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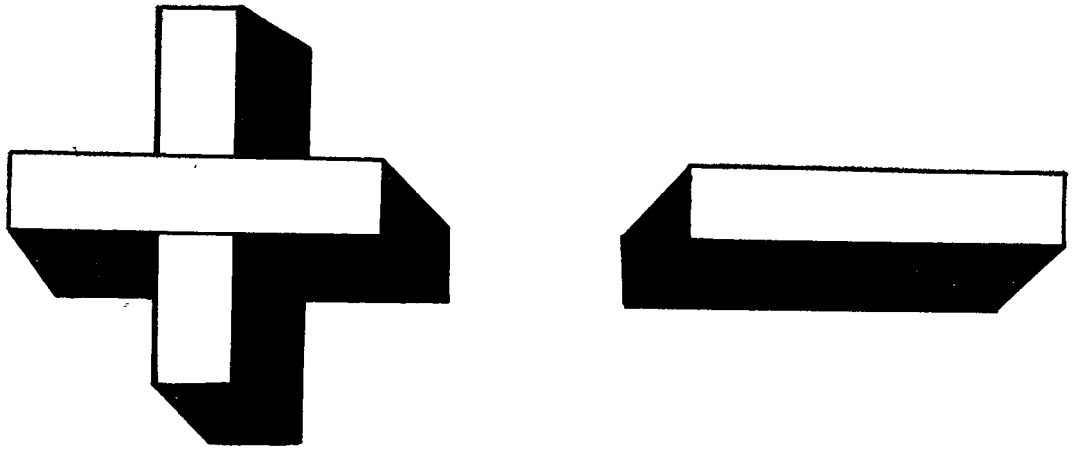
A JOURNAL PUBLISHED BY THE MEDICAL STUDENTS' SOCIETY OF AUB
Vol. 10 No. 1, November 1971.

In Memorium

KEVORK ANDONIAN, M.D.
1943 — 197'

HRIPSIME ANDONIAN
1948 — 1971



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MEDICAL STUDENTS' SOCIETY OF AUB

Vol. 10 No. 1 November 1971

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COVER

The Medical Sciences Coat-of-Arms with the pictures of the late Dr. Kevork Andonian and his sister Hripsime (nursing) who were tragically lost in a car accident on October 15, 1971.

(Cover idea by Henry Nasrallah)

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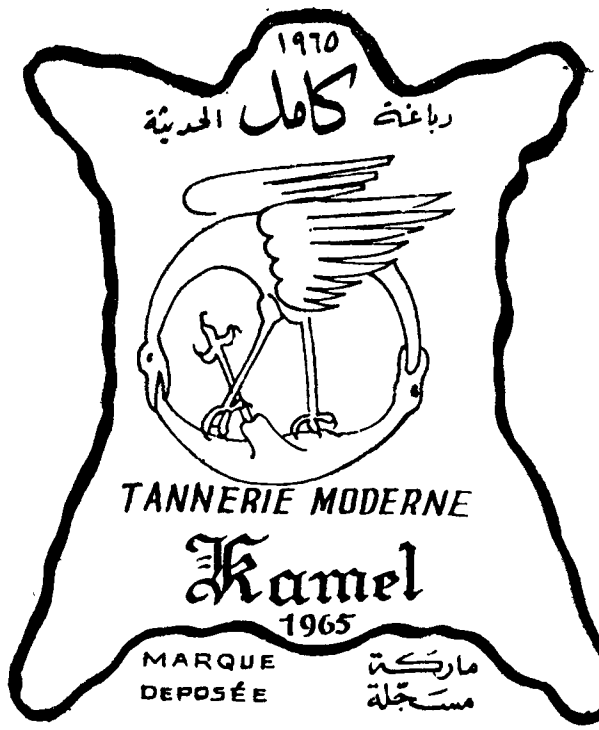

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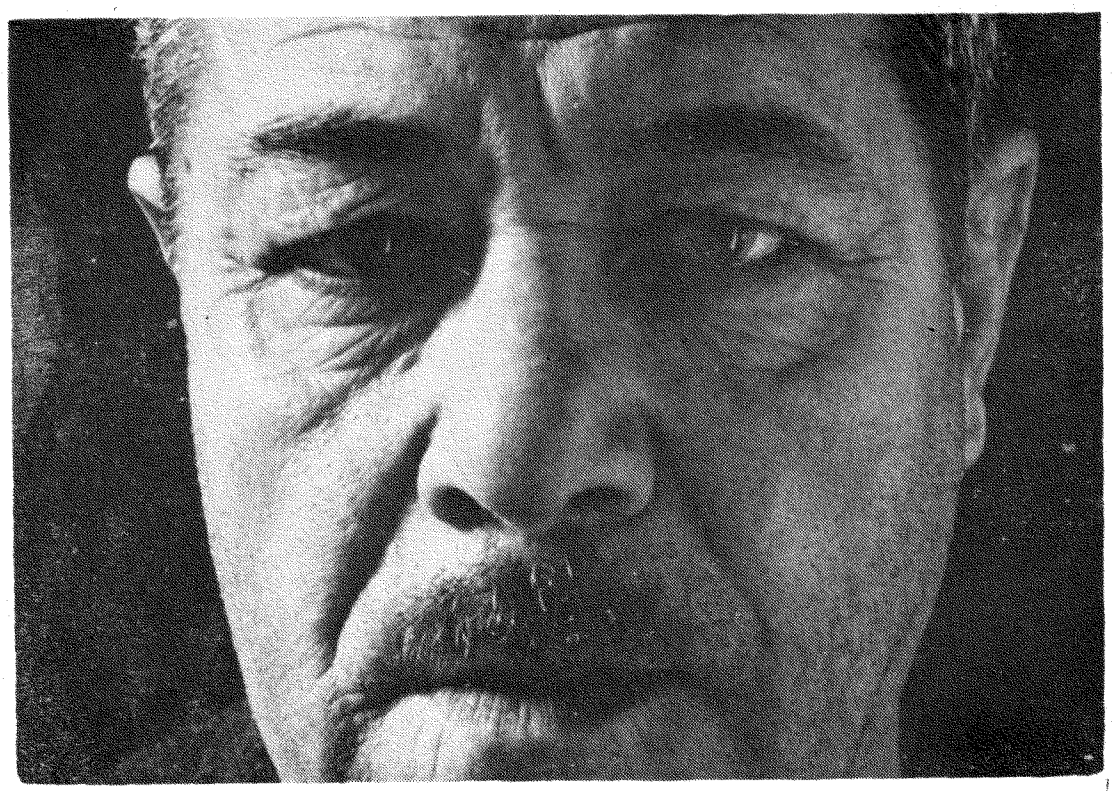

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EDITORIAL

Heaven gives its favourites early death.
Lord Byron
Child Harold's Pilgrimage
Canto IV Stanza 102

By Medicine life may be prolonged,
Yet Death will seize the Doctor too.
William Shakespeare
Cymbeline
Act. V Sc. 5 Line 29

Two young and precious souls
Were snatched from us with brutal force.
A tragedy compounded that left behind.
A sense of blank despondency
And grief,
Unconsoled grief.

The ebb of two good lives,
With such abrupt untimeliness,
Withered our zest for life to weariness
And promptly dampened our hopes.

And utterances were scarce.
For words, enfeebled by the shattering silence
Lost the capacity to carry
The burdensome weight of our agonized thoughts.

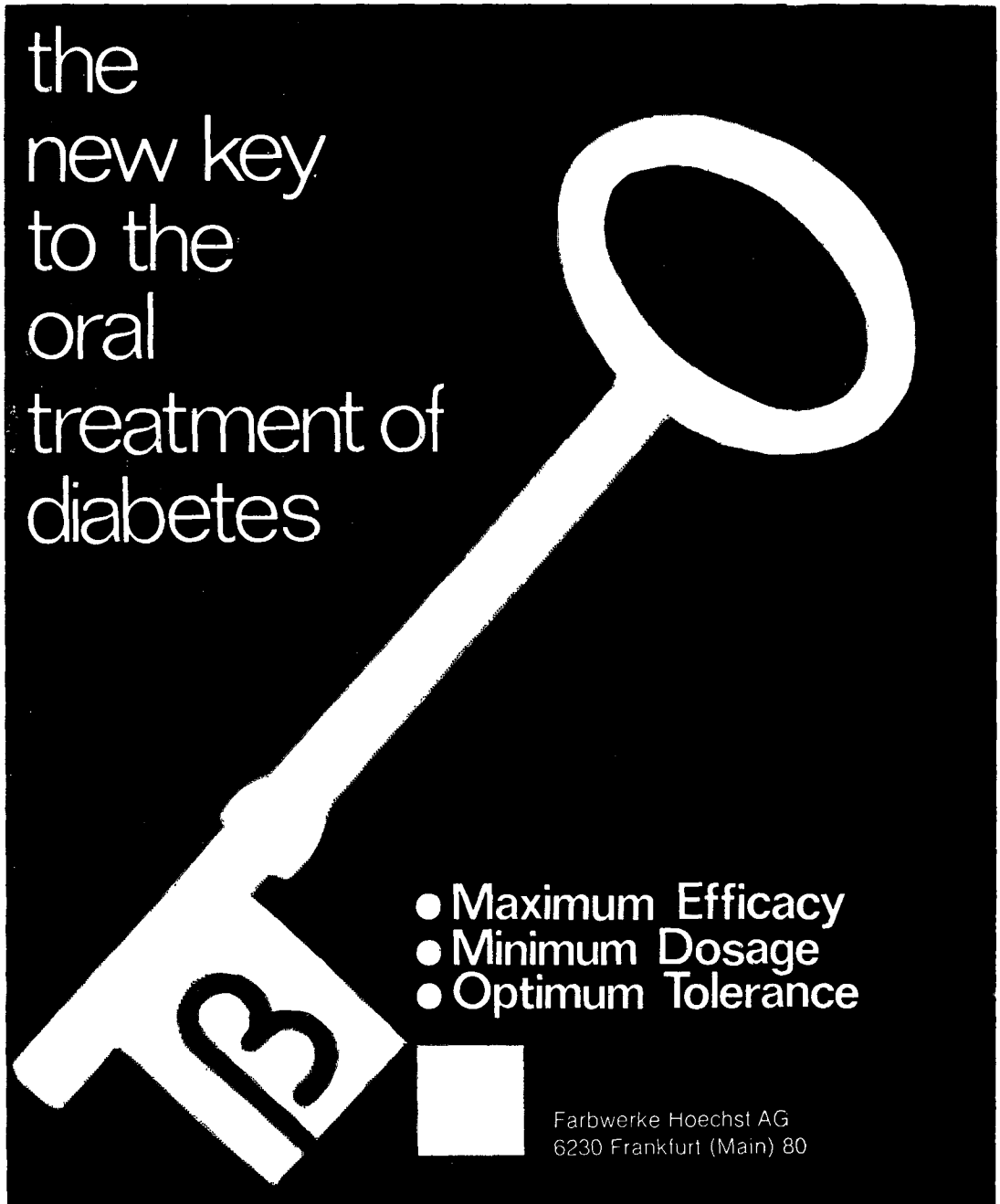
Before that bleak day
Death was merely an inevitable event
That he, she and we, strived daily to delay.
But then, oh what monstrosity it became;
How ugly, and utterly inhuman.
Death now appears.

The youthful, fresh physician
And his sister, the blossoming Nightengale
Both with many promises to keep
Should not have «crossed the bar»
So soon !
Because for them,
The day had only just begun...

HENRY NASRALLAH

Editor-In-Chief

the
new key
to the
oral
treatment of
diabetes



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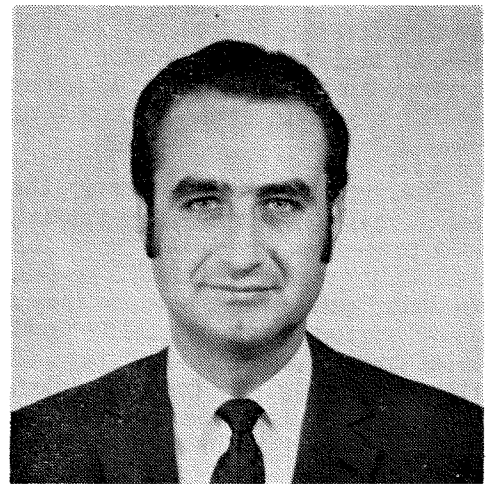
The Infirmary NOW !



By Sidney S. Mir

« If I had the money, I'd rather go and see a doctor in a private clinic than go through the absurd meandering and frustrations of trying to seek medical advice at the A.U.B. infirmary ». This was one comment made by an A.U.B. student, and apparently reflecting the view of considerable fraction of the A.U.B. community regarding the AUB's (Infirmary) Health Service !

In the past, many incidents (some of which quite trivial, others more serious in nature) associated with « infirmary-visitors », had precipitated what is now seen as the « infamous reputation » of the infirmary.

In the past, much has been said and heard in the form of rumor, critical articles in « Outlook », and recently in an article in an arabic newspaper; all pointing out the incomprehensible inefficiency of the AUB's infirmary, if nothing else, resulting in the unnecessary discomfort to the patient.

After several interviews with students and faculty members and others, several points were raised such as : why has it become traditional to be kept waiting at the infirmary no matter what the circumstances ? What facilities does the infirmary have for treating emergency cases ? On weekends and late at night during week-days. why is it that only sometimes will Emergency Room treat H.I.P. patients. Does it simply depend on their mood ? Is there a communication gap between the infirmary and the University's Medical Center ?

Do the infirmary doctors feel that most of the students who go to the infirmary, go there simply to get excuses from classes and exams, and are not really sick, and therefore, generally treat them accordingly whether they are really ill or not ? And finally, it was generally felt that the doctors were very haphazard in their manner and about their treatment, because the patient was not actually paying solid cash but rather was covered by an insurance plan.

Doctor Nabil Nassar, the acting director of the University Health Service as of late year, was faced with such questions and doubts and moreover, was handed the task of reforming what seems to have already become a known fact. Knowing all of these things, and foreseeing some of the difficulties and obstacles involved, Dr. Nassar, nevertheless accepted the job. His first reaction to the above propositions was the following comment : « I knew what I was going into, but I also know that what I hope to achieve will at first, take time, however I intend to speed things up around this place, slimline the whole workers, make things less difficult for the patient and above all improve the doctor-patient relationship and the physical condition of the infirmary as a whole (since the time of the interview, the latter has already been accomplished).

Historically speaking the **Hospital Insurance Plan** (H.I.P.) started on a very small scale in the early 1930's. As the AUB community grew, the H.I.P. reached a point where it could not cope with the increasing demands and the required services. Dr. Nassar reiterated the fact that H.I.P. is not a part of or is the University Health Service, « it is merely an insurance company helping out one of the services of the faculty of medical sciences, which happens to be the infirmary.» There were many drawbacks to the health service he added, and these drawbacks accordingly set limitations to the type of service and the amount of attention that prospective patients attained. The infirmary now has a full time director; there was always a limitation on staff; and also of great importance, the facilities were far less than could be desired. With this on the one hand, the Health service had on the other hand, to cope with a physical exam for every employee that joins AUB! the security of all food handlers of the AUB staff every 6 months; an annual chest X-ray for food handlers; a complete physical exam for students at AUB on registration. All of these services are payed for by the University and not H.I.P. Therefore in actual fact, the university on the whole takes the brunt of the expenses initially.

« By the way », Dr. Nassar added, « as of 1969-70, there is no more the idea of mass physical exams

for new students. It had its place previously, but now we feel it is both more advantageous for all concerned, and more tolerable on the students' part to arrange for an appointment to see one of the doctors available and to achieve things on an individual level. »

Yet, according to Dr. Nassar, these modifications which involve greater time consumption, more tedious procedures on the part of the infirmary, and definitely greater cost, failed to skin the surfaces of students' enthusiasm, because they still neglected to show up for previously made appointments to see their doctor, neglected to return for PPD readings (to check sensitivity for tuberculosis), and all this, Dr. Nassar feels is due to the lack of health education on the part of the students.

« As is done in other universities of the world, we have introduced the system whereby the applicant has to fill out a medical questionnaire, » said Dr. Nassar, « I think » he added, « that this will improve their sense of public health and create an awareness of what diseases they had contracted in the past and it gives the infirmary doctors a good idea of what to look out for and what further items to be examined.

In the fall and spring semesters, the infirmary is open for regular duty from 8 a.m. until 5 p.m. The hours between 12 and 2 p.m are also covered for urgent cases. On Fridays however due to grand rounds at A.U.H., the time slot 1-2 p.m. is not usually covered but a doctor can be made available for emergency cases.

During the week, there are 5 doctors available for patients each morning and 3 doctors in the after noon. Visits are now arranged on the basis of appointments, but there is always one doctor ready for « walk-ins », that is for people who need to see a doctor on the spot. On Saturday mornings also doctors are available. During the evenings (outside the regular hours 8-5 period) and weekends, there is always one doctor « on-call » which means he's at home but will reach the infirmary in a matter of minutes if needed, or can be consulted by phone about important matters.

On an average, between 80-100 patients are seen each day at the infirmary. Of these students comprise about 40%. However this excludes those who came in for bandages, or for vaccinations or periodical PPD tests for medical students and nurses.

In the past also, the infirmary has had a great deal of trouble as far as medical excuses are concerned. This stems from the fact that at times, Dr. Nassar feels, the student has to consult a medical doctor and take up important time of other patients', simply to get a piece of paper to settle an academic issue between a student and his professor. The majority of cases have nothing medical about them, and having to come to the infirmary to get an excuse signed had become a formality.

Recently, Dr. Nassar has proposed to the President of the university and to the Dean of students that the need for a medical doctor to sign excuses be abolished. « It should not be up to the infirmary to get itself involved in academics », he asserted, « let this aspect of things be settled in the classroom », he added. Dr. Nassar then related an incident which had occurred between May and June of 1970. A few students had stolen the official infirmary stamp and started to give themselves medical excuses; it reached the point where they were graciously doing the same favor for their friends. Finally however, these students were found out and the round official stamp was replaced by an oval one. « This way », Dr. Nassar says, « old non-valid excuses will not be mistaken for valid ones which we give ».

Regarding the question of Medical insurance and how doctors can sometimes be so casual, Dr. Nassar reiterated that no matter where you go in the world, medical insurance causes almost a pre-supposed dissatisfaction on the patients' part. « It is a strange phenomenon really », he said, « but the same patient will want to see doctor after doctor to assertain what the first doctor probably correctly diagnosed; it becomes like a 'shoppin spree' ».

As for the doctors, they are on a salary basis and it necessarily follows, according to Dr. Nassar, that if they didn't like their job they wouldn't be working in the infirmary; «so you can be quite sure» said Dr. Nassar, « that the student or the prospective patient is getting the best possible care. »

When the new acting director took over the management of the infirmary, a number of changes were carried out, including : the installation of air conditioners in the wards and doctors' clinics; all beds were painted; bed-side lamps were installed; and very important, each doctor is now supplied with his own equipment. The infirmary as a whole has been redecorated and refurnished for the increased comfort of the prospective patient.

The introduction of a Laboratory on the premises makes lab tests a much simpler matter and results can be attained more quickly. The availability of an emergency kit (under lock and key), which contains all the necessary drugs needed in most emergencies; plus a brand new up-to-date electrocardiogram; and the existence of a 'motor pool' for the transport between the infirmary and A.U.H., makes the infirmary quite a modern one, ready to cope with the needs of its community.

« Before any organization can run smoothly, it must have the cooperation of all concerned. The staff », Dr. Nassar says, « is trying its best; but we also need the confidence, the patience and the goodwill of our patients.»

Hopefully, now, or in the near future, the prospective patient will not enter the infirmary with reluctance, but will go there with the knowledge that everything possible will be done for him. Personnally, I have found a marked change already and I can't help but believe that what in the past used to be nothing but dissatisfaction and criticism, will turn into praise for the AUB health service.

SIDNEY S. MIR

The Class of 1971

Name	Position	Place
1) Salah Rafati	Surgery - 1st year Resident	AUMC
2) Marwan Abu Ayyash	Pediatrics - 1st year Resident	AUMC
3) Naji Abu Mrad	Public Health - 1st year Resident	AUMC
4) Kevork Andonian *	Pediatrics - 1st year Resident	AUMC
5) Samuel Andonian	Pediatrics - 1st year Resident	Boston - Mass. U.S.A.
6) Samir Ayyash	Surgery - 1st year Resident	AUMC
7) Mahdi Al-Bassam	Int. Medicine - 1st year Resident	Houston - Texas - U.S.A.
8) Hagop Bedikian	G. P. Aramco	Saudi Arabia
9) George Bikhazi	Anesthesia - 1st year Resident	AUMC
10) Nabil Daouk	ENT - 1st year Resident	AUMC
11) Abdallah Deeb	Surgery - 1st year Resident	Clevland - Ohio - U.S.A.
12) George Far	OBS-GYN - 1st year Resident	Columbia - S.C. - U.S.A.
13) Daniel Fuleihan	Intern	St. Louis - Mo. - U.S.A.
14) Badr Ghumrawi	Surgery - 1st year Resident	Rochester, N.Y. - U.S.A.
15) Afif Habash	Surgery - 1st year Resident	AUMC
16) Ioannis Hadji-Roussou	Surgery - 1st year Resident	Rochester, N.Y. - U.S.A.
17) Marwan Hajj	Int. Medicine - 1st year Resident	AUMC
18) Michel Ilbawi	Surgery - 1st year Resident	AUMC
19) Salim Isa	Surgery - 1st year Resident	AUMC
20) Antoine Jahshan	OBS-GYN - 1st year Resident	AUMC
21) Mikhail Jeha	Radiology - 1st year Resident	AUMC
22) Tarik Khalaf	Int. Medicine - 1st year Resident	Iowa - U.S.A.
23) Nader Khuri	Surgery - 1st year Resident	Rochester, N.Y. - U.S.A.
24) Naji Khuri	Radiology - 1st year Resident	AUMC
25) Isa Muashsher	Surgery - 1st year Resident	Chicago, Ill. - U.S.A.
26) Bassam Musharrafieh	Surgery - 1st year Resident	Pittsfield, Mass. U.S.A.
27) Faysal Nasr	G. P.	Serra Leone
28) Nabil Nasrallah	Int. Medicine - 1st year Resident	AUMC
29) Anis Racy	Neurology - 1st year Resident	Rochester - N.Y. U.S.A.
30) Marwan Rusan	Surgery - 1st year Resident	Pittsfield, Mass. U.S.A.
31) Hanna Saadeh	Int. Medicine - 1st year Resident	Wisconsin, U.S.A.
32) Arthur Salibian	Surgery - 1st year Resident	AUMC
33) Fouad Shatila	Int. Medicine - 1st year Resident	AUMC
34) Flavio Vincenti	Int. Medicine - 1st year Resident	AUMC
35) Antoine Yusuf	Surgery - 1st year Resident	AUMC

* Deceased, October 15, 1971.

THE CLASS OF 1971 IN FIGURES

1) Age on graduation

Age	No.
24 Yrs.	6
25	5
26	10
27	9
28	4
30	1
	35

Mean age on graduation = 26.11 years

2) Nationality :

Lebanese	18	(51.4%)
Jordanian	8	
Syrian	3	
Palestinian	1	% Arabs = 91.4%
Iraqi	1	
U.S.A.	1	
Italian	1	
Cypriot	1	
	35	

3) Religious Distribution

Sunni	Druze	Shii	Total Moslems	% of total
6	2	1	9	25.7%

Orthodox	Protestants	Catholic
12	6	3

Gregorian	Maronite	Total Christian	% of total
3	2	26	74.3 %

4) Specialization

32/35 = 91.4 % Pursued a specialty immediately

2/35 = 5.7 % General Practice

1/35 = 2.9 % Repeated internship in U.S.A.

5) Destination after graduation :

18/35 = 51.4 % Remained at AUMC for Residency

15/35 = 42.8 % Left to the USA for training

2/35 = 5.7 % Went elsewhere (General practice).

6) Choice of specialty :

14/32	Surgery
7/32	Internal Medicine
3/32	Pediatrics
2/32	OBS-GYN
2/32	Radiology
1/32	Anesthesia
1/32	ENT
1/32	Neurology
1/32	Public Health.

7) Reasons for going abroad :

N° going abroad = 17 (out of 35)

Of these, 10 answered the questionaire (60%)

40 % for Personal reasons
30 % for a change of surrounding

20 % to get better residency **conditions**

10 % to receive better **training.**

8) If they were freshmen again : (15/35 answered)

86.6 would chose medicine again

13.4 would have chosen another profession (Engineering).

9) Comments on the Curriculum in the AUB Medical School :

13.3 % Think it should be **left as it is in both** Preclinical and clinical years.

40.0 % Think it should be **improved in both**

33.3 % Think it should be improved in the Preclinical years mainly.

13.3 % Think it should be improved in the clinical years mainly.

10) Regarding the M.D. degree at the end of fourth year :
100 % agreed to that.

11) Estimate of stipends to be paid to interns at AUMC in case the M.D. is given at the end of fourth year :

Range : 100 L.L. — 600 L.L./month.

Mean = 400 L.L. /month.

Prepared by

Henry Nasrallah

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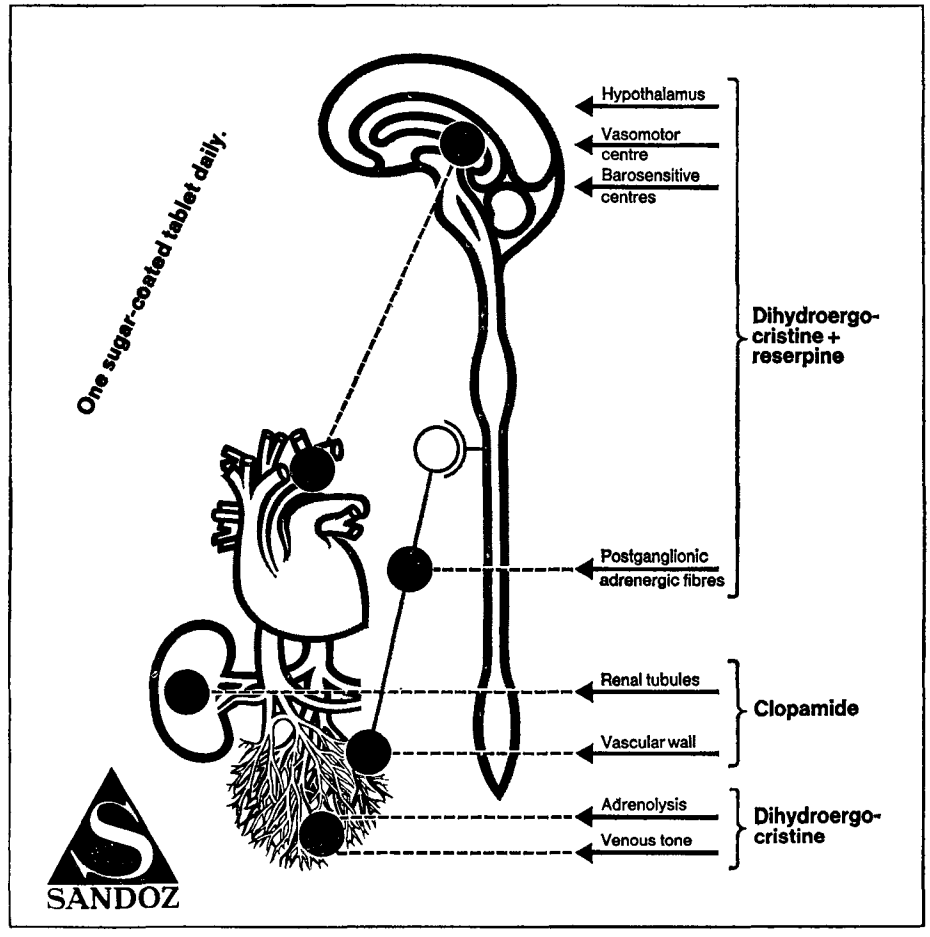

Stresses

of the Medical Students' Wives

Medical students' wives occasionally seek psychiatric treatment, and it has been a clinical impression that at least some of the problems are secondary to the husbands' being in medical school. Also, medical students themselves and dean's office counselors have made mention of certain stresses on the medical student wife. This study was designed to investigate the nature and extent of the wives' problems.

There have been few studies bearing on this subject. Bruhn and du Plessis (1) published a study of medical student wives, investigating (a) the wives' attitudes toward medical specialties, (b) the wives' specialty preferences related to the preferences of their husbands, and (c) the wives' adjustment problems. The study revealed that both husbands and wives had good images of internal medicine, pediatrics, and obstetrics-gynecology but nonpositive images of surgery and psychiatry. Concerning attitudes and adjustments, the biggest problem noted was that of loneliness. Also mentioned as areas of stress were the wife's having to accept a secondary position in her husband's life, having to spend more time by hereself, having to accept new and unexpected responsibilities, and having to delay starting a family. The wives felt that patience and understanding were the most important attributes of a physician's wife.

Swafford (2), writing of the wives of pharmacy students, noted that finances and the husband's time away from the wife were key problems. He felt that the wife's pursuing her own interests and enhancing her educational horizons helped to prevent boredom and loneliness and to increase companionship and satisfaction within the marriage.

In the fall of 1966 **Medical Economics** published a series of articles (3-5) on the doctor as a family man. Though not directly related to this present study, these articles did point to helpful and unhelpful attributes of the physician's wife. The wife's expectations of the marriage are deemed important, particularly her recognition of the limitations on the amount of time and attention her husband can devote to the family. Attributes which helped the wife to lend stability to the marriage were a reasonable degree of maturity, a slight tendency toward obsessive-compulsiveness, and a willingness to cater to the emotional needs of her husband. It appeared that the wife had to carry better than 50 per cent of the responsibility for keeping the marriage together. The «baby-doll» wife (that is, the clinging, demanding type), it was said, does not make a good wife for a physician.

METHOD

Several medical student wives and the wife of a medical school professor were interviewed to ascertain areas of stress, particularly emotional stress, on the wife of a medical student. A questionnaire was then constructed to explore the suggested problems. Questions were designed to investigate the following areas :

1. Background information including socio-economic information regarding the wife, husband and their immediate families.
2. Nature of the financial situation and associated practical and attitudinal difficulties.
3. Attitudinal problems of both the wife and the husband with regard to the wife's working.
4. Wife-husband relationships in relation to medical school.
5. Role as the wife of a medical student.
6. Stresses caused by delays in having children and in acquiring luxuries.
7. The effect of children on the wife and of medical school on the children.
8. Advantages and disadvantages of being a medical student's wife.
9. The wife's relationship to medicine as a way of life.

Many of the questions allowed for elaboration and explanation on the part of the respondent in or-

---

— By John R. Eagle, M.D. (Psychiatry) and Burke M. Smith, Ph.D. (Psychology).
Adapted from **The Journal of Medical Education,** Vol. 43, 1967.

der not only to obtain reactions to questions already raised but also to elicit further possible areas of stress.

RESULTS

The wives of the 115 married medical students (total enrollment of 294) at the University of Virginia School of Medicine were invited to participate in this study. One hundred and one wives indicated on a preliminary survey that they would cooperate, but only 63 (55.7 per cent) responded to the questionnaire. Ten of the 16 wives of first-year students responded, while 14 of the 28, 21 of the 34, and 18 of the 37 wives of second-, third- and fourth-year students, respectively completed the questionnaire.

The returned questionnaires were analyzed qualitatively for the nature of the stresses and for relationships among the 9 major categories of information. Statistical methods (Chi-square tests) were applied where feasible. Estimations of defensiveness on the part of the respondents were made where possible. Thirty-three of the returned questionnaires were sufficiently detailed to permit analysis of marital and emotional adjustment.

SOCIOECONOMIC CHARACTERISTICS

Fifty-five per cent of wives were between the ages of twenty and twenty-three; 45 per cent were twenty-four years old or more. Thirty per cent of husbands were twenty to twenty-three years old, 58 per cent were twenty-four to twenty-seven or over. In only 2 instances were the husbands younger than their wives. The duration of marriage ranged from less than one year to more than five years, with the mean being two and six-tenths years. For all of the couples, this was the first and only marriage. Eighteen couples had children : 12 couples had 1 child, 4 had 2 children, one had 3 children, and one had 4 children.

Forty-eight wives worked, 19 as teachers, 8 as secretaries, 7 as nurses, 2 as laboratory technicians, and 12 in various other occupations. The educational level was high; no wife had less than a high school education and 95 per cent had more than a high school education. The vast majority of the wives came from the upper middle social class, though there were variations within this larger category. Three wives had fathers who were physicians and 7 had fathers-in-law who were physicians.

An attempt was made to correlate social mobility with adjustment within the marriage. No wife had downward social mobility as the result of marrying a prospective physician. In the sample of 33 analyzed for adjustment within the marriage, 20 showed upward social mobility and 13 showed no change. This correlated favorably with the total sample of 63, in which 67 per cent moved up in the social strata and 33 per cent stayed the same. Though not statistically significant (p more less .23), there is a suggestion that those with upward social mobility have a tendency to find marital adjustment more difficult.

FINANCES

Slightly over 50 per cent of the wives felt that finances were a major concern. Generally, the wives contributed the major portion their income to be adequate, though certainly not abundant; 20 per cent felt that their income was inadequate and that this factor caused a considerable problem. Forty-six per cent felt that the lack of finances resulted in feelings of insecurity, mainly through threat of emergency expenses. Thirty-five per cent reported that finances caused friction within the family, with differences of opinion regarding expenditures, particularly for luxury items, being the biggest problem. Twenty-nine per cent of the wives felt that parental contributions caused difficulties, primarily because of resulting unwanted feelings of dependency.

WORKING

Forty-eight (76 per cent) of the wives worked, and of these, 98 per cent considered this to be a financial necessity. Seventy per cent of the working wives, however, found their work rewarding, 8 per cent found it distasteful, and 25 per cent felt that it was mainly a necessity. Most of the 9 working wives who had children reported that they worked mainly out of necessity and would have preferred to be at home with the children. Thirty-one per cent felt that their working caused marital difficulties, primarily as a result of irritability stemming from the stresses of the day's work. All but one of the husbands planned to enter residencies, and 65 per cent of the working wives intended to continue working while their husbands were in residency training. There was no significant difference between those who worked and tho who did not in terms of adjustment in the marriage in the subsample of 33 wives.

WIFE-HUSBAND RELATIONSHIPS

There appears to be a pattern (p more less .065) in increasing loneliness and decreasing amount of

time spent with the husband from the first to the third year of medical school. However, wives of fourth-year students reported that they were less lonely and were able to spend more time with their husbands than they had during the third year in medical school. There was a significant difference (p more less .024) between the first 2 and the last 2 classes, with the wives of third-and fourth-year students as a group reporting more loneliness.

There is a suggestion that working wives suffered greater loneliness, but the differences are not statistically significant. One might expect the non-working wife to suffer greater loneliness; but of the non-working wives, 9 had children and 6 were themselves in school, factors that might lessen the possibility of loneliness.

Overall, about 60 per cent of the wives considered loneliness to be a definite problem.

Ninety-five per cent of the wives felt that in general they had a satisfactory marital relationship, stressing companionship as the most important factor. However, 21 per cent did indicate that they resented the fact that their husband's primary concern was his medical studies, largely because of the resultant lack of attention and the limitations on companionship, and 45 per cent felt that their husbands' medical training interfered to some extent with the marital relationship, mostly because of the lack of time together.

Sixty-two per cent experienced increased home responsibility, though most were not bothered significantly by it.

Eighty-nine per cent reported that their sexual relationship was satisfactory. Fifty-seven per cent felt that medical school interfered with sexual enjoyment because of lack of time and scheduling difficulty (for example, the wife is often asleep when her hhusband returns home), gut also due to the husband's fatigue, tenseness, and preoccupation with his work. Ninety-four per cent of the wives felt that their sexual knowledge was adequate, though most did not know whether it was any better than that of wives of students in other graduate fields. Fifty per cent felt that sexual compatibility was influenced by sexual knowledge, and 32 per cent felt that knowledge and understanding of sexual matters was a definite aid to compatibility.

The marital adjustment of the 33 wives in the subsample seemed to be directly correlated with age (p more less.08) and with year in medical school (p more less 0.19), but it bore no significant relationship to duration of marriage.

ROLE AS THE WIFE OF A MEDICAL STUDENT

The majority of the wives felt that their role was to be understanding and supporting (particularly emotionally supporting), to be sympathetic, to take on added responsibilities, to be a companion, to tolerate being alone, and to have an understanding of what the husband is doing. Six wives felt that their role was quite difficult, and they disliked it. Four felt that the role of the wife of a medical student was no different from that of the wife of any other graduate student. Twenty-six wives felt that they were being stifled in some way; in 25 cases this was attributed to their husbands' training, while 21 wives also felt that they were not gaining desired education for themselves. However, most of the wives were satisfactorily engaged in hobbies, clubs, and other pursuits independent of their role as a medical student wife.

An attempt was made to investigate the effect of particularly stressful times within the medical training curriculum (such as examinations or demonstrations) on the husband, the wife, and their relationship. Seventeen per cent of the wives felt that these factors had no significant effect, but 83 per cent felt that they did, stating that they caused the husband to be tense, preoccupied, and irritable. A few indicated that both partners became tense and irritable, and 4 characterized such occasions as times of «terrible strain.»

DELAYS AS STRESSES

Sixty-nine per cent of the wives had elected to delay having children. Eighty per cent had had to give up luxuries, but only 6 per cent felt that they had had to give up necessities. Thirty-six per cent were considerably bothered by these delays.

CHILDREN

As has been noted, 18 couples had children; most of these children were not planned, and 39 per cent of the wives who had children would have preferred to have waited before having them. All felt that their husbands were effective fathers. However, twenty-eight per cent felt that the children were being in medical school. Mentioned as examples of this were the lack of material things, the limited amount of time the children are able to spend with their fathers, and the strain created by the fathers' tenseness.

ADVANTAGES AND DISADVANTAGES OF BEING A MEDICAL STUDENT'S WIFE

Advantages frequently mentioned were professional prestige, security, future income, and professional courtesy. The facts that the husband was an asset to society and that he liked what he was doing were also considered to be advantages. In addition to the disadvantages mentioned in responses to other questionnaire items, a number of wives indicated that their husbands' irregular hours were a particular problem.

ATTITUDE TOWARD MEDICINE

The wives' conceptions of a physician varied considerably, but the most frequently mentioned attributes were that he is dedicated to healing and caring for people, is learned and intelligent, cares for his family as well as for others, is not primarily interested in money, and is a friend and counselor as well as a healer. In general, the conception of a physician was quite favorable. Ninety-five per cent of the wives preferred their husbands to be in medicine and would not want them in another occupation.

Ninety-eight per cent of the husbands intended to specialize. All of the wives approved of their husbands' decision on specialization, and the majority approved of the choice of specialty.

The majority also felt that a physician's wife must have a realistic understanding of the demands of the husband's profession, be willing to accept the fact that the husband's primary responsibility is to his patients, be willing to take over most of the home responsibilities beyond what is usually expected, keep up appearances, and tolerate being alone. Seventy-five per cent felt they could be compared to a minister's wife, primarily in terms of keeping up appearances (or, alternately, being under surveillance by the community); but they also felt that this was more difficult for the minister's wife. The most frequently mentioned disadvantages of medicine as a way of life were again the husband's long hours, the fact that patients come first, and the husband's lack of time with the family, irregular hours, and the long period of training.

DISCUSSION AND CONCLUSION

The sample obtained, though representing a good return for a study of this nature, is not random and therefore may be biased. Attempts were made to follow up those who did not reply, but with little success. Informal discussions with several medical students and wives indicated that some of those who did not reply may have had significant emotional problems. The study may then be skewed somewhat toward a more healthy or positive side. In the analysis for emotional and marital adjudtment, only 5 wives (or marriages) showed any serious problem. In the analysis of defensiveness, no set pattern was seen; and defensiveness was, overall, not great, except where sexual matters were concerned.

Conclusions, based on data already presented and on some spontaneous comments from the wives, are as follows :

1. During the fourth year of medical school, the marital situation is better and more relaxed and makes the struggle seem worth the effort.
2. In general, medical student wives find their role challenging, interesting, and meaningful. Although in most cases there are financial problems, these can be handled adequately. Wives do experience emotional difficulty at times, but this can be dealt with by the wife's (a) adjusting to a certain degree of loneliness, (b) also making a life of her own with satisfying interests, and (c) developing mutual support, with the husband.
3. Major stresses for the medical student wife are loneliness, finances, adjustment to irregular hours, the husband's being home too little, and the husband's being under definite tension and pressure. Adjustment to these various stresses is facilitated by patience, understanding being nurturing to the husband; developing mutual support with the husband; maintaining communication with husband, family, and friends; developing one's own interests; and evolving personal ways of handing stresses.

It is felt that this study might provide data for these purposes : first, for counceling of medical student wives and prospective wives about what to expect and how possibly to handle stress; second, for counseling married medical students or students contemplating matrimony; and third, for assisting the psychiatrist who sees the occasional medical student wife or couple in therapy. Comparative studies of the law student wife and graduate student wife would be helpful sequels to this study.

REFERENCES

1. BRUHN, J. G., and DU PLESSIS, A. Wives of Medical Students : Their Attitudes and Adjustments. **J. Med. Educ.**, 41:381-385, 1966.
2. SWAFFORD, W. B. Pharmacy Students' Wives. **Amer. J. Pharm.**, 135 : 230-232, 1963.
3. OWENS, A. (Ed.) The Physician as a Family Man. **Med. Econ.**, 43 : 82-125, October 17, 1966.
4. OWENS, A. (Ed.) Experts View the Doctor as a Husband. **Med. Econ.**, 43:78-79, 162-171, October 31, 1966.
5. OWENS, A. (Ed.) A New Study of the Doctor as Father. **Med. Econ.**, 43:96-127, November 14, 1966.

REVOLTING STUDENTS

«In their search for a new sense of continuity and sameness, adolescents have to re-fight many of their battles of earlier years, even though to do so, they must artificially appoint perfectly well-meaning people to play the role of adversaries».

ERIK H. ERIKSON
«Childhood and Society»

Adolescent behavior has become a world wide problem that did not spare AUB. Youth is the same everywhere, and the current student unrest provoked many of the challenges and problems that our current generation should solve.

One of the most depressing things about adolescent behavior is its capacity to provoke middle-aged responses to them. The adolescents' behavior has a touch of irresponsibility especially if evoked in the name of a cause, such that in a news report, twenty medical students in a «sit-in» are more emphasized than a hundred others engaged in voluntary soial work or civilized political action.

There are two possible explanations for student unrest. First, there is a need to rebel which will express itself irrespective of the issue. Second, there are aspects of society in general, or of university environment in particular, which provoke rebellion.

Unrest of this sort has always been one of the sources of social change. The reason is a sort of balance between change and continuity. The students on one hand, challenge others in ways which take in complete accounts of all aspects of reality. But in making such a challenge, they are in a counter balance to conservatism and the continuity of our parental generation. The value, perhaps, resides not in the student movement itself, but rather in the reaction of the responsible generation to correct many of its values and assumptions, if need be.

As regards the university's issues, what can be done to prevent a waste of energy and a loss of sympathy ? Clearly, some disciplinary machinery should exist in universities. However, the ultimate punishment — that of depriving the student of the right to complete his training — should rarely be used, and it is, should be transient and reserved only to those who are serving many other purposes. At any rate, the confrontation which is existing cannot be avoided by hardening of attitudes on both sides, whereas the maintenance and development of communication, and willingness to exchange views on the basis of mutual respect can make the confrontation both productive and truly educational.

Jaber Al-Abbas

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* Modified from **LANCET** March 1968.

A Candid Talk With Dr. Najjar

Dr. Samir Najjar, chairman of the Development of Pediatrics AUMC, is back this year after having spent one year (sabbatical leave) at Johns Hopkins University Hospital. During his stay abroad, he was on the teaching staff of the department of Pediatrics, division of Endocrinology. His responsibilities were mainly clinical, and although he was not directly involved in a specific research program he had the opportunity to follow closely the various research activities of the division.

Dr. Najjar had visited Johns Hopkins in the not too distant past (1964-66), and he felt that it was necessary « to keep in touch with such places so that one can remain familiar with the most recent developments, and the use of the most up-to-date equipment». He stressed the fact that personal contacts with individuals in the same field of interest cannot be replaced by the latest journals and literature items we read, which any how are never less than one year old, with the «avarice » of editors omitting interesting backgrounds and important details. This, together with the fact that AUB is in a manner of speaking, rather isolated by its geographic location, «It is imperative,» says Dr. Najjar, «that we keep ourselves well informed about the latest developments in our respective fields, and this can best be accomplished by going abroad, say once every three years for a relatively shorter stay, instead of a whole year once every seven years.»

The financial problem too, Dr. Najjar reiterated, is a universal issue. At AUB, it not only restricts research and medical experimentation alone, but jeopardizes the whole «running of the hospital.» At Johns Hopkins for example, many research projects have been planned, and experiments set up, but due to the lack of funds, many of these have temporarily been frozen.

On the social level, Dr. Najjar has noticed a great change in the way university faculty in the U.S. receive their foreign guests. Previously they were aloof, and made no attempt to get acquainted with their foreign counterparts on a social or personal level. But since these same people have had the opportunity to go abroad and particularly when they visit AUH, they are amazed with their own provincial customs, and are extremely impressed by the way they are treated, and correspondingly return the gesture when in their home country.

Also on the social level, there is a great difference in habits between faculty over here and say those at Hopkins. As Dr. Najjar puts it, «when we sit down to have coffee, we talk about the latest gossip and politics; there, they discuss results of experiments they have done, or they talk about new procedures which are in progress; they in effect create an academic atmosphere which I feel is complementary to any scientific work going on in an institution.» Another aspect of the academic atmosphere is the fact that, at Hopkins for instance, there are groups of people in the same subspecialty; and consequently they can establish a dialogue amongst themselves about their work. But at AUH, several subspecialties are composed of one person, and so «one ends up talking to himself».

Then Dr. Najjar alluded to the Commonwealth exchange program which provides for medical students from the clinical years (Med III, IV & V), the opportunity to go to Johns Hopkins and get training in an «elective» field of Medicine in a number of departments, for a limited period of time; but this program has not been utilized perhaps because AUH does not have the set-up whereby students are allowed electives in their 3rd and 4th years, and as a result cannot leave for any period of time during the academic year (More details about the Commonwealth fund will be given at the end of the interview).

When he was asked about how the curriculum at AUB medical school differed from some of the Universities' in the U.S.A., Dr. Najjar said, Medicine now is a dynamic field and it would be foolish to have a curriculum which is static. This then requires an element of change; an addition of something and a subtraction of others. The idea of electives should be incorporated into the program whereby mature students can spend a period of time persuing a field of their own choosing within the realm of medicine.»

However, one never fails to see the evils of two extremes. As a curriculum with no electives can be criticized, more detrimental is the curriculum which allows for too much elective study. Dr. Najjar relates «there, there is a program which allows for up to 2 years of electives; one of their senior students however, was probably as proficent in endocrinology as I am, due to his elective interest, but unfortunately missed the diagnosis of a frank, obvious case of Heart failure.»

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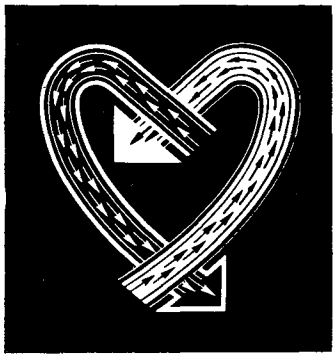

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INTERVIE WITH DR. IBRAHIM DAGHER

By : Kamal Akl

After graduating from the American University of Beirut in 1951, Dr. Ibrahim Dagher went to the United States to continue his training at Western Reserve University.

In 1958, he came back to Beirut, as a cardiovascular surgeon and pioneered open heart Surgery at the American University Hospital in April 1959. The first few cases were done under hypothermia, and included Atrial Septal Defect and pulmonary valve Stenosis.

Then by-pass open heart operations were performed with a pump oxygenator. Since money was not available to buy a pump, Dr. I. Dagher with the aid of Mr. Kaschishian, technician at the medical workshop, made their own oxygenator costing 1200 L.L. It was of a rotating disc type. This oxygenator was used for the first four open heart operations of complicated nature : Aortic valves and ventricular Septal defects, and A.V. Communis. Later on, the department bought a $ 12,000 machine currently still in use.

When asked about the future plans of the Department of Surgery, Dr. Ibrahim Dagher said that this department has a good set up for service, teaching, and for research. Dr. Dagher explained «in the future this should continue to serve in fields where more complicated diseases are treated just because this Department has access to equipment and supplies through the University, and to specialized man power, making a nucleus for a team work not available in institutions of different structure. In the near future, the department should have subspecialty clinicians capable of giving training in subspecialties, keeping in mind that present day tendency is to encourage specialization in general practice because the superstructure of subspecialization has almost reached the point of saturation in some areas. This is not yet the case in countries of the Middle-East. Furthermore this Department has to extend its technical facilities and modalities of thinking with philosophy of patients care and making of men, outside the boundaries of this institution to other parts of Lebanon, the Middle East, and may be to other countries especially that so many of its graduates are distributed all over.

The department should also persue post graduate teaching to surgeons of the area».

Concerning the student strikes in the past few months, Dr. I. Dagher said that he agrees to the right of the student to have access to learning, but this process of learning and teaching consumes energy in the form of money, which has to be made available either by the student himself, by the institution, or by grants (public or private). The increase of 10 per cent in the fees is no reason for issue, because this does not represent more than depreciation of the buying power of money in a year's time. Things became more expensive, and the standards of living are much higher than they ever were. Also the standard of teaching and teaching aids and equipments tremendously improved, thereby bringing up the cost of teaching.

Dr. Dagher receiving Lebanese Government Order of Cedar from Army Chief Commander Iskandar Ghanem last August.

«The presence of the student and the institution is a symbiosis. Anything that interferes with the coexistence of these two organs in one body is lethat to both, and defeats its purpose. No one should look at the University as one party and the student body as another party. There is no student outside a University and no University without students.

«Our students are maturing : they are at the present being formed to meet the challenge of the future.

«Incidentally the challenges ahead of the present generation of students are colossal.»

Dr. Dagher maintains that he doesn't want a student to ever admit that he has reached the limit where in his in competence, starts therefore feeling that he is being chased and pushed. The sense of discrimination is a virtue.

In general, a student should be very discriminative and dissatisfaction from political and socioeconomic state of affairs should not be projected outside the main field of action which in the case of the student is his school : i.e. if unhappy with mother in law do not fight with your wife.

«The medical student is in the best position to analyze human behavior.

«At a higher educational level be it in form of time or amount of learning, he can analyze situation and come out with solutions and realize that any conflict should always lead to the building of mental bridges rather than walls.

«If mental bridges are not actively built, then mental walls spontaneously rise and communications cease.

«In the same society with the same values a good point can always be sent across to somebody else's mind. Progress is made by creative thinking and orderly execution and not by violence.

«Which is better to pay 10 per cent more or have a decrease in the level of education? If it were not the matter of 10 per cent, would there be pustification taking issue from politics and socioeconomic affairs and projecting it into schools, and cut the vein of learning and teaching.

«If such is done who is the profiting, the university student body complex, or is it another party ?

«It certainly is another party. Since humans have the privilege of free communication, it is important that they do communicate and bring their differences to a happy and profitable solution.»

Dr. I. Dagher has been married since December 31st, 1969, and is the father of a 6 month old baby, KHALIL.

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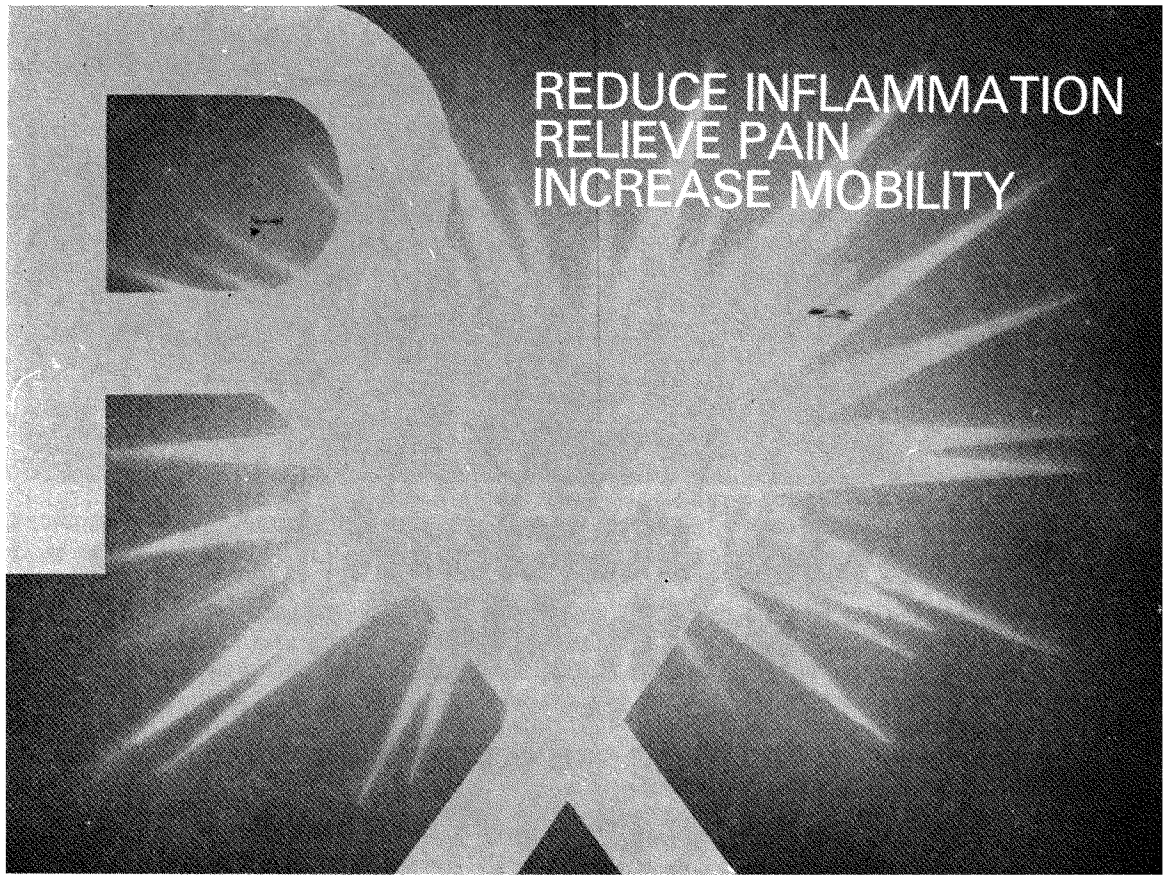

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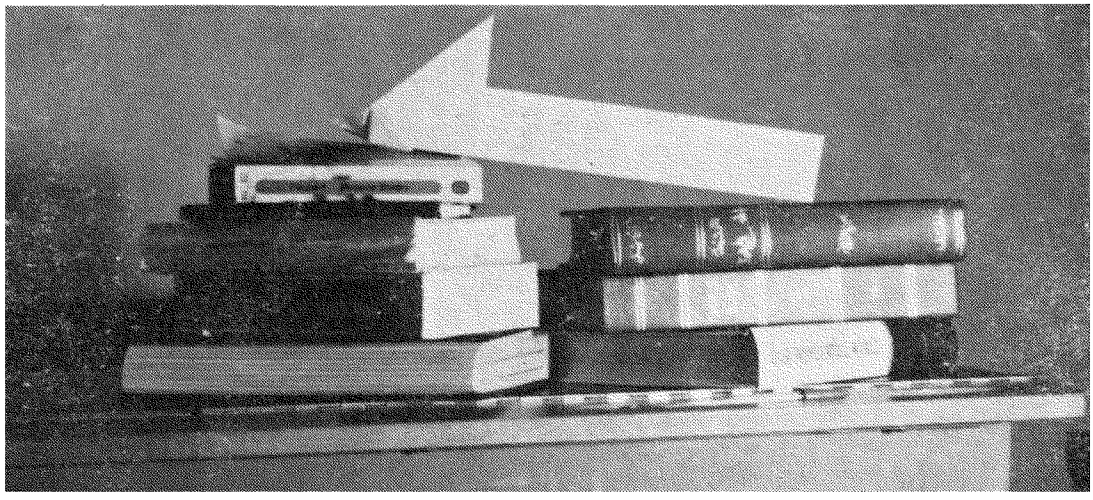

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An elective in MEDICAL CARE

By Henry Nasrallah

Although interns are offered a four-month elective period, more often than not, they would choose to spend it in a clinical setting, which is to a large extent a duplication of the same experience thay had gathered in the clinical years. A few would pick a basic science relevent to their prospective specialty, which again means involvement in territory that was covered in the pre-clinical years (but whose rememberance at internship badly needs a 4-month booster of review and research).

By a combination of deliberation, circumstances and a dash of sheer good luck, I was the sole intern to pick a totally different elective, the nature of which never failed to meet with lifted eyebrows whenever it was mentioned. This could be explained on the funny yet lamentable phenomenon among most people : a partinacious prejudice against the unfamiliar. Whenever I mentioned, in answer to inquiries, that I was involved with public health research in**Medical Care,** an air of suppressed disdain prevailed, and eyes gaped at me as if beholding a lost, prodigal son. It was really saddening to meet medical students and even M.D.'s, who had no notion whatsoever of what medical care research — one of the hottest spots in modern medicine — was about.

But is it surprising that the average physician should know a negligible amount about medical care when the bulk of his education is geared towards the acquisition of maximal bed-side skills, and amassing a sufficient 'heap' of knowledge in disease symptomatology, diagnosis, treatment and prognosis by graduation time ?

Regardless of the intern's future career, a close confrontation with medical care research seems to me as not only in order, but vital and necessary for the development of proper perspectives and the attainment of progressive attitudes for a lifetime career of medicine. The effect of such an experience could be of lasting significance and impact on the basic behavious of the physician in the trial of practice, research and teaching.

What is there in the domain of medical Care research ? There are questions which present themselves at all times in the practice of medicine. Here are some projects that I saw being researched : Formulating a quantitative index for (physical, mental and social) health, defining the efficiency of a hospital's services and attempting to improve them, studying the doctor-patient relationship and its effect on the course of the lllness, determining the need of a community for and its utilization of particular health facilities, measuring the general impact of a Social Health Center on the population it serves. All these, plus many other similar problems of challenging calibre.

After years of intensive clinical training, my initiation into the atmosphere of medical care research was like transfering an Eskimo (polar-bear attire and all) to an equatorial region. Just as the Eskimo would do at once. I had to strip myself of the heavy apparel that has established itself (through uninterrupted usage) as the only proper garb. This included the shedding of many thick coats of clinical mindedness. And then I began to learn how to approach health and disease from «the other side», where the community as a whole, not the individual, is the focus of interest.

The first couple of weeks were loaded with the oddly mixed feelings of estrangement, bafflement, perplexion and surprise at the radically differrent little world I had moved into, and felt rather handicapped by my lack of experience. But then, armed by a desire for tackling the unknown, a readiness to learn and a large dose of tolerance and guidance from Dr. Nadim Haddad, I found me catching on, adjusting to the new system of thinking, planning and implementation.

Emerging from the stormy, floundering phase of adaptation, I set out to work on my research project, to decide its topic, plan, execute, interpret and report it without help.

In the weeks that followed, I studied the demographic characteristics of all applicants to the medical school at A.U.B., assessed their mental health status, measured their need and utilization of the University Health Service (Infirmary) psychiatric facilities as well as their attitude towards psychiatry, administered personality tests to 54 applicants (out of a total of 111), and looked up their final averages. Then I sought correlations, if any, among the demographic variables, mental health, personality scores, attitudes to psychiatric care, academic performance and selection to medical school. The data were computerized for correlations and statistical significance, and conclusions were drawn.

It was an experience that added new dimensions to my independent research abilities, methodology and overall outlook to health. I don't remember a single course that I took throughout 7 years at A.U B. that presented the opportunity for a similarly original individual research. For the first time I began to apply what I learned in a positively rewarding experiment.

Besides research, I was able to take two courses at the summer school of A and S : Anthropology and social psychology, both of which were very stimulating and enriching. I also participated in numerous discussions with other members of the medical care research, and did many Journal Reviews for the group, all of which added a good deal to my insight into the current status of medicine and its challenges.

An elective in Medical Care offers its seeker far more than what he bargained for. For once, the medical student is veritably on his own, free from the formal pedagogy (a notorious euphemism for spoonfeeding) of classical educational techniques, and sets out on the self-educating trail of research that enriches, inspires and refines him to become a more mature person, and, hopefully, a better physician.

MREYIEH FIELD WORK

This is the second year that Med. III students participate in screening school children at Mreyjeh for exposure to tuberculosis and visual defects. The tine test and the snellen chart were used. The tine test is as sensitive as the PPD while the snellen chart was singled out by many studies as the best visual screening test.

Mreyjeh, is a suburb of Beirut around 12 kilometers from the University Medical Center. In April 1969, the Family Health Center of Mreyjeh was instituted as an experimental trial in community health care.

According to Miss Huda C. Zurayk (from the Department of Epidimiology and Biostatistics) and Dr. Jamal Harfouche (from the Department of Community Health Practice) at the School of Public health, American University of Beirut, the main purpose of this project is to create a practice area (based on the family unit) in a peri-urban setting, for service, teaching, and research, in order to supplement and reinforce the principles of total health care emphasized in classroom teaching, and to improve methods of health care delivery in Lebanon and neighbouring countries.

It was in 1970 that III year medical students first had the experience of participating in school children screening program. Those interested in knowing last year's results are kindly requested to refer back to last year's is sue of Medicus (June 1970). The results of this year are shown on the table.

The participation of students in such activities allows them to have experience which would be of use in the future, and most important realize the need of Lebanon for active rather than passive citizens in the field of Public Health.

RESULTS OF SCREENING FOR SUSCEPTIBILITY FOR TUBERCULOSIS AND VISION AT MREYJEH 1971

	TINE TEST			VISION TEST			
Grade I School	**Negative**	**Equivocal**	**Positive**	**20/20**	**20/30**	**More than 20/30**	**TOTAL**
Rasmieh	280	8	7	316	15	15	346
Mont Liban	131	0	2	112	14	12	138
Sub total	411	8	9	428	29	27	484
percentage			2.7%	88.4%	6%	5.6%	
Grade II							
Rasmieh	121	0	0	228	3	8	239
Mont Liban	84	0	0	117	7	3	127
Sub total	205	0	0	345	10	11	366
Percentage							
Total	616	8	9	773	39	38	850
Percentage	97.4% = 633	1.3%	1.3%	90.8%	4.6% = 850	4.6%	

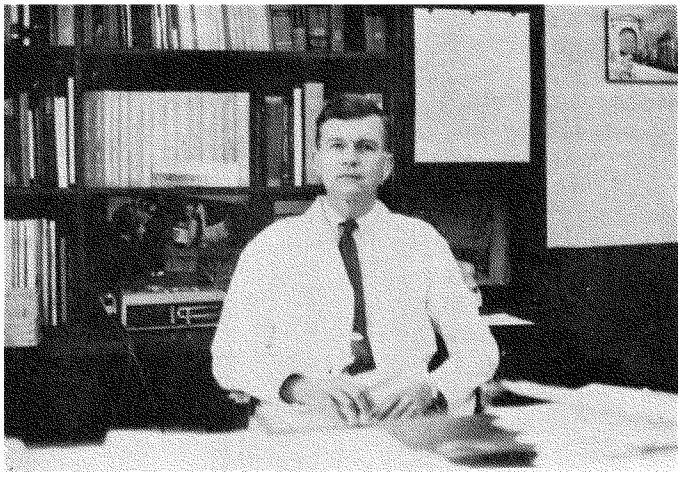
References :

(1) Zurayk, H. and Harfouche, J., Family health and population profile in a periurban setting. Leb. Med. J. 1970, 23:3.

(2) Nasrallah, H. and Hafiz W. School Children Screening programs Medicus. Vol. 8. no. 3, p. 17, June 1970.

Dr. Harrison, in Retrospect

By H. NASRALLAH



Dr. Timothy Harrison is a 1953 graduate of The Johns Hopkins Medical School. He spent one year of internship and 3 years of surgical residence at the Johns Hopkins Hospital, before moving to Harvard's Mass. General Hospital where he concluded his surgical training in 1959. The following year he spent in research (Physiology) at the Karalinska Institute in Stockholm with Nobel Laureate Dr. Von Euler.

He returned to Yale University for one and a half years of Thoracic and cardiovascular surgery. For the next 6 years, he was a Professor of surgery at Ann Arbor, Michigan. In 1968, he came to the AUH department of surgery as a chairman.

Few people know that Dr. Harrison was born in South India (on a vacation) and that he grew up in Muscat up to the age of 12. He spoke Omani Arabic before he mastered English. Ever since his medical school days, he has been interested in medical education of the Middle East. In 1960, he came to Lebanon for a visit that lasted 10 days. When he was offered the chairmanship of the surgical department of AUH in 1968, he gladly accepted.

«When I came», said Dr. Harrison «I found the department in a very good condition, which reflects the hardwork that Drs. Wilson and McDonald had invested, as well as the devotion of the Surgical Staff.» Dr. Harrison then set out to develop and change the organization of the department to suit the growth of the hospital, particularly so for the residency training.

As for the Surgical Curriculum of the medical students, Dr. Harrison changed the third year's lectures into seminars, and introduced conferences and exercises for the fourth year, to emphasize student participation in a dialogue with the faculty.

Dr. Harrison's concern for outside activities prompted him to encourage the Sidon Project and to organize with other departments the rotation of interns and residents in the Makased Hospital.

Describing medical students, Dr. Harrison says : «They are good students, highly selected, and they take their positions seriously. The AUB enjoys a good educational reputation in the USA due to the high calibre of its graduates over there.»

«As for giving the M.D. at the end of fourth year, continued Dr. Harrison, «I see no reason why it should not be done, and the interns paid. However, I hope the AUH will not lose the bulk of its interns to the USA in case that happens.

Having visited the various medical schools in the region, including the French Faculty of Medicine in Beirut, and the medical schools in Aleppo, Damascus, Jordan, Shiraz, and Kuwait, Dr. Harrison comments : «They all need to be encouraged, and they all look to AUB for an example to follow. The New Medical Center is a fine hospital, but more important is the people working within it.»

Discussing the AUB surgical graduates, Dr. Harrison explained « the surgical residency program was started in 1964 by Dr. McDonald and a great contribution that was to the Medical School. About half the surgical residents trained so far are in the USA permanently, and 93% of them hold a board in one branch or another. This indicates how highly qualified they are. However, they have to be encouraged to come back to Lebanon, and to settle not only in Beirut (especially Abdul Aziz St. !) but all over Lebanon.»

«One of the residents this year» continued Dr. Harrison, «will specialize in thoracic surgery and return to Zahle for practic. Another resident will settle in Tripoli. I encouraged them to do so. On the other hand, though, the hospitals in the regions will have to provide facilities for that kind of surgical know-how.»

Elaborating on his research work : « I am interested in the physiology of the catecholamines and in the factors that control their release» emphasized Dr. Harrison. « I have pursued this subject since I worked with Dr. Von Euler in Sweden, both as a basic science and for its clinical implications. We have studied various aspects of this field. Recently, Dr. Birbari and myself were trying to show that the presence of a kidney is necessary for the release of the adrenal gland and reflex stimulation.»

For the future, Dr. Harrison believes it is im-

portant to develop good research programs for the surgical residents. He referred to Mr. John Seaton, a research assistant from Ann Arbor, who is actively involved in research at AUB.

«Technique is the most important aspect of surgery, but it is the easiest to teach,» expounds Dr. Harrison «However, a vigorous research program is a must if AUB wants to remain the leader of education for the next 100 years.»

Asked whether he entertains thoughts of returning in the future, Dr. Harrison brooded «We'd love to come back. However, when we came here, we had a generous 3-year leave of absence from Michigan, while still holding a professorship in the surgery department over there.

Dr. and Mrs. Harrison and their two lovely daughters are back in the U S.A. now. Their inspiring participation in the AUB community will always be cheriched by all those who have known them.

Medical Research and its Future at the AUB

TIMOTHY S. HARRISON M.D.

A little boy home from school was thrilled by the revelations of space exploration and possibilities for interstellar travel. Lacking his teacher and classmates with whom he had begun this intellectual excitement he turned to his father for more facts. 'Daddy just what are cosmic rays ?' 'I don't know son.' 'Well how about the temperature on the sunny side of the moon ?' 'I've never heard a figure for that my boy.' 'Is their water vapor in the clouds of Mars ?' Nettled by his own lack of facts the father replied brusquely, 'Son I really don't know.' Stricken the child asked, 'I hope you don't mind if I ask you these things ?' 'Of course not son, replied the father; How else are you going to learn ?'.

To the skeptic, and there have always been skeptics, medical research is in the position of the little boy; asking questions that are irrelevant to the everyday practice of medicine. Stated in another way the criticism of medical research often heard these days is that research has become too basic, too abstract, too expensive and does not really matter anyway because it has nothing to do with the care of patients. Currently in the United States there is an influential and articulate lay group, legislative and others, who would have medical research 'zero in on and solve the killer diseases'. Assuming that such forced approaches would be productive, and there is ample reason to doubt that they would, I have never yet seen a statement from any of these lay 'experts' acknowledging that immense problems would be created if heart disease, cancer and stroke were immediately 'solved' and eliminated. Death is a necessity in our society and it is the function of medicine, including medical research, to make life productive and healthy for as long as is reasonable but not for longer.

To suggest that the practice of medicine and medical research are separate entities with dissimilar goals simply reflects a lack of awareness of how modern medicine developed from scientific origins and no appreciation whatsoever of how modern physicians are educated. Contemporary medicine — be it for rich or poor, for old or young, or for victims of cancer and heart disease — depends on medical research and the two are part of the same humanitarian enterprise. Medical education without scientific research would quickly become a reversion to the weak, inadequate, apprentice type education in medicine which prevailed in 19th century America. Medical knowledge and its composite facts are expanding exponentially and clearly further specialization is an inevitable necessity. This is just as true in research specialization as it is in clinical specialzation and clearly more complex and less general training both investigatively and clinically will be required to deal with the realities this situation forces upon us.

The AUB is regarded as the regional prototype of sophisticated medical teaching reflecting an American orientation. Thus the climate in which medical research is conducted here will greatly influence the

quality of research, and of medical education generally, in the entire Middle East. What we must be able to demonstrate is that research in our institution, and in any other devoted to medical education, is a vital ingredient of intellectual vigor. In the academic environment research is necessary not just because it is a source of undiscovered fact. It is much more important as a source and prime example of the intellectual background of critical thinking; the type of thinking that can analyze recorded observations rather than just accepting them because they are written in a published article; the type of thinking that generates intellectually resourceful physicians who decide crucial issues concerning patients themselves rather than blindly accepting gratuitous advice of others of limited competence.

What are the ingredients of medical research ?; Are they found at the AUB and isn't it too much to expect that the AUB can support an effective research program especially in these days of the fiscal squeeze. The existing medical research program at the AUB is ample evidence that research is not a new concept or a weakly supported one in this university. Of the ingredients of medical research the easiest to provide at the AUB currently is laboratory space. The splendid new buildings of the American University Medical Center including phase III, the building for the basic medical sciences, will almost triple the available research space. Will the output and vigor and excellence of medical research almost triple ? Obviously more is needed than just space. Gifted students, who have the capacity and courage for original thinking will prove investigatively capable if given the chance. Fortunately the AUB has always attracted original minds and encouraged them to think creatively. Nor has it proved difficult in the past or currently to send our students to the best investigative training Western medicine has to offer.

Academic opportunity in this school or in other regional schools is essential. Just now it is a difficult problem administratively, not only here but in the United States, to expand medical faculties. Other faculties in the Middle East are developing and undoubtedly more AUB graduates will diffuse into them in the future than have done so in the past.

Given research space, financial support, first class training of able minds and academic opportunity, what else is needed ? The most important ingredient will be the one that is the hardest for the Middle Eastern mind to produce. It is an atmosphere which actively encourages original thinking. A vigorous research environment is not just the responsibility of those faculty members who are active in the laboratory. The attitudes necessary for investigation are a responsibility equally shared by every faculty member, every graduate and every student. Do all of us encourage gifted, highly trained investigators when they return to join our faculty ? Are we able to learn from the more sophisticated accomplishment of younger colleagues ? One of the attributes of the true professorial mind is the intellectual gratification that comes from recognizing greater accomplishment by gifted students who have achieved more than we have. Do we as individual faculty members derive concommitantly a sense of personal intellectual humility and of institutional pride from the greater investigative accomplishments of others ? Do we contribute to the climate of critical thinking that above all else must prevail in an educational institution ? Or do some of us secretly resent accomplishment by others because of a fear that our previously unchallenged prerogatives will be exposed to a fresh and discerning review ? Do we allow ourselves the false but prevalent refuge offered by minority interest groups that have nothing to do with critical thinking but which have prevailed in the Middle East for so long ? To the degree that selfless answers to these questions can be generated by all of us medical research will flourish at the AUB. In my opinion the most important frontier of medical research we share here is in the forming of viable investigative and critical attitudes in all the members of the AUB medical faculty and student body.

If the AUB is to continue its position of leadership in medical education for the next 100 years, mere clinical competence will no longer suffice for this purpose. Increasing clinical sophistication will be essential and this can only develop from a vigorous environment of critical thinking based on a tangible and expanding program of medical research. We can ill afford less.

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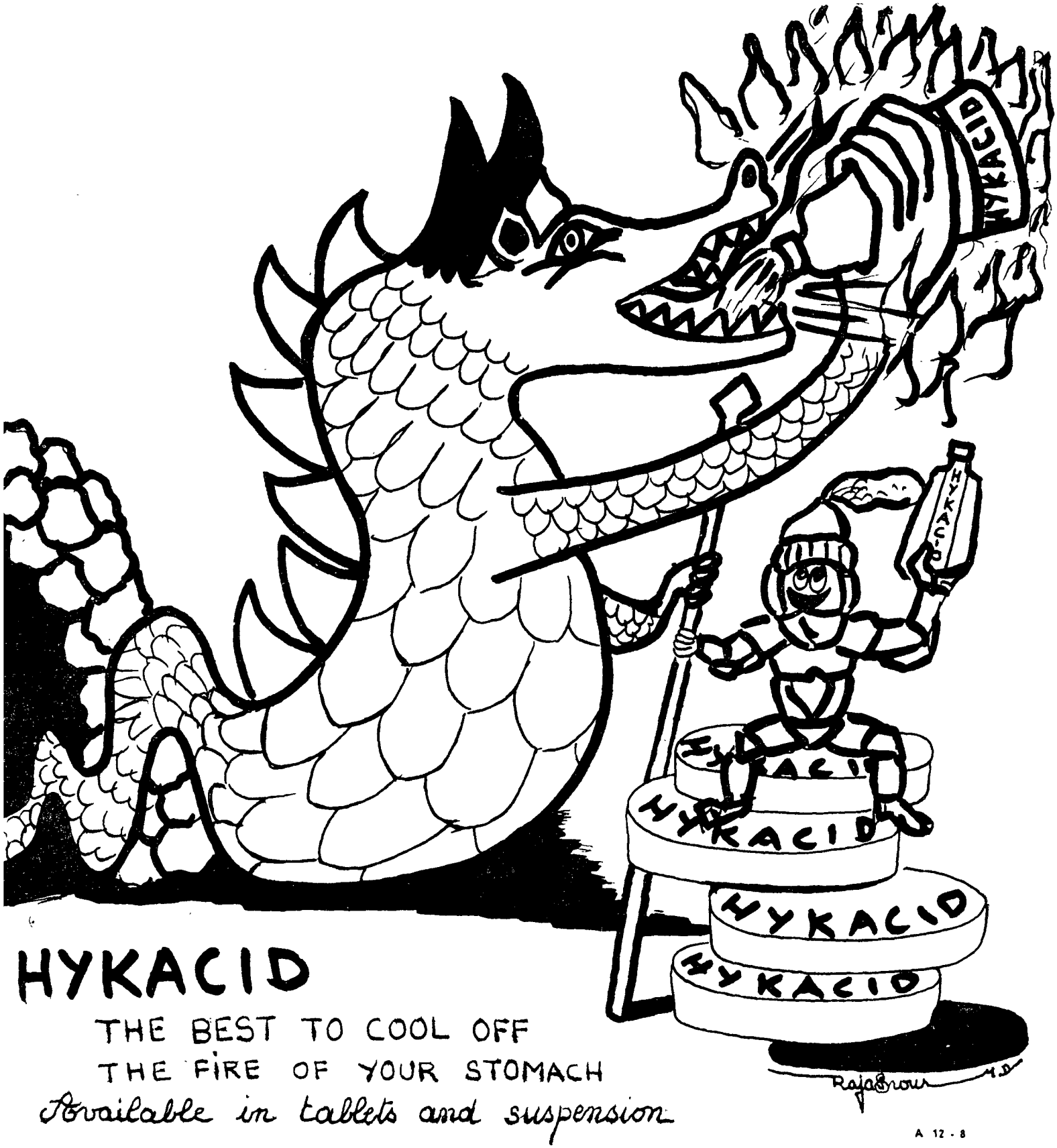

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Magic, Witchcraft and Voodoo in Medicine

By ARDASH KHANLIAN

There are two philosophies of medicine; the primitive or superstitious, and the modern or rational. The former involves the belief that disease is caused by supernatural forces. It is a doctrine that associates disease with sin and certain forms of evil, and attempts to control them by ceremonial and superstitious measures or to drive them away by wishful thinking. On the other hand, rational medicine is based on the conception that disease arises from natural causes. Civilized man tries to control the forces causing disease by material, non-spiritualistic means. He recognizes that knowledge is the sole means of preventing it and relies on measures that have resulted from scientific investigation and proved by effective experience.

Superstitious medicine is still the medicine of the inhabitants of many countries. Millions of people today, in times of illness, look to their priests and gods rather than to the health officer and medical science.

Man has lived on the earth two or three million years, whereas even the beginnings of civilization date back only, few thousand years. For example, the Egyptian and Babylonian records show that only five thousand years ago human sacrifices were made by the priest-physicians to soothe the angry gods of disease. The prehistoric man of the stone age, only twenty five thousand years ago lived by hunting with stone knives and arrow heads. His medicine — man, as shown in the diagram, made rough drawings on the walls of caves to drive away the evil spirits of disease. Gradually as man got threatened by his enemies, be it other men, animals or natural catastrophies, he sought the attention of the gods to the noxious activity of his opponents. Priests were appointed to communicate with the gods through religious ceremonies and to besearch the gods to interfere. The influence of these priests overgrew and gradually SACERDOTAL (priestly) and magical therapeutic methods were introduced into the medicine of that time. This was most pronounced in Ancient Pharaonic Egypt where all diseases were treated by specialized clergy who had their own rule and hierarchy. These priests who originally acted as mediators to the gods, acquired medical notions and began practising a form of medicine which was a mixture of empiricism and magic. Before dwelling on some of their practices, it would be proper to introduce the term magic itself.

Magic in its widest sense includes all measures protecting man against harm. It took birth from man's ideas when man became conscious of his possessing a soul and when attributed similar souls to each object or phenomenon that he imagined as intervening in his daily life. Moreover, the act of magic is based on a triad : the SPELL, the RITUAL and the SORCERER. The spell, which is the most important of the three, carries all the power of the charm. It consists of the words to be uttered with the utmost fidelity. Its power lies in its verbal form, in the sound and thythm of its words which once expended cannot be neutralized and if it does not reach its goal it may even turn against its author. The ritual consists of the acts or gestures that accompany the spell to give support to the formulae which constitute the essence of witchcraft. The conjurer may imitate waves or spray water, to attract rain, blow, to imitate the wind; defeat the evil spirits in a simulated act, and so on. It is a sacred drama which is often accompanied by dances, beating of drums, rhythm of music and repetitive movements helped by hallucinatory substances like Hashish or Mescaline. The sorcerer is the wizard or the magician who knows the rituals. In Ancient Egypt he was chosen at his birth and subjected from childhood to numerous taboos and perpetual exercises. He was excluded from the rest of the clan, to the point of prohibiting the sight of his face and compelling him to wear a mask, to avoid injuring those who might look at him. And in addition to his feeling of being in contact with the gods, the sorcerer must have enhanced to an exceptional degree those still mysterious faculties that are included under the term «PARA-SENSORIAL PERCEPTION».

Some of the magical and sacerdotal therapeutic methods used in Pharaonic Medicine were the administration of strange substances as the hair of various animals and the dung of the hippopotamus or of the crocodile. But most procedures* were based on the following principles :

1 — **SIMILARITY** : The following instructions to a woman who suffers from the vulva when walking are an example of the applic-

A phisician's costume in the year 2000 B.C. Anainting on the walls of the Grotto of Trois Frères, Pyrenées, France. This is the earliest portrait known of a doctor

ation of this principle. «You say : 'What is the smell that she emits?' If she says to you : 'I emit the smell of burnt meat,' you say : 'It is «NEMSU» of the vagina.' You do thus for it : you fumigate her with burnt meat the smell of which she emits» (Heratic Papyrus, 5-8, No. 2).

2 — **TRANSFER** : Certain medications were held to act by absorbing evil, or by transferring it to another being. Thus to cure blindness the humours of a hog's eye were instilled in the ear of the subject, while the following formula was recited : «I have brought this which was applied to the seat of yonder and replaces the horrible suffering.» Ebers Papyrus, 356).

3 — **CHARMS AND KNOTS** : The curative agent could be a charm made of knotted threads, bits of cloth, vulture feathers, animal hair etc.

4 — **SYMPATHETIC MAGIC** : Enemies could also be attacked 'By Proxy', through manipulations performed in figures of wax made in their shape. «Say the words four times over a dwarf of clay to be placed upon the forehead of a woman who is giving birth». (Leyde Papyrus I, 348, 12,6).

5 — **SPELLS** :

a. **COMMANDMENT** : Illness being considered a harmful being, he ordered it to abandon its prey : «Flow out, fetid nose, flow out, son of fetid nose! Flow out, thou who breakest bones, destroyest the skull... Go out to the ground !» Ebers Papyrus, 763).

b. **THREAT** : «Disappear, larva that cometh in the dark that enters with her nose behind it, that turns away its head. I have made a charm with efai plant that injures; with onions that destroy thee; and with honey that is sweet to the living and bitter to the dead» (kaub. Papyrus, 2-9).

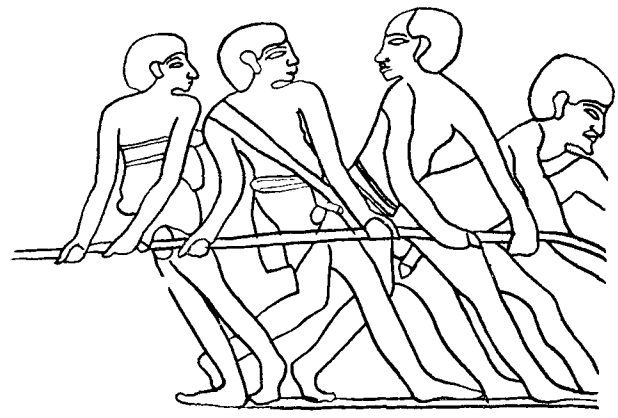
c. **ASSERTION OF IMMUNITY** : «This formula had to be recited in times of epidemics : «I am the healthy one in the way of the passer-by. I have seen the great disaster... I am the one who has come forth out of the disaster... Shall I be inflicted, while I am healthy?» (S. Papyrus, 19-XIX).

d. **WARNING TO THE GOD** : «If the poison pass these seven knots which HORUS (the patient) has made on his body, I will not allow the sun to shine.»

Many of the Papyrus record elementary diagnoses made by the magicians. For example :

ANGINA PECTORIS (E.B. 191) «If thou examinest a man for illness in his cardia and he has poins in his arms, in his breast and in one side of his cardia, and... It is death that threatens him».

HERNIA (EB. 864) «If thou examinest a swelling of the covering on his belly's horns above his pudenda; if thou examinest his (?) that has come out and has arisen by his cough... It is heat... which causes it to fall downwards, and the return is likewise. «Thou shalt heat it in order to shut it up in his belly.»



Mehou's Tomb.
First from right, genital hypertrophy
First from left, umbilical hernia and scrotal enlargement. (Soqqara).

POLYPOID TUMOR (EB. 869) «If thou... findest it singly or in great numbers, and it is like the skin of his body, hard to the touch, but not very hard, and it is big, it hangs down from his flesh...»

VARICOSE VEINS «If thou findest it on the leather layers (i.e. the skin) of any limb as many serpentine windings which are inflated with its (i.e. the limb's) air, it is an enemy of the vessel, thou shalt not put thy hand to any likeness of this; that should be upside down.»

There are very old records also asserting some of the practices of the priest-doctors in India in the period of Brahmanism, 1500 B.C. these priests very often did the job of midwives, using surgical procedures in an atmosphere of ceremonies and music.

These priests by manipulation nauseating remedies and mental impressions sometimes, overcame the difficulties of labor.

Another aspect of superstitious medicine is faith healing practice. Even today we can find many people who claim to possess the ability to induce faith healing. These are of course, revivals of primitive early Christian, and medieval practices and the healer still finds fanatical followers. To obtain the desired impressions upon the patients, bizzare surroundings, weird procedures, strange philosophies or a glorified, «semi-divine» man are necessary. One of the most successful Charlatans of faith healing was Cagliostro**, who lived in the time of Louis XVI. He used mysticism and alchemy as the trappings for his cures. He treated nobles all over Europe for diseases that the physicians of those days could not cure; he sold beds that provided painless childbirth, chairs that cured rheumatism, and for those who could aggord it, he supplied the elixir of life (a liquid that prolongs life).

In the eighteenth century James Graham, of London, revived the miraculous beds of Cagliostro,

* Ghalioungui Paul, «Magic and Medical Science in Ancient Egypt,» 1963.

** Haggard, W. Howard, «Devils, drugs and coctors,» 1929.

but along another line of approach. In 1779 he opened a Temple of Health in London and there he exploited a «CELESTIAL BED» the use of which, at a price, assured conception to the occupants. Quoting from an article written at the time and reprinted in the British Medical Journal for 1911 : «A sumptuous bed in brocaded damask supported by four crystal pillars of spiral shape festooned with garlands of flowers... and for a fee of fifty Guineas Dr. Graham offers couples, old and young, the means of getting off spring... For nearly an hour music is heard and one sees in the bed streams of light... When the time for getting up has come, the magician comes to feel the pulse of the faithful, gives them breakfast and sends them away full of hope...» The temple of health failed after a few years and Graham developed a fasting cure that was to assure life for a century, but he died before he was fifty.

In the middle of the nineteenth century George Barness, the Mountain Evangelist, obtained a large following, mostly in Kentucky, U.S.A. He believed that the devil caused disease and he cured by anointing with oil and with religious invocations One of the elders of the Church of the Mormons advertised to «set bones through faith in Christ.»

The outstanding faith healer of the 19th century was Phineas Quimby, of Maine. During his early days as a practitioner of faith-healing Quimby's method of treatment consisted in sitting beside his patient-usually a woman, putting his left hand on her bare abdomen, and with the other hand rubbing her head. He told the patient that in so doing animal magnetism flowed out of his body into hers and that the animal magnetism thus acquired would cure her. After a time Quimby discovered that he could obtain just as good cures without laying on his hands. All he had to do then was to sit beside his patient, look into her eyes, and have her tell him her troubles and all her thoughts. As one may notice, the procedure was a sort of psychoanalysis without the Pseudo-Scientific Trimmings of that practice.

A woman delivered of three devils.
(From the work of Mattea Rosselli in a church at Florance).

Malicious animal magnetism is another name used by some for witchcraft. It is instead of inspiring health by faith, witchcraft inspires disease. Witchcraft was the black magic of the middle ages. The persecution of witches developed on an enormous scale in Europe in the 15th Century. It was undertaken by the orders of Pope Innocent VIII directed against heretics. Its real authority however, was the Bible. Exodus XXII; 18, «Thou shalt not suffer a witch to live.» Men were employed to hunt, out witches and paid for each one they detected. Later, Mary Eddy assigned hysterical ailments to malicious animal magnetism trying to revive the punishment of witches. But instead of their black magic, she introduced white magic, advocating only one phase of animal magnetism. Her principle for the prevention and treatment of disease wasbased upon the ancient metaphysical conception that as matter is known only through the senses, it has no existence except in mind. So, she said : «Man is never sick; for mind is not sick... The cure of disease is effected by making the disease appear to be — what it really is — an illusion.»

Another mode of treatment that came about, was the CHIROPRACTIC one (OSTEOPATHY) which is the bone manipulation practised by «Joint-adjusters» or bone-setters». Really, 80-90 per cent of all the patients got well under any treatment, or none, and that when one of these patients got well, his case was invariably attributed to the virtues of the «Treatment.»

In the middle of the 19th Century, blue window glass was a novelty and was widely sold to cure disease. The patient was directed to lie in the sun under a screen made of the blue glass. Later, a blue electric — light bulb of curious shape was used». It was, and still is, called the «VIOLET-LIGHT TREATMENT» (not UV).

Lately, and in the 20th Century in the U.S., VOODOOISM became well known in some states. Voodoo is a debased form of religion, made up chiefly sorcery, witchcraft, and black magic, practised by

A person sets a dislocated shoulder.

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sorcery, witchcraft, and black magic, practised by certain negroes in America, especially in the West Indies. In this practice, the sorcerer brings bad luck to somebody. In Waycross, Georgia in the 1930's there was a well-known Voodooist, Doctor Yousee.⁂

This Doctor, being interviewed by the author, (Hyatt), told him about some of the complex beliefs of Voodooism.

> «A person's body by self-action... what I mean by selfaction,
>
> Everything it does, it does its ownself; we ain't gotta do anything... well, your body's self-action, you see but when you got a living enemy creature in you, well you see it stops all of that (self-action)... Yes, like a medical doctor he's going to give a medicine that ain't gonna do a thing (referring to a hospital doctor), if you don't know what to start at, know what you're doing you might just as well not do a thing... An Ordinary Doctor» can take an X-Ray and he can't see nothing... Only a «Root-Worker» (Voodooist) could see them just as good as looking on the ground... He can see it by an't through a crystal (Ball)... If the devil spirit takes your misery and your troubles away, well, he is going to somebody else to put it on. He can turn right round and put it on you. Well, if you ain't got sense enough to protect yourself, why he'll take the misery off the person and bring it right back to you.»

In Voodoo, the crystal ball reveals what to see. To see a spirit, one must believe in spirits. The re was, an actual clinical case of a young man whose company sent him to an eye specialist. After an examination the ophthalmologist said there was nothing wrong with the eye. Then the doctor was told that the eye had been hoodooed (Voodooed). The patient was suggested to go to a «Two-headed doctor». Then, the young man went to Madam Jone and had his perfectly well eye hoodooically healed.

Another suggestion by a Voodooist to bring bad luck to somebody (p.1692, Hyatt) is to take that person's left shoe, but it in water, leave it swell, take back home, burn it. Throw the ash in air, then that person will swell-up like the shoe and die.

Another way to kill a person in Voodoo is to dig a person's grave in his shape. Carry your dog and let this dog «Drag» to the head and back to the foot in that grave and that person will be killed.

And Voodoo practicers explain how they can stop hemorrhage, take off warts, (p.1781, Hyatt), and how to change the HERMAPHRODITE into a normal man.

In each case the help of the spirit is called for and contact is established often with the devil to perform certain tasks. And Hyatt in his 2000 pp books goes on to talk about the thousands of tricks that Voodoo utilizes in its complex and complicated field.

Finally, looking at our present condition, one can see that modern specialization in the branches of medicine, and particularly the extension of hospital service, have lessened the use of many witchcraft practices in medicine. An «increased confidence in the physician» has been an important factor in this. The modern physician can treat serious diseases much more successfully than could the physician of a few generations ago, but in many instances is less attracted by the minor ills of mankind.

Educated people of today are merely primitive men who by intelligent effort and training have subjugated their instincts and emotions to reason. But man's inherent nature is such that he has an almost intuitive belief in primitive medicine, and this intuition can be reformed only by education and reason. But still many people, with a merely literary or religious education, have never learnt to think logically in matters of health. They wear conventional clothing, eat canned food, and ride in automobiles, but they remain savages in heart, held to the philosophies of their ancestors and in secret are apt to make offering to the evil spirits and consult the witch doctor !

⁂ Hyatt, M. Harry. «Voodoo, Conjuration, witchcraft.» Vol 2, 1970.

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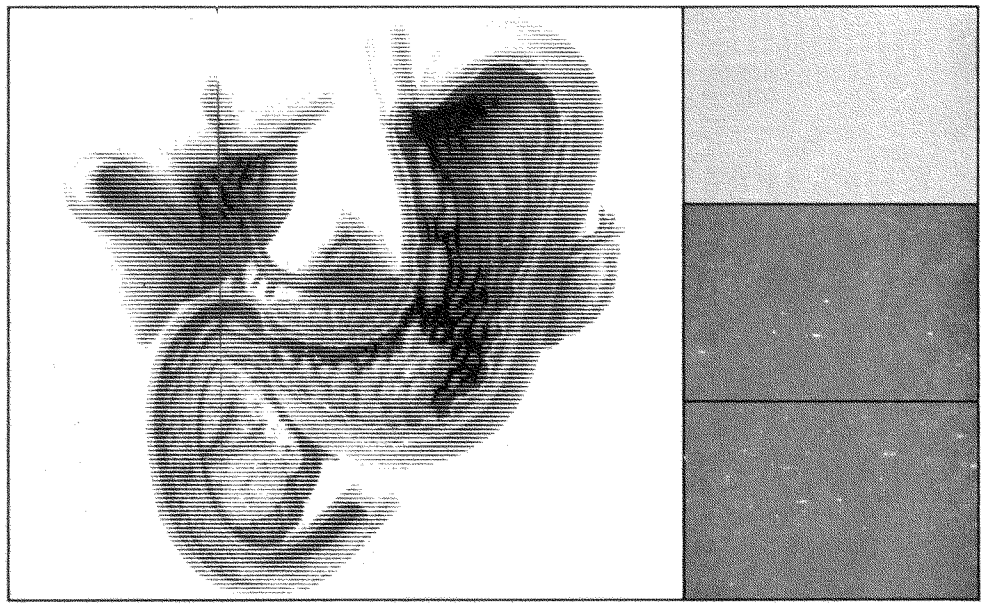

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SEX

and the Medical Student

Sixty-three single, male, sophomore medical students volunteered to respond fully and sincerely to a 352-item questionnaire covering approximately the same topic areas described in the Kinsey Report. In addition to describing their own sexual behavior, the respondents, constituting a 57 per cent sample of those invited to participate, indicated how they believed the average college man and woman would respond. The subjects displayed a generally conservative attitude and appeared to believe that a double standard of sexual morality for men and women still exists. Comparisons among the students' descriptions of their own sexual activities, those they believed were true of others, and Kinsey's data did not indicate that (1) their sexual behavior was constricted (2) they were concerned about their sexual potency; or (3) they were naive and uninformed about sexual behavior.

This study was prompted by a lack of specific and detailed information about the sexual activities of medical students and of the extent to which these activities differ in quantity and type from those of others. The medical student has been described as compulsive and sexually restricted. [1,2] It has been suggested that he has little factual information about normal human sexuality when he enters medical school and not much more when he leaves it. [3,4] He may realize that he is not well informed about sex and is often anxious and concerned about his own sexual potency. [5] Such a background could affect the capacity of the young physician to understand and conusel his patients.

In order to obtain data relevant to these questions about medical students' sexual behavior, information, and attitudes, a questionnaire was constructed which covered approximately the same topic areas described by Kinsey, et al. [6] Students taking the questionnaire were requested, in addition to describing their own sexual behavior, to indicate how they believed an average college man and an average college woman would answer the questions. The data obtained in this way may be analyzed from several points of view. First, responses to the questionnaires provide specific and detailed information about the sexual activities reported by the sutdents. Second, the extent to which these activities differ in quantity and type from those of others may be obtained by comparison with Kinsey Report data. Third, their responses describing what they believe to be typical sexual behavior of college men and women may also be compared with Kinsey Report data to assess the medical students' knowledge about sex. Finally, comparing the students' descriptions of their own sexual activities with those they imagine to be true of others should be relevant to their feelings of sexual inadequacy.

— By Edward Goththeil, M.D. Ph.D, and Abraham Freedman M.D., department of Psychiatry Jefferson Medical College, Philadelphia.

— Adopted from JAMA, Vol. 212, No. 8 1970.

Method

Since we were using a questionnaire, it was decided that an attempt should be made to maximize cooperation and truthfulness even at the expense of losing subjects. The questionnaire was described to medical students one week prior to the testing session. They were informed that the papers would be returned unsigned in unsigned envelopes and, thus, kept completely anonymous. A plea was made that only those who wished to give their full and sincere cooperation should attend the session of the questionnaire, they were invited to write «void» on their papers before placing them in the envelopes if they had not given full and sincere cooperation. The returned questionnaires, despite the advance warnings, constituted a 57 per cent sample of those invited to participate.

The questionnaires of 63 single, male, sophomore medical students ranging in age from 19 to 24 years were analyzed for the present study. Parents or parent substitutes of both sexes were present in the childhood homes of all but one of the subjects. There were nine only children in the group and an additional 11 had no sisters. They had received no formal courses of instruction regarding sexual information at medical school.

The same 35-page sexual survey of medical students was used for single and married and for male and female students. Although several sections of the questionnaire were not applicable to the single men, there were 352 scorable items and since many of these were answered for the average man (Male) and the average woman (Female) as well as for the self, 853 variables were available for analysis. The findings presented in this communication were selected for their relevance to the hypotheses that medical students are restricted in their sexual behavior and attitudes, that they have little knowledge about sex, and that they may have concerns about their own sexual potency.

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Results

Data are reported for self, male, female, and Kinsey. They Kinsey heading refers to his group of single men, aged 21 to 25 years, with some college education. The male and female headings refer to responses of the medical students which describe what they believed to be true of the average college man and woman. Sign tests for related samples were used for comparisons between self and male scores and between male and female scores. The number of cases differs from comparison to comparison for a number of reasons. In many instances questions are relevant only to a particular active population; for example, if an individual had not experienced homo-sexual relations, questions about his partners are not applicable. Some questions involved age ranges which were not appropriate to particular subjects. Other questions were merely omitted.

Table 1. — Incidence Percentage at Age 15 : Active Populations

	Medical Students		
	No.	%	Kinsey %
Masturbation	58	97	82
Emissions	60	95	70
Petting	49	63	47
Petting to climax	46	37	14
Intercourse	44	14	10
Prostitutes	6	17	2
Homosexual	18	83	22

Early Sexual Education and Development. — Even in families with sufficient resources to have a son in medical school, parents were listed as the first source of sexual information by only seven (11.5%) of the 61 students who responded to this question. Friends were indicated as the first source of information by 35 (57.4%), siblings by 2 (3.3%), and education, reading, and direct observation made up the remainder.

Some form of preadolescent sex play was described by 73.8% of the subjects. The mean age of onset was 7.6 years and they believed the average college man began at 7.7 years of age (Kinsey, 5.8 years). The frequencies with which various preadolescent sexual techniques, ranging from physical exploration to coitus, were used by self and estimated for male were highly correlated (Spearman rho = .93 P more less 0.01, N = 12).

The mean age of first ejaculation was 12.7 years (Kinsey, 13.4 years). This occurred as a nocturnal emission in 27.4% (Kinsey, 31.4%) of the subjects, while in 63 6% (Kinsey, 62.6%) it was initiated by masturbation.

For those subjects who reported activity regarding particular sexual outlets, Table 1 indicates the percentage who started at or below the age of 15 years. In every category, medical students who used an outlet started earlier than Kinsey subjects who used that outlet.

Table 2. — Mean Scores of Self, Male, and Female on 6-Point Attitude Scale [1]

	Self [2]	Male	Female [3]
Ethical	4.9 [4]	3.8	4.3 [4]
Religious	31	2.9	3.8 [4]
Prudish	2.4	2 3	3.8 [4]
Sexually promiscuous	2.4 [4]	3.5	2.4 [4]
Fear sexual activity	1.9	1.8	3.4 [4]
Morality of permarital intercourse	4.0	4.0	3.1 [4]
Morality of extramarital intercourse	2.1 [5]	2.7	2.0 [4]
Exposure to nudity in family (same sex)	3.0 [6]	3 3	3.1
Exposure to nudity in family (opposite sex)	1.9	2.0	2.0
Modesty	2.4	2.3	3.6 [4]

1 — Number of subjects = 58.59.
2 — Self-male comparisons, sign tests for related samples.
3 — Female-male comparisons, sign tests for related samples.
4 — P more less 0.001.
5 — P more less 0.01.
6 — P more less 0.05.

The data suggest that the early sexual education and development of the precocious but did not differ remarkably from Kinsey's subjects. Estimates regarding the average college man were similar to the information they disclosed about themselves and to the findings described by Kinsey.

Attitudes. — Mean scores of self, male, and female on a number of six-point attitudinal scales (1 = none, 6 = much) are presented in Table 2. Apparently, the medical students believe themselves to be more ethical, less accepting of extramarital intercourse, and less sexually promiscuous than the average college man. They also preceive the college woman as more prudish, moral, and modest, and as less condoning of premarital intercourse than the average college man.

Accumulative Incidence. — Medical students and Kinsey Report data regarding the proportion of individuals who have ever employed the various sources of sexual outlet are presented in Table 3. Animal contacts were not included in the analyses and tables since no such contact was indicated by any medical student. The incidences are similar except that more medical students indicate having petted to climax.

Masturbation. — The reported incidence of masturbation in this group of students (90.5%) was similar to their mean estimate of the incidence in other single men (85.3%) and to the Kinsey comparison group (87%). Furthermore, there were no statistically significant differences between the data reported for the self and that expected of other college men regarding mean age of onset of masturbation (self, 12.6; male, 12.4 years), maximum frequency, average frequency, longest period of abstinence, percentage of experiences resulting in climax, and minimum time to orgasm. With respect to the average college woman it was believed that she masturbated less frequently, took longer to reach climax, and reached climax less frequently by masturbation than did the average college man.

The aftereffects of masturbation were described along six-point scales and the mean scores for self, male, and female are presented in Table 4. While there were no significant differences between self and male regarding items such as satisfaction, conflict, or guilt, consistent with their view of female sexual morality reported earlier, it was expected that women would derive less satisfaction and experience more conflict and guilt over masturbation than would men. They described fewer fears about the possible harmful effects of masturbation than they believed others would have. Nevertheless, of the seven items listed, 39% of these medical students indicated some concern about one or more of them.

Table 3. — Sexual Outlets : Accumulative Incidences Medical Students

	Respondents	Active Cases	Incidence %	Kinsey Incidence %
Masturbation	61	58	95	94
Emissions	63	60	95	96
Petting to climax	61	58	95	94
Intercourse	63	44	70	64
Homosexuality	60	18	30	33

Nocturnal Emissions. — There were no significant differences between the data reported for the self and that expected of other college men regarding mean age of onset (self, 12.7; male, 12.3 years) and the percentage of nocturnal emissions accompanied by dreams (self, 73 9%; male, 77.1%). They described a lower average frequency and maximum frequency for themselves than for others. They believed they had fewer concerns about nocturnal emissions than other college men. There was less satisfaction, guilt, and anxiety related to nocturnal emissions than had been reported with masturbation.

Petting. — Our group of subjects believed that the average college man petted more frequently and began petting at an earlier age than they did (self, 14.7; male, 13 8 years). It was expected that the average college woman began to pet at an earlier age, petted less frequently, and experienced climax in a smaller proportion of her petting experiences than did the average college man.

The percentages of petting experiences in which various techniques, ranging from lip kissing to oral-gential contact, were employed by self and estimated for male were very similar and suggest that the medical students do not believe that their petting techniques differ in amount or variety from those of other college men.

Premarital Intercourse. — For the 44 subject who had experienced intercourse, the mean age at which the first experience occurred was 18.7 years (male, 17.2 years). The mean age of the first partner was 19.5 years (range, 13 to 30 years). She was described as virginal by 41% of the subjects and as nonvirginal by 64%. Two of the subjects were unable to make up their minds. Climax was reached by 90.0% of the subjects during the first episode and 61.9% believed that their partners aloso had achieved climax.

The medical students estimated that 75 8% of men in their age range had experienced intercourse, slightly overestimating Kinsey's findings of 68,3%. They expected that 69.0% of male medical students has experienced intercourse and, in fact, 69.8% of them indicated that they had done so.

There were no significant differences in the average duration of intromission between self (7.3 minutes) and male (8.0 minutes), the number of climaxes possible in one hour (self, 2.5; male, 2.6), and the percentage of loss of erection after intromission (self, 7.7%; male, 9.3%). Moreover, the subjects indicated a smaller percentage of loss of erection prior to intromission (self, 5.3%; male, 8.6%) and a greater percentage of experiences ending in orgasm (self, 95.3%; male, 90.8%) than they expected was true of other men.

Mean scores for self, male, and female on a number of six-point scales indicating possible reasons for restraint from premarital coitus are illustrated in Table 5. The medical students believe that they have less fear of venereal disease and a higher regard for the partner's virginity than other college men. All of the reasons for restraint were considered to be more important to women than to men except the one of being too busy. They percentages of students who regarded particular reasons for restraint as important (score 4,5, or 6 on six-point scale) were ethical, 63.0% (Kinsey, 62.5%) · lack of opportunity, 45 5% (Kinsey, 51.4%); fear of pregnancy, 43.1% (Kinsey, 28.0%); fear of social disapproval, 18.2% (Kinsey, 21.5%); lack of interest, 16.4% (Kinsey, 18.7%); and venereal disease, 8.9% (Kinsey, 25.1%). The findings are similar except that the medical students appear to have less concern about venereal disease and mode fear regarding pregnancy than Kinsey's group. The latter is rather surprising in view of the recent advent of the «pill».

The precoital techniques used by the students were similar to those they expected of others. They also indicate the use of a broad range of positions and variations in premarital intercourse; however, in this respect, they perceived themselves to be more restricted than others.

Homosexuality. — There were 18 subjects (30%) who indicated a history of some homosexual experience (Kinsey, 33%). This was generally a single or occasional preadolescent experience. The percentage who started at or before the age of 15 years (Table 1) is high since only three individuals began or were active following the onset of adolescence. No experiences during the past year were reported.

Major Sources of Sexual Outlet. — The six major sources of sexual outlet described by Kinsey included masturbation, emissions, petting, intercourse, homosexuality, and contact with animals. Although two of these sources, homosexuality and contact with animals, made no contribution to the total number of climaxes experienced by the students during the past year, the mean number of different sources employed by the medical students (2.73) was very similar to that reported by Kinsey. (2.77). The percentage of students using no outlet was 0.0% (Kinsey, 0.5%); one source,11.1% (Kinsey, 10.%; two

sources, 27.0% (Kinsey, 28.6%); three sources, 39.7% (Kinsey, 35.3%); four sources, 22.2% (Kinsey, 22.8%); and more than sources, 0.0% (Kinsey, 2.3%).

For those students who were active regarding particular sources of sexual outlet (Table 3), the number of climaxes due to these outlets in the past year was compared with corresponding data reported by Kinsey. Omitting homosexuality and animal contact, the mean **number** of climaxes in the current year by active populations was 153 for the students and 162 for Kinsey's subjects. The mean and median **percentage** of climaxes attributed to the sources of sexual outlet for self, male, and the Kinsey group are presented in Table 6. Since the percentages are based on different active populations for each particular source of outlet, the sum of the percentages exceeds 100%. Petting appears to account for a higher and intercourse for a lower percentage of the total sexual outlet in the medical students than in the Kinsey group. Estimates regarding the average college man are quite similar to the findings reported by Kinsey except that the percentage attributed to petting is overestimated. The percentage of masturbation was higher and the percentage of intercourse was lower for the self than that expected of the average college man. The sum of the percentages, calculated from means or medians, was very similar across the three groups.

The students appeared to recognize where they differed from others. When Kinsey's percentages were lower than those described for self, the students' estimates for the average man are lower, and where Kinsey's percentages are higher, their estimates are also higher.

Comment

Since more recent detailed information was not available, the medical students' responses were compared with those of Kinsey's sample of college students obtained more than 20 years ago. However, the similarity that was found on characteristics less likely to change with time (such as ago of first ejaculation and total number of climaxes in a year) and the correspondence demonstrated among responses of medical students, their descriptions of the average college man, and the data reported by Kinsey, suggest that little change has occurred in sexual behavior and attitudes during the intervening two decades.

Data derived from voluntary subjects on anonymous questionnaires may not be representative of the total sample. Also, information obtained through brief interviews of total camples may result in only limited disclosure. Both techniques have been employed in studies on the use of various sexual outlets. Despite the shortcomings of these approaches similar. [6,7,9] Either they were measuring similar or balancing biases or they tend to validate each other's methods and results.

The procedure of the current study and an examination of the questionnaires strongly suggest that the respondents answered seriously, sincerely, and honestly. While the mean scores obtained from a volunteer population cannot necessarily be assumed to provide accurate estimates of the behavior of medical students in general, they do provide specific and detailed information, which appears to be truthful, in an area where little information of any kind is available.

Restriction in Sexual Behavior and Attitudes — The age of onset of preadolescent sex play, of first ejaculation, and of experience with the various sources of sexual outlet occurred earlier in this group of medical students than in the Kinsey comparison group. The two groups were very similar in activities resulting in first ejaculation, the reasons given for restraint from premarital intercourse, the average number of different sources of outlet employed, and the total number of climaxes per year.

For the most past, similarities appear to outweigh differences in the comparisons between the present data and those of the Kinsey study and there is little to suggest that the sexual behavior of the medical students is restricted.

Even though their sexual behavior does not appear to be restricted, their attitudes about sex suggest that they believe they are. They described themselves as less sexually promiscuous, more disapproving of extramarital intercourse, and less flexible in their use of different positions and variations in premarital intercourse than they believed was true of the average college man. Their conservative, proper establishment position would lead one to suspect that they were more restricted and inhibited in their behavior, and especially in their sexual behavior, than was demonstrated by the data.

Their conservative attitudes were also apparent in their expectations regarding the average college woman who was described as more modest, fearful of sexual activity, condemnatory toward premarital and extramarital intercourse, and less sexually promiscuous than the average college man. It was believed that women employed the various sexual outlets less frequently, derived less satisfaction from them, and experienced more conflict, anxiety, and guilt regarding their experiences than men did. These medical students apparently believe that the old fashioned, doubled standard variety of sexual morality has not changed.

Knowledge About Sex. — The responses of the medical students about how they believed the average college man would answer the items were compared with the findings reported by Kinsey to provide an estimate of the students' knowledge of sexual behavior in the human male. Generally, their estimates regarding ages of onset and incidences were very similar to the results described by Kinsey. The percentage of total climaxes which they believed the average college man would attribute to the different sources of sexual outlet was similar to the results of the Kinsey study except that the percentage due to petting was overstimated.

Several estimates regarding the sexual behavior of the average medical students were similar to the actual findings of the present study. In addition, estimates about sexual behavior further removed from their experience, such as the incidence of sexual contacts with animals in urban and rural groups and of extramarital relationships, were also similar

to Kinsey's data. The findings do not appear to support the notion that these medical students are terribly naive of uninformed about sexual behavior.

Concerns Regarding Sexual Potency — While the students appeared to believe that they were more conservative sexual relations less avidly than did other college men, they felt that they were equally successful when they did seek them. Moreover, there were no significant differences between their own responses about the average college men regarding the duration of intromission during intercourse, the number of climaxes possible in one hour, and the percentage of inpotence after entry. Finally, they indicated a greater percentage of coital experiences culminating in orgasm and a smaller percentage of impotence prior to entry than they expected was true of other college men.

These findings do not suggest that the medical students were really concerned about a lack of sexual potency.

Table 4. — Aftereffects of Masturbation

	Self [2]	Male	Female [3]
Satisfaction	4.2	4.2	3 7 [4]
Conflict	2.5	2.7	3.4 [4]
Guilt	2.4	2.5	3 5 [4]
Attempt to Control	3.9	2.9	3.7 [4]
Compulsivity	3 3	3.1	2.9
Indefinite fear of harm, present	1.6 [6]	1.8	1.9
Indefinite fear of harm, future	1.7 [5]	1.9	2.1
Fear of injury, reproductive capacity	1.7 [4]	1.9	1.8
Fear of brain damage	1.0.[5]	1.2	1.2
Fear of sexual impotence	1.5 [6]	1.6	1.6
Fear of heart disease	1.0 [5]	1.2	1.1
Fear of insanity	1.1 [5]	1.3	1.3

[1] Number of subject = 57.59.
[2, 3, 4, 5 and 6] See footnotes for Table 2.

Table 5. — Importance of Factors in Restraint From Premarital Intercourse [1]

	Self [2]	Male	Female [3]
Ethical	3.7	3.3	4.1 [4]
Fear of social disapproval	2.0	2.0	4.1 [4]
Fear of pregnancy	3.1	3.1	5.1 [4]
Fear of venereal disease	1.8 [5]	2.1	2 6 [4]
Lack of opportunity	3.2	3.5	2.7 [5]
Lack of interest	1.8	1.9	2.6 [4]
Religious	2.8	2.9	3.5 [4]
To busy	1.9	1.8	1.7
Importance of own virginity	2.0	1.7	4.6 [4]
Importance of partner's virginity	3.7 [4]	3.1	2.2 [4]

[1] Number of subjects = 54.58.
[2, 3, 4, 5 and 6] See footnotes for Table 2.

Table 6. — Percentage of Total Climaxes by Source of Sexual Outlet

	Mean	Median	N	Mean	Median	N	Mean	Median
Masturbation	63	70	57	52	50	59	69	65
Emissions	21	5	56	24	15	54	27	14
Petting	29	20	45	26	20	56	15	2
Intercourse	17	10	34	28	23	37	27	15

In the last issue of MEDICUS, under the heading « Excerpts from the past,» there appeared an article titled « Medicus Review of file 3343 » which was reproduced verbatim from a Medicus issue of Volume 4, 1966.

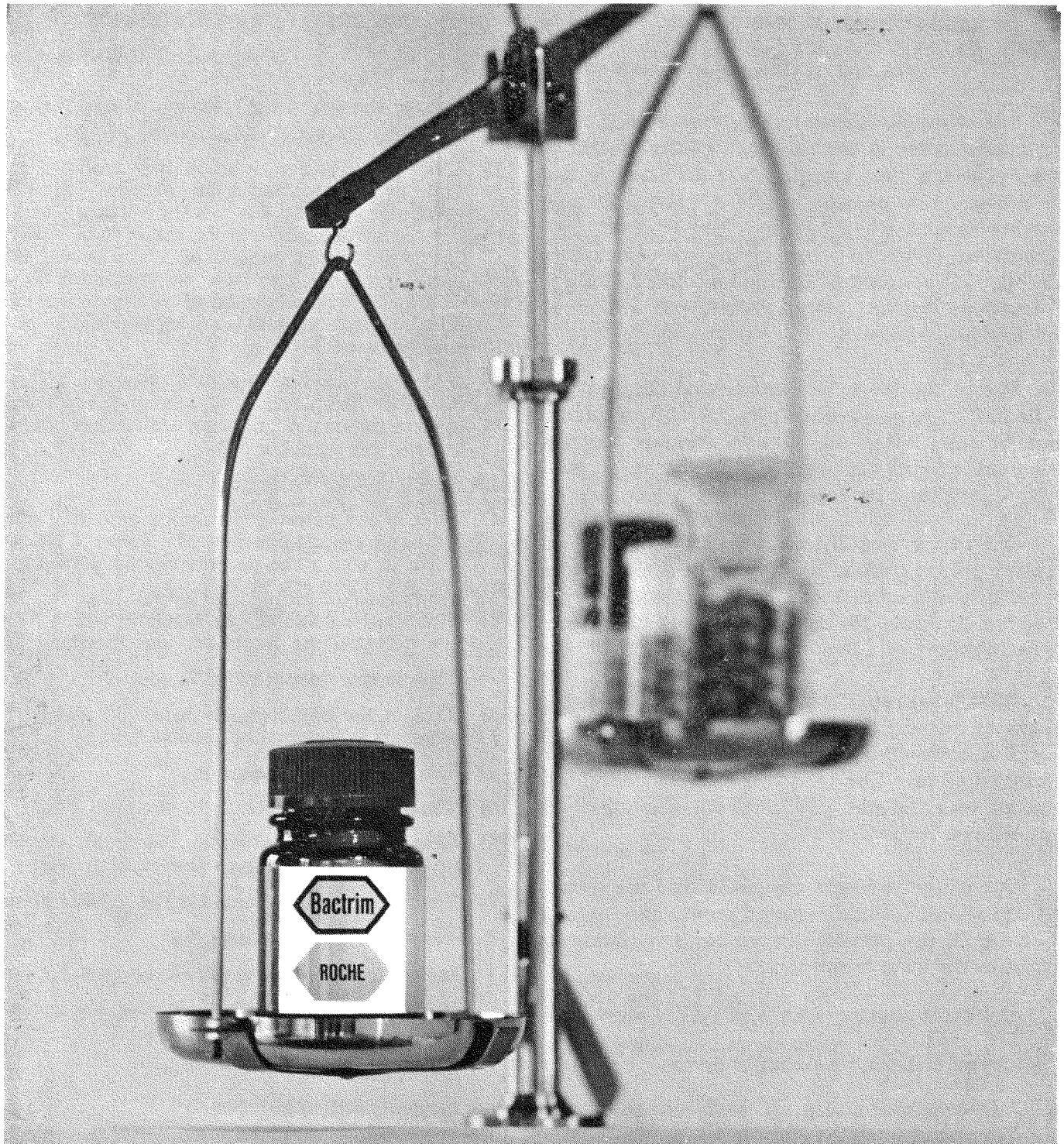
The editors of MEDICUS wish to confirm the following :

1. That they were totally unaware of the turbulence provoked by the article at the time of its first appearance in 1966. and, consequently, knew nothing of the apology that appeared in the subsequent issue, regarding that article.

2. The exhumation of that notorious essay was done with the bifold intention of (a) underlining the chronicity of the « anti-AUH Cafeteria — sentiments » and (b) demonstrating a sample of the merciless criticism directed to the cafeteria establishment at that time.

In the light of the above, the editors of MEDICUS would like to extend an apology for any inadvertant misunderstanding that might have emerged following the re-publishing of the offending article, or for any personal resentment incurred by that act, particularly so for Mr. Ali Kaddouh. Finally, they would like to stress that MEDICUS was never meant to facilitate attempts at aspersion and calumny but to be a platform for rigorous criticism with intimations for improvement, refinement, and, hopefully, perfection.

The editorial Board
MEDICUS



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EXCERPTS FROM THE PAST

(Medicus 9 years ago)

One of my most entertaining passtimes is reading nurses' notes in the patients' charts. Some of those girls are quite artistic. Take for example this vivid description of a patient in surgery «Patient walking around, voiding freely» or «patient was sucked» or «SS enema was given with immediate and spectacular results». One nurse wrote : «Patient unconscious, refused morning care, but was cared for inspite of himself.»

One of the favourite sentences of Dr. Antyppa is the following «I have ten eyes, twenty ears and a long tongue.» After one week in surgery, the new 4th yearers found out that Dr. Antyppa has at least one more virtue : he does not exaggerate...

One of the new 3rd year medical students expressed his indignation last week when he invited a nurse to the Record Room, but found no sign of a juke-box or music. He had thought that the Record Room was sort of a stereo...

In the Allergy Clinic of O.P.D. the attending Physician asked a fourth year student on the meaning of Autosensitization. The student replied : «sensitization to cars, Sir ! ! »This reminds one of the student who thought that Bilirubin was short for Mr. William Rubin...

One of the residents suggested that the nurses' reports should include remarks about the interns on duty. Of the possible comments, the following might be the most frequent :

— intern is sleeping with both eyes open

— intern is having a beautiful dream

— intern is past asleep and could not be awakened in spite of drastic measures

— intern is nice : he gives an ice cream party b.i.d.

— intern looks silly : he writes too many orders

— intern is a good entertainer — he does not sleep at night. z

The 3rd yearer was reciting a case history «the Patient used to suffer of **painful emptiness** in his chest. I could not ellucidate however, how could something he both empty and painful ?»

GENERAL KNOWLEDGE QUIZ

Prepared by **Kamal Akl.**

Answer the following question, then check the answers.

1) A few decades ago, a small boy cried for help while he was swimming in a pool. A plump youngster came to the rescue. Years passed, and the latter, who was no other than Winston Churchill, caught pneumonia which would have been fatal were it not for an antibiotic discovered by the boy whom he saved from drowning. Who was that boy and in which year did he make his discovery ?
2) A Czechoslovakian musician went to America, where he composed a symphony for which he became famous. Who is he, and what is the name of his symphony ?
3) Who invented the radio ?
4) What is the name of a famous explorer, whose last name sounds like that of a game of Oriental origin in which the players mount horses ?
5) Who wrote «Waiting for Godot» ?
6) What is the name of the battle in which Napoleon defeated the Austrians and Russians ?
7) What is monitory unit in Sweden ?
8) What is the name of the Island in which the language is English and Maori ?
9) Who invented the telephone ?
10) Who wrote «The catcher in the rye» ?
11) What is the material which the squid, a marine animal, secretes to avoid predators ?
12) What is the proper name for the «Teddy Bear» ?
13) Who was the «Sun King» ?
14) Around which century did clocks first appear ?
15) An impressionist painter. Among his works is «The Ballet Dancers». Who is he ?

ANSWERS

1) Alexander Fleming, 1928.
2) Antonin Dvorjak, **The New World Symphony.**
3) Marconi.
4) Marco Polo.
5) Samuel Becket.
6) Austerlitz.
7) Krona.
8) New Zealand.
9) Graham Bell.
10) Salinger.
11) Ink.
12) Koala.
13) Louis XIV.
14) Fourteenth century.
15) Degas.

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History on a Wall

Adorning the walls of West Hall's third floor are photographs that capture the temper of bygone days with refreshing immediacy. Their dynamic stillness generates in the scrutinizer a sweeping sensation of instant nostalgia. More so, they offer a rare, ephemeral yet overwhelming moment of historical and cultural perceptiveness of a span that involves man's most hectic epoch of astonishing advancement and radical change.

Geographically, the photos offer one the delightful treat of viewing a particular landscape from exactly the same angle in mid-nineteenth century, and after a century's impact. No member of the AUB community should deprive himself a retrospective glimpse at the Medical gate and Rue bliss (a barren strip of dirt and rock, with a stray dog, a cow, two donkeys, a gas lantern, and a mother and child...) as well as the original Medical building (soon to be demolished) in its brand new look of 1873. Other photos feature an 1891 bird's eye views of College Hall and the lower campus, Jessup Hall (built 1883), Dodge Hall (1885), the Observatory (1894), Bliss Hall (1900) and . . . Ain Mreisse Quarter in 1894. These various glances at the past reconstruct vividly the sparse AUB campus and the surrounding area in 19th century Lebanon.

More striking, perhaps, is the snapshot of the original faculty of the Syrian Protestant College. They do indeed look «original» by modern «in» standards. What with Dr. Cornelius Van Dyke's full beard and untrimmed hair, Dr. George Post's «where — it's — at» unbridled sideburns, and Dr. Edwin Lewis' bushy, energetic, anti establishmentarian moustache. Even Dr. Daniel Bliss himself, with his devoutly fierce Billy — Graham glare into the camera's lens, carried neck-length locks of hair thatwould thrill the hearts of any hippie — ish AUB crowd, and would brand the existing faculty as starkly squarish in comparison. Over a hundred years, hairiness abandoned professors' heads and reappeared on the students'

For the medically oriented, the most engaging aspect resides in the members of the medical faculty. The entire gamut of medical knowledge then was centered in the hands of George Post (Prof. of Surgery and Botany), Harris Webster (Pathology and Practice of Medicine), Walter Adams (dermatology, chemistry and Materia Medica), Alfred Day (natural science), Franklin Moore (OBS-GYN) and Charles Webster (Anatomy and ophthalnology).

The above were perhaps exceptional for their day, when the vast majority of Physicians were G.P's whose range of activities encompassed Medicine, Pediatrics, Surgery (in the kitchen, at times) Obstetrics, gynecology and psychiatry. Hardly any general practitioner of yonder days, even in his wildest moments of fantasy, ever dreamt that in 1971, it took an average of 40 specialists to perform what he did single handed.

But here, of course, the nimble strides of medical progress stands out as one of the most conspicious landmarks of the last 50 years. The mass of the knowledge in medicine has not only multipled beyond any predictable limits, but has also uncovered avenues and vistas that promise more stunning advances yet to come.

«History,» wrote Thomas Carlyle, «is the essence of innumerable biographies.» Each picture of the , primordial AUB West Hall is a tale of its own. Viewed in aggregate, they give a distinctive character to a proud era of our noble Alma Mater, and provide an enriching moment of historical discernment and appreciation.

They pay tribute to an honorable past.

Henry Nasrallah

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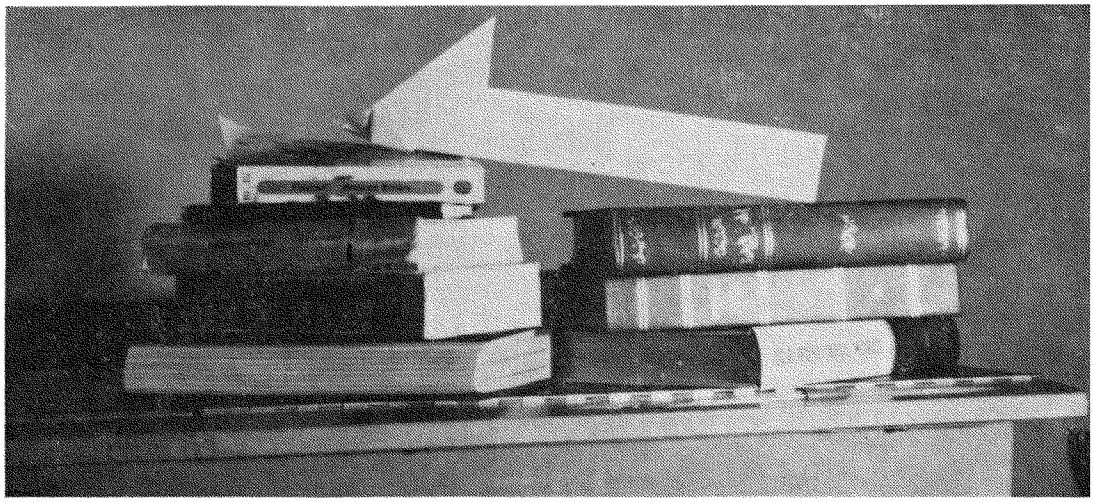

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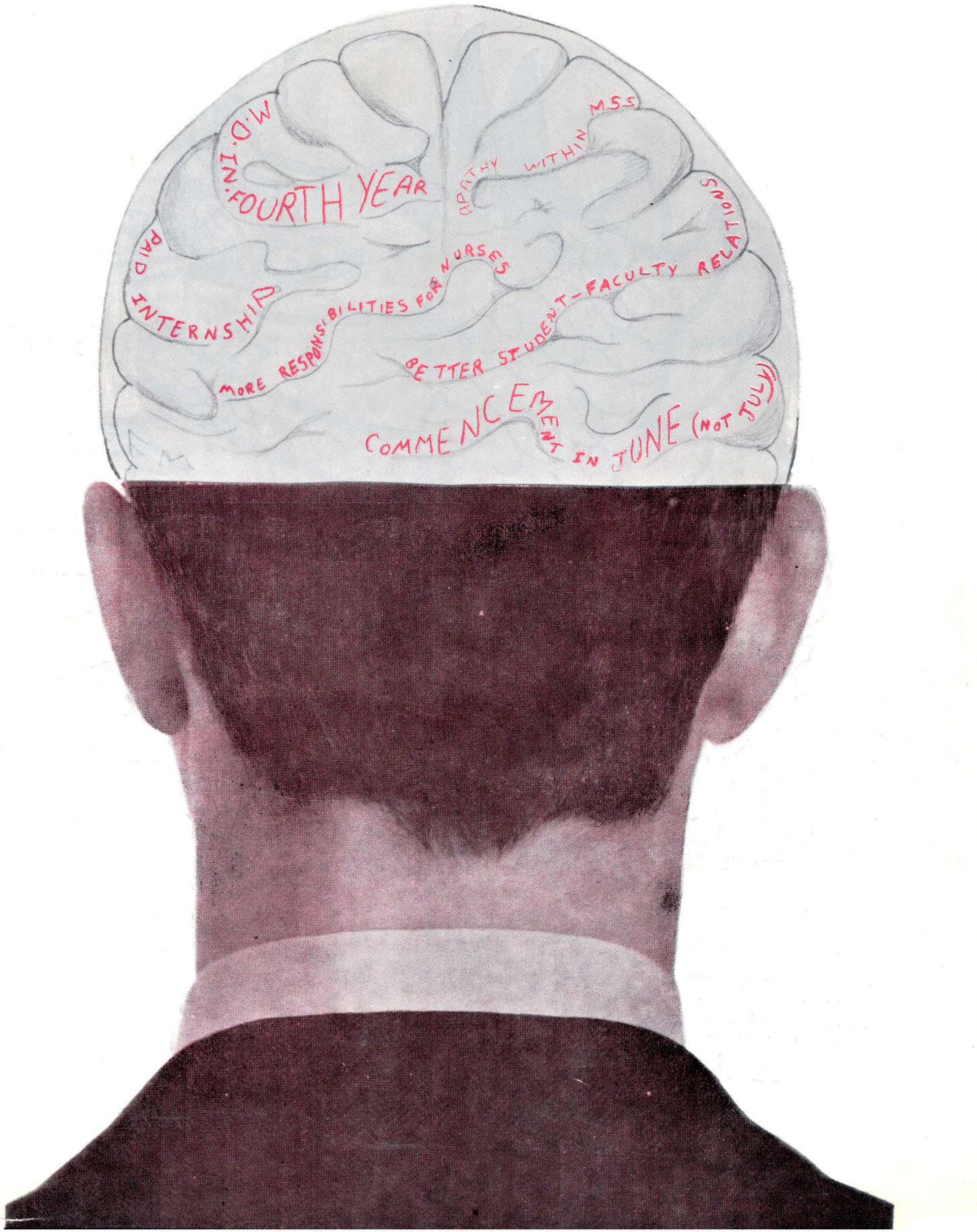
Vol. 10 - No. 2, January 1972.



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Vol. 10 **No. 2** **January 1972**

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COVER

Idea by H. Nasrallah

Drawing by F. Mudawwar

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EDITORIAL

THE PLIGHT OF THE INTERNS

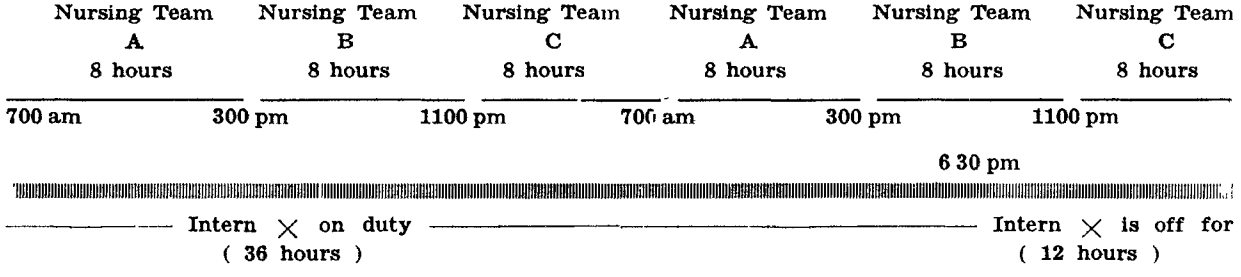
In the set-up of every educational system, flaws and misconceptions flourish, yet often pass unrecognized. The perpetual existence of these errors lends them a spurious quality of being a perplexing but indispensible portion of the requirements.

At our medical school, nothing exemplifies the above better than the phase of **internship**. In what is presumably a valuable period of practice that culminates seven stress - permeated years of study and strife, the physician-to-be is subjected to an exertion - packed ordeal, and an associated socio-cultural forfeiture that offsets whatever benefits accrue from this experience.

First, there is the outrageous 36-hour shift on duty, with only 12 hours off. An intern coming to duty at 7 am. accompanies 5 consecutive shifts of nurses (8 hours each) before he is entitled to a 12 hours off during which he is expected to look after all his personal matters **including** the sleep requirements of 2 days and 2 nights.

In the name of education, the intern is obliged to transcend his physiological limits, and forgo the most basic of human rights : rest and sleep (not to mention sufficient exposure to contemporary events and culture). To **work 36 consecutive hours out of 48** is unheared of even in hard labour camps. No wonder the intern is transformed to a sleep-seeking creature — weary, exhausted, somnolent, disenchanted and completely unprepared to invest his precious free time except in blissful sleep. His curiosity is subdued, his creativity blunted, and his productivity emasculated.

Scale : 1 hour = 0.4 cms.



More preposterous is the fact that the intern, for all his physical and mental toil, receives not one piaster. He is thus compelled to resort continuously to his father's anemic wallet. This pecuniary dependence embitters the intern because at 25 or 26 years of age, most of his peers are self-supporting already. Moreover, the prospects of marriage are inevitably demolished (for the majority) under such tight financial circumstances.

Meanwhile, compare the AUH intern to his luckier counterpart, the U.S. intern :

1) The former is denied access to the M.D. degree before internship, and is thus forced to spend the internship on the terms of the AUB medical school, where internship is considered as one more academic year.
The latter receives the M.D. at the end of fourth year, scans the hundreds of available positions for internship, then takes his pick.

2) The former is not salaried despite all the services he offers to the AUH, while the latter can earn up to 10,000 dollars a year, enough to support himself handsomely.

3) The AUH intern is made to work 24/24 hours on one day, 12/24 hours the next i.e. an average of **18 unpaid hours a day**. The U.S. intern is on duty for one 24-hour period and off on the following 24 hours i.e. an average of **12 paid hours a day.**

   The contrast is almost incredible.

4) The AUH intern is actually a combination of doctor, nurse, lab technician, clerk, office-boy, orderly etc... He frequently finds himself performing more «undifferentiated» manual work that could be done by anyone, than the specialized functions that only a physician can handle.

   The U.S. intern, on the contrary, writes histories, exaines patients, and gives orders. He is undiverted by insignificant stints, and thus finds himself in a position to read more extensively, discuss more frequently, and, in general, gains a more superior experience in theoretical - clinical correlatives.

5) Certain specialities (psychiatry, basic sciences) no longer require an internship, thus hastening the process of specializations for some U.S. medical graduates. The AUH intern is of course denied this option at present because the M.D. is given only after spending the internship here.

There is no doubt whatsoever that the AUH interns are an **alarmingly underprivileged group**. They are preposterously over-worked and ridiculously underpaid (nothing...) Most of them mutter that they are being exploited, not educated. Their main disappointment, however, resides in the fact that although they are the hardest working, and the most vital medical force in the hospital, the interns are the least appreciated and compensated group.

That this has been the state of affairs of interns for the past 50 years is the least acceptable argument against introducing change. The present is hardly comparable with the recent, let alone the distant past. Subservience and submission to injustice is very much out of fashion these days, when concepts of rights and justice are suckled with the milk.

It is true that our University and particularly the medical school, is passing through unprecedented financial adversities. Yet, the hardworking interns should be the last to bear the brunt of that misfortune by being deprived of their basic rights.

Whether the M.D. is granted in 4th year or not, and whether the Lebanese government demands internship before the M.D. or not, it is only rational that the interns at AUH should be

a) Subjected to a less harassing pattern of duties within the hospital i.e. an average of 10-12 hours/day not 18 hours/day. The rest should be regarded as overtime.

b) Offered stipends that ensure their self-support and consolidate their individuality and self-respect as physicians.

c) Relieved of tasks unrelated to patient care and management, and redistributing the work to other medical and para-medical manpower.

d) Given more time to read enough to keep up to date (if that is ever possible) so as not to earn one's M.D. in 1972 with 1965 knowledge.

   Otherwise, one would slip hopelessly behind in this age of breath-taking transience.

Some interns have already thought of one method to circumvent lack of funds for interns' stipends : collect 20 L.L. from every private patient and 5 L.L. from every ward patient admitted to the hospital. This humble fee will be gladly paid by the patients since they are the best witnesses to the extent to which the intern serves them. The sum of these fees divided among the interns would certainly be a good start in the direction of attenuating the plight of the AUH interns.

Letters

Dear Dr. Nasrallah,

I don't know you personally but I came to know you through the MEDICUS vol. 10 No. November 1971 issue which was devoted (at least partly) to my dearest brother Kevork and sister Hripsimé, who really « Lived but briefly ».

The cover presentation is very original and the editorial poem reflects so much the truth that I keep on reading it again and again.

My parents and myself congratulate you for the work you have done and please accept our deep gratitude and appreciation. We also extend our thanks to all AUB and AUH staff and personnel for their sincere sympathy towards us. Our grief is partly relieved in view of the last tribute paid to them.

May God protect you all.

Sincerely yours
B. Andonian M.D.
Aleppo — Syria

To the Editor,

I read with abundant interest your article «An elective in Medical Care » which appeared in the last issue of Medicus. It made me reflect on the time when I was in my final year of residency in internal medicine at AUB considering a bend towards Community Medicine and Medical care research — I too had a similar set of «lifted eye brows» and «Gaped eyes» directed at me.

It is heartening though to see that current students of Medicine are realizing even earlier than their years of residency, the importance of Community Medicine. It still remains for the «eye-brow lifters» and « eye gapers » to dust their archaic look at this not spot in modern Medicine and bring themselves up to date. Their review of some of the great achievements of WHO might be a prudent start.

Nabil T. Nassar, M.D., MPH.

LETTERS TO THE EDITOR

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The M-D- in Fourth Year

Prepared by : ELIE KARAM
JACK TOMEY
NA'MAN SALIBI
SALIM WALJI
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HENRY NASRALLAH

I BACKGROUND

By Na'aman Salibi

The story of the M.D. degree at the end of four years in medical school started at the beginning of last year, when a group of medical students decided to find out why wasn't the degree granted as in other medical schools at the end of the sixth year of university training. The question raised had, undoubtedly, numerous inmplications. On the students' side it first meant that they would have the option of spending their year of intership in the place they choose (a right offered to all interns in the American system, though many of them prefer to stay in the same hospital where they had trained) provided they are accepted, of course. This however would not be in favor of the rather small number of AUB graduates who would not get a better place for internship anyway, and who would be competing with non-AUB graduates for positions in the internship program. (This last point assumes the remote possibility of having a large number of competing applicants from outside AUB with better - than - AUB standards.

On the medical school's side, granting the M.D. at the end of fourth year would have to be officially as well as academically acceptable. To be officially acceptable, the necessary governmental laws should recognize the AUB degree. This is of utmost importance and is supposed to be secured first. On the academic side the school's faculty and administration should feel deeply convinced that granting the M.D. at the end of four years in medical school does not in actuality collide with their wishes of training beyond fourth year. In other words, the faculty and administration should believe that (1) by the end of fourth year the student is adequately trained and (2) that then he should have the freedom to choose the place of internship. I believe that any reluctance on the part of the school to decide on the issue at hand, provided official governmental agreement is obtained, would reside in the lack of either one of the above premises.

If the case is that the students are not adequately trained by the end of fourth year, the program should then be remodelled to compare with its U.S. counterpart where the M.D. is granted at the end of four years of training *. If on the other hand the believe is that the students should not be free in picking the place for their internship, the underlying reason(s) may be obvious to some of us, but should be honestly declared to all by the administration itself.

Let us now survey what has been accomplished so far on both the official and the academic levels.

On May 3, 1971, the M.S.S. cabinet wrote a letter to the Minister of Education asking about the official stand of the ministry regarding the M.D. at the

قانون ٢٦ كانون الاول ١٩٤٦

ممارسة المهن الطبية في لبنان

المادة ١ ــ

المادة ٢ ــ يمنح الترخيص للاطباء الحائزين جميع المؤهلات والشروط الآتية :

اولا : الاطباء اللبنانيون على الطبيب

١ ــ ان يكون حاملا شهادة من جامعة حكومية او شهادة من جامعة تعترف بها الحكومة اللبنانية.

٢ ــ ان يكون حائزا القسم الثاني من شهادة البكالوريا اللبنانية او ما يعادلها على ان لا يطبق هذا الشرط فيما يتعلق بخريجي جامعات بيروت ودمشق الا اعتبارا من تاريخ اول ت ٢ سنة ١٩٣٩ وخاضعا لاحكام المرسوم الاشتراعي رقم ٦٥ الصادر بتاريخ ٥ ك٢ ١٩٣٣ والمعدل بقانون ١٣ ايار ١٩٣٦ . اما فيما يتعلق بخريجي الجامعات الاخرى فهذا الشرط لا يطبق على من كان منهم مقيدا اسمه في احدى تلك الجامعات قبل وضع هذا القانون موضع التنفيذ .

٣ ــ ان يكون قضى في الدرس مدة لا تقل عن خمس سنوات وفي التمرن مدة لا تقل عن سنة .

٤ ــ ان يكون اتم الرابعة والعشرين من عمره .

٥ ــ ان لا يكون محكوما عليه لجناية او جرم شائن (تزوير ، سرقة ، احتيال ، اساءة الائتمان وابتزاز الاموال والمس بالاخلاق والاداب العامة ...) .

٦ ــ ان ينجح في امتحان الكولوكيوم الذي تجريه وزارة التربية الوطنية . الخ ...

The Section of the Lebanese Constitution regarding the practice of medicine in Lebanon.

* The contents (but perhaps not the framework) of our Medical School's Curriculum, I believe, is at present of a calibre that compares with the best U.S. Medical Schools — Ed.

end of six years of university training. He replied on June 10, 1971 (see box) with the following conclusion «This ministry can see nothing that hinders the Medical School of the American University of Beirut from granting the M.D. degree on completing medical studies i.e. for Lebanese students six years after passing the Lebanese Bacc. part II or its equivalent».

With this document in hand, a committee of six medical students was formed to follow up the matter with the director of the medical school. In their first meeting with Dr. Nassif, the general impression was very encouraging. It was felt that official recognition was secured at least with regards the Lebanese students, but the issue had to be left in the hands of the Academic and Curriculum Committees as well as the faculty, and if approved by these, the next step would be an agreement by the Senate and finally the Board of Trustees. The matter, it was said, would take around six months to be finalized.

In a subsequent meeting with Dr. Nassif, it was further stated that the issue has been generally approved by the Academic and Curriculum Committees and that it will be taken to the General Faculty Meeting.

It was later learned that in the Faculty Meeting the issue was discussed. Some Faculty members were for it, others against it. It was settled that the matter should be further studied with the government to get further classification.

At the beginning of the current academic year Dr. Nassif met with the students to discuss current problems facing the school. He came across the issue and stated flatly that the matter was out of question for this year and that it would be further followed with the government. The problem, he said, was in interpreting the law (see box) which states that the M.D. should be granted at the end of five years of study and one year of training.

Since at present, we stay all in all five years in Medical School, the school has sold the government the idea that our last two years are 11-month each instead of nine, and therefore our first four years should be counted as five. In this way, we are officilly granted the M.D. by the end of fourth year, the two premedical years (in some cases there) being counted as part of a total of seven years (not counting the internship).

The ultimate resolution is said to rest now in the vagueness of the 3rd statement of the second item in the Lebanese Law on the practice of Medicine which states «One should have completed a period **of study** not less than five years, and in practice a period not less than one year».

بيروت في ١٠ حزيران ١٩٧١

وزارة التربية الوطنية والفنون الجميلة

جانب جمعية طلاب الطب في الجامعة الاميركية في بيروت

الموضوع : طلب الحصول على شهادة الطب في نهاية السنة الدراسية السادسة .

المرجع : كتاب جمعية طلاب الطب في الجامعة الاميركية في بيروت تاريخ ٣ ايار ١٩٧١ .

بالاشارة الى الموضوع والمرجع المذكورين اعلاه والمتعلق بطلب جمعية طلاب الطب في الجامعة الاميركية في بيروت الحصول على شهادة الطب في نهاية السنة الدراسية السادسة .

نفيدكم ما يلي :

ان الفقرة الثالثة من المادة الثانية من قانون ممارسة المهن الطبية في لبنان نصت ما يلي :

« ان يكون قضى في الدرس مدة لا تقل عن خمس سنوات وفي التمرين مدة لا تقل عن سنة » .

وبما انه تكون ، في ضوء المادة اعلاه ، مدة الدراسة المؤهلة لنيل الشهادة الجامعية في الطب خمس سنوات كحد ادنى وسنة تمرين ،

وبما انه يعود لكل جامعة ان تحدد عدد سنوات الدراسة والتمرين مع مراعاة الحد الادنى (ست سنوات) المؤهلة لنيل الشهادة الجامعية في الطب . هذه الشهادة التي لا تخول صاحبها بحد ذاتها حق ممارسة مهنة الطب على الاراضي اللبنانية ، بل تؤهله حق الاشتراك في امتحان الكولوكيوم

لذلك ،

ترى هذه الوزارة ان لا شيء يمنع كلية الطب في الجامعة الاميركية منح شهادة انهاء دروس جامعية في الطب اي دكتوراه في الطب للطلاب اللبنانيين الذين انهوا السنة السادسة من الدراسة بعد البكالوريا اللبنانية القسم الثاني ، او ما يعادلها .

وزير التربية الوطنية والفنون الجميلة
نجيب ابو حيدر

The Letter of the Minister of Education to the MSS Concerning the M.D. degree at the end of 4th year.

II PRESIDENT KIRKWOOD

Excerpts from remarks by President Kirkwood :

Question I :

What is your own opinion about this proposal ?
Answer :

My own training, of course, was in the four-year course, characteristic of the medical schools in the United States. Almost all students trained in the US have been under this system, for only two or three of the States formerly required the intership before the degree of MD. In the past the fifth year here has been in compliance with the Lebanese Law.

The reasons for projecting the four-year proposal must be considered. The degree at the end of the four-years' course does allow freedom to the graduate to choose his internship where he finds it most suitable to his particular interests. In the United States it is possible to move easily from one school to another hospital since the general type of curriculum is similar throughout the country. Elsewhere, especially among other countries, it is not quite as simple. Here at AUB, though the clinical and theoretical aspects of the medical teaching are combined from the early years of the program, the total teaching is conceived within the five year period. I n one sense, therefore, it would be easier to transfer elsewhere **after** rather than before the fifth year.

I know that there has been a change in the thinking of many medical educators recently about the value or even the necessity of the intership. This is based largely upon the feeling that the medical course is already too long and that adequate clinical experience can be introduced earlier in the program. But I am not sure this is correct. There is not real short-cut to adequate training and, as you have heard me say before, I think there is more to the proper training of a physician than science only. Medicine is a profession one has to grow into; it is not a matter of technical training alone. A year spent in obtaining a solid foundation is worth more than the same year in practice on an inadequate base. This is purely a personal opinion I am giving you.

While the question of internship is under consideration may I suggest that an equally pertinent question is to ask whether a straight internship would prove more beneficial than a rotating one.

Question II :

What stand would AUB take vis-à-vis this suggested change ?

Answer :

We have not come to any final decision on what our stand would be. We are not sure of the legality of such a change. At present some ambiguity exists in the interpretation of the law that has led to the five year course of medicine at AUB. This relates particularly to our concept of the premedical course, which differs from that held in other schools in the country.

From our experience in obtaining equivalence of our BA with the License it seems likely that the length of the course in years will be an important consideration. *

(* **Editor's Note :** According to an article on the «RECOGNITION OF AUB DEGREES», written by the University Registrar, Mr. Farid Fuleihan, in the Summer 1970 issue of al - Kulliyah, Mr. Fuleihan says that it was very difficult to obtain Lebanese Government's recognition of our BBA, BA and BS degrees as equivalent to the «License». This final recognition was only obtained in April 1969. The discussion had apparently revolved on the number of years rather than the contents of these degree programs).

The possibiliiy of granting the degree after the fifth year, but with that year taken elsewhere than at AUB also can be considered. But I think this would require an assurance of continuation of the same type of program as that at AUB. There is also the matter of many of our graduates seeking residencies abroad after their training here. We would be in a better position to recommend them after the ad-

ditional year of training in our hospital.

Nevertheless, this question is entirely valid and is one that should receive the most careful study. I am sure that the AUB program could be organized to either system.

Question III :

Would a degree granted at the end of the fourth year be any less meaningful for the outside public ?

Answer :

If the Government approves of such a change I am sure the public would accept it. Of course, proper explanations should be made to the public, for they must know that this new arrangement would still provide the high quality and standard of training that we have always followed. If we maintain our standard of pre-medical work and then provide a full four year well integrated program we would be within the pattern of American medical education.

III DR. ADEL AFIFI

Assis. Director of the AUB School of Medicine.

1. Personal opinion

In formulating an opinion, one has to examine the different factors involved in this issue. There are at least two major questions that need be answered in this context : The first is legal, the second is academic.

With regard to the legal question, article II section 3 of the Lebanese law on the practice of medicine stipulates that to practice medicine one should have completed five years of study and one year of internship. The law is not explicit on whether or not all the five years are to be spent is a school of medicine. As you know, at present our students spend two to three years in the school of Arts and Sciences and five years in the School of Medicine before receiving the M.D. degree.

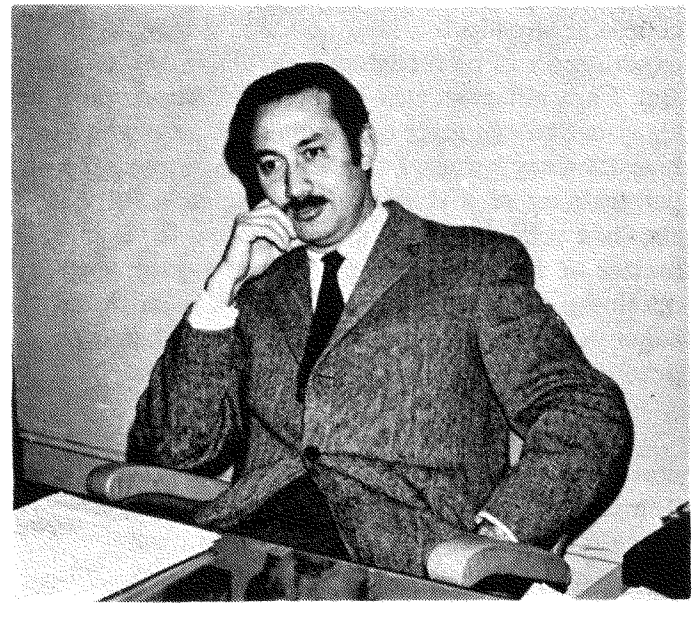
The Director of the school is trying to obtain an official interpretation of the law from the ministry of education. Furthermore, one has to consider the laws prevailing in the region, for this school trains doctors for Lebanon as well as the rest of the Middle East.

The academic question pertaining to this matter is whether or not our students are academically ready to graduate at the end of fourth year. The degree is given to them at the end of fifth year in order to conform with Lebanese law. Another aspect of this problem would be the possible effect of granting the degree at the end of fourth year on the brain drain or brain out flow in the region. It is generally believed that the longer a trainee stays in the U.S., the less the likelihood of his return for settling in his home country.

2 Do you think A.U.B. would be affected ?

The granting of the M.D. degree at the end of fourth year will undoubtedly encourage some students to seek internship abroad. This will result in a reduction in the number of interns at A.U.H. I believe, however, that this possible reduction in interns can be handled by the flexibility in assigning clinical responsibilities to residents and senior medical students and by taking more interns from the increasig number of non-A.U.B. graduates who are applying for internship.

It is my belief that students who plan to have



their residency at A.U.H. will stay here for internship. It is also my sincere hope that those who might seek internship abroad will be selective in their choice and will only seek training in reputable University hospitals.

3. The 3rd question has been alluded to above.

IV DR. JOHN MALAK

President of Medical Alumni Association, AUB.

1 Personal opinion

The information I have about the subject is not complete. My first reaction, however, when I first heard of the idea of giving the M.D. at the end of the fourth year was simply « why not ? » as it would cut down one year of the long student-years of medical education by permitting earlier seeking of specialized study. This is provided the faculty feel that the fourth yearer is fit knowledge-wise to receive his M.D.

2. Do you think this would affect A.U.B. in any respect ?

Certainly A.U.B. would be losing some of its interns who will seek internship or direct specialization abroad. However, this should be no reason or argument for the administration and faculty hindering them from granting the degree, at the end of fourth year. More properly, one should think of building up the university standards whereby people will not just flock away to the States, or anywhere else. This is, of course, quite ideal and limited by the resources at hand.

Yet, I would give a very important piece of advice for medical students : 'If you are going to come back after your residency and practice in this country, it would be much to your advantage to spend as much more time as you can here, in the environment you will face later as a practitioner, and this includes internship and residency.'

3. Do you foresee any effects on the area ?

I have not given this point enough thought and I am afraid I cannot answer.

V PÈRE MADET

«Chancelier» of the French Faculty of Medecine

1. It is unreasonable to require seven years at AUB to earn the M.D. However, the bulk of the blame is to be put on the «external forces». The Medical Student is more than well prepared at the end of four years at Medical School to pursue his particular speciality.

2. AUB has to face the problem of the surrounding countries. It is regrettable that the authorities concerned are not mature enough to accept changes. They believe that spending a greater number of years correlates with profiting from the Medical School. By no means should AUB stand silent before such beliefs in other countries.

3. The French Faculty of Medicine cannot reduce the number of years required for the M.D. because of its close attachments to Lyon. However, the Chancelier tried to give the local certificate to **Pharmacy** students at the end of four years and the Lyon's Certificate at the end of five years. However, the Minister of Education at that time refused the idea.

4. AUB should demand a frank statment from the Lebanese Government regarding this subjet.

5. The French Faculty of Medicine strongly supports AUB for its demands and is ready to offer all the help it can give.

VI DR. ANTOINE HENEIN

President of the order of physicians, Beirut.

Dr. Honein preferred not to give a personal opinion as this is going to be expressed as the opinion of the Order of Physicians, and said he will try his best to raise the questions at the next meeting of the cabinet. Apparently, however, the cabinet's schedule was quite overloaded (especially at this time of the year) that not enough time was left to discuss the matter.

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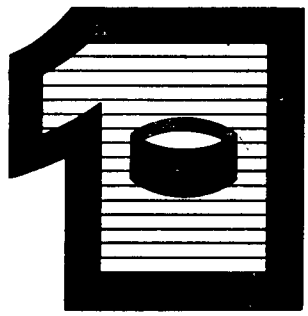

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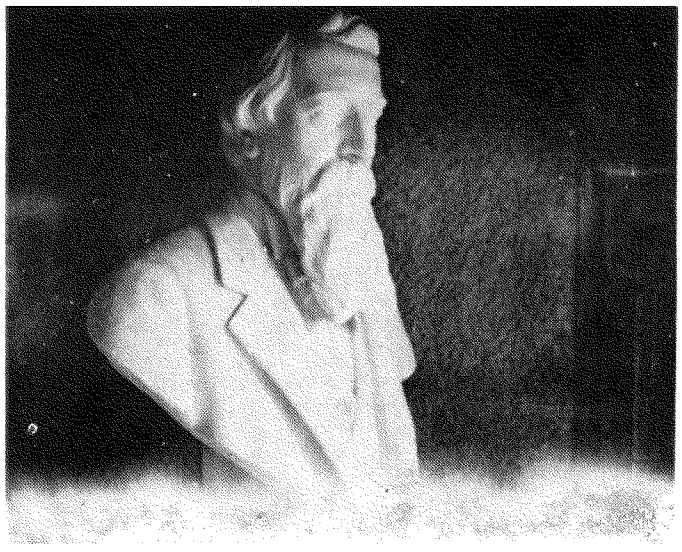


Dear Dr. Van Dyke :

A new class has now entered your premises, to occupy what others have vacated. Our invasion was probably long anticipated by you all, though to be frank, we have to this day received no formal invitations — neither from the Registrar's Office nor from you — to visit your great hermitage. But lack of such bureaucratic finesse did not depress us, neither before nor now, for the warm spirit in which we were welcomed has been more than comforting !

Our « new heritage », a heritage that we were told during the welcoming address, is as old as civilization, has inevitably come to imply certain changes for us, demanding corresponding adjustments. Our sudden removal from the midst of a busy and beautiful campus to an isolated periphery was perhaps the most dramatic change. Your mini medical empire certainly stands isolated and secluded from the greater AUB. But why the isolation ? One wonders if you had meant to provide a quiet place, where, sheltered from the corrupting influence of the throbbing Milk Bar, the swinging Nicely, or the inciting Speaker's Corner, the student doctors could work diligently to become great men and women. Probably you have succeeded, and succeeded so well ! But Dr. Dyke the unimaginative Artsies cannot think this way ! They believe rather that the demarcation has only spared them the embarrassment of having to mingle with a complexed pseudo-nobility.

For us making the trans-campus journey, there were other changes too. To start with, our eyes had to get accomodated to the glittering white gowns. Indeed, all that glittered now were white, bright gowns. True, we had seen them before, but now they had to be observed differently. The man behind it was no more a lab-technician but a man of status. Our attitude towards the gown, changed soon enough, and the change became total when we acquired a gown ourselves.

Those first days with you, Dr. Dyke were rather good. The pre-Medical battle had been over, and that alone was a sufficient reason to make life seem brighter. But our excitement ran high for other reasons also. We got introduced to anatomy, and during our sleep then, our dreams became more anatomical than romantic. We saw the cadavers, and the first sight of them on the dissection-table was really...! Indeed so excited we were that some of us felt compelled to ask a question, perhaps for the sake of it.

«Sir, is this a male or a female?», a voice from the crowd inquired. Our tutor looked up, half-confused, half-perplexed, knowing not what to answer. Thirty years of learning and experience momentarily seemed to have been in vain, but nay, the answer came soon then. «P-l-e-a-s-e, he is a female!» Wow!! There were broad smiles all around. And with this introduction, we began our dissection.

Initially it was the curiosity and excitement that propelled us on; later it was the advice (or the exams ?) that made us go on ! We were told — « P-l-e-a-s-e, your salvation lies on this dissection-table ! » Many stuck to the word too literally, and stopped feeling the need to go to church or mosque since then. But not all, as yet !

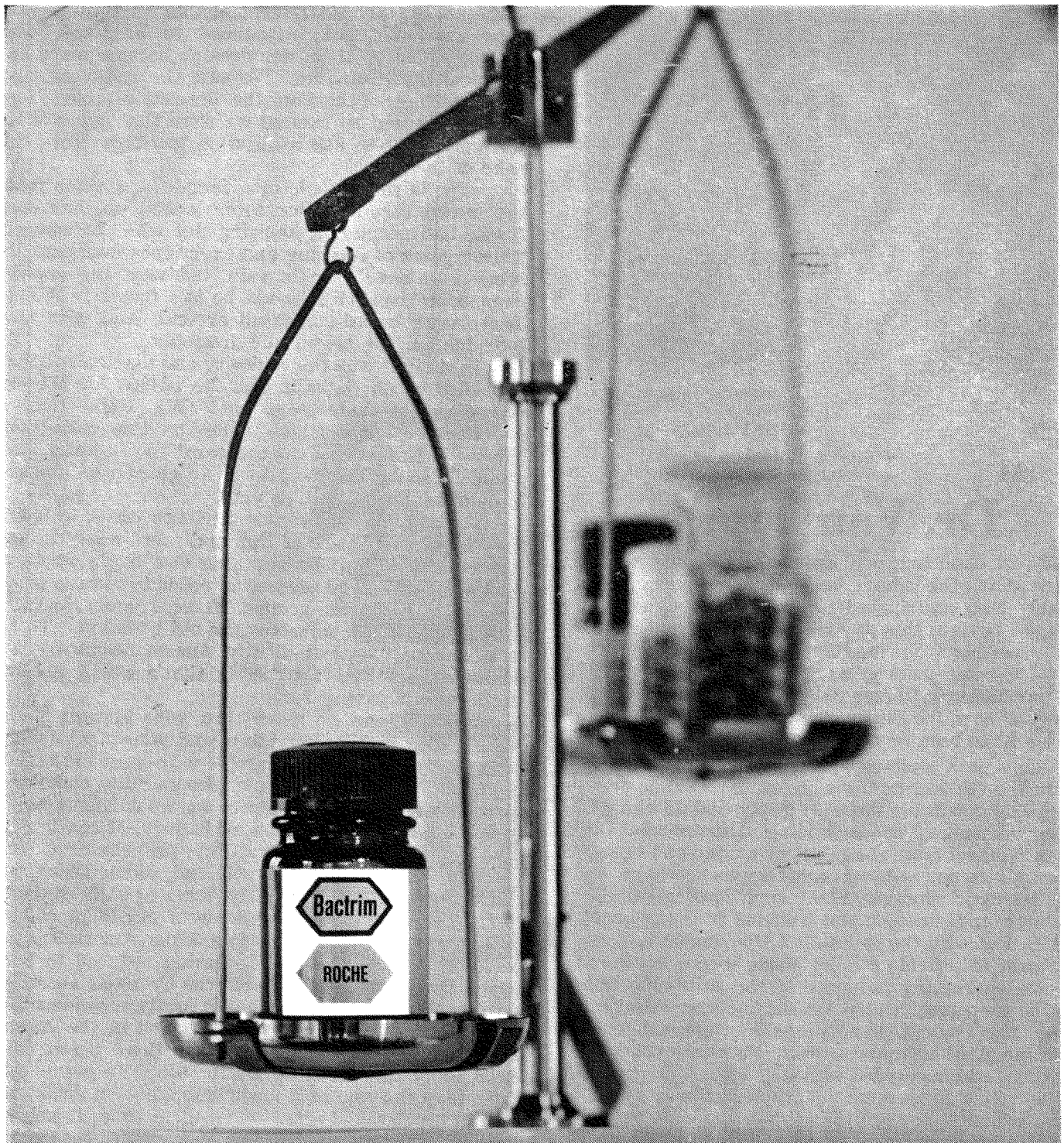
Academically, our new heritage came to set a very accelerated pace of life, and there wasn't much opportunity left to be anything else but a student. Many ties had to be severed in order to remain so — ties with societies, groups, friends and places ! Silently we asked ourselves the old question : To be or not to be ? — and silently, almost hesitantly, we consoled ourselves : anything that's worth obtaining is worth paying for.

Dr. Dyke as we move thru your ancient classrooms, your historic corridors, and your story-telling laboratories... and as we mingle with your old-standing counterparts with people who skilfully embody a distant past and a modern present, we suddenly begin to feel a sense of dedication, of history, of continuity.

We were told that first day, perhaps as a consolation, that our years will end sooner than we think. But how ? Will time fly faster or shall we have to fly a shorter distance ? Some of our older colleagues are already trying to follow the American system and get the five year program reduced to four years. **But in the States itself, the Carnegie Commission on Higher Education has recently recommended that the four years program followed in the American Medical Schools be reduced to three years.** Will AUB adopt this recommendation too ? To get adapted to play the role of a medicine-man — a medicine-man in its classical sense — requires time; it will be some time before we grow up and acquire the greatness in which history, society and science-fiction have tended to clothe the doctor. Nevertheless, going thru your corridors makes us remember a past, perhaps a noble past, and this remembrance helps us to recognize our mission, our inevitable responsibility.

Dr. Dyke, you already adressed us as doctors and colleagues when we entered your grounds as members of the 105th class. Thanks!! But now it remains for us to struggle and fulfill what these words mean !

Sincerely,
Salim Walji
Med. I



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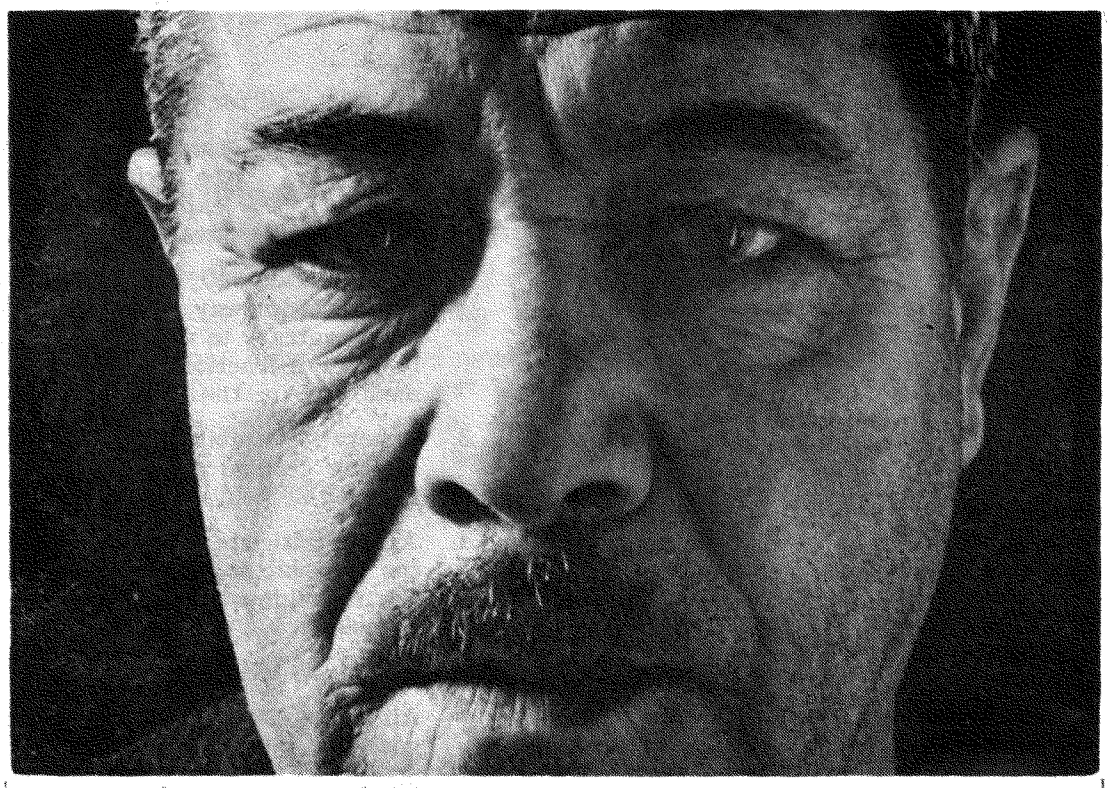

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MEDICAL STUDENTS SPEAK OUT ON THE MSS

During December last year a questionnaire was sent to all medical students whose results unfortunately, I could not get published for many considerations. The questions, as many may remember, dealt mainly with the evaluation of the systems of communication among medical students present in the medical school (including MEDICUS and MSS) and with future prospects of improvement of these systems. Below is a presentation of some of the results obtained. It is hoped that the staff of MEDICUS and the new MSS Cabinet in particular would get to know how the majority thinks and feels about the present situation.

The figures given below are from 100 filled and returned forms. All 5 classes were almost evenly represented.

I. 95% Dissatisfied

95% thought there was an extensive lack of communication among medical students of different classes, and 88% thought that having better systems of communication would help solving student problems in the medical school.

II. MEDICUS 96% Hope for improvement

1. Do you read MEDICUS ?
   - Fully — 37%
   - Partly — 45%
   - No — 18%
2. The role of MEDICUS has been
   - Poorly effective — 44%
   - Mildly effective — 52%
   - Strongly effective — 3%
3. A magazine like MEDICUS is entitled to have a role that is
   - Strong — 78%
   - Poor — 22%

4. Different opinions were exposed in criticizing MEDICUS and suggesting new means of development. A few extended their congratulations on the efforts exerted, and on the other extreme, were those who found MEDICUS a hopeless case. However, the suggestions for improvement were many and the few listed below were repeatedly conveyed by a great number :

Improve the Arabic section
More paramedical news and international topics
More of student life
Define policy as to material to be included
Better division of jobs
More variety of penholders.

III. M.S.S. 96% call for change

1. Change : 30% said MSS, as a system should be reviewed and re-evaluated.
   4% expressed satisfaction with available conditions.
2. Participation : 40% said they have not partipaticipated in any one of the M.S.S. activities (and contrary to what some may expect, only a small fraction of these were the new members viz. the first yearers).
3. General Assemblies : 83% agree to the idea of holding general assemblies and would like them to be held regularly.
4. Again, criticism and comments ranged from the very bitter to the very constructive. A few belonging to the first category are given below.

— Apathy — MSS x Student Body.

— All I know about MSS activities is through gossip.

— Show your presence.

— A radical change is necessary.

— The members of the vulnerable MSS should let themselves be known. They all seem to acquire extra energy at the time of elections and are literally intolerable during the year.

— In MSS what we need is not a president, a secretary, a treasurer, and members, but **leaders**, real leaders.

— Honestly, we need a better system.

— Impotent society, hoplessly impotent !

The 50 or so remark of the sort presented above seem difficult to interpret. How much is MSS really to blame and how much are **students**, one may not be able to tell. It is only that one would expect intelligent constructive remarks and active productive work from those really interested, and hopelessness and despair can be expected only in 2 circumstances. First from those apathetic individuals who have enjoyed arm-chair criticism and key-hole watching of what others were doing; and second, as an end stage of intensive efforts that turned out to be unproductive. I don't think it is the latter, as there is much to be done and the efforts yet exerted are by no means intensive.

On the other hand, some of the comments were good suggestions and, as in the case of MEDICUS, shared by many students — some of these were :

— Make MSS membership elective, because the fact that all medical students are ipsofacto members of MSS could be a factor in the rampant disinterest in the society.

— Let members have more contact with students. If a student wants to participate in something he should at least know where and when to go and who to get in touch with.

— Plan regular meetings, debates, lectures, seminars on non-medical topics like music, drugs, sex, politics.

— Plan more sports activities.

— Bridge the clinical-preclinical gap by more activities.

— Strengthen ties with other AUB faculties.

I have left to the end one most novel and most interesting suggesion namely, the establishment of an **MSS-LOUNGE.** It is impertative, one respondant said, that MSS obtains a big enough lounge in the hospital for students, where they can meet informally at any time of the day, relax, have a coke, enjoy music, read papers, discuss matters and just chat. Giving importance to discussions, debates and «plain talk» as another put it, is a little more intimate and straight forward means of communication than written pamphlets and well digested articles.

The idea seems attractive and the hope is that the MSS cabinet will take it into consideration and that it won't be long until we have it in our hospital.

It is realized, and with hope, that things have started to get on moving since last year both in MEDICUS and MSS realms that many of the points raised above have been initiated already as we have more and more of those aware of problems in committees and cabinets. On the other hand, it is also to be realized that what is to be done immense and the manpower needed is only to be complemented by the proper mode and frame of thinking and in all this the action should be as collective and as organized as possible.

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NURSING PAGE

IN DEFENSE OF NURSING

— What are you going to do after you take your Baccalaureate ?

— Nursing .

Eh — It's rather a difficult career, and it needs lots of courage. Will you be able to do it ?

That was the statement our neighbours said to me when they knew I was going to study nursing. A certain look of despise, mixed with concern for my future, was seen on their faces, as they looked with pity to the intelligent yet poor little creature who was going to study... nursing ! Wouldn't it be better for her if she would choose another career more suitable for her ? Wouldn't it be better if she would choose a secretarial job, rather than accept serving other people and working for their whims ? These were some of the ideas that my beloved neighbours rushed to fill my head with, so much concerned with my future.

I would like to ask them if it is of their business to plan for my future, to choose for me the best career, and... perhaps marry me with their ideal man. Second, I would like to tell them that their idea about the nursing profession may be altogether wrong.

I wouldn't say that all our neighbours reacted that way, no ! there were some who were considerate enough to hide their opinions, and other who approved me.

For all those who think that a nurse is a synonym for a maid, I would like to say that though they live in the 20th century, the era of progress and discoveries; their minds are still in the 18th century. Let them not pretend that they are up-to-date, since deep inside they are far behind the time they're living in. I can't imagine how a nurse could be like a maid, since so many lives depend on her, so manysick bodies search for her care, and so many depressed eyes look for her reassuring smile.

All those people who think so they search desperately for a nurse when they're in need of; because they know very well they can't do without her. A nurse is a very helpful person in teaching the community, preventing its downfall and caring for its diseased part, the nurse, together with the physician, is the basis for a healthy community.

For all those who think nursing an inferior career, I say, « please try to understand; shake yourselves from the dust of these old fashioned ideas, and face the future with a bright and understanding mind. Think about the importance of the nurse before you cast your judgement, and you'll be surprised to find that much will come of your thinking, in favor of the nursing profession. »

Grace Dokouzlian

A patient on infusions and NPO was grumbling for something more substantial. «But intravenous feeding isn't that bad» said the doctor,» 'it is just what you need. Now can I do anything else for you?» «Yes» snapped the patient, «join me for lunch.»

NURSE : «I gave the patient his lunch and he threw up»,

DOCTOR : «That's not unusual, considering the food in this Hospital. Try feeding him intravenously»,

NURSE : «I did, but his vein threw up».

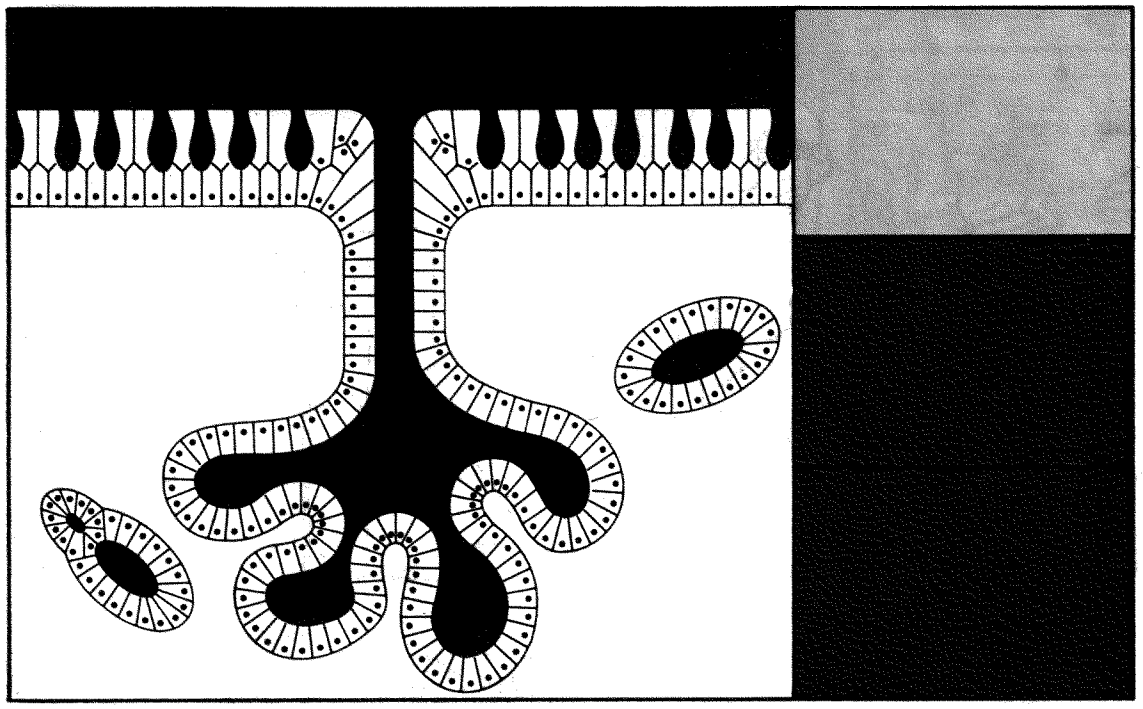
The hillbilly woman came into the hospital for a checkup. «Have you ever been x-rayed?» the nurse asked.

«Nope,» replied the woman, «but has been ultraviolated.»

He : «Before we get married, I'd like a sample.»

She : «Sorry, I can't give you any samples, but I'd be glad to give you several references.»

«Nurse Hopkins, the hospital is awarding you a special commendation for saving them a fortune in stimulants.»



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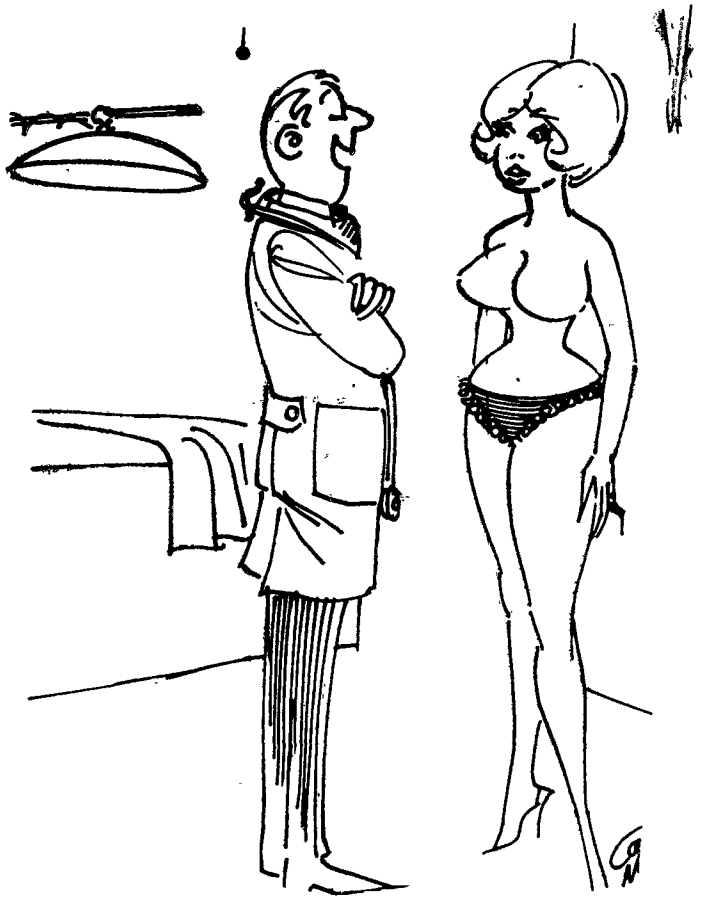
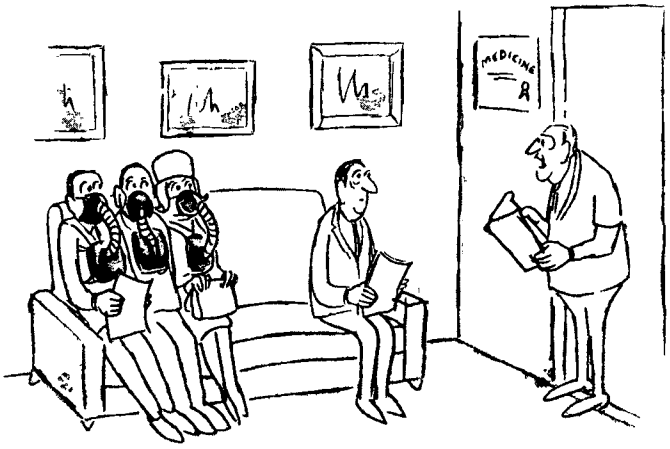


«After two misguided years as a nose and throat man, I decided general practice was more of a challenge».

«In a minute, Mister — in a minute».

«Suppose we have to operate — then what?»



«Which one of you has the breath problem?»

«Wouldn't it be more sanitary if Daddy slept in his own bed?»

«What do you mean you have to go to the bathroom, you just went yesterday.»

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Homosexuality : the Gay Phenomenon

By : Adlet Inati

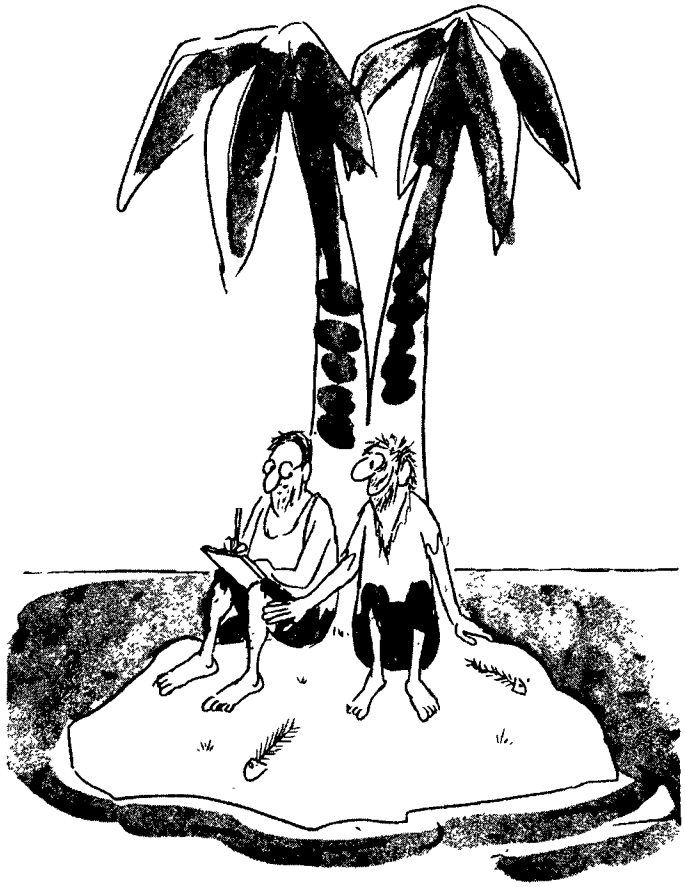
Contemporary societies are frequently confronted with disrupting realities when they appear compelled to accept ideas, attitudes or behavior that only a little earlier might have sounded a little too strange. As such changes begin to take place immoralists, psychiatrists and sociologists all alike, find themselves faced with the task of updating their conceptual judgements. The rest of the society, meanwhile, trying to keep up with the times, also begins to drag along, battling to reconcile with the newly accepted norms. Perhaps one more phenomenon now promises to shock us into accepting new definitions of the « Normal. » This is the « Gay » phenomenon, with the accompanying compaign that is being undertaken on a scale more momentous than ever before by the homosexuals, or more euphimistically called, the «Gay» members of our society.

Homosexuality, or indulgence between members of the same sex, is conceived of as a serious problem in this age especially that it is often no more regarded as a private secret and it has, particularly in the U.S., ridden itself of social and inner pressures. Homosexuals appear to have acquired greater confidence in themselves, as they begin to establish their real identity. Young homosexuals walk so proudly in the main cities of the U.S. now singing : « two, four, six, eight — Gay is just as good as straight. » Not far back, a homosexual dared not associate himself with the « Gay Liberation Movement » for fear of outright humiliation and social destruction.

Presently, in the U.S., the Gay Movement has begun to throb with greater militancy. The Gay activists have launched a war, not only against the government; but against the clergy, the psychologists, and every category of people who they feel still retain old out-dated concepts about homosexuality. There is not only an appeal but a demand now, and a demand not only for acceptance and the right to be treated equally with the « straight » members of society, but a demand for approval too.

The first Gay Liberation Front was founded in New York from where the movement began to take roots elsewhere such as in the military, where men found that their deviant sexual behavior could provide them with an excuse for leaving the service. Other members of the military were initiated to involve in such activities due to their sexual deprivation, and still others were homosexual before joining the military and are induced in their present plight to increase the rate of their deviance.

A recent estimate of homosexuals in U.S. is 4 million men and women : many of these, however, rather than be activits working for the « Liberation Movement » tend to hide their sexual nature. Most of the activists are young people, ranging in age from 16-30 who feel that they can never live in the shadows of a perpetually false identity just in order to appear « normal »; rather, they are determined to assert their gay life styles. The Gay liberation Movement helps its members emerge victoriously, to « come out » from the pangs of their conscience and have full conviction in their new path. But this is a quite difficult task, for the external resistance to such a type of deviance is too strong.



«It's our 254th day on this island without seeing another human being. Multon is beginning to be have rather strangely . . . »

Till the present period, the Gay Liberation movement has been successful with its young generation but not with the older members, for these are often hesitant to risk their well established statuses, and prefer to surround their true sexual nature secracy, and in many cases even to evil their deviance by superimposing on their homosexual activities the normal structure of married life : in a survey of homosexuality in Nederland (1969), it was found that 1.3% of married men and 2% of married women in that country are homosexual. Study of Gay prisoners and patients in Britain revealed that 20% were married. The incidence of homosexuality is probably higher than the available record on the married group shows : married males, young and old, who have social positions to maintain and who fear the possibility of their wives' discovery of their extramarital activities do not contribute to a research study. Younger males contribute fairly well to such a study. Hundreds of younger individuals report homosexual contracts with these older socially established married males.

Man might pose this question : why do homosexuals choose to enter the apparently conflicting situation of marriage ? the following are possibly actual reasons for such an unexpected marriage : Marriage is a conscious flight from homosexuality to conform to moralistic and puritancial values.

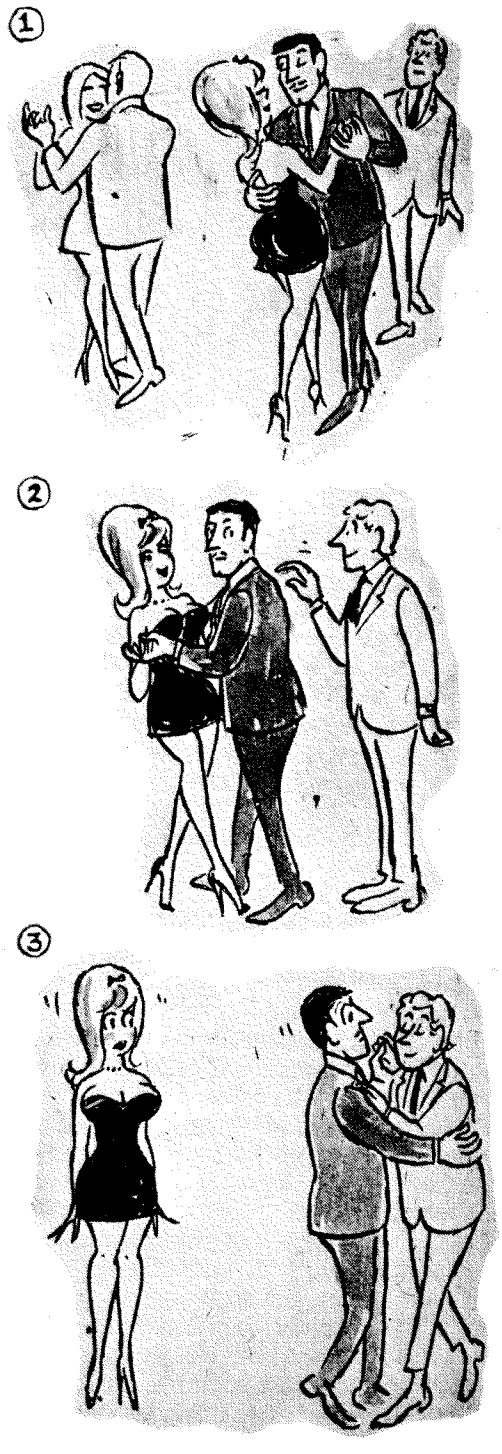
Society, on the other hand, is too strict in its judgement on such people that by national choice some homosexuals are pushed to realize the known familial goals of bearing and rasing of children. A female though not very frequent explanation for the heterosexual marriage of a homosexual is that the latter did not acknowledge his status until after marriage.

So on the whole, a large number of homosexuals find in marriage a variety of social advantages. Such a marriage is a precipitation type one : platonic, in which sexual activities are abandoned but outside family activities are retained, or innovative or double standard.

A final word : how should one judge this «queer» or gay behavior ? Are all people involved in such activities enjoying an inner peace as other might figure out ?

Definitely not; for when one's action is totally rejected by everybody save him, one then begins to question the validity of what he's doing, to be able to overcome this doubt is quite difficult and may leave one in an atmosphere of loss ambiguity, and uncertainty as to where he stands. Surely enough, many homosexuals are very unfortunate and would love to revert to their old self : «Gay is good, Gay is proud » says J. Millers a very known homosexual, « well, yes, I suppose. If I had been given a choice (but who is ?) I would prefer to have been straight. »

Can't we now feel that the shoutings of such people in public are cries of weakness that reflect their deepest agony as to how the world looks at them; and should we not believe that psychiatrists must go deep in studying the social, familial, and inner frame work of homosexuals, and the physiological aspect too ? M. Sidney Margolese, a Los Angelos Endocrinologist, found that in homosexuals the amount of androsterone in urine is less that that



of etiocholanolone (androsterone and etiocholanolone are two chemicals related to the male sex hormone : testosterone) which is contrary to the case in heterosexuals. This new finding, as yet, remains quite questionable and ambiguous; nevertheless, it paves the way for future research concerning the biochemical explanation of homosexuality.

Our minds should be wise enough to observe very carefully the deep roots of homosexuality which together with similar social problems threatens our social life, particularly our familial one. The world we're living in has taxed us with enough difficulties that we're in no more need of any others.

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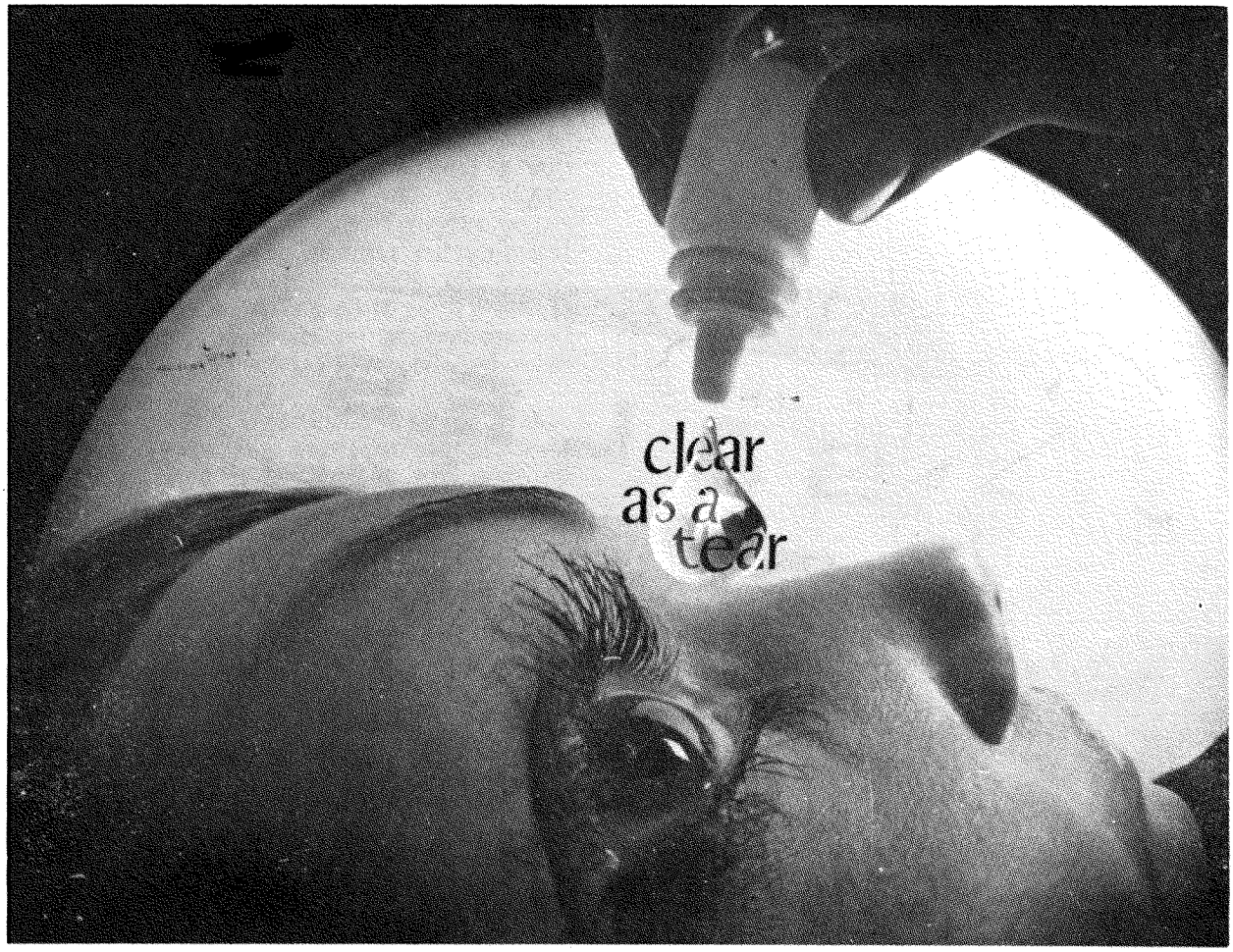

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3-72 DCD-71-PCH-7[illegible]

Pale Healers ...

By : Sidney Mir

In the scheduling of classes for the preclinical medical students and duties for those in the clinical years, perhaps a great error is being made year after year without us feeling it.

Recently, a friend of mine made a comment which to me seemed rather incongurous since in Lebanon we don't have Aemrican Indians, and it was only after great thought did I realize what he meant.

Perhaps it is the fault of the system which rules us : the system of details; so much of it that we forget the generalities, and we become blind to what is grossly visible.

We dig deep, and we dig blindly (all for a good cause I'm sure), but we often forget we are tearing our own fingernails off our fingers. We in this institution (I am referring to this hospital) are trying to salvage the sick and the unfortunate, and wonderfully enough, we often succeed in reducing the number of fall-outs from our community.

« How come you have so many — **Pale-Faces** Here ? » said my friend, looking quite sad at his own remark. I dared not smile, for he seemed rather genuine in his interrogative disposition. I obviously enough asked : « what do you mean exactly — I've often heard Indians on television and in the cinema refer to the white man as Pale-face — is that what you mean ? »

The contrast was so immediate it was baffling. He almost choked laughing. To my shame, I only now realize what he was alluding to. Anyhow, what is pertinent here, is a statement which was made by an intern on the obstetric ward the other day. After he had lunch, he walked into his room to get the list of patients who needed infusions, but it took him 15 minutes to find the light switch, because that intern's room lacked any opening beside the door; and it was pitch black.

Correct me if I'm wrong, but if I'm not mistaken, a couple of hours a week of sunlight allocated to medical students, (including interns and higher ups, if they think they are pale enough) would do wonders for their complexion, as well as for their out-of-condition state most of us are in.

My friend was not being metaphorical; he was merely stating a fact : that most of our doctors here (mostly third-yearers and up) are pale, sick-looking, and seemingly fragile. « I imagine if they jump the last stair of a staircase, they would fracture their spinal column. » I am almost inclined to believe him.

So, I propose, if it is agreeable to the rest of the medical students and other doctors who are pale, that the administration allocate 2 to 3 hours one afternoon, any afternoon of the week, for all who would like to go down to the football field and run around; play basket-ball; or even to just lie in the sun.

Physical Education is an essential entity, an integral part of any medical education; it is a must for us.

Announcement

In a long-range project, MEDICUS has designed a questionnaire te evaluate the services of the Medical Library. In the first part of this project questionnaires were distributed to all those who used the Library on a pre-assigned day. The second part will consist of distributing questionnaires to all faculty, residents and medical students.

The new acting Librarian Mrs. Leila Hanhan and the very active Library committee chaired by Dr. Afifi are introducing new changes to the Library this year. Awareness of the opinion of the people involved will certainly guide them to the right direction for modifications. Thus it is hoped that everyone will answer the questionnaire and give his frank opinion on the specific subjects discussed. Furthermore, any critisim and/or suggestions will be greatly appreciated and certainly taken into account for the new Library. The results of the questionnaire will be published in the coming issue of Medicus.

All questionnaires should be filled and sent to

MEDICUS Box 12 E AUMC.

Speed Freaks and Pot Smokers

By : Nizam Peerwani

A recent study conducted by Dr. Magnus Kilhbom of the Swedish Committee on International Health Relations in Stockholm indicated that amongst the 16-year old school-children, as many as 20-30% had experimented with illicit drugs in one form or another at least once. The most popular drug turned out to be hashish, a mood elevating, sensory distorting drug which through prolonged usage induces a moderate-to-strong psychic dependency. The study also elucidated that merely 5-10% had really taken in stimulants orally or intravenously. One other startling fact which was uncovered was that the drug use of this sort was confined mainly to densely populated urban areas and to groups that are socially and economically underprivileged.

Taking drugs is perhaps as old as man. Each generation inherited some form of weed to either chew or swallow or a potion that transforms feelings about reality. Old Gisor in Malraux's **Man's Fate** was a regular 'junkie', and he used opium to transcend reality. But this was a part of ritual and often formed a tie within certain strongly knit groups. However today, reasons for the consumption of drugs are vastly different. Perhaps some few individuals are 'speed freaks' or 'acid heads' out of mere curiosity, but the majority of them have become so as a consequence of a deep feeling of uncertainty; they have become increasingly aware of the impersonal world and of the growing problems of pollution and crowding which they are too helpless to abate.

It would be quite relevant to ask what is a 'drug' ? There is no one single definition since it all depends in what context this term is used; however, WHO prefers to define a drug as «any substance that, when taken into the living organism, may modify one or more of its functions ». Today in the markets, a huge variety of drugs are available legally or illegally but the government agencies in most cases are fighting to curb the use of those drugs which induce dependency. Drug dependency may be described as a state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterized behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects and sometimes to avoid the discombort of its absence. It is quite obvious that different drugs generate different types of feelings since their mode of action varies. The following table summarizes the characteristics of some of the common ones :

The wide usage of drugs and a close association between the drug addicts has given rise to a totally new lingo. For instance : Jane was merely a 'lush' (alcoholic) person and all her idle 'rapping' (talking) was to conceal the fact that she was a 'chicken' (unwilling to take risks). However, the 'straw boss' (foreman) saw her as a potential 'junkie' (narcotic user) and thus induced her by exposing her to a 'hot shot' (an overdose, intentially given). It wasn't long before she stoped being a 'cold turkey' (the stage where withdrawal without medical treatment is possible) and like others gradually became a 'speed freak' (amphetamine user), a 'pot smoker' (marihuana user) and even an 'acid head' (LSD user). She really had a 'monkey on her back' (the servitude of narcotics dependence). This lasted for a while until she took an OD (overdose of narcotics) and then she 'kicked the bucket' (R.I.P.).

Why take drugs ?

Say for instance, you are black and poor and your father never met you. Your idea of living a life isn't by schooling and besides, it bores you to death. What you are really seeking is status, the sort which the politicians or the pimps have. You see all around you, in the crowded miserable ghetto, violence, which makes you feel insecure — hardly a place to go around without friends, where drunks cluster the corners, men beat their wives and the 'pigs' who have been assigned to uphold the law are using opportunity to pay up their mortgage through bribes and other means. Hustling is a pretty good business. Your closest friends are your gang and they are closer than teachers, policemen (or rather 'pigs') or even your loving but so square mother. You are exposed to pot — it's fun, but it didn't really relieve the nagging hollowness within you. Then a friend turns you on to a smack. A little frightened, you poke some in under the skin of your arm. A pleasant glow spreads, and the noises and hostility of the street fade away. From here onwards, it is a straight road to the intravenous injection. After a few weeks, when the first sickness hits you as the heroin wears off, when you feel desperate about finding money or a contact for more drugs, you have arrived at your new status and everyone recognizes it! You are a DRUG ADDICT!!

DRUGS	MEDICAL USE	DEPENDENCE PHYSICAL	DEPENDENCE PSYCHIC	OTHER FACTS
Cocaine (from coca bush)	Anesthesia	No	Yes	Derived from the leaves of coca plant, it stimulates the CNS and produces toxic and euphoriant effects. The drug addicts often partake it intravenously.
Amphetamines	Treatment of narcolepsy and behavioural disorders	No	Yes	The produce mood elevation, elation and a sense of heightened awareness. Hence the psychic dependncy.
Cannabis (marijhuana, hashish)	None in modern medicine	Little if any	Yes	Cannabis sativah is the source of marihuana and hashish. Effects vary from anxiety, mood elevation, elation, hilarity, distortion of sensory (particularly visual) perception to delusion, paranoid ideas, depresonalization, etc. 'Bhang', 'ganja', 'charras' or 'kif' are all forms of cannabis. In India, 'bhang' is taken orally and is neither illegal nor socially unacceptable.
Narcotics (opium, heroin, morphine, codeine)	Relief of pain and cough	Yes	Yes	Drugs of the morphine type (narcotics) are derived in large part from opium, which is a coaggulated juice of the poppy plant, Papaver somniferum (L.) Its principal analgesic action is due to an alkoid called 'morphine' which can be converted to codeine, which is cough repressant. Heroin is readily made from morphine and is as widely used as opium. Narcotics can have both euphoriant and sedative effects and give relief from pain and aniexty or relief from excessive passivity.
LSD and the like	Essentially none	No	Yes	These are Known as hallucinogen type and include lysergide (LSD), dimethyl tryptamine (DMT), psilocybin, etc. Lysergide is a synthetic substance and is readily made from lysergic acid which occurs in ergot, a parasitic fungus that grows on rye. These are usually taken by those who have more than usual interest in artistic and intellectual pursuits, whether they excel in these fields or not is another question altogether, and by others for 'kicks' (changes in sensory perceptions, development of hallucination, etc.)

In this part of the world, the situation is far from being serious. The college kids are hardly aware what a drug is, or how it is taken; this is encouraging — however to maintain this, is a headache. In Swiss, for instance, the high cost of living and other factors all added up in protecting it from the influx of foreign elements, specially the 5-dollar-a-day-yankee-tourists. This was great, but not for long. Now a 'healthy' number of students have learnt the rules of this new game and it so happens that most of them come from the lower stratum of the society. It thus appears that as long as social injustice, group domination and racial segregation exists — and chances are very slim that they will cease to exists, no amount of precautionary measures enacted to curb the inflow of drugs will prove fruitful. Inevitably, the society will have to accept the acid heads and the speed freaks as it has the alcoholics and recently, the long-haired kids !

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That 1%...

By : George Zaytoun

There is definitely something special about being a doctor in Middle Eastern society. Doctors are considered as an outstanding category of individuals. Whenever a doctor is present at a social gathering, the news spreads and every one wants to meet him. Engineers, businessmen, even prominent politicians are considered « less interesting » than doctors. Why?

Doctors of medicine represent less than one percent of the total active population of any society, but so do engineers or lawyers whose profession may be as vital as that of a doctor. So scarsity in number is not the obvious reason.

Some say that someone who spends ten or twelve years of his life acquiring basic knowledge and training to practice a profession, whatever this profession may be, is entitled to the highest appreciation and respect he receives. There is an element of truth in this because of all other professions, medical training is the most demanding and lengthy of all.

Others view doctors as superior human beings with incomprehensible ability to discover the unseen, to concretize it, to offer relief from pain and to restore life where it is almost inexistent. Obviously this is magic though any responsible, well respected doctor will refuse to be called a witchdoctor. This image is present mostly in the fertile imagination of the layman and is one of the reasons the Middle Eastern layman considers doctors as superior Homo Sapiens.

The fact that doctor-patient relationship is the most intimate professional contact, seems to give the doctors their special cachet. No other professional contact can be termed as such. The patient, especially the Middle Eastern, finds in his doctor the best confident who can fully understand him and relieve him from his troubles be they psychological or physiological. I know of many persons who would not disclose any of their secrets except to a doctor; The doctor becomes « part of the family » and is treated as such.

It was once said : « The doctor gives the medicine, nature heals. » Although this statement does not give much tribute to doctors it certainly seems to give nature its right. It seems however to ignore the fact that if the doctor does not give the medicine, nature will not heal ! Anyway, what I want to get at is that the patient, and particularly the Middle Eastern, tends to ignore the second half of the statement, giving all the tribute to the doctor.

All of this may constitute up to ninety nine percent of the reasons why there is something special about being a doctor. But there is still this one percent about doctors that they and only they conceive of and know about, and which makes them so special and so different from others.

Mad Rals

Rashad Dindo

Did you know that rats can go mad ? Well, they certainly can. I remember one of the experiments on rat behaviour in mazes where one of the paths is interrupted by 2 doors of transparent glass. The left and right doors were opened in such a fashion that the left is kept opened until the rat learns that, then suddenly the left is closed and the right is opened. The poor rat ends up knocking itself flat on the glass. If this is continued for some time, with both doors open every now and then, the rat inevitably loses its marbles !

I had been quite amused by this experiment till lately. No longer. I have reasons to believe that there is some psychology student trying to earn his degree using AUB students who go to Jafet Library Reserve Reading Room as subjects (or should I say rats ?)

These days one can never predict which door is open, and in 50% of the times one is disappointed. This results in a considerable degree of frustration especially when the student going to the library is in a low mood (85% of the time).

My reduced amusement about the rats' experiment after the above experience reminds me of the well known Lebanese saying :

يلي بياكل العصي مش متل يلي بعدن !

The Hippocratic Oath Re-examined

Elias Nicola

Every day you hear of a new speciality, a subspeciality and a sub-subspeciality. They call it advance in science, aiming to reach the molecular level. Is this really what we need in this country ? Have we reached the level of computerized Medicine? What is happening to medicine so that every time a patient is admitted for gastro enteritis every lab sheet within reach is filled with requested tests ? If the same patient gets irritable, a neurologist is consulted. If he shoots a fever a bacteriologist is consulted. If he has 2-3 WBC in his urine a nephrologist is consulted. The cardiologist, endocrinologist and hematologist get their turns too. And since any disease can present with gastro enteritis the patient gets biopsied all over.

Is this twentieth century medicine ? In the past a physician used to stick to his patients day and night attempting to relieve every symptom, and following every progress or regress of his patients condition very carefully. Now we claim that such a method is primitive. Instead, we now walk around (ROUNDING) patients in clusters of specialists. The patient is delighted to see us around him believing that we are discussing his case, when actually each physician is boasting about « where I trained » and « where I come from ».

If medicine has reached this stage of science for its own sake, then forget about the Hippocratic oath.

medicus NEWSREEL

The MSS Cabinet 1971 - 1972

Sitting L R : **Faysal** Saksouk (member),
Safa Rifka (president),
Tarif Nsouli (Treasurer),
Amal Kurban M.D. (Advisor),
Mohammad Attar (secretary).

Standing L - : **Suhayl** Nasr (member),
Muhib Tarakji (vice president),
Varouj Altebarmakian (member),
Wa'el Muakkasah (first year representative).

THE MSS GENERAL ASSEMBLY

Those who did not attend the first general assembly on Dec. 6, missed an an important event because it was informative, well attended, and conducted in the proper spirit worthy of the MSS.

After an introductory speech by the MSS president Safa Rifka, the MSS treasurer submitted the report on the budget (a total of 13,371.68 L.L. including 8,000 L.L. of the Stanley Kerr scholarship fund). Following that, the committee chairmen took turns in discussing their projects with the audience.

ATHLETIC COMMITTEE

Rashid Baddurah presented a short account of the work of this committee, the first of which was a survey of the potentialities of the medical students in various sports. The next step was the formation of teams and arrangements for regular training under the supervision of professional coaches.

The Athletic Committee, continued Rashid, was also planning for the creation of new sports such as fencing, diving and horse-back riding. He then alluded to the victories achieved by our football team so far.

DRUG COMMITTEE

Chaired by As'ad Taha, this new Committee was created to help needy patients by providing free samples obtained from the various drug companies, as well as from the students' contribution as well. By a special arrangement, the medical students in OPD would prescribe the drugs available in the committee's stores.

SHOW COMMITTEE

The main object of this committee, said Chairman Joy-Ramzi Farah, was to provide money for the scholarship fund. He then explained that the show will take place on 5 consecutive night late in Feb. 1972, and will be accompanied by several fabulous surprises. Students were urged to participate in acting, stage work, music or communications.

ANNIVERSARY COMMITTEE

The anniversary this year will be on an «**extensive scale**», promised Gaby Hajj, and left the details to the wild imagination of the amused G.A. audience. Meetings are being held every Wednesday at 6:00 pm in the room adjacent to the A.V.R. The date of the anniversary will be around January 15, 1972.

JOURNAL COMMITTEE

Chairman Henry Nasrallah (the editor-in-chief of MEDICUS) urged all medical students to utilize MEDICUS to express their views and ventilate their ideas, MEDICUS, he explained, is a valuable medium for constructive criticism and a proper platform for a student - faculty dialogue.

EXCHANGE COMMITTEE

For all medical students interested in spending a couple of months in a medical school abroad, chairman Sami Hrawi announced the production of a special information booklet to be distributed to all medical students.

SOCIAL COMMITTEE

The chairman of this active committee Jaber Abbas, disclosed a packed agenda including acquintance parties (two have already been held with the ECW and NSS) excursions, a rally paper, and a grand ball. He also announced the foundation of bridge club.

GENERAL KNOWLEDGE COMMITTEE

Gaby Haddad, who has already organized a general Knowledge contest among the various classes in the medical school, announced that contests will be held at a monthly rate, the next in line being a confrontation between the students, Residents and Faculty in January.

SCIENTIFIC COMMITTEE

The chairman of this very active committee, Muhib Tarakji, armed with 34 zealous members, has injected new life into this committee (a merger of the scientific and medical education committees of last year). This was evident in its achievmeents so far and its schedule for the future.

Activities like film projections, field work, lecture series (on such topics as Sex, Medical ethics, history of medicine, EKG, X-Ray etc...) are a sample of the protean activities of this dynamic committee.

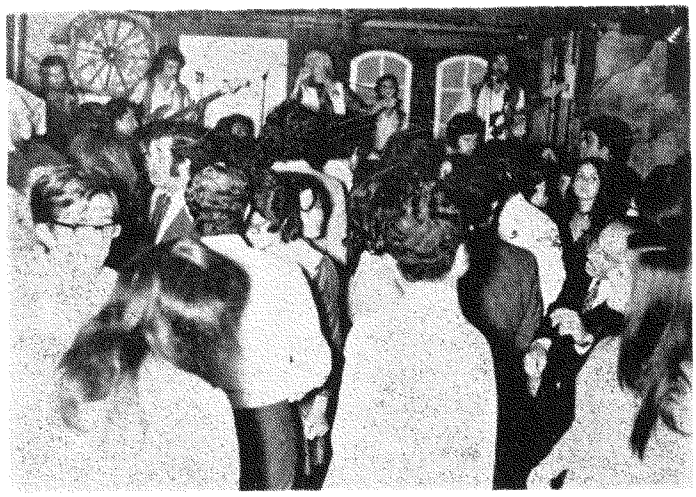
GENERAL EDUCATION COMMITTEE

This is a new committee chaired by Safa Rifka that plans to bring medical students in touch with non-medical topics such as politics, culture economics etc...

Finally, Dr. Adel Afifi took the stand, and expressed his satisfaction and happiness to see that the MSS was on its feet again and functioning like it should.

He then answered some questions about the M.D. after 4th year.

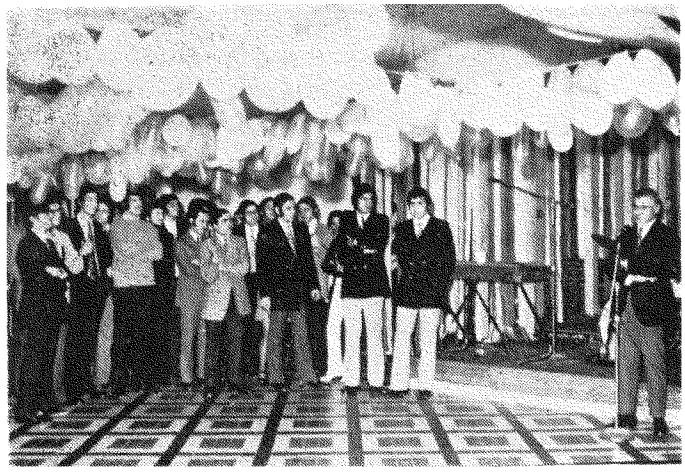
EVENTS



On November 26, 1971, the Medical Students' Society and the BCW held its annual party. It was preceded by an acquaintance gathering in the BCW following which all moved to the Reverbere nightclub where everybody vibrated and reverberated to the tunes of the «**Snoopy**» band.

Dr. Ramez Azoury, social committee advisor dropped in around 11 p.m. and joined the merry medics and their fair ladies in dancing, singing and drinking.

On December 11, 1971, the MSS - NSS acquaintance party took place in Mary Dodge Hall. The first year medicine and nursing students were given their school pins. The party could have been more successful had more nurses shown up. Nevertheless, many had a good time (at least stomach-wise...)



The General Knowledge Committee intiated its activities for this year with an inter-class contest on Dec. 4, 1971. Dr. Sami Sanjad was the quiz-master,

and he actually played a few classical and Pop musical questions on his harmonica. (He also proved to be a good candidat for this year's anniversary show...).

The event was heavily attended, but the audience could not refrain from cheating at some points, and booing aggressively the opponent teams. Their enthusiasm reached a climax when Dr. Sanjad announced a tie between the 2nd and 4th yearers and decided to ask 3 extra questions to declare a winner.

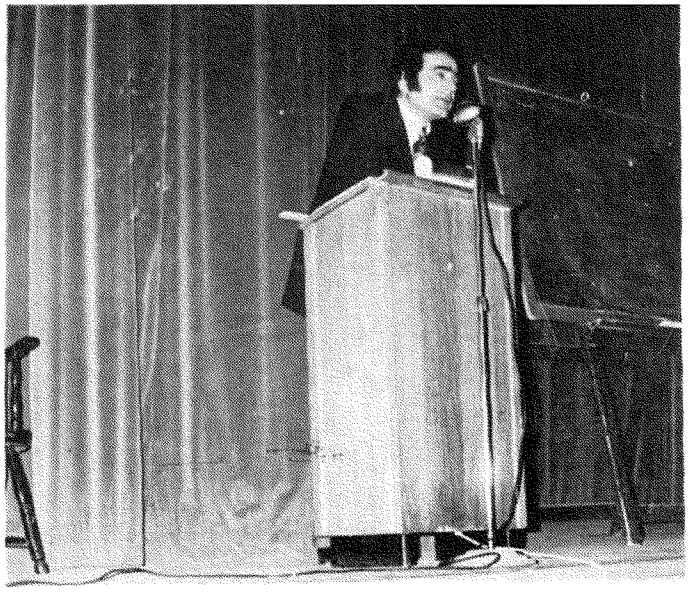
The contest was finally won by the 2nd yearers who were thunderously cheered, and lifted on the shoulders of their classmates.

Gaby Haddad, the chairman of the Committee announced that the next contest will take place between the faculty and students some time in January, 1972.

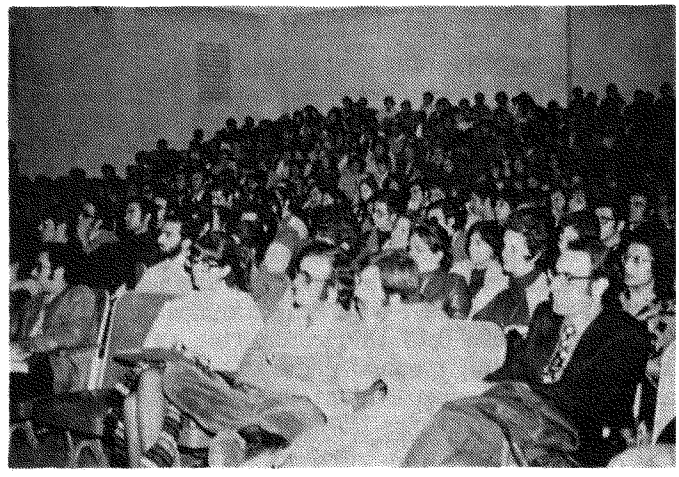
SEX EDUCATION

A series of lectures on Sex designed to enlighten AUB students is now being delivered in West hall auditorium at the rate of one lecture a week. The event is sponsored by the Medical Education Committee of the MSS, and is currently being met with full-house audiences.

The first lecture (Dec. 10, 1971) on the anatomy and physiology of the male and fenale sex organs was given by Dr. Ramez Azoury who inevitably



sprinkled the scientific discussion with his notorious wit. So successful was this first lecture that the second one, held one week later was even more successful and was delivered to a packed auditorium. The topic was about the physiology of intercourse.



In both lectures, questions were asked by the audience which reflected such ignorance that it became our conviction that a course in Sex Education should be started at AUB.

The Third lecture about Pregnancy and its problems was given by Dr. George Iskandar. The rest of **the lectures** and their dates are :

Contraception (Dr. G. Iskandar)

Menstruation (Dr. G. Iskandar)

Common diseases of sex organs (Dr. R. Azoury)
Social aspects of sex (Dr. S. Khalaf)

Psychology of sex and some common sexual deviations (Dr. F. Antoun)

Ethical aspects of sex (Mr. R. Najemy)

Panel discussion.

FILM DROJECTIONS

The first scientific film projection arranged by the Scientific Committee took place in the A.V. Room on December 1st. 1971. A large number of Medical Students, nurses and others showed up.

The three films projected covered such important topics as **the diagnosis of congenital heart diseases** and **genetic mutations.**

The generous buffet and refreshments were also quite a success.

The films and the delectable delicacies were all offered by the **GEIGY** Pharmaceutical Company.

On Tuesday December 21, 1971 a film on «Depression» was projected by the Scientific Committee in the A. V. Room, followed by a discussion by two Psychiatrists : Dr. Vahé Puzantian and Dr. Fuad Antun.

The Sponsor was lakeside Pharmaceutical company.

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Sport Section

The Athletic Committee is having regular weekly meeting on Monday, 6:00 pm., room 540, AUMC, phase II.

The committee is composed of :

Rashid Baddurah	Chairman
Patrick Hitchon	Co-chairman
Mustapha Sidani	
Kamal Hamoud	
Walid Salamoun	

Weekly training sessions, with highly qualified coaches are offered to all medical students :

Volley ball : Every Tuesday at 8:00 pm., in the new closed court (Engineering alumni).

Basketball : Every Thursday : same place and time

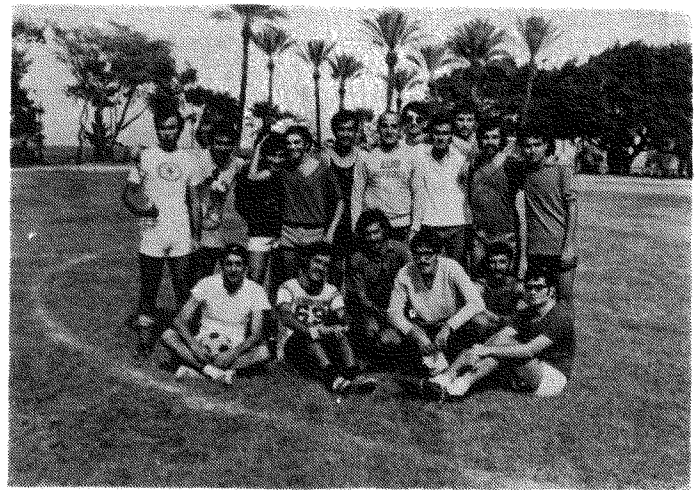
Football : Every Saturday at 1:30 pm. Football field.

At the same time, weekly training sessions in Tennis, Badmington and Ping Pong are also taking place.

Any student interested in learning improving or mastering any of the above sports is most welcome at these weekly practices.

The Athletic Committee, in its new approach this year towards sports promotion, has divided its program into 3 phases.

The first phase, which extends till Dec. 31, includes screening of all the potentialities, organization, selection and formation of the various teams, setting up obligatory weekly training sessions under

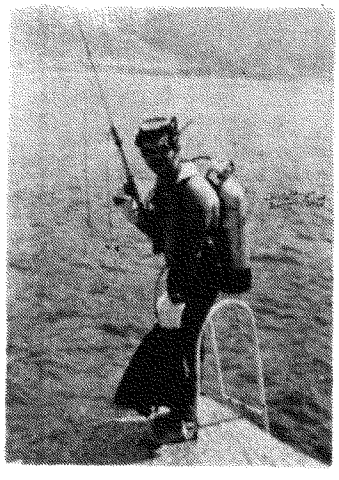


the supervision of qualified coaches and captains, and finally assessment of what can be actualized.

During the second phase, while training and better sharpening of the teams will still be taking place very regularly, more care will be given to individual rather than group sports. This part of the program will appeal to the majority of the student body, ie those not interested in any of the group sports organized during phase I. Here stress will be specially directed on swimming — The program will cover beginners as well as first class swimmers and will be closed by a Life Saving class leading to Life Saver Diploma. There are also possibilities for starting new sports such as fencing (swordsmanship) scuba-diving, yoga, skeet shooting and archery.

In phase III, which starts with spring, emphasis will be put on games and tournaments. These will take place weekly, and very big efforts will be invested to have the biggest number of people participating.

SCUBA

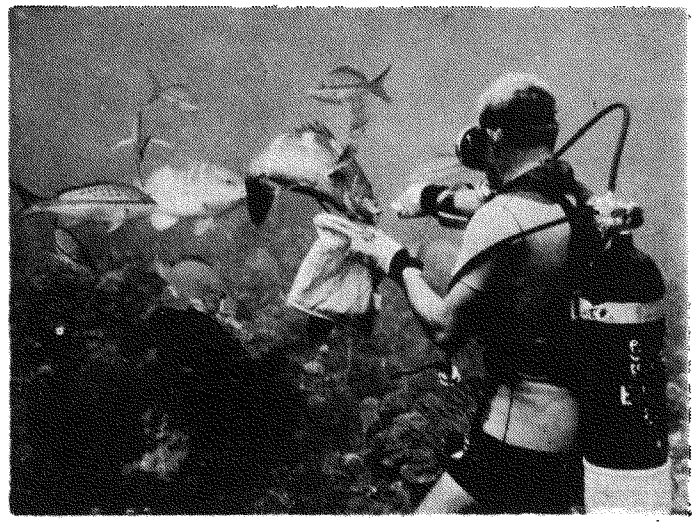


By : Rashid Baddura

It is said that Alexander the Great himself cried furiously when he realised how powerless he was to conquer the underwater world. 23 centuries later, we still have many reasons to cry, for while the moon has been defeated, and while mount Everest has been subdued, the sea is still defying us. The smallest information from the sea costs a lot, sometimes a life. Water no matter how tempting, is not man's best environment; it fights him fiercely with cold, pressure, obscurity and storms.

Nevertheless man has still been able to enter the sea, and the last 50 years, has marked many victories over the marine element.

The Self-Contained - Underwater - Breathing - Apparatus (SCUBA) is the one most used today for diving. Complete autonomy is given to the divers who can reach safely depths of 50 meters with ordi-



nary compressed air or even more if helium is substituted for nitrogen, thus preventing nitrogen narcosis. This phenomena is due to the anesthetic like action of nitrogen breathed under high pressure, the effects being comparable to alcoholic intoxication, every 15 meters of additional depth being approximately equivalent to one dry Martini assuming the stomach to be empty Illustrating this fact are the many stories on « euphoric drowning » of divers, who, at low depths, behave like drunk people, some offering their air hose to nearby fishes, others having their air supply tube cut off because « it was getting in the way something awful » (no need to add that this « awful thing » was the air they were breathing).

Another problem encountered also in SCUBA diving is the decompression sickness. When the body is exposed to a positive pressure of Nitrogen, considerable amount of that gas will go into solution in blood and tissues. As long as the body remains exposed to elevated ambient pressure. gases taken up this way will remain in solution. When the pressure is reduced while ascending, all the dissolved gas is unloaded and bubbles in the blood and tissues, causing air embolism. In bringing up a diver, the idea is to prevent the degree of saturation from becoming great enough to cause bubbles. The guide for managing this is the decompression table; its specified stops and the prescribed rate of ascent give time for enough gas to escape through the lungs to prevent bubbles.

Because of these as well as other physiological or medical problems, diving makes unusual demands on the participant both physically and psychologically.

A diver should not necessarily be a superathlete or a son of Neptune, but one of the primary considerations is that diving involves heavy exertion. Moreover, even the best breathing apparatus increases the work of breathing, and this adds to the exertion. An absolute physical requirement also is the ability of the middle ear and sinuses to equalize pressure changes. Emotional stability and endurance capacity to all forms of stress is a must. In the « dangerous » environment around him, the diver must gradually learn to suppress feelings of fear or insecurity; he must be mature calm and courageous enough to offer immediate assistance to his buddy under all conditions while maintaining self-control and a sound and fast judgment capacity.

All these are not meant however to show that diving is limited to a small gifted percentage of the population. With a healthy motivation (and not just a neurotic desire for achievement), and with a good health wishes, almost any good swimmer can become, if he a Scuba diver. But this necessitates serious schooling, both theoretical and practical, test-passing, and solid perseverance A.U.B. has now its Diving Group, led by the very active Suham Sidani; It is oriented mainly towards **biological research**. Other fields in diving involve **photography, archeology and spearfishing**. Gratifying **visual rewards** from the enchanted sceneries are immense. Despite all this, many people still ask : «But why the hell do you want to go into the sea ? » For them, this question will always remain an enigma « why do you insist on climbing Mount Everest ? » Mallory was once asked. « Because it is there » he simply replied. There is no better answer.

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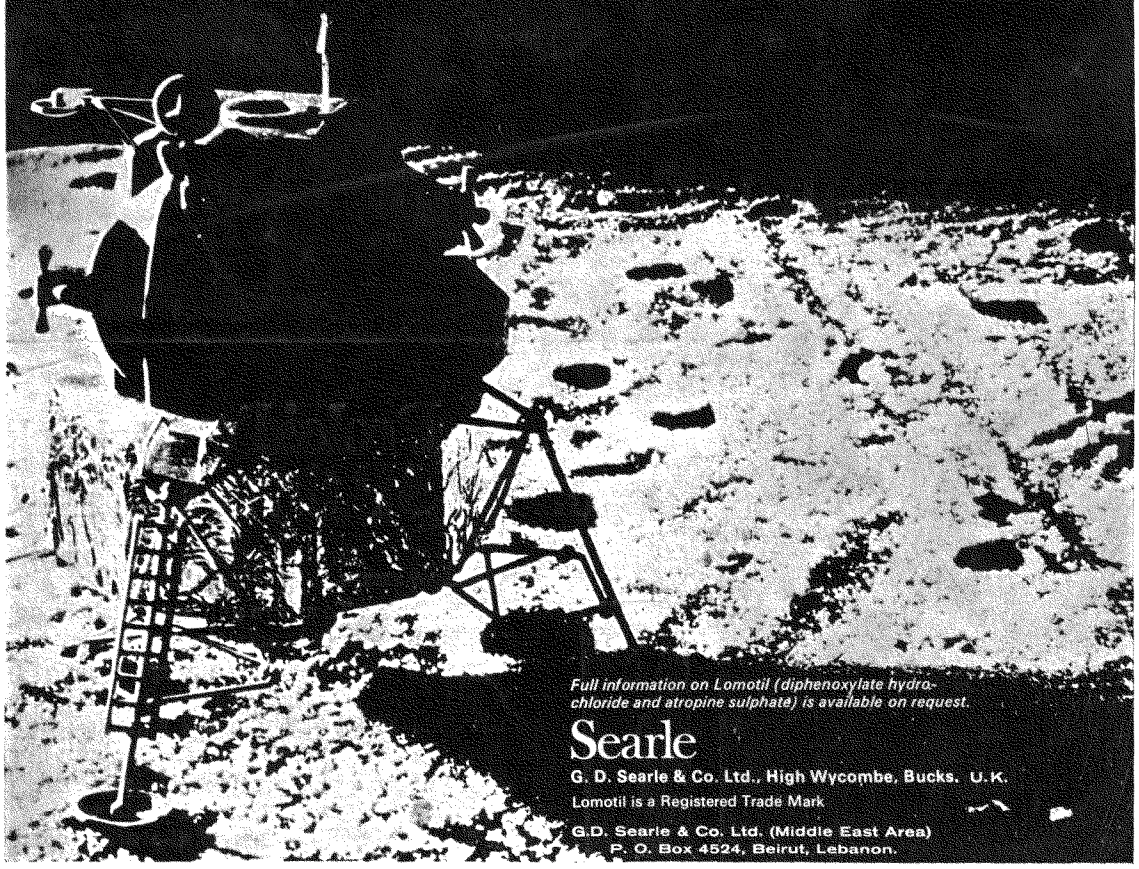

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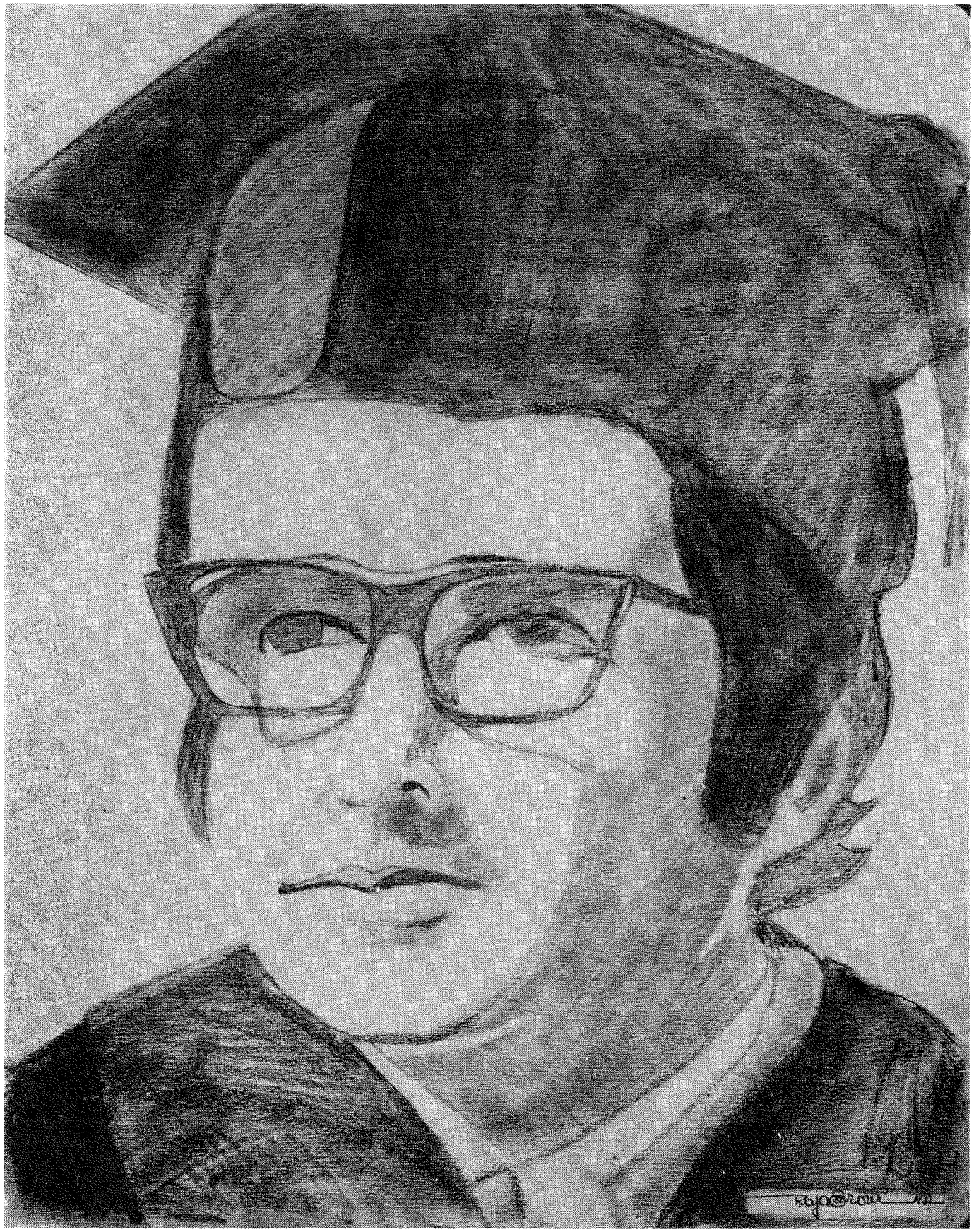
Vol. 10 - No. 3 April 1972



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Vol. 10 **No. 3** **April 1972**

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COVER

Dr. John Abi-Hashem (1947-1972) who was tragically killed in a car accident on Friday February 25, 1972.

(Cover drawing by Dr. Raja Srour)

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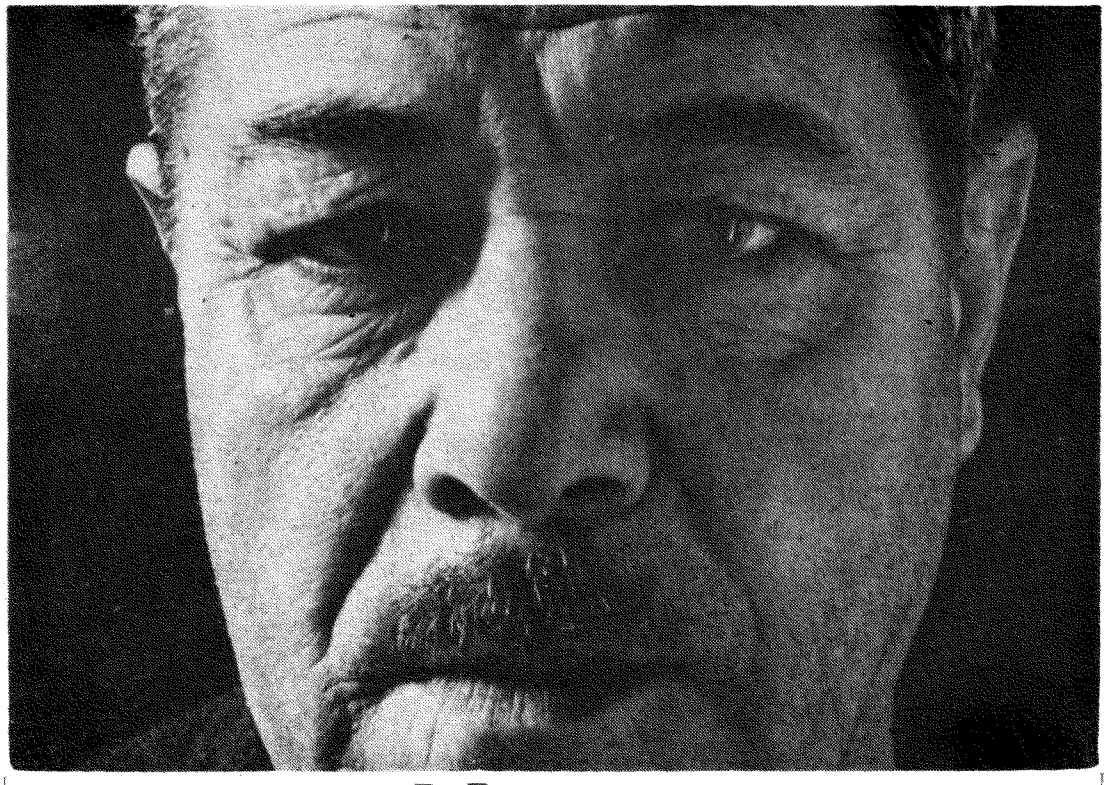
OUR MOTTO : «I DISAPPROVE OF WHAT YOU SAY BUT I WILL DEFEND TO DEATH YOUR RIGHT TO SAY IT».



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EDITORIAL

. . . . He is not dead
He doth not sleep —
He hath awakened from
The dream of life.

Percy Bysshe Shelly
Adonais XXXIX

A MONODY FOR JOHN

October's wounds
Were gaping still,
On that February eve,
When Fate, its mission
To fulfill
Struck John
OUR John
Then left us all to grieve.

His four and twenty years
He had
In toil and learning spent
He cured the ill
Relieved the pain
And death he did prevent

But then
As he
Reached out to reap
The fruits
Of that long strife,
His soul was plucked
And failed to reap
The promises of life.

Let Death be not so arrogant
That John
Rests in his shade
His name shall stay
Within our hearts
His smiling face
Shall never fade.

Henry Nasrallah
EDITOR-IN-CHIEF

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MEDICUS INTERVIEWS

Dr. ALFRED DIAB

By Henry Nasrallah

He is one of those rare men who has become a living legend at the AUMC : revered, honored, and loved by all those who know him well. For those who only feel his powers everywhere, he is the master, a pear some lord, a mighty figure.

In an effort to bring the readers of MEDICUS closer to this great man, we have obtained from Dr. Diab an exclusive interview. As one will feel at the end of this interview, Dr. Diab proved to be most of a humanistic physician and a fatherly teacher than any other image ascribed to him.

MEDICUS : During what years were you a medical student and where did you receive your M.D. ?

DR. DIAB : I was a medical student between the years 1927 - 1932 at A.U.B. To receive an M.D. in my days one had to do freshman and sophomore then five years (including internship) in the medical school. So that means a total of 7 years after the high school or one year less than nowadays.

MEDICUS : How did you choose EENT for a specialty ?

DR. DIAB : By accident ! My original choice was OBS-GYN, however, I applied to surgery for which there was tough competition at that time.

Then one day, while I was doing my internship rotation in Asfourieh, the chairman of the EENT department at the time Dr. Webster called for me to see him. He told me that he had

dismissed the EENT resident because of neglecting his duty and almost endangering the life of an epistaxis case by failing to come to his rescue. He then informed me that since I had the highest grade in EENT among my class-mates, he was offering me the position of the dismissed resident in the EENT department.

Owing to the tough competition for surgery, and since EENT was a surgical speciality, I accepted the offer.

I CHOOSE EENT BY ACCIDENT !

(Dr. Jidijian and Dr. Ghantous were four years ahead of Dr. Diab).

I spent 3 years here, 1 year at Hopkins and 1 year at the Presbyterian.

MEDICUS : Who were your teachers in the various department ?

DR. DIAB : In **Medicine**; Dr. Yennikomeshian and in **Pediatrics**; in **Surgery**; Dr. Cruikshank and Dr. Sami Haddad; in **OBS-GYN** : Dr. Doorman; in Pediatrics Dr. Moore; in **EENT** : Dr. Webter; in **Psychiatry** Dr. Watson. The dean was Dr. Ward, and the AUB President was Dodge (later followed by Penrose, Leonard, Burns and Kirkwood).

The Anesthesia in those days was given by a graduate nurse.

MEDICUS : What extra curricular activities did you participate in while a student ?

DR. DIAB : The Student Union (The equivalent of today's MSS), the Brotherhood Society, Ushering (I was the head Usher). I was also a founding member of the Village Welfare Society, and the Captain of the baskestball team.

MEDICUS : What is your favorate sport at present ?

DR DIAB : **Work and Service** ! Actually, I used to play tennis often, but stopped that around twenty-year ago because of visual difficulty following Keratitis in my right eye.

MEDICUS : What music do you prefer ?

DR. LIAB : Light music. Neither the Pop nor the severe classical music composer that I especially prefer.

MEDICUS : What foods do you like ?

DR. DIAB : I enjoy whatever is offered to me during a meal. I was never fastidious about food, a trait that I probably acquired during the long period of years I spent at boarding schools (from the age of 7 years till marriage). My wife finds this as an asset. That makes life easier for her !

MEDICUS : Do you go to movies or to the theatre ?

DR. DIAB : Rarely. I only go to those that are held for charity purposes such as the MSS, YMCA, Alumni etc... I have no time to do that more often.

MEDICUS : Do you watch television programs ?

DR. DIAB : Almost never. I have no time for that.

MEDICUS : Do you have any hobbies ?

DR. DIAB : Yes, I used to collect stamps and I still do so although I give them little time. I also have a large and valuable collection of rosaries. However, I disapprove of doctors who hold it in hospital rooms and corridors because it is discordant with the image of the efficient physician.

MEDICUS : Do you smoke ? How did you start the habit, do you approve of it and how many cigarettes do you consume daily ?

DR. DIAB : Yes I smoke, but only in private, and never in public. I started smoking during my first year medicine when we were advised to smoke in order to offset the formalin odour of the cadaver. No one had the least notion of its harm those days.

I urge all smokers to stop as soon as possible. Personally, I smoke no more than 10 cigarettes a day.

MEDICUS : How religious are you ?

DR. DIAB : I do not go to church regularly. Actually, I come to the **Hospital** on Sunday morning.

I follow the motto that says :

Prayer is Worship,
Fasting is endurance,
Religion is the attitude towards your fellow man.

MEDICUS : What kind of non-medical books do you like to read usually ?

DR. DIAB : I have not read a whole book in 25 years I only read articles - both medical and non medical.

I also read to get informed such as daily newspapers, the Reader's digest, as Time, Newsweek, Magazine, as well as several Arabic weeklies such as Al-Hawadess and Al-Isbou' Al-Arabi. I cannot afford time for more than that.

I WAS CAPTAIN OF THE BASKETBALL TEAM

MEDICUS : Have you written any poetry in your life ?

DR. DIAB : Never ! I am not a sentimental fool...

MEDICUS : What is your favourite proverb ?

DR. DIAB : I have two in mind :

1) If a man does only what is required of him, he is a slave. The moment he does more, he is a free man.
2) Coming together is a beginning; keeping together is progress; working together is success.

MEDICUS : How do you divide your time among your various capacities such as administration, teaching, clinical work, hospital supervision and other committments ?

DR. DIAB : About 40% of my time goes to medical work (private clinic and teaching) and 60% to administration and other activities such as :

— The YMCA (Board of directors),
— The Alumni Council,
— Lebanese Society for the blind (founding member),
— Lebanese Society for the deaf (founding mebre),
— American College of Surgeons (ex-President),
— International College of Surgeons (ex-President),
— Lebanese Otolaryngological Society (President),
— Alpha Omega Alpha - Lebanese Chapter Councillor,
— Member of the AUB Senate,
— Chief of Staff of the AUMC,
— Chairman of the Clinical Committee,
— Professor of Ophthalmology and Otolaryngology,
— Chairman of the EENT Department.
— Member of the Coordination Committee of the Faculty of Medical Sciences.

And as you can see, my time is completely dedicated to service. I took my M.D. to serve.

MY HOBBIES : COLLECTING STAMPS AND ROSARIES

MEDICUS : Do you approve of pre-marital sexual activity by both sexes, one of them or neither ?

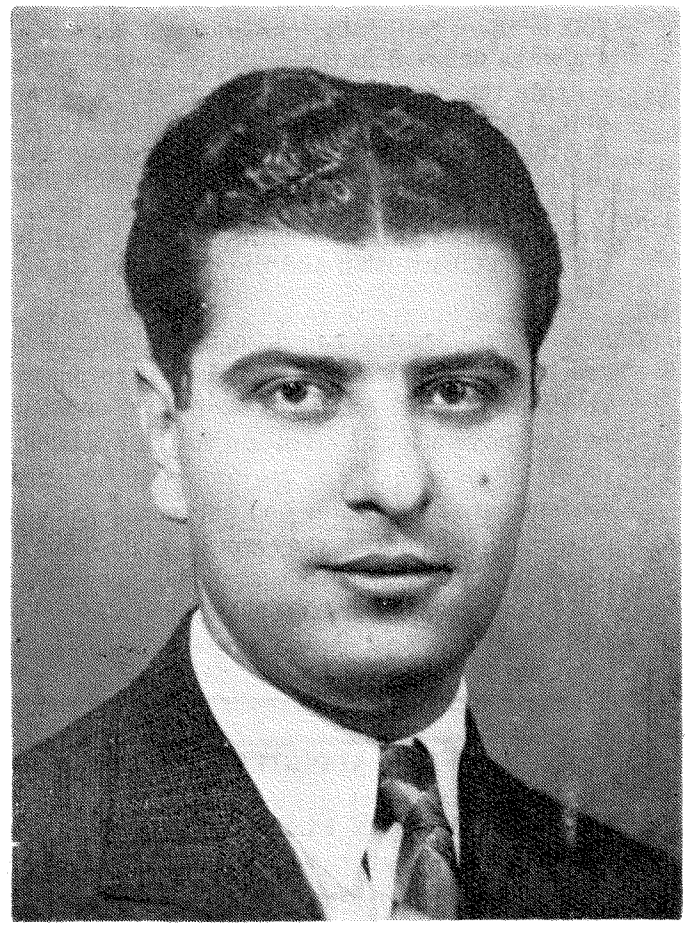
DR. DIAB : I am an old fashioned fellow who believes that suppression is better than promiscuity. I strongly believe that this world would be a better one if morals and traditions were kept and not lost. So I don't approve of sexual relationship before marriage.

MEDICUS : Do you believe in a marriage based on love or on understanding ?

DR. DIAB : Undoubtedly, love is an essential factor, but I think that similar backgrounds, common interests and mutual understanding are more important. However, the best conditions for marriage is to have a certain proportion of both love and understanding.

MEDICUS : What traits are required for the successful wife of a Physician ?

DR. DIAB : Patience, open-mindedness, appreciation of a Physician, pride for marrying a man of service, and finally, she should hope for a comfortable but not an extravagant life of wealth because doctors are not as rich as most people think.



Dr. Diab at the time he received M.D. in oct. 1932

MEDICUS : Dr. Diab, most of the medical students and resident, as well as all the hopital staff, look up to you as the «King» of this hospital, the most powerful arbiter of its policy and decisions. In their mind, you have an «almighty» halo around you. Please comment on this image that you impose.

I STARTED SMOKING IN THE ANATOMY LAB TO MASK THE CADAVERS' ODOUR

DR. DIAB : I would very much like this impression to be changed. Where from, and how did it develop, I wonder. I never wanted it that way. I feel that I am a father who wants to serve everybody, and whose aim is to make this hospital and medical school the best in the world.

Is it the rules that I set down ? Rules are

made to protect the majority, and if you don't follow them faithfully, chaos would supervene. I always believed in the military system. When outside the hospital and away from the patients, I am very informal with the students, and my house has always been open for them even during World War II. I am their father, willing to serve them because that's why I am here. I want no prestige or wealth, only the well-being of this institution and the benefit of its students.

When I demand a necktie, neat clothes, shaved beards and trimmed hair, I do it to preserve the dignity of our profession. The ordinary patient pays a lot of attention to the appearance of his physician and so, unless the medical students are presentable and impressive in their attire and cleanliness, they would invite the disrespect of the patient to himself, his profession, and his advice.

I DO NOT APPROVE OF PREMARITAL SEX FOR BOTH SEXES

It irritates me to be regarded as the lord of this place. I want to get rid of it, please emphasize that.

MEDICUS : How did the medical students change over the past 3 decades as you have observed them ?

DR. DIAB : They used to work harder in the old days. There was very litte time for extra curricular activities, and the only time for that was Saturday afternoon or Sunday. I am glad to see that the medical students have more time nowadays for activities unrelated to their studies.

WRITING POERTY ? NEVER ! I AM NOT A SENTIMENTAL

MEDICUS : How do you summarize the characteristics of a medical student ?

DR. DIAB : Serious, studious, and carries all the qualities of a gentleman.

MEDICUS : Do you think it is healthy for medical students to indulge in politics ?

DR. DIAB : I believe that all over the university, politics and religion should be left out because it creates nothing but disagreement. You cannot change the political views of anyone. So one should deal with politics in such a way as to get enlightened without getting involved.

You know, I don't know till now the religion of some of my, own residents and even associates ! That's because I think it has nothing to do with the work at hand.

MEDICUS : Are you satisfied with the student-faculty relations at present ? Are they better, worse, or the same as in the past ?

DR. DIAB : On the whole, I believe they are good but there is a little misunderstanding mainly due to lack of communications. The faculty's role towards the students is that of a father towards his son : although informal at times, yet each should maintain his place, dignity and respect.

I AGREE TO THE M.D. IN FOURTH YEAR ON TWO CONDITIONS

In my days, the intern assumed the role of an older brother for the 3rd yearer and similarly, the 3rd yearer for the second yearer, offering each other advice and guidance. This attitude of regarding it as a duty to help our juniors was found in all of us at that time, and the same should apply to the faculty and students today.

MEDICUS : How would you advise a medical student to pick his specialty ?

DR. DIAB : He should observe carefully all the possibilities in front of him, then choose one that **Primarily** draws his interest, in order that he develop it successfully, and **Secondarily** in the interests of his community, i.e. if his community badly needs pathologists, anesthetists and basic scientists, then he might give them more thought if possible. However, unless one is really interested in a speciality, he will not be able to excell in it because our profession is one of continuous education.

MEDICUS : Do you advice our graduates to receive their residency training here or in the USA, and why ?

DR. DIAB : I advise them to do it here because the close supervision and the clinical material here is far superior to that offered in American hospitals. After training here, the resident can go to any of the centres there for exposure to other methods.

I ADVOCATE NECKTIES AND NEATNESS BECAUSE A RESPECTABLE APPEARANCE IS VITAL FOR A PHYSICIAN

MEDICUS : Has your relationship with medical students changed over the years ?

DR. DIAB : It has always been the same :
- — Confidence in their potential
- — Desiring to teach them
- — loving to see them grow and develop
- — Taking pride in their accomplishments after they leave us.

MEDICUS : Please give us a frank personal appraisal of Medicus.

DR. DIAB : I would like to see it more scientific and educational, and less of a social magazine. Publish papers by faculty and/or students, and discuss the various facets of medical education.

MEDICUS : Where do you think our medical school needs improvement most ?

DR. DIAB : I find our basic sciences rather wanting in that their teaching does not emphasize the mastery of all the fundamentals of a topic through text books and the literature instead of the narrow boundaries of the lectures.

Our students want to get a grade and impress the teacher in order to pass. They should aim at a full understanding of the topic. Many students keep asking me about the exams, which is really an elementary school spirit. An exam is not to gave a grade but to teach the students, and, at the same time, see how much they have learned. At times, a bad class performance reflects bad teaching.

THE BUZZER SYSTEM WILL SOON REPLACE THE PRESENT PAGING METHOD

MEDICUS : Do you approve of the M.D. at the end of fourth year ?

DR. DIAB : Yes, on two conditions :

1) That the graduates will continue to spend their internship here at AUH. They should not go to USA without internship or a year of clinical practice because I do not think they would be fit yet. The internship teaches the medical students as much as he learned in all the previous 4 years, and helps him gain self confidence and initiative.
2) That the matter is cleared with the government.
   Remember also that in the USA where the M.D. is given in 4th year, most universities require or B.S. **before** entering school of medicine.

MEDICUS : Regardless of whether the M.D. is granted at the end of 4th year or not, don't you think the interns should be paid at this stage of their profession ?

DR. DIAB : No, I don't. We offer the interns more than they contribute to us. Internship is not cheap labour; it is the finalization of a medical student's education. Other places pay their interns because they can afford to but we cannot. Even as a resident (1939) I used to earn 25 LL. a month only (...).

MEDICUS : The Interns are complaining that their food coupons are not enough because of an original miscalculation, and the recent rise in prices at the cafeteria. Do you promise to help them get enough coupons ?

DR. DIAB : This is a problem for the administration. See Dr. Nassif about that. I believe they should be adjusted according to the real need.

MEDICUS : Do you approve of the recent changes in the third and fourth year curriculum in the department of Medicine, whereby the 3rd year students will go to OPD while the 4th yearers go to the floor as acting interns ?

I TOOK MY M.D.

TO SERVE

DR. DIAB : I did not know of these changes until they were over. On discussing it with the department of Medicine, I understood that the 3rd year students in the past section had 10 cases each (on the average) during a 4-month period which is not a sufficient exposure. The fourth yearers will also benefit from their work as interns on the floors.

MEDICUS : Finally, Dr. Diab, could you tell us why you ordered that interns should not be paged ?

DR. DIAB : The noise in the hospital was getting annoying to patients especially during their rest period 1-3 p.m. I have letters that say : This is an airport not a hospital.

So I tried to lessen the noise by forbidding the paging of medical students and interns except under utmost circumstances. Not only that, but I insisted that all residents should leave their phone No. on the floors at all times while on duty.

Anyway, the whole question is on its way to a final solution : I have ordered for the short-wave (Buzzer) system, and it will be installed in about 2 months. That will ensure a serene hospital atmospheres and convenience for its staff.

MEDICUS : Dr. Diab, thank you.

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The MSS ANNIVERSARY

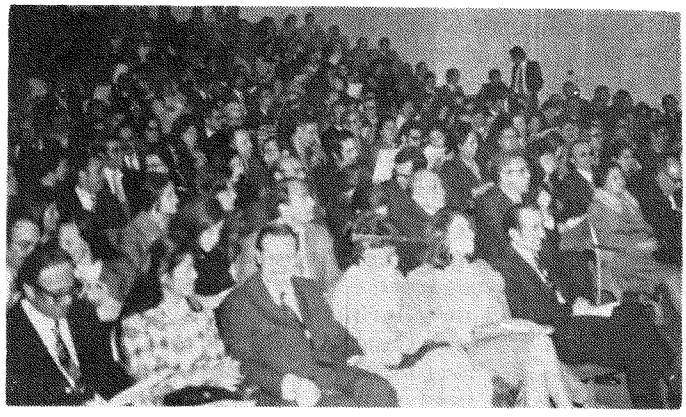
Once again, that droll occasion better known as the MSS annual anniversary was held last February first. To the felicitous students, it was a time for ventilating a year's worth of frustration and pique at their burdensome work and supercilious faculty. To the professors, it was the one-day-a-year when they allow their boys to say what they please, regarding it as a period of free-association, a revelation, where their short-comings and mannerisms are mercilessly flayed with an implicit hope for their correction.

To the perceptive among the audience of students, residents and professors as well as wives, nurses and other hospital inhabitants, the show was more than a theatrical Hyde - Park or an amusing exposé of professorial fallibility. It was a moment of creativity designed to drive home effective criticism without the risk of offense, and to insinuate to a desired change by hilariously satirizing the unpleasantness of the status quo.

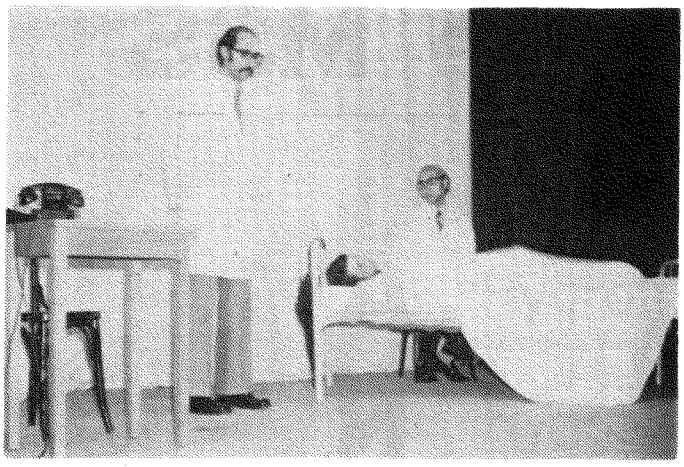
The medical students, after all, realize that the anniversary show is their precious annual chance of reminding the faculty and administration that «what is is not perfect yet», and thus exhort them towards introspection and, hopefully, reform.

The traditional defense of the faculty was relegated to Dr. William Bickers, who charged valiantly, heavily armed with artistic flowery rhetoric wrapped in that refined virginian accent that few people in the audience could fully grasp. Dr. Khalil Abu-Feisal's remark on behalf of the «silent majority» was: «Despite my rudimentary knowledge of chinese, I did comprehend some portions of Dr. Bickers' speech.

The musical themes preceeding the various scenes were a superb accompaniment of the show. Altogether, they could be fitted into a bitingly satirical «leitmotif» that authentically reflected the anniversarial sentiments.



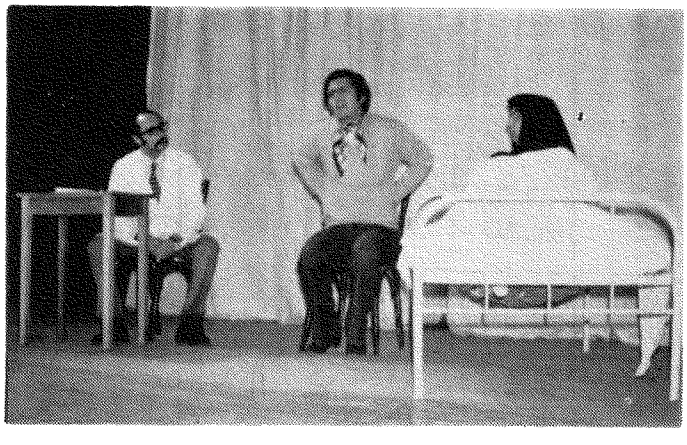
By Henry Nasrallah



As for the contents of the show, they might at a cursory glance, seem to be tailored after the classical prototype : tearing apart, a professor's personality into its component parts, then reassembling them in such a way that only the dim side (composed of idiosyncracies, failings, peccadillos and sins) shows to the audience.

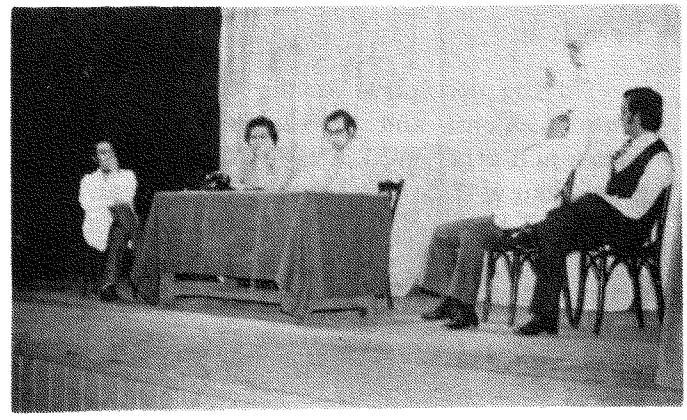
There was, however, more to it than that :

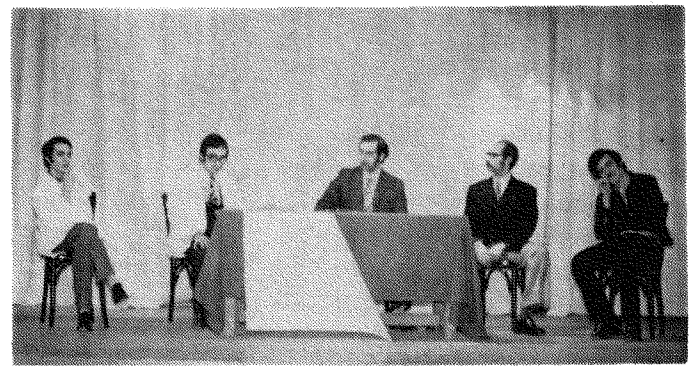
The first scene of the interns in the diningroom exchanging shop talk with its worries and grievences, indicates that even during their break, the indisposition that dominates the interns during their tiring work also supervenes during their conversations, instilling in them a sense of dissatisfaction with their way of life.



In the scene of Dr. Shamma'a's management of a terminal case, the controversial question of how to deal with a dying patient is somberly raised behind the side-splitting burlesque.

As for Dr. Moadié and his ruthless campaign for aesthetic OPD charts according to his own unshakable concept of an «esthetic chart», indicates how an obsession for neatness rather than contents in a place where doctors work against the clock is unwarranted if not futile.





Dr. Fadlo Abu Haidar's diligence and dedication to his patients' well being, is revealed as an oddity in this dehumanizing age when many physicians tend to treat the disease, not the patient.

The scene of the oral exams shows how distorted the assessment of a student could be if based on any single oral examination, because of its impossibility to do full justice to all students.

As for the last scene, Dr. Philip Salem is portrayed as a psychotic to symbolize how suspiciously a person is regarded when he comes with fresh concepts and new daring ideas that capsize the established ones (eg: Cancer is Curable!). The men who introduced change into stagnating loci of tradition have always been scoffed as unstable rather than given their due as geniuses.

Finally, the diagnosis of two different psychiatrists: Dr. Shakhtoura (he is dripping schizophrenia...) and Dr. Antoun (He is a case of 6-amino-5-hydroxy Methyl Transferase defeciency etc...) laconically underlines the recent trends in psychiatry as it progresses from a descriptive to a biochemical science.

The zajal lyrics, which have become a regular feature of the anniversary in recent years was lead by chantyman Tony Mundhir and met with considerable applause.

As for the actors, the most brilliant performance belonged to Faysal Mudarres whose versatility is reminiscent of the wizards of yester year. Believe it or not, he impersonated a resident that he never knew or seen, and yet no one failed to recognize the subject of parody ! His best roles were Dr. F. Abu Haidar and Dr. J. Azar.

Joseph Haddad surpassed himself in imitating Dr. Ramez Azoury's languid parlance.

Elie Karam proved to be a bright and promising newcomer who exhibits the potentials needed to master the anniversary craft.

Committee Chairman Gaby Hajj deserves a special commendation for his hard work and dedication to produce the whole show.

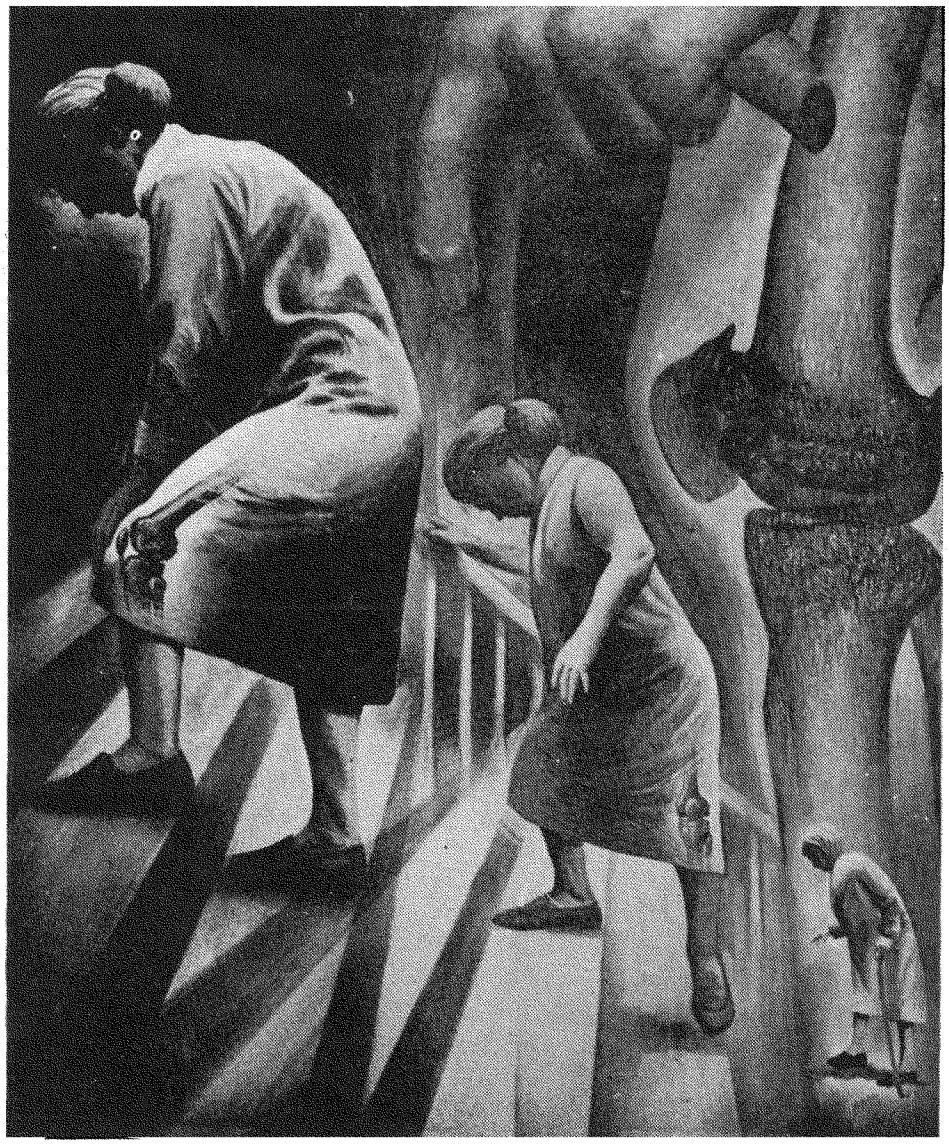
DR. BICKERS' DEFENCE

To defend the faculty, Dr. Bickers delivered one of the most eloquent speeches ever delivered in an MSS anniversary. Those who did not fully grasp the contents of this oratorial gem can read it below.

The earth orbits to that happy conjunction of Acquarius and the Lion, when the medical faculty defends itself yet once again from slings and arrows of outrageous fortune. This is the New Year, January, the month named for the Roman God Janus, the two faced God : One face forever turned to the disappearing past, the other to the unknown future.

There was a time, and not too long ago either, when medical faculties everywhere were regarded, with wondering awe by the laymen, green-eyed envy by non-academic colleagues, and something akin to adulation, by students. Of late we have become whiping boys for laymen and politicians, objects of whimsical tolerance by our Cadillac colleagues in private practice, and subjects for thinly veiled disdain by students.

To her... "mobility" means freedom from dependence on others



Her symptoms may consist of aching pain and crunching of the joint on motion. Stiffness is another common problem, particularly after sitting, Difficulty may be encountered while climbing stairs or steps.

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In a recent issue of «Pharos,» erudite quarterly of our honor medical society, A.O.A. the question was raised: «To what extent does the medical faculty really know better than the student, in what good medical education consists?» It suggests further that the middle aged faculty member is essentially useless in advising or understanding to day's student. This comes as something of a surprise. At A.U.B. we mingle with the students, or did in the happy days of the old compound, eat with them, operate upon their wives, occasionally upon their girl-friends. But graduates returning from the ivory towers beyond the seas, do tell us, it is now quite possible to graduate, having caught only a fleeting glimpse of the professor enroute to the airport.

Mutual respect and esteem between student and teacher has been the hall-mark of American education. It is distinctively American, quite unknown eleswhere. This learning congeniality evolved a system of medical education which became the envy of the academic world. Now the students tell us it is archaic, outdated, irrelevant. Oh! students revolt against tradition is and a happily, recurring refrain.

The first such medical student vocalizing that history records, was led by William Harvey, later to attain immortality as discoverer of circulation of the blood. While a student at Padua, Harvey and his classmates protested the incompetence of the faculty. Whereupon the University instituted that first annual written examination with which students have been sadelled ever since. But the irony of it is, that the first examination was given, **not** to test the student's fund of knowledge, but to assay the faculties' ability to teach.

However, the real revolutionaries over the years have been not the students but the faculties. John Collins Warren, professor of surgery at Harvard, led the charge up Bunker Hill. Lavoisier, discoverer of oxygen, went to the guillotine in the French Revolution. «We have no need for savants», cried the rabble. Banjamin Rush, founder of America's first medical school, was imprisoned for enforcing the quarantine. Yes! the shouting and the tumult comes from the students, but the dying for the cause, comes from the faculties.

There is no doubt that barriers have arisen in the past two decades between students and teacher. One thing that has led it is that mighty destroyer of all human relationship: lust for the almighty dollar, perhaps we should say the **once** almighty dollar. In the 1950's the American government reached into its citizens pockets to finance N.I.H. and a dozen other, health phantasmagoria. The paramedics and basic scientists rode the crest of this lavish funding, for what was euphemistically called in some places «research:» The administrators jumped on the dollar wagon to cultivate a megalomania for buildings, which, they could neither staff nor finance. Nurses and administrators assumed perogatives of the doctors without benefit of M D. Computerized efficiency in hospital administration reduced operating costs almost to the point of bankruptcy. Scientist and administrator alike proudly announced their emancipation from the long shadows, of their clinical colleagues. Ph.D's who had never seen a baby born, became professors of obstetrics, and the F.D.A. which regulates physician prescribing fell to the biochemist.

All this has led, the students assert, to overemphasis on administration and research. It impedes the pursuit of our vocation, they say. We want to be doctors, to see and treat our patients as human beings, they tell us — or I should say they shout at us. They crash the A.M.A. meeting to bodily remove the chairman of the house of delegates from the rostrum. They announce with 4-letter eppletives the inhumanity of our profession. They proclaim that we care little for the patient, we are all head and no heart, all prose and no poetry. Science is robbing the doctor of his humanity, they exclaim.

> «Science, true daughter of old time, thou art
> Who alterest all things with thy peering eyes
> Why preyest thou thus, upon the poet's heart
> Vulture! whose wings are dull reality —
> Hast thou not torn the sea nymph from her flood
> The elfin from the green grass
> An from me, the summer dream beneath the
> Tammarin tree.»

Hopefully, the faculty is not totally impervious to compassion. Much has been done to bring ever increasing sophisticated health service to the people. Emergency rooms have become consulting centers day and night. In Lebanon, two university hospitals, open their doors to all. Our faculty extends itself to Sidon and the Makkassed to broaden its scope of community service. The School of Public Health, with the clinical departments, initiates a system, of total family health care. Yes! this faculty is quite aware of its community responsibilities.

Yet another vociferous outcry from students is for curriculum change. This vocalism is 20 years belated. Every medical faculty that I have known in the past two decades has been tinkering with the curriculum. Our university is no exception. This curriculum maneuvering, is a pleasant intellectual exercise, best practiced I have observed on the balconies, of Lebanese resort hotels. Devotees of the sport are chiefly deans and researchers. Curriculum committees are very popular with non-clinical people. They labor under the erstwhile hope that altering this and changing that will improve the finished product.

At the September meeting of University professors of Gynecology at Hot Springs, a full day was devoted to this not entirely fascinating, not thoroughly captivating subject. After some hours of verbal vollying, it was at long last concluded : «There are many favorable descriptions of curricular changes, usually published shortly after a change is made. Although some of us have shared enthusiastically in the design of new curricula, we have become concerned lately by lack of critical data to support our early enthusiasm.»

Yes! tricks of curriculum sorcery have been tried and found wanting. The traditional curriculum structure, fabricated after the Flexner report,

erected a Minerva temple to medical education, unrivaled, unequaled in all the world. Let us not, completely forsake it.

The most glorious thing about youth, is its idealism, its confidence that they can put the world to order, and do it right now. They think the injustices, the inequalities the frailities of mankind can be cured by institutions. The truth is that the University is as helpless to do anything about it, as time will prove the students to be. Only the inviolate laws of time and space, majestic forces of cause and effect, Emerson's Chancellors of God will resolve them. «The mills of the gods grind slowly, but they grind exceedingly fine.»

Is there one among this faculty, who, in the days of his youth, forsesaw entry, into the cloisters of academic medicine? Is there one among us who anticipated, the long wearisome hours in tissue committees, clinical committees and God only knows how much other, tedious futility. Had we foreseen the reams of mimeographed nonsense, which must daily be filed in the sanctuary of the nearest wastebasket, would we have entered the holy asylum of academic medicine. In the long, long dreams of our youth, did we not look forward only to becoming a doctor, to attend the ills of suffering mankind. This was our hope, our vision, our dream, this was our consuming passion. What brought us them to this ice-capped Mount Sannin of academic endeavor?

Surely, each came by a different route, but a Janus look will reveal that somewhere along the way, there was a teacher, who unknowingly moved us, inspired us, created the image, which to this very day we seek to emulate. These teacher-progenitors were most often clinicians, occasionally scientists, rarely the administrator. But one thing that they all had in common, invariably they were humanists. They were the Oslers, the Cushings and the Halsteds; relentless pursuers of truth but also lovers of life and people, concerned for things beyond the realm of laboratory or clinic. Youth, does not vibrate in harmony to pure reason unadorned.

As for me, there were two or three, but more than the others, I think it was Robert Green, who breathed the holy fire upon me. Scientist and scholar, artist and poet he was. He translated the aphorisms of Hippocrates from Greek to English. My first glimpse of the rosy-cheeked, gray-haired, immaculately groomed, Bobby Green, was as a junior resident. Custom had it in those days of the Boston Brahmans that the resident staff greeted the Chief at the hospital entrance on the first day of the academic year. On this day he emerged from an ancient Franklin automobile, nimbly took the hospital steps two at a time, into the labarynthian corridors of the sprawling City Hospital, with the residents pacing close behind. In the operating room he was the master technician, illuminated by a running description of every minutea of the female pelvis. But to his juniors, the most remarkable attribute of this remarkable man, was his prodigious memory, his infinite capacity for recall. The score of any football game he could recite off-hand; quotations from Homer fell like summer rain from his facile tongue. So fantastic was his memory that on a resident night such as this, the mimicking students have Dr. Bobby recalling his own passage through his mother's birth canal. His head buffets against the unyielding cervix. There is near drowning under the cascading waters of the ruptured amnion. The vertex appears under the public arch, and infant Bobby looks out upon the wonders of the delivery room and the beauty of Helen, the scrub nurse :

«Oh Helen! thy beauty is to me
Like those Nicean barks of yore
That gently over a perfumed sea
The weary wayworn wanderer bore, home
To his own native shore
On desparate seas long want to roam
Thy hyacinth hair, thy classic face, thy naid airs
Have brought me home,
To the glory that was Greece
And the grandeur that was Rome.»

Thus did the residents parody Dr. Bobby's entrance into this. Vale of teaes.

I remember on one occasion in the delivery room as the baby's head crowned the perineum, the Chief wondered how a God who created all mankind to his own image and likeness, endowed him with the potentials of an Einstein or a Shakespeare, could reduce him to the indignity, of entering this world, between, the two excretory ducts of the female.

Again in the nursery one day he pondered upon the laws of nature which denied the newborn control of its most elemental biological functions, making it necessary, as he quipped, to have a corp of nurse-aids on hand, whose sole function it is to compensate, for the defective plumbing, installed by the Creater.

Yes! it is unforgetable characters like these who leave their mark upon us. Their technical excellence, their love of truth and above all their humanism weaves itself like a golden thread through our lives.

And so, to each of you, my colleagues of the faculty, there was a master, who breathed into your receptive being, the spirit of scientific inquiry. Invariably, the master does not instruct, he does not teach, so much as he exudes his love of learning. In the pursuit of knowledge, there is no substitute for the master student relation. Knowledge acquired from books alone, takes little hold upon the mind.

There must be a vital spirit. To produce a Sahyoun, there had to be a Cruickshank, Jidejian had his Sami Haddad, Mustafa Khalidy and Philip Ashkar, their Dorman. It took a Leonard Moore to strike the spark of a Nachman and an Idriss, and a Kenneth Oliver to kindle the fire of an Alfred Diab Fuad Sabra Followed George Miller's star. Shahid and Tabbara found theirs in Edward Turner. In our own day, there was Kerr who could pass the torch to Usamah Khalidy. The quiet, retiring genius of a Joe MacDonald, could breathe life into the surgical department and establish, for the first time in the Arab world, a resident training program. What is such a program, save a refinement of the apprenticeship, the ancient master-student relation. Grant that in our own day, and in our own faculty, the student may not seek in vain for his mentor, his ideal incarnate, the star to which he too, may tie his destiny.

The Anniversary Zajal Lyrics

هاتوا لنغني هاتوا الانترنيي ما ماتوا
شو بيعمل قليل الحظ البالمستشفى علقاتو !

شو بيعمل قليل الحظ يلي عالتاسع شغال
دكتور ناطر على الخط والدكتور التاني شو قال
ولحق يا شاطر عا فز حط الابرة وشيل حمال
كان ناقص مريض يطز تنمسحلوا وسخاتو !

سالم اخوان يا دلي الله يقطع القلي
واحد بالمعدة فهمان والتاني على الهلي
انطوان بالحقنة مختص وفيليبس بالكنسر غص
يا عالم هاتولي مقص تا قصلو شعراتو !

مهري سقي بنهر الموت الصل من لسانو لاسع
وبالهيجا لو فات الفوت وضاق المضمار الواسع
وشويري لو يصرخ صوت عن برجو العالي الشاسع
بتهر شقاقيق الموت من جوانح طياراتو !

لو بتشوفوا الجراحة شو هالعيشه المرتاحة
تتلبي كل المرضى لازم تعمل شي سياحة
بتمضي نهارك عصيام وطول الليلة ما بتنام
واحد مات واحد قام وواحد خلصو مصلاتو !

دكتور سلمان التعبان دخلك قلي شو بدو
عاملي حالو فهمان وفهماتو على قدو
مختص بعلم الآذان وبالانف ويلي حدو
كتروا الطرشان بلبنان الله يسلم دياتو !

عنا تلاتي يخزي العين مختصين بعلم العظم
نصولي مضيع مريضين ناسي الاسم وناسي الرقم
وبولس بلحق عتنين اسمالله كلو قوه وعزم
وولديد بتجبير الناس شو عيوقا دياتو !

وبالاطفال عنا سنو ومتالو دركالوستيان
واحد مش طالع منو وقلة ما التاني فهمان
وغنوا يا رفاقي غنوا عالتعليم وعالنسيان
يلي بيعاشر اطفال شو بيخفوا عقلاتو !

الطفل البقلبو علة سامي العلة بيكشفها
فحوصاتو على الهله واصغر خشة بيعرفها
في واحد حدي قلي سامي صاير خاششها
بيعملك قلبك خربان ولو مظبوتا ضرباتو !

شحاده جراح بلاستيك وعنا قبالو بو جمرا
عميزرع شعراتك فيك وما في براسو ولا شعره
شغلن مظبوط بيرضيك لكن انتيبا نمره
شو بدو بتصليح الناس يروح يصلح حكياتو !

وفضلو بو حيدر ميال لعلم المعدة وامراضا
وعنا دراغاتسي يا خال عن خفة وزنو تغاضى
لكن شماعة الخيال بيذكرني بدونكيشوت
وضربة سيفو وعبساتو

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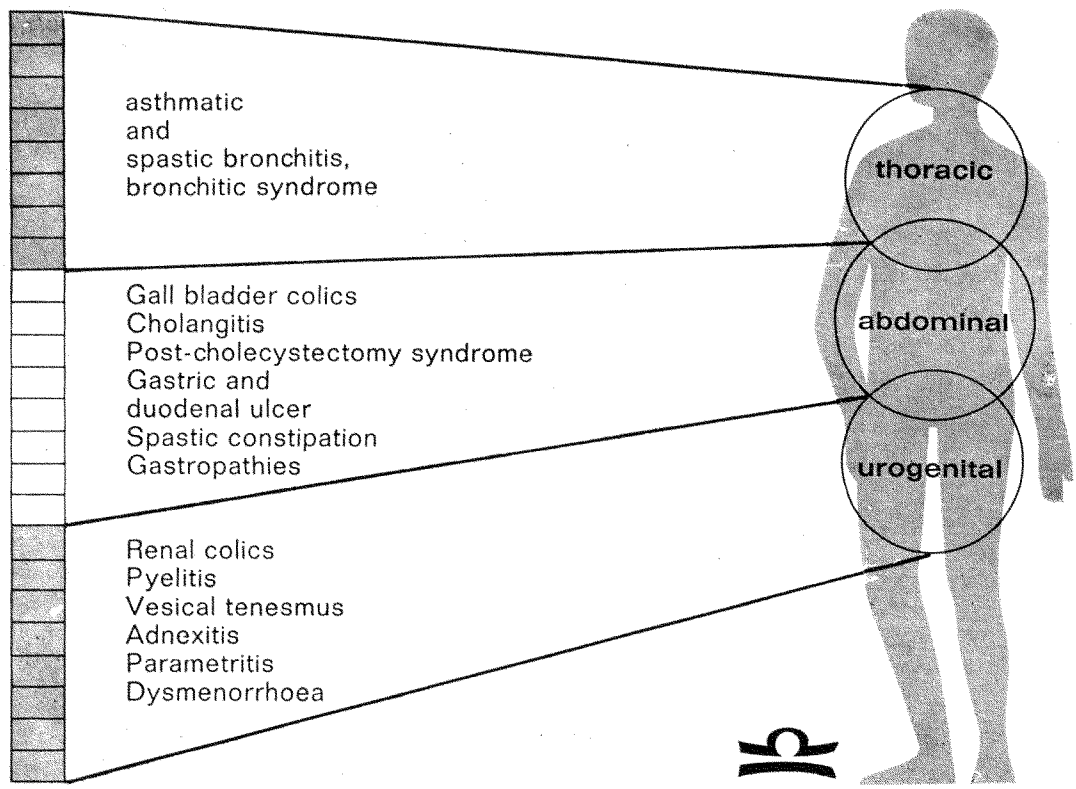


MECHANISMS OF METASTASIS

By Kamal Akl

Malignant cells have the privilege of being able to metastasize to distant parts of the body. After local infiltration tumor cells are carried by the vascular or lymphatic systems to sites, far away from the primary focus. How is this achieved ?

The mechanisms of local spread are not well understood.

It was found by Enterline and Coman that both neoplastic as well as normal cells move in vitro. Ambrose demonstrated that carcinoma cells and normal fibroblasts were pushed forward by the aid of folds in the cell membrane. Their motion stopped when they made lateral contact with each other.

Coman found out that it was much easier to separate squamous carcinoma cells from each other than normal cells of the same origin.

Abercrombie and Ambrose demonstrated by microelectrophoretic study of tumor cell motility that there is a correlation between high degree of malignancy, high negative surface charge, and low cellular adhesiveness.

An essential factor in the integrity of cell membranes and adhesiveness of normal cells to one another is the concetration of calcium ions on the membrane. DeLong found out that the calcium concentration is lower in cancer than normal cells.

Shah and Shulman suggested that calcium binding is inversely proportional to fatty acid unsaturation.

A study by Selkirk in 1971 concluded that as unsaturation in the phospholipid fatty acid increases there results changes in the physical characteristics, stability, and may be adhesiveness of the cell membrane. As a result of decreased adhesiveness invasion of adjacent tissues is promoted.

A suggestion by Moscona that an extracellular mucinous material is responsible for aggregation of cells in vitro, was undermined by Steinberg who demonstrated it to be an antifact.

Berwick and Coman called the bonding of cells to each other adhesiveness, and bonding to glass as stickiness. They demonstrated that cancer cells were very sticky but poorly adhesive, in contrast to normal epidermal cells which were highly adhesive but poorly sticky.

During mitoses cells become less adhesive.

According to the immunologists (Anderson, and Green) point of view, reactive sites on the surfaces of cells evoke an antibody response which destroys the cells once these sites are exposed. In cancer it is thought that there is progressive loss of these surface antigenic sites.

Thus a mild or no immunologic response is evoked against a tumor cell when it spreads to distant sites.

On the other hand J. S. Young sees invasion by cancer as an effect of the interstitial pressure which is increased in tumor tissue.

The fact that tumor cells produce lytic enzymes to invade normal tissue is still equivocal. There is no proof that hyaluronidase is elaborated by cancer cells.

Hayashi (1970) and Yoshida (1970) demonstrated a substance which is chemotactic for tumor cells but not for polymorphonuclear leukocytes. It was found to be a protein extracted in the pseudoglobin fraction of some animal and human tumor tissues.

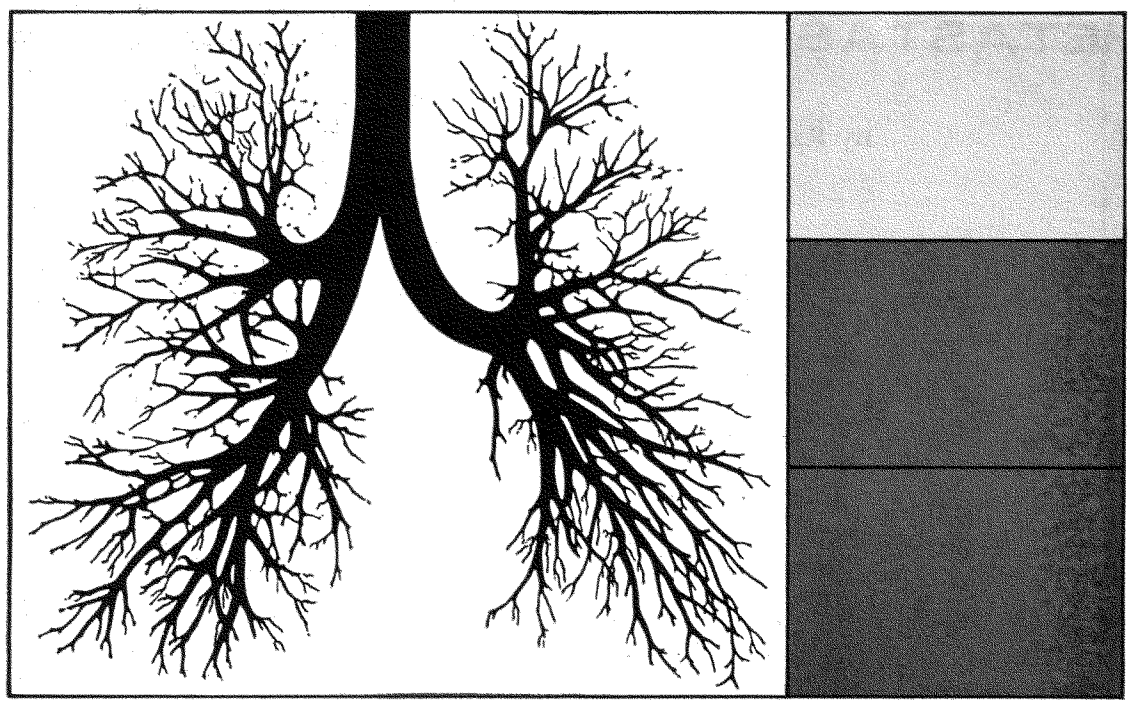
Ozaki (1971) proved that this substance is specific for tumor cells in vivo.

One must not forget that host influences are as important as the invading malignant cell itself. It was found that a biologically benign but cytologically malignant cell line originating from normal tissue in vitro when incubated in embryonic tissue, turned malignant.

Finally, a new hypothesis for metastic spread of cancer has been introduced by A. Bendlich in New York who demonstrated conjugation between tumor cells of the mouse and normal hamster cells. Using labelled DNA, it was shown that the nucleic acid flowed from the tumor cell to the normal cell through intercellular bridges. Flow in the reverse direction was not demonstrated. He suggested that this direct transfer of nucleic material is the way malignant tumors spread.

References

1. Leighton, Joseph, The spread of cancer, 1967, Academic Press Inc. New York.
2. Ozaki et al, Studies on the mechanisms of invasion in cancer II . In vivo effects of a factor chemotactic for cancer cells. Int. J. Cancer : 7, 93-100, 1971.
3. Selkirk, James et al, Study on the proposed role of phospholipid in tumor cell membrane. Cancer research 31, 27-31, January 1971.
4 Tschiaklin, Alexander, The problem of cancer. Rassengna *Y* LVIII 1971 —N—1.



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THE RESIDENT

1. **Qualifications.**

a. **Character.** Character, in its broadest interpretations, involves many distinct qualities, but so far as the surgeon is concerned, it may be summarized in one word — Honesty. It embraces ethics, conscientiousness, judgment, industry, and all other elements which make up the background of a surgeon, Honesty must be evident in action, in example, in utterances, in writings, and in all contacts with patients, confrères, and all others who are allied to the practice of surgery. Honesty demands that the welfare of the patient shall be ever foremost. Honesty, coupled with surgical judgment, learning, and technical skill, assures a proper balance in diagnostic and operative procedure. Therefore, the primary qualification for a resident should be evidence of high character.

b. **Preliminary Education.** A college training, preferably culminating in a degree (B.A., A.M., B.Sc., D.Sc., Ph.D.), is desirable as a cultural background since it enables the resident better to appreciate the theory of medicine and to apply it more efficiently in practice.

c. **Medical Education.** Graduation from a medical school which is approved by the American Medical Association and the Association of American Medical Colleges.

d. **Interneship.** An interneship of one year or more in a hospital approved by the American College of Surgeons and approved by interne training by the American Medical Association.

e. **Duration of Training.** A period of at least two years, but preferably three or more years, in graduate training for general surgery or a surgical specialty.

2. **Activities and Educational Program for the** Resident Staff.

Members of the resident staff should:

a. Devote adequate time to the study of gross and microscopic surgical pathology, clinical roentgenology and radiology, and the auxiliary basic sciences.

b. Have included in their active surgical service a sufficient number of patients to provide opportunity for study and experience in the diagnosis and treatment of a variety of surgical conditions, during which time they should obtain sufficient operative experience under supervision to give them a reasonable degree of technical efficiency.

c. Have oportunity to observe and participate in autopsies on patients who have died postoperatively or on their surgical service, and carefully study the findings in correlation with the clinical history and course.

d. Devote as much time as possible to reading of scientific literature, past and current, under specific suggestion and supervision of their preceptors.

e. Supplement their knowledge by anatomical dissections and study on the cadaver and animals.

f. Be encouraged to participate in clinical or experimental research.

g. Devote an assigned period of time to diagnostic and follow-up work in hospitals with an outpatient department.

h. Actively participate in medical staff and clinicopathological conferences and in the departmental meetings.

i. Be encouraged to engage in some teaching activities, such as educational programs for student and graduate nurses, and other groups.

3. **Reports of Progress; Examinations.**

a. The members of the resident staff should keep a record of their progress and at periodic intervals they should submit for the consideration of their preceptors a prescribed summary of their work.

b. At the termination of the residency the residents should present themselves to an Advisory Committee on Graduate Training for Surgery for examination, which may consist of:

i. A thesis jointly selected by the resident and the sub-committe, or

ii. A written or oral scientific and clinical examination, or

iii. Both (i) and (ii), as may be deemed advisable.

From the special issue of the Bulletin of the American College of Surgeons May 1971 : «Criteria for Graduate training in Surgery»
Contributed by : Dr. Diab.

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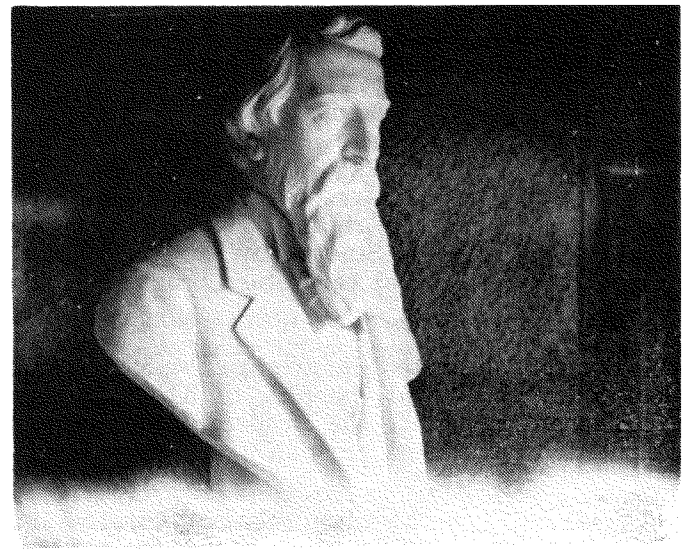
IN THE NEXT 3 ARTICLES, THREE FIRST YEAR MEDICAL STUDENTS DISCUSS DIFFERENT ORPEITS OF THE PRE-MEDICAL YEARS.

Dear Dr. Van Dyke: II



March 31 will have come in a few days' time, and by then a new group of Pre-meds will have applied for admission to your school. Looking back to our own days of applying, we can still recollect, though faintly now, the multiple emotions that the application form kept evoking — of anxiety and excitement, or of fear and hope. In the process of filling in the form, small points that might cast a better impression on the Members of the Selection Committee, and affect their decision, were all considered. Apart from showing extra care and neatness, or apart from taking simplistic precautions like submitting two applications — «in case one might get lost, at it did once» — other positive attempts were made. May be, an impressive 250-word autobiography of an unimpressive past might do wonders too, who knows ? Or perhaps some justification could be added here and there too, so that some obvious shortcomings of the past might be overlooked. Small points, yes, but points that one invariably begins to look for when in doubt or dilemma; points, we thought might count... but perhaps did not !

The process might have probably been more subdued for many, if we, and even others before us, had obtained a clear insight into what precisely, constituted the criteria for selection. But if an exact insight was looking, there was — as there always had been — a lingering notion in the minds of everyone that it would obviously be the academic performance that would ultimately decide the winners of the gruesome, prolonged and unfriendly Premed battle. Now that we have been thru 17, we can say — yes, it was the GRADES that got us in !

Once in the Medical School though, one begins to overhear new voices and whispers coming from some administrative quarters. They appear to be spelling a new philosophy! The emphasis seems to have shifted : from exam performance to every day person, from academics to ethics; from exercises in book-learning to common-sense applications If one has missed all these philosophical conversations, they can at least be read about, in practically every catalog of any Medical School. The shift sounds rational enough, 'cause the new qualities conform more to the requirements of the Medical profession. But will the new voices be unanimous ? And even if unanimous, will they be obeyed ... we mean, obeyed by us ?

Grades were everything in those 2 years of Pre-Medical childhood — it was the vital password, the inflexible formula or the indispensable armament for success. Fortunately, unpleasant things can be made to lapse faster into oblivion, therwise we might still remember clearly that it was again the grades that stood behind many a broken friendship or behind a much hostile competion.

Academic obsessions and limited visions acquired and re-enforced during these two years do not die soon, and even when they die, they might still leave their scars. Many things could be more easily achieved in the Medical School if such shaping did not precede. The implementation of the honor system is a case in point. Unfortunately cheating habits worked to near-perfection in Nicely 500 do not disappear so easily. It's again the hope of securing a better grade that reduces a class — in a Medical School ! ! — to literally taking down dictations during lectures. When the scope of an entire subject gets limited to these few dictations, then only a special brand of student can emerge. When the importance of grades and academic performance linger before a student in such exaggerated dimensions, then much of his subsequent behaviour might not conform to the norms of a Medical School. However, if this over-emphasis on grades and exams, which is intrinsically damaging, is to be uprooted, then working from the base, the very criteria of selecting students at the end of the Pre-med program ought to be changed.

Outstanding educators have long since defined education as more than book-learning. Yet systems have always tended to lag behind ideas, and institutions behind individuals. Few institutions have as yet made it look as if education was really more than book-learning. Now, however, some top Medical Schools over the world have seen the futility of the kind of mentality many an existing system prepetuates — and have sought to change.

Dr. Dike, surveying the Sixties for the title

essay of our Campus '70, a distinguished colleague of your wrote about the Medical Student here at AUB : The entering medical student «came better prepared (course-wise) than his counterpart of the nineteen fifties», ... but «learning for the sake of knowledge was still something alien to him.» Summing up his article, he concluded : the medical student «works hard, but often does not know how to work. Too frequently his interest is limited only to his assigned duties. His scientific inquisitiveness is not too-well developed. He is apathetic and disinterested in extracurricular activities...»

Your collegue was right, almost invariably. So much for the Medical Students of '60s. — a past ! But is the present and the future promising to be any different ?

Someone described the average Pre-Medical student today as a loyal member of AUB — where AUB meant is signify the Academic University of Beirut. If that student remains within his academic confines, he might merely grow up in is the very image left behind by his predecessor of the '60s. Once a medical student, though his fight become somewhat different if he is incessantly told that the Medical School demands different qualities from those of Arts and Sciences. But he might be immensely different if he was made to be different while still as a Pre-med.

The future, then will be different if the present is tampered with, and it will be different, if the present Pre-med is persuaded to be different, by being told that he does not have to be as academically confined and entangled as he is now. He might believe it more, if it's the selection committee that tells him so. Ultimately, a Medical Student is as much a products of his Pre-med. days as an adult is of his childhood, or is he not ?

Sincerely,
Salim Walji
Med. I.

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A SPOTLIGHT ON SOME PIT-FALLS IN THE PROCESS OF

SELECTION INTO MEDICAL SCHOOL

By : Rashad Dindo

The medical students at AUB are a highly selected and an extremely refined group of students. This is accomplished by the university through a series of «filters» that allow for such a selection. The premedical years serve as an excellent tool for this purpose. Any of the major courses in this program serves as one of those filters. The courses are so designed that those students who are not of suitable standard are excluded on the basis of their performance in the course. These courses are about eight in number. And it is the general thinking that if one is able to pass these courses with a certain minimum standard, that person is able to meet the demands of the medical curriculum, and that he will be another good doctor who will faithfully help his society.

The selection of the students to enter the School of Medicine from the premedical program is a process where many things happen. The committee is formed mainly by some people from the School of Medicine, the Chemistry and Biology departments, the Registrar's office and the advisor of the premedical group. The committee is provided by the Registrar's office with transcripts of records of the students in question. The total average is first taken into consideration after which the averages of the Biology and chemistry are considered individually. The main bulk of the students are chosen in a relatively short time. As for the rest of the students, they are considered and reconsidered, and possibly they bring some other informations which might prove to be vital in certain cases. The results are out. Some people are happy, others are not.If it turns out that the committee made for some reason or another a wrong judgement, first year Medicine takes care of correcting it. So the people worrying about the standard of the School of Medicine of AUB have a peaceful mind.

Now if somewhere along the line there is something wrong with the filters, trouble begins, and the School of Medicine will be astonished with its Med I class, which becomes the cause of considerable embarrasment for the school. This might very well be on its way of happening. At least everything seems to be ready for it in the premedical years now. The point being raised is the following: The number of the junior premeds for the first semester this year is about 140 students and «can hardly be brought down to 120 for the second semester». The sophomore premeds are about 130-150 students. So any course given for them has to be a really large class it should be remembered here that the premeds are only guests in the departments of Biology and Chemistry. As the class becomes bigger, the control over it diminishes. Grades no matter how arrived at, can hardly reflect on the performance in the course. One important reason, not the only reason though, is that the state of being an instructor (reference here is made to the graduate students assisting) in the course, becomes of more importance especially in the correction of exams. Now if the instructor makes a mistake in the correction or addition of grades, many things can happen. Mistakes, though, are natural except when they become more frequent, or even intentional. Let us take a hypothetical case of a female student, rather attractive also. This student is in a position to make use of nature's gifts upon her to effect nature's weak points in males, male instructors on our hypothetical case. So the instructor, charmed by nature's generosity upon the female student, impresses her by virtue of the department's powers bestowed upon him, and «mistakes» become more frequent. This hypothetical case of ours is a peculiar one indeed, it works just as well as it runs backwards. Its real significance lies in the fact that in other parts of the university it works with professors too, I have no idea to what extent this is so in this part of the university. One can see how this can make way for more wrong judgements that appear in Med I. The chance of passing Med I filter is extremely far, but it embarasses the School of Medicine a lot, besides taking the chance away from some really good students. Now rumors are around which can make this problem more pronounced, and along with it, its causes become stronger and more frequent. It is being said that from now on, the juniors are going to be kept around 50-60 students. So it is expected that few «mistakes» in **sophomore** are enough. According to the supply and demand rule, more demand, limited supply, higher prices, and more walls tumble down on either side.

All this became more and more obvious when suddenly, attractive girls became extraordinarilly intelligent, for less obvious academic work on their side, and more relationships that have more to do with extra curricular activities than with academic ones began to appear.

This is becoming more obvious for students and many are not quite comfortable with this thing going on, some are becoming even desperate.

I believe that the people responsible for the selection of candidates for Med I should be more aware of this. Another better solution is to treat this problem in its origin, I don't claim here that I know how.

GENERAL KNOWLEDGE QUIZ

A — Select one answer for each of the following :

(1) Prostaglandins are :
- (a) Proteins.
- (b) Acidic lipids.
- (c) Carbohydrates.
- (d) Anionic detergents.

(2) The name of Emil Fischer is associated with :—
- (a) DNA repair.
- (b) DNA synthesis.
- (c) Carbohydrate metabolism.
- (d) Bacterial conjugation.

(3) Discovered mast cells :
- (a) Jamieson.
- (b) Gowers.
- (c) Ehrlich.
- (d) Wassermann.

(4) Introduced cineplasty :
- (a) Carrel.
- (b) Romberg.
- (c) Wernicke.
- (d) Vanghetti.

B — Match the following :

(5) Zeoscope
(6) Weight Knowledge.
(7) William Farr.
(8) Kraepelin.
(9) Martian atmosphere.
(10) Flexner.
(11) Internationalism in medicine.
(12) Noguchi.
(13) Stroboscope.
- (a) Modern epidimology.
- (b) Carbon dioxide.
- (c) Medical education.
- (d) Alcoholic strength.
- (e) Nobel Prizes.
- (f) Barognosis.
- (g) Animal movements.
- (h) Trachoma.
- (i) Kompendium.

C — True or Ralse :—

(14) Elizabeth Blackwell pioneered medical education for women.

(15) When one yawns he oscitates.

(16) Kilurane is a hydrocarbon.

D — Fill in the blanks :—

(17) The Hebrew University of Jerusalem was opened in the year ( )

(18) The Study of sleep is called ( )

(19) Bertrand Russell died in the year ( )

(20) The Erythrocyte sedimentation test was introduced in the year ( ).

Answers in next issue

WHEN YOU TREAT

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The Premed Curriculum

By George Zaytoun

Birds have Feathers.

This statement is : (Select one)

a) Probably true

b) Most of the time true

c) Only true for Flying birds (!)

d) a and c are correct

e) None ofthe above is true.

Answer a hundred or so questions of this type — Correctly that is — and you are considered intelligent enough to be admitted as a pre medical sophomore to the School of Arts and Sciences. I need not remind you of the Famous exemption tests which come up at the last minute and are, in most probability Failed.

The Magnificient competition then begins. Two hundred and fifty students or so compete for the first fifty places. Let the best win ! In the meantime a nightmare — two, may be three long years that are continually haunting the premedical student.

Among twelve or thirteen science courses in the premedical years a timid Cultural Studies course emerges. Originally planned to somewhat «moisten» the «dry» science atmosphere of the premedicals, the C.S. course did just the opposite. Afternoon C.S. courses were considered as uncontested sleeping pills ! I am sure many of us remember vaguely — if anything at all — what John Locke or Home, Kant or even Pascal wrote or said. Why ? Because the Cultural studies program pretended to give a very good and **permanent** idea of centuries of Greek philosophy. The renaissance, the existentialist and modern philosophy, in less than a month. The solution, to my mind — without any pretention — would be to concentrate on problems relating to the existentialist period onwards and to extend what might be called the C.S. course to the medical years. Very few would object to this.

This year, a new course, the «Social and Preventive Medicine» course has been introduced to the first yearers. It is a year course. The first term part of the course consisted of psychology and sociology. These two parts are up to 90% similar to the Psycholygy and Sociology courses we had in the premedical years. The lecturers concentrated on topics familiar to all of us with only few applications to the medical profession in general. Obviously there is something wrong somewhere. The second part of the course promises to be interesting and actually it is. However, if the first part is to be of any relevance tc a medical student, it should concentrate on the Psychology and Sociology **in Medicine.** This would be totally fascinating to a freshly arrived first yearer.

To go back to the premedical years one remembers with utter bitterness now every course he took was meant for ... elimination. Most premedical students agree on one thing — which is rare — : the two physics courses we took were meant for just that. The lectures we used to have in physics were of fullproof clearness and simplicity. The hour tests were no less simple. But when it came to the final, apart from the three or four outstanding students in the course, almost everybody just could not solve more than 50% of the final exam. The answer to this problem is not that difficult. Once more what we got out of the course and which could be relevant to our medical studies is very little.

Despite everything I can still understand why we had all these courses in the premedical years. After all they should be relevant in one way or another. But one course I could not conceive of nor understand its relevance to a premedical student is the Arabic 201. It is not that I am against Arabic. Much on the contrary I am proud of my language and my culture. But to have attained the Junior year in the University and still have to learn or remember the basic, complicated rules of Arabic grammar which made most of us hate our language while in primary and secondary school is unconceivable. However if the Arabic course, planned to acquaint Arabic speaking students with Arab Culture, is to fulfill its purpose at all, it should be planned as a year course where students and teachers would discuss the works of the great names which have made our Culture what it actually is.

Only then would a student leave the premedical years with a little bit of regret. Till then, you can be sure that no premidical student would «do it again if he had to». (you know what I mean !).

Suicide Among Physicians

It is a well documented fact that the suicide rate for physicians is nearly twice that for the general population; this rate exceeds the incidence of accidental deaths and nearly reverses the ratio of 2: 1 for accidental deaths and suicides, respectively, in the general population (1-4). The increase holds for both sexes and seems even greater in women than in men (3,4) Furthermore, suicides by psychiatrists outnumber those by members of some of the other medical disciplines (pediatricians, surgeons) by some six to one (3,4).

The general paradox is why persons whose professional role is that of lifesaver kill themselves more frequently than others? Is it the particular stress of the medical profession, and the responsibilities to and emotional relationship with patients? While these stresses exist, we believe the preselection factor is by far more important. Medical students choose their life's work often for unconscious reasons of their own. Where narcissism and grandiosity are major motivations, a proness to depression will exist, especially if these needs are not satisfied or are barely compensated for through intellectual accomplishment. The length of time involved in study and in preparation is also an aspect to be considered. From the sociologic point of view, the unusual delay in achieving independence and the binding and extended ties to institutions may be seen as an abnormal prolongation of adolescence, that is, a reflection of ambivalent feelings about dependence and independence.

That these factors do play a role may be substantiated by the fact that 30 per cent of all medical students seek psychiatric help during their student years and that suicide, the third most common cause of death in adolescents, is the second most common cause in medical students. In addition, if a physician commits suicide, he usually does so early in his medical career, soon after his separation from the medical institutional environment. Thus, a full quarter of all physicians who commit suicide do so before the age of 40, a proportion more than twice as large as that for the general population during the comparable age span.

While studies of suicidal physicians concur that most were known to be depressed and half were either alcoholic or drug dependent, surprisingly few had received psychological or psychiatric help. This preventive failure may be another contributing factor for the high suicide rate in the profession.

Physicians are generally self-employed and self-suporting; their life styles and relationships with their patients may tend to support preexisting aspirations to be non-needing of help. They may often find it dificult or degrading to ask for help, especially for a «mental» problem. Moreover, having developed a comfortable conversance with birth and death and often functioning to interfere in those processes, depressed physicians may be less in awe of death and find it easy to see death as a real and acceptable way of solving problems.

When the patient is a doctor, special difficulties arise on the therapist's side of the two-physician relationship. Here, problems of identification may interfere with true compassion and give rise to either overprotective action or unrealistic hesitation to hospitalize a colleague or potential friend.

For these reasons it seems that more effective and acceptable help could be extended to suicidal physicians through nonmedical professionals who have had experience in working with people showing suicidal behavior and have had special training in suicide prevention. These individuals could be selected from different areas, including psychology, sociology, and philosophy. They would constitute a new field of suicidology dignified by an independent stature. Suicidal physicians would probably be more receptive to guidance from such especially knowledgeable «suicidologists» than from their colleagues.

Since physicians and medical students are well identified as a high-risk suicide group, preventive efforts should also be built into the medical school curricula. Special emphasis should be given to the signs of suicidal behavior and to awareness of high-risk populations. Students should be encouraged to confront themselves through thoroughgoing introspection of their own approach to life. Such a combination might promote physicians' ability to help suicidal patients (including colleagues) and to deal more effectively with suicidal feelings of their own during times of personal crises.

References

1. Suicide among doctors. Brit Med J 1:789 790, 1964
2. Blachly PH, Disher W, Roduner G: Suicide by physicians. The Bulletin of Suicidology 1 18, December 1968
3. Freeman W: Psychiatrists who kill themselves: a study in suicide. Amer J Psychiat 124:846 847, 1967
4. Mendlewicz J, Wilmotte J, Defrise-Gussenhove E: Attempted suicide. Population 4:797-810, 1970.

From The American Journal of Psychiatry 128 : 3 September 1971.

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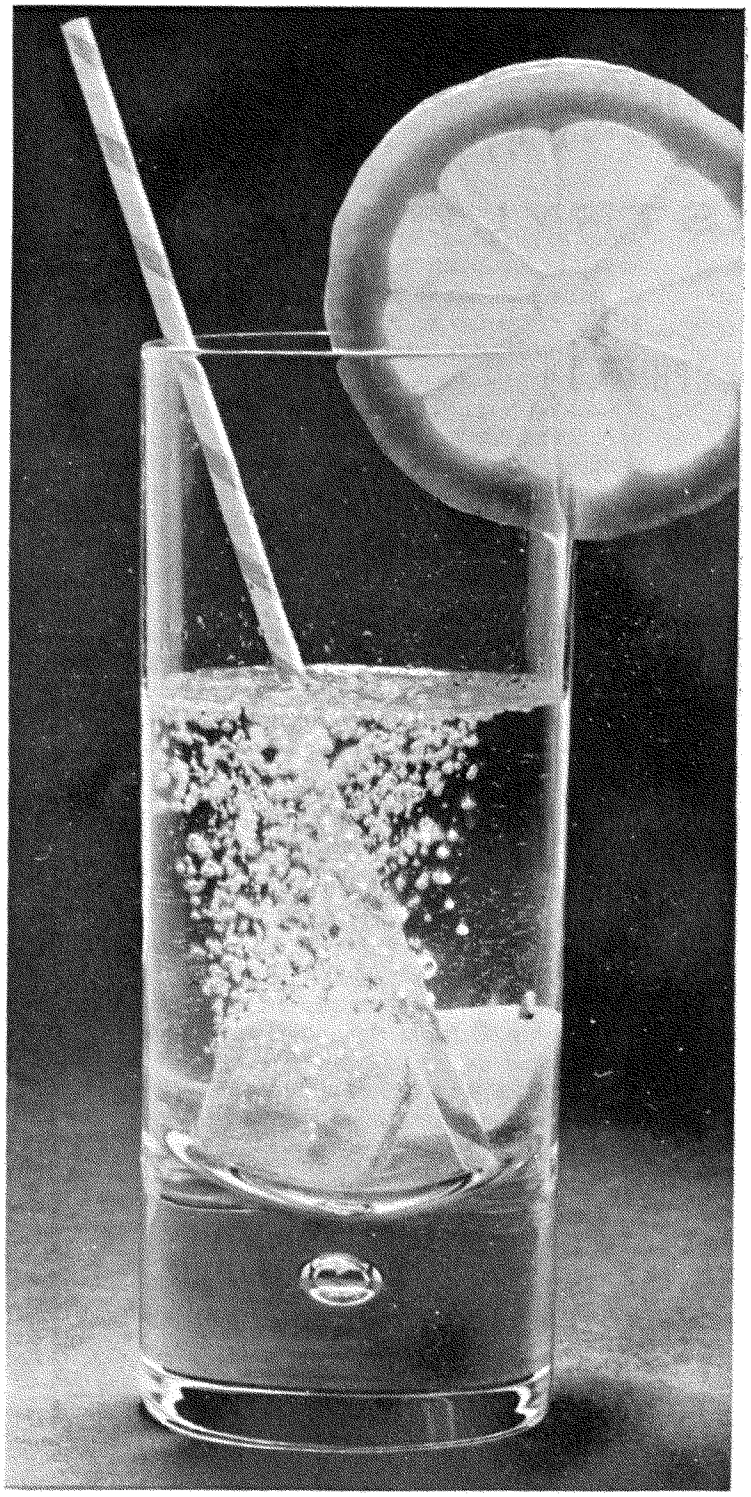

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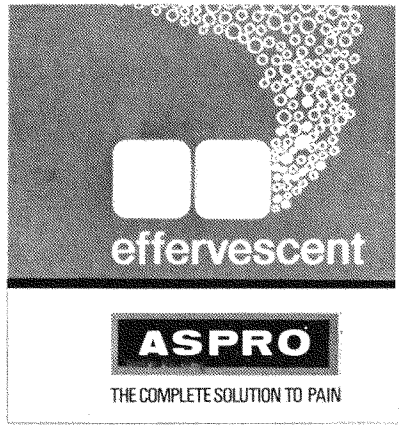

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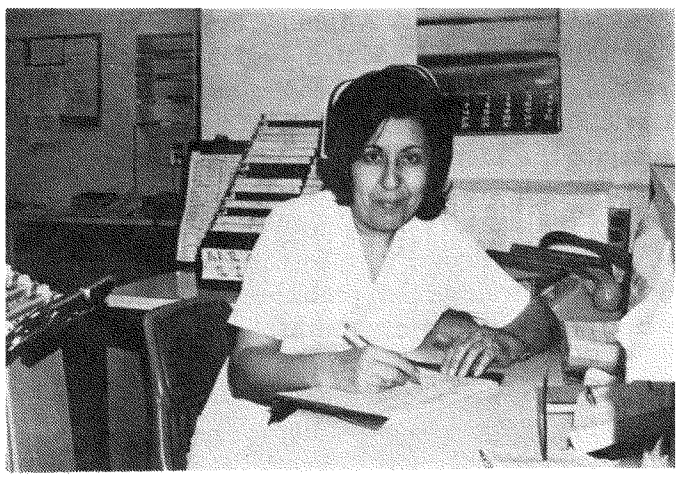
NURSING PAGE

NURSE OF THE MONTH

Nurses are the most vital health force in the context of a hospital care. Their functions, which are numerous and of sundry natures, include monitering the patients 24-hours a day, administering the correct dosage of medications to all patients at the proper time, keeping a daily record for everything given or done for all patients, assisting physicians in their procedures, alleviating pains and sorrows with generous doses of T.L.C. (and finally reporting to stern-mouthed supervisor).

It is therefore, of utmost importance that nurses be well organized by central figures in order to put their valuable potentials into the best possible output. This underlies the responsibility of the head nurse as a key figure in the smooth running of a complex medical center like ours, and in the integration of nurses, doctors and administration in many of the matters related to patients.

With such throughts in minds, MEDICUS has recently been on the look out for a head nurse who steers her staff into efficient service, facilitates doctors' work, yet all the time adds her own pleasant touch to the atmosphere.



Miss Jackline Apochian of the 4-North nursing station, has established herself as a worthy candidate to begin our honor list with.

Ii is the qualities of almost flawless leadership and unselfish dedication that brought Miss Aporlian into the forfont. Though it is true that all A.U.H.'s nurses possess such qualities to various extents before they are put in charge, yet few of them share Apochian's skill at giving the right order or rendering the right service at the right time to the right person. This subsequently sets an orderly pace on her floor in contrast to the bewildering chaos on others.

Moreover, she always manages to «say it with a smile» — a charming technique that seldom fails in getting prompt execution of all her requests, be it from interns, nurses or orderlies.

«Apoch» as she is warmly called by her close associates, is an example for other nurses to follow: hardworking, serious and efficient without losing the sense of humor, the cheerfullness and the feeling of happy satisfaction with one's achievements.

THE FOLLOWING ANNONYMOUS LETTER WAS RECEIVED BY THE EDITOR.

I sometimes wonder if you have'nt been students in your lives. This «you» goes to the nursing and medical staff of AUMC (**with due respect to exceptions**). Each time we — students — appear on the floors, the comments come fast and loud : «Here they are again», «God help us today», «these students don't know anything», and only a sarcastic look is sometimes more than enough to make us feel their scores.

Don't you think of hurting the other person when making such comments ? What would you have felt if this was said to you on your first days of experience ? What about the statement : « The students don't know anything.» ! It somehow reflect a «snobbism» for being the graduates.

Well I agree with you that we don't know much yet... not to mention being responsible for a floor; but at least the little we know, we do it to the best of our ability. And for the wellfare of the patients who are the objectives of both of us; don't you think that uniting our efforts, cooperating and helping each other will be of great benefit for them ?

What I kindly ask you is to go back home and remember how grateful you were for the sympathetic guidance in the beginning of your new clinical experience... wouldn't you like to do the same for us ?

PROBLEMS OF ADOPTION

By : Adlet Inati

Although to some it is considered that the adoptive process is a smooth one, it still applies that many adopted children suffer emotional and behavioral problems especially after they, at a certain stage of their development, discover that they were adopted. Just as not all married couples live happily, so adopted children and adoptive parents may confront difficulties the solution to which may need besides the parents' understanding nature, external help (agencies) in some cases.

Because parents could not conceive together, (this is true in the most common adoptions but not in the case when parents adopt a child just for limiting population explosion) those parents who continue to compare themselves with biological parents find it quite difficult to believe that the child belongs to them. The gestation period in the natural family creates a feeling of parenthood in both husband and wife. In the adoption family, on the other hand,this feeling needs some time to develop and may be occasionally accompanied by anxiety and uncertainty. Besides, since most adoptive parents are quite old compared to natural parents, they show less patience and tolerance in the process of bringing up their children. In some cases, depending on the parents' themselves, their culture, and their social background, an adopted child is viewed by one or both of them as a symbol of infertility. Thus creating hostility, instead of union, in the family.

On the other hand, the child who becomes aware of his parents' insecurity and who compares himself with biological children may fear abandonement and start to feel helpless. At one stage, he begins to show curiosity regarding his ethnic background and natural parentage. To know where one comes from is indigenous to every human being. The driving need for identity is innate to the individual for it gives him a feeling of worth and independence. Acquiring identity, however, is a very difficult process for one whose ancestry is not known to him. Many sensitive children may form their own stereotypes about their natural parents: they picture them as heroes, or, if not so, as better than their adoptive parents. As long as this hero is annonymous to them and as long as their adoptive parents don't fill their fantasy, the outcome is real disappointment and frustration leading to more anxiety and restlesness. In adulthood, this inner struggle due to a confusing double parental origin, if not wisely resolved by parents, may result in the running away of an adopted child.

Adoptive parents, therefore, should accept their situation as different from the biological family; they must realize that their child will at one time discover his origin from some other external source, and as a consequence will receive a great shock that might hamper his normal psychological development. But if he is reassured that his parents will under no circumstances, abandon him and if he feels the warmth and affection (not pity) of a father and a mother, he will be very much relieved.

An adopted child experiences the worst kind of inner suffering and despair when his past history is revealed to him especially if he realizes he was an undesired child at birth or he was out of wedlock. If child rearing is based on the child's need and not on the parents' needs, some of the above obstacles are eradicated.

Many of the child's difficulties are likely to come from the world outside home where many still show a strong counteraction to adding «a stranger» to one's own family. Reactions of relatives, neighbours, and acquaintances to adoption especially interracial are negative. Although by time a sense of acceptability of the adopted begins to develop, it remains true that many people, despite their deep conviction in the good aspects of adoption, continue to say to the adoptive parents, «but why do you have to be the ones to break with the old traditions and change the world?» Imagine what a strong ammunition we'll be armed with to withstand the threatening world widespread problems if we kept advocating this demagogic unfaithful approach !

A final word: adoption which obliterates a child's natural origin and deprives him of his «genetic ego» if not carried out tactfully and very wisely, makes a child feel he's a product of nothing. It leaves him helpless when he begins to express a normal inquisition about his biological background. These unknown facts create conflict and confusion inthe child throwing him in a world of bewilderment and uncertainty. Every opportunity should thus be exploited by adoptive parents to develop in their child a feeling of worth, importance, and self identity, and to minimize as much as possible the destructive reactions of the primary social group he is living in.

PROFILE

By : Elie Karam

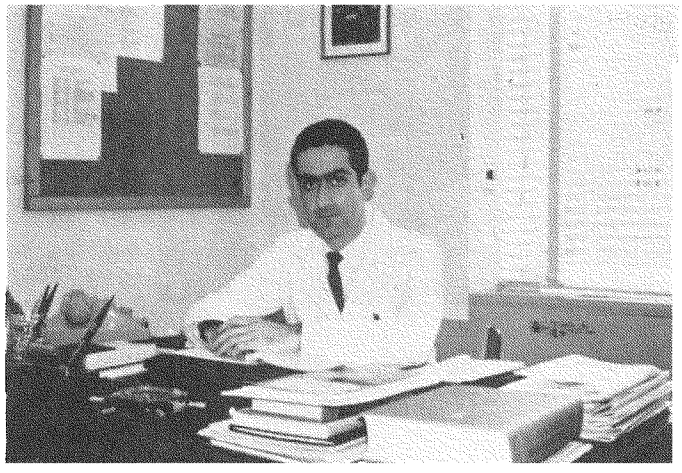
Dr. Bassam Barakat was born around 31 years ago in Monsef, a serene Lebanese village. He did his elementary and secondary studies at the American School in Tripoli and the International College then joined the AUB and graduated with an M.D. in 1965. He knew by then that OBS-GYN was the only speciality that could satisfy his interest in Genetics and counselling.

He spent 3 years of residency at AUH then left to the Johns Hopkins Hospital in 1968 and returned in June 1971 with a sub-speciality in cytogenetics, proving that he was one of the clinicians who believed in a solid basic-science background as indispensable for accurate, rational clinical decisions.

A medical student would not feel any «gap» when talking to this cheerful inspiring man who was once an excellent athlete and captain of many teams, as well as the editor of MEDICUS in 1964.

At the time of his residency, Dr. Barakat noticed that basic science was alarmingly deficient in the OBS-GYN department. Then come Dr. Adnan Mroueh who strengthened his determination. When Bickers encouraged him as well, he finally decided to specialized in genetics.

When asked about students and their problems, Dr. Barakat purpurted that exams alone are not a reliable tool to check the performance of a student.



The five years at medical school should be one part of the big exam that is life. A student must be assessed according to his application of the knowledge imparted to him.

Neither is Dr. Barakat satisfied with residency at AUH. He feels that the pyramid system should be adopted in all departments. The resident should be stirred to do his best not just relax with the assurance that he will graduate in 3-4 years.

As for the doctors at AUH, Dr. Barakat believes that few of them are up to date in their knowledge, and suggests that every doctor should spend some time outside every few years to catch up with the most important and recent advances in their fields.

Dr. Barakat is a Hakeem in all the meaning of the word. He is a physician, a scientist, a clinician, and an older colleague to every medical student. We are proud to have him among us and we all love and respect him.

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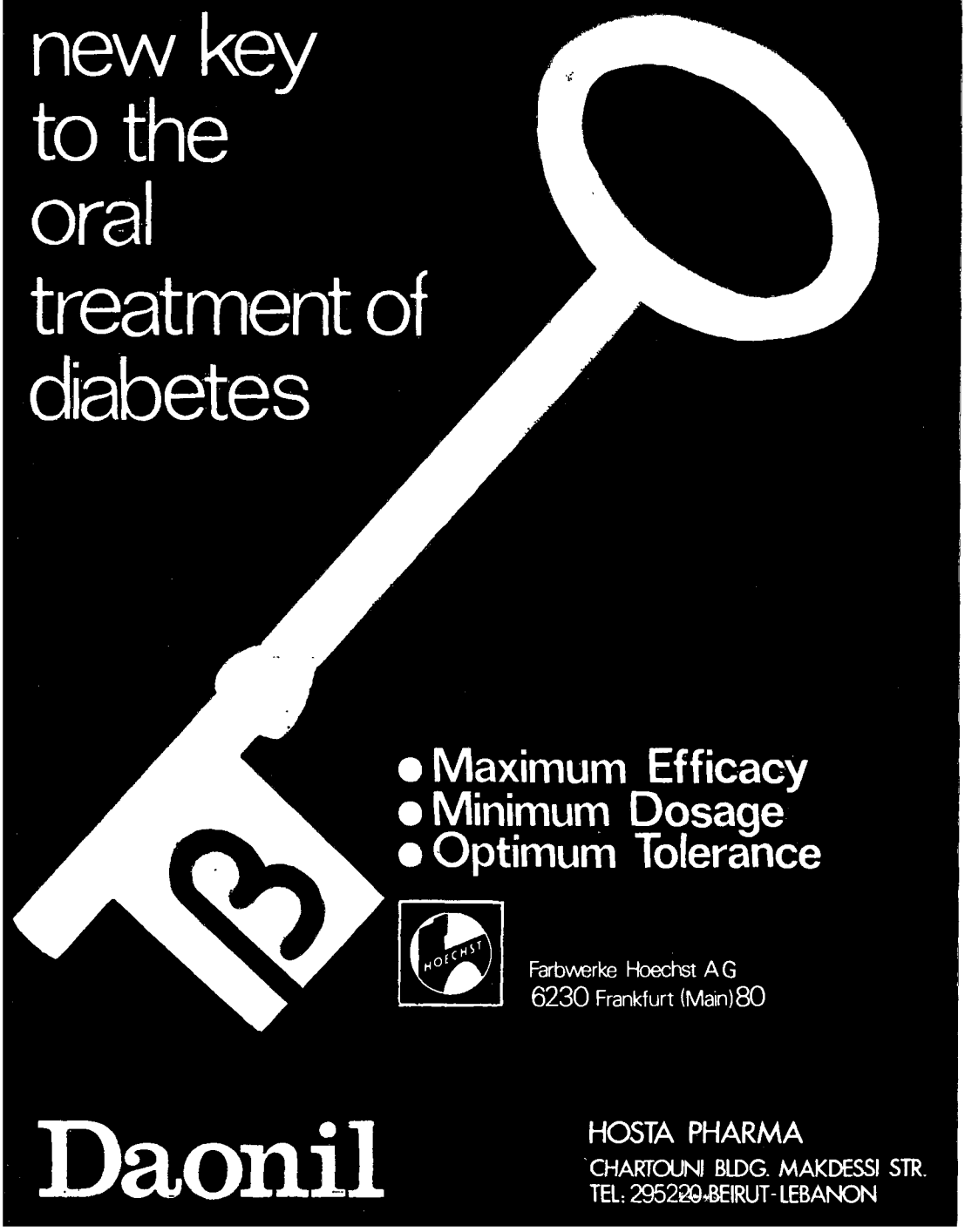

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GENETICS

Yesterday, Today and Tomorrw

By : Salim Walji

Ever since Socrates is believed to have wondered why he was different from his stupid neighbour, man has continued to speculate about the processes of inheritance. Out of such random and often crude speculation came Mendel's classical laws of inheritance, formulating that living things passed their characteristics to later generations with mathematical precision in small separate pachets or genes as they later came to be known.

Mendel's ideas were so unorthodox that they remained ignored for 35 years, only to be rediscovered at the turn of the century, by which time, genetics once again occupied the scientist's interest. Soon, it was suspected that the genetic information resided in the chromosomes and a few years later, these suspicions were ingenuously confirmed in columbia University's famed « Fly Room », where the pioneering geneticist Thomas Morgan and his students, produced a map of the relative positions of the genes of the fruit fly, Drosophilia melanogaster. Yet, the gene's physical nature remained as great a mystery as ever. Since the chromosomes in which the DNA was found also contained proteins, few scientists were led to suspect that DNA might be playing an even more central role to life.

The breakthrough discovery came however when Oswald Avery, working with bacterial viruses at Rockfeller. Institute conclusively showed much to his own disbelief too, that the genetic material was DNA. Then one day in 1953, two men were seen dashing out of a side door of Cambridge University's Cavendesh Laboratory, and into the Eagle, a pub where generation of cambridge scientists have met to gossip about experiments and celebrate triumphs, and there the men exultanty announced, « We have discovered the secret of life ! »

On that late winter day in 1953, two unknown scientists, James Watson, 24, and Francis Crick, 36, had worked out the famed spiral-staircase structure of DNA. This unraveling of the DNA double helix was indeed an accomplishment comparable to the splitting of the atom or the publication of Darwin's Origin of species.

Watson was a PH.D. graduate in biology then, deficient in chemistry, crystallography and mathematics. Crick, on the other hand, was a physicist turned biologist, who was almost totally ignorant of genetics when he met Watson. According to Watson's own account in his provoking bestseller, THE DOUBLE HELIX 1958, the two men showed with less than 2 years of work at cambridge, how it's possible to win a Nobel Prize without really trying.

Sabsequently they also explained the mechanism whereby DNA replicated itself and was able to pass its genetic information to new cells. Of course, proof was needed to support this ingenuous theory and such proof was indeed quick to come. By 1956, Arthur Kornberg had already started working on the problem at Washington University and finally in 1967, working at Stanford University, he synthesised in a test tube a single strand of what was actually able to make a duplicate of itself. Kornberg's 'creation' was only a copy of a virus, but new goals had now been set for geneticists : to create functioning, living cells.

While Nirenberg succeeded in cracking the genetic code and while the secrets of DNA's awesome powers kept unraveling, there still remained problems that badly needed to be answered. It had been known for instance that the DNA in every body cell of an individual organism is identical; and that, this DNA contains all the information necessary to construct the whole organism. Why then, in a human being, for example, is a liver cell so different from a hair cell, a heart cell so different from a skin cell ? The answer to this came in 1961, with the theory of French biologists, François Jacob and Jacques Monod, that only a small percentage of the genes in any cell are giving instructions at any one time, the rest being « turned off » by protein repressors.

Despite these advances, DNA retained its mysteries and necessarily so, because it is essentially as complex as the system it directs. Even after twenty years of intensive study, only about one-third of the genes have been mapped along the length of DNA in the chromosome of so elementary a creature as the bacterium Ecoli. « The reason : just a teaspoon of E-coli DNA has information capacity approximately equal to that of a computer with a storage capacity of about 100 cubic miles. » Yet even before the structure of DNA was defined and the genetic code broken, doctors had begun, mostly by trial and error, to develop techniques of genetic medicine.

Man and Asexual Reproduction

Man today is heir to a host of inherited imperfections. Geneticists have determined that almost every individual carries between five and ten potentially harmful genes in his cells. Most people are unaware that they are carrying defective genes until they have a deformed, diseased or mentally retarded child. « While medical sciences has not yet developed the techniques for repairing the bad genes, it can increasingly determine that they are present. Genetic counselors can thus advise prospective parents on the possibilities that their offspring will be born with genetic deseases. » Properly informed thus, adequate precautions can be taken accordingly.

Man has already began to tamper with the natural processes of birth, and artificial insemination has begun to offer some escape from genetic mishaps. An estimated 25,000 women whose husbands are either sterile or carry genetic faults have been artificially inseminated in the U.S. each year, many of them with sperms provided by anonymous whose pedigrees have been carefully checked for hereditary defects. Some 10,000 children are born annually of such conceptions.

Even test-tube babies, which once sounded like science-fiction, are not only possible now but also probable. Dr. Landrum Shetles of Columbia University and Dr. Daniel Petrucci of Italy have shown that considerable growth is possible in test tubes. Scientists at the U.S.A.'s National Heart Institute have already developed chambers to sustain fetal life outside the mother's womb. Perfection of such devices could easily produce Aldous Huxley's famed Baby Hatcheries. Man indeed may eventually be able to abandon sexual reproduction entirely, and Dr. Gurdon of Britain's Oxford University has already demonstrated this startling possibility. Working with unfertilized frog eggs, he was able to produce a live tadpole by nuclear implantations. All these possibilities of course make Huxley's Brave New World or Professor Skinner's Utopia sound only more real, carrying echoes of fear and desperation for some, or implying resignation for other, and even promising hopes for yet others, like Skinner's Frazier, the hero of his Walden Two (1948).

Man, say the scientists, could one day clone, or asexually reproduce himself, creating thousands of virtually identical twins from a test tube full of cells. Dramatic as cloning may be, its overall significance is somewhat undercut by a technique that may well be practiced the end of this century : genetic surgery, or correction of man's inherited imperfections at the level of the genes themselves. When all the genes have been located and mapped on the DNA strands, and when the molecular biologists are able to create synthetic genes in the test-tube, they will be able to perform genetics surgery then. In anticipation of all this, the scientists had to focus their attention on the gene itself, or Mendel's small packets.

60s Heroes

And then almost a century after Mendel's formulation a group of bacteriologists from Harvard Medical School, working with E. Coli achieved a historic goal in Nov. 1969, when they succeeded in isolating pure genes of living matter.

Announcing their discovery at a press conference, Dr. Beck with the leader of the team, sounded gloomy though. « The way things are going, » he said, « I'm afraid the bad will outweigh the good. » Dr. Shapiro, the other member of the team, was equally pessimistic. (Nature, December, 1969). « In view of the work that has been done with bacterial warfare, » he said, « I don't think that we necessarily have the right to pat ourselves on the back because of this finding. »

Yet, this was the first time science had succeeded in is dating a simple gene. Surveying the 60's, Newsweek Magazine rightly hailed this as one of the decade's foremost accomplishments. (Newsweek, Dec. 29, 1969) and claimed that with it. Microbiology had displaced Nuclear Physics as the most glamourous scienco.

The Re-engineered Man

Genetic surgery is indeed not far off now. Dr. Sol Spiegelman of Columbia University has already synthesized an artificial virus that's indistinguishable from its natural model. He and his colleagues hope that they, they will eventually be able to create « friendly viruses » which could be used to cure diseases rather than cause it — by «using the viruses to stimulate the production of the chemical products upon which health & life itself depend. » Molecular biologists have appear to have now gone a little way yet beyond : a group of them, working at National Institute of Mental Health, announced last month only, of a successful transplantation of a gene, responsible for the desease Galactosemia. The transplantation, carried out in a test-tube, restored the cells' ability to synthesize the enzyme galactosase, responsible for the utilization of the milk sugar galactose in infants. Reporting on this, Time magazine (Oct. 25) predicted that the days of genetic engineering may now be a little closer, while an editorial in October's Nature Magazine hailed this feat as «of the greatest and most startling interest to all biologists. »

Genetic manipulations & transplantations would certainly enable us to refashion man. Speculations about the appearance of such re-engineered man already under way. Some scientists argue that man's head should be made larger to accommodate an increased number of brain cells. Others yet talk about other things. Some note, for example that the efficiency of man's hands could be increased by an extra thumb. (Man probably cannot wait for natural selection to change him, some scientists warn, because the process is much too slow. Yale Physiologist José Delgado holds the human animal in the likeness of a dinosaur : insufficiently intelligent to adapt to his changing environment.)

« Eventually, scientists fantasize, man will escape entirely from his inefficient puny body, replacing most of his physical being with durable hardware. The futuristic cyborg, or combination man and machine, will consist of a stationary, computer-like human brain, served by machines to fill its limited physical needs and act upon its commands.»

« Such evolutionary developments » continues TIME, writing on « Man into Superman » (Time, April 29, 71), « well herald the birth of a new, more efficient, and perhaps even superior species. «But, it questions a little too naggingly, « **would it be man ?**».

...Yes, would it ??

medicus NEWSREEL

STUDENT FACULTY INTERACTION COMMITTEE

The Student Faculty interaction committee, a new committee affiliated to the Social Committee has been set up to try to bridge the famous gap between faculty and students. It groups representatives from all five classes of the school of Medicine. During a series of meetings attended by the committee's advisor Dr. Afifi, this committee has planned for a series of panel discussions that would bring together students and faculty to discuss problems relevant to both groups. It has also planned for a series of tea parties which would be — purely social gatherings grouping students along with doctors and their wives

The least we can say about the committee is that it will have a promising future !

Clinical ECG lectures

Under the organization of the Medical Education Committee, Dr. R. Tabbarah is griving a series of lectures on Clinical Electro-Cardiography. These lectures are held once every two years. They are very informative.

CWL trip to the South

On Sunday, 26th of March, medical students were asked to join the CWL trip to South Lebanon where they could provide medical advices to the people concerned.

The number of students was adequate although more were expected to show up.

First Aid Course

A group of students, concerned with the problems of the Southern villages, are entertaining the idea of giving a first aid techniques course to medical students who would go to these villages and teach the villagers means of first aid in case of any emergency. Students are urged to participate in this course and carry it to people who need it.

Drugs Panel Discussion

On January 16th, 1972 the Medical Education Committee held a panel discussion on drugs, in West Hall. The moderator was Dr. Fuad Antun and the Panelists : Drs. V. Puzantian, P. Dodd, N. Nassar, and judge B. Murtada.

Even though few people showed up, other pannels are planned for the future.

M.S.S. Honorary Certificates

It is a custom of MSS to bestow honorary certificates on interns who were active in the MSS during their five years and on faculty members who helped MSS. This year the certificates were given during the Anniversary show to Dr. Fuad Farah, Dr. Nadim Haddad, Safa Rifka and Henry Nasrallah.

M.S.S. General Assembly

An MSS General Assembly was held on Monday February 21st, whereby work of the cabinet and various committees was assessed.

Safa Rifka, MSS president, urged students to elect their class representative for the Student faculty Committee. He also declared the newly acquired right of medical students to participate in various committees of the medical school.

Alpha Omega Alpha luncheons

The AOA Society is having informal luncheons at the cafeteria for students and faculty members.

The purpose is to bridge the gap between the two parties and to discuss problems pertinent to the medical school.

Dr. Kurban's Supper

On March 21st, Dr. Kurban invited to his house the MSS cabinet and chairmen of committees for a supper. Dr. Raif Nassif and Dr. Adel Afifi were present. Various problems were discussed.

Meeting of the chairmen of committees

On January 28th, the M.S.S. Cabinet invited all chairmen of committees to a meeting in the Alumini Club where the chairmen presented their achievements, their plans and problems. More meetings of this kind are planned to make sure that medical students will be pulled out of their apathy.

Student faculty elections

Every class elected its representative for the student faculty committee. The people elected were Amin Al Hassan for the first year, and Faysal Mudariss for the fourth year. Fayez Tekieddin for the Second year, Jack Tomeh for the Third year and Fuad Khuri for the Fifth year won unopposed.

New Minister of Health

Being a full timer in the School of Medicine, Dr. Salah Salman was naturally eligible for the post of minister. He was assigned the ministry of Health where he doesn't have to deal with furious students like his colleague Dr. N. Abu Haidar. More full timers are expected to join the Cabinet of Ministers Inchallah.

New Medicine Curriculum

The Department of Internal Medicine has started a new program whereby the third yearers go to the ward and to OPD while the fourth yearers join the interns on the private wards. The program turned out to be a success from all points of view. The tempo of the work has increased on the wards as well as in OPD. The learning rate has also increased.

Vaccination Campaign

The Preclinicals are participating in the vaccination campaign organized by the Medical Education Committee. They have covered so far the South of Lebanon and are moving now towards Northern Lebanon.

The vaccines are for poliomyelitis and DPT. The activity is held every Sunday throughout the year.

Blood Donation Day

Tuesday, April 18th, will be a blood donation day for students and faculty of Medical Sciences. The Social Service will distribute the collected blood to needy patients on our floors. There is no need to stress on the necessity of such a donation by the people who are not concerned with it.

Tropical Health Conference

All the preparation for the 7th Tropical Health Conference have been done. Applications have started to arrive. We hope that the new chhairman, Munir Khani, will bring in for the MSS even more money than the previous chairman, Issam Susu, who brought to the MSS coffers a record net profit of 3300 L.L.

THE MSS GENERAL KNOWLEDGE TEAM PROVES INVINCIBLE

The Student team L-R: viken, Garo, Naji, Henry, Ara

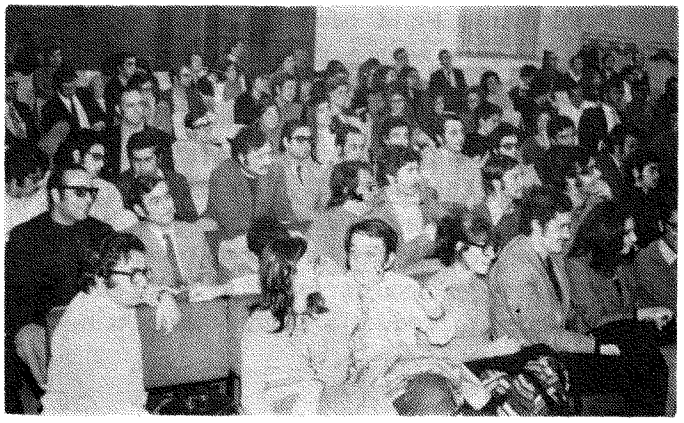
Faculty GKC team : From the right Drs. Abu Faisal, S. Shehadeh, S. Sanjad, I. Salti, and N. Mukheiber.

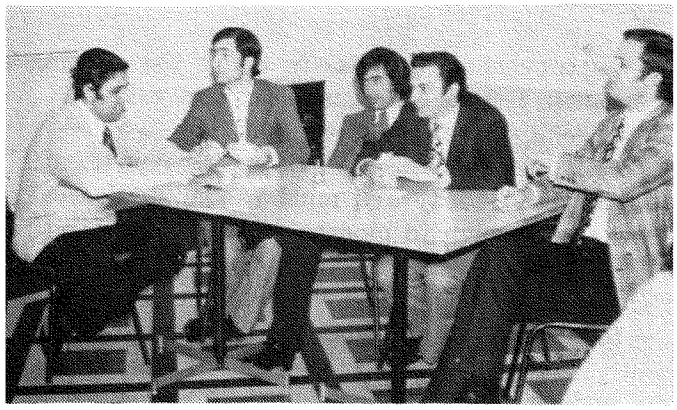
The Medical students' general knowledge team has so far scored brilliantly.

On January 12 th, a general knowledge contest was held between the medical students, residents and Faculty, with Dr. Matossian as quizmaster. The student team emerged victorious after leading the contest most of the time.

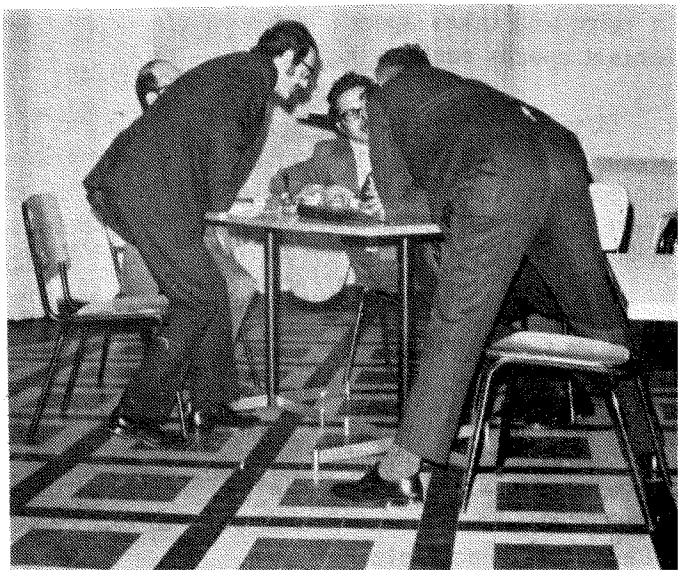
On March 30 th, the medical students **crushed** their classical opponents, the engineering students, team in a general knowledge contest held in west hall to wildly cheering and counter-cheering audience, and won the silver cup donated for the occasion. The quizmaster was Dr. Sami Sanjad.

Gaby Haddad, the committee chairman is planning to organize more GKC against the French Faculty medical students, the Arts and Sciences, and possibly the BCW. With a team like this, he rests assured of further glories.





The residents GKC team : From the right Drs. E. Azar, Sh. Khuri, R. Srour, E. Hilal, and A. Jahshan.



Faculty in the Process of thinking in the GKC...

SPORT SECTION

BOXING

THE «NOBLE» SPORT

By Rashid Baddoura

Boxing is the modern expression of the combative tendency in man. The law of self-preservation is strong in all creatures. Without it death is as certain today as in those early days when the inability to fight, to struggle, to adapt or to change, meant death.

Failure to « Fight back » successfully causes mental complexes, neuroses and psychoses in one out of every twenty persons. Modern life is characterized by speed. Speed means change, and change requires adjustment. Inability to adjust indicates an emotional instability, the incapacity to «take it», to fight life's battle. There is an indication of growing «softness» in people. Physical softness results because there is no longer need for physical hardness, which in turn tends to produce a mental softness or emotional instability.

Just as surely as good food is essential to good physical health, so there is a need for the development and expression of the combative spirit for emotional health. The combative spirit finds release in «give and take» sports, but specially in personal contact sports, such as boxing.

It is agreed that of all activities, boxing is one of the most vigorous. The large muscle groups of the body are used, demanding vigorous action of the heart and lungs, activity which has to be sustained over a period of time.

Apart from this, boxing requires faster movement of learned action, in less space of time than any other sport, attack and defense are practically one and the same thing. All actions must be instantaneous. Between the start of a blow and its hit there is only a fraction of a second's time. In that moment the boxer must decide what to do. This is where intelligence enters.

It is sometimes difficult for those people whose experience is outside the field of athletics to understand that boxing requires intelligence. The baseball pitcher is called smart because he outguesses the batter; the quarterback is credited as being the brain of the team; the chess player is considered highly intelligent. Yet the element of time does not enter into such situations. The player can study the opposition noticing indications of intention or weakness, and then regulating his next action accordingly. This is not true of boxing. Out of the hundreds of possible choices, one choice must be selected, and it must be right. The speed of an opponent's blow must be gauged in relation to body position and plan. It is imperative to interpret one's own speed and reaction and judge the possibility of striking the opponent or adjusting the defense. Interpretation means judement and judgement implies intelligence; judgement in boxing must be made quickly, accurately and constantly; it must be simultaneous with action.

On top of this, boxing must be very disciplined combat, with a high emotional control. Anger is a natural impulse in a battle. Yet in boxing, anger must be controlled because it causes a lack of judgment and the ability to act or think quickly. Boxing teaches cool, easy deliberation, the faculty to think and act under pressure; it is an activity ripe with the possibilities for emotional development.

In conclusion, one has to admit that boxing is the essence of the «fighting man, its value is not in the skill that is acquired, although too has real value for hand to hand combat, but because it quickly acclimates the body and mind to the «violence and shock» so foreign to modern day, youth, and yet often met in everyday's life. Boxing teaches the ability to take a punch, and with the head reeling and the body staggering, to fight back calmly and intelligently; it reaches disregard for bursts, that the body can endure terrific punishment and still come back for more. It teaches a disregard for violence and pain; finally it teaches amazing confidence in the ability of one's self to do the job that has to be done.

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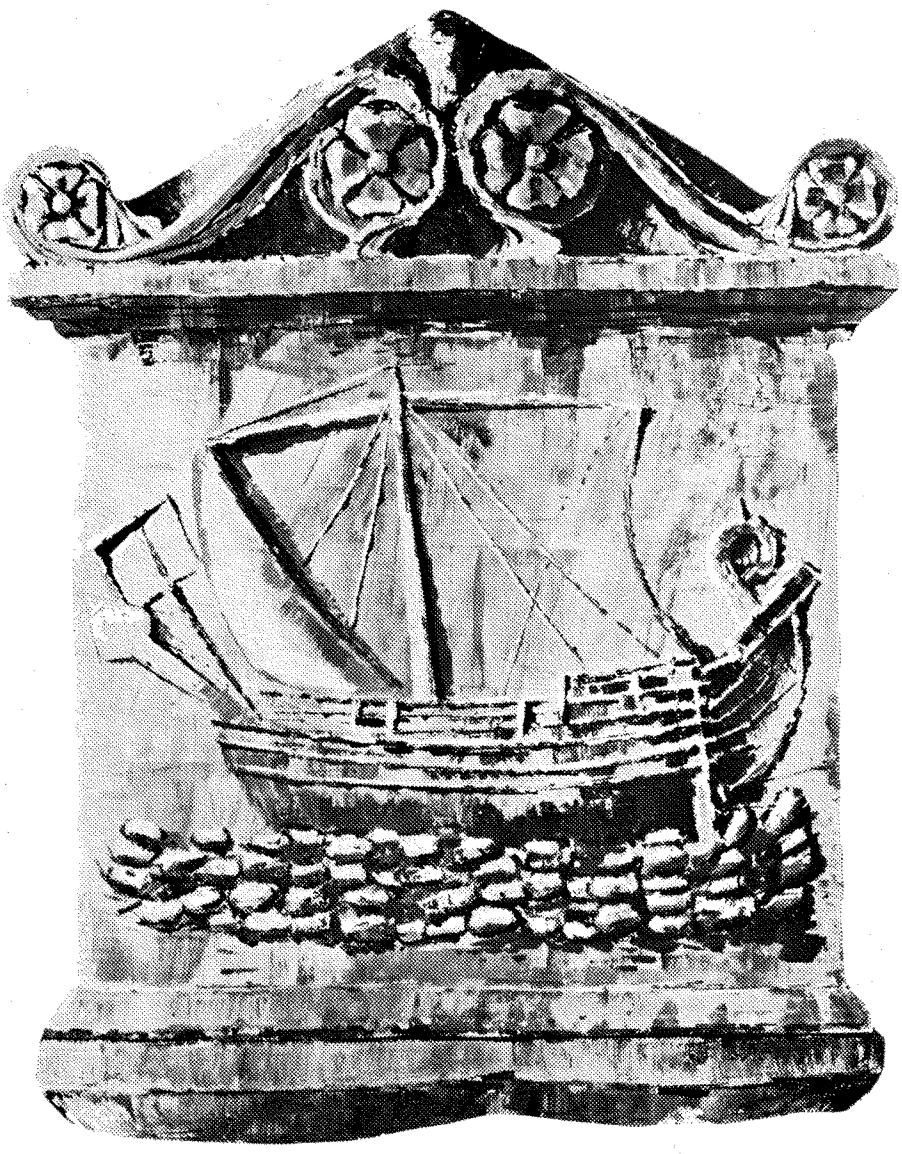

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