Terbolan

reduces blood pressure - increases life expectancy



Farbwerke Hoechst AG
Frankfurt (M) Hoechst
Germany

TERBOLAN contains the saluretic agent LASIX which has an NA/K ratio more favourable than that achieved by any other drug. Treatment with TERBOLAN means control of high blood pressure without strict dieting. Suitable for long-term treatment of hypertension even in diabetics.

Each tablet contains 15 mg. LASIX
0,1 mg. reserpine

Hosta Pharma
Chartouni Bldg. Makdessi St.
Tel : 295220
Beirut - Lebanon

Hosta Pharma

THE HONOR SYSTEM

A New Trend in Our Medical School

By George Abela

Last year in an attempt to curb dishonesty in exams and to build a stronger ethical code in the medical school, the students in second year with the help of the administration came to adopt the honor system.

What is the honor system? The answer to this question is not simple, but let us start by saying that at the classroom level it means that exams would be held without proctoring. The professor, however would pass by every now and then to see if any body has some questions to ask.

The matter however, entails more than just that. It expects of the individual student to take the responsibility of upholding the code and enforcing the expected norms of honesty on everybody else by accepting the norms or values as his own.

This is a great step forward in the educational trends, mainly because it gives the student the feeling of confidence in himself by entrusting him with the responsibility of his own honesty and also because it transfers the authority from the hands of the proctor to the student. This latter step is important in the shift from what is classically termed the authoritarian system to a more adaptive and equalitarian system. This step is a crucial step in the emancipation of the student as a responsible and mature person.

At the beginning of this scholastic year, the honor system was recommended by the school to the first year medical students. The system however was modified to have a five-member student committee from the class, to investigate any instances of dishonesty in examinations. This idea was very unattractive to the first year students and they unanimously vetoed the system. The system was rejected because a student committee was authorized to chastise or penalize such action. This created a sense of suspicion within the class and it cut down on the student group morale and friendship.

This dilemma was resolved by the school's accepting of the first yearers' proposition to apply the honor system **without** the committee. Two exams were taken and the students were quite happy. A relaxed and very amicable atmosphere reigned. Many students later told me that they did not even think of cheating in spite of the good opportunity.

A few weeks later the class wanted to organize some activities, so the need for a committee was found imperative and one was chosen by a random selection from the class. The first year class was now fully mobilized to take on the responsibilities facing it.

Honesty is a very intriguing subject. Studies have been made, and it was found that many factors influence honesty. Some of these are culture, intelligence, anxiety, values, temperament and personality.

Culture has often been divided into «Shame culture» and **guilt culture»** and a wide range between these two extremes. This can also be perceived as the extent to which the social norms have been internalized, and a good measure of maturity.

As indicated by its name, a «guilt culture» is characterized by individuals whose behavior is mostly regulated by internalized norms, while in a «shame culture», the members conform to social norms when members are present to shame them. Guilt culture encourages self-control and self-initiated responsibility for one's actions. In a «shame culture», however, self-control is regulated by external factors such as coercion or threat.

Tests were conducted on people from both groups and it was found that guilt oriented people cheated less on exams than shame oriented members. In our country the concept of «Aib» (i.e. shame), is still predominant. I will leave the reader to draw his own conclusions here.

As doctors we not only have the duty of curing people's physical ailments, but also since medicine is held as a respected authority it should help improve man's social conditions as well.

Experiments were also conducted to find any correlation between intelligence and cheating. It was found that more intelligent students cheated less yet when the difficulty of the exams overwhelmed their capacity, they too cheated with the same frequency as others. The apparent contradiction is resolved by the fact that **anxiety plays a major role in dishonesty.**

Irrespective of intelligence, an increase in anxiety facilitates the way to dishonesty. Anxiety and performance on an exam can be compared to a graph of enzyme effectiveness with temperature. There is a best range for action and on either side performance falls.

A close relationship was found to cheating. It occurs at both ends of this curve. When no motivation at all is found or when maximum anxiety prevails it leads to total «blankness» of mind. The norms regulating one's behaviour become very vulnerable with high anxiety and deviational behaviour is more common.

More factors to influence the rate and regulation of these above facts are the temperament of the person involved and his personality. Both these factors are genetically inherited and also subjected to cultural influences.

In view of these facts, we find the task of making the honor system a success a very difficult one, but if the honor system is introduced gradually its effects will be long lasting. The first step is to introduce it with a committee and after a long trial period to apply it in its ideal way, without a committee. Fin-

ally a state may be reached one day where the students can be trusted to take their exams home with them. (This is not imaginary I had once taken a mid term exam home in English 105 at A.U.B.) The long range effects of the Honor system do not terminate in the classroom, but are initiated there to be carried outside into the medical profession.

Bibliography

Hartshorne and May. *Studies in Deceit*. New York, 1928.

Hetherington, E.M. and Feldman, S. «College as a

Function of Subject and Situational Variables». *Journal of Educational Psychology*. Vol. 55, (1964). pp. 212-218.

Lindgren, Henry C. *An Introduction to Social Psychology*. New York, 1969.

Shelton, Jev. and Hills, John. »Effects on Cheating of Achievement Anxiety and Knowledge of Peer Performance.« *Proceedings of the 76th Annual Convention of the American Psychological Association*. Vol. III (1968). pp. 349-350.



Dr. Dragatsi — Where did you spend the «Reveillon» ya Fadlo ?

Dr. F. Abu Haidar — Hwhat... ? Jesus ! But of course at the hospital !

FOR YOUR EARS ONLY !

The hospital paging system is an indispensable means of quick intra-communication. Many a time, the life of a patient was salvaged through summoning the appropriate specialist through paging. Besides, proper functioning and efficient organization in a heavily staffed, spacious hospital like ours would be, to say the least, quite difficult without such a medium of communication.

But there seems to be some disconcerting side effects to the paging system as it exists at present. The names of the paged crack out noisily, throughout the hospital, disturbing a physician at work, a student in a lecture, or a patient asleep.

And then, the voices of these paging girls! They range from melodious, distinct, sensuous, sermonizing, sotto voce exclamatory or whispering to sputtering, rattling, shrill, raucous, crackling, nasal or hoarse. Thus, the atmosphere of a whole hospital is

for some time under the mercy of one person's mood.

As for the patients who are helplessly entrapped in this «name-calling» game, some of them (the irritable type) verge on neurosis, while others (the problem-solving type) make a game out of their misfortune, and start counting the names being paged and find out the frequency of each at the end of the day.

Paging is often abused when certain persons page others who can actually be reached by phone or are next door. By so doing, they add to a bulk of noise that this hospital could do without.

The next question is then : why not install an up-to-date paging system where the hospital staff carry a pen-shaped buzzer in their pockets, which allows a silent unpublicized paging of every physician individually. Hospitals in the West have been enjoying it for years. Why not here too ?

In coronary heart disease

ATROMID-S

CLOFIBRATE

TRADE MARK



has positive advantages in ■ lowering elevated serum lipid levels ■ correcting thrombogenic abnormalities ■ providing sustained and consistent effect ■ having remarkable freedom from side effects ■ reducing lipid deposits in skin and diabetic retina ■ having simple and convenient dosage



**THE MOST
CONSISTENT
EFFECTIVE
EASY-TO-TAKE
ANTI-LIPAEMIC
AGENT**

REF 770

Presented as 250 mg. capsules
in containers of 50, 250 and 1,000,
also available as 500 mg. capsules



Imperial Chemical Industries Limited
Pharmaceuticals Division
Alderley Park, Macclesfield
Cheshire, England

THE UNCONVERTED

A Day in the Life of Medicine II

Written By : Suhayl Nasr

Drawings by : Fouad Mudawwar

Our last issue's cover was : «You have not converted a man because you have silenced him». If it is a matter of silence, our class of Med II is an unconverted one, and in this it differs from the other classes.

Let us have a look at one day in the life of this class.

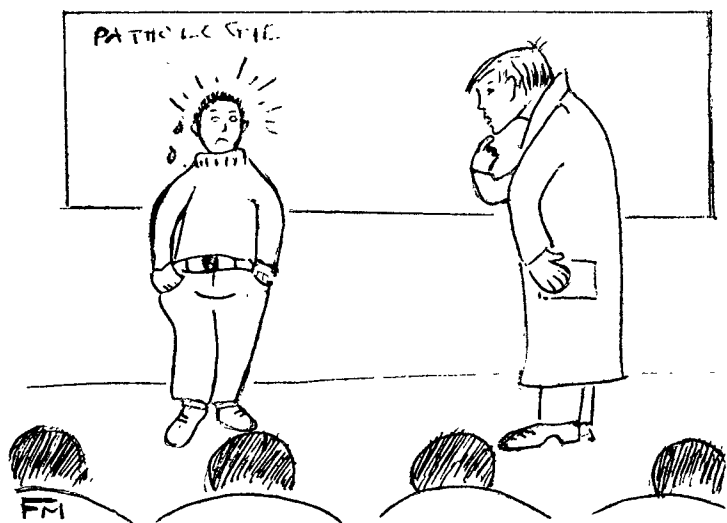
The first lecture starts at 9 o'clock. Yet by 8:15 more than half of the class is already present. One reason is obvious : everybody wants to have a front seat where communication is best with the lecturer. This has led in the past to bitter confrontations between the eager students who used to come at 8:15 and find that they had to sit in the 3rd or 4th now because two or three other students have reserved seats for their friends. There confrontations used to end with a kiss. (No, we are not homosexuals) and a smile. Now an agreement has been reached whereby one student can reserve only 2 seats including his. The other reason for this early show up is a scholastic one. Dr. Noltenius, Chairman of the Pathology department has a new system of study. At the beginning of every lecture he picks up a student at random (is it ?) and asks him to review the previous lecture in 5 minutes. So everybody has to be prepared and the best way to study a lecture, we've been told, is to lecture it on somebody. And here goes the walking trips of every other morning : groups of three or four students walk together along the long corridors of the department of Bacteriology and Virology, passing over the lecture material, memorizing every detail, usefull or not. This goes on until the lecture starts. Unfortunately, Dr. Noltenius usually finds the least prepared student and asks him to review the lecture. When this student stumbles, the front seat students, in an altruistic spirit, pass him the key words of the lecture to help him go on.

After the lecture, we have a lab, that is we are

allowed to lose 3 useless hours in an organized manner. (The pathology lab is a bit different, but it still needs more refinement) Why useless ? Because in the lab students are divided into groups and in every group you find some hardworkers and some lazy students. It usually happens that the hardworkers find themselves obliged to do the bulk of the lab work



while the others go around smoking and joking. The outcome is that those who are working are not profiting much and those who are not working are not losing much. In fact the knowledge which we are getting from all the lab sessions may be summarized in three or four hours of lectures and the basic skill can be acquired in 1 or 2 lab periods. What do we propose instead ? We propose that at the beginning of every course each student is assigned a subject to work on during the lab hours. In the first two weeks the student reviews the literature about that subject. In the third week he discusses the subject with his advisor to be directed in his research and find what experiments he would run. In the fourth week he can be introduced to the basic techniques by the technicians of the department and there from he can run his



own experiments. The last two weeks the course are spent in seminars by the students each about the work which he has done. In this way we develop a better inquisitory and scientific mind, we master the basic skills in the different fields and most of all we develop interest in the material, a thing which is best suppressed by the present lab systems with its boring cook-books. The seminars which we do in the pathology lab are already along the line of our proposal and, by agreement of all the students, they are very stimulating.

With just one hour left for us at noon, we can go only to Ali's cafeteria. There it seems that A. Kad-douh does not appreciate our presence. He threatend many times of not accepting us in his kingdom; he even asked the names of some of us in a very menacing manner. But he keeps smiling, that angelic face, maybe because we are worth around 100 LL a day. By the way, did you notice that all the food there tastes the same? It must be due to the omnipotent, omni-present Ali's spirit found in every food item.

By 1:40 the choir of the class, now well settled in room C 219, closes the door and starts singing, clapping and dancing. It needs a special mentality to understand the mechanism which triggers this «defoulement de masse». Every day there is such a festival and on the day of a quiz, the number of participants reaches a maximum. This is only alternated by the presence of a lady who keeps hushing.

Just before the lecture starts, George has an announcement to make about sports. This student has shown good activity in this field. He organized a table-tennis tournament for the class, he organized a volley ball match with the faculty, (unfortunately lost), and he is the captain of the medical sciences Volley-ball team, a team which has big chances of winning the intramural championship, and which is almost exclusively composed of Med II students. Talking about the sportive attitude of this class, it is interesting to note that most of the members of the teams of football and basket-ball are Med II students. A chess tournament of the class is now going on.

Then the lecture starts and with it the avalanche of intelligent questions. One day we had a visiting lecturer from the Biology department. He was so showered with questions that Dr. Matossian had to interfere and say that he did not pass the questions to the students to impress the lecturer. Sometimes the students go into a debate at three or four voices around a question and the lecturer just listens.

After the lecture the class is called for a meeting. The subject of this meeting is the election of a new committee of 5 for the class. What is the job of this committee? Why don't other classes have such a committee». The reason is that the Med II students have established last year an «honor system» whereby they do their exams without proctoring, pledging on their honor not to cheat. In case somebody cheats, he is referred to this committee which investigates the matter and if it is positive sends a first warning to the student(s) in question. In case this student repeats his action, the committee sends his case to the Director of the school who takes severe measures

against him. So far, and there is no reason why it should not go on the same way, this system has succeeded perfectly and the committee had no busy itself with other problems of the class. One member of this committee, despite the amount of work done, felt that the committee was unorganized and that it did not do much and he resigned. The class voted for the confidence in the remaining four members who got only 25 out of 50 voices. They resigned. A new committee had to replace it and some students who like to play the politicians (we have a Saeb Salam in our class) started their campaign for their friends. The key work was: vote for the poor». As the fashion now a days is for a government by the unknown, the class elected a committee of unknowns on whom much hope is placed. After the election was over, everybody kissed four of the members of the new committee: the fifth is a lady hmm!!



After the lab everybody goes to his own business. In the library you find that Med II students are the most numerous. If there is any MSS committee meeting most of the students attending it are from Med II. Some Med II students have even enrolled in three or four committees. If there is any match on the field, the cheering team is exclusively from Med II. In a science meeting held at the UNESCO on the 14th of November only Med II students were present and actively participated on the discussions. If there is any musical event only Med II students can be found there. In a photo exhibition in October a Med II student and a faculty member had their work exposed. A Medicine II student is representing the MSS at the Annual national Medical student Research conference in Poland.

Summing up, Med. II students are heterogenous, but they have agreed to form a homogeneous class. They all agreed on being active, be it in the curricular or the extracurricular fields, with the energy they have, they hope to change things in the Medical school both on the administrative and student levels. Their motto is. «You are not a good doctor if you are only a bookworm and if you can be silenced without being convinced.»

LIFE AT AUMC

By Elias Nicola

JOURNEY TO THE UNKNOWN

Setting : «In a very crowded hospital elevator»

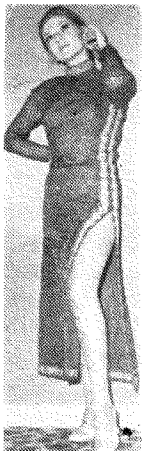
Elevator boy : «going up, come in lots of room, please move over.» One visitor gasping for breath inside to his friend : «You know they make them real large these days almost like old-day buses.»

The other : «even the lift boy sounds like a bus assistant.»

A Doctor enters the scene (music plays : Beethoven's Emperor) «move over for the Hakeem please». The elevator surely gets stuffy by now with all the smells from cheap perfume to perspiration, to stinking feet. (To elegant doctors, one suffering the sight of the other). The elevator (autotronic, mind you) starts moving now and a faint music is heard from far (Merrily we go around).

A STOP and the door opens at another floor (2nd) and in comes the patients' food-carrying carriage — to be squeezed in the large elevator. Two old men are already gasping for air one of them cyanosed. The door closes, one of the men falls to the ground while the other one kneels near him singing : «Have mercy». The elevator boy's heart melts, so he decides to stop by the 4th floor where two inhalation therapists are waiting with an oxygen mask. They drag the fainting man from the elevator amongst the squeals, the stink, and the sympathy of people, and swiftly push him on a carriage. In the corridor is heard a gentle music playing the famous tune «a gasp of air for heaven's sake». The patient who was a visitor thanks God that he had this attack while he was in a hospital with the gentle care of the lift boy who saved his life. A final stop in the 9th floor and the doctor steps out. Outside waiting for him are two colleagues who embrace him warmly and congratulate him, for he «has done it» with a delay of only 15 minutes.

N.B. The trip between the ninth and 10th floor will be discussed in another issue, as this needs a completely different set-up.



ASCOT OF AUMC

Is it a cocktail party or a ball ?
People dashing in through the doors,
with the latest styles.

A Maxi here a Midi there and what not.

It could not have been ascot because we are in winter
and in a different country. Gay colored walls pink
here blue there all the colors you can imagine.

A lady «or so she thinks» trying to kill here, and
another criticizing her over there.

Is it a fashion show or a huge boutique. I do not know
but the sign on the door says «AUMC».



“BORED” EXAM

1. The attending who nods when a Medical student greets him :
 - a. is actually not greeting back but this is a tick
 - b. is trying to impress people around with the fact that he is too busy to answer
 - c. feels degraded to answer in a polite manner
 - d. feels shy to answer the medical student back.
2. The attending who just passes by when the medical student greets him :
 - a. has a conductive hearing loss
 - b. has a perceptive hearing loss
 - d. has Mennier's disease
 - e. all of the above.

Question 3 :

The attending who peeps thru the coffee shop window is :

- a. counting how many customers are there
- b. seeing which of his students are there
- c. looking at the pretty volunteers but is too shy to enter and talk to them
- d. is a voyeur
- e. does not have 50 piasters to enter and pay for a coffee.

Question 4 :

Doctors who attend the grand rounds :

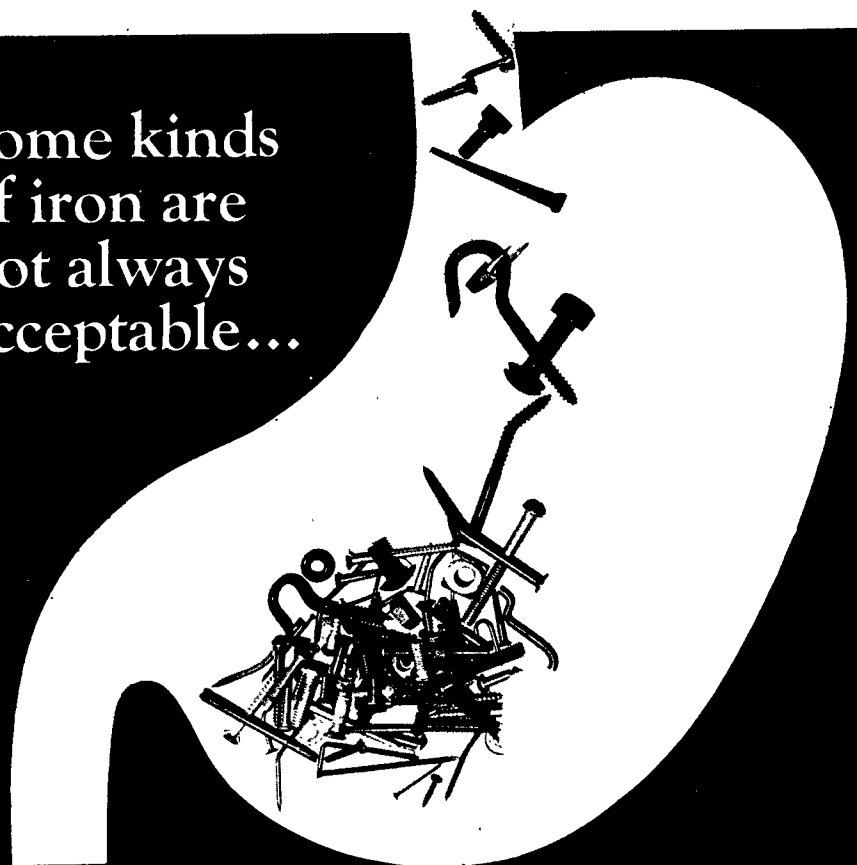
- a. are there just to pass the time between 12-1 p.m.
- b. are very much interested in acquiring new knowledge.
- c. are there because the coffee shop is closed
- d. are there because everybody else is there
- e. are there to bug each other.

Question 5. :

When a doctor asks a nurse to get him a syringe and she stares at him :

- a. it is beyond her capabilities to comprehend such a question
- b. she is insulted because this is a clerk's job while her job is to sit down and chat on the telephone or read the latest «Vogue»
- c. she is actually overwhelmed by the faith and responsibility that the doctor has confided in her
- d. she is day dreaming.

Some kinds
of iron are
not always
acceptable...



Fero-Gradumet effectively treats iron deficiency anemia while virtually eliminating gastric irritation.

Here's why: The iron in Fero-Gradumet is in the exclusive Gradumet® form, important for these reasons:

- Can be taken on an empty stomach—no painful side effects to discourage continuation of your therapy.
- More effective absorption—because it is taken on an empty stomach, Gradumet iron is better absorbed.
- Only once-daily dosage — no need to remember a multiple-dose regimen.

Fero-Gradumet®

ferrous sulfate in controlled release form, Abbott

Abbott Laboratories S.A.
Beirut



Leb 0274E

**T
H
E**

**E
X
C
H
A
N
G
E**

**P
R
O
G
R
A
M**

**Three Medicine II Students
relate their itineraries on
the students' exchange
program last summer.**

W POLSKA*

By : Sami Husseini
Rifaat Bashir

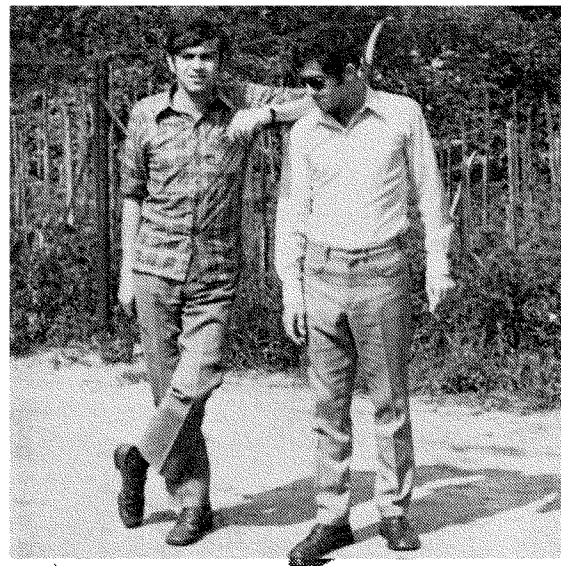
On the many who applied for the exchange program we were lucky to be accepted to spend one month in Adansk (or Danzig) in the Medical Academy Hospital of the historical and important harbor of the Baltic Sea.

In spite of the difficulties we found in communicating with people, it was always easy to find our way to express what we wanted. Foreign languages are not so rarely spoken, you can always find somebody who speaks English, French or German.

We lived in a student dorm (more interesting, it was a women's dorm, probably because it was the only available one.) We did not wish more than that, but this doesn't go without some good or bad surprises in the bathroom or its surrounding; (nothing to be compared with the views you could see from the Histology or Anatomy labs' windows!) .

The most interesting thing of our trip was the opportunity to live as a member of a society of a different socio-economical regime.

We worked in the surgery department because it was the only place where you don't have to question the patients with a language which has so many unfamiliar sounds to us. The surgeons with whom we worked helped us a lot by translating the analyses



and explaining the different steps of the operations. In the last 3 weeks, we could assist in the operation : retraction, sutures..; of course it was not so much but for us it was the first contact with scrubbing, asepsis and also with an open abdomen !

Everybody was friendly with us. It is probably a quality of the Polish people. The doctors invited us to their places, and there we had to drink ; and we re-

* of the little Polish we learned
this means «In Poland».

ally mean drinking. From a 45° Vodka, one toast for **Poland**, another one for **Lebanon**, a third for our **friendship**, one more for the **girls...** then came Cognac and the same toasts again ! By the end of the evening we held each other's hands so we could leave and look for the taxi station to go straight to bed !

As we are speaking about drinking, we cannot but mention another student popular drink we called «**Cocktail Molotov**» or more chemically speaking it is composed of 97°C C₂H₅O mixed with some water and syrup. One drop would perforate the thickest stomach ! (Up till now we are afraid of having some ulcer !).

We had a very nice experience there : hard work in the hospital where we got introduced to many medical fields. We made a sight-seeing tour and visited among other things the place where the first bomb of World War II exploded (see picture on the right). We also spent a lovely time with the Polish youth.

We cannot remember this trip without recalling

with gratitude those doctors who treated us as their own students and friends and the charming exchange program usher who did a lot for our comfort.



EDINBURGH Vs AARHUS

By Ardash Khanlian

«Oh ! What an old University...!»

These were the words I exclaimed when I first saw the Edinburgh University. I was partly right and partly wrong. The buildings were old in construction but the inside was new. The most modern medical instruments, research machines, surgical apparatus were filling the different chambers and halls of the medical school building and the university hospital. Many of these buildings were expressive of the highly praised old Scottish architecture and design.

A fully organized medical program was waiting for us foreigners, who for at least a few days were shocked at the unexpected hospitality, friendliness and interest that the Scottish people showed towards us. I never forget their smiling faces, cloudy weather and colorful dances.

The medical program that we followed was mainly composed of regular lectures and films in the morning, accompanied by afternoon demonstrations of the newest medical research methods that the Scottish feel proud of in the field of science. Many of their professors were distinguished scientists contributing to the progressive research in Medicine. The program was for medical students of first to fifth years. The social life was also full of gaiety, receptions, picnics and visits.

The program lasted about twenty days and ended by a formal reception by the Mayor of the city of Edinburgh at the City Chambers. It was an unforgettable experience that I had of the Scottish scientific mind and the Social and traditional life.

I also had the chance of attending another medical summer school, this time in Aarhus (Denmark) organized by the I.M.C.C. It was preclinical. The program mainly concerned with lectures and hospital demonstrations. A good part of our time was occupied by attending operations. The surgeons and the professors were very kind in explaining the reason

and the steps undertaken in each of the operations we attended. Many of these, such as plastic surgeons, excelled their colleagues in many parts of the world.

In viewing both summer schools, one could easily notice that in Edinburgh the stress was put on the



research part of the medical teaching, while in Aarhus it was mainly concerned with the theoretical aspect and the practical participation of students in hospital work. Both of them showed the invasion of computers into the field of medicine and their contribution in faster, more coordinated and more accurate medical progress.

After such an exciting trip when one is turning back to his country, he cannot help remembering very often the vast green meadows of Edinburgh and the bulky, loaded Smorrbread (buttered bread) of Aarhus.

PONDERING ON THE ABSURD

By Elie Karam

«And on the sixth day, Yahveh created man and placed him in Eden; He called him Adam : «All these trees are yours but thou shalt not touch this one».

It is meant here that Adam could protest fruitfully against any established thing but not against Death. He was forbidden to eat from the tree of eternal life.

«We are all condemned to die and we are waiting for the hangman to come. We are sitting in that dungeon playing chess awaiting for the awful sound : Next !» Pascal.

Haven't you ever thought of that stupid fate we're bound to ? Haven't you ever had the desire to burst out of yourself because you could not protest against this inevitable issue ?

But man resorted to an opium...

Death is not so dreadful since you'll be reincarnated later said the Budhists.

Death is a way to draw near Zoroastra claimed the others.

This life should only prepare for the «other», preached the Nazarene .

«We all belong to God and to Him we shall return» believed Mohammad.

We are but working for the « happy morning » still thought others.

I have no debt, I will never be a «Mutawaffi»...

Some coccygeal scientists believe that every second we acquire thousands of bits of new knowledge. Will they vanish as if we had not existed ? ! Will we forget everything we deared? Will they forget us so easily ? !

We always try to logicize our condition and say : we're too young to die ! The fact is : we'll never be old enough !

«... This disease is a fatal one;» that was prognosis of a child affected by a hereditary disease. Pseudohypertrophy of calf-muscles... I imagined at



that moment that I was standing on one corner of a triangle, the teacher and the patient on the other two... There was a man in his late thirties who knew what the child's chances were but did not think of his own. The small patient knew nothing about his own condition but was standing there amazed by what is happening, drowned in an ocean of mysteries if ever he thought of mysteries... and I tried in vain to fit myself in that awkward situation. I felt as if the life span of this child was shortened by the teacher himself and not by the patient's condition; at least I still have some fears before being condemned to » «shorten» people's life.

It is true that I'll be able to save many, but absurdity will be the name of the game for ever...

Death is your real but it is your fate, too...

I feel that we were all born to die and not to live..

Death exists, nobody can deny it and more important, nobody can escape it. It is the only occasion where democracy really exists... It is the only realm where statistics are of no value and yet we always hope for the hazard to play ! !

TOWARDS A NEW IMAGE FOR MEDICAL STUDENTS

By : John Missirian

It is something like mystique and awe that surrounds the school of medicine. The artsies approach the medics with a kind of respect surrounded by fear and admiration of the school and its occupants. They admire us without knowing us in active life. Perhaps some of us were attracted to Medicine as a career by this automatically granted, blind admiration, gained in return for spending 5 tough years of the school.

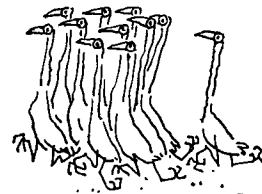
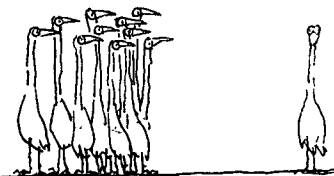
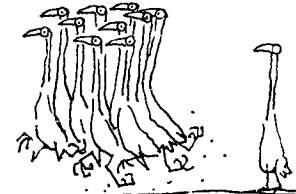
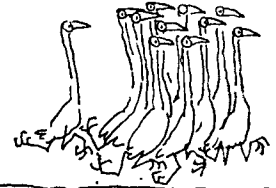
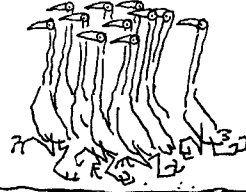
While the Engineers form a major centre of interest on «the other side of the campus» and are, in a way, the greatest rivals of the Artsies, with whom they compete at sports, social activities, shows etc; what have we to speak for us as evidence of our character on campus? The truth is that we have slept on the laurels we won in the past. Let us therefore get involved in the so called «academic competition,» and let us become the greatest rivals of engineers in diverting the interest of the campus. Let us have our own unique approach to things which will stamp our activities in the university.

The A.U.B. students are probably fed up with the Tarbouch day that the «Wazawez» hold every year as a national ceremony for their school. Why don't we have our own «White-gown day» for example, and march on campus ! And in our shows, instead of laughing at our professors and making fun of their gestures, why not direct our energies against the Artsies and Engineers? These two have so far monopolized the market, so why not break in and get our share ? It is the quality that counts, not the quantity. And besides, university life is boring without extracurricular competitions like that.

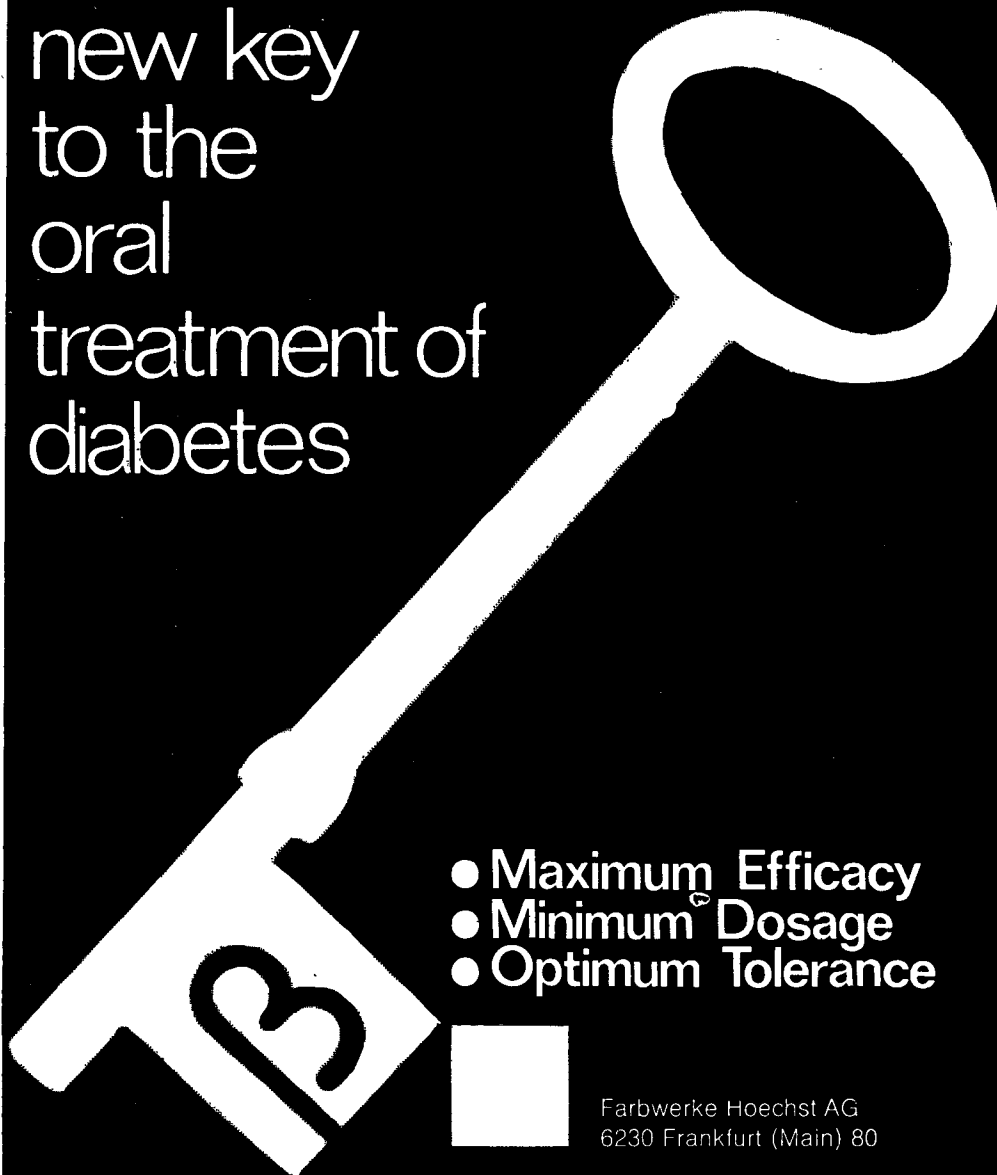
During athletic matches for example, why don't we go en masse and cheer our team against the Artsies or the Engineers ? We may lose the game but still win the occasion !

I Don't thing the lack of time is a good reason to abstain from such activities. Furthermore, it is absolutely necessary to create the unity within our school (which I think we lack). We are not so intimate even with our closest enighbours, the pharmacy students. Why ? Why is the atmosphere so cold in our part of the campus ? why should we be detached from all others ? I am sure the engineers have no less work than we do, and the classical excuse of hard study no longer holds since the curriculum has changed enormously.

No, I don't think it's logical. Our seperationist attitude comes from us and from within our school. It is our job to change it to emerge from our lethargy, and draw attention and respect not for the mysticism we are surrounded with, but for our active and dynamic participation on campus. I am sure our faculty and the M.S.S. will welcome and support the creation of such a new face for Medical students.



the
new key
to the
oral
treatment of
diabetes

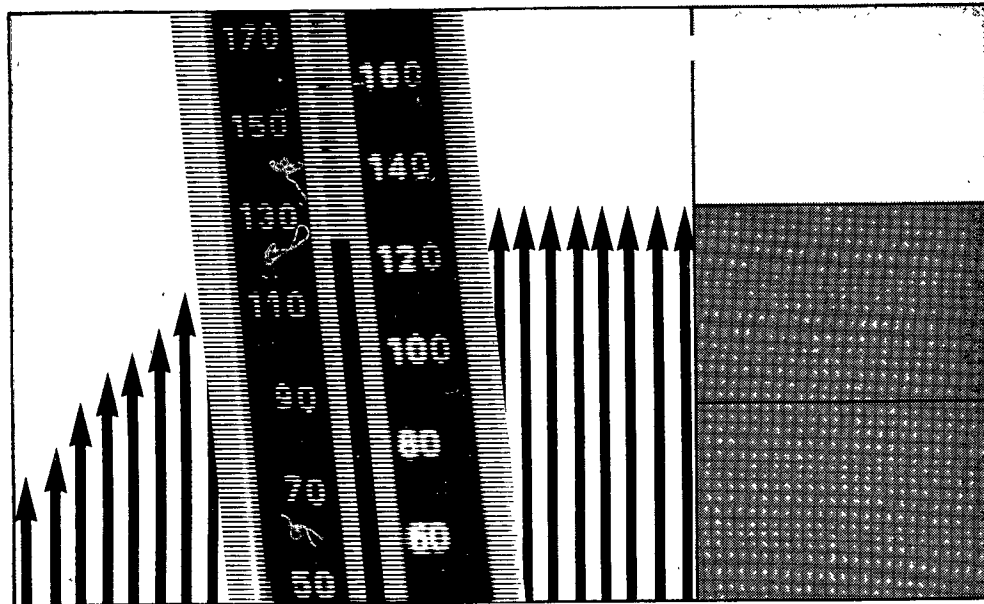


- Maximum Efficacy
- Minimum Dosage
- Optimum Tolerance

Farbwerke Hoechst AG
6230 Frankfurt (Main) 80

Daonil[®]

HOSTA PHARMA
CHARTOUNI, RUE MAKDESSI
Tel: 295220 BEYROUTH LIBAN



Reinforcement for the circulation

Effortil®

Physiological
Circulatory Agent

1-(3-hydroxyphenyl)-1-hydroxy-2-ethylamino-ethane-hydrochloride

improves cardiac performance and output
enhances coronary blood flow
increases the volume of circulating blood
raises the vascular tone
regulates the blood pressure and
the blood distribution

The physiological action
guarantees success and
reliability in the treatment
of the hypotension
syndrome

Tablets
Drops
Ampoules

**Boehringer
Ingelheim**

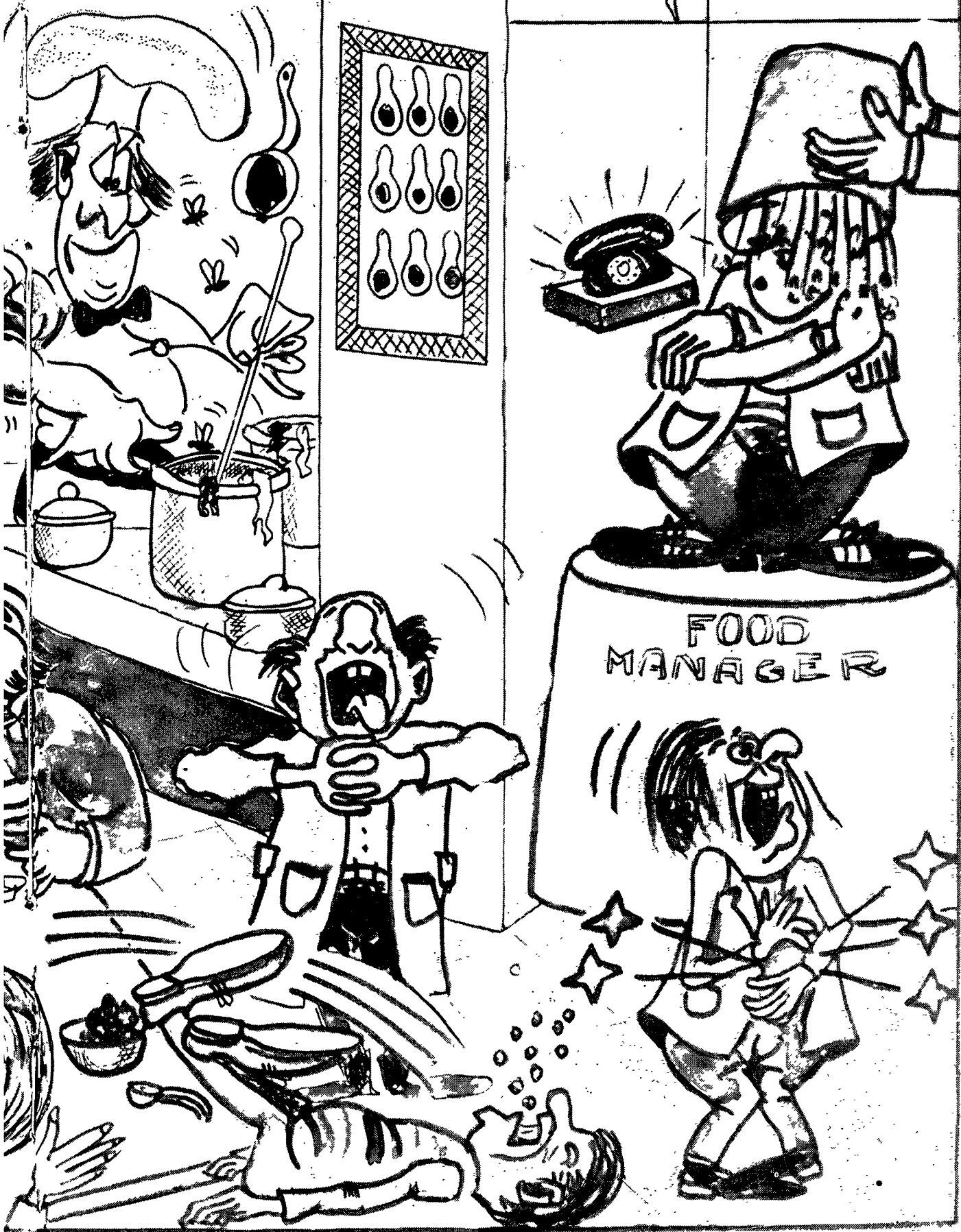
Medical Scientific Office
for Near East of
C. H. Boehringer Sohn
Ingelheim am Rhein
P. O. Box 7132 - Beirut



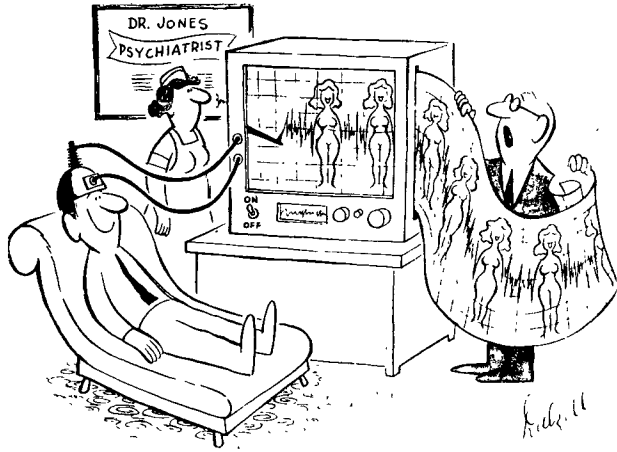
AUMC CAFETERIA

WE ACCEPT
TRAVELLER
CHEQUES

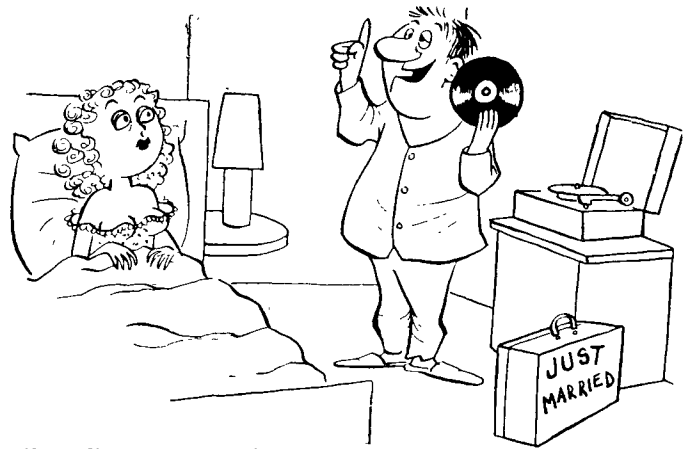




LAUGHTER - THE BEST MEDICINE



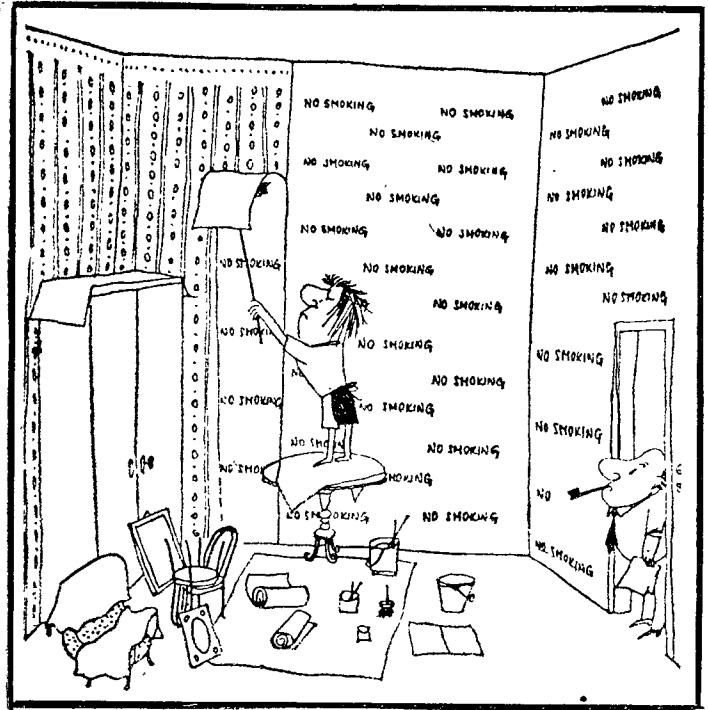
Turn it off Miss Smedley I think this tells us enough



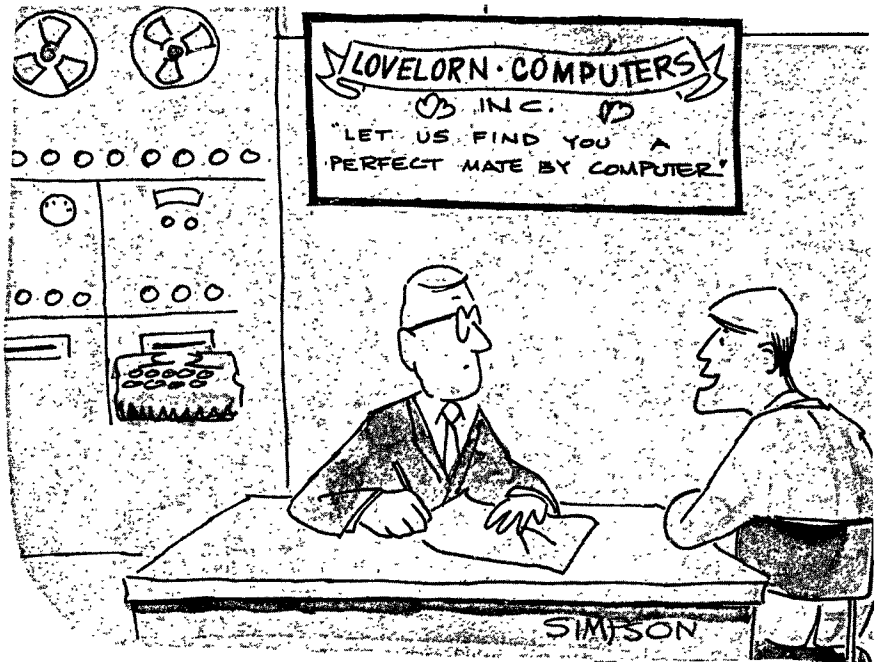
«But first, our national anthem !



"now the female kills the male and eat him Talk about women's lib"



"Do not pass Go, do not collect \$200, go directly to the bedroom.' Just where did you buy this monopoly game?"



"Tell you what! -- just find me a nymphomaniac under 25!"

LETTER TO THE ADVISOR

By Basim Azar

Dear Sir,

Your challenge or even your defiance to us in your letter in the last issue of *MEDICUS* is most willfully accepted. Were it not a challenge it may well have stayed unanswered.

But before we start our contest allow me, Sir, to whisper a small warning to you. The Medical Department in our school is under the impression that I am a chronic complainer who always has something to complain about. As I respect their judgement I am afraid that this letter of mine may well be an expression of that propensity inherent in me. The list of complaints is getting larger and larger and the give and take may thus last long. So please always remember that it was you who have started the challenge. You have asked for it! Now, allow me to proceed.

Your statement, that the two undertakings you mentioned, namely the Student-Faculty Committee and the student evaluation of teaching, teachers and the curriculum were the most significant changes you have witnessed concerning the faculty student relations in A.U.B. Medical school during the last nineteen years, that statement shows and bitterly does so, how stagnant and frozen the situation in our Medical School, is — or, should I say, was. The bitterness and sadness lie in the fact that within a period of at least two decades such changes would stand out and be labelled of unmatched significance. Let me elucidate.

First, the student-Faculty Committee, from which you sound to anticipate much is nothing but an isolated social activity involving few faculty members and few «chosen» students. Towards it I feel an outsider, and I assure you that this is the same feeling shared by so many other Medical Students if not all. The way the students are selected to fill the students «seats» in the committee is an unequivocal evidence of why I think this committee will not go beyond

the boundaries of a social activity. Few students are «chosen» by the M.S.S. cabinet and the names of those are sent to the Director of the School who in turn «chooses» those whom he sees fit for the activity. The criteria of fitness, I do not know and I may not have the right to question. But it is crystal clear that the fallacies in the procedure of selection are countless. The M.S.S. cabinet has no right whatsoever to appoint student representatives. That right was suddenly and mysteriously thrown upon it. Moreover, it is well seen that the final word in that ceremony of selection is for the faculty. Again we find ourselves in the closed cycle. The Faculty — and democracy, in which we are firm believers and of which we are dedicated students is, to say the least, nonexistent. This is no end for the story, but for fear of boredom let us consider the second undertaking.

This second change concerned the problem of student evaluation of teaching, teachers and the curriculum. To tell the truth, Sir, we the medical students in this institution have grown up to become the slaves of the evaluation sheet — slaves of the impression. I say slaves because I find no other more degrading description. Instead of becoming a record of honesty, the evaluation sheet has taught us the art of hypocrisy — and sorry to say that some of us are excelling in that art. Under no condition would we like to see our teachers taking a similar course. We do not want to evaluate them, not even their methods of teaching. The fit of fury that we have witnessed last year when a group of second year medical students wrote down their impressions and feelings, and attempted at criticizing the teachers, teaching and the curriculum, is still to be remembered. That incident in particular will always stand out as a witness of the futility of our blundering.

One last word remains to be said. We, the students, are always accused of being apathetic, but don't you agree with me, Sir that what you see as apathy is but a sign of helplessness and defeat ?

MEDICUS SUBSCRIPTION COUPON

PLEASE SEND ME THE ISSUES OF «*MEDICUS*» FOR THE YEAR 1970-1971

I ENCLOSE :

- 5 L.L. RESIDENT AND NURSING STAFF OF AUH.
- 15 L.L. A.U.B. FACULTY AND ALUMNI IN LEBANON.
- \$ 10.00 A.U.B. ALUMNI OUTSIDE LEBANON.

ADDRESS :

.....

.....

REVENUES GO TO THE MEDICAL STUDENTS' SCHOLARSHIP FUND.

SEARLE SCIENTIFIC SERVICES

(A division of G.D. Searle and Co., Ltd.)

**HORMONE ASSAY AND CLINICAL PATHOLOGY SERVICE
NOW AVAILABLE IN ALL MIDDLE EAST COUNTRIES**

ESTIMATIONS PERFORMED INCLUDE

HORMONE ASSAYS

Serum Protein Bound Iodine
Serum T3 Binding Index
Serum Thyroxine
Plasma Progesterone
Plasma LH
Plasma Cortisol
Plasma Growth Hormone
Plasma Insulins
Urinary 17 - Ketosteroids
17 - OH Corticosteroids
Pregnanediol
Pregnanetriol
Total Oestrogens
Fractionated Oestrogens
Oestriol
LH

CLINICAL PATHOLOGY

Screens for
Sodium, Potassium,
Chloride, Co₂, Urea, Sugar, etc.
All kinds of
Routine Biochemistry including
Lead, Copper, Magnesium, Lithium
Haematology and Bacteriology

Specialised tests can be performed if needed.

G. D. Searle & Co. Ltd.
(Middle East Area)
P. O. Box 4524
Beirut
Lebanon
Tel. : 240695
Cable : SEARIN BEIRUT
Telex : via A. Anderson & Co. 666

Associates in Lebanon :
Laboratoires Dr. Emile Rizk
38 Rue Clemenceau
Imm. Esseily
Beirut
Lebanon
Tel. 344140
Cable :RIZKLABS BEIRUT

All estimations performed at reasonable cost to highest degree of
Precision Accuracy Specificity Sensitivity
in the Searle Laboratories in England.

Salon George

**HAIRDRESSER
FOR MEN**

**Gefinor Bldg.,
Tel. : 344112**

SIBON

THE TRANQUILIZER WITH MUSCLE RELAXANT ACTION

Meprobamate 400 mg.

For anxiety and tension states, both acute and chronic

30 tablets L.L. 2.25

A PRODUCT OF

SCIERLABS S. A. L.

Beirut - Lebanon

Tel. : 344865

NURSING PAGE

NURSING IS WHAT YOU MAKE IT

Nursing means different things to different people, and so it is no wonder that the public has various and diverse images of a nurse. Here are some comments that I have heard from different people :

- «Nurses are diligent workers»
- «Nurses are heartless»
- «Nurses are humane»
- «Nurses are self-sacrificing»
- «Nurses are just after the money»
- «Nurses are just after the doctors»

Well then what is the truth about nursing. I believe that nursing is what the patient expects of it, and what the nurse makes of it.

What can a nurse mean to a patient? what needs may she fulfill? The nurse may be :

- The walking stick to the disabled patient.
- The skilled fingers that clean the wounds.
- The friend who listens to the old lady's stories. when she is in desperate need of someone to talk to.
- The guide for better child care to the expectant mother.
- The ice-block who considers the patient just another human body and another number
- The walking white figure who asks : «How do you do?», but does not really mean it, nor waits for an answer.

Hence, nursing can mean a great many things. There is no stereotype nurse. Meanwhile, may I humbly suggest that we nurses, or future nurses, think twice : «what is our role in nursing?» «what attitude or approach do we have toward nursing?»

Nursing is what we make it. Let's make a good go of it.

(In a simple manner I am trying to express how I Dale Home knowing that it will soon be torn down.)

MISSING DALE HOME

It is high time this old place is down, torn.
The walls are cracked and fall they will,
Due to age and drill
Before a new morn.

Who will sigh and ask why is it gone, 'Gone' ?
Age has eaten it up, and more :
From the very door
To the roof, it's done !

«We are glad», we say, «This house is to go»,
And that's the way it should be, Yes !
The next must be blest
For it's sure to glow.

Meanwhile, I find in its garden, so old,
A self that yearns in search for love,
Divine, from above
Never bought, now sold.

But a bird sings, a tree, tall and green, swings;
And I look, hard, alert to see :
What thing could that be
Doing this to me ?

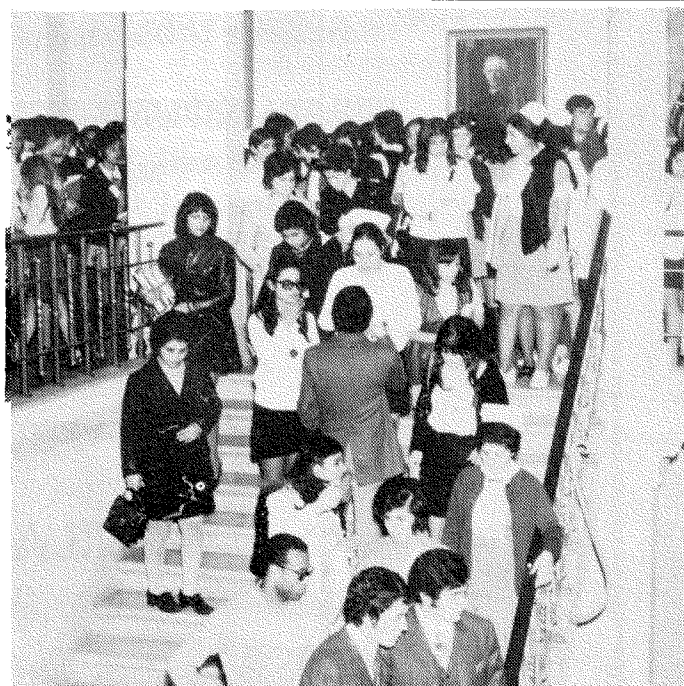
Through the old, the worn out, through 'Dale Home'
A great and lovely thing moves me
Shakes me and tells me
This old place is 'HOME'...

«How Can I not Miss it ?»

The School of Nursing organized a special program this year for the interest of the graduating classes of high schools in Lebanon. The program consisted of a sketch, depicting the responsibilities and opportunities for the nurse, a tour of the campus and the New Medical Center, and a reception in Dale Hall.

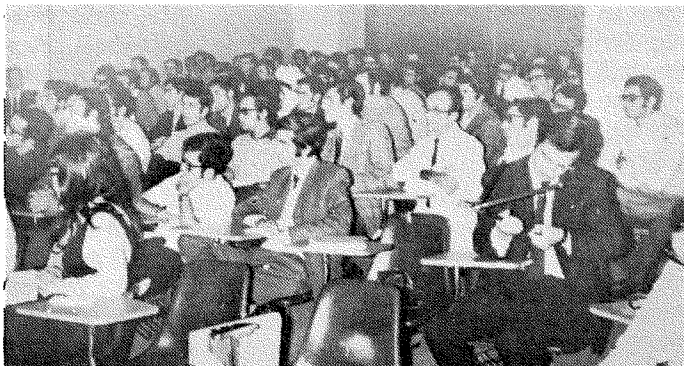
The sketch which was performed by the students on West Hall auditorium was considered the highlight of the program. It was written by Dr. R. Sulayman who also produced it with the assistance of faculty members. The lights and sounds system of the sketch made a good impact on the audience. Preceding the performance, short speeches were delivered by Miss E. Moyer, Director of the School of Nursing, Miss Bsar, President of N.S.S. and Mrs. Beyhum, recruitment Councillor.

Around 500 students attended the program. The response was very enthusiastic !



MSS HOLDS GENERAL ASSEMBLY

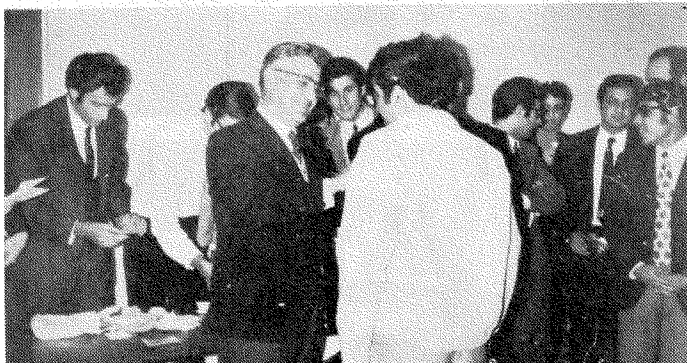
Two years after the last general assembly for the MSS which turned out to be a mortifying fiasco (very scantily attended and with more faculty than students !) another G.A. was held on Tuesday December 8 at 6:30 p.m. in the audio-visual room. More than 150 students as well as several faculty members showed up - a far cry from the last G.A.



MSS President Bassam Musharrafieh gave a welcoming speech, and ran through a brief resumé of MSS activities for this year. He then called on the committee chairmen who reported on their prospective schedules for the year. The treasurer was also called upon to brief the members on pecuniary matters.

Dr. Raif Nassif then addressed the students «as an MSS member, not as director of the school». He reminded them that the MSS was 24 years old to date, and urged them to carry forth its message.

The floor was then opened for suggestions and questions, which ranged from «why not the M.D. at the end of 4th year» to «why should MSS make parties with the BCW girls and not the WSO girls of AUB.



Later, the audience were invited to a reception where the Medicine I students received their pins, while the rest raided the delicacies offered them.



PANEL ON FRIGIDITY

A panel discussion on «Frigidity» was held in the Audio-Visual Room on Friday Nov. 27. The occasion was a conjoint effort between the AUB Medical School and the French Faculty of Medicine. The panelists were Drs. Mroueh (OBS-GYN), Ayyoub, Azoury, Zorweh (Psychiatrists) and Shamoun (Psychologist). The discussion was bilingual.

Strangely enough, more than 120 French Medical Students and faculty came all the way to our A.V. Room to attend, compared to two faculty members and 10 medical students from AUB only !

According to the prevailing popularity of topics, sexual discussions rank as the most potent audience attraction. Yet, our students and faculty are so heavily wrapped with apathy, that even sex fails to ignite their interest.

STUDENT-STAFF INDIFFERENCE CAUSES

LECTURE SERIES CANCELLATION

The Scientific Committee organized a series of four lectures on Clinical Pathology. The first was attended by some 20 students and residents, the next by 9. The remaining two lectures were canceled.

It is beyond words to describe the implication of such a miscarriage. Suffice it to say here that such a disgraceful incident can only reiterate what is already well known about the attitudes of our Medical Students, residents and faculty.

MSS - BOW PARTY

The MSS social committee (under the leadership of Robert Pambakian) brought medical students and B.C.W. girls together in a dinner and dancing party at La Cave de Dieu on Friday December 11, 1970. It was preceded by a get-acquainted reception for the medical students at Shannon Hall, after which all moved to the Cave. Exotic surroundings romantic



Greek music, and good wine carried the participants to a frenzy of group and solo dancing that lasted past mid-night.

EDUCATION COMMITTEE HOLDS FIRST ACTIVITY

The Medical Education Committee organized a film projection about the etiology of Diabetes Mellitus. About 100 students and faculty members were present, and found the film «impressive and educative». Dr. Ibrahim Salti who was present to answer questions after the projection, described the film as «excellent.»

Both the film and the refreshments served afterwards were courtesy of HOECHST Pharmaceutical Co.

MSS ATHLETIC COMMITTEE STRIVES TO REVIVE GRAND MEDICOS' GLORIES

There was a time when the Grand Medicos reaped glorious victories at all university sports. In the recent past, however, athletics at the medical school was synonymous with forfeits and or defeats.

But no longer so. This year, we started out by joining the various AUB teams in their tryouts for football, basketball, and volleyball. Not only that, but we also thought of forming other teams for table tennis, badminton, and swimming.

The tryouts were scheduled to provide practice. We played against the Aggies twice in football, losing both games after a tough fight. However, they lost to us at basketball, and we were at our winning best in volleyball.

In the AUB intra-mural tournaments, there were no forfeits. We were eliminated in volleyball, Basketball and football, although in the last, the quality of our team compared favorably to most other AUB teams as evidenced by our game with the Engineers.

Last week, the AUB championships began. Unfortunately it was raining heavily, and the football team did not show up, although according to Mr. Tarabolsi and the AUB athletic regulations all scheduled games should be played, rain or shine like professionals, otherwise chaos will breakout. This, of course, puts our medical school teams at a disadvantage due to the conflict between pneumonitis and sports.

The football championships will be continued on January 10th, the volleyball and basketball on March 15th and 16th respectively.

In conclusion, it must be pointed out that the Athletic committee led by chairman Gaby Haddad (who supplied all the above information), is working hard to revive the sporty image of the medical students. As for the apathetical students, most probably it was their nature to be so before entering the medical school.



**Well-proved
Geigy pharmaceutical specialities
available in Lebanon**



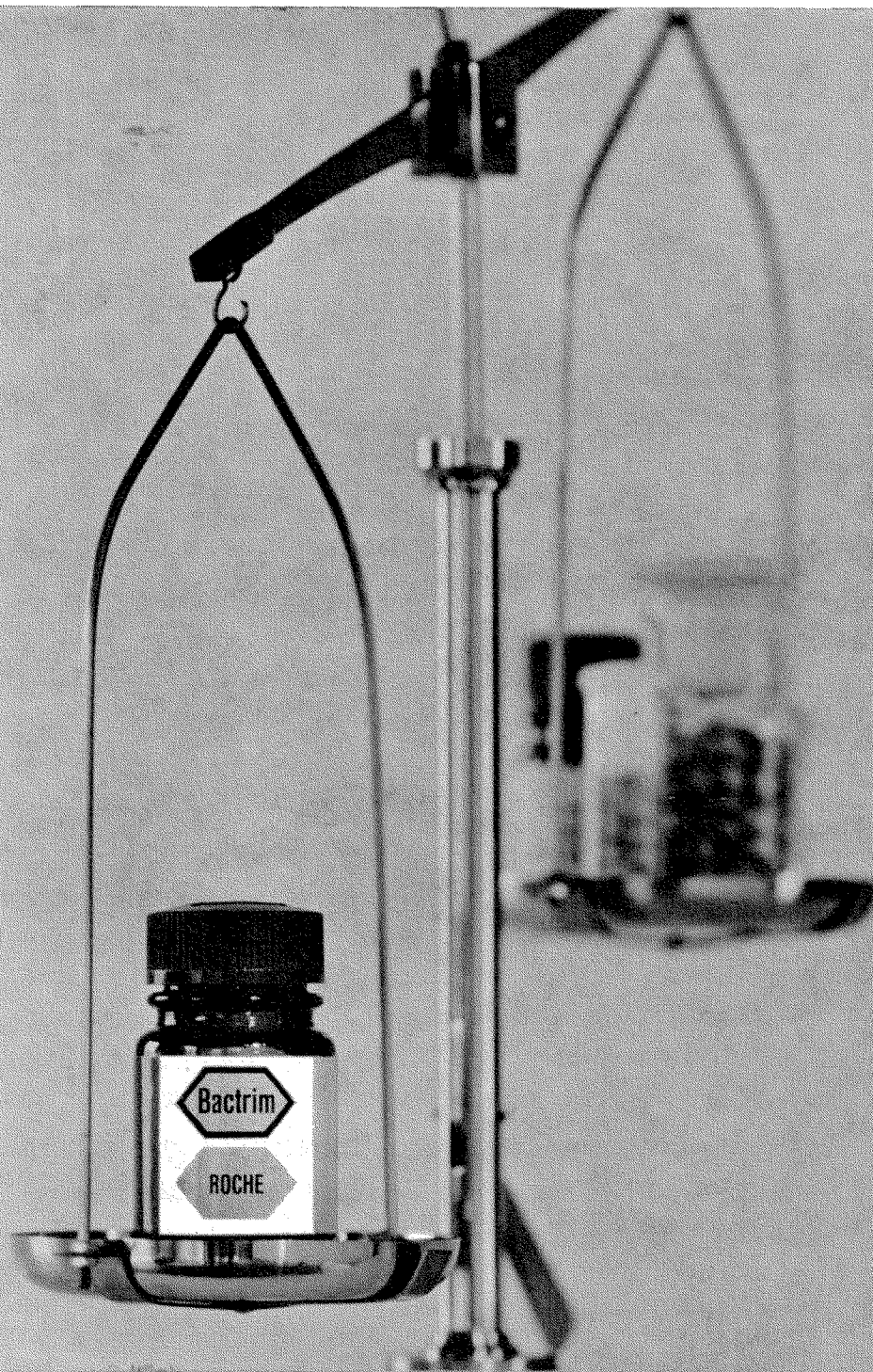
Anturan®	Uricosuric agent	Sintrom®	Anticoagulant
Butazolidin®	Antirheumatic and anti-inflammatory agent	Siosteran®	Intestinal antiseptic without iodine
Delta-Butazolidin®	Polytropic antirheumatic	Sterosan®	Bacteriostatic, antimycotic
Eurax®	Antipruritic, acaricide	Synopen®	Antihistaminic and anti-allergic agent
Hygroton®	Long-acting diuretic and antihypertensive agent	Tanderil®	Anti-inflammatory and antirheumatic agent
Hygroton®-Reserpine	Antihypertensive agent	Tegretol®	Psychotropic anti-epileptic agent
Insidon®	Psychosomatic harmonizer	Thrombokinas	Determination of prothrombin-complex
Irgapyrin®	Antirheumatic, anti-inflammatory, antipyretic and analgesic agent	Tofranil® 25 mg 10 mg	Thymoleptic
Medomin®	Mild hypnotic	Tromexan®	Anticoagulant
Micoren®	Respirotonic		

100/2

Geigy Middle East S.A.L.
P.O. Box 4285
Beirut



Designed x made by Fontana



**Weighty arguments
favour «Bactrim» Roche over broad-spectrum antibiotics:
even broader spectrum,
minimal bacterial resistance,
bactericidal effect,
no alteration of intestinal flora**

F. Hoffmann-La Roche & Co. Ltd, Basle, Switzerland

مدىكوس

مجلة شهرية تصدرها جمعية

طلاب الطب في الجامعة

الاميركية في بيروت

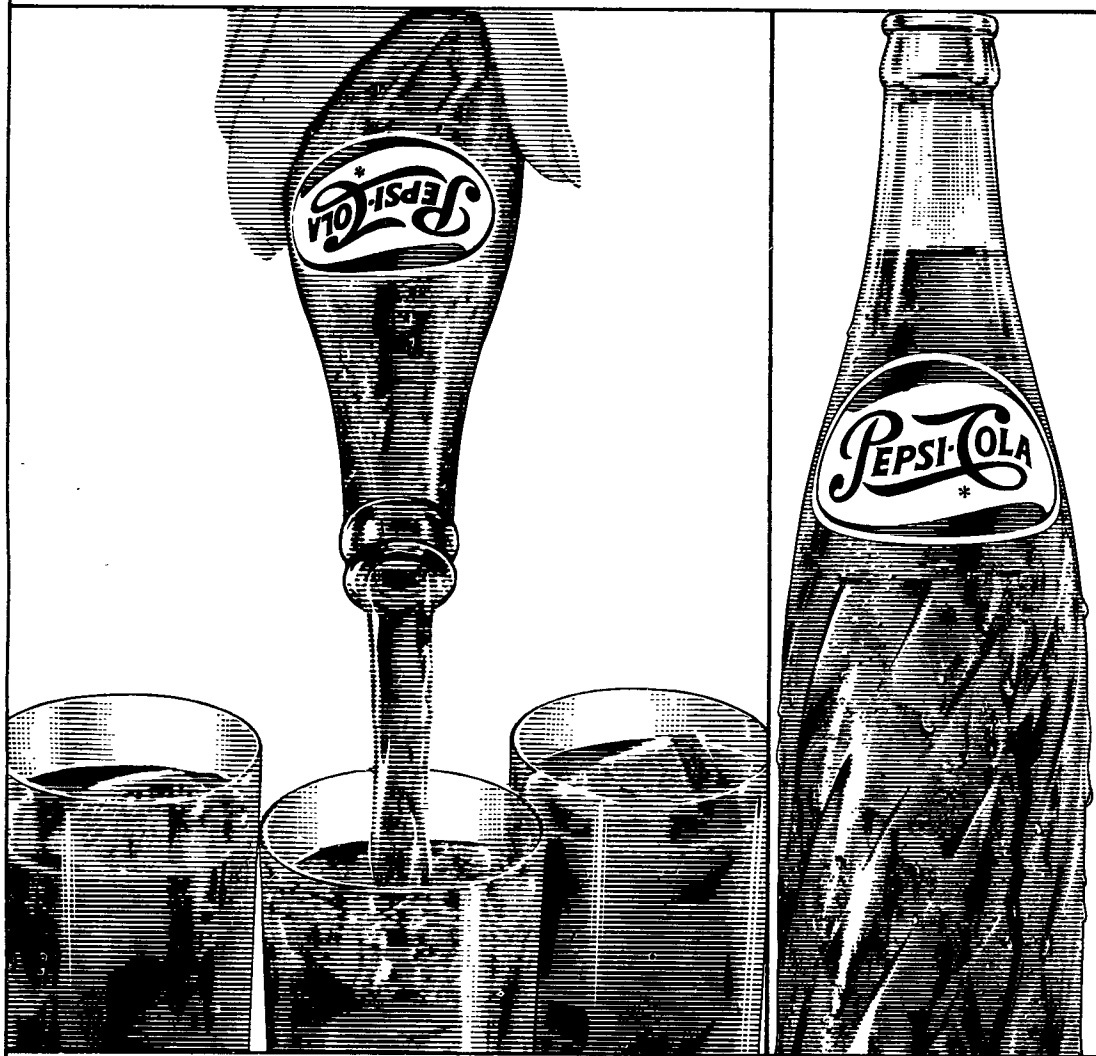
السنة التاسعة

العدد ٢ - كانون الثاني ١٩٧١



AMERICAN UNIVERSITY
OF BEIRUT
27 JAN 1961
UNIVERSITY
LIBRARY

vive la vie et Pepsi



un frais plaisir

Mise en bouteille par la
SOCIETE MODERNE LIBANAISE POUR LE COMMERCE S. A.



مديكوس

مجلة شهرية تصدرها جمعية
طلاب الطب في الجامعة
الاميركية في بيروت

محتويات العدد

- ٢ - افتتاحية العدد
- ٣ - يسقط الاستعمار والمثلون
- ٥ - الصنم (شعر)
- ٦ - مديكوس في حوار مع علي قدوح
- ٩ - الخوف
- ١٠ - لو أكل المستر ايجي المجرة ...
- ١٢ - عمان مدينتي ... احزانها جبال سبعة (شعر)
- ١٣ - عدنا والعود احمد

هيئة التحرير

باسم عازار - رئيس تحرير القسم العربي
هنري نصر الله - رئيس تحرير
القسم الانكليزي
بسام مشرفية - المحرر المسؤول
دانيال فليحان - عضو الهيئة الادارية

هيئة تحرير القسم العربي :

الياس نقولا ، ماهر عودة
مرشد : الدكتور ربيع سليمان عن الاطباء
المقيمين

مرشد مديكوس :

الدكتور سهيل جبور



الغلاف

لوحة « غورينكا » لبيكاسو ١٩٣٤ .
عندما عرض بيكاسو لوحته هذه سألته
ضابط فاشي ان كان هو الذي رسم تلك
اللوحة فأجابه بيكاسو « لا بل انتم ! »

الى اصدقائي الخارجين على القانون

نعلم حق العلم يا اصدقائي بأن عصرنا هذا هو عصر اللا قانون او
قانون الغاب - وهكذا هو مفروض علينا .

ونعلم حق العلم ايضا ان جيلنا هذا هو جيل الرفض . ونحن
بذلك نعتز . نحن نقدر كلمة « لا » لاننا بها نرفض عنا كل غيرة
العصور الجاهلية ومنطق العصور الوسطى ونغرس في المستقبل
كل امل .

ونعدكم يا اصدقائي بأن كلماتنا ستكون دائما رافضة ذلك
اننا نؤمن بالرفض خطوة اولى في طريق البناء الصحيح . فحتى
نعلي البنيان الجديد على اسس قوية فلا بد من هدم القديم ومن
اساسه . فنحن اذن ايجابيون في رفضنا . نقول بالفعل نعم حين
نقول للباطل « لا » . وسنظل نقول للاعوج لا حتى يستقيم .

فيا اصدقائي على درب الكلمة مزيدا من الرفض .

باسم عازر

رئيس التحرير
(القسم العربي)

يسقط الأستعمار والمثلون

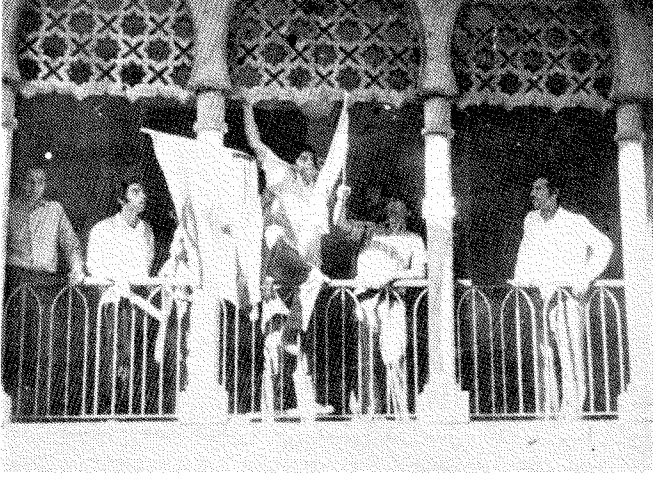
بقلم باسم عازر

تكن قرونه مستقيمة . اما الاستعمار فلم اكن املك له اية صورة في مخيلتي ولعل ذلك يرجع الى ان احدا من الناس لم يجلس معي ليحدثني عنه بشكل مباشر وكانت كل معلوماتي بخصوصه مسروقة من احاديث الاخرين عنه . لقد كان عدم معرفتي بالاستعمار مصدر ازعاج لي وكنت في شوق دائم للتعرف الى ذلك المخلوق . لقد كنت واثقا بنفسي وبشجاعتي لذلك فانه لن يقوى على اخافتي اذا ما تقابلنا . وجاء ذلك اليوم الذي ظننت فيه بانني سأحقق امييتي .



يومها اقتحم مجموعة من الشبان ابواب الصفوف في مدرستنا ودفعوا بنا الى الخارج قائلين ان على جميع طلاب مدرستنا الابتدائية ان يتجمعوا في باحة المدرسة استعدادا لمسيرة كبرى في شوارع البلدة اذ ان ساعة الاستعمار قد ازفت . كان هؤلاء الشبان وهم من طلاب المدرسة الإعدادية المجاورة قد قرروا في اليوم السابق انه آن الاوان كي يسقط الاستعمار ويرحل عن بلدنا حتى يستريح الناس ويستطيع طلاب المدرسة ان ينصرفوا الى دروسهم بكل اطمئنان . اما طلاب روضة الاطفال فقد اعفوا من الاشتراك في المسيرة لانهم كانوا يظنون ان الاستعمار هو الحمار مع انه لم يكن كذلك . . لقد كنا نعلم ان الحمار لا يمكن ان يكون شرسا الى ذلك الحد .

كنت يومها صغيرا في سني دراستي الابتدائية الاولى وكنا ما زلنا في بداية العام الدراسي لتلك السنة بعد صيف طويل ممل وشوق لا يوصف للقراءة الكتب الجديدة وللتفرج على ما تحويه من صور الحيوان والبشر والنباتات وغيرها . في تلك الايام كانت اجواء بلدنا مشحونة بشيء غريب . كان الجميع يتهامسون وفي بعض الاحيان بصوت مسموع عن مخلوق غريب بشع يكره سكان بلدنا الطيبين ويتربص الفرص لليليل منهم . كانوا يسمونه « الاستعمار » ويدعون انه انسبب في كل ما يصيب اهل البلدة من سوء . وفي ذات يوم مات احدهم فقيل ان الاستعمار قد فتك به وفي يوم اخر سمعت المعلم اديب - وهو فيلسوف البلدة - يقول لوالدي ان هذا المخلوق قد حال دون وصوله - اي المعلم اديب - الى ان يصبح مختارا . وظننت حينها ان ذلك يرجع لكون بيت المعلم اديب في طرف البلدة مما يفسح المجال امام الاستعمار للحيلولة دون وصول الناس الى بيته في سلام . لا اعلم السبب الذي حمل الاستعمار على كرهنا بالرغم من انني لم اسمع ان احدا من الناس قد حاول ان يعتدي عليه . لعله وحش كاسر يتلذذ بأكل لحوم البشر او لعله يمارس رياضة مفضلة لديه . المهم انه كان يكرهنا . وقد تحتم على ذلك انني اصبحت انا اكرهه بدوري وصرت أومه حتى على رداءة الخط في دفاتري المدرسية . بقيت عندي مشكلة واحدة بالنسبة للاستعمار ذلك انني لم اكن قادرا على ان اصنع له صورة واضحة في مخيلتي . بقي شيئا غامضا وغير محدود وصورة مهزوزة دون ملامح وقد كان فقدان هذه الصورة يزعجني كثيرا . فقد استطعت ان ارسم لله صورة واضحة في ذهني وذلك منذ اول يوم حدثني عنه أُمي . فبالرغم من انها لم تذكر لي شيئا عن شكل الله او عمره ومسكنه فقد استطعت ان اراه شيخا طويل القامة عريض المنكبين يلبس ثوبا ناصع البياض ويضع تاجا من الذهب الخالص على رأسه ويسير حافي القدمين ذلك لان ارض قصره مصنوعة من الرخام المصقول كذلك فقد استطعت ان اكون للملائكة صورة تشبه الله الى حد كبير غير انها اصغر منه حجما وتزيد عليه بان لها اجنحة من الريش الابيض . اما الشيطان فقد كان شديد الشبه بالانسان ولكنه قبيح المنظر وهو دائما يكشر عن اسنانه ويحمل في يديه الأدوات الحادة وفي رأسه قرنان اعوجان ولا ادري لماذا لم



لقد استنتجت حينها ان الهدف من ضمنا نحن الى المسيرة هو بقصد جمع اكبر عدد ممكن من البشر حتى اذا ما رأنا الاستعمار متجهين نحوه بهذه الكثرة ، فسيعلم حتما بانه خاسر وسيولي الادبار متفاديا معركة معروفة النتائج معنا . اما نحن فنكون قد ابعدهنا عنا دون خسارة تذكر في صفوفنا سوى تعطيل يوم واحد من الدراسة .

انطلقت مسيرتنا الظافرة باذن الله بعد ان اعطينت لنا التعليمات بان نظل نردد جملة « يسقط الاستعمار » . . . « يسقط الاستعمار » لان هذه التعويذة تضعف من قوة المذكور وتطرد عن مسيرتنا جميع الارواح الشريرة وكل الشياطين وكل من له صلة بهم . وعندما بدأنا طوافنا في شوارع البلدة وأزقتها كانت تنضم الينا بين الحين والآخر مجموعة من الحمير او شلة من الماعز اما الدجاج فقد كان يتراكم مبتعدا عنا في جميع الاتجاهات خوفا من جبروتنا.

لقد استرجعت هذه القصة في ذاكرتي وأنا أرى تلك « الهيصة » التي يقيمها بعض الزملاء في الـ M.S.S. ضد ما يسمونه الـ Administration ويدعون انه السبب في معظم مشاكل الطلاب في هذا المعهد . فاذا تعطل المصعد فان الـ Administration وراء ذلك التعطيل واذا فسد الطعام (وخاصة اللبن) فذلك لفساد الـ Administration واذا لم يجد طالب السنة الخامسة مكانا للنوم فذلك لنوم الـ Administration على مصالحه وصار حتى اذا تقيأ احدهم فلنومها على معدته . وصارت الـ Administration ذلك الشبح الذي نخافه ولا نعرفه . أصبحت ذلك « الاستعمار » صاحبنا القديم الذي تهرأت اقفيتنا ونحن نردد تعويذة سقوطه فكان ان سقطنا نحن وتحت العصي .

أريد ان أقول لزملائنا هؤلاء باننا شعبنا وتخمننا من مسرحيات التمثيل والفكاهة . لا نريد من الـ M.S.S. ان تتكرر لنا شبحا جديدا نسميه الـ Administration نخافه ونجهله . نحن بطبعنا نخاف المجاهيل ولسنا على استعداد لمقاتلتها ما دمنا لا نعرفها . اننا نريد الاشياء ان تكون واضحة وعارية امام الشمس او لا تكون ابدا . لا نريدها ملتوية كما جاء في عدد « مديكوس » السابق من مقابلات

اما انا فقد كنت فرحا جدا بهذا الموكب لانني ايقنت انني ولا محالة سوف اقابل هذا العدو واتعرف على شكله ومنظره وربما احاول ان اقتص منه لكل هذه البلبلة التي احدثها في بلدنا الآمنة . كنت اسير في مقدمة الموكب بيدي دفاتري وانا اتمايل برأسي يمنة ويسرة مرددا مع الجمع الهائل التعويذة ايها . . « يسقط الاستعمار » . . « يسقط الاستعمار » . وفجأة وكصاعقة نزلت من السماء انقض علينا مجموعة من الجنود - الذين يبدو انهم لم يحترموا وقار الموكب - كانوا مختبئين عند زاوية احد الشوارع وانهاالوا علينا ضربا بالعصي . وبلحظة واحدة تفرق الجمع الهائل وتراكم تماما كما فعلت الدجاجات من قبل وفي جميع الاتجاهات . واذكر انني سقطت ارضا فاستسخت نيابي الجديدة وتمزقت دفاتري وتجرحت ركبتي ولكنني نهضت مسرعا بعد ان أكلت نصيبي من العصي على قفائي . وعندما وصلت البيت كنت منهكا ولكن والدي أصر على ان يلطمني صفعتين على وجهي - برغم تشفعات أمي - وذلك حتى يفهمني انه لا يمكن لطفل صغير مثلي ان يقاتل الاستعمار لانه في اعتقاد والدي كان أقوى مني ومن كل الاطفال في سني . وعندما غابت شمس ذلك النهار كنت حزينا جدا لانني ذقت كل ذلك العذاب وانا اقاتل الاستعمار بل لانني لم أكن أعرف من اقاتل .

الصنم

لكم يدب في صفوفنا السأم
لكم يزغرد الالم
على السهول والقمم
في ارضنا لكم جرت مدامع ودم

دروينا .. بلا حرم
وعيشنا .. ندم
وخمرنا .. عصير هم
وليلنا .. رقص بلا نغم
وصبحنا .. ابتسامة العدو

ولم يزل هتافنا ...
بوركت رافع العلم
محرر الانسان .. منشأ العدم
في ارضنا - فهل تحطم الصنم؟؟

لقد اشاعوا فتغنى كل فم
باننا ثرنا لنحيا في شمم
فلتصرخوا بين الامم :
ثار الغباء فتولانا العدم
وقد مشينا .. انما من صنم الى صنم

عبد الجليل نعمان



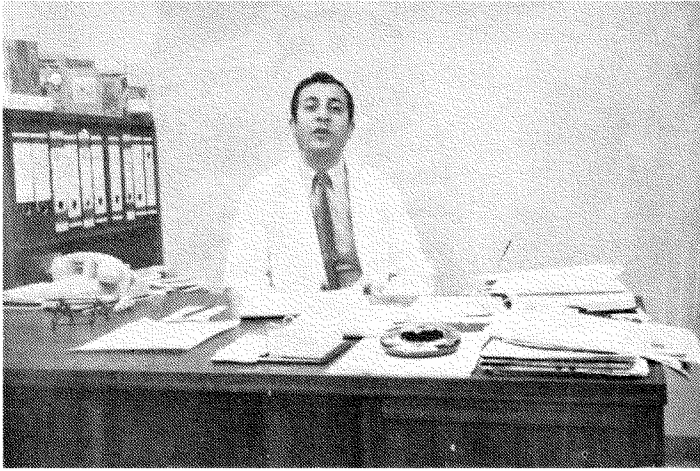
→
واحاديث وتشنجات . قضايانا كطلاب في هذا المعهد جاءت فارغة بدون محتوى وكان كل مشكلتنا تتلخص في عدم وجود مكان لائق نضع فيه سترتنا البيضاء بدل ذلك « الازدحام » في ال-Sub-basement وكان كل همنا كان في تأمين المزيد من البطاقات لشراء الطعام لطالب السنة الخامسة . أريد أن يفهم الزملاء في ال- M.S.S. ان مشكلتنا أكبر وأعمق من علاقة ثياب أو صحن طبيخ . وأريدهم ان يفهموا بأنه ليس عارا اذا ماتخرجنا من هذا المعهد دون ان نتقن فن التمثيل . ويبدو ان هذا الداء - داء التمثيل - قد سكن في عظام البعض منا ولم يعد للاصالة اي مكان على المسرح . واذا كان هذا هو واقع الحال فقد تأتي ساعة يفقد المشاهدون فيها صوابهم فيحطمون المسرح على رؤوس اصحابه ويسقط المثلون .

باسم عازار

مديكوس في حوار مع

علي قدوح ...

اعداد : الياس نقولا
باسم عازر



توجه هذه الانتقادات لي شخصيا حتى يكون بالامكان اجراء التحسين المطلوب . وهذا شيء مهم حتى لا يكون هناك تشهير ...!

مديكوس : هل كنت تعتبر ان هذا النقد موجه لك بصورة شخصية ؟

قدوح : لا

مديكوس : اذن كيف يجوز ان تعتبره تشهيرا ؟

قدوح : ان مديكوس تقرأ في مختلف اقسام المستشفى وتوضع في مختلف الاماكن فيه وكذلك فانها توجد في بعض العيادات خارج المستشفى لذلك فان من يقرأها سيأخذ فكرة سيئة عن الطعام في المستشفى ، انني اؤمن بالحوار لاصلاح الخطأ وانا اخدم في هذا المستشفى ووظيفتي اصلاح الخطأ متى حصل !

مديكوس : النقد في رأينا ليس شيئا معيبا وليس هناك اي حرج في ان يقرأ هذا النقد اي انسان .

قيل في القديم « وراء كل رجل عظيم توجد امرأة » اما نحن فنقول « وراء كل عظيم – بالاضافة الى المرأة – توجد معدة ممتلئة » . وعلى هذا الاساس فقد لعبت كافتيريا المستشفى دورها واصبحت جزءا ملازما لحياتنا اليومية في هذه المؤسسة . وكانت « مديكوس » وهي لسان حالنا – تتعرض بالنقد لمختلف الخدمات التي تقدمها الكافتيريا . وقد كان هذا النقد حادا في معظم الاحيان مما حمل البعض على ان يطلبوا الرأفة من « مديكوس » حين تعرضها لهذا الموضوع . وحتى نُنصف الجميع فقد كان هذا الحوار بين « مديكوس » والسيد علي قدوح مسؤول قسم الخدمات في قسم الـ Food Service

مديكوس : نعلم اننا تعرضنا في الكثير من الاحيان بالنقد لهذه المؤسسة وذلك يشمل نوعية الطعام والاسعار ومختلف الخدمات التي تقدمها الكافتيريا ، فهل لنا ان نستمع الى موقفكم من هذا النقد .

قدوح : انني اشجع الانتقادات . وابداء الرأي قضية مهمة بالنسبة لكل شخص . لكنني كنت افضل ان

الكافتيريا كغيرها من اقسام المستشفى تعرضت وتعرض للنقد ويجب ان لا يعتبر هذا امرا شخصيا او على سبيل التخصص في نقد شؤون الكافتيريا . على اي حال لننتقل الى موضوع ادارة هذا القسم . من هو المسؤول او المسؤولون ؟

قدوح : تقسم الادارة الى قسمين . الاول هو قسم خدمات الطعام Food Services ورئيسه المستر Wooding وانا مسؤول عن ناحية الخدمات في هذا القسم . والقسم الثاني هو التغذية Dietary ومسؤول عنه المستر Egeة والانسة Kunnel ومعاونة اخرى .

مديكوس : لمن يفضل ان توجه الشكايات بخصوص نوعية الطعام او كميته او مختلف الخدمات التي تقدم ؟

قدوح : هذا تابع لادارتي انا - علي قدوح - وانسي ارحب باية شكاية لانني احب الانفتاح والحوار معكم .

مديكوس : في ما يتعلق بالناحية الصحية ما هي الاجرات العادية التي تتخذونها بهذا الخصوص ؟

قدوح : جميع العاملين في هذه الدائرة وعند قبولهم فيها يدرسون وبشكل وافي موضوع العناية بالطعام اي وهذا يدرس من قبل قسم الصحة العامة وقسم التغذية ويشمل هذا الموضوع محاضرات وافلام علمية وتمارين عملية . ويوجد عندنا دائما مسح صحي .

مديكوس : كيف تتم عملية التنظيف ؟

قدوح : تفسل الخضار والفواكه بالصابون ثم باليود

مديكوس : بالاضافة للنظافة فهل تحاولون تغيير المنظر الخارجي للفاكهة ؟ كالعنب مثلا ؟

قدوح : نعم اننا نحاول دائما ذلك فمثلا نقوم ببرش البرتقال حتى يتحسن منظره ...!!؟ اما بالنسبة للعنب فاننا لا نوفق في اغلب الاحيان ...!!.

مديكوس : لنأتي الان الى مسألة الاسعار والكميات اذ اننا نعتقد انها غير متناسبة ومرتفعة . ويلاحظ ان الاسعار تتزايد باستمرار .

قدوح : لم يتغير شيء بالنسبة للاسعار واللوائح القديمة ما زالت موجودة وتظهر بكل وضوح انه لم يحصل اي تغيير . وان الاسعار هنا اقل بكثير من الاماكن الاخرى .

مديكوس : الاسعار هنا مرتفعة اذا ما قورنت - مع اعتبار الكمية - بالاسعار الموجودة في الاماكن الاخرى المشابهة اي ال

قدوح : انني مستعد ان اجري مقابلة بين تلك الاسعار واسعارنا هنا وارحب ان تكونوا مشاركين في اجراء مثل هذه المقابلة . اعتقد انكم ستكونوا خاسرين !

مديكوس : لا نعتقد ذلك . واذا ما تركنا قضية السعر والكمية جانبا فاننا لن ننسى نوعية الطعام . ان اقل ما يمكننا قوله عن نوعية الرز مثلا في هذا المكان هو انها سيئة جدا . فماذا تقولون في هذا ؟

قدوح : هل تعني سيئة من ناحية الطعم ام الشكل ؟
مديكوس : الاثنين معا وحتى طريقة الطبخ ايضا فان الرز يكون « مجبل » في معظم الاجيان .

قدوح : الرز عندنا هو المصري نوع اول وهو افضل نوع رز يقدم في البيوت العادية ...!!؟ وطريقة التحضير هي بواسطة البخار وهذه طريقة حديثة جدا كما توضع على الرز انواع جيدة من الزبدة . ان هذه هي اول شكوى اسمعها بالنسبة لهذه المسألة وسأخذها بعين الاعتبار وادرسها واحاول اصلاح الخطأ ان وجد بالرغم من انني فخور بهذا الرز وطعمه ...!!.

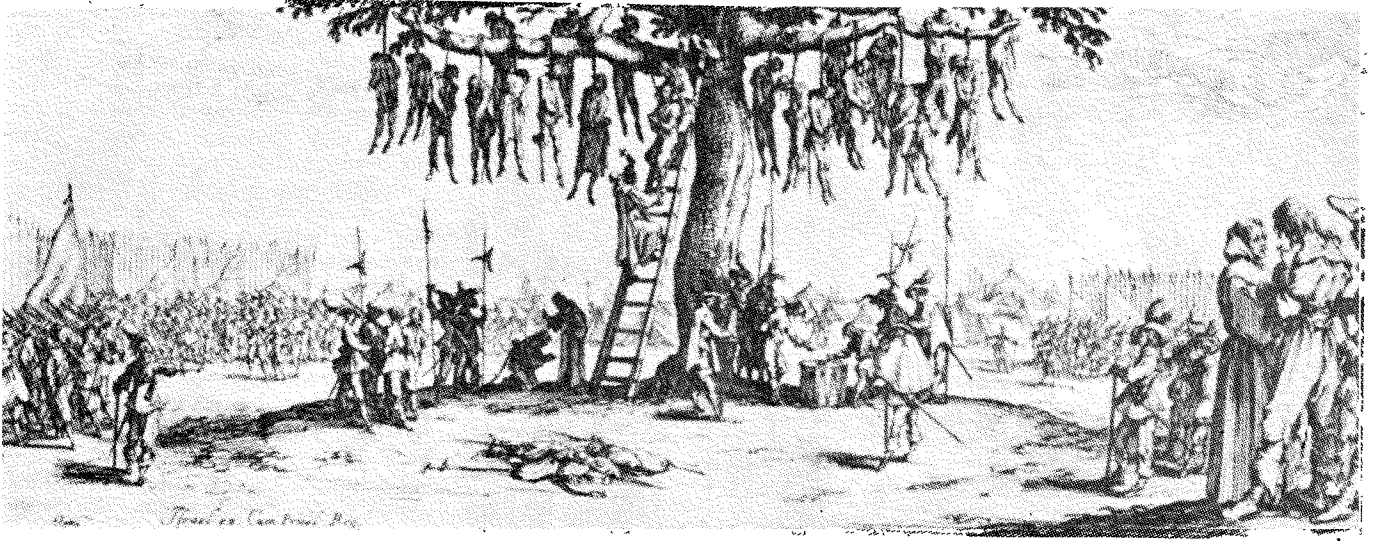
مديكوس : بقي سؤال اخير . هل هذه الكافتيريا مصلحة تجارية تسعى وراء الربح ام انها مؤسسة لخدمة الاطباء والعاملين في هذا المستشفى ؟

قدوح : الكافتيريا لخدمتكم جميعا اطباء وموظفين وذلك بالدرجة الاولى لذلك فان انتقاداتكم تهمنا جدا ونحن نرحب بها . انني ارجو من مديكوس ان تساعدنا على فتح حوار حتى يمكننا اصلاح اي خطأ قد يحدث في المستقبل وهذا شيء لا يمكن تفاديه ما دمنا بشرا ونحن ما زلنا بعيدين عن ان نصل الى الكمال .

اليانصيب الوطني



مين بدو ستين ألف ليرة
بكره السحب



الخشوف

كل فجر فكيف ستصير بعد مدة امر لا يعلمه سوى من آمن
ان في كينونة الاشياء حياة تنمو . .

ماذا يدهو طالب طب ان يصيح اسير هذه المشكلة امر
يفرض علينا سرعة المعالجة، فالداء قتال والمريض عنصر طيب
قد يحتاج اليه المجتمع .

يقول احدهم في علاج بعض الامراض ان الطريقة السهلة
هي ازالة المسببات اذا كان بالامكان ذلك . ولكن المشكلة
هنا سلسلة من المكونات تتعلق ببعضها البعض كالهرم الضخم
جدرانه متماسكة يدعم الواحد الاخر .

واذا ما تأملنا عميقا في الاجوبة السابقة اتضح لنا جانب
مهم في علاج المشكلة .

ان مجرد التفكير بتجنب لقاء ما لا تريد يعتبر آية
في الجبن عند البعض ، ولكن ان تتجنب ما يجب ان تريد
هو امر مرفوض ويعترف بذلك فيمو المجتمع الصالح . لذا
فاي تفكير انساني يتبع ذاك الذي يأبى ان يشم رائحة هي جزء
منه واي مصير يقوده اليه معلمه ذاك الذي يخنق الكلمة في
كيدته ويرفض الكلام ليصون اذني مستمعيه من الانزعاج !!

ماهر عوده

كلمة مرعبة يأبى سماعها من يريد الراحة وتزعج الاذن
لما تفعله من تموجات غريبة .

الخوف . . احرف قلة في جوف كل منها يرفد مئة
انسان ضعيف ، ومن اضلعها تنبت الافكار مشوهة غريبة .

الخوف . . عبادة صنم يشعر الانسان بلقائه بعدا عن
انسانيته ويحلم الفرد ساعة يراه بهزال شخصيته .

الخوف . . وماذا دهاني ان اكتب عنه في هذا المجال
من على صفحات « المديكوس » وكأنه جزء من مشكلتنا .

نعم ، انها المشكلة . هي مشكلة كبرى يوم تتحول
جماعة في كلية طب كهذه الى عبادة الصنم .

ولما هذا يتساءل البعض ! فيجيب احدهم بطيبة قلبه
المعروفة : « اترك الاشياء مغطاة افضل من ان تشم رائحة
كريهة » . ويقول آخر يظن نفسه عليما ببواطن الامور : « اذا
اخطئت يعرف غيرك بخطئك فتجنب من يدعوك الى الخطأ » .
وتلوح في رأس احدهم فكرة فيقول : « اعمل كغيرك واحفظ
رأسك دون سواك » .

مشكلة اصبحت متعمقة الجذور تزداد عمقا مع بزوغ

لو أكل المستر

ايجي

المجدرة...!



بقلم ربيع سليمان

وقد يقول اخر : وما دخل المجدرة بالمستر ايجي ،
وبالمركز الطبي وبمشاكلنا ؟ اتركوا المجدرة لعلي قدوح .

كل هؤلاء معهم حق ...

اذ انه لا شك في ان لنا مركز طبي ممتاز يقدم خدمات
طبية ممتازة ، وقد يكون الفضل في ذلك الى ان المستر
ايجي لم يأكل مجدرة .

ولكن يجب ان لا يغيب عن بالنا ان هنالك مشاكل ،
والمشاكل هي من العيار الثقيل .

اي من العيار الذي يجعل الدكتور الفرد دياب يقف
في اروقة المستشفى عيناه مسمرتان في الارض تبحنان عن
شحنة سوداء في البلاط اللامع ، او عقب سيجارة افلت من
برائن مقال هنري السابق في مديكوس ، او تلميذ طب ذو
شعر اشعث كث ، وياقة فالتة وقميص اخضر مخصص
للاستعمال في مملكة الانسة بيرسون فقط ، او طبيب مقيم
يدخن سيجارته في المصعد وفوق رأسه يلمع اعلان « ممنوع
التدخين » .

« المشاكل يا معلمي اكثر بكثير مما يمكن ان يتحملة اي
انسان » يقول الدكتور الفرد دياب : « واكثر بكثير من مشكلة
المعاش والدفع ، والنوع ، والاكل . نعم اكبر بكثير من
مشاكل شكري خوري ، وانيس راسي ، وبسام مشرفية ،
وربيع سليمان » .

اذن ، كما انه يوجد مركز طبي ممتاز، وخدمات ممتازة،
هنالك مشاكل ..

انا لا احب الخوض في هذه المشاكل ، ولا اعتقد ان
الدكتور الفرد دياب يجنني ان افعل ذلك .

ولكن ، ... لو أكل المستر ايجي مجدرة ، هل كان
هنالك مشاكل ؟

قد لا يسأل هذا السؤال احد ،

وقد يسأله اكثر من واحد ، وانما قد لا يجيب عليه
احد ،

ومع ذلك ... فانه سؤال طريف وجدي ...

ماذا كان حدث لو كان المستر ايجي يأكل مجدرة قبل
ان يأتي الى لبنان ؟

هل كنا اليوم في مثل هذا المركز الطبي الممتاز التابع
للجامعة الاميركية في بيروت ؟

هل كان هناك العدد الضخم من الاطباء والمرضات
والموظفين والمرضى ؟

هل كان هناك مثل هذا العدد الضخم من الخدمات
الطبية ؟

قد يقول قائل : لو أكل المستر ايجي المجدرة ، ونمي
عقله وجسده على أكل المجدرة ، لما كان لنا اليوم اي شيء .

وقد يقول اخر، لو أكل المستر ايجي المجدرة ، لما كان
لنا اليوم مثل هذه المشاكل .

« مشاكلنا يا معلمي لا تحل الا بواسطة شخص شب
على أكل المجدرة » .

لو اكل المستر ايجي مجدرة ، لربما ما كنا نهاجر الى هنا وهناك بحثا عن الرغيف ، وبحثا عن الاستقرار ، وهربا من سيف النقمة المسلط على رؤوسنا .
ولو سألتم الأطباء الذين حكم عليهم بالاكل في مطعم المستشفى لكانوا قالوا لكم :

دخيلكم لا تجيبوا سيرة الاكل . لو اكل المستر ايجي مجدرة لربما ما كان احد قال ان زبائن « المستر علي قدوح » مسؤولين عن فقدان تسعمئة (٩٠٠) ملعقة من الطعام . (يقولون ان الاطباء ابتدأوا يأكلون الملعق والشوك والسكاكين في مطعم « المستر علي » ، لان وقعها في المعدة اخف وتمزيقها للامعاء والجيوب ارحم من الاكل والاسعار) .

ولو سألتم تلامذة الطب والاطباء المقيمين لكانوا قالوا الكثير الكثير .

الكثير عن الاشياء الروتينية التافهة التي هي في رأيهم من مقومات حياتهم ، ولكنها في رأي المسؤول تبقى روتينية تافهة . اشياء مثل النوم والاكل والحرية .

« لا يا معلمي لا ... المشاكل اكبر من هيك بكثير » .
قد يكون من سوء الحظ او حسنه ، ان المستر ايجي لم يأكل مجدرة قبل مجيئه الى لبنان .

من حسنه ، لان المستر ايجي يستطيع ان يقول لنا الان :
« انا ما بعرف ، اسألوا فوق ... اسألوا الذين ما أكلوا الا مجدرة طوال حياتهم ، ولذلك فهم لا يتكلمون الا مجدرة ولا يقررون الا مجدرة » .

ومن سوءه ، لاننا سوف نظل نتكلم عن (التافه) من الاشياء في حياتنا بينما اسس هذه المؤسسة تهتر .

وان كنتم لا تصدقون ، فاسألوا الدكتور الفرد دياب . انكم تجدونه هذه الايام مطرق الرأس ساهما عيناه مسمرتان في الارض يبحث عن شحطة سوداء في البلاط بينما العمال يطولونه ساعة بعد ساعة ويوما بعد يوم بالشمع اللامع ..

لعله فقد الامل ..

لعله ، وهو الذي نذر حياته في خدمة هذه المؤسسة ، فقد الامل بالمسؤولين وبالمسؤولية .

ولعله ، وهو الذي لم يفقد شبابه وتوثبه مرة واحدة ، فقد الامل بالشباب الطالع وبالعزيزمة المتوثبة .

اسألوه ، لعله يجيبكم على الاشياء التي لم يجنبي انا عليها ولا اجاب انيس راسي ، وبسام مشرفية وشكري خوري .

واذا اجابكم ...

اسألوه ايضا من اجلي ومن اجل التاريخ :

ماذا كان حدث ، لو ان المستر ايجي اكل مجدرة قبل ان يأتي الى لبنان ؟

لماذا المستر ايجي ؟ يسألون .

لان المستر ايجي هو مسؤول معروف .

ولان المستر ايجي لم يذق المجدرة قبل ان يأتي الى لبنان .

ليس لان الدكتور رثيف ناصيف غير مسؤول وغير معروف ...

وليس لان منذر كذيلي غير مسؤول وغير معروف ..

وليس لان ...

وليس لان ...

المسؤولون في المستشفى كثيرون يا معلمي ... اكثر من غير المسؤولين .

مسؤولين عن ماذا ؟ عن كل شيء ، وعن لا شيء .

الحقيقة انه لا احد يعرف ... حتى الدكتور الفرد دياب .

ولكن هذا ليس بهمهم .

المهم ان المستر ايجي مسؤول معروف ، عنده مكتب وسكرتيرة ، وعندما يمر في الصباح الباكر يقول لنا : صباح الخير ، وفوق ذلك ، هو لم يأكل مجدرة قبل ان يأتي الى لبنان .

السؤال الان :

لو كان المستر دافيد ايجي اكل مجدرة ، هل كان هناك مشاكل ؟

لا اعتقد انه سيكون باستطاعتي انا ، ان اجيب عن هذا السؤال .

ولكن لو سألتم الدكتور فؤاد صبرا ، لكان قال لكم :
لو اكل دافيد ايجي مجدرة ، لربما كان لنا مكان نوقف فيه سيارتنا مثل « المستر غسل او « المستر ابو حمد » .

ولو سألتم الدكتور هنري مشعلاني لكان قال لكم :
لو اكل دافيد ايجي مجدرة ، لربما ما كنت آخر كل شهر العن دين اخت مكتب الـ IBM.

ولو سألتم المستر جحا ، لكان قال لكم :

لو اكل دافيد ايجي مجدرة ، لربما كان لنا حظ في ان نجعل المصاعد الاوتوترونية تمشي غصبا عن رقبة الكهرباء التي تنقطع وتقطع معها انفاسنا وانفاس الدكتور ابراهيم مفرج الذي فتح في المصاعد Delivery Suite على حسابه .
ولو سألتم اطباء الجراحة لكانوا قالوا لكم :

لو اكل دافيد ايجي المجدرة ، لربما كان لنا مكان في غرفة العمليات تجري فيه عملياتنا ، فلا نضطر الى ادخال مرضانا في غير مستشفانا .

ولو سألتم ممرضاتنا (الذين في قلبهم اليوم غصنة غير مقصودة من مديكوس) لكانوا قالوا :

عمان مدنتي، اهزأنا جبال سبعة



فليخصب الاردن
وان بكت في بيتنا الجدران
فالعام عام الحزن
والمجد كل المجد للثيران

كان الموال حزين
اغنية الموتى للاحباب من الناجين
فبكي الاحباب
وبكى في الحي شيوخ في التسعين
وبكى الاطفال
واختبأوا تحت سرير النوم
وسدوا في الليل الأذان
(لكن مغنينا لم يذرف حتى لو دمعة)
كانت عيناه رصاص
ورموش العين رصاص
وجدار القلب رصاص
ومضى في حزن الليل يغني
آلام القرن العشرين
آه ... من يعرف آلام القرن العشرين
من يعرف ما في شفة الجرح
اذا لثمت حد السكين ...
كان الموال حزين
كان الموال حزين ...

باسم عازر

يا سبع جبال باكية
با سبع قلاع دامية
تتمزق في صمت الاحزان
يا سبع بحار ما عرفت
في الظلمة ما فرح الخلجان
الحزن شرع مفتوح
والمركب تاه
والصمت آله مذبوح
جفت شفاته

يا مئذنة الحي انتحبي
وثلاثا دقي يا أجراس
الليلة في دمها اغتسلت
عمان .. وصعدت الانفاس



دم على وجوهنا
دم على الاصابع
ولافتات الدم في مدينتي
تزين الشوارع

احبابنا تساقطوا
في الدرب .. في مداخل البيوت
احبابنا لم يعرفوا بأن من
يطل من نافذة ... يموت

ان جف نهر الدم في عمان

عدنا والعود احمد ...

بقلم : غالب صعب

عند اول حفلة ساهرة اقيمت على شرفنا . « نرسات ، نرسات ، نرسات ! يا عمي بدي استقبل من هالمهنة هاي واعلن العصيان على كل واخذ يطلع معاهم .. » .

وبعد جهد جهيد علمنا ان للزميل الكريم عقدة يصعب حلها . اذ ان له طريقة خاصة في « استلام » الفتيات وذلك بعرضه عليهم مشاكل الطبيب والدراسة وزهده من هذه الحياة المرتة . وكان بذلك يحاول السيطرة على شعورهن وبالتالي اظهار تفوقه العلمي وتحمله الصعاب بصبر قلما تحلت به فئة اخرى من الناس . ولكن .. يظهر ان هذه الطريقة لم تنفعه في الماضي القريب (مع مرضات الجامعة هنا) ولذلك ثار تلك الليلة . على انه في تلك الليلة لم يستسلم . ظل يحاول عبثا البقاء في حلبة الرقص لمدة طويلة مع اي واحدة منهن ولكنه لم يفلح . وفي الاخير تعرف على واحدة يوغسلافية (صدف انها تتكلم الانكليزية بصعوبة بالغة ولكن لحسن الحظ كانت تجيد الفرنسية) . ومنذ تلك الليلة تغيرت شخصيته وصار يرتدي بدلته الانيقة والغليون لا يفارق فمه . ماذا حدث ؟

يظهر ان في حياته كلها لم تدم صداقته مع فتاة اكثر من ربع ساعة فقط . ولكن بما انه فاز باحداهن تلك الليلة ، صار يعتبر نفسه « كازانوفنا » عصره حتى انه عندما تكلمه عن الجنس اللطيف يقول : « يا اخي ختيرنا وشابوا شعراننا وصار دورهم هلق » .. بكل تواضع واستخفاف .

ولكن ، لم يكن نصيب البقية احسن بكثير : فلكل كانت هنالك مشاكل ولا يخلو الامر من بعض المآسي « البسيطة » يعاني البعض منها حتى اليوم ..

حقا ، اينما يحل المرء يخلف وراءه حفنة من الذكريات، ونحن في سنتنا الثانية هذه نحاول الإبقاء على هذه الذكريات نارا تذكى فينا حمية الدرس وتقاوم اغراءات الحياة !

قمت في الصيف الماضي مع بعض الزملاء الكرام من افراد السنة الثانية بجولة تفقدية في بعض المدن الاوروبية بدعوة من سائر الجمعيات العلمية في الغرب، وذلك للاطلاع على احدث الوسائل التقنية المتبعة في مجالات الابحاث الطبية . ولعمري لقد كانت الجولة موفقة تماما وزادت فرص وسبل التعاون ما بين القارتين الاوروبية « والايبوية » لما فيه خير الشعوب كافة . وليس حديثي هنا الا لسرد بعض جوانب تلك الرحلة التاريخية .

لم يكد يمر يوم واحد على نزولنا احد اكبر فنادق عاصمة صاحبة الجلالة حتى قذفنا خارج الفندق في الليلة التالية وذلك لاننا لم ندفع بدل الإقامة في الصباح . فما كان من الرفاق الكرام (طبعا بعد طرح القضية على التصويت والمصادقة على التصويت ، وبعد الشتائم المتبادلة التي كان لها رواجاً منقطع النظير هناك نظرا لعدم وجود رقابة الجهات المعروفة) ما كان من الرفاق الا ان قرروا المبيت في « الهايدبارك » وكان ذلك اول الغيث .

ثم اشتركنا بعد ظهر اليوم التالي في مناقشات سياسية في « البارك » المذكور مع عدد من أئمة الفلاسفة الصهاينة ، ونظرا لعددنا الضئيل (اربعة فقط) ، لجأ احد الرفاق المحترمين (وقد اسميناه يومذاك القزم الكبير) الى مقاطعة الخطيب في حديثه مما ادى الى زيادة نقمة الحضور ضدنا وحمل « صلوكنا » الجليل القدر على الانسحاب « خوفا على جلده » . اما نحن فالسياسة كانت اخر همومنا ، والتسلية واللهو شغلنا الشاغل .

بعد ذلك ، في ادنبره ، حيث كانت لنا صولات وجولات مع الرؤساء والاطباء والتلاميذ، وطبعا مع المرضات . فلحسن الحظ او لسوئه يشاركوننا ، اينما حللنا ، السراء والضراء ، وعلى حد قول احداهن هناك : مهمتهن الترفيه عن الاطباء !

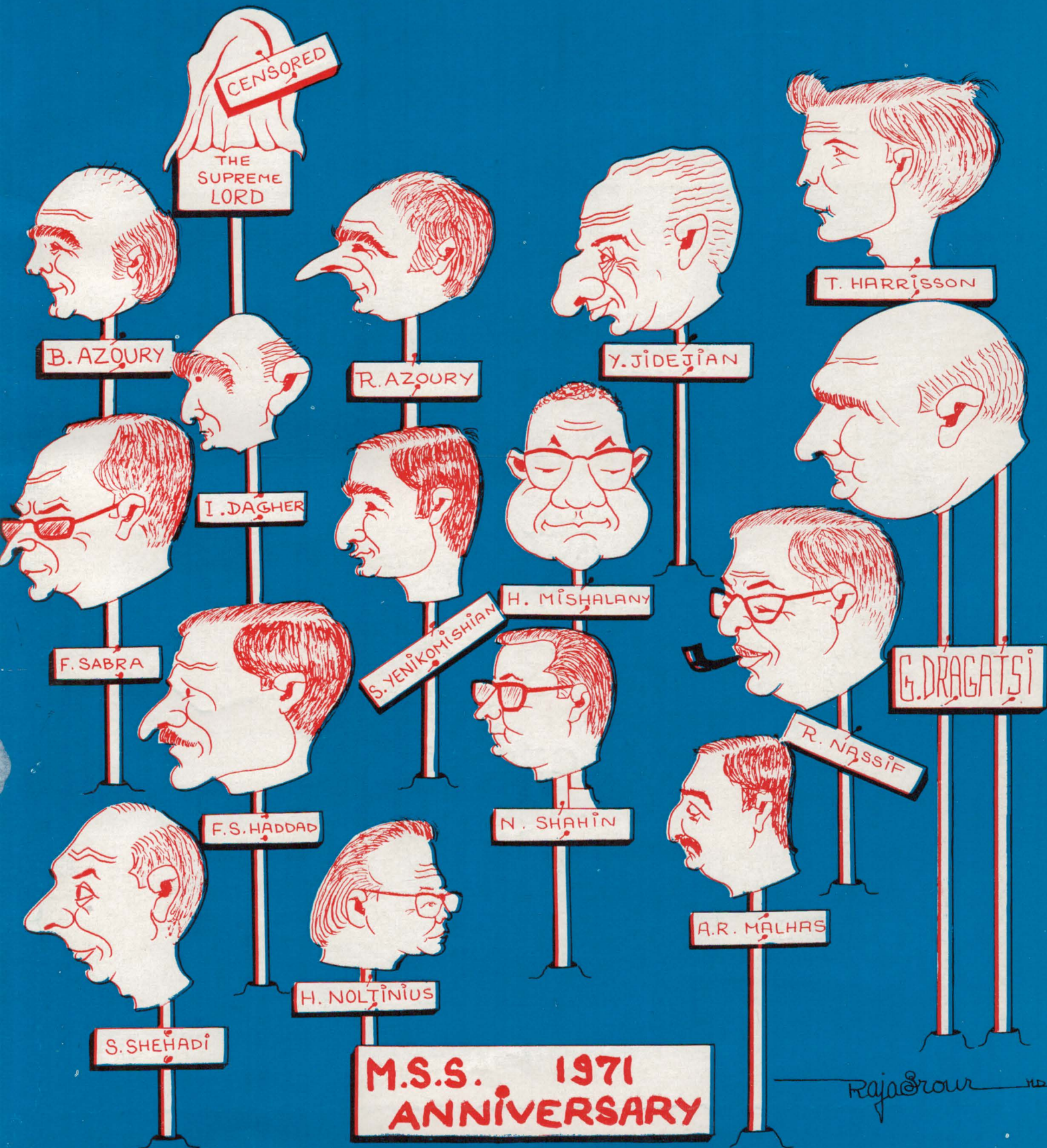
— « يا جماعة ايش هادا ؟ » صرخ مستاء احد الرفاق

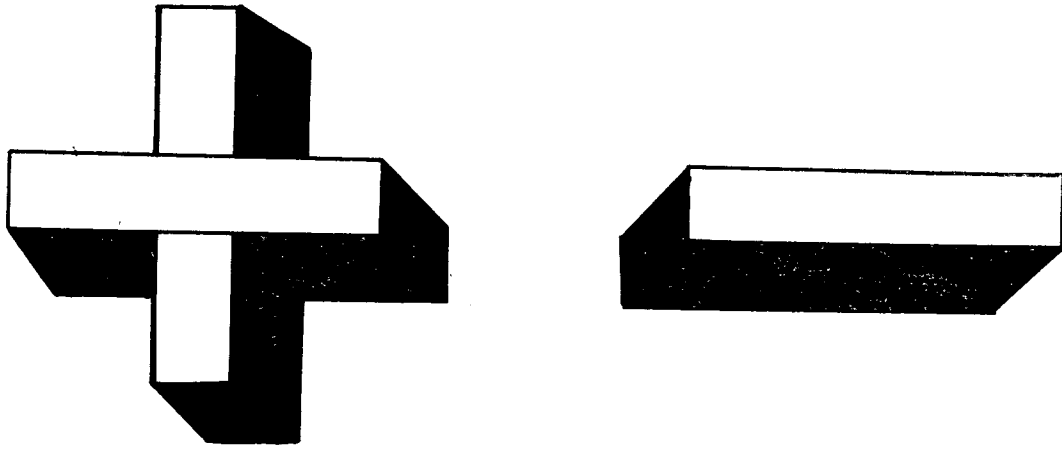
medicus

AMERICAN UNIVERSITY
OF BEIRUT
10 MAY 1971
UNIVERSITY
LIBRARY

A MONTHLY JOURNAL PUBLISHED BY THE MEDICAL STUDENTS' SOCIETY OF AUB

Vol. 9, No. 3, April, 1971





TETRA HYKA

ACTS
ON

G(+) & G(-)

BACTERIA

HYKA pharmaceutical laboratory serving since 1953

medicus

A MONTHLY JOURNAL PUBLISHED BY THE
MEDICAL STUDENTS' SOCIETY OF AUB

Vol. 9 No. 3 April 1971

EXECUTIVE BOARD

HENRY NASRALLAH : Editor-in-chief
(English section)

BASEM AZAR : Editor-in-chief (Arabic section)

BASSAM MUSHARAFIEH : Responsible editor

DANIEL FULEIHAN : Student Advisor

ASSOCIATE EDITORS

KAMAL AKL, SYDNEY MIR,

ASSISTANT EDITORS

SUHA MURAD, SUHAYL NASR, ELIE KARAM

BUSINESS MANAGER

SALAH BIBI

CIRCULATION MANAGER

IMAD ZANTUT

PHOTOGRAPHY

NUHAD KRUNFUL, WALID HAFEZ

RASHID BADDOURA

CARTOONIST

RAJA SROUR, M. D.

STAFF

ANIS RACY, ELIAS NICOLA, GEORGE, ABELA,
JACK TOMMEY, JOHN MISSIRIAN, MAHER AW-
DEH, MARDELLI NAAMAT, ELIZABETH BO-
GOSSIAN, HAGOP DERKRIKORIAN, FOUAD
MUDAWWAR.

NURSING REPRESENTATIVE

ANNIE CHELEBIAN

RESIDENT ADVISOR

RABI' SULAYMAN M.D.

FACULTY ADVISOR

SUHAYL JABBUR M.D., Ph. D.

SIGNED STATEMENTS EXPRESS THE
OPINION OF THEIR SIGNERS.
UNSIGNED STATEMENTS THAT OF THE
EDITORIAL BOARD.

COVER STORY

«The Anniversary Spearheads»

By Raja Srour M.D.

(see story p. 6)

in this issue

	Page
Editorial	3
The Student Council	5
The 24th MSS Anniversary	6
History, Medicine and man	12
Medical Students in Love (Play)	13
Anatomy as elective	15
The Outlaws	16
Paging Revisited	19
Stress and the Medical Student	20
Status Anniversarius	23
Patrick Hitchon in Poland	29
Hate Story	30
Student Research	33
ODE to a Rose (Poem)	36
The Testicles (Quiz)	38
Medicine - The Best Laughter	41
Newsreel	42
Sports	44
Excerpts from the past	45
Laughter - The Best Medicine	48

OUR MOTTO : «I DISAPPROVE OF WHAT YOU
SAY BUT I WILL DEFEND TO DEATH YOUR
RIGHT TO SAY IT».

Hypertension

Terbolan

reduces blood pressure - increases life expectancy



Farbwerke Hoechst AG
Frankfurt (M) Hoechst
Germany

TERBOLAN contains the saluretic agent LASIX which has an NA/K ratio more favourable than that achieved by any other drug. Treatment with TERBOLAN means control of high blood pressure without strict dieting. Suitable for long-term treatment of hypertension even in diabetics.

Each tablet contains 15 mg. LASIX
0,1 mg. reserpine

Hosta Pharma
Chartouni Bldg. Makdessi St.
Tel : 295220
Beirut - Lebanon

PRONOTECH

Our medical school boasts a proud history, eminent standards and a prestigious name. Its students are a fastidiously handpicked elite, and its faculty a venerable assemblage of pundits. Few medical schools in the world can transcend its enviably high faculty-student ratio. The curriculum is perpetually updated to match its Harvard counterpart. And finally, for a feather in the cap, it comprises the most sumptuous medical center in this part of the world.

Great. How, then, can one explain the chronic dissatisfaction rampant among the medical students? Why do many of them express overt compunctions at having chosen medicine for a profession? What liabilities undercut the afore-mentioned superlative assets?

Could the discontent be traced to the first and second year, with an unresolved psychic trauma of sudden abduction from the lively, dynamic university life to a relatively strict and drab atmosphere, or is it the anguish at being demoted to the bottom of a colossal hierarchy (with all that that entails) at a time when the seniority of another was the alternative step? Is it the anemic social life, coupled to arduous eight or nine - hour days of didactic lectures (mental serfdom and lab sessions, followed by two to four hours of studying (a stale and trite euphemism for «memorizing») that erodes their once robust motivation? Or could it be the additional burden of a rigid discipline that even regards an «in» moustache, a trimmed goatee, expanded side burns or a colorful bell-bottomed trousers, as deplorable acts of misdemeanor?

Or do the painful disillusionments develop in the clinical years, where the students, unfettered from a single professor's authority, become humiliatingly servile and obsequious to many masters (whose total number amounts to the sum of interns, J.A.R.'s, S.A.R.'s, chief residents and attendings, not to mention a few volcanic, bossy nurses)? Is there an internal turmoil within those medical students on realizing that after six or seven years of university education (Ph.D. level) they are regarded not as highly erudite scholars but rather as «hollow majestic mediocrities»? Should one blame sclerotic faculty — students relations, which, to put mildly, may not be conducive to a salubrious atmosphere of contentment?

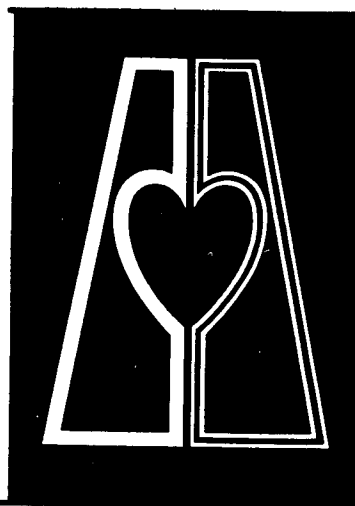
On the other hand, is there a common basic «pathology», an inborn oddity that renders «hard to please» all those obsessed to join the glorified ranks of Hippocrates' heirs? Or is it a deleterious side effect of the eight-year ordeal? Would the medical students' past as high school eggheads, college book-worms and honor-list veterans, coupled to a high level of aspiration, induce in most of them a feeling of despondency at anything that falls short of their «great expectations»?

And finally, could what Horace wrote in 65 B.C. Still apply to 1971 medical students: «No one lives content with his condition, whether reason gave it him or chance threw it in his way.»?

Henry Nasrallah
Editor-In-Chief
(English Section)

Inderal*

(Propranolol)



controls Cardiac Arrhythmias

In the absence of underlying cardiac disease, most of the arrhythmias occurring during anaesthesia result from excessive adrenergic stimulation. Precipitating factors include pre-operative apprehension, atropinisation, surgical stimulation, carbon dioxide accumulation and adrenaline infiltration.

INDERAL provides a new and logical approach to the management of these arrhythmias. It specifically blocks the cardiac sympathetic receptors and so protects the heart from the undesirable effects of injected or endogenously released catecholamines. The presence of INDERAL on the anaesthetic trolley ensures that a rapid and effective method for the correction of arrhythmias is readily available.

Note: It is important to study the detailed 'Inderal' literature before use.

Packings

Ampoules of 5 mg. in 5 ml. Boxes of 5.

* Trade Mark



IMPERIAL CHEMICAL INDUSTRIES LIMITED
PHARMACEUTICALS DIVISION Macclesfield Cheshire England

Distributors in the Lebanon:
THE ASIATIC TRADING COMPANY
P.O. Box 599 Beyrouth



REFLECTIONS ON THE STUDENT COUNCIL

By Jabir Al-Abbas

The present student council is the 3rd during the past three years. The direct reason for its establishment was the general feeling of the A.U.B. students that the only way to unify them and express their thoughts and opinions is through a council representing the whole student body. The first council in the recent past was formed a short time after the unsuccessful 14 days strike which occurred as a consequence of the Israeli's raid on Beirut airport.

As it is mentioned in the constitution, the purpose of the council is «the student council shall be organized and shall operate within its competence, as part of the educational process of the university in which learning the responsibilities of authority and the constructive fulfillment of community duties is essential.» Among the basic principles that outlined the policy of the council is that it «Must at all times take into account its responsibilities toward any event that may affect the student body as a fundamental, integral and indivisible part of the society.» Thus, in brief, the main responsibilities of the council are three; one is directed toward the educational process of the university, the second is directed toward the events that may affect the A.U.B. student as a part of his society, the third is directed toward the welfare of the student in A.U.B.

There are 22 members of the council representing different faculties according to the number of students. The school of Medicine is represented by the president of the M.S.S. and one additional member elected directly by the student body. Moreover, the council elects a cabinet whose members should be members of the council. These constitute-President, two Vice presidents, Treasurer and a Secretary. The student council also includes four faculty advisors each representing a faculty and they usually advise on every decision taken by the council.

The various responsibilities of the council are shared by committees formed of council members. These include — the Social, Cultural, student-life, publication, academic and sports committees. The functions of the various committees is to present certain proposals to the council which are discussed in the usual meeting and passed if they win the majority of the votes.

I would like now to take certain points which would affect the action of the council as a responsible and a leading organization of the student body. There is no doubt that the council's purposes, acts and decisions should be directed toward the welfare of the student in A.U.B. (as was mentioned before) :

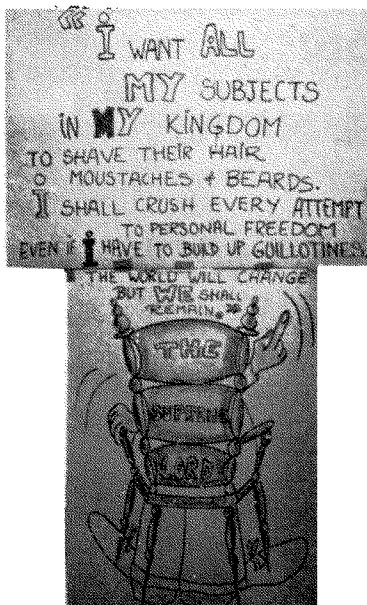
The first point is about the communication between the council and the student body, This is very important to bring the function of the council into realistic application. I am the council representative of the medical school for this year and yet I have not been exposed to a problem presented by

any fellow student. Now, shall I assume that there are no problems at all ? Or, is it expected of me to solve the problems the way I see them ? Or, is the A.U.B. medical student that apathetic ?

It all really depends on the level of expectancy of the student from his representative. The truth is that the students elected the council on political bases and thus expect the council to deal with such issues accordingly. They expect the council to deal and decide upon strikes, the clash between the governments and the commandos; perhaps, the Vietnamese war... well, the council was not organized toward such purposes. If otherwise, the council cannot work for students' welfare since it was not elected for such a purpose, neither can it work for the represented political motion since it has no power to do so; thus we end up in a functionless student council. However, this does not prevent the council from taking stands in issues which concern our nationalism and the society we are part of, or objecting against blood shed of a certain group be it for political reasons or otherwise.

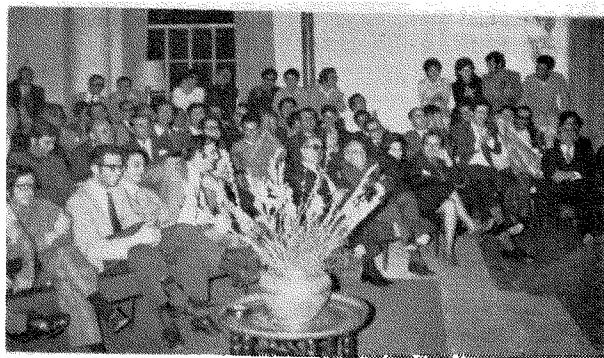
The second point deals with the relation of the council to A.U.B. as such. There are some general but basic problems that the council should confront the faculty and administration with. Some of these are (1) The fact that the AUB student, intentionally or not, is stressed too much and preoccupied fully with his studies leaving him no time or opportunity to take active part in issues concerning his society, especially in such a crucial and decisive era. (2) to let the student take a more active role in academic affairs e.g. changes in curriculum, adequacy of examinations, standards followed in grading systems etc. This would take care of most of the apparent apathy of A.U.B. students. However, our thinking to solve such intra-university problems should be directed by our belief in the A.U.B. as such. I believe in A.U.B. as an institution from which I am getting my education and learning my profession. I believe in A.U.B. as a place in which I would be free to express my opinion toward issues concerning my country and my society, its friends and enemies. Furthermore, I believe that the A.U.B. is a gain to our side and a loss to the side of our «friends across the borders» and any factor which promotes the existence of A.U.B. as an educational institute in this area promotes this relationship, and the reverse is perfectly true.

Thus in brief, the student council can fulfill its role if it is elected on proper bases, communicates adequately with the student body, solves the problem of apathy, approaches the faculty for various students' problems and promotes the existence of the American University of Beirut as an educational center in the Middle East.



THE 24th MSS ANNIVERSARY

By
Henry Nasrallah



Those who could not attend the 24th MSS Anniversary «festivities» this year, missed the warmest and coziest anniversary in years. Rarely was the animus of this blithe occasion more evident, and seldom were the faculty and students in better physical and psychic propinquity than that Friday night.

There was a change of scene. Shunned from attending were all but the two parties involved (medical students, residents and professors), allowing for a more relaxed and amicable atmosphere than ever before. Although a few were dismayed at the new modus operandi, still many others felt relieved from the torment of being verbally crucified, tarred and feathered, and ripped apart, before their wide-eyed wives and giggling nurses. The informal seating arrangement, whereby a cluster of students surrounded each professor provided a cordial air of intimacy that prepared the oncoming incisive satire to be graciously received.

The classically futile mission of defending the faculty, a desperate eleventh hour attempt to abort the inevitable stampede, was delegated to Dr. Matosian. But even his loquacity and rhetoric could not rescind the verdict : guilty of being professors !

Then, with the masochistic anticipation of medieval sinners doing their penance, the professors sat back beheld the merciless flagellation of their mannerisms, idiosyncracies and cliché expressions by the ludicrously whipping anniversary tongue — lash.

Moles became hills. Peccadillos were puffed to mortal sins and flaws to monstrous crimes. And in this exhilarating atmosphere of preposterous magnification, the objects of criticism discovered their most diminutive shortcomings — a microscopic proof of their humanity !



(Cont'd page 9)



DR. MATOSSIAN'S DEFENSE

Tonight, I stand before you in great **TERROR**. As I look around, I have a feeling of anxiety and a fear of the **UNKNOWN** about what is next to happen to me, to you, to all of us. The lights are dimmed, the wives and children have been rushed away. Is it a bomb ? an earthquake ? the French Revolution ? Anniversary ! ! So Help me God ! ! !

This is the night when we are being judged... Yes, judged, convicted and executed by a group of brilliant, ruthless, well trained and organized young men.

Our faults ?

That of being their teachers, their advisers; men who inspire them with the highest ideals of life; who incite in them new thrills at the delivery of a newborn; who expose to them the intricacies of a complex differential diagnosis. We standby them helpless as life ebbs away from a dying cancer patient, and share with them the satisfaction of a successful transfusion. Often, we relax, together with a cigarette, discussing surgical methods and procedures.

We have given them, without expecting anything in return, the combined experience of science and medicine, acquired through a number of rough and tough years.

And, yet, tonight ! ! !

They are our judges; they have a collection of grievances; some true, others imagined; they have prepared a series of sketches; hitting us above and below the belt; they are going to imitate us; mock us; complain about us in all possible and impossible ways...

All this... and you know why ? ?

Because : they **think** that we don't pay them enough.

ATTENTION; they say they want **RECOGNITION**!

That they're tired of **playing doctors** ! ! !

They want to be **performing as doctors**.

For some obscure reason the students have chosen **ME** to defend the rights of the **FACULTY**. Perhaps, the fact that I am a poor speaker, with an inadequate grasp of the English language, and a horrible accent made up of Armenian-Turkish-Arabic-American and English sounds has encouraged their choice.

So, here am I, with wet palms, trembling hands, sinus tachycardia and weak knees, trying to fight for what they consider a **lost CAUSE** !

(May I have a chair and a glass of Water please !)

To safeguard my life and property I'd like to stress that tonight I am your **guest speaker**; this implies that all the remarks and statements made during my talk are made as a **defense lawyer**, and that any relationship between what I say tonight and what I, as Robert Matossian, think, are a matter of choice ! **YOUR CHOICE** ! ! !

So, Mr. President, Dean Lichtenwalner, Director Nassif, Associate and Assistant Deans and Professors, Residents and, yes, students...

Truly your forgiveness I implore !

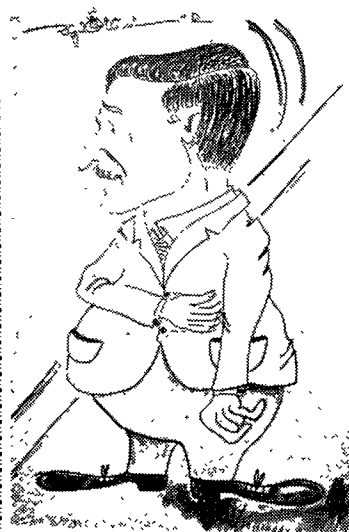
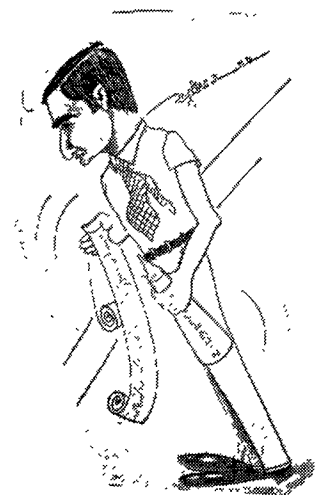
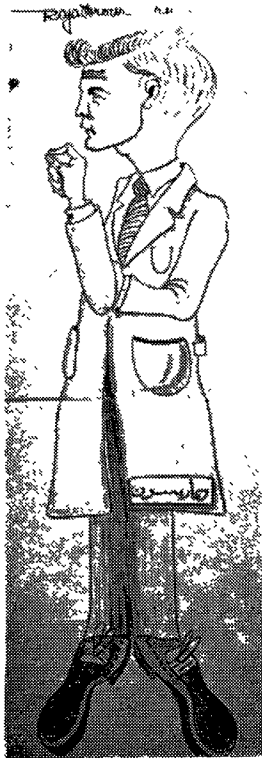
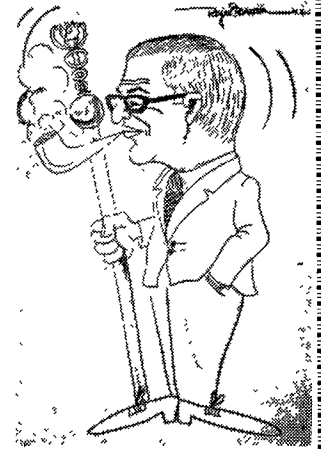
I was asked to defend the **FACULTY**.

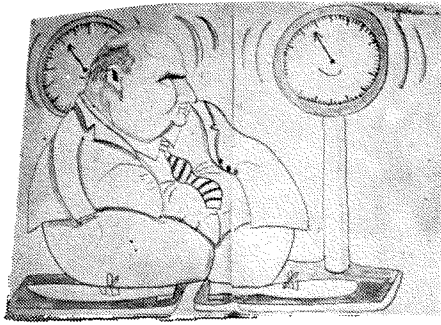
The way the students look at us. the manner in which they have organized this **SOIREE**, the zeal with which they will present things tonight... makes me fear that they have the upper hand... So, humbly... I shall consider myself as

«**The Devil's Advocate**».

Yes, they've given me some time to defend my colleagues; and so, I must say some few words in possible defense... Initially, the word **FACULTY** should be explained and described to the audience.

What is Faculty ? Are you born one ? Do you become one ? or graduate into one ? As I look at you, I see that al-





most half of the faculty is composed of students who few years ago directed their most virulent attacks at us... So, Faculty, by definition, is probably a student that has graduated. Is this bad ?

Is this change from student to faculty accompanied by variations in genetic factors ? chromosomal activity ? Is there a de-repression or reactivation of some latent hormonal mechanisms that automatically brand us as «dangerous»? who knows ?

In line with the word Faculty is the term **Defense** :

This implies that an attack is expected... from unknown sources; by people (students) who are standing around us, with great thrills and expectations, also with some fear and apprehension, thinking...

«Why doesn't MATOSSIAN finish his hopeless defense, so that we show the faculty what they are... What the **TRUTH** about the **MEDICAL SCHOOL IS**; What brilliant **GENIUSES** we **STUDENTS... ARE**

I haven't seen tonight's program. They were afraid I might improve on it. But from the experience of the many past years I am sure **IT IS BAD!!** It must be full of **PETTY** Jokes; about how Dr. Schweyri talks with the students; how Dr. Moadieh likes teen-agers, how Dr. X walks, how Dr. Y blows his nose, etc. etc. etc. These great bits of **USELESS GOSSIP**, we have known for years... However, the fact that most of the faculty is here tonight, means one thing; we have learned to tolerate students. One day, whether they grow-up or not, they might become **FACULTY** ! History repeats itself !

Coming back to **DEFENSE** ! Why is it that students attack us ? Have we really failed them in anything ? May be in some courses; but thanks to **WASTA, TAMSIH JOUKH**, threats and associated factors, it's the rare student who fails. So why ? ?

When students are **NOT STUDYING**, and that's most of the time; they're preoccupied by two things; **SEX** and their **TEACHERS** ! As they can't do anything about the first; **IT IS QUITE POSSIBLE** that they **CONCENTRATE** on the second ! Hence the virulence of their attacks. «Letting off



steam» call the Psychiatrists; «sublimation» call the moralists.. This may be a strongly biased opinion. So, to collect their complaints, I recently went around, interviewing them. «John», I said, to one of them, «I'd like to see you after class.» «Sir,» he said, «I am Mohammed» «I'll call John if you want...» «Never mind,» said I. While walking down the corridor in Bacteriology and Virology I saw a familiar face, associated with a name I certainly remembered... «Joseph», I said, «I haven't seen you in class lately... have you been sick?» «No Sir» he said, proudly, «I graduated two years ago...» My greatest catastrophe was 2 weeks ago. In the midst of the lecture, the door opened and a student walked in... In anger, I stopped lecturing, frowned at him, and said «Sir, this course started 2 weeks ago, and this lecture, 20 minutes; I don't tolerate latecomers» «Sir», he said «I am the electrician, sent to fix the microphone, your loud-speakers are not functioning ! !»

These stories, though interesting are the exception, rather than the rule. Most of us recognize most of you, most of the time. If we don't acknowledge this recognition with smiles and great flourish everytime we see you it is because we have our own problems. You may forget that we handle patients as well; that this requires constant and continuous care and attention; that they are more dependent on us because they're helpless. So, if you see a doctor frowning, unhappy, or upset... you may consider that there may be, a dying patient, a guarded prognosis, a critical emergency...

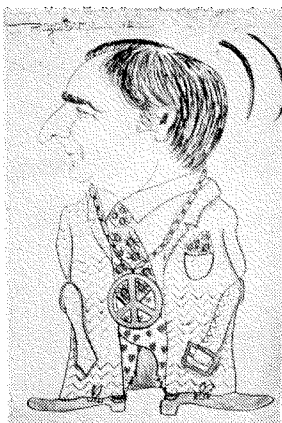
Another problem that faces the faculty is his research; he may have too much or too little of it. At times he is lost in it, at others he has nothing to do with. However, he is constantly preoccupied by it. Research is the criterion by which most of us are measured; and publications are a constant threat to our progress. No wonder we look worried most of the time ! !

Our third problem is our families and personal difficulties. Please remember that we may have financial difficulties, (not all of us are part-timers). We have wives who want new cars, furniture, coats; children who want to go out, friends who need to be helped... etc.

To summarize this defense

Faculty and students, like heavenly bodies, circle at different orbits. At times, they get together and follow a parallel pattern of flight. During this period they may communicate and establish points of contact, to be used for future reference. It is hoped that these brief periods of communication are used to their maximum advantage, because through it great progress may be achieved. After all, the opportunity to learn and to teach under such favorable conditions should never be neglected...

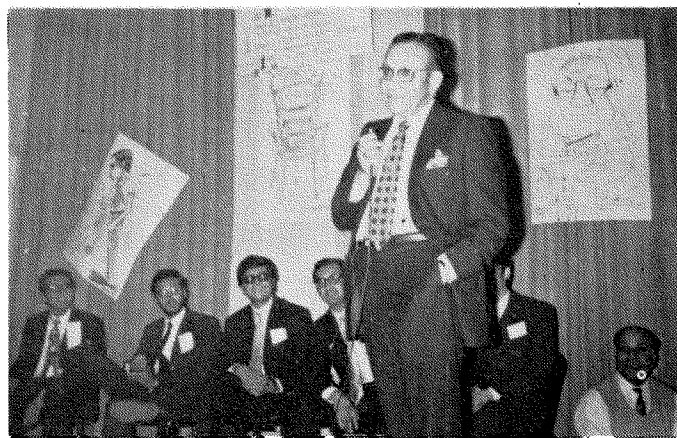
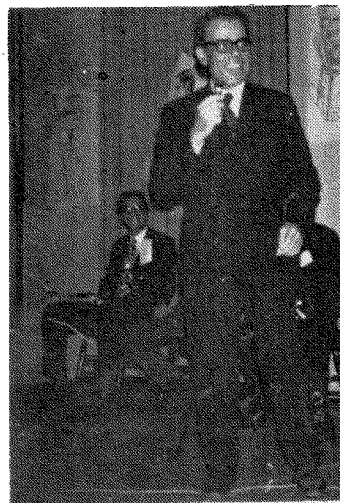
The rest is immaterial
Thank you !



A new feature was the ironical attackees' participation in their own dilapidation, a behaviour strongly reminiscent of a notorious chinese ritual known as «self-criticism». Thus, when Dr. Shweiry uttered his famous «I will recapitulate» for anniversary audience's consumption, he portrayed a benevolent and humorous attitude to what the anniversary stands for. Dr. Misha'lany's 'racy' joke was also a new dimension that earned him a frenzy of applause from the felicitous students.

Deserving residents were not spared the razor's edge where needed, not even some students who were caught red-handed by their classmates committing the obnoxious vanity of prematurely assuming a professor's status — a first degree delinquency by students' standards.

The smashing hit of the evening was the delightfully witty jabs in madrigal form, better known as *Zajal*. Hanna Sa'adeh and Tony Mundhir in their capacities as bard and minstrel respectively, were met with wild cheering for their melodious onslaughts at the hospital and its occupants.



As for the cast — the same gifted, undaunted and dedicated lozen of yester year, — they were once again led by Anis Racy and Bassam Musharrafieh, that incredibly versatile pair whose stage wizardry puts many a professional actor to shame. They accomplished histirionic sorcery when the two of them performed the pediatrics' four — character scene. Anis started out as an irascible Dr. Sami Nassif, with Bassam as a curious Dr. Hasan Idriss. Suddenly and with incredible prowess, they switched to a most convincing Dr. Nabila Wehbeh and a flawlessly impersonated Dr. Salim Firzli respectively. A prodigious tour de force !

Aside from that, Bassam excelled as Dr. Shahid and Anis was marvellous in the shoes of Drs. Bickers, S. Yenni Komesian and Shakhtoura. Their graduation this year makes this the last time that their numerous fans will savour their fabulous acting skills.

Among the other actors, the most promising were Joseph Haddad, Faysal Mudarres, and Daniel Fuleihan who seem to be polishing their poly-potential talents...

In retrospect then, the anniversary was a time of poignant buffoonery, when reality becomes a parody, and the dull routine, with a jesting twist, appears droll and bizarre. It was a transient purgatory, a precious moment of catharsis to cleanse us of all the toxic somberness of serious living.

Henry Nasrallah

The Anniversary Zajal Lyrics

By Hanna Saadeh

المقدمة

أهلا وسهلا به بالحضور الجوهري
مشرف لنا يحضر الايفنرسري
بيناتكم في الادمي وفي المفتري
الادمي لنعزوا ولنكرموا
والمفتري لنحطموا تايهتري!

المستشفى الجديد

عنا مستشفى جديدي بس مسافاتا بعدي
عم قضيهار كض وبرم ومش عم يطلع ب ايدي!

شوفاج المستشفى كبير وفيها اركونديشن خلنج
بالشويه شوب كثير وبالصيفية برد وتلج!

المصعد بالمستشفى شيك اليفيتور اوتوترونك
بتنظر ساعة تاتطلع يغلط وينزل فيك!

يا مريض العالفلور حاجي تصرخ حاجي ستوب
ان كان بدك الدكتور تمشى صوب الكوفي شوب!

بلاط المستشفى بيصبح ما في مرقة بلا تصریح
ميت موظف مختصين حرقو دينو بالتمسيح!

يا نازل عالدينع روم ومصرياتك صاروا قلال
أوفرلك بكتير تصوم احسن ما يصيبك اسهال!

خاتمة المقطع

سماهه عاهالمستشفى آيه عمران
اللي بيشفى والما بيشفى بيطلع طفران!

فوزي ابو جهره

شتي يا بوجمره شتي عا قرعة ستي
بركي بتزرع فيها شعر بترجع بتغطي!
(كورس)

صار عمرا ٩٥ وجات لعندك عالمدسين
قالتك شعراتا خفاف وجلد راسا صار شفاف
بداشعر - زرعلا شعر - بلكي بيطلع بهالوعر!
(كورس)

عملتلا جلسات كتير وصار شعرا مثل الحرير
حست حالا بنت عشرين راحت تسبح بالبسين
كلها عضام - كلها عضام - صاحبوا العالم «ميت قام»!
(كورس)

★★

غسان روماني

عالا الماني عالمانى وبالبيدياتركس خرباني
نچار راح عا اميركا وتاركها عالروماني!

★★

شفت الروماني قاسرير عمل يفحص طفل صغير
قتلوا شوبدو يصير قلبي « منش فرقاني »!

★★

الاساتذة الكرام

عالمدين بهوني نهار عملت لحكومي غاره
خطفوا نجيب بو حيدر ودحشوه بالوزاره!

★★

عنا بالمدسين تنين علمون بالمعدي مضع
دراكتزي همو البيفوت وبوحيدر يلي بيطلع!

★★

يالماشي وزرك محلول بعز الصيف وحرقة آب
بكل زرك يا مصطول احسن ما يجيك دياب!

★★

شويري عالكدني بيقول موضوعا سهل وممقول
ومهما حل عليك الفهم بتطلع من عندو مصطول!

★★

ربيع النجمو معبود صاير عندو هوايه
بعصو للملك سعود وجمع الف اتنايه!

★★

ياربيع يا قطيعا نفسك شنا قطيعا
بتجيب الاتنايه اليوم ومن عابكرا بتبيعا!

★★

خبي حالك يا مريض لمخبر عامل كبسي
وكل واحد عندو كدني رح يعملو بايوبسي!

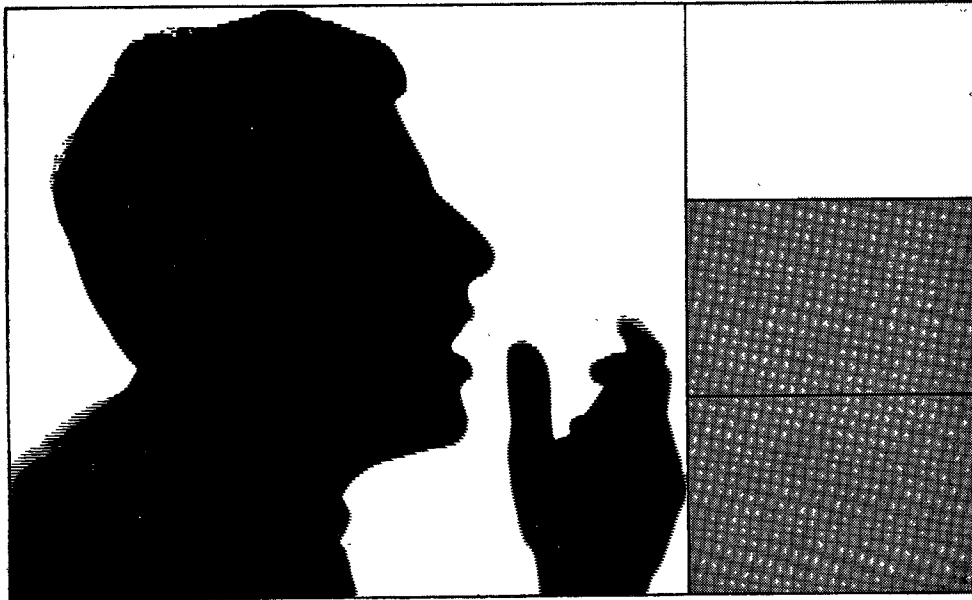
★★

الاتندفز رخصو بالسوق وصار المستشفى مفلوق
وهلق جانا زيادي تنين البصام ونبيلا داقوق!

★★

النهاية

النامعكم سني نعل علو هالليلي عنا
وبخاطركم صار بدنا نقل ستروا ما شفتوا منا!
حنا سعاد



**Cough distresses
Cough damages
Cough disturbs**

Combats the symptom of "irritative cough"
and facilitates diagnostic and
therapeutic procedures

Silomat®

1-p-chlorphenyl-2,3-dimethyl-4-dimethylamino-
butan-2-ol hydrochloride

abolishes cough for up to 6 hours
may be administered orally or parenterally
is excellently tolerated
with no danger of dependence

Sugar-coated tablets
Drops
Syrup
Ampoules

**Boehringer
Ingelheim**

In bronchospastic conditions
in adults and children

Silomat® Compositum Syrup

1-p-chlorphenyl-2,3-dimethyl-4-dimethyl- amino-butan-2-ol hydrochloride	40 mg
1-(3,5-dihydroxyphenyl)-2-isopropyl- aminoethanol sulphate	10 mg
Sodium benzoic sulfimide	20 mg
Sugar	6.5 mg

relaxes bronchospasm
facilitates expectoration
reliable in action
well tolerated
without side effects

Medical Scientific Office
for Near East of
C. H. Boehringer Sohn*
Ingelheim am Rhein
P. O. Box 7132 · Beirut



History, Medicine, and Man

By Kamal Akl

The history of medicine dates back to the time when primitive man used to cover his body with mud to avoid insect bites. That was one of the first measures in Preventive medicine. From thereon till the eighteenth century medicine progressed very slowly, and the mainstay of treatment were herbs.

Modern medicine originated in the nineteenth century and bloomed in the twentieth century. Its progress is amazingly rapid.

The history of medicine has become a field by itself. The question arises : Should it be taught as a separate course at Medical schools? The answer is : Yes.

As Claude Bernard said : 'Art is I, Science is we', such is medicine. It concerns us all, and is no longer one man's job.

One might be interested to know what are the recent advances in cancer research. But, don't you

think that he would also like to know what has taken place before ? In society, people sometimes forget all the good deeds and remember one bad thing somebody has done. The opposite holds true for medicine. We mainly get the results that were considered successful. What about the futile researches ?

There should be no separation in the history of medicine between errors and achievements. One might build a mountain from his errors and in the end climb it to success.

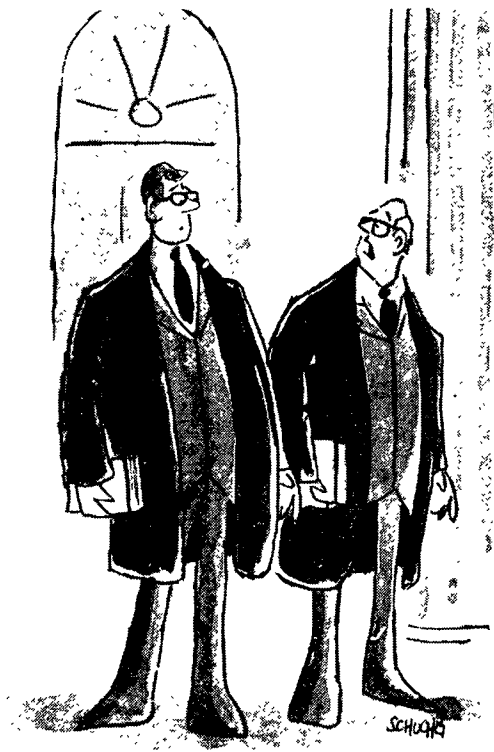
The frustrations of cancer research may be demonstrated by the following story : A man was running down a dark street to a bus stop. He dropped a coin. He started looking for it under the street lamp assisted by a policeman. After a futile search of several minutes, the policeman asked the man if he was sure of the site where the coin was dropped. The man answered «No, I lost it back there in the dark, but I can see better here.»

At the present time news media facilitate the spread of knowledge like a wild fire. But in 1866, when Mendel discovered the genetic basis of inheritance, the situation was different. It remained a secret for 35 years. In 1901 three groups of investigators made a simultaneous rediscovery of Mendel's work by mere coincidence. If Mendel's works were known in 1866, then the science of genetics would have been 35 years ahead. Nevertheless, Genetics is one of the fastest growing sciences. The unveiling of diseases such as Phenylketonuria is but one example to illustrate this rapid growth.

According to Ackerknecht, Director of the institute of history of Medicine and Biology at the University of Zurich, the opening of the Johns Hopkins Medical School in 1893 was a turning point in Medical Education. Among the contributions of Johns Hopkins Medical School are introduction of the residency system in postgraduate clinical teaching which was first proposed by Osler in 1889. Also introduction of full time faculty members in 1913.

As Johns Hopkins was a nursery of professors and a model for other medical schools in the United States, our Medical school should play a similar role in the Middle East.

The history of medicine should be taught here as a separate course. You might say : «This is ridiculous», and neglect it. But as Tennyson said : «TIME AND TIDE WAIT FOR NO MAN», so does the History of Medicine in which our Medical School fits somewhere.



«The book I banned twenty years ago is now required high school reading.»

CHARACTERS :

CLONUS : (The boy friend),
FASCIOLA : (his girl friend),
B. KOH LAI. (The other man).

SCENE :

The Coffee Shop. Evening. FASCIOLA is sitting alone in a remote corner impatiently suturing a sweater. The place is practically deserted. She wears a gentian violet dress over which is draped a cute little omentum. Enter B.

KOH LAI.

B. KOH LAI :

Darling

FASCIOLA : (with exophthalmos) : Sweet heart! At long last! A bit longer and my acute love for you would have turned chronic. Did you have a stable decussation from Kowloon ?

B. K. L. :

Yes, my dear. I taxed my motility as much as I could for I feared Clonus might get here first. Now that we have reached the climax, shall we metastasize fast ?

(There is a little hyperpnoea).

Fasciola :

No, no, let us celebrate ! Clonus is incarcerated at Queen Mary Hospital with acute myocarditis and we have all the time between us. Rumor has it that prognosis is rather grave. I saw Dr. Kill Dear myself.

B. K. L. :

Well ! Well ! That settles it. He will be latent for a while at least. You look dehydrated, dear. Let's order some fluids. (B. K. L. makes the order. Soon a flask and 2 beakers are produced by the waiter).

Fluids plus plus ?

Fasciola :

Yes please — that's the optimum concentration. (The vessels walls clink. There are fluid thrills).

B. K. L. :

Darling ! To us !

Fasciola :

To us !
(They deglutate).

B. K. L. :

Darling ! When I accomodate myself into your stellate optics in the semilunar light, I become euphoric !

When Medical Students Fall in LOVE

By Frank Slaughter

Adapted From :

The New Physician

Fasciola :

Dearest, you do look febrile. Clonus finds us thus, there will be marked clubbing, which will precipitate a caput succedaneum on your crown.

B. K. L. :

I admit he is a bit virulent at times, but my allergic sensitivity for you is becoming malignant.

(There is chemotaxis and a proximation of orbicularis oria).

Hmm ! More forced fluids ?

Fasciola :

No, thank you, not now. I have a balanced diet awaiting us in my abode. We shall metastasize there.

(They exteriorize).

SCENE II.

FASCIOLA'S dining-room. The lights are dim. More infusions are consumed. The table is set for two. They phagocytose the meal in raptured silence and retire to the sitting-room. There is soft music. They execute a St. Vitus dance to the titilating music of Babinsky and his Moonstruck Seranaders. There is a sudden stasis of taxis outside the house. **FASCIOLA** rushes to the window and sees **CLONUS** ejaculating from a taxi !

Fasciola :

It's Clonus ! I must screen you fast — behind the one lateral to the fireplace under that fornix. You must not be manifest when he arrives.

(Resection of door revealing **CLONUS** in the orifice).

Fasciola :

Darling ! What a surprise ! should not be ambulatory in you now degenerate constitution. What happened ?

Clonus :

I was wrongly diagnosed. It wasn't my myocardium at all but really my cerebral cortex, as they later found out. It appears there is an apparent «shortening» of one of those long association fibers, as the E.E.G. showed. I was advised to have complete physical and mental rest for quite some time and I would be N.A.D. again. (Embrace). But darling ! You feel febrile ! You're not pathological are you ?

Fasciola :

No, no, dear. I'm only in the excitement stage. Your recent malady, has been a constant diaphoretic. Besides my mind has been so hyperdistended of late. But you should be at home and in confinement to bed. You might become toxic !

Clonus :

I was on my way home, as a matter of fact, but thought I would herniate in and break the good news to you first. What's that ! (He vasoconstricts). There's an opaque shadow behind that screen ! There is a foreign body in the house ! (He peristalsizes towards the screen).

Fasciola :

No, no, dear.

Clonus :

I am going to perform an aspiration of that sulcus. **He exerts forcible retraction of the screen demonstrating B. KOH LAI).**

You : you purulent focus ! How long have you been in exudation ? (**He fulminates**).

B. K. L. :

I . . . er . . . I just transfused myself a few minutes ago. As a matter of fact, I was about to slough off when you infiltrated.

Clonus :

You have tried to anastomose with my girl. You have let the cover slip off your morbid intentions. I'll fix you !

Fasciola :

No, no, please !

Clonus :

Don't be macrostomic, woman ! I wish to manipulate this fungating mass. I will traumatize him !

Fasciola :

Don't you dare percuss him. Palpate me first. I feel sorry for him.

Clonus :

What ? You double-crossing parasite ! You wish me to dissect him ? You've always had an overactive sympathetic. I'm going to make a threshold substance of him this minute !

Fasciola :

Stop ! (**She has ptosis et kyphosis**). I must confess. I am Koh Laiophilic ! (**CLONUS is immobilised**).

Clonus :

So ! I am greatly shocked. I have noticed a malignant change in you lately. There has been a shifting dullness about you. But then you were always fluctuant. Now I see the pathogenesis. This virus has obviously infiltrated your heart. After having been prodromal all this time, he has at last decided to become symptomatic. And to think that all these days your feelings towards me were sterile.

Fasciola :

(**Lacrimally**) : It is not as bad as naked-eye appearances.

Clonus :

(**To B.K.L.**) : You have been intersecting with my girl.

B. K. L. :

Don't be so biliary. Our conjoint love was only an affinity.

Clonus :

Don't be bactericidal ! I am saturated with grief. I see no solution. You have precipitated a nasty situation. My cardiac embarrassment is profound. I am going to massively necrose you both ! That will settle further adhesions between you.

(**CLONUS withdraws a vicious-looking scapel from its sheath.**)

I shall incise you both and then perform extensive tracheotomy on myself !

(**FASCIOLA and B. KOH LAI are ischaemic and fibrillating. Suddenly there are coarse rales of the door-bell.**)

Voice :

Doorotomy ! Are you home, Fasciola ?

(**B.K.L. heaves a sigh of symptomatic relief**).

B. K. L. :

Ha ! ha ! That's Fasciola's friend calling on her. You had better open the door.

(**There are heavy paroxysmal percussions on the door. CLONUS phonates a hippocratic oath and rotates towards the door. In that split second B.K.L. lifts a chair and brings it crashing down on CLONUS' occiput**).

Now ! Your corpuscles be upon your own cranium !

(**CLONUS' pseudopodia give way under the impact and he collapses on to the basement membrane in a state of anaesthesia. B. KOH LAI and FASCIOLA become ectopic via the caudal end of the house and make good their escape**).

The above characters are entirely malicious. Any resemblance to person or persons living or dead, in Q.M.H. or the University is purely intentional and complementary.

Aetiology : Frank Slaughter

ANATOMY FOR AN ELECTIVE

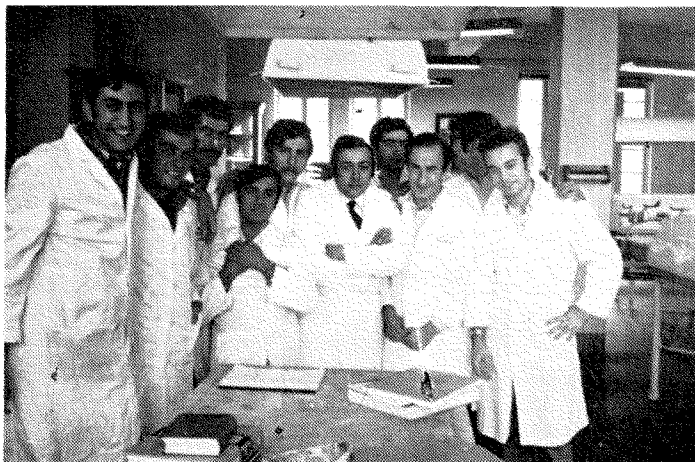
By Samir Ayyash

The fifth year medical students were privileged this year to have two types of internship; a straight internship offered only in Pediatrics and Medicine, and a rotating internship including an elective period; this elective period amounts to 4 months which could be spent in any department of the medical school.

It is well known that starting with the 3rd year of medical education the student is exposed only to clinical experience, however, this elective period gave even fifth year medical student the chance to go back to his Basic sciences; to most of us this looked to be ridiculous keeping in mind that after two years of clinical work (i.e. practically becoming a Physician it will be a loss of time to go back to basic sciences; however such people have forgotten that medicine is not only clinical experience, but instead it includes the scaffold which is the basic sciences.

Keeping this in mind, I would like to give a «resume» of my elective period which was in the Department of Anatomy.

To those who have forgotten this department; it is located in the third floor of the Van Dyke medical building, and practically speaking it is responsible for the teaching of the 1st year medical students



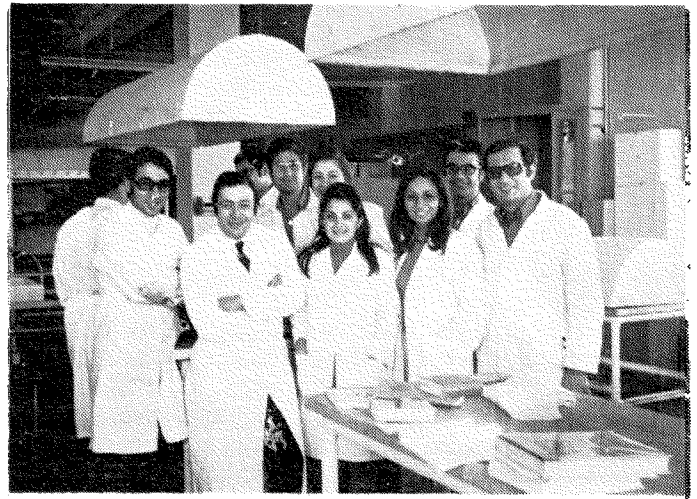
during the first semester and part of the second semester. The department is composed of the following branches :

1. Gross Anatomy,
2. Histology,
3. Neuro Anatomy,
4. Electron Microscopy,
5. Histo Chemistry.

The last two branches are purely involved in research work.

It is apparent that one can choose any branch and work on it in his elective period and my choice

was Gross Anatomy because I thought it would help me in my future specialty; after all two of the teaching staff in that course are surgeons. During my stay I had the golden opportunity to acquaint myself with almost any structure in the human body; I had also the opportunity to explain to my future colleagues the first year medical students many cli-



nical facts and correlate them with anatomical findings, this last statement is the «Motto» of the Gross Anatomy course in its new attire (as it is taught now).

On top of this work I used to observe how the work in electron microscopy is done, I had the honor to watch efficient technicians, who are post graduates, processing the tissue, cutting it, and last but not least seeing it in the EM; which to many or almost all of the medical students is something that they will never see except if offered the opportunity, or if they were interested.

The department, aside from its teaching activities, indulges activity in research work where students are offered the occasion to assist the professors in their research work. I was given such an opportunity however due to the lack of time I was unable to follow up the work.

Aside from the above mentioned the department offers a weekly conference or journal club or a departmental meeting where every body acquires new knowledge or discusses them.

In the near future the department will expand and new post graduate courses will be taught.

I can sum up by saying that my experience in that department was interesting, it had taught me a lot, and it had offered me the honor and thrill to work with very efficient people. Not only that but also it has diverted my attention to basic sciences which I hope will be useful in the future.

THE OUTLAWS!

By : Suha Murad
Sami Harawi

Messrs Samir Atweh and Naji Sahyoun, having finished «successfully» their second year in the Medical School, are now preparing for their M.S. in physiology and biochemistry respectively. This shift is very unusual in our School and may prove to be a significant educational experiment. Hence we dug up the two Van Dyke exiles, induced them to talk and tried to detect any signs of contribution... of further corruption !

MEDICUS : What is the project you are working on now, and how original are you in your work ?

SAMIR : Right now I am working on the secondary somatosensory cortex of the cat brain. I am trying to study the type of input to this area, as well as the pathways of this input. Some people have already mapped this area, but our main interest is in the study of the pathways by electro-physiologic methods. We suspect that the Dorsal Column system plays a major role; and we are happy with our results uptill now.

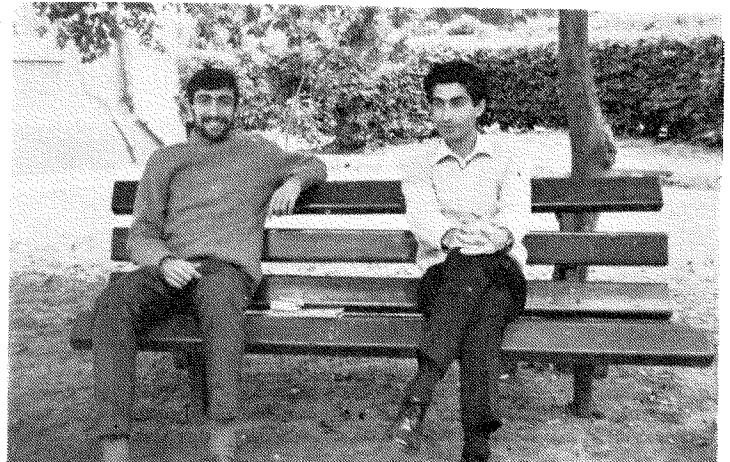
NAGI : My quiet quizzical friend *Lactobacillus plantarum* has an inducible enzyme in the pentose metabolism pathway. We're experimenting with this enzyme, trying to implicate 3:5' cyclic AMP in the induction process. This may seem more meaningful when considered in the general context of «Control Mechanisms». Perhaps cyclic AMP has already secured a position for itself among the aristocracy of biologic compounds, and it possesses (or is possessed by) some «nouveau-riche» arrogance which renders it even a more interesting subject.

As to the originality of the experiment, well, one is not advised to choose a second hand project.

MEDICUS : Any special reasons for choosing those fields ?

SAMIR : My interest in neuro-physiology stems from my interest in the brain in the 1st place, which I had long before starting my Medical course. As I was looking for a project for my M.S. thesis, another graduate student in the physiology department was working on the primary somatosensory area; so I thought that it would be worthwhile working on the secondary area and then comparing the two.

NAGI : Don't expect me to analyse what's special about biochemistry but since you ask the question, one might as well say something ; Work in biochemistry affords a training which may be of use in fu-



ture specialization. A graduate student can also maintain a simultaneous interest in other fields such as neurobiology and even hope to correlate between physiological and biochemical events in this field. Generally training in basic sciences (and biochemistry seems particularly basic) may be very helpful for a doctor who intends to do clinical or basic science research, and to a person who enjoys occasional mental gymnastics.

MEDICUS : How much time do you spend at your work ?

NAGI : Extremely variable (all sorts of odd hours, irrespective of diurnal cycles). People in biochemistry seem to be tolerating it (uptill now !).

SAMIR : It took me about two months to perfect the steps for my experiments. Now I dedicate two full days per week. The rest of the time I spend on my nine credit courses.

MEDICUS : What are the handicaps you face : any lack of instruments ? Not enough technicians ?...

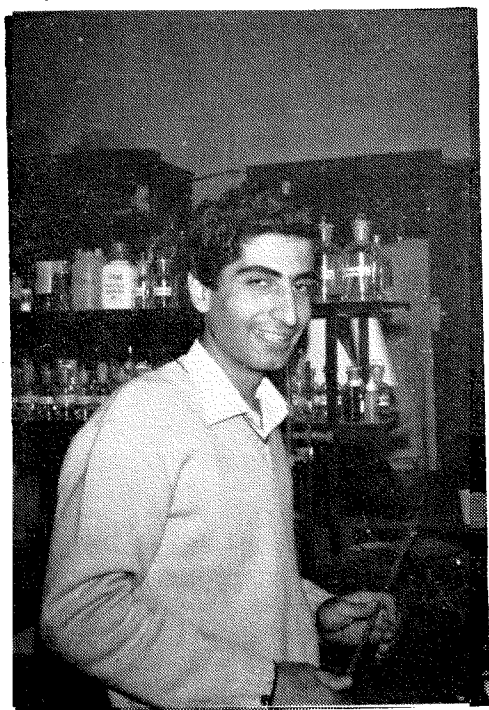
SAMIR : The instruments we have at the moment are all we need. Electronic engineering is a must in our type of work, and I get all the help necessary in this field.

NAGI : Technicians help ? In many ways the word itself sounds unhealthy, so we can forget about it. As for materials and instruments, although sometimes we have to delay certain experiments waiting for reagents ordered from abroad, whatever we have appears to be more than enough. (there is even some temptation to waste a lot of costly reagents.)

MEDICUS : How would you compare your present work to the work you did in your two previous pre-clinical years ?

NAGI : While this does not seem to be just the right time for a rigorous comparison, why not have some idle impressions ? In graduate work, there is a greater opportunity to waste one's time : yet by the nature of the work one finds himself more free to do just the opposite. Moreover, one can follow up specific subject in which one is interested. This may not be equally possible in the Medical School. In the School one may learn more per unit time; however, in graduate work one has more time to think about whatever little one thinks he has learnt. The standards to which one aspires are more clear-cut and guaranteed in the Medical profession. While in graduate work one sees the standards more thru one's own eyes. A Medical Student represents a Good Citizen, while perhaps a randomly selected graduate student may oscillate between indolence and «craziness», or he maybe both at the same time.

SAMIR : I can't compare the two. I wish to see the Medical School more as a graduate school and less as a high school. We have more time in Graduate School to use our cortical association areas and certainly the incentive to study is not the Quiz. While the minimum required is farless than the Medical School, I am studying more than I used to do in Second year (!)... It is a different «studying»...

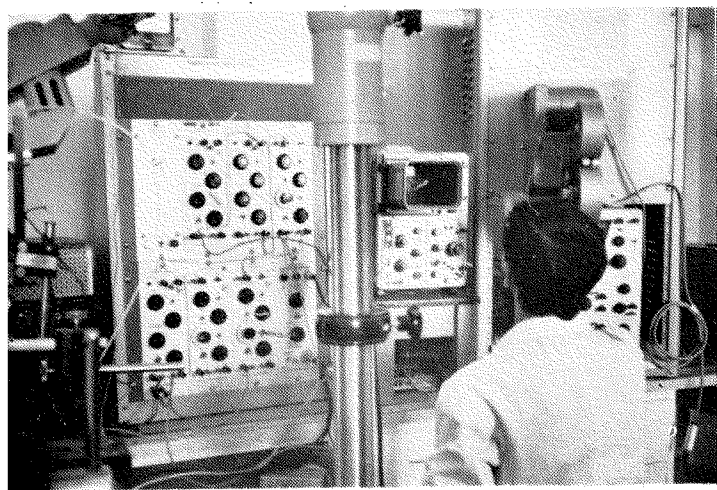


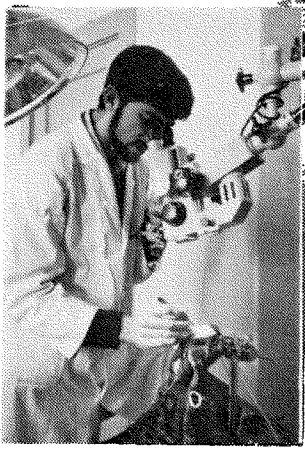
BOTH : While one might complain about the time limitation in Medical School, the second year Medical Student is very probably a better candidate for graduate study than students coming from other Schools. Nevertheless if more medical students get interested in graduate work (without necessarily giving up the medical profession), there is indeed room for modifying graduate courses to correlate better with the preparation of such students. Perhaps the biochemistry graduates should be taught and induced to study more biochemistry and physiology than chemistry.

MEDICUS : Now that you are no more exposed to the Medical system» could you comment critically on some of the academic aspects, specially the student teacher relationship... ?

SAMIR : Our opinion on Medical School has been given in two papers handed in by a group of our class-mates in the previous two years. Some aspects of the curriculum have already been revised, and we leave it to the new medical students to submit their own papers. Perhaps the «student-professor» relationship cannot be described as a «colleague to colleague «relationship except in the opening speech to the 1st yearers...

NAGI : Colleague to colleague relationship is not only «social gossip» or «pseudo-scientific chatter.» A graduate student has a greater chance to experience such a relationship with his professor, perhaps not





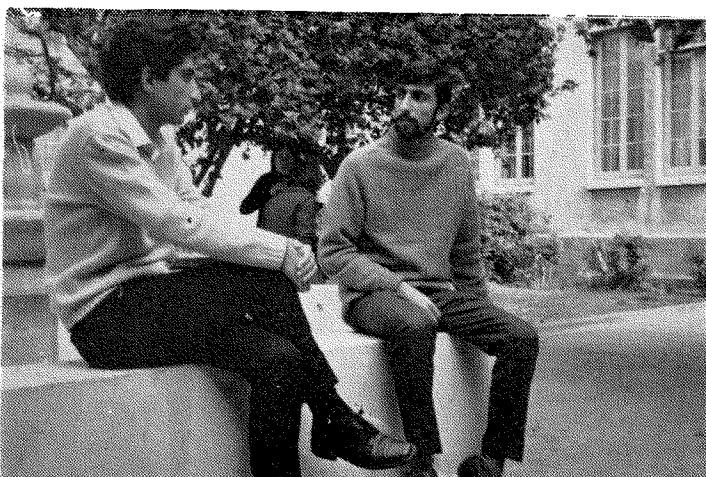
by birth right, possibly not thru self exertion and academic or intellectual party, but nevertheless it's more fun.

We indeed sympathize with our classmates who are undergoing «THE THIRD YEAR EXPERIENCE» and feel guilty that we are not with them to share their humility, for after all humility is an ultimate virtue and the potential «luxury» of graduate work is classical among vices. While both parties can maintain mutual respect concerning their relative positions, a more human and less abstract student-professor relationship should be our goal.

MEDICUS : ... and the social aspect ?

SAMIR : Medical students of different classes should know each other better. We may hope to fill the big gap between clinical and preclinical classes thru the resurrection of M.S.S. If the Medical School is to communicate with other societies it can't do so thru the few people working in M.S.S. : More people should be involved.

NAGI : The problem of social interaction has been overworked and hence has outsized its original modest dimensions. Perhaps one simply has to feel that



«living» in our medical school should not be merely a transitory stage leading to another period in one's carrier, but that the years spent in the medical school are worth «living» in their own right. If one believes in this and contributes a modest share to the many possible «socio-academic» activities, mainly thru M.S.S., then there will be less need to pour forth an excess of verbosity-including this statement concerning this «problem.» Perhaps we have to look into our own personal motivation.

MEDICUS : Is research for you a tool for clinical application or a satisfaction to your curiosity ?

BOTH : While curiosity seems inseparable from research, we should like to think that with limited resources, curiosity will be coupled with fruitfulness in clinical terms. We are living in «The World» not a world of research. Hence the value of Basic Sciences training for an M.D. who wants to go on with clinical research. (But isn't all this chewed-up book-stuff-honesty ? Just now, research means M.S. or does it ? !).

MEDICUS : If you are intending to go on with research after the M.D. how useful will the three clinical years be to you, i.e. would you consider two months in Obs-Gyn a «loss of time».

SAMIR : It is useful because I will have a full picture of clinical work, after all Obs-Gyn might be a good field for research. One should have second thoughts about the claim that for a person whose interest is in basic sciences an M.D. is superfluous.

MEDICUS : What are the advantages of taking the M.S. now and not later i.e. after finishing the M.D. ?

NAGI : Time-wise, it is almost the same. Otherwise, our acquaintance with basic sciences seems in deep minimal by the end of Med. II : after three years it will probably become subminimal. Moreover, a break of one year at this stage need not lead to irretreable losses of information needed in the clinical years. It is conceivable that someone might argue affectively about the advantages of the other alternative. But, after all isn't it a matter of personal preference ?

MEDICUS : There's one more question you haven't answered; are you planning to... ?

BOTH : Of course, you may take it for granted...

The Paging System (Revisited)

By Elias Nicola

Every sun rise we get a modification of a rule that was put only the night before. Is this progress or is it only the lack of proper planning or due to the presence of too many people who decide??? I wonder if an answer to these questions would ever be given.

The old hospital was described by many of its community members as a very friendly small hospital where you keep on meeting all the people around you at least once daily. Progress comes and we move into a huge thing and I mean thing because all that is personal has been lost with the new spirit of progress.

Tunnels and tunnels all over. You pass one to start another. This is progress. Lonely corridors. It is true they are colored (and thank God they are) but this is not really enough to prevent sensory deprivation.

There was one way left of communication with a person in case you needed something badly or fairly so and that was the paging system which was a way of getting over the disadvantage of being in a large place.

Recently however the real progress came through, namely they stopped paging the third and fourth yearers, the reason being that patients are complaining of too much noise from the paging system. Well, for whoever came with this decision I say you have come with the wrong solution Sir. The paging of residents and attendings is not more pleasant to the patients ears than those of the fourth and fifth yearers. If you are really interested in the patients comfort you should stop this paging system altogether, and replace it with the buzzer system. Is this really what is disturbing you ? Is it the comfort of the patients that is worrying you ?

If it is then stop this paging system. If it is not then what is the problem ? Aren't the third and fourth yearers who slave more than any body else in this hospital worthy of being paged ? Or is it that the paging privileges require that one should be having an M.D. Degree ? I do not think that this is the case. Or is it that being deprived of contacting any of the people you would like to see a part of being a third or fourth yearer ? Sir if it is only your fear that we may be paged as (DOCTORS) that is worrying you we will settle for being paged as (MR.) but reminding you that in other countries the U.S. for instance we would be called doctors.

To conclude this article I say :

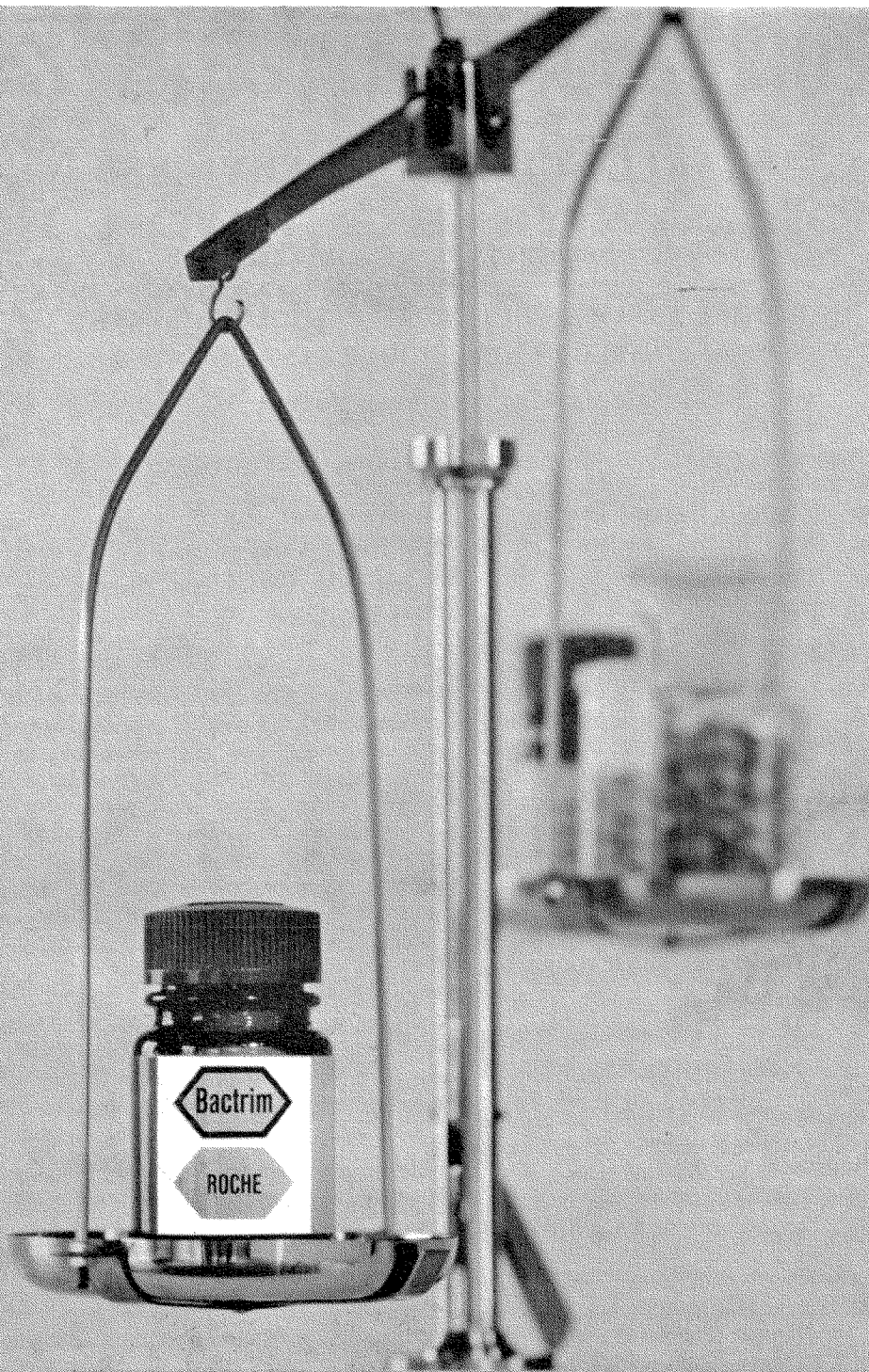
- I — If you are really interested in patients comfort then stop all this paging system and replace it by the buzzers.
- II — The paging of fourth and third yearers is a necessity which is felt by those who are in close contact with them.
- III — The attendings have a clinic and offices to contact and if they are in the hospital they are not difficult to localize.
- IV — The residents have their rooms and are easily localized. It is we who are the wondering majority with no place to stay who need the paging yet we are deprived of it by «progress.»

STRESS AND THE MEDICAL STUDENT

From : INTERMEDICA, Vol. XI, No. 1.

Miller et al. and Eron have listed a number of stresses which they see as being important in the life of a medical student.

1. The student's feeling of helplessness in relation to the instructor's power, this being a function of his perception of the instructor's arbitrariness and punitiveness in the use of such power.
 2. Pre-examination and examination strain and threat of failure in examination. Patrick gives ten examples from his case notes of students' anxiety severe enough to impair their studies and produce insomnia in the month preceding the examination. This study was done in the University of Malaya.
 3. The initial experience with the cadaver.
 4. Difficulty in adjustment to the transition between preclinical and clinical years.
 5. The initial experience with physical, gynaecological or rectal examination of patients of same and opposite sex. In fact all clinical subjects and the live patient are a source of student stress and the adjustments to examining, administering to and manipulating patients are not easily made.
 6. History taking from a patient, representing as it does a distinct invasion of the patient's privacy.
 7. The initial encounter with psychiatry, causing him concern with his own emotional problems and conflicts. Again, most medical students are ignorant of psychology and sex, even though the public expects them to be experts in these areas. This leads to a great many conflicts of role and confusion concerning his own competence.
 8. Autopsies, venereal patients, leprosy patients and mental patients who are violent.
 9. Fear of error in diagnosis and prescription.
 10. Fear of contagion. «Sophomore's disease», the fear of acquiring the disease, is first encountered during the study of bacteriology and pathology.
 11. Death of a patient, Chronic or hopeless disease.
 12. The discovery that the physician is not omnipotent and that he is in the midst of «training for uncertainty». He also learns how narrow the dividing line can be between health and disease.
 13. Isolation, the effect of limited recreational and social outlets.
 14. Long-term conflict over the dependent role the student usually must assume. Lief sees that typical medical student as being extremely naive and unworldly, as he states «The doctor's long and arduous training ... keeps him so busy from 18 to 25 that he finds he is middle-aged before he has the leisure in which to discover himself. It takes him years of medical practice and the struggle to find time to live his own life before he can catch up his fellow creatures many of whom have lived a lot by the time they are 25.»
 15. Protracted sexual conflicts. Lief, who made a special study of this problem, reports that «Their sexual experiences are more limited and less varied than their counterparts in other walks of life.»
 16. Nosophobia. Medical students are prone to fears and feelings of ill health. This should be distinguished from hypochondriasis. Nosophobia responds well to reassurance and only a relatively small number get to the psychiatrist, whether referred or self-referred. A truly hypochondriac student is usually referred against his will. His concern about his health amounts to conviction and reassurance based on reason and negative evidence is of no avail. There is usually accompanying evidence of personality and emotional disorder in hypochondriasis.
- A study at McGill University shows that no less than 70 per cent of medical students suffer from nosophobia at one time or other during their undergraduate careers but only very few students (less than 1 per cent of total student body) present with true hypochondriasis.
17. The war with the faculty — concern over impressing or failing to impress the faculty and concern about his ability to absorb all of the material in the time given.
- Becker et al. investigated the various forms of trauma experienced by students during the clinical years, and found that 60 per cent of all traumatic experiences reported had to do with the fear of making a bad impression on the faculty.



**Weighty arguments
favour «Bactrim» Roche over broad-spectrum antibiotics:
even broader spectrum,
minimal bacterial resistance,
bactericidal effect,
no alteration of intestinal flora**

F. Hoffmann-La Roche & Co. Ltd, Basle, Switzerland

SEARLE SCIENTIFIC SERVICES

(A division of G.D. Searle and Co., Ltd.)

HORMONE ASSAY AND CLINICAL PATHOLOGY SERVICE
NOW AVAILABLE IN ALL MIDDLE EAST COUNTRIES

ESTIMATIONS PERFORMED INCLUDE

HORMONE ASSAYS

Serum Protein Bound Iodine
Serum T3 Binding Index
Serum Thyroxine
Plasma Progesterone
Plasma LH
Plasma Cortisol
Plasma Growth Hormone
Plasma Insulins
Urinary 17-Ketosteroids
17-OH Corticosteroids
Pregnanediol
Pregnanetriol
Total Oestrogens
Fractionated Oestrogens
Oestriol
LH

CLINICAL PATHOLOGY

Screens for
Sodium, Potassium,
Chloride, Co₂, Urea, Sugar, etc.
All kinds of
Routine Biochemistry including
Lead, Copper, Magnesium, Lithium
Haematology and Bacteriology

Specialised tests can be performed if needed.

G. D. Searle & Co. Ltd.
(Middle East Area)
P. O. Box 4524
Beirut
Lebanon
Tel. : 345278
Cable : SEARIN BEIRUT
Telex : via A. Anderson & Co. 666

Associates in Lebanon :
Laboratoires Dr. Emile Rizk
38 Rue Clemenceau
Imm. Esseily
Beirut
Lebanon
Tel. : 344140
Cable : RIZKLABS BEIRUT

All estimations performed at reasonable cost to highest degree of
Precision Accuracy Specificity Sensitivity
in the Searle Laboratories in England.

STATUS ANNIVERSARIUS

(OR : HOW THE EAST WAS WON !)

EPISODE III : OVER THE WAVES

By Anis Racy
Bassam Musharrafieh

In the last episode, as you may well recall, the great crusaders were already on their way to the Mediterranean coast. While the present issue of *Medicus* was being prepared, the armies had long reached the seashore and had already taken to sea, embarked on a thousand-ship armada that sailed from Southern France and Italy. The main forces sailed from Marseilles, under the leadership of King Alfred, while from Italy came another contingent recruited from among the fervent defenders of the faith. These were under the command of a most powerful man, Abraham Gardinal Dagger. The cardinal, let no one be deceived, was not only a holy man, but a great warrior too. He could use his dagger to any purpose, (1) but relied more on his tongue, a lethal weapon indeed. His bushy eyebrows were a source of fearful respect to those who knew him only by sight. His sympathy for the weak was proverbial, especially for the weaker sex.

The sea was calm, and the wind favorable. The cardinal was confident he would reach the island of Crete before King Alfred. They were to join forces there before setting sail to Lattakia. It proved to be more difficult than that. Drifting one night far from the main fleet, the cardinal and his crew woke up to find themselves surrounded by alien ships. The intention of the strangers became clear when a flag was hoisted on the largest ship. It bore the image of 2 bones and a pelvis, the emblem of that terrible moor,

known as the Pilgrim (2). He was the most dreaded pirate of all, and he alone, for some mysterious reason, chose a pelvic bone instead of a skull. To resist, the cardinal knew was futile. He therefore chose to bargain. While everyone around him trembled with the idea of succumbing to the Pilgrim he alone stood firm and invited the pirate to his vessel.

Abraham (to the pilgrim as he set foot on deck) :
«Welcome aboard. This ship is yours if you come as a friend.»

Pilgrim : «A friend ? Don't you know who I am, you son of a bitch.»

Abraham : «What ? ! How dare you talk to me like that, when I am older than you ! you are arrogant; more, you are a coward.»

Pilgrim : «A coward !».

Abraham : «Yes, a coward. You are taking advantage of your superior number. But although I am older than you, my spirit is younger, and I defy you in a fair duel.»

Pilgrim : (bursting with laughter) «you defy me ?
Ab. Ab-Ab... you, you, defying me the Pilgrim ?
Abaab...»

Abraham : (with a pover face as hard as a stone) I defy you yes. Moreover, I leave to you the choice of the weapons.»

Pilgrim (sarcastic) : «Isnt that nice of you.» (angrily) «why you dirty monk, (unsheathing his dagger and walking towards the cardinal with his

(1) Before going into the religious order he was a butcher, whence he acquired the skill at using the blade. The nickname of the Dagger may well have originated from his preecclesiastical years.

(2) Of Arabic ancestry, the moor was called Al-

Hajj, which the westerners translated literally. His pilgrimage every year to the Arabic gulf where Moslem pilgrims gathered on their way to Mecca had no religious basis whatsoever. His aim was to visit the pilgrims themselves before they landed, in order to ransack their ships.

overpowering stature) I will slice you to pieces !».

As he came near, and raised his arm to strike, the cardinal swifly jumped aside and kicked him on his... The giant doubled up on himself as he shrieked in agony. Abraham seized the opportunity to catch his arm and snatched the dagger from him. The pirate's men were too shocked to move, but one of them, realizing the situation, grabbed his sward and jumped on the cardinal. Alas, the cardinal was too quick for him and, with one dextrous stroke, slashed him open, chest and belly (3) that did it : he was master of the situation with a dry, crisp tone, he said to the pirate who was still on his knees : «My friend, it is not enough to have muscles. It takes more to win. I use my brains and common sense. That's why I always win.»

Pilgrim : «Common sense, my foot ! Since when was following that stupid king of yours a sign of brains ?».

Abraham : (for the first time raising his bushy eyebrows) : «I do not follow men, I follow principles. I believe in order, and these anarchists in Berytus are disturbing the order, that is why I am against them.»

Pilgrim : «of course; you are right in that.»

Abraham : (pleased with the pirate's approval) of course I am right. I am always right, unless I say I am wrong !. Now you will regain your ship and sail with us. From now on,, you are under my command.»

The pirate was crushed. He could not even retaliate, so he just nodded, went back to his vessel and followed the cardinal for a whole day. When it became dark, he took advantage and sailed away for ever.

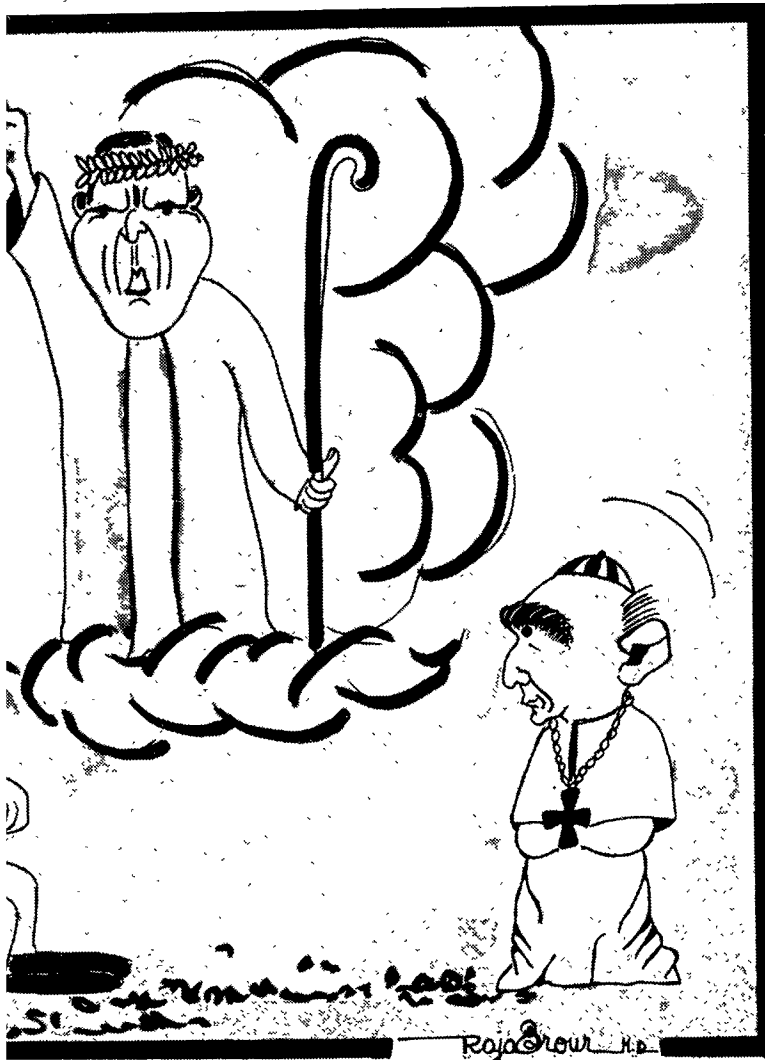
The incident was soon forgotten. The cardinal's army landed in Crete one day after the king had arrived. The festivities had already begun at the palace



of Crete's Dragatsis I the Impressive (4). The proved host to such eminent guests, he offered them wine, women, and, above all, food. For Dragatsis knew that the way to men's hearts is thru their bowels. Speaking of food, let me tell you a little about Dragatsis chief cook Alikad, formerly attending to the King's barn, was newly promoted to chief of the kitchen. Even there he retained most of his previous habits in feeding animals. After this short digression you

(3) Hence the origin of the surgical term :
THORACOABDOMINAL APPROACH.

(4) Impressive he was; in fact, he was made king because of his size. The people of Crete, having no ruler, were in civil war and could not find themselves a King. One day a greek merchant came to the island. His appearance so impressed the people that they nominated him king. Thus he was the first of the Dragatsis dynasty (The dynasty gave posterity only to one king).



can understand why the whole army was detained in Crete for one week following the festivities. Diarrhea was the immediate cause. But to say that the time spent there was lost is to deny history its rights. For it was in Crete that the fate of the Holy mission was going to be played.

At the time, a man lived on the island, who could foretell the future. He was believed by many to be a half-god; other felt he partook of the devil. A few illuminated spirits, however, knew how cunning and sharp this man was, and respected what he said, for behind his seemingly unintelligible discourses lied wisdom untarnished. The crusaders, one must explain, were recruited from all over Europe, and many troupes came from Germanic and previously barbaric

racés. To these the news that an aracle dwelled on the island of Crete was like a magic spell that inexorably drew them to consult him. They even threatened to revolt if they were not granted a visit to the aracle. King Alfred, of course, being a good christian, refused to discuss such heresics, but the marquis de Van Dyke knew better, or thought he did. «What harm can come of it?» he thought to himself. He did not like the possibility of losing some of his best troops. It was easy for him to convince the king; it was always easy for the marquis to convince anyone when he set his mind on it.

On the way to the devine man, King Dragatsis explained : «you will be surprised by the man's modest appearance. His house, his clothing, all denote a humble man. This adds up to his charm on simple people. But let not that deceive you, he is a very shrewd man, very witty and immensely knowledgeable. He spends his time digressing, regresssing, and recapitulating. He is a great man indeed.» Dragatsis looked serious enough as he said this, so nobody dared laugh. As they reached there, they hardly believed their own eyes. It was not even a house, but a small cottage. Not even an altar. Yet something sacred emanated from it. Something that defies definition. Then the divine man himself appeared on the thershold of his door. He was an ordinary-looking fellow with blackish-grayish hair, cut very short, and a long face with sad-looking eyes that had much to say. Yet the overwhelming expression came from his thin lips. His mouth was unique in that it assumed infinite shapes as he started talking, underlining every word he uttered with a meaningful curve of the lips. Dragatsis unmounted first to greet the man : «Hail to three, holy man we come to learn».

Oracle : «You are honoring me by your visit. What can I do for you?»

Dragatsis : «I have brought with me the Great king Alfred and his men. They want to consult you on their chances of success in their mission against the rebels of Berytus.»



The Oracle paused for some time and he seemed to ponder his thoughts, then, slowly and with infinite pain at weighing every word, he spoke. Never before did word weight more on the tongue of man.

Oracle : «I have heard of the ones you call rebels. I beg your pardon if I am intruding on you. I don't want to impinge on your freedom, but I think that

if this mission is carried out in this spirit, and in the face of a constantly varying wind of thought among the people concerned, it would lead you to a nonremitting, relentlessly progressive, debilitating condition that will ruin your armies. They will drop out (5), one by one until a time comes when the smallest battle will tip the balance and will stop all your functions as defenders of the Faith.»

The visitors were impressed. Some were shocked, others were disappointed, but all were impressed. Then S.J.J. spoke.

S. J. J. : «If this is so, what can we do, then ? what do you suggest?»

Oracle : «Can you lend us your silence for a minute ? (he resumed) Take the correct steps, more with the tide. Adopt their new ideas. These are young men with fresh blood. Oh how I would like to learn from them about the latest developments myself.

(5) Almost like nephrons in chronic renal failure.

Allow me to digress for a moment and tell you how much my heart beats for them.

I will recapitulate : the crux of the issue is to take the proper measures now, before it is too late».

Well, if that did not shock them, nothing did. The Duke of Western Action Potential was metamorphosed. He exchanged meaningful glances with the Earl of Teebee who, likewise, was very meditative. That did not escape the quick, eye of the marquis and the significance of it disturbed him. However, it was not he but His Terror who said, sighing : «I had enough talk today. We know we will win, so why listen to this nonsense?» Van Dyck was quick to seize the opportunity. He said : «His Terror is right. We are grateful to you for your help, my friend. We will consider what you said.» Then turning around before anyone had the time to object, he led his men back towards the part. It was dark when they arrived. Tomorrow morning they would sail. «At last, thought the marquis, feeling uneasy about something he could not define. The night was as quick as any other in a military camp, with activity going on everywhere, in preparation for the trip the next day. No one noticed anything wrong. But what a surprise it was when next morning two important leaders were missing with a sizable quarter of the army. The Duke S.J.J. and the Earl of Teebee. Where were they heading to ?

MEDICUS SUBSCRIPTION COUPON

PLEASE SEND ME THE ISSUES OF «MEDICUS» FOR THE YEAR 1970-1971

I ENCLOSE :

- 5 L.L. RESIDENT AND NURSING STAFF OF AUH.
- 15 L.L. A.U.B. FACULTY AND ALUMNI IN LEBANON.
- \$ 10.00 A.U.B. ALUMNI OUTSIDE LEBANON.

ADDRESS :
.....
.....

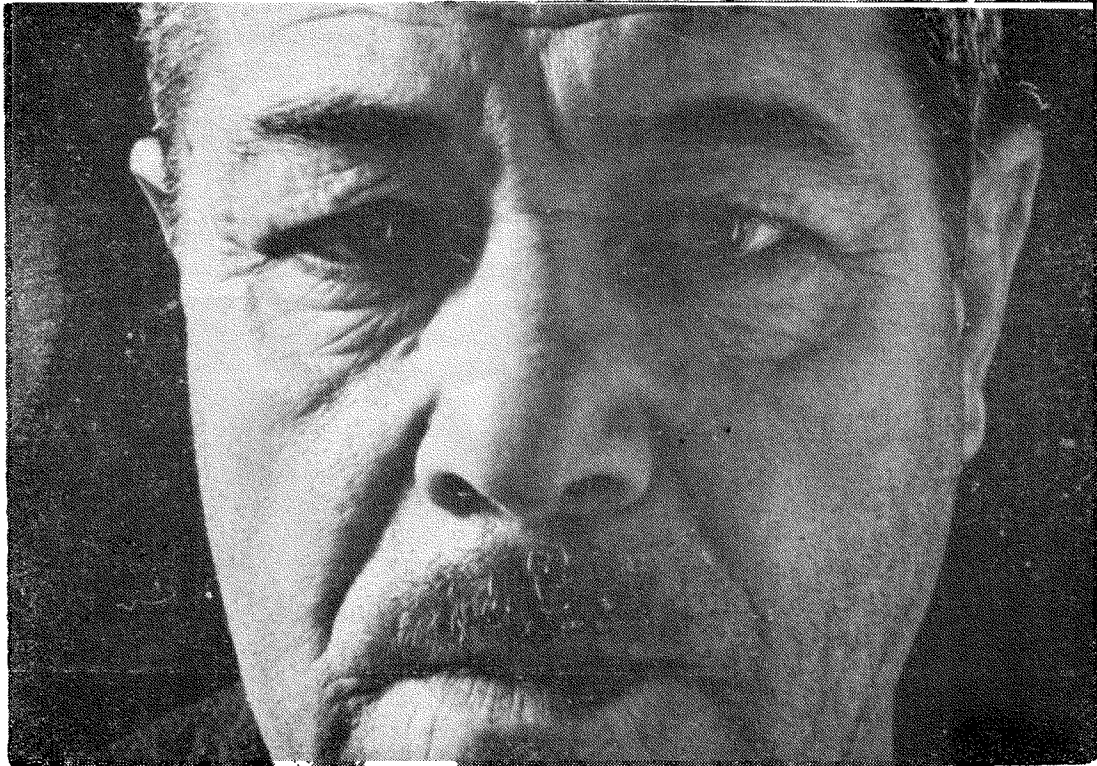
REVENUES GO TO THE MEDICAL STUDENTS' SCHOLARSHIP FUND.

Hygroton® Geigy
Long-acting diuretic

Hygroton®-Reserpine Geigy
Antihypertensive agent



Geigy Middle East S. A. L.
P. O. Box 4285
Beirut



cosaldon retard

cerebral reactivator

increases cerebral bloodflow
and opens the blood-brain barrier
to glucose and phosphate



HOSTA PHARMA · Chartouni Bldg. · Makdessi Street · Tel. 345783 · Beirut/Lebanon

By P. W. Hitchon

Whenever I sit back and drift into nostalgia — as I often do — Poland will invariably come up. However, there is one aspect I repress and that is the Polish Winter. A temperature of 3 to 5 degrees Celsius is not what a Mediterranean would exactly call home.

After an exciting day in Warsaw, we were soon on our way to Wroclaw- about two hundred miles to the south-West. The conference was to be held at the Dept. of Microbiology of the Akademia Medyczna We Wroclawiu- founded 1945. (Medical Academy in Wroclaw).

A total of about a hundred papers were presented. Other than a paper from Denmark, another from East Germany, and my own, all were in the national language- Polish. The papers scanned the spectrum from female sexual behaviour in urban as compared to rural areas — (prize winning of course) — to immunofluorescent techniques in the study of fibrinogen, fibrin and other aspects of coagulation. Before presenting my paper, a summary was presented in Polish.

The Conference lasted from the 11th to 13th of Dec. It was concluded by a panel discussion on cancer, its etiology, and possible measures of control. This was followed by a general assembly during which a message of thanks was delivered by the Rektor (Director) of the Academy to all participants.

During my short stay in Wroclaw, I made the acquaintance of two students from the Middle East — A Lebanese and a Jordanian. They were both studying medicine in Wroclaw, and had not been home for the past four years. I was thus obliged to give them an account of all the recent developments in the area.

On my return to Warsaw it was made known to me that for an overlooked detail my stay in Poland would have to be extended one whole week... This was not altogether bad news. The Polish Students Organization (ZSP) made my stay truly a memorable one. After visiting hospitals, student clubs — of which there is an enormous number in Poland — what gaps remained were occupied with Concerts, Operas, theatricals..

I dare say I enjoyed my stay so much that my Parasitology mid-course exam that was awaiting me was completely out of the picture.

On my way back to Beirut aboard an Ilution 18, the scorch of Polich Vodka — Zubrowka 40° — still lingered on.

I look forward to the time when we, here at A.U.B., will organize our own student reseach conferences and extend invitations to medical schools in the Middle East and even Europe.

Reminiscences From

P O L A N D

Patrick Hitchon of Med. II was chosen from many applicants to represent MSS in an international conference in Poland, where he presented his paper on «Sperm metabolism». Here, he looks back to those few but enjoyable days he spent there.

HATE STORY !

A questionnaire was passed to nurses at AUMC asking their views about the various problems they face in this institution. The response to four questions will be discussed at present :

- 1) What do you like most about Doctors ?
- 2) What do you dislike most about them ?
- 3) How do doctors treat nurses ?
- 4) Why do you think AUMC recruited nurses from outside Lebanon ?

I — What do you like most about doctors ?

The general attitude towards doctors was definitely hostile although the question was about their virtues !

Eleven answered «nothing», only one answered «I like them all.» Those who did comment about the doctors' virtues, (eight) wrote, that in some doctors, they like and appreciate their «care, devotion, honesty, care of patients, and their frankness and simplicity». Four did not answer the question and the rest of the answers were; «their white coats», «some are interesting», and «at present nothing, I used to think they were more devoted to their profession. But I have seen the opposite. I am very sorry that this is so, but what the public thinks about doctors is simply not true.»

II — What do you dislike most about doctors ?

The general approach was an emphasis on nurses' darkview about the doctors, although nearly half of them admitted about «a precious few». Nine complained about doctor's unconventional or impolite behavior, the words «rude», «mean», «give orders», «sarcasm», «aggressive» and «critical» were used. Ten wrote about doctor's vanities and superficialities, words such as «proud», «they like to show

off», «they think they are sophisticated», «they have superiority complex», «they are hypocrites, «they are dictators», and «they gossip», were used. Four did not answer the question, and two wrote «nothing». Only two commented about their profession, «they are careless about their jobs», «they are not punctual». Four complained about doctors' attitude towards nurses, two used the word «disrespect», «misjudging the nurses», «they think nurses are nothing». The rest of the answers were; (1) «I hate doctors blocking the doors every morning during their rounds, thinking that it is their kingdom and they must not be disturbed.» (2) «I hate their unfinished rounds.» (3) «I hate to see them sitting in the nurses' station blocking every drawer you need to open.» (4) «I hate to keep on running after them to give I.V. pushes and they keep on disappearing.» (5) «I hate their mistrust and critical attitude towards nurses and nurses' work,» (6) «I hate to round with them as a team leader for it's useless and I don't like their company». «Some doctors think just because a nurse talks with them, she is ready to go to bed. This kind of doctor makes me vomit». «I don't think they deserve to have their M.D.s. How can they become doctors when they are not straight in their lives». «They know nothing except theories and formulas from books». «The fact that they are so arrogant, commercialized and think so low of nurses, if doctors who are in the health field think nothing of us, then what will the public think? After all the help we are to the community, it is a crying shame.»

III — How doctors treat nurses ?

- A — Full time professors,
- B — Part-time professors,
- C — Residents
- D — Medical students.

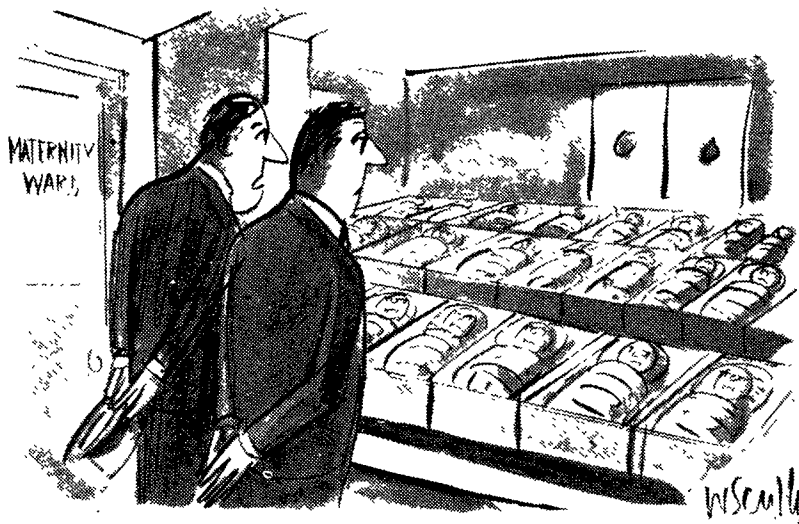
For answering this question, the nurses usually lumped together the first three groups together and answered the last one separately. The answers to the first three were : four answered «politely», six answered «well or friendly». Three wrote, «they want to take advantage», «they want to pass time», «they want adventure». Seven complained about maltreatment, «as maids», «ignored», «proudly», and «fussy». The rest of the answers were, «they have superiority complexes», «neurotics», «depends on their moods», «depends on their personalities», «it depends on the nurse», «some are nice some are not», «professionally», «you know better than me», «as their patient's maids».

The comments about the medical students were somehow milder. Six answered «friendly, well, and not bad». Six wrote, «they imitate their superiors, although they are a bit nicer». Three answered «they have inferiority complex». Three did not answer the question and the following are the rest of answers; «with curiosity», «indifferent», «it is not important as long as they are known to be nothing». «They look at their superiors and seeing their behavior, they too start acting the same with a bit more friendship though».

IV — Why do you think AUMC recruited nurses from outside Lebanon ?

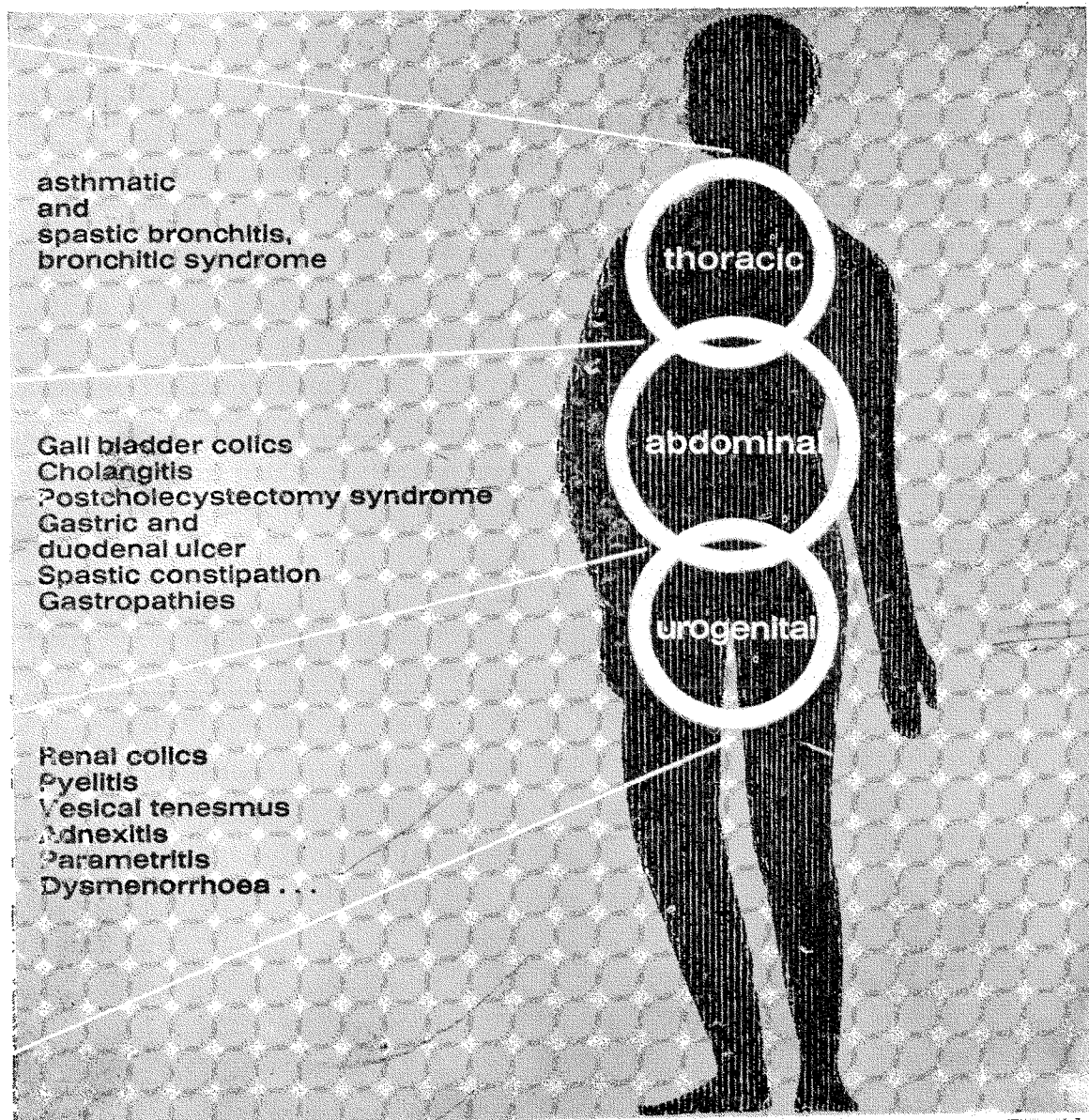
The following lines are some of the more interesting answers of the nurses: «lack of nursing personnel», «local nurses are leaving, the gap is being filled by foreign recruitees», «because as we hear and as they say, that they are short of staff nurses», «heavy work, low salaries and maltreatment forced local nurses to resign». «The local nurses get rotten treatment by our nursing service, low salaries and are dissatisfied, leave the hospital. Who comes in ? Foreigners who get royal treatment from administration, nursing service and doctors plus a better salary (150 L.L. more). Patients who are claimed by our administration to be the most important subjects in the hospital are suffering because of language barrier and cultural differences, but who cares ? «They don't want to pay Lebanese nurses well, mass resignation will happen which will lead to the shortage of nurses and recruitment of foreigners becomes necessary», «Lebanese nurses are running away from the AUMC because of maltreatment, poor salary and neurotics all around», «to change the environment of AUMC», «contrary to what is said, the recruitment of foreign nurses is not due to shortages. because had they given equal privilages to Lebanese nurses, they would not have left for the U.S.A. or Saudi Arabia», «The newly recruited nurses are to take care of doctors and change the atmosphere of AUMC,» «propaganda for the new center», «Lebanon imports everything from tooth paste to airplanes, why not nurses ?» «I am in favor of having nurses from outside Lebanon provided they are treated equally».

Elias Nicola



«I think they already look disillusioned.»

Acabel® Acabel® compositum



STUDENT RESEARCH

By Suhayl Nasr

Of the many students who spent their summer vacation working in the basic sciences departments, we chose Miss Jihan Abdul Kader, Med II, to represent those who worked in Anatomy, Mr. Patrick Hitchon, Med II for the Biochemistry and Mr. Zuhayr Ballas, Med II, for the physiology and conducted this interview with them.

MEDICUS : Which department did you choose for your summer clerkship and why ?

JIHAN : I chose anatomy because, of all the courses I took in first year, I was interested most by Histology.

PATRICK : I chose biochemistry because of my need for challenge. Biochemistry is something you are not at ease with, and this is what attracted me.

ZUHAYR : I chose physiology because I like it and because I think it is the backbone of medicine.

MEDICUS : Can you tell us something about your project ?

JIHAN : My project was a part of a bigger project undertaken by the department to study the demyelinating diseases. I was concerned with the study of the effect of serotonin antagonists on cyanide encephalopathy.

PATRICK : I worked on sperm metabolism.

ZUHAYR : We studied ESR. I say we because I had a partner. We investigated mainly the effect of three parameters on ESR, temperature, beta lipoproteins and chlorpromazine.

MEDICUS : What do you think was the benefit that you got from this clerkship ?

JIHAN : I think the main benefit was that of being introduced to research in the medical school.

PATRICK : We gained practical experience and new knowledge. Furthermore we were accustomed to Basic Sciences and to what research means. By virtue of my work I was acquainted with the hospital.

ZUHAYR : It was the first time for me to put in practice our theoretical knowledge. It was a good chance to test how can we utilize practically the theories we are studying, and whether we can apply them. To me this was the ideal way to tackle scientific subjects without the yoke of grades.

MEDICUS : What is your subjective feeling about this clerkship ?

JIHAN : It was an occasion to work on equal basis with professors and appreciate their work.

PATRICK : We got 600 L.L.

ZUHAYR : I enjoyed it.

MEDICUS : What do you think was the purpose of the administration in providing these jobs and were they fulfilled ?

PATRICK : The university is made for giving out knowledge to students. It is for the benefit of students. I think this clerkship provided a chance of achieving this. It was an occasion for us to work independently depending on our initiative and to bring into reality what we would like to do. And in this I believe the purpose of the administration was fulfilled.

JIHAN : The administration wanted to give us a chance to gain new knowledge in a field we like.

MEDICUS : Have you considered the possibility that the administration tried to divert students into the basic sciences ?

PATRICK : No, I don't think that the administration thought of this I think the administration wanted to give students the chance to develop scientific initiation.

ZUHAYR : I think this clerkship gave us a chance to develop a better student-teacher relationship, and to be introduced to basic sciences. This clerkship should be made obligatory to compensate for the bias of our education toward clinical sciences.

MEDICUS : How did this clerkship affect student-teacher relationship ?

JIHAN : There is a difference in knowledge between students and teachers; this clerkship was an occasion for students and teachers to work together equally in scientific research.

PATRICK : This clerkship benefited both students and teachers because science requires imagination and continuous supply of new ideas.

MEDICUS : Do you think there is a gap between students and teachers ? Did this clerkship help in filling the gap ?

PATRICK : I don't believe there is such a gap. Anyhow, now I consider the professors with whom I work as friends.

ZUHAYR : I feel this work closed the gap, but the mere fact of needing these two months to fill this gap shows the shortcomings of our education.

JIHAN : I did not feel the gap in first year I'm feeling it more this year, and I was advised by some that the gap is going to widen more and more. I think the administration should do something about that if their purpose is closing the gap.

ZUHAYR : After those two months one looks at professors as human beings with their weaknesses and not only as bright people standing «behind the counter».

MEDICUS : Have you worked as a technician or did you have initiative ?

JIHAN : I partly worked as a technician because I did not have enough background in what I worked in. I worked on pathology before being introduced to it so it was difficult to analyze the studies.

Something should be done to the lack of funds for the projects.

PATRICK : We carried out our own ideas. We had to read for two weeks before disembarking on the project. We were working out our own procedures.

ZUHAYR : We felt that we were completely independent in this project. We really felt that it belonged to us totally. We were our own bosses. The role of the advisor was limited to advise us on scientific techniques.

MEDICUS : How do you see life in the basic sciences departments ?

JIHAN : There is a lot of scientific work going on but we were socially more active.

PATRICK : The labs are properly equipped. In order to advance further from the scientific aspect we are limited for space and funds. All these could have contributed to advancement of science. Socially, people are of different ages and it is difficult to coordinate activities.

ZUHAYR : I enjoyed life in summer very much. It was real life where one is met with

We have done the first 10 meters in a 100 meters dash and we STILL have to break the records.

failure and success. There was a constant challenge to our mind. I think that life here would have been the best place for Faust.

PATRICK : Labs are primarily for advancement of science and people should not concentrate on social activities. I object to the many breaks famous in the physiology department.

JIHAN : I disagree with Patrick. If you establish good social life you contribute to efficiency and you make it easier for people to work as human beings.

ZUHAYR : It was a good chance to close the gap not only between students and teachers but also between students themselves. For me it was a good chance to understand the cultural backgrounds of my partner, of the other students and the technicians as well. I guess the Physiology department was a miniature society in itself because it included all trends of one society.

MEDICUS : Do you consider that you have produced a work worth 300 L.L. a month ? More or less ?

JIHAN : Money was there to support our work. It is not basic.

PATRICK : You cannot evaluate scientific results in money. This clerkship was primarily for the benefit of the student. Some people are willing to work even if they are not paid properly. (I accept to be paid for one month even if I work for 6 weeks).

ZUHAYR : Considering we were two working on the same project, the money given was enough. But if I were alone, I would have asked for more.

MEDICUS : Did you have enough facilities at hand ?

JIHAN : We had enough facilities. The main problem was with the Animal House ; first the animals were not trained for scientific handling, second people in the animal house consider animals as a trade only. We did not have enough instruments for handling the animals, like labelling them. Otherwise we had what was needed.

If you establish good social life you contribute to efficiency.

PATRICK : There should have been a business relationship. Familiarity is for outside the lab not inside the lab, otherwise things will accumulate.

ZUHAYER : This is really the problem of our society. We cannot differentiate between friendship and work and we should change this.

JIHAN : I agree with Zuhayr : this is a basic problem but which did not exist in the anatomy labs.

ZUHAYR : Neither in physiology. We used to help each other.

MEDICUS : Do you consider the possibility of working in basic sciences after your M. D. ?

JIHAN : To start with I was interested in basic sciences. The clerkship gave me more chance to know what they do.

PATRICK : Before answering this question I need to have comparative knowledge i.e. I should try first clinical work and then decide. But I am sure that this clerkship is going to affect my decision. May be I'll not work in Biochemistry but I am not going to work in Physiology because it is not an exact science.

ZUHAYR : I feel now I'll be going into basic sciences but it is premature to decide now.

MEDICUS : Do you intend to work this summer ? In the same department ? Why ?

PATRICK : Yes, I intend to work this summer but there is a problem. We only have two months of vacation and we would not like to spend them all in work. We suggest that we work for 6 weeks only. I intend to go back to Biochemistry but as I said before, science demands continuous supply of new ideas so may be it is preferable for me to shift to another field of Biochemistry while somebody else takes over my project. But time is short, and it takes time before we acquaint ourselves with the material at hand and start producing something.

JIHAN : If I have a chance, I'll go back and work this summer. But I would like to try working in other departments on a project related to my previous work. I agree with Patrick about the 6 weeks program.

ZUHAYR : I plan to go back to work, because our work was not finished. One gets new ideas all the time. We may have a totally new approach after an incubation of the winter period. I agree with Patrick about the 6 weeks program.

PATRICK : I got all that I asked for and I don't complain. There was a lack of things I did not ask for. Had they been there I would have used them.

ZUHAYR : To be fair I'm going to put the question on two levels; the level of the de-

partment as such and the level of our research. There were enough facilities in the department for a special kind of work. So for our project we did not have many facilities. We only had four sedimentation tubes and one sedimentation rack. We managed to invent two other racks. The whole hospital had no sedimentation tubes when we asked for them. We needed an incubator for our research and we did not have it. We had to ask the help of another department for some essential instruments that we needed. Something should be done to the lack of funds for the projects.

MEDICUS : Would you like to add any thing.

PATRICK : Our work would mean very little if no attempt is made to continue and finish up the work. We have done the first 10 meters in a 100 meters dash and we still have to break the records. I would not like to see my results put on the shelf. I would like to address my special thanks to the people who made our work possible, to my colleagues, in the lab and in the hospital.

JIHAN : The funds were limited. We could not use enough animals to get statistically significant results.

ZUHAYR : In general it was a very good experience.

JIHAN : It was a chance where you enjoyed your lab work noting that during our school year we are made underestimate the value of the experimental work by the methods used in conducting the labs. In the routine labs we learn very little, we conduct experiments which are not interesting to us. They do not offer any challenge. The information that we learn, we gain it from the theoretical part and we cannot derive sound conclusion from our lab results. There is a limit put to our interest.

ZUHAYR : We came to do some experiments in our research and to our dismay we discovered that we have done them during first year but we knew nothing about them. This is a proof of the shortcomings of our education.

PATRICK : I object to the method of selection of students. Any one is capable through perseverance, of getting some good results.

JIHAN : I would like to stress the benefit of interdepartmental cooperation in projects. This can help advance knowledge, and help the completion of any project thus finding the etiology of the problem being investigated. Since integration is «en vogue» why not apply it here.

ZUHAYR : Our work was interdepartmental, especially the beta lipoprotein part of it.

PATRICK : Biochemistry challenges all other departments for a football game on the 10th of July.

ODE TO A ROSE

By Hagob D. Yacoubian, M.D.

Below a willow tree, down yonder by the valley stream,
A lonely red wild rose does blossom every year with Spring.
Born with Spring and gone with Spring, her life's a space of dream;
The lonely red wild rose that lives by yonder valley stream.

She breathes the Spring and drinks the sun with velvet parted lips;
She listens to the music, through the trees, the breeze does bring.
With slender waist she shifts and bends when dancing with the wind;
Then as a token of her love fragrance lets it drink.

At night she gazes at the stars or whispers to the moon,
Or listens to the tales of yore the stream does bring to her.
With dawn she gazes in the stream to search her maiden form.
And start another carefree day by yonder valley stream.

And so, down by the valley stream, one morning as I strolled,
I saw the rose with velvet lips I dream of every Spring.
With eager hands I reached for her and touched her slender waist;
She waived her head and backed away and then methought she said :

«What do thy ask of me young man, free are my gifts for all.»
«I want thy velvet lips» I said, «for none to touch but me;
I want thy fragrance in the air that none shall breathe but me;
I want to keep thy maiden form for none to see but me.»

With jealous heart I thought of those who by the stream hath passed
And seen the lovely red wild rose beneath the willow tree;
Of those who cast their hungry looks upon her maiden form;
Who touched her slender waist and left their breath upon her lips.

With trembling hands I held her waist and raised her from the ground;
I drew her gently close to me and held her lips to mine.
Then, as with every breath, I felt her fragrance fill my soul,
She drove her thorns into my flesh and brought tears to my eyes.

«Beware» she said, «my charms are free, my thorns for those who dare
To feed their hungry souls upon the fragrance of my lips.
I promise thee much happiness, thy pain shall be my price.»
«The happiness I need» I said, «the pain I shall forget.»

With bleeding hands and joyful heart I took her to my room
and placed her in a little vase upon my window sill;
The window that looks down upon the yonder valley stream,
By which I found the red wild rose beneath a willow tree.

Day after day I cherished her and tended her with love;
My hungry, yearning soul unto her tender roots I poured.
With fingers, though with longing stilled from my empassioned soul,
I touched her, nay but gently, lest her peace I should disturb.

She mingled with my window light and poured into my heart;
She gave her colour to my room, her laughter to my songs.
At night I watched the groping moonlight search her maiden form,
Then lift her from my window sill and bring her to my bed.

Then, as one eve I watched her fragile silhouette upon
The starry darkness of the sky behind my window pane,
My thoughts grew sad, with heavy heart I pondered of the day
When from my window, with my hopes, I'd see her fade away.

Weary thoughts and painful doubts and care that wore my soul,
Betook my mind and cast it in a bitter, anguished mesh;
A bitter, anguished mesh in which night after night I tossed;
Where darkness clouded every day and each day had no end.

And more and more, with desperate force I clung with all my thoughts,
Upon the fragile, flowery image on my window sill;
Enchanted, flowery, fiery symbol of my burning hopes;
Of all the love I yearned to give and of the faith I sought.

«Oh God» I said, «I implore thee with all my burdened soul.
What hast thou kept in store for me; what do thy test me for.
Is it my patience and my strength, or do thy demand pay
For old, untold, forgotten sins I buried in my wake».

And then behold I thought I saw the red lips part again;
As in a dream, methought, I heard a gentle voice that said :
«God placed me in thy path down yonder by the valley stream;
I am thy salvation» she said, «I bring thee love and hope.»

Henceforth my red rose did not die but blossomed even more.
She drove the darkness from my door, the sadness from my eyes.
She filled my days with happy thoughts, my nights with blissful dreams.
She gave a purpose to my life and brought peace to my mind.

Many times since have I trod down to the valley stream,
To see a little patch of earth beneath a willow tree;
And send my thoughts, with grateful heart, back to a day in Spring;
When on that little patch of ground I found a precious rose.



HYKACID

THE BEST TO COOL OFF
THE FIRE OF YOUR STOMACH

Available in tablets and suspension

Raja Brown 1.0

A 12-8

Quiz on The Testicles

From : New Physician

Hector Morales MD

1. The reported incidence of malignancy in undescended testicles is about :
 - A. 10-20%
 - B. 5-10%
 - C. 30-40%
2. Polyorchism is directly related to testicular cancer.
 - A. true
 - B. false
3. All of the following are important diagnostic tests for testicular tumors, except :
 - A. Aschheim-Zondek test
 - B. lymphangiography
 - C. caval venography
 - D. sperm count
 - E. IVP
4. The most common type of testicular tumor in children is either :
 - A. seminoma or teratoma
 - B. teratoma or embryonal cell type
 - C. Gynandroblastoma
 - D. sertolioma
5. The following are germinal tumors except :
 - A. seminoma
 - B. teratoma
 - C. sertolioma
 - D. choriocarcinoma
6. A 22-year-old man was noted to have a small lump at the testicle which is firm-to-hard in consistency and did not transilluminate. The best diagnostic approach is :
 - A. transcrotal needle biopsy
 - B. high inguinal orchidectomy and frozen section study of specimen
 - C. lymphangiography
 - D. all of the above
 - E. none of the above
7. If the pathology report showed seminoma, the treatment of choice is :
 - A. orchidectomy alone
 - B. orchidectomy and ipsilateral retroperitoneal node dissection
 - C. orchidectomy and postoperative irradiation
 - D. orchidectomy and bilateral retroperitoneal node dissection
8. With the above treatment, the average five-year survival rate is :
 - A. 25-30%
 - B. 40-50%
 - C. 60-70%
 - D. 85-90%
9. If the report is a teratoma, the treatment of choice is orchidectomy and :
 - A. transabdominal retroperitoneal lymphadenectomy
 - B. thoracoabdominal retroperitoneal lymphadenectomy
 - C. supervoltage irradiation
 - D. all of the above
 - E. none of the above
10. If after unilateral orchidectomy and retroperitoneal dissection, the patient complains of having no ejaculation, what structure has been damaged ?
 - A. L1 and L2 ganglia
 - B. L3 and L4 ganglia
 - C. nervi erigentes
 - D. A and C combined
 - E. all of the above
11. The primary site of lymphatic metastases of testicular tumors is in the following lymphatic groups except :
 - A. renal pedicle nodes
 - B. para-aortic and paracaval nodes
 - C. precaval and preaortic nodes
 - D. common iliac and external nodes
 - E. all of the above
12. In determining the extent of retroperitoneal lymph node involvement, the best procedure is :
 - A. foot lymphangiography alone
 - B. foot and testicular lymphangiography combined
 - C. IVP
 - D. none of the above
 - E. all of the above
13. A young man of 18 had an orchiopexy one year ago, the recommended procedure for follow-up is :
 - A. clinical assessment of testicle
 - B. biopsy of testicle after 18 months
 - C. foot lymphangiogram
 - D. all of the above
14. If no spermatogenesis is found, the procedure of choice is :
 - A. leave the testicle alone
 - B. continue further biopsies
 - C. orchidectomy
15. The most common type of malignancy of the testicle is :
 - A. teratoma
 - B. choriocarcinoma
 - C. embryonal carcinoma
 - D. seminoma
16. The innermost covering of testis is the :
 - A. tunica albuginea testis
 - B. tunica vaginalis testis
 - C. dartos muscle
 - D. internal spermatic fascia
17. The part of the testicle is divided into head, body, and tail.
 - A. vas deferens
 - B. epididymis
 - C. spermatic cord
18. The testicular artery originates from :
 - A. aorta
 - B. left side from aorta, right side from renal artery
 - C. external iliac artery
19. The testis reaches the scrotum at the :
 - A. 9th month of intrauterine life
 - B. 5-6 months of intrauterine life
 - C. 3 months of intrauterine life
20. Undescended testicle should be sought for and removed at the age of :
 - A. 1-3 years
 - B. 3-5 years
 - C. 8-9 years
 - D. 12-15 years

(Answers on next page)

ANSWERS

1. **B.** The uniform opinion has been that there is an increased incidence of testicular tumors developing from undescended testicles. The occurrence is about 5-10% of patients with tumors who have had maldescent. **Reference** : Markland C; Testicular tumors. *Cur Probl Surg* (Sept) 1968, p. 13.

2. **B.** Although a rare condition, polyorchism, as discussed by Westcott and Dykhuizen, has not been shown to have any direct relationship to testicular carcinoma. The only thing is that the presentation of an extra testicular mass is easily mistaken for a tumor. **Reference** : Westcott JW, and Dykhuizen RF : Polyorchism. *J. Urol* 98:497-500, 1967.

3. **D.** The Aschheim-Zondek test determines the presence of chorionic gonadotropins which are present in choriocarcinoma. IVP, lymphangiography, and caval venography are good x-ray studies to evaluate the extent, presence or absence of retroperitoneal metastatic node involvement. However, sperm count with its wide range of normality may be normal most of the time, except in unusual and far advanced cases when total or near total destruction of the testicles has occurred. **Reference** : Markland C. : Testicular tumors. *Cur Probl Surg* (Sept) 1968.

4. **B.** Staubitz, et al, have discussed their personal experience with six embryonal cell tumors and on teratoma in children from ages 11 months to 15 years. Gynandroblastomas and sertoliomas are rare nongerminial tumors. **Reference** : Staubitz WJ, et al : Management of testicular tumors in children. *J. Urol* 94:683-686, 1965.

5. **C.**

6. **B.**

In patients with a suspected malignancy of the testicle, a high inguinal orchidectomy should be done. After making an incision as in inguinal herniorrhaphy, the spermatic cord is identified and gently clamped with a rubber clamp. The testis is delivered into the inguinal incision and palpation and inspection of the mass will confirm the diagnosis. The cord should then be transfixated and ligated. Frozen section biopsy can then be done. Transscrotal needle biopsy should never be done to prevent metastases along the scrotal needle tract. **Reference** : Markland C : Testicular tumors. *Cur Probl Surg*

(Sept) 1968, pp 11, 22.

7. **C.**

8. **D.**

The treatment of choice for seminomas is inguinal orchidectomy and irradiation with 2,500 to 3,000 R to the retroperitoneal areas. It offers an 80-90% of better five-year chance of survival. **Reference** : Markland C : Testicular tumors. *Cur Probl Surg* (Sept) 1968, p 44. Maier JG, et al : Treatment and prognosis in seminoma of the testis. *J Urol* 99:68-72. 1968. Notter G and Rannudd N : Treatment of malignant testicular tumors : a report on 355 patients. *Acta Radiol Ther* 2:273-301, 1964.

9. **D.** The Teratomatous type tumor, following high orchidectomy, can be treated in a number of ways, irradiation, specifically of the supervoltage type, is favored in European centers. In contrast, in the United States, lymphadenectomy is favored. Transabdominal or thoracoabdominal approaches are used in different centers. **Reference** : Markland C : Testicular tumors. *Cur Probl Surg* (Sept) 1968. Hope-Stone HF, et al : Treatment of tumors of the testis. 2820 testicular tumors seen at the oLndon Hospital during 1926-1969. *Brit Med J* 1:984-989, 1963.

10. **D.** L1 and L2 ganglia form the genitofemoral nerve, which is essential for ejaculation. Nervi erigentes are branches of the pelvic plexus which join the pudendal nerve and are distributed to the external genitalia. They cause active dilatation of the cavernous blood sinuses of the erectile corpora. **Reference** : Markland : C : Testicular tumors. *Cur Probl Surg* (Sept) 1968. Gray H : Gray's Anatomy, ed 28. Charles Mayo Goff (ed.) Philadelphia : Lea and Febiger, 1966, pp. 1038-1063.

11. **D.** The primary site of lymphatic metastases is at the renal pedicle nodes, para-aortic and paracaval nodes, precaval and preaortic nodes which are all at the vicinity of the kidneys. The lymph nodes along the iliacs are only secondarily involved. **Reference** : Cooper JF, Leadbetter WF, and Chute R : Thoracoabdominal approach for retroperitoneal gland dissection : its application in testis tumors. *Surg Gynec Obstet* 90:486-496, 1950.

12. **B.** The value of foot lymphangiography in determining the extent of retroperitoneal node involvement has been questioned by Chiappa, et al, due to its inability to show the potential primary testicular node involvement. It shows only the retroaortic and periaortic nodes while testicular lymphangiography shows well the primary sites of retroperitoneal involvement. So, their conclusion is to use both foot and testicular lymphangiography. **Reference** : Chiappa S, et al : Combined testicular and foot lymphangiography in testicular carcinomas. *Surg Gynec Obstet* 123:10-14, 1966.

13. **B.**

14. **C.**

Orchiopexy in an undescended testicle does not prevent the development of cancer in the testis. The risk of tumorigenesis is much higher in the pubertal and postpubertal orchiopepy. The author has recommended biopsy of the testicle 18 months after orchiopepy. If no spermatogenesis is found, orchiectomy should be done. **Reference** : Mcgiel CF, Jr : Surgery of testicular tumors. *Surg. Clin N Amer* 49:99-103, 1969.

15. **D.** The most common type of testicular tumor is seminoma and it accounts for about 55-70% of the total testicular malignancies. **Reference** : *Ibid.*

16. **A.** The tunica albuginea is the innermost lining of the testicle. Tunica vaginalis, dartos muscle, and spermatic fascia are, in that order, the superficial coverings of the testis. **Reference** : Thorek P: Anatomy in Surgery, ed 2. Philadelphia : J. B. Lippincott Co, 1962.

17. **B.** Epididymis consists of a central portion or body, an enlarged upper extremity of the head, and a lower pointed extremity or the tail which is continuous to the ductus deferens. **Reference** : *Ibid.*

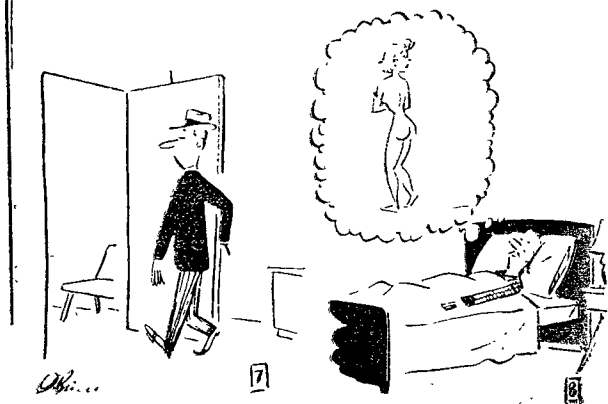
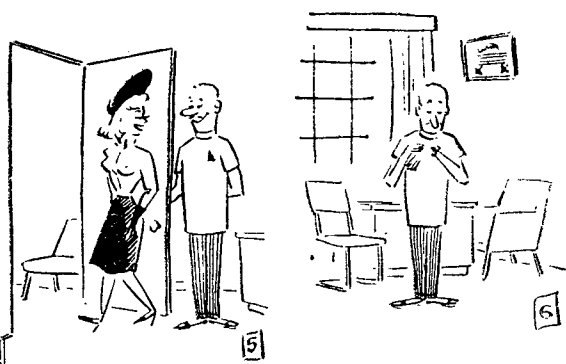
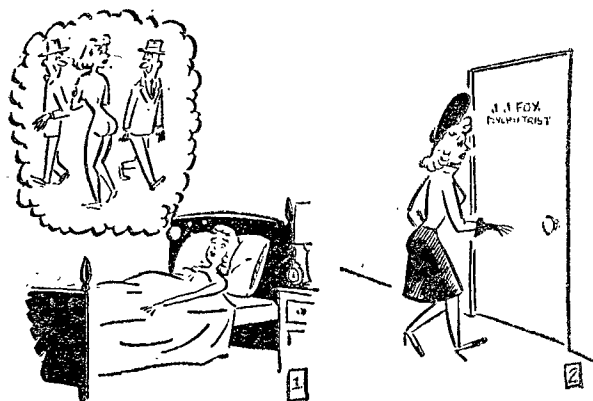
18. **A.** Both testicular arteries originate from the aorta. The venous drainage is the one that differs; the left drains into the renal vein and the right into the inferior vena cava. **Reference** : *Ibid.*

19. **A.** The testicle begins to descend from the lumbar area near the kidneys at about the third intrauterine life and normally reaches the scrotum at the ninth month of intrauterine life. **Reference** : *Ibid.*

20. **C.** As has been mentioned previously, pubertal and postpubertal orchiopepy has a high occurrence of testicular tumors. Undescended testicles should be removed at the age of 8-9 years old. Before this, a trial of chorionic gonadotrophins can be given. **Reference** : Fraser K : A practical approach to some of the problems of maldescent of the testis. *Med J Aust* 2:135, 1964.

For this examination, a score of 75% is passing, 85% is good, and 90% or above is excellent.

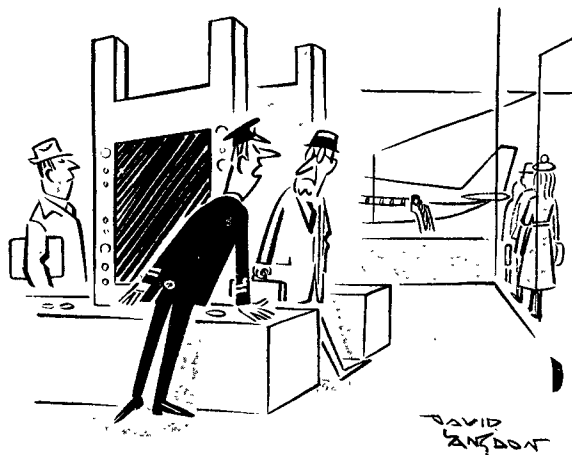
MEDICINE - THE BEST LAUGHTER



«By the time he had taken all his degrees he was too old to practise.»



«Admit it—you medical people haven't devised a decent new sickness for years!»



«You've no concealed weapons, sir, but what looks like the beginnings of a stomach ulcer.»

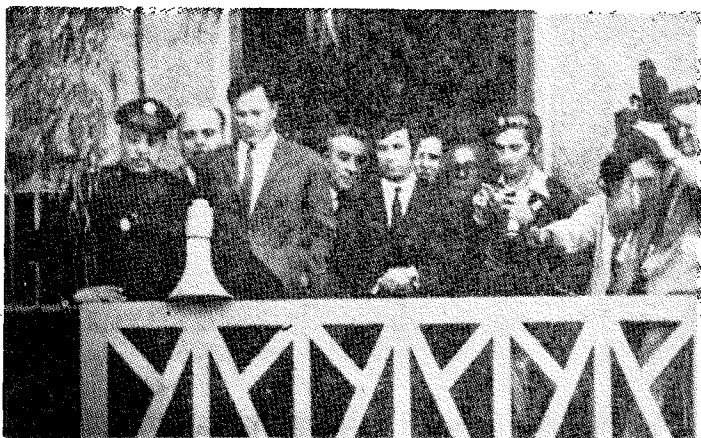
medicus

NEWSREEL

TO BE A MINISTER. . .

«I was once a professor working in a quiet, serene atmosphere. I don't know what picked me out and placed me on a chair that flounders in a maelstrom of student protests and campus upheavals).

Those weary words were uttered by none other than **Dr. Nagib Abu Haidar**, who was snatched from AUMC last January 22nd to become minister of education, and face some of the worst student unrest in recent memory.



We are sure that Dr. Abu Haidar misses us, just as we miss him. Not only that, but he will certainly find, when he is back with us, that medical students are far less «**hyperthyroid**» than most other strains of students.

Actually, we are so myxedematous in comparison, that he might stand up one day against a window in O.P.D. — Medicine, gazing into the blue Mediterranean, and muse sadly «I used to lead such an exciting life back there at the ministry, that this quiet place bores me stiff!»

But then the roars of the caterpillars outside will remind him that it is not so quiet after all!

THE FIASCO G.A.

An MSS general assembly to discuss financial matters was demanded by 32 MSS members who signed a petition to that effect. A G. A. was set for February 4th, 1971, and circulars were sent to all members. However, only about 28 students showed up — about 18 % of the quorum (two thirds of the members) of which only 6 of the petitioners were included. Accordingly, a second G.A. was called for after 1 week, in which any number present is constitutional. This time, about 70 members were present.

That meeting was a model of human discord. In the discussion that followed, a lamentable situation prevailed. Personal grudges were disguised as «causes», the part was pointlessly exhumed, and questions were to clarify. Students were reacting to, not communicating with, each other.

It was one of those instances when obtuse apathy ranks high compared to diabolic interest.

MSS EDUCATION COMMITTEE

The MSS education committee continued its schedule of film projection. 5 films were shown in two sessions : Virus and cancer, systemic Lupus Erythematosus, the Siamese twins of Turin, the faces of depression and Epilepsy. Both occasions were sponsored by the GEIGY Pharmaceutical Co. which put out a «mini-banquet» at the end of each session.

Another activity of the education committee was its joint effort with the sigma Xi Society, the Chemical Society, and the civic welfare league, in organizing a panel discussion on «**drug abuse**» on the 25th of February in the West Hall auditorium. The panelists were : Dr. Joseph Sima'an (Pharmacologist), Dr. Vahe Puzantian (Psychiatrist) Dr. Samir Khalaf (Sociologist) and Mr. Edward Hanna (University attorney).



MSS - BCW TRIP

A week-end trip to Laklouk was organized by the MSS and BCW last February 27th. We are informed that it was very «sexessful»...

Middle East Medical Assembly

On Thursday afternoon, April 29, 1971, the XXIst Middle East Medical Assembly will be officially opened at the American University of Beirut, under the auspices of H.E. the President of the Republic, Mr. Sulejman Franjeh. The MEMA Chairman this year is Dr. Amal Kurban.

This medical assembly which has been held in Beirut for the past 21 years, has been internationally recognized as an important event in the history of scientific conferences held throughout the world. World authorities in medical research and practice converge on Beirut every year to share their experiences with physicians from the Middle East.

Each year the organizing committees have expanded the programs to suit the different interests of the attending physicians from the Middle East. The present committee has introduced some changes in the program whereby major subjects will be discussed in plenary sessions every morning followed by simultaneous sessions of seventeen different symposia

covering the latest developments in the varied interests of specialists and general practitioners. In addition, there will be scientific exhibits and demonstrations. The topics of discussion in the plenary sessions will include «Pollution», «Diabetes» and «Neoplasia», topics which are of current interest and concern in the medical world.

The Seminars will cover a variety of subjects like population dynamics, neonatology, diabetes, E.N.T., gastroenterology, immunodepressive therapy, head and neck surgery, medical care, and nuclear medicine. In addition there will be seminars devoted to presenting up-to-date information on diagnosis and management. A clinico-pathologic conference and a panel on the «Pill» are also planned. Sessions for free communications by research workers in the area are scheduled also.

Eminent speakers from France, Switzerland, West Germany, Sweden, England, The United States, The United Arab Republic and Iran have accepted to participate in this year's Assembly which will start on April 29, 1971 and end on the evening of May 2, 1971 with a banquet at the Bristol Hotel.

The International Student Conference on Tropical Health will be held between July 2nd - 22nd, during which medical students from abroad will come to attend seminars and field trips concerned with tropical diseases. The topics range between basic parasitology (such as malaria and trachoma) to malnutrition, and child health care in Lebanon.

This year, the committee (which meets regularly every Monday at 5:00 p.m. in the hospital's sub-basement) has proposed to offer the medical students a chance to deliver the lectures (as was tried successfully in the 3rd I.S.C.T.H.) of the conference. These will be followed by panel discussions in the presence of the authorities on each subject. We hope that our medical students will actively participate in these activities.


Complementing the scholastic part, a social schedule has been arranged through which the visitors will tour with our students all the sight-seeing places and historical sites of Lebanon.

The posters and application forms for the 6th I.S.C.T.H. are already on their way to all the medical schools of the world (especially the members of the I.F.M.S.A.). The letters we received so far are very encouraging, what is not very promising though is how much help our medical students will offer.


Isam Susu
I.S.C.T.H. Chairman

The I.F.M.S.A. sponsored

Sixth
International
Student
Conference on
Tropical
Health



organized by
THE MEDICAL STUDENTS SOCIETY
A. S. S. Medical Centre
P.O. Box 700 - Beirut



In LEBANON
July 2 - 22 1971

For your travel arrangements contact Middle East Airlines - Beirut

X-RAY CONFERENCES

The X-Ray lecture series held every Tuesday at 12:00 noon in the X-Ray Conference room are well attended by a 3rd, 4th and 5th year medical students. These lectures, sponsored by the MSS scientific com-

mittee, have no equivalent in the curriculum.

In contrast to the scattered bits and pieces of information that the students gather otherwise, these lectures, given by our radiologists, are systematic, as well as informative.

So far, the chest, Neuroradiology, the heart and the kidney have been discussed.

SPORTS NEWS

The second year students have divided themselves to 2 teams (alphabetically) who compete in every activity including quizzes. Here is a description of one of the football games between the two teams.

Time : 2:p.m. (= post mortem.)
Place : Football Pitch, A.U.B.
Duellers : Section 1 Vs Section 2. (of Med II)

The two teams silently strode onto the field, each eying the other coldly. There was very little exchange of words, each player took his position quietly — ready to battle it out with his opponent. The Referee was there — but little noticed. It was evident that the (duellers) teams did not feel at ease with one another, and were all too anxious to start the (duel) game. The audience consisted of one member of faculty, from the Pathology Dept. — as suits the occasion.

The whistle blew.
 The ball took to the air.
 The teams clashed.

As is often the case with amateur teams, the ball was more often in the air orbiting the field, than on the ground. After all is it not the better player who kicks it the highest ? Legs were often mistaken for the ball and (purposely) accidentally kicked as hard as possible. Muscles twitched, Action Potentials sparked. The «game» was over.

The audience were so thrilled with the game that they could not but leave (escape to avoid the flying missiles and bottles hurled by the players at one another) immediately after the onset of the game. Casualties : none (undisclosed).

Score : 3 goals for Sect. 1 Vs 1 goal for Sect. 11.

Though Sect. 11 scored an average of 85% in Biostatistics as compared to the measly 81% of Sect. 1, they were no match for them on the field.

Moral : The important thing in the game is not only winning but also crushing the opponent in the process.

P. W Hitchon

NOTICE

The Medical Students Athletics Committee has arranged with the YMCA reduced membership fees — granted only to A.U.B. Medical Students The fee is 45.00 L.L. per annum. The normal fee for non-Medical Students is 90.00 L.L. Membership entitles the member to the use of all facilities including swimming pool, gymnasium, badminton, Turkish-baths, Karate, ping-pong...

For further information contacts ; Mssrs. :
 G. Haddad, N. Haroun, P. Hitchon,
 G. Salem, F. Takiyyudin.



A volleyball match was held between the pre-clinical and the clinical medical students. Much to Dr. Fawwaz's chagrin, (who came down to cheer his second yearers) the «clinicians» crushed the «basic scientists» 2-0 with EASE and won the silver trophy.

It is said that Dr. Fawwaz may fail the captain of the pre-clinical team...



Pre-clinical

Clinical



EXCERPTS FROM THE PAST

(Medicus 5 Years Ago)

The following extracts will convince many that AUH present bears remarkable likeness to the past in more than a few aspects.

CHECK MATE :

The following dialogue took place between Dr. Isa Hannuch and a student nurse on the surgical ward :

Nurse : — «Doctor, would you please take good care of this patient?»

Isa : — «Why ? Is she your relative ?»

Nurse : — «No, but she is the relative of one of my classmates.»

Isa : — «Fine, I'll tell one of my classmates to take relative good care of her.»

AN ACUTE EMERGENCY

A very beautiful lady was sitting in the Emergency Room waiting for her turn for a change of dressing. The 4th yearer on duty took her in and removed a 10 x 10 cm dressing from her foot and to his surprise he discovered under it a 1mm scratch in the keratinous skin layer of her little toe.

Later he was informed by the E. R. nurse that his lady was originally treated by Dr. George Kattan and was coming then for the 4th change of dressing.

Dr. George was at that time busy in another room, and of course he missed the «discharge» of the patient.

CASINO «SIDON»

Anxiety and boredom could have strange manifestations. Last month during the Sidon Surgical Conference Dr. Vahé Yacoubian, for no apparent reason, betted with Dr. Raja Haddad that the latter would not dare lower his trousers «down to the ankles» while the conference was going on. The bet was 1 L.L. Dr. Haddad won it in no time. The transaction was witnessed only by the fourth yearers who of course always prefer to sit in the back. It escaped the notice of the «Shaweesh» who was busy with another transaction, and as well the notice of Dr. Ibrahim Dagher who was snoring!...

CASANOVA'S DISEASE :

The discussion in the 4th year surgical seminar was about cancer of the male reproductive system. Kamal Hemadeh asked Dr. Salam Mimari many questions about this disease and Salam (of course) proved to be well versed in the subject. The last question was a practical one : «What would you do if you have a squamous cell carcinoma $\frac{1}{2}$ cm in diameter on the tip of the organ?» Salam was speechless, after a while he said : «Well, this is a problem...».

Spring is already in the air and many a doctor is sniffing the sweet breeze. Believe it or not, within the past few weeks six AUH members fell into this age-old trap. The victims, in chronological order, are Dr. A. Stephan and Dr. Amira Mansour; Mahammad Bey, the postmaster general; Dr. Harout Mekhjian and Shaké Kherlopian; and Raffy Hovhannessian, the MD. On further epidemiologic survey it was learnt that the index case was Dr. S. Uthman, who was convalescing in Saudi-Arabia.

Dr. Victor Nassar and Dr. Hagop Mekhjian, after consulting such professional bachelors as Dr. I. Dagher, are fleeing the hospital to Saudi Arabia. Let us face it boys, there is no escape from the microbe — for there are no known antibodies against spring fever.

N.B. Rumors have been spreading lately about Dr. André Zarzour's marriage during his sojourn in Egypt. Dr. Zarzour, however, denied emphatically and called for a press conference in which he declared in firm words that he was a bachelor and likely to remain so. He accused that the rumor originated in the jealous competitors. We must admit that this is an exceptional manifestation of the spring fever.

A U.H. I S F U N

Enthusiasm

Dr. Ghantous was so anxious about being grandfather that the day of the delivery of his grand-son, he was offering cigars to the doctors present saying . «We just had a cigar, won't you have a baby».

Infiltration

Lately, a group of foreign nurses have infiltrated the A.U.H. nursing department. Dr. Fawwaz doesn't seem to mind the invasion as long as most of them are from the south (Australia, New Zealand, etc..)

EXCERPTS FROM THE PAST - EXCERPTS FROM THE PAST

Intimacy

During one of the sessions of the International Circuit Course on Cardiovascular Diseases, Dr. Dexter of Harvard University, referred to Dr. Sami Kaid Beh as Sami. During the intermission, Dr. Sami looked so happy and proud that Dr. Tabbara could not help saying in Arabic : What is this ya Sami, next he will remember your in his will.»

Obesity

Our chief dietician and the head of the Food Department, Sheikh Ali, was lately seen in the obesity clinic for treatment.

Sterility VS the Law

Last week, the medico-legal doctor was insisting on entering the O.R. to see a patient who sustained a gunshot wound. He was confronted by Miss Pearson who fought a pitched verbal battle that he should wear one of those wrinkled and delapidated sacks of the

O.R. Naturally, sterility before the law.

Challenge

The gateman at the back door of the hospital is recently having a hard time, being stretched between the residents who want to enter in with their cars, and the A.U.H. administration on the other, which prefers to see tractors inside rather than cars.

The painting gallery

For almost a month the O.R. gallery is under construction. A wall painter was so much taken by an operation that, instead of painting the walls, he was painting the gallery windows.

The true economist

Ali, besides being a dietician, is a prominent economist. Last week, taking hold of the excess coffee consumption in Med. I, he started inviting guests for dinner and supper to make up for the deficiency. Naturally he would invite them to see the cleanliness of the kitchen.

I N S I D E S T O R Y

★ Two-and-half years ago, one eventful September morning, the present group of interns marched into this hospital. During the subsequent years they were taught many things and have surely grown wiser. They were taught not only how to interview patients and then examine them; they were also introduced to the rudiments of the art of public speaking. They were instructed to begin the presentation of a case with : «Dr. so and so, this is a two-year-old boy...». One student who took this suggestion seriously was presenting a case of uterine carcinoma to Dr. Bickers. As advised he began : «Dr. Bickers», to which Dr. Bickers replied in a thundering voice, «Sir». Conscious-stricken and remorseful for belittling his teacher our grand orator absolved himself, «I'm sorry, Dr. Sir Bickers». Thus Dr. Bickers was knighted. But actually, this was not an honour since Dr. Bickers is from Virginia, the first of the colonies to revolt against the British Crown.

★ Talking about histories and physical examinations one cannot but always remember one thorough-going member of the 1965 class. This member has memorized, it seems, those guides to history taking that were dished out back in second year. These sheets contained questions designed to assess the efficiency with which the patient performed every conceivable physiologic act, from coughing and de-

glutition to coitus and defecation. These were repeated on and on. This is how they sound when recorded by this member of the 1965

«...She says she menstruates She menstruates 2x or 3x in 4 or 5 months. She uses 6 or 7 or 8 pads (all soaked but really not soaked on the other side, ie. not well soaked). Since two months she is very cold. This is because her thyroid (? operation in the neck) was removed. She cannot eat, she has no appetite. She is cold. She cannot take showers in winter. (N.B. she has no hot water). For the last 6 months she has not menstruated because the uterus is removed...» (Excuse my English).

★ The fellow who knighted Dr. Bickers was very keen on auscultating the heart. So he bought himself one of those Hi-Fi, double-piece, stethoscopes with a suitable length of the tubing projecting from the right pocket of his gown (which was a sign, in those days, of emancipation from the dreary dungeons of anatomy and pathology), he grimly approached a succumbing cyanotic. He placed the diaphragm of his magic wand on the heaving chest. To his amazement there was no sound. He tried many, hitherto unpublished, manoeuvres, but there was not a tricker. He threw away the stethoscope, asked an attendant standing by to summon the resident and started external cardiac massage. All this happened because he forgot to turn the key of the stethoscope on to the diaphragm.

EXCERPTS FROM THE PAST - EXCERPTS FROM THE PAST

★ In the delivery suite, way up in the fourth floor, many an intern has spent a sleepless night. One such intern was caught in the rush of the reproductive market. With his sensitive digits he declared the para ready for the lithotomy position and ordered for the transfer to the arena. Dutifully, the trembling nurses began to run around. The ritual of scrubbing and draping was over. Clad in cap, mask and gown, with an impressively framed spectacles loosely lying across the bridge of his nose, a neatly folded towel in hand, and mounting suspense in his environment, he awaited the arrival of the creature from within. The bull descended down the valley of death and engaged under the Arch of Resurrection. Sweat gathered around the forehead of the matador. The whole face was lubricated and with a little bend of the head the glasses fell into the pail. «Where is the baby? Where is the baby?», cried the matador. Mother earth gave a shrill cry and nature took her course. Blessed are those who allow nature to operate in the DS, for they gather chocolates early next morning in W II.

★ **An outline of clinical Rubbish :**
And it came to pass that we were in charge of the investigation and treatment of patients. On that lonely God-foresaken sanctuary of the 20th Century medicine, a child was brought with a complaint of knee pain. The learned doctor palpated, percussed and auscultated, that never failing triad of medicine. He summoned his classmates and announced that he had just diagnosed a case of juvenile rheumatoid arthritis, that is, Still's disease. The next day while re-examining the patient he heard an intriguing murmur and accordingly diagnosed ASD. The last day was the most lamentable of all; he felt a spleen and diagnosed Histocytosis X. Thus in three days that child was shining with the rarest gems of medicine. How shall we name this association of diseases — the Syndrome H or a clinical rubbish?

MEDICUS REVIEW OF FILE 3343

In all the Medicus issues that were published so far, the name of A. K. has been mentioned in one form or another. Some issues called him by his titles as food production manager, chief of staff, food hygiene man, etc. In other issues we could read his name in the form of a code as 3343 $\frac{1}{2}$, 3343 $\frac{1}{4}$, etc., and even in others as «He,» «the source of Salmonella,» «that man,» «the smooth curved head,» «that voice» and so on.

All these titles are not really enough to explain this man known to the Lebanese public as Cousin. Who really is this man? What has he been doing since a long time in A.U.H.

The answers of these questions are obscure to the new comers to A.U.H. However, those who have had the chance of coming to friction with him, know it.

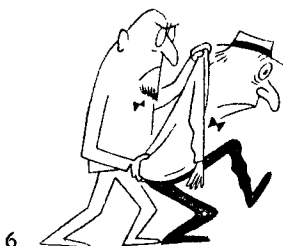
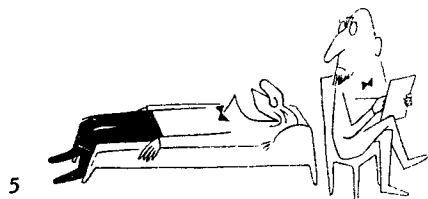
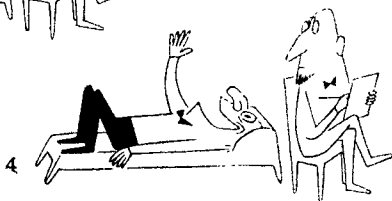
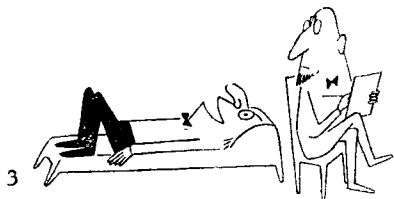
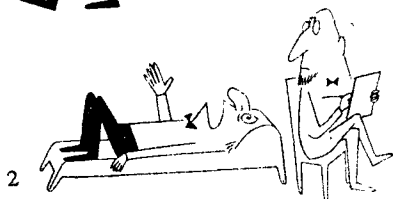
According to an interview with him, he is a self-made-man, never really had an education, went to the states in his twenties, did the service-work in the kitchen, peeling potatoes, was discharged from the navy and opened a first class restaurant in Brooklyn. But according to a patient he has been a barman, and that is where he learned his slang and obtained that phony accent. After that he came back to Lebanon, got married and decided to extend his art to the public; so, he opened a restaurant with a relative. Due to some monkey business, he took over the place, but since the public health was on his tail, thanks to some support, he introduced his foot into the A.U.H. kitchen and fixed it there with cement provided by the administration. Later on he obtained his titles one by one as mentioned above.

The differential diagnosis of such a life history is infinite. The following list is the impression of several of my colleagues who read this history : Neurosis, mania, self made man, crook, obsessive-compulsive, conversion reaction, the man of fugues, charlatan, Salmonella à la king, a case for study, a disease, idiopathic, parasite, enema, metastatic carcinoma, etc. etc. etc...

The management of this case was decided upon to be a palliative surgery, and that if he did not want to undergo the surgical procedure, to be discharged with advice, immediately before injuring the new generation.

For this popularity, the Medicus board wishes to nominate him «The Man of The Year.»

Laughter - the Best Medicine

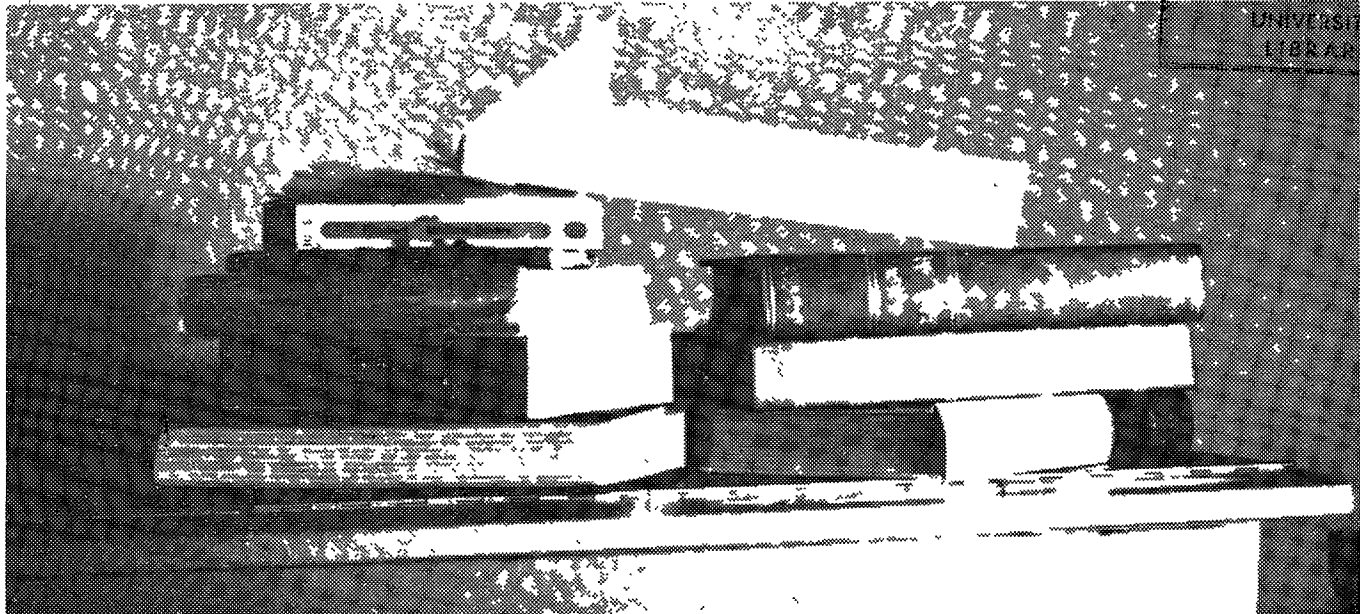


«He's sneaky . . . he has you stick out your tongue and keep it out so you can't talk.»



«Psychosomatic ? Well, give me a prescription and let's get rid of it!»

AMERICAN UNIVERSITY
OF BEIRUT
10 MAY 1971
UNIVERSITY
LIBRARY



Special student fares with MEA

Get away from the term-time grind and see the world!
Vacations are for travelling and broadening your experience.

Take advantage of these special student fares:

FARES TO OR FROM BEIRUT

	SINGLE	RETURN		SINGLE	RETURN
ANKARA*	L.L. 64.50	129.00	LONDON*	L.L. 283.00	566.00
ATHENS	L.L. 114.00	228.00	MILAN	L.L. 221.00	422.00
BRUSSELS	L.L. 234.00	468.00	PARIS	L.L. 234.00	468.00
COPENHAGEN	L.L. 283.00	566.00	ROME	L.L. 221.00	442.00
FRANKFURT	L.L. 260.00	520.00	VIENNA	L.L. 244.00	488.00
GENEVA	L.L. 244.00	488.00	ZURICH	L.L. 244.00	488.00

Unless when stated otherwise, a student, for this purpose, means a person who is over 12 and under 31 years and who is enrolled in full-time course of study at an educational establishment.

DATES OF APPLICATION:

1 MARCH TO 30 APRIL INCLUSIVE.

1 JUNE TO 15 OCTOBER INCLUSIVE.

20 DECEMBER TO 15 JANUARY INCLUSIVE.

For further information contact your IATA travel agent or



* London age limits 16 to 28 years.
* Ankara: age limits 16 to 28 years applicable all year round.



For Hospital and Doctors

KARDEX (CARD SYSTEM)

ELECTRIC TYPEWRITERS

PHOTOCOPY MACHINES

CALCULATING MACHINES

REMINGTON RAND

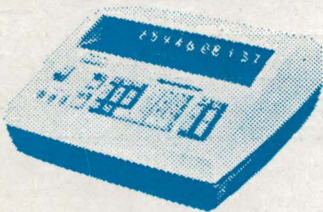
ريمنجتون راند



تُقَدِّم

خزائن
كاردكس

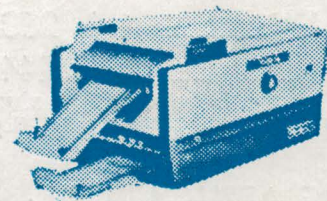
مَعَ



الآلة الحاسبة
الإلكترونية EDC III



الآلة الكاتبة
الكهربائية ٢٥



آلة تصوير المستندات
الكتروشتيك R2

وكالة الهلال التجارية

شارع مدام كوري رقم ٤٧٧ - ملك عبد الخالق. بيروت. ت: ٢٥٤٣٥٥ - ٢٩٦١١٨

