

Boston University

OpenBU

<http://open.bu.edu>

BU Publications

The Arena

1965-11

The Arena: November 1965

<https://hdl.handle.net/2144/17871>

Downloaded from DSpace Repository, DSpace Institution's institutional repository



Vol. II No. 2
Nov. 1965

THE ARENA

Student American Medical Association
Boston University School of Medicine

HALLOWEEN PARTY

The cult of hobgoblins and witches was perpetuated by Mr. Manzione and Eddie McCarthy in the form of food and drink served in a profusely and appropriately decorated student lounge. Those who attended by choice and those who were caught up in the festivities as they removed Gray's or G and G from their locker, much as Macbeth was mesmerized by the predictions of the witches on a misty moor of Scotland, were well satisfied by crunchy candy coated almonds, chewy candy corn, salty peanuts, a variety of cookies, all topped by a glass of hearty apple cider. All who partook of this brief dash of festivity amidst a day filled with multiple innervations, compensatory reflexes, and temperature charts, were pleased and grateful to the gentlemen who had taken the time and effort to assure the establishment of a precedent.

CHRISTMAS TOY DANCE

Would you like to spend an evening dancing in convivial surroundings, knowing that because you are there some child's Christmas will be a little happier?

If your answer is yes, we invite you, the student body and faculty, to join at the Christmas Toy Dance on Saturday, December 11. The dance will be held in the main ballroom of the Metropolitan Yacht Club in Braintree.

Admission to the dance will be one wrapped toy per couple with a minimum value of \$1.50. To facilitate handling

of these gifts, please label them with the age and sex of the recipient. As of December 1, the gifts may be left in the mail room, in return for which you will receive a ticket of admission.

Because of the distances involved, we are organizing a car pool so that those who wish to attend, but are without transportation may also come. The cooperation of those who have cars will be greatly appreciated. Please watch the SAMA bulletin board for further details.

Will we see you there?

S.F.C.

DIALOGUE

THE NATIONAL BOARDS: WHAT DO WE DO NOW?

For several years, our school had a policy of both requiring that each student take the National Board exams, and taking the exam grades and computing them into the student's school record as part of his final grade in each subject covered by the Boards. Two years ago, the administration decided to drop the second part of the student's permanent record as far as the school was concerned. When the results came back in early July 1964, however, they showed that approximately ten students had done sufficiently poorly that they would have to re-take parts of the Boards again. The administration promptly reversed its position; the Board scores, once again, would be reckoned into each student's final course grade.

(cont. on p. 4)

CROSSWORD PUZZLE

ACROSS

- 1. (congen.) brain outside of skull
- 15. bone in the neck
- 20. jaundiced skin (adj.)
- 25. 10⁻³ meter
- 28. "funny bone"
- 37. arousal of associated mnemonic complexes
- 43. pertaining to urinary tract (prefix)
- 46. from (Latin prefix)
- 50. where ambulatory patients are treated (plural)

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60

STEVE SCHWARTZ, BUSH III

- 9. masters degree in obstetrics (abbr. Britis)
- 10. _____ palpebralis, margin of eyelid
- 11. it, (Latin), Freud considered it a source of basic urges
- 21. the result of moderate exposure to UV
- 22. a group of skin lesion, such as in variella
- 27. _____'s respiration (as in meningitis)
- 28. mucocutaneous leishman a thiasis
- 42. alcoholic solution of a drug (abbr.)

DOWN

- 1. from (prefix, Latin)
- 3. _____'s sign, tenderness, at upper, inner angle
- 7. related to functions of organisms (prefix)
- 8. hypermetropia (abbr.)

(solution on p.6)

ARENA STAFF

Editors - Anne Lowe
 Paul Levine
 Typist - Cathie Rush
 (Alumni Office)
 Contributors - Harold Ginzburg (II)
 Steven Cogan (II)
 J. Howard Brown (III)
 Richard Goldwater (III)
 Steve Schwartz (III)
 Masthead - Geoffrey Simon (II)

NAVY MEDICINE

With the increasing numbers of doctors who are entering the military, either voluntarily or involuntarily, one ought to seriously consider the various services open to him. This past year 6600 new doctors have made some committment with Uncle Sam and now with the increased draft call due to the Vietnam conflict, another 1600 doctors are needed. Captain McLaughlin, District Medicial Officer for the 1st Naval District visited the medical school on Thursday, Nov. 4 to discuss the various Navy Programs.

The Navy offers a reserve officer's commission (Ensign 1915) to medical students which requires the student to serve 2 years active duty in the Navy either after his internship or residency if accepted to the Berry Plan. This program is designed to encourage men to become career officers and offers such inducements as summer research and clinical clerkships at full Ensign's pay. Except for these special assignments, the Ensign is on inactive duty and if under 26 years of age, is meeting his 4 years inactive reserve requirement. For the man who knows that he prefers to serve in the Navy as opposed to the other services, this is one way of assuring his choice.

By enlisting during the first or second year of Medical School, if one later decides he wants the Senior Medical Program (inwhich the Navy will pay you as an Ensign on active duty during your senior year of Medical School), he has earned longevity (that is, he has been in the Navy longer than someone who enlists during his junior

(cont. p. 7)

PHI DELTA EPSILON

The purpose of this column is to acquaint members of Boston University's School of Medicine with one of its most active and beneficial medical fraternities. I believe that many Freshmen and even upper classmen, have some natural bias against fraternities. I must admit that during my undergraduate years and even prior to this, I had looked upon fraternities in an unfavorable light: The following equation seemed apt:

$$\text{Student} + \text{fraternity} = \text{dropout} \\ (\text{or Flunkout or nonstudent})$$

I am sure that we know many students that have followed the above equation and others who have not.

Phi Delta Epsilon is different from most undergraduate or graduate fraternities. The purpose of this organization is not to provide a drinking place and wild parties for its members. Please, however, do not get me wrong. Phi Delta Epsilon is not against fun--but we do like it in moderation.

On the other hand, one of the prime functions is to provide a means of introducing fraters to the "other" side of a Physician's life. Academic performance and clinical excellence are also stressed. Monthly meetings with the graduates playing host, provide the background for these informal sessions.

Socially speaking, the fraternal organization arranges mixers, dance parties, theatre parties, picnic and other activities which help to round out the education of a budding physician.

A Ladies Auxiliary provides a complementary group through which wives and female medical personnel participate in organizing and carrying forth functions both in conjunction with, and occasionally separate from, the men's chapter.

We will in future columns, further elaborate on the various facets and activities of B.U.'s largest medical fraternity.

An open invitation is extended to attend our meetings. Notices of meetings will be placed on appropriate bulletin boards.

If you have any questions concerning Phi Delta Epsilon, please feel free to contact me via student mail. In future columns, I will also make an attempt to answer some of your questions.

Harold M. Ginzburg (II)
Historian
Phi Delta Epsilon

OBSERVER, JUNIOR
"Goldfanger"

Due to circumstances beyond our control, and certainly beyond those of our protagonist, we left Hydrogen bOnd, Doctor of Medicine and Secret Servant, in a rather dark predicament. Rosa Bleb, agent provocateuse of the evil organization SCHIZO, the Society for the Diagnosis of all Disease as Psychosomatic, had rendered bOnd unconscious. In that black state, bOnd was whisked from the locus of his collapse to the palatial secret headquarters of SCHIZO deep under the Lincoln Tunnel in New York City.

Goldfanger grinned loudly as he faced his captive in the ornate Analysis Salon. His faceted gold teeth caught the reflection of the accurately pointed spotlight which hung like sleeping bats from the ceiling. bOnd at last was returning to wakefulness. He could not stretch his muscles as he might have liked because he was tightly strapped to a dark gold analyst' couch.

"You are an experienced traveler, bOnd. It was wise to sleep through the rough trip to our little hideaway." He chuckled. "We have spent many months studying you, bOnd. We know you very well. You see, we must be sure that you are safely out of the way before we can be sure our really ingenious plans will succeed. We have a way of dealing with you more effective than a laser, more tidy than a tub of pirhuanas. bOnd, we are

(cont. on p. 7)

DIALOGUE cont. from p. 1

The school's results in Part I last June coincided fairly well with the national statistics released by the National Board of Medical Examiners. In both cases, the median was around 79, with a fairly good distribution above and below. In both cases, about fifteen percent "failed" (average grade for the six parts below 75); this amounted to nine students at BUSM.

Based solely on a comparison between the Part I scores in 1964 against those in 1965, one might be inexorably drawn to the conclusion that the negative incentive system ("Do well on the Boards or your over-all grades will suffer") is insufficient. The remainder of this essay will be devoted to exploring this conclusion.

In the years preceeding 1964, BUSM students traditionally did well on the Boards, with only one or two failing Part I in June. It was therefore, reasonable for the administration to assume after the results in 1964 that some sort of study incentive, in the form of course grades and class standing, helped the students do better. In some individual cases, this may have been true. But how can the results of 1965 be explained on this basis, when this incentive was present, but the expected and desired results were not?

To attempt to partially answer this question, let us first consider what the average student considers the Boards to be, in a personal sense. Passing all three parts allows the graduates to practice medicine in nearly every state in the country without further examinations. This allows considerable mobility for the physician, especially in his training years, from state to state. Not even the most rabid scientist really wants to have to study for an examination every time he moves. Not even the most provincial Bostonian or New Yorker, who considers everything west of the Hudson to be a barren wilderness, would dispute the benefits to be gained from this mobility.

After all, some of these people might end up in Connecticut or New Jersey in a few years.

Adding to this picture, it can be said fairly safely that medical students have a large amount of academic motivation and pride. The required premedical studies at college are sufficiently rigorous, compared to most other programs, to weed out those without sufficient drive to survive at medical school before they even arrive.

And finally, there is the well-known truism, "He who flunks in June must repeat in September", to add extra impetus for reviewing in the weeks before the exam. No one wants to retake Part I!

But with all this, the school's record was no better than average, and nine people had to retake sections of Part I in 1965.

Placed against the known benefits of the exams, the individual motivation and pride of each student, and the general desire to "take the exams and get them over with", the grade incentive by itself becomes quite secondary. A more positive approach to this problem is necessary.

An often-heard complaint is that of insufficient time to review adequately for the Boards. While in theory, the students should really know the material before reviewing, no one will seriously question the value of a hard review before the Boards. The ideal solution, of course, would be for the second-year students to begin preparation for the Boards well before June. But here, in many cases, another problem supervenes. Many of the students who do poorly in the Boards have had problems of one sort or another during the course of the school year that require immediate attention. A student who is not doing well in Pathology or Medicine rightly feels that he must devote most of his time to studying these "weak" courses in order to pass them. This

(cont. on p. 5)

DIALOGUE (Cont.)

is the immediate need, and it is this that demands immediate attention. These students, then, are limited to the three weeks between the May exams at BUSM and the Board exams in which to review hard for the Boards. This is quite unfortunate, since it is usually from among this group of students that the "failures" on the Boards come. This group would undoubtedly benefit from a longer study period before the Boards.

The whole question of orientation of BUSM course material towards the Boards is moot. On the one hand, the student must pass the Boards, On the other hand, the Board examiners in many instances have been most capricious in their selection of material to be tested, so that stressing "National Board Subjects" could, in addition to hurting the student's general background knowledge in a given course, lead to a disaster if the Examiners decided to change course and stress something completely different in any given year. Yet, at the same time, the individual - department chairmen have had the opportunity to both see past Board exams and to read through the course critiques written by members of the Class of 1967 immediately after the Boards last Summer. Any gross deficits in the current course material or testing methods should be corrected.

With all of this in mind, we believe that at least two steps could be taken here at BUSM that might improve the general over-all performance of our students on the Boards. The measures:

1. Eliminate the final exams in all of the second year second semester courses (i.e., have exams only in Pathology, Medicine and Neuro-pathology).
2. The department chairmen should correct any gross deficits, where they exist, in their sources. Specific testing on definite assigned chapters of a specific textbook might at least highlight important information that in

many cases can't possibly be covered in the attenuated lecture series.

If the school is going to insist that students take and pass the Boards, it must do more to assure that all students can do this. The "grades" incentive alone appears to be insufficient. The above measures can't hurt and they might help.

JHJB

TO THE EDITOR

I was quite happy to see that the ARENA took time to inform its readers of the upcoming Christmas Toy Dance in its last edition. However, I am writing this letter inasmuch as I do not feel that the members of the Medical Center, students and faculty alike, realize the meaning and importance of this function. In the past this affair has been known as the Chrstimas Dance and has been sponored by the Student Council, but as we all know it has never been well received. This year I have requested Marshall Bedine, President of the Student Council, to allow the Student American Medical Association to sponsor the function and he has most graciously granted that request.

My reason for doing this was quite specific. It was SAMA's feeling that this dance could be utilized as a means to bring joy into the hearts of those less fortunate than ourselves. Therefore, this year's event will be a "TOY DANCE". Many have asked me just what this means. Actually, it is quite simple. The only admission price to the dance will be a wrapped toy of any value from \$1.50 to \$50.00 for a boy or girl age 1 to 10. These will then be given to the children on the Pediatrics Service at Boston City Hospital during a Christmas Party which has been arranged at the Hospital during the Holidays.

As you can see the success of this function has a great deal of importance. For without the complete support of the

(cont. on p.6)

TO THE EDITOR (cont.)

entire student body and faculty, we cannot hope to achieve a worthwhile goal. The cooperation that has been received from Dean Ebaugh, The Department Chairmen, and Mr. Bedine has made it evident that this plan is not without merit. I have arranged with all departments that no class be burdened with the worry of an upcoming examination around the time following the function which is to be held on December 11th. Therefore, I feel certain that this affair will gain the full support of the student body and faculty alike. I might also add that anyone wishing further information need only drop me a note via the student mail. I shall contact each class and each faculty member at a later date giving full details of the function. Hoping that every member of the Medical Center will give this matter careful consideration, I am

Sincerely yours,

Gerald B. Healy
President, S.A.M.A.

FOR THE HUB

Note: The editors of the HUB, the Boston University Yearbook, requested that a student from each school write a brief article about his school for inclusion in the Hub. The Dean asked Richard Goldwater BUSM (III) to write this and below is Dick's view of the life of a medical student.

The question which many people at the Commonwealth Ave. campus most often ask with regard to the medical school is, "You mean there really is one? I've

E	X	E	N	C	E	P	H	A	L	I	A
X	W				H	Y	O	I	D		
		I	T	C	H	Y	M	M			B
U	L	N	A	R	S			B			I
T		G	N	O	S	I	S		U	R	C
A	B	S		P		O	P	D	S		T

never met anyone who goes there." Well, Virginia, perhaps the reason is that we are not located on the bustling main campus at all, but rather we are peacefully secluded in the contemplative shade of the South End where we have precious little contact with our fellow University students.

Which is probably just as well, Medical students are a peculiar species of academic animal in Boston University's wide menageric. We are both learning a craft and searching after truth. We brook with no frivolity. We are as hard as nails and twice as sharp. We come to class clean shaven (even the girls) and wearing jackets and ties. And, as you might have gathered by now, we are frightfully proud to the point of - shall we say arrogance - proud, anyway, of being in the process of making it through this toughest academic process. This is one highway of life down which one cannot hitchhike.

For the first two years we stick mainly to the books and attend lectures. Our day goes from nine-to five. Then its time for study, which it is possible to finish in time for sleep. Television? The last show anyone around here has seen was Maverick. Light reading? Curl up with the New England Journal of Medicine some time.

Two years after we arrive, we meet and greet the patients. If they but knew of our tenderfeet! In spite of all obstacles, the student who has made it this far is likely to go all the way, and contact with patients is a real impetus to push on. And so we begin working thirty-six hour shifts and eight day weeks. And you know what? For most of us this pace will not let up until our coronary arteries occlude at some point in the hopefully distant future.

Though we be celebrated in mothers' imaginations and popular media, none of these things can make up for what really are large sacrifices we all make. The satisfaction of a large job reasonably

(cont. on p. 7)

FOR THE HUB (cont.)

done is the best compensation any of us ever expects as a young doctor. So please reserve your harsh judgements of our seeming superciliousness. We beg your indulgence and kind thoughts.

NAVY MEDICINE (cont.)

year) and will get a high base pay. This could make the difference between \$4500 and \$6000 for the year. The Senior Med Officer is required to serve an additional year of active duty over the original 2 and is prohibited from applying for the Berry Plan. The Navy normally accepts 200 students to the Senior Medical Student plan, but if it receives more qualified applicants (i.e., in the upper 1/3 of their class), it will accept more than the usual 200.

With regard to internships, the Navy only offers a rotating internship being convinced that some practice in all the fields of medicine is beneficial before specializing. The Navy also offers residency programs and as of this year, the Bureau of Medicine and Surgery has required that all the residency programs be equivalent to those of a university teaching hospital. Dr. McLaughlin (who is a Board Certified Internist and took his residency at BCH) said that the Navy residents usually pass their certification exams with flying colors.

As far as practicing in the Navy, those men who entered in the Ensign 1915 program, Senior Medical Program and Internship programs, are given a choice of assignments. Last year 8 of the interns at Chelsea Naval Hospital were BUSM graduates, all 8 requested special assignments and all requests were granted. The doctor who is drafted, unless exceptionally qualified, must usually take the left-overs.

In the Navy, the doctors's immediate commanding officer is another doctor all the way up the line to the Surgeon General of the Navy. This is not so in the Army and the doctor must report to the

the commanding officer of the base and as such, the base commander might not understand a medical problem which the doctor must deal with. Also, the Navy does not restrict your freedom as a physician - you are not required to use one drug because it is less expensive nor restricted from running any tests. It is just the opposite for you as a doctor, don't have to worry whether the patient can afford another series of tests you want to run, or who will support his family while he is in the hospital. You are free to run whatever tests you deem necessary, use any medications you feel will help and keep the patient in the hospital as long as his illness requires.

If you would like to learn more about Navy medicine, Dr. McLaughlin is always willing to talk to you. He can be reached at the District Medical Office, Naval Headquarters - LI 2-5100.

OBSERVER, JUNIOR (cont.)

simply going to tell you all about yourself. No mortal can bear to face analytic insights without the protection of a satisfactory therapeutic relationship. And needless to say, I will not allow any sort of transference to develop."

The Freudian felon picked up a large folder from his desk-top. He walked toward bOnd's couch until he was standing directly over the supine spy. He began to read from bOnd's professional biography. bOnd listened raptly, in spite of himself.

"Hydrogen bOnd was marked early for a singular career. He won distinction while still at medical school by achieving exactly the mean grade of every examination. Such calculated anonymity pointed him out for recruitment by the Service as a Blood bank technician. During his medical residency he pretended to moonlight in an unaccredited veterinary hospital which in reality was a school for secret agents. Within a relatively short time bOnd had achieved a special rating, and his BUN (British Undercover Number) was set at 98.6,
(cont. on p. 8)

OBSERVER, JUNIOR (cont.)

license to maim, bOnd now works directly out of the Secret Service, located between the Gynecological Service and the Fourth Medical Service of London's venerable Paupers' Hospital. As far as the staff of the hospital knows, that area is employed for research in prestigious obscurities.

"bOnd first came to the attention of the chief when he almost single-handedly routed van der Waal's forces. He received special notice again when he eliminated Dr. No, who for many years had been chairing the promotions committee of a western medical school. Undoubtedly, his greatest feat was the demolition of the group known as SARCOID, the Society for the Accumulation of Rickettsias Covertly to Obliterate the Immunity of Doctors.' Now that, my dear bOnd, was merely the profile."

But bOnd was not listening further. Refusing to be confronted by threatening insights, he had begun to cry and carry on.

"Nyaa, nyaa I can't hear you, nyaa, nyaa I'm not listening, nyaaaaaaaa!!!"

Goldfanger, who had paced to the other side of the room while reading, now moved to close quickly the distance between them. bOnd broke into the famous aria "O falsa positive" from the opera La Syphilitica by Giardia Treponema. Whereas the music failed to move the heart of the reciting reprobate as much as a centimeter from the midsternal line, the cleverness of bOnd's desperate ruse aroused in him a terrible fury. As he approached the captive crooner, he withdrew from his pocket a yellow handkerchief which he stuffed into bOnd's open mouth, confident this maneuver would silence the warbling warrior and force him to listen to a masterpiece of SCHIZO research. The handkerchief did garble the Italian words, but close approximations of the appropriate notes continued to shield bOnd's psyche from the information which would end his effectiveness. Thwarted from the realization of a long nourished dream Goldfanger signaled Brugia, his Malaysian

bodyguard, to box bOnd's ears. As bOnd slipped once more from reality, Brugia unstrapped him from the couch and casually tossed him across his shoulders. With his burden drapped from acromion to acromion, burly Brugia strode lightly down a corridor. But as one might have guessed, bOnd's ears had been programmed by the Secret Service, to be resistant to boxing with the happy result that the form which dangled from the secure expanse of Brugia's shoulders was only feigning somnolence.

bOnd dared open one eye, then called on the other to follow suit. When an opportunity to escape in the form of a large air vent high in the wall of the corridor came within reach, bOnd brought his body suddenly taut. He screamed "Yaah!" into Brugia's nearest ear. This had the effect both of shocking the Malaysian beyond description, as "Yaah" has unmentionable meaning in the foreigner's tongue, and of rupturing the tympanum. During the brief interval while the captor grieved over his probable hearing loss and prayed to his gods that they should forgive him for listening to dirty words. bOnd catapulted himself from Brugia's shoulders toward the vent, pushing it loose from its frame as he struck it. Fortunately, behind the vent lay a duct, and it was along this steep course that he now proceeded, being urged to haste by the sounds of pursuit behind him. Soon joy replaced fear in bOnd's breast as the familiar odor of automobile exhaust greeted his rhinencephalon. At last his hands reached the grating through which the sights and sounds of the outside world had beckoned him. The grating yielded to insistant pressure, and presently bOnd was walking along the catwalk of a major automobile tunnel. After a brief period, a golden cab chanced along. bOnd hailed it and sped off to fight another day.

Richard Goldwater

CORRECTION

Stephen Alpert is the Treasurer for BUSM III.