



Innovative program introduced Two department chairmen named

By ANNE E. SIERK

A new program for first year students entitled 'Clinical Correlations' is now being tested. First and fourth year students meet in small groups a few times each month hoping to fill needs of both classes: for the first year students a sorely needed opportunity for patient contact, and for the fourth year students, a testing ground for a life-long pattern of teaching.

Founding of Program

Clinical Correlations was the brainchild of several AMC upperclassmen last spring. Reports of a similar long-standing program at NYU Medical School reached students here who wished to improve the first year of future AMC students. Terry Coleman, '79, as head of this student delegation, with administrative aid from Dr. Alan Miller, Assoc. Dean of Student Affairs, assessed the interest of this year's senior class. A questionnaire sent around in May revealed there was indeed sufficient interest to be able to present the program during the Class of 1982's September orientation.

Over 60 fourth year students are now involved in this pilot program which has matched two or three of them with a maximum of five freshmen. The small group concept is not a duplication of the Focal Problems in Medicine course, currently part of the freshman curriculum, but enriches it with different mixes of students. Beyond the general guidelines of meeting at least twice a month, the groups are now free to meet when and where they want and to discuss topics of their own

choosing. In fact, one group is known to have held an early meeting at The Fountain over a pizza. Clinical Correlations gets this flexibility from being purely voluntary and not part of the formal curriculum. If the group desires, the fourth year students may lead them onto the hospital floors to see a particularly interesting patient or present someone whose illness is related to current study in the freshman basic sciences. This can be a less haphazard way for introductions to be made to the hospital's workings and personnel than for the eager first year student to wander the halls in search of activity.

Reflections

The founders of Clinical Correlations hope to see the first year class gain much from the program. Students entering medical school, somewhat disillusioned by the prospect of more years of book study, will be able to see where they will be in a few years by associating with the fourth year students. With morale thus encouraged, variety is also added to their schedule by formation of peer discussion groups. One student commented that it also adds motivation to her studying. As the name implies, the freshmen may be able to correlate what they are learning in Physiology now to what they will need in the clinical setting. Dr. Miller pointed out that it is also important for the student to make the transition in his mind from an observer to participant in medicine. With exposure to the clinical sciences and to patients

the freshmen may feel more comfortable and develop a sense of finding their niche by the time they reach the third year.

Service to Many

What has prompted the older students to participate in this venture, other than as an altruistic gesture? Well, many hope it will reintegrate them with the college and its purposes. The freshmen are a reminder of how far they have come in the last three years at AMC. But perhaps the greatest benefit derived from Clinical Correlations for the fourth year students involved is practice as instructors. Senior Terry Coleman emphasized that each level of medical professionals must feel responsible for teaching those who follow them, and Clinical Correlations provides an opportunity to start.

The purpose of this program is not to add more course work to what already seems to a first year student as a burdensome load. It may be viewed by some as subtracting time from the important first year basic sciences and whether the groups will hold together past exam time remains to be seen. For now, reports from first year students show them to be enthusiastic concerning the initial meetings and activities. Because Clinical Correlations is still in its infancy, it is too soon to say whether it will become a regular feature of AMC. Anyone with suggestions of interest is urged to contact Terry Coleman or Dr. Alan Miller. MS 114.

By PAUL Z. SIEGEL

Last week the appointments of two new clinical department chairmen were approved by the Board of Trustees of the Albany Medical Center Hospital, thereby finalizing their selection. On Nov. 1, Dr. Bernard C. DeLeo will take over as head of the Department of Anesthesiology, a position left open since the tragic death of Dr. William B. McCafferty due to lung cancer last winter. On July 1, 1979, Dr. Bernard Pollara, approved by the Board of Trustees as the new chairman of Pediatrics, will replace Dr. Ian Porter who is retiring after 10 years as chairman.

Dr. DeLeo, 46, is presently Acting Chief of the Department of Anesthesiology at the Ohio State University Hospital's College of Medicine and comes to Albany after 9 years on the Ohio State faculty. Prior to his tenure there, Dr. DeLeo served for 8 years as Director of the Department of Anesthesiology at St. John's Hospital in Cleveland.

Due to the multitude of talents required to head up a clinical department, selection of a new chairman is no easy task. As Dr. Robert S. Bourke (Head of the Division of Neurosurgery and Chairman of the search committee responsible for bringing Dr. DeLeo to Albany) says, in choosing any new faculty member "clinical excellence comes first" but "a program of excellence" also requires teaching and research. He praises Dr. DeLeo for his achievements as "organizer, physician, teacher, leader, and builder, specifically citing his experience at St. John's Hospital in Cleveland where Dr. DeLeo "demonstrated the ability to build a department of anesthesiology."

Teaching is "fun"

While his experience at St. John's will doubtless prepare him for some of the upcoming responsibilities at AMC, Dr. DeLeo in no way perceives his new position as a repeat performance of a job well done. St. John's has no academic program and to a large extent it is the attraction of the "fun" of teaching in combination with the challenge of developing a department which has lured Dr. DeLeo to Albany.



Dr. Bernard Pollara next chairman of Pediatrics

Dr. DeLeo points to AMC's status both as a free-standing medical school (i.e. not having strong administrative and financial ties with a parent university) and as a private medical school as important factors in his accepting the department chairmanship here. One of his foremost concerns is the development of a first class anesthesiology department. He has discussed with Dean Bondurant and Dr. Thomas L. Hawkins (President and Director of the Albany Medical Center Hospital) the space and funding commitments he feels are necessary to attain this goal and is satisfied that he will be given "the tools I need to work with." The key to his confidence in these commitments is the fact that Drs. Bondurant and Hawkins speak for their respective institutions and answer to their own Boards of Trustees. This is in contrast to Ohio State where "the buck doesn't stop at the College of Medicine."

Commitment for Curricular Exposure

In what ways can students expect their learning experience within the Department of Anesthesiology to change in upcoming years? Although the education of medical students constitutes only one of a department chairman's several major responsibilities, Dr. DeLeo considers teaching to be one of his primary concerns. Before agreeing to accept the post, he "insisted on a commitment from Dean Bondurant for curriculum exposure in the medical school." He hopes by next Fall to institute a one or two week rotation in Anesthesiology during the 3rd year and has plans for a senior elective. It is his hope that anesthesiology will come to be "perceived by the students as a viable part of medicine regardless of their specialty interests" and cites its central role in surgical preparation and resuscitation efforts as examples of this viability.

See Chairmen, p.4.

A federal department of health??

By ARTHUR W. PERRY

This is the first of two parts featuring the history of the U.S. Department of Health, Education, and Welfare.

In 1874, an American Medical Association (AMA) committee investigated the possible establishment of a federal health department. A structure for the department was suggested, but it was recommended that it not be established until all states had their own boards of health. The report released by this committee initiated a low-level debate which would last to this day.

This article will first consider the events which led to the formation of the present Department of Health, Education, and Welfare (HEW), and then discuss the efficacy of the system as it stands today.

The first organized health program in the United States began in 1798 with the formation of the Marine Health Service. This agency, which provided medical attention to seamen, was originally a network of locally controlled hospitals but was centralized by the Surgeon General in 1871.

Although the first legislation concerning the quality of drugs was passed in 1848, it was not until 1883 that the Department of Agriculture's Bureau of Chemistry took major steps toward insuring the quality of

food and drugs. The following year, several state boards of health called for national health legislation and by 1888, the AMA decided that there was enough organization at the state level for a national department of health to be effective. The primary function of the proposed department would be to control the quality of foods.

In 1891, the plan for the formation of a cabinet level position for a Department of Public Health was outlined by the AMA and proposed in the United States Senate. The AMA felt that a physician's direct input to the President would help shape national health policy more efficiently. Representatives were sent to Washington, D.C., to further the AMA's lobbying effort. President Grover Cleveland subsequently recommended the establishment of a national board of health with a national health officer. Although this plan was unsuccessful, it furthered public concern for national health and resulted in the formation of the Public Health and Marine Hospitals Service, replacing the Marine Hospital Service, in 1902.

The first Food and Drugs Act was passed in 1906 to monitor the purity of these substances. The Department of Agriculture's Division of Food and Drugs,

which in 1931 was to become the Food and Drug Administration (FDA), was responsible for the enforcement of this law. With this Act, public health in the United States progressed from infancy to early childhood.

Significant advances in public welfare were seen in 1912 as the first welfare agency, the Children's Bureau, was formed. While this agency combated the exploitation of children, the United States Public Health Service (PHS), also formed that year, studied disease and pollution and was responsible for sanitary work.

Following World War I, in which the PHS was chiefly involved with venereal diseases and influenza epidemics, the Service concentrated on epidemiology and strengthening local health programs. The AMA was not satisfied with the progress of the organization of health and in 1923 again launched a full-fledged drive to create a cabinet level Secretary of Health. This was soon followed with a proposal by President Harding's personal physician, a Brigadier General, which called for the formation of a Department of Education, Health, and Welfare.

See HEW, p.8.

Editorials

Advertising

A basic premise that the *Nexus* was founded on was that this newspaper would be free to AMC students. Free means free — no catches. The Editorial Board recently upheld this commitment by deciding not to accept funding from the Student Council. All revenues will come from advertising and gifts, such as that of the Alumni Association (see below). In our zeal for 100 percent ad funding, we will not sacrifice certain principles we have agreed to abide by. The *Nexus* will restrict pharmaceutical company advertising to general ads. No individual drug will be permitted to be solicited because this type of advertising is "irresponsible and self-serving," according to Richard P. Novick, M.D., internationally known scientist, in an opinion column appearing in these pages. When Dr. Novick learned of our policy, he said, "I think it is very brave of you to try to limit the pharmaceutical companies. Nevertheless, I wonder how you will fare when and if you print anything critical of them. The point is that you are, at present, probably alone in such an effort. Personally, I would like to see every publication that accepts drug company ads have a policy of monitoring the copy so as to ensure that it conforms *stringently* to the highest standards of medical practice available." The *Nexus* will not allow the advertising of any tobacco products. This advertising has long been banned in many scientific journals due to the obvious ill effects of smoking. In the same light, any ad which has its primary focus on alcohol consumption will not be printed. Criticism to these ideals is welcome.

Thanks, Alumni Association

The Albany Medical College Alumni Association has once again proven itself to be a viable organization truly interested in assisting students to learn more about the field they will soon enter. Without the Association's generous contribution, the *Nexus* could not have published a single issue. The Alumni are to be commended. In particular, the *Nexus* wishes to thank Dr. Frank Maxon, Chairman of the Student Activities Committee of the Association, for his great interest in vaulting this idea into a reality. His efforts were instrumental in the establishment of this paper.

Appelations

The AMC Doctrine, the Tamandua, the Holmestead, the Tabula rasa, Vox Populi, Vox Medicini, The Synesthetic, The Medical Synecologist, The Albany Medical Heliogram, and the AMC Delineator were just a few of the many names that were kicked around until Deb and Steve Kaufman, AMC II, came up with the *Nexus*, further modified to the *Albany Medical Nexus*, last spring. A tamandua, for those of you who aren't up on your zoology, is an arboreal anteater, native to tropical America.

 * GET INVOLVED — *
 * JOIN THE NEXUS! *

Behind The Drawn Curtain

"Teacher and clinician," Dr. Eckert, reflects on distinguished career

By JAMES P. PALABATE

Dr. Charles Eckert, Distinguished Professor of Surgery and former Chairman of the department, stands alone as one of those unique individuals who can claim direct input into the development of a medical center. Dr. Eckert's numerous contributions to AMC are now reflected in the existence of one of the finest, most comprehensive surgical staffs in the country. In a modest and yet very comfortable office on the sixth floor of the Medical Education building, Dr. Eckert reflects upon a variety of topics, ranging from the transitions seen in medical care over the past few decades to the present political and financial inequities in the health care delivery system.

Born in Denver, Colorado in 1914, Dr. Eckert soon focused his concentration of study in science, graduating from the University of Wisconsin in 1935 with a Bachelors degree in Science, and completed his medical degree at Washington University in St. Louis in 1939. He continued his post-graduate training as a surgical resident at Barne's Hospital, the teaching hospital of Washington University.

After serving time with the Army during World War II, Dr. Eckert returned to St. Louis to teach surgery at his alma mater for the next twelve years. In 1956 he was offered the chairmanship in the Department of Surgery here at AMC and graciously

accepted. Little did the medical community realize that in the next eighteen years as chairman, this gentleman would completely revitalize the Department of Surgery.

Modestly speaking, Dr. Eckert claimed that his major

achievement in his career was the development of the department. When he arrived here, he noted that there was only one other full-time staff member in surgery, Dr. Samuel Powers (who is now Chief

of Surgery). No other full-time chiefs existed in any of the respected surgical sub-specialties. Although the department was well respected and known nationally for its fine surgeons, AMC had remained one of the



photo by Mitch Collman
 Dr. Charles Eckert, Distinguished Professor of Surgery.

few medical institutions in the country to develop a full-time clinical faculty after WW II. Today the department boasts Chiefs in all of the recognized sub-specialties, and maintains a working full-time faculty of approximately twenty members.

MEDICINE IN THE 1940's

As the former department head reminisces his medical studies in the mid 1930's, Dr. Eckert remembers a few of the major differences in the curriculum then compared with today's programs. The pre-clinical training consisted of two full years of basic science with minimal training in the clinical fields, except introductory interviewing and physical examination was taught. The Gross Anatomy course extended through the entire first year, and cost the student over 460 hours of his precious time (Dr. Edmonds would be in his glory!). The entire human body was dissected, save the back muscles. Indeed, this experience made for a comprehensive anatomical background, a prerequisite for a competent surgeon. Dr. Eckert further notes that today's student makes a fine physician, and despite the differences in background, many fine residents in Surgery at AMC have subsequently entered into excellent careers as clinicians. Another difference between the teachings of past and present lies in the former emphasis on surgical pathology. Today, the surgical house officer has less exposure to the underlying etiology and pathogenesis mechanisms of disease entities.

See Dr. Eckert Speaks, p.6

Perryscope

By ARTHUR W. PERRY

A nervous cerebration

Depolarize, my dear
 come a little closer to neutrality
 Respond, for you have that action potential I desire
 Increase your permeability
 together we'll reach the threshold of our potential
 Perceive, and become sympathetic to my stimulation
 "What nerve," you retort?
 Suddenly I feel postsynaptically inhibited
 Oh gyrus, is nothing sacral?

The Albany Medical Nexus

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Editorial policy is determined by the Editorial Board, an autonomous unit consisting of the Editor-in-Chief, the Associate Editor(s), the Managing Editor, and the Business Manager.

All interested individuals are invited to submit letters and opinions for these pages. Criteria for publication include clarity, timeliness, and relevance. All material must be typed and signed, and must include the mailing address of the author. The views expressed in this material are not necessarily those of the *Nexus*, and the Editorial Board reserves the right to edit all material. All notices, manuscripts, and letters must be received by the 15th of each month.

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Letter

To the Editor:
 I know I speak not only for myself but also for many other members of the incoming class when I say that the organization, work, and enthusiasm that was put into this year freshmen Orientation Program was greatly appreciated. The second year students who were responsible for running the program are to be thanked for their efforts and complimented for a 'job well done'.

JEFF BROWN, AMC I

View From The Floors

Scrubbed out

9:45 PM Wow! Imagine this! My very first day on Surgery — my VERY FIRST night call — and what happens — a man with an aneurysm — an aortic aneurysm! Ruptured, no less! And Dr. X driving all the way over here at night to sew it up...and the chief and junior residents...and ME — all scrubbed and dressed in fifteen minutes flat...well, twenty for me, really, counting the rescrub when I tried to tie my own gown and broke sterile field. You would have thought the OR police were gonna come beat me, the way everyone got so excited but now I'm all scrubbed and ready — and I sure won't ever again move my hands from between my shoulders and waist...

"...AND YOU, YOU STAND HERE," says Dr. X, pointing to an area one centimeter square between Dr. Y, the chief, and the arm board of the patient, above which is quietly running one unit of packed cells and a liter of Lactated Ringer's...HEY! You're not supposed to run...

"...WHEN I SAY 'BOVIE' YOU STEP ON THIS PEDAL, GET IT? AND HOLD THIS. PULL REAL HARD NOW, THAT'S IT..."

10:45 PM I can't believe it, I've been holding this thing for an hour, a whole hour, a "malleable retractor, it's called — looks like a Nazi torture device, flat and sharp so it digs into your fingers and keeps slipping...slipping...

"DAMN! CAN'T YOU HOLD THAT THING? WE'RE ABOUT TO FLUSH!" That reminds me — I really have to go to the bathroom...this bladder's been filling up for hours...Why did I drink all that coffee? I only meant to stay awake, not give myself an ulcer — maybe they keep some Roloids around here — it doesn't matter, though, even if I could find some I wouldn't be able to eat them through this mask...it must be a hundred degrees in here, that certainly isn't helping things any...when I get out of here I'm going to eat a whole pizza and a case of beer...make that a garlic pizza, no...the works! Pepper, onions, anchovies, I can practically taste it now —

"BOVIE! I SAID 'BOVIE', NOT 'CUT!' YOU ALMOST TORE MY

11:45 PM This might be really interesting if I could only see something. I've memorized the

hair pattern on the back of Dr. X's hands, he doesn't look like he'd have such hairy hands...why did I drink so much coffee? If only I could stretch my legs, just move them a step — my entire circulating volume is pooling down there, and this damn armboard is going right up my —

"CUT! CUT! WHAT ARE YOU WAITING FOR!?"

12:45 PM...Maybe there's just people who are meant to do surgery and others who just aren't...three hours holding this doddamn retractor...Do I still have a left hand? Yeah, — there it is. I thought that one belonged to Dr. Y for a minute there, but, no...it is mine...Isn't it?...if I could only move it, I'd be able to prove...oh...oh, no — pins and needles — when I get out of here, I'm going to sleep for two days, no, longer than that —

"HERE! HERE! YOU CAN LET GO OF THAT! WE DON'T NEED YOU TO HOLD IT ANY MORE!"

1:45 I'll never walk again, I know it. I don't even understand how these numb legs are holding up...God, if I live through this, I'll never drink coffee again, I swear it, God — I know I've made promises like this in the past, but they were just hasty and irresponsible...what if I throw up, wouldn't that break sterile field? I've had to go to the bathroom for five hours now, I had no idea I could hold it in this long, but if I keep thinking about it, I'll...

"NO! CUT THIS!...ARE YOU AWAKE?!"

2:45 AM When they said they were closing, I never thought it would take a whole hour. My eyelids are just slamming shut, I can't fight it off any longer...mind over matter...it's just mind over matter...I've already silently hummed every song I know twice...maybe I should really be living in a cave somewhere, say in Tibet, where there's just mountains and snow and no hospitals...yes, that's it, no hospitals...I'm fading fast...goodbye, cruel OR —

"GOOD CASE, HAH?! SEE YOU AT SIX, KID!"

This article is purely fictional, any resemblance to particular individuals is coincidental.



photo by Mitch Collman

Dean's Corner

Each month, one of the Deans of the Albany Medical College will use this space to air his views on a topic of interest to the medical community.

DR. KYU TAIK LEE, ASSOCIATE DEAN FOR GRADUATE STUDIES AND RESEARCH

When I was asked to write for the "Dean's Corner" of the Albany Medical Nexus, I thought it would be an excellent opportunity to inform medical students and faculty of the Graduate Studies Program and Research at the Albany Medical College.

In 1952, Albany Medical College instituted a Graduate Studies Program under the auspices of Union University to train those whose career preference was to continue their scientific education and research. Since that time, the program has been enlarged and strengthened to meet the increasing demand for basic science faculty.

This year there are 53 graduate students including 15 new incoming students pursuing either a M.S. or a Ph.D. degree in eight different departments. Students may choose to major in anatomy, biochemistry, physiology, microbiology, pharmacology, pathology, toxicology, or preventive and community medicine. Graduate students serve on various committees of the Medical College and are an integral part of the student body as a whole. While many of their activities are in conjunction with those of the medical students, graduate students do have their own Graduate Student Organization (GSO) which functions as a liaison between the students and the college administration to give voice to the ideas of the graduate students and to form open channels of communication between faculty, administration, and students. Such interaction has provided positive feedback for faculty and students alike in areas such as curriculum evaluation and teaching effectiveness, graduate school rules and regulations, grading systems, tuition, orientation for incoming students and the Honor Code. The active role of graduate students in academic, research, and administrative areas of the College has led to a better understanding of the roles graduate studies and research play in the advancement of medical science.

Support for all sponsored programs at Albany Medical College is a little over \$13 million, which constitutes approximately 50 percent of the total budget of the College. Of these sponsored programs, over \$9 million is from research programs which is received in the form of grants and contracts from government and private organizations. This support for sponsored programs has been steadily increasing in the past 10 years. It is rather impressive that the total dollar amount this medical college received for all sponsored programs in the 1967-68 period was \$3.7 million and it increased to \$13.2 million dollars in the 1977-78 period which represents a 4-fold increase.

One might ask a question whether research is really important for an academic institution like a medical school. I believe it is and all medical schools should maintain active research programs. We often refer to a triangle consisting of "teaching," "service or patient care," and "research" when we describe a well balanced and well qualified academician or a faculty member. Research is always considered to be an integral part of an academic institution. It would be difficult to attract first rate faculty members or department chairmen without sound research programs. It is natural that a well qualified candidate likes to be a part of, or associated with, first rate institutions and in my opinion a medical school cannot be first rate without active research programs. For teaching or patient care, for instance, these faculty members who are engaged in, or associated with active research, would have up-to-date knowledge and expertise in their chosen field and could deliver better teaching and health care from their first hand knowledge instead of relying on transmitting information only from textbooks or journals. With a substantial number of faculty members with active research interest in various fields of medical science students are exposed to a much more enriched academic environment.

Opinion

On prescribing antibiotics

By RICHARD P. NOVICK, MD

In response to the New York Times' recent editorial on prescribing practices of physicians in New York, I should like to predict that the already embattled medical profession is in for considerably more criticism with respect to prescribing practices than just that involving the substitution of generic drugs for name brands.

In particular, the over-prescribing of antibiotics is in dire need of correction as it is causing a worldwide diminution in the usefulness of these valuable therapeutic agents. This is because antibiotic resistant strains of disease-causing bacteria are developing and spreading rapidly in response to the intensive selection pressure exerted by the vast quantities of these drugs disseminated unnecessarily into the environment.

What these two situations have in common is that they have been largely brought about by the irresponsible and blatantly self-serving advertising practices of the pharmaceutical industry. And the American Medical Association, hand in glove with the industry, is no help as it questions the substitution of generics and criticizes the critics of antibiotic overuse.

The problem is that the major source of drug information utilized by physicians is the manufacturers themselves. Physicians are besieged by high-pressure "detail men," who offer free samples and other inducements, and with glossy circulars which extol in pseudoscientific terms the virtues and advantages of the particular product. The busy physician has hardly the time to turn to more reputable sources of information.

Here are two examples: A Schering ad in "Resident and Staff Physician" recommends gentamycin (Garomycin®) as the primary drug of choice in gram-negative infections (infections due to such bacteria as *Escherichia coli*, *Proteus*, *Serratia* and *Pseudomonas* species), and a Roche ad in the Hospital Tribune recommends a particular combination of sulfa drugs and trimethoprim (backtrim®) for therapy of urinary tract infections without the inconvenience of bacterial diagnostic and antibiotic sensitivity testing.

The first ad is questionable because gentamycin is a new, potent and quite toxic antibiotic. The consensus of infectious-disease experts when this drug was released was that it should be saved for life-threatening infections where the causative organism was resistant to other, more commonly used and less toxic drugs. Here the physician is told to use the drug indiscriminately as the primary

choice regardless of the severity of the infection or of other considerations, such as holding the drug in reserve.

The second ad is questionable because it states that resistance does not emerge and thus implies that the product can be used without bacteriological tests. In fact, resistance does emerge, having been described for both drugs separately and in combination, and there is little doubt that this resistance will increase until it is as frequent as that to other drugs. Moreover, this increase in resistance will be greatly aided by irresponsible use such as that advocated in the ad.

With respect to generics vs. name brands there has been a legislative move in the right direction, and enforcement is at least possible, though it may take some time. With respect to the prescribing of antibiotics, there is absolute freedom and nothing on the horizon to limit it.

The situation is completely out of hand, and the imposition of external regulation, unpleasant as it is, is crucial if the usefulness of antibiotics is to be retained.

Two relatively mild measures should be tried as a start.

The first is that antibiotic advertising must be strictly regulated with respect with the high standards of the practice of infectious-disease treatment — and the potential loss of sales dollars does not justify anything less stringent.

The second is the imposition of a monitoring system for the use of antibiotics by physicians. A beginning could be a legislative requirement that every antibiotic prescription carry the diagnosis upon which it was based and that this information be stored in a computer for periodic retrieval and evaluation by an appropriate authority. This is already being done with Medicare and Medicaid prescriptions in several states, and it is a very effective way of monitoring prescription practices.

The howls of anguish that will be raised about interference with the "right" to prescribe can be answered with the comment that the medical profession has totally failed to develop and enforce even minimum standards during the 30 years of antibiotic usage.

Dr. Novick is Chief, Department of Plasmid Biology, at the Public Health Research Institute in New York City. He is also Editor of the journal *Plasmid*. This article originally appeared in the *New York Times* on July 3, 1978 and is reprinted with permission.

Chairmen named

Continued from p.1.

Dr. DeLeo has done extensive research into the cardio-pulmonary effects of anesthesiology and is a National Faculty Member in Basic and Advanced Cardiac Life Support for the National Heart Association. Cardio-pulmonary Resuscitation (CPR) is a special interest of his. At Ohio State he has been responsible for bringing CPR to the medical students, personally seeing to it that every first year student learns the technique during the first week of school. Dr. DeLeo sees CPR as an important first step in becoming a physician "...at least you can keep people breathing." He praises AMC's policy of using students as CPR instructors and hopes to institute an advanced CPR course which would include 16 hours of instruction in techniques such as intubation, starting an IV, and defibrillation.

What are Dr. DeLeo's impressions of Albany? "Albany is a beautiful area. The people at AMC are very warm. They're an honest group of people." He perceives a strong spirit of cooperation among the faculty as well as a genuine interest in making AMC a better medical school and as good a medical school as it can possibly be.

Dr. Pollara, 50, who was the number one choice among a field of 68 candidates under consideration by the Search Committee, has been Professor of Pediatrics here at AMC since 1969. In 1972, he became Head of the Division of Pediatric Immunology. Dr. Pollara's interests while at Albany have centered around research. He is presently Director of the General Clinical Research Center at AMC and for 9 years has headed up the New York State Department of Health's Kidney Disease Institute. Projects presently under his direction include investigation of a newly developed theory which suggests that immune disease of the kidney may involve a component of genetic predisposition, the study of genetic complement deficiencies, and the development of experimental models of combined immunodeficiency diseases.

Although a nationally recognized investigator in immunology, Dr. Pollara's skills as a researcher were not the sole consideration in his selection by the Search Committee, a committee which included Dean Bondurant and Dr. Hawkins. To use the words of Dr. Girard J. Craft (Associate Professor of Medicine and Chairman of the Pediatrics Search Committee), Dr. Pollara is a "highly respected teacher as well as a superb clinician — a stethoscope-carrying doc. He recognizes the science of medicine but is a clinician and respects the need for primary and secondary care." Dr. Craft is ebullient in his enthusiasm over Dr. Pollara's selection. "I've been on other committees where we weren't sure how well our choice would work out. We (the Search Committee) feel confident that Dr. Pollara is going to be a superb chairman."

Dr. Pollara is well aware that research alone does not a department chairman make and that his effectiveness will demand certain adjustments on his part. "Till now I've spent most of my time on science. I haven't spent a lot of time developing teaching programs." Nevertheless, since being selected by the Search Committee, he has begun the formulation of new teaching programs. He is already working with Dr. Porter, who will remain as chairman until July 1 of next year, on effecting a gradual and orderly transition within the department.

Emphasis on Ambulatory Care

The thrust of Dr. Pollara's plans centers around the development of improved pediatric ambulatory care services. During Dr. Porter's tenure as chairman, Pediatrics has developed from a department with little subspecialty expertise to one which now boasts an array of subspecialists. Now that the department has realized its potential for providing tertiary care to its patients and an education in the delivery of tertiary care to its students, it is felt that the time to develop primary and secondary programs has come. Dr. Pollara feels that the outpatient service is "too fragmented and not well organized" and counts the development of a first-rate ambulatory care program among his highest priorities.

What effect will all of this have on the clinical experience provided to the medical students during their rotations in Pediatrics? The upshot is that students will begin spending more time with kids who are not yet sick enough to need the care of a subspecialist. Dr. Pollara doesn't feel that this revival of primary and secondary care will detract from the training students receive in the subspecialties. Since the hospital patient load is derived from the outpatient service, he feels that improved organization of ambulatory services will, in fact, bolster the learning opportunities within the subspecialties.

Estrogen as a contraceptive

(NIH News Service)

A conjugated estrogen tablet (one made of a mixture of estrogens obtained exclusively from natural sources) was tested and found to be effective in preventing pregnancy after unprotected, mid-cycle intercourse. It was as effective in preventing pregnancy as other commonly used "morning after" pills containing diethylstilbestrol (DES) or ethinyl estradiol, but was associated with fewer and milder side effects.

In a study supported by NIH's National Institute of Child Health and Human Development at the University of Florida, the drug was administered to 359 young women who had intercourse near the expected time of ovulation without using a contraceptive. Only one pregnancy resulted — a failure rate of 0.3 percent.

Most of the patients in the study reported some side effects but generally the degree of discomfort was mild. The most common side effects were nausea (52.3 percent) and breast tenderness (37 percent). The character and bleeding pattern of the menstrual cycle was unaffected in 69.3 percent of the women.

The conjugated estrogen product used in this study was Premarin™. This drug is currently used as replacement therapy for naturally occurring or surgically induced estrogen deficiency, for some types of abnormal uterine bleeding, and for prevention of postpartum breast engorgement.

Women in the study were given 10 mg. of Premarin™ three times a day for five consecutive days following a negative pregnancy test. Therapy was started within 72 hours of intercourse. The patients were interviewed one week after the start of treatment to determine whether the drug had been taken as directed, the occurrence of side effects, and the patient's future contraceptive needs.

Six weeks later each patient was re-examined. This included a repeat pregnancy test and a full general, pelvic, and breast examination. Of the 377 women accepted into the study, only 18 failed to complete the six week therapy and follow-up program. Of these, only two were completely lost to follow-up. Of the remaining sixteen, some had menstruated before their scheduled visit and did not return as requested, and others did not take the medication as directed. All were contacted, however, and none were found to be pregnant.

Women were not accepted into the study if they had a history of neoplasia of the breast, reproductive tract or pituitary gland; hypertension; migraine headaches; seizures, phlebitis; hepatitis; or cardiac disease.

The study was conducted from July 1973 to July 1977.

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Colonie Center

Graduate studies in... The dept of microbiology

by James Plummer

This and forthcoming articles will cover programs of graduate study from each of the basic medical science departments. The topics to be covered will include: the history of each department, details about the chairman, faculty, graduate students, and unique aspects of each departmental program.

The present graduate studies program in The Department of Microbiology and Immunology began when Dr. Lawrence Caliguiri, M.D. assumed the chair in 1973. He has tried to incorporate many of the positive qualities of graduate education that he has experienced throughout his education and during his scientific career. His major research training began at the Rockefeller University in the laboratory of Dr. Igor Tamm after completing a pediatric residency and two years of pediatrics practice in the Navy.

He continued at Rockefeller working as an Associate Professor investigating the molecular biology of viral replication until 1973 when he was appointed Professor and Chairman of The Department of Microbiology and Immunology at AMC. In addition to this position, he holds an appointment as Adjunct Professor at The Rockefeller University. His current research interests include the control and regulation of influenza virus replication and has furthered his studies of the immune response to viral infection which began at Rockefeller from work involving antibodies directed against double stranded viral RNA.

The majority of the faculty have joined the department since Dr. Caliguiri's arrival in 1973. It is beyond the scope of this article to develop each member's background, accomplishments, and current research interest, however, special articles may be forthcoming covering certain basic researchers throughout the college. The faculty of the department includes Professors Robert Laffin, Ph.D. and Richard Pickering, M.D.; Associate Professors David Lawrence, Ph.D., James

McSharry, Ph.D., and Ronald Schell, Ph.D.; and Assistant Professors Robert Bennett, Ph.D. and Gerald Frenkel, Ph.D.

Superb Faculty

It is readily apparent that the faculty of the department is unsurpassed in quality. All faculty members are individually active and represent the Microbiology subdisciplines of bacteriology, clinical microbiology, immunology, and virology. The areas of mycology and parasitology are represented by members of the New York State Division of Research and Laboratories who also hold appointments in this department. Through this close affiliation a graduate student may select any of the disciplines in Microbiology. The present graduate program is replete with examples that illustrate how the individual members have cooperated in order to address themselves to various aspects necessary to develop a graduate program. The fruition of this effort is apparent. Their graduate studies program readily accommodates the many changes that result from the dynamic and competitive nature of modern medical science. According to Dr. Caliguiri, "it has been a rewarding experience to associate with a faculty whose members have focused much attention and effort to develop procedures for the selection, education, evaluation of graduate students". Continuous program adjustments are necessary since there are students at various levels within the department. For example, the department has in this past year graduated its first Ph.D., Dr. Robert Webster, who is now a post-doctoral fellowship at the National Jewish Hospital in Denver, Co. Two students, have recently completed their coursework, written preliminary examinations, and are now preparing for the oral qualifying exam. There are also 5 other students at various stages of training.

See Grad Studies, p.7.

Student employment service begins

By MICHAEL SILVER

The Student Employment Service (SES) is a new program serving Albany Medical College students. Its creation last spring was brought about by the interest and efforts of Morris Milman as well as the other members of AMC '80. Operating under the auspices of Dr. Alan Miller, Associate Dean of Students Affairs, this agency finds employment opportunities for medical students, graduate students, and physician assistants who desire part-time employment in a medically related capacity. By establishing and maintaining contact with personnel offices at participating institutions such as the VA, Samaritan and Memorial as well as the AMC hospitals, director David Reino (AMC II) is notified of positions open in this area. Some of the part time positions that needed filling were, Blood Bank tech, EKG tech, Micro Lab tech, Urgent Visit Receptionist and Physical Examination Assistants. The SES has also compiled a list of non-medical positions such as Radio Control Board Operator of WAMC.

The SES has been well received by both employees and employers. Dr. Miller notes that feedback from various employers indicates that the service is serving a valuable purpose as a contact point for those wishing to employ responsible, reliable individuals. Dr. Miller went on to add that both he and the participating personnel offices are pleased and impressed with the initiative Mr. Reino has demonstrated in his management of the SES. Mr. Reino attributes part of the success to the invaluable support and assistance of Dr. Miller and his secretary, Barbara Shields. He also credits the inherent marketability of medical students as a major factor in the growth of the service.

Funded by the Student Council, the SES is located in ME 125 — behind the College Bookstore. The office is open from 8:30 am to 9:00 and 1:00-2:00 daily, other hours by appointment. The telephone number there is 445-5222. If there is no answer, messages can be left with Barbara Shields at 445-5634.

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Path grades changed

By PAUL Z. SIEGEL

When the grades for last spring's Pathology 100 course (Pathology 100 accounts for 20 percent of the entire Pathology course which is divided between the first and second years) were tabulated 40 percent of the class fell into the "U" category. Pathology is one of the courses graded on the "criterion grading system". This means that the range of raw scores which will correspond to each of the grading categories is set in advance, i.e. there is no curve. The spirit behind the system is to focus students' concerns on mastering the course material and to downplay competition.

Dr. R. Foster Scott, Professor of Pathology and organizer of the Pathology course, felt it was inappropriate for 40 percent of the class to receive a "U" and raised the scores so as to yield a more conventional distribution of E's, G's, P's, and U's. Criterion grading has been in effect in Pathology for some six years now, course standards being derived from the performance of previous classes. While this is not the first time that grades have been raised, the number of points added to each student's score this time was greater than ever before.

Students on the Downslide?

Does the poor performance of last year's freshman class on the Pathology

100 exam indicate that the caliber of student at AMC is on the decline? Not necessarily. Although comparison to previous classes is made there are nonetheless a couple of intangibles involved in assigning grades. For one thing, the majority of test questions are not geared for rigorous statistical comparison; the examination of gross pathological specimens, microscopic slides, and the essay portions of the test all involved a subjective component which defies precise assessment of their degree of difficulty. As Dr. Scott says "It may have just been a hard test. I don't know." As a matter of fact, the class performance on the multiple choice part of the test (the only section which can be studied with statistical rigor) was up to previous standards.

There is one more possible explanation for the low grades. The first-year schedule was modified last year so that the Pathology 100 exam was administered during the same week as the final exams in two major courses - Pharmacology and Gross Anatomy. It may simply be that Pathology is suffering from heightened competition.

In any case Dr. Scott isn't alarmed. Unless the decline in performance continues through the next two or 3 years no plans to alter the course will be considered.

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There are special restrictions on ads placed pharmaceutical companies; no individual drugs may be advertised (ads must be kept general) and an individual company may purchase no more than one page per issue. There will be no advertising of tobacco products.



Effective Representation

There may have been times when you've encountered problems with your institution, or you've wanted to see changes or improvements in your curriculum, or in patient care, or in health care delivery. But where could you go for help with your problem or to get a hearing for your ideas? There really wasn't any place.

But now there is: For students, its the AMA Student Business Section (SBS); for residents, the AMA Resident Physician Section (RPS). They are your representative assemblies through which the AMA and its resources are directed to the problems you and your colleagues wish to have addressed. Through the SBS and RPS delegates in the AMA House of Delegates, students and residents have direct input and participation in AMA policy-making.

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Dr. Eckert speaks

Continued from p.2.

However, Dr. Eckert reiterates that "alternations in curriculum are not evident in individuals" and that overall, the student today is adequately prepared in the clinical sciences to make a fine physician.

Medicine was still in its infancy in the 1950's as Dr. Eckert was completing his post-graduate training. After receiving additional background in a one-year internship in medicine, he entered his surgical residency well aware of the limitations in medical care. Just to cite a few of the major examples:

-Few effective therapeutic agents had been developed in this era. Syphilis was treated with heavy metals. Digitalis alleviated cardiac failure patients. The only antimicrobial agents that attacked infection were the sulfanilamide group and quinine used to treat malaria.

-Renal dialysis was still to be developed.

-Thoracic surgery was well advanced but had high mortality rates due to secondary infection.

-Cardiac surgery was still a dream-mitral stenosis repair had been attempted but with little success.

-Infectious disease was prevalent: diphtheria, typhoid fever, TB, and scarlet fever were seen, and yet six years later, the number of infectious cases decreased to a point where specialized infectious disease hospitals had to close down due to their lack of use.

-Varicose veins were treatable, and the post-phlebotic patient could be managed, but no procedures existed for reconstructive arterial surgery.

Dr. Eckert is presently an active consultant to four area hospitals, AMC, Ellis, St. Peters, and the VA hospital. He participates in grand rounds, and maintains a close teaching rapport with the house staff and general service staff. He stresses that his colleagues recognize him as a general surgeon. He does possess a sharp, focalized interest in cancer surgery, and was indeed offered a position as Chief of Surgery at Deerfield Hospital in New York City, associated with Columbia Presbyterian Medical Center. He claimed that he was not an oncologist, and preferred to remain a clinician and instructor in St. Louis. Today, he emphasized that "there is a tendency to fragment surgery into finer and finer specialties, which is retrogressive."

MALDISTRIBUTION IN SURGERY

In response to the public opinion that there are too many surgeons in the country doing too many unnecessary operations, Dr. Eckert quickly notes that the quality of surgery at AMC is quite high, and that he doesn't believe there was an unneeded operation at AMC in his past 22 years here. He does offer comment in this present dilemma. "Ideally, the ultimate would be not to need surgeons at all. From what we can see (in cancer research), there will still be a place for surgery and for surgeons in treatment of cancers. First of all, I don't think that all cancers are preventable, but once established, the cure rate should be vastly greater, than it is today for our more frequent cancers. There will continue to be a need for surgical removal. This is called "debulking" of cancer.

"For example, one of the hopeful areas of therapy is immunotherapy, which is effective only against minimal cancers and minimal volumes of cancer." I doubt surgery will be a thing of the past in our lifetime."

The former department chief sees a maldistribution syndrome developing in various areas of surgery, where there exists more physicians than needed to provide essential quality care to patients. In this category, Dr. Eckert lists neurosurgery and cardiac surgery. According to the statistics indicative of surgical requirements in this country, there is not an overabundance of general surgeons, but merely a

mislocation problem. In countries with fewer general surgeons, Dr. Eckert emphatically states, "The population is being deprived of surgical corrective therapy. Take as an example a patient with a hernia living in England. The time required for him to get into a hospital and have an operation is somewhere in the neighborhood of five years. A patient should not have to wait five years for repair of an abnormality that can be life threatening".

POLITICS IN MEDICINE

Turning to the political involvement in the medical management of patients, Dr. Eckert senses a lurking evil behind those bureaucrats' statutes. The escalating costs and unnecessary procedures can only be controlled and dissolved by "us", the very medical personnel that order lab tests and portable X-rays and so forth. "This is nothing a politician can add to. They are making regulations about Medical patients in reference to how long they can be in the hospital before they're operated on. Obviously, for anybody to make an arbitrary statement that this should not exceed one day is ridiculous. But that's exactly what the politicians in this state have said. Surgeons and surgery have been lambasted rather unjustly."

In closing, in response to a question posed by our own editor-in-chief, Dr. Eckert envisioned the Cabinet post held at the Department of HEW too massive for one person to manage effectively. He strongly advised that a separate official with cabinet standing hold office in each of the subdivisions of health, education, and welfare.

Dr. Eckert, a man of many talents and interests, still is an avid sports enthusiast. He enjoys golf, swimming, and squash. As a man of 64, he plays a helluva game of squash as long as the opponent "plays on my terms; as soon as you feel tired, you quit." I believe that is probably one of the few times you will hear this distinguished professor, and indeed, honorable man use the word "quit". I invite you to stroll up to the sixth floor in the ME building, and introduce yourself to one of those men and women who made AMC what it is today.

Looks Like Rain

Stickerlessly obvious

By DAVID LIVINGSTON

There is a saying that the world is divided between the Haves and the Have-nots, with the majority of humanity falling in the latter category. Being of the privileged few enrolled in a medical school in this country and being allowed to compile 50,000 plus dollars in debt upon graduation, it would seem that we are members of the exclusive Have category. But there remains one facet of life at AMC denied to us that is open to the most common freshman going to Fredonia. They have stickers for their cars and we don't.

This lack became even more apparent to me when I was driving through New York during summer vacation. Cars passed me having stickers from colleges and universities from all fifty states; New Mexico School of Mining and Rocks, University of Istanbul, Beaver College, and a Brown sticker that should have gotten a ticket for obstructed vision (as well as being disgustingly ostentious). All of these people riding merrily on their way laughing at me for the nakedness of my back window. I vowed revenge, but deep down I knew it was futile.

In the one year, three months, and handful of days I have been at AMC the only sticker I have seen in the bookstore has been affixed to the underside of the glass counter. The original reason I tried to purchase a sticker was that my mother wanted one to show the community that her son was in medical school and not destined for driving a truck or other such occupation. I was told that the bookstore was out of them and they were being ordered. That was over a year ago. My mother perceived this

deprivation as all my fault and ceased providing me with room and board when I went home. My rent checks were sluggish to absent in arriving and I just barely survived eviction from my apartment because of rent default. None of this had any effect on the cold cruel hearts in the bookstore. I tried everything. Breaking into an upperclass-person's car to remove their sticker (the glue makes this impossible). Combing other medical college stickers with SUNY Albany stickers. Nothing worked — but my mother started to forgive me and I was allowed home under the European plan (Modified American Plan on holidays).

I am now convinced that the alleged order for more stickers was not (and never will be) placed. To quote something stupid, "I'm mad as hell and I'm not going to take it anymore". The time for action is at hand. If the entire Albany Medical College community would pass through the bookstore at least once a day and ask for a sticker they may start to take notice; and if this comes to nought cash should no longer be used in the bookstore. Everything that is bought should be charged. One candy bar, cookies, those cute little knick-knacks, a single index card. Think of the mountain of charges that would ensure. A morass of memos. A plethora of paperwork. If the bookstore still continues to fail in its promise of stickers it simply proves that it is totally unresponsive to our needs, and the only sensible solution would be its demolition and subsequent replacement with a combination bowling alley, pool hall, pizza parlor, and chapel.

Orchestra reconvenes

By STEVEN KORNBLOTH

The second season of the AMC Chamber Music Players has opened with more opportunities for vocalists and instrumentalists to enjoy musical performance with others.

The goal of the organization is to serve as a central office of information for people interested in contacting other musicians and to arrange small to large performing ensembles in classical music, rock, or jazz.

The AMC Chamber Orchestra is at the core of musical activity with numerous smaller groups, including string quartets, piano quintets, flute and piano sonatas, harp and voice, and others. In addition, soloists on piano, guitar, voice have participated. This year a choral group under the director of Ned Doucet has been formed and other smaller vocal ensembles are in the works.

At our inception, we were the "Closet" musicians but in May of last year, the first AMC Chamber Music Player's recital was given to a full house in the small auditorium of the CDPC. The interest engendered there tempted us to try even more events for this year. We are planning one or two recitals this year, one in December and one in May. In addition, smaller concerts at more frequent intervals are being planned. Also, noon "jam sessions" to be held in the student lounge will be informal, sight reading sessions of vocal and/or instrumental music with different groups each time.

Anyone who would like more information can contact either Steve Kornbluth, AMC Box 73 or Dr. Alan Miller, MS-114, ext. 5634.

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Graduate studies

Continued from p.4.

Evaluation of Students

Some of the first accomplishments were to design appropriate methods to select and evaluate students in the graduate program. Dr. Caligiuri envisions the selection procedure as "a process to obtain individuals who are highly motivated to a career in research". Evaluation of the selected microbiology graduate student can be categorized into 2 broad areas. First, cognitive skills are evaluated during the first two years while completing the required core curriculum. This evaluation culminates in a 3 day written qualifying examination given during the student's second summer. One entire day is devoted to examination in each of 3 areas: bacteriology, immunology, and virology. The second broad area of evaluation involves practical scientific approach and is evaluated during 3 laboratory research rotations completed during the first year. This evaluation assumes a formal nature at the oral qualifying examination and then continues throughout the thesis research until graduation.

A unique feature of the newly designed program is the breadth of exposure for every student. As Dr. Caligiuri explained, "the program was purposely designed for a small number of students in order to promote wide and extensive contact with many faculty members".

Student Participation

The microbiology graduate student is an integral and active member of the department. As part of their education, students actively participate in formal department research programs, informal discussion sessions, journal clubs, and they help design courses. Opportunities are provided to participate in

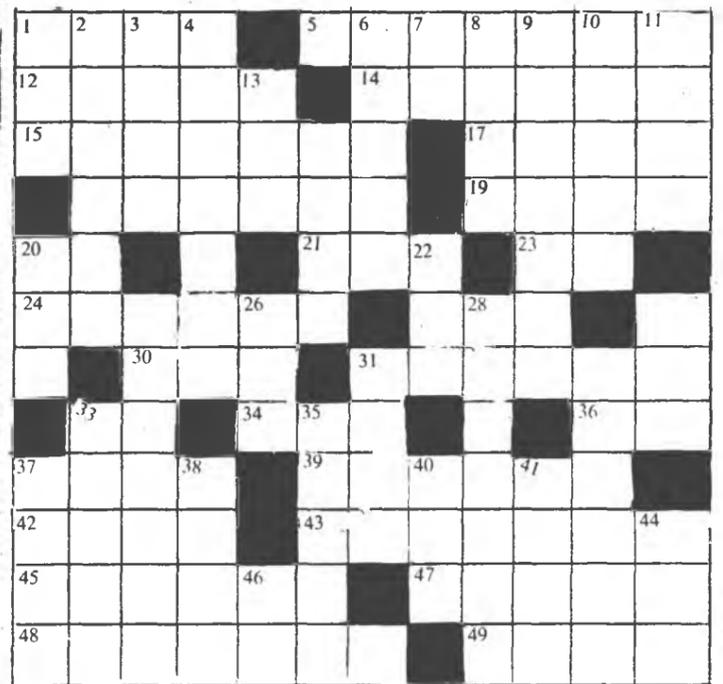
teaching in laboratories and recitation sessions, to organize the seminar series of invited scientists, and to attend national meetings and seminars. The faculty maintains open communication channels with the student members in order to promote mutual enrichment. All formal faculty meetings are attended by an elected student representative who carries the student voice and vote regarding all department activities. Dr. Caligiuri believes that "in this way, the program is improved and additionally the student obtains a sense of responsibility to the institutional commitments by participating in the committee structure". This philosophy is a direct extension of Dr. Caligiuri's personal experience since "as a post-doctoral fellow, (he) learned as much from the graduate students and other fellows as from the faculty". He has observed other research programs that although were productive, became stagnant due to the absence of graduate students. He added, "A source of new ideas and enthusiasm is essential to any program that expects to advance science." For example, a noticeable stimulation was evident in the working atmosphere when in 1955 The Rockefeller Research Institute realized this necessity and began educating graduate students to become The Rockefeller University. He envisions graduate studies as a unique "opportunity to dream and learn without constraints." The program was designed to provide this opportunity and additionally to teach the student the scientific method, approaches in researching a problem, how to formulate questions, experimental design, and how to critically evaluate results with the guidance of established investigators. Furthermore, the

program is designed to maintain a broad exposure so that students can apply the scientific method to a variety of problems and remain flexible throughout their education. This aspect of the program is consistent with a national study by the Glaser Committee which found that 40 percent of persons with a Ph.D. work in areas outside their area of training. To this end, the courses in microbiology and immunology include broad concepts from fundamental contemporary literature. For this reason, this department has extensively developed graduate courses at the basic, intermediary, and advanced levels that are offered over the entire year. The department strongly supports the need for a graduate school curriculum since the graduate student requires an in-depth knowledge of microbiology and immunology due to the nature of the subject material and the requirement of the student to be broadly educated.

Goals & Plans

Future developments in the graduate program are primarily to include 3 major efforts. First, an increase in the department's involvement in post-doctoral training is already in progress. Recently, Dr. Jean Regal joined Dr. Richard Pickering to develop her training in immunology while applying her education in pharmacology. In the near future, additional fellows are expected to join the department. The fellows should further stimulate research activity and benefit both the graduate students and the faculty. The second area of development will increase cooperative clinical research. This will add a clinical dimension to the research in the department in the broad area of the immune response to infectious agents such as viruses and bacteria. The third area of development will involve increasing the exposure of graduate students to teaching situations. It is felt that since many Ph.D. graduates will spend a portion of their time teaching, it is necessary to develop more extensive education in this area. With this goal in mind, various possibilities are being considered.

ANASTOMOTIC AGNOSIA



ACROSS

1. _____ Blast
5. When you're out of this, you're out of it
12. _____ the influence
14. Indian tribe
15. Shortstop makes play on ground ball
17. Only
18. World travelers miss it? (____E)
19. High hand
20. Morning
21. Bungle
23. Famous Scottish College (abbr.)
24. Hooked a large fish
27. One of the heavenly bodies
30. Behind
31. Candies
33. To
34. 31st state
36. Local rot-gut
37. Betting places
39. Large Robert
42. Solo song
43. Rose to dance
45. The Champagne
47. Colorado Kool-aid
48. Canadian imports
49. Big containers

DOWN

1. The King
2. Mystery
3. Ledge
4. Inhale again
6. Provide food for
7. Calculator brand
8. Auchenia
9. Water rock
10. Miles in a league
11. Catch some _____ take a nap
13. Caviar
16. Not new
20. Period
22. Paddle a boat
25. \$100 is one
26. And others
28. Women's magazine
29. Home of the Trojans
31. Slide
32. Danish import?
33. Heart chamber combining form
35. On fire (poetic)
37. Stomach muscles (abbr.)
38. Common gals
40. Good till cancelled (abbr.)
41. Woodwind
44. Addendums to a letter
46. Early or Primeval prefix

Solution to last month's crossword puzzle:



KEY will be found in the November Nexus. Send your completed solution to Box 198. The first correct solution received will be awarded \$5 towards the purchase of a diamond phonograph needle at the Blue Note Record Shop, 156 Central Ave., Albany.

AMC Dictionary

FOCAL PROBLEMS IN MEDICINE: Course introduced at AMC under pressure from the ophthalmology department stressing the importance of regular eye checkups and promoting the sales of contact lenses.

HUYCK AUDITORIUM: Lecture hall constructed in memory of an illustrious AMC alumnus who went on to pursue a glorious career in professional football, but never quite mastered the art of spelling.

DEPTOPHYSIOLOGY: Ancient Indian tribe noted for the strange custom of inflicting mental torture upon its apprenticed medicine men.

BONDURANT: Surname of a punk rock twin brother act known as "Pres and Dean."

TOMSABA (pronounced tōm-sah-bah): Chief of an ancient Indian tribe known to have tortured its apprenticed medicine men.

NEXUS: Word appearing at the top of the first page of 2,000 neatly folded, obviously unread newspapers reported by the Albany Department of Sanitation to have inundated the city landfill late last month.

Nexus makes headlines!

By ARTHUR W. PERRY

The Albany Medical News, student newspaper of the Albany Medical College made headlines today. Three students gathered around a small, dusty room as Associate Editor Paul Z. Siegel banged away with a ball-peen hammer and finished his first headline.

Siegel, a second-year student at the college, had been working on the headline for three months now and was literally exhausted from the project. "That's true," said Siegel, "but I cannot wait to start on my second one!"

Headlines, as many know, are made of poured steel and are shaped by a series of intricate manipulations. A skilled worker can manufacture about one per day.

RUGBY TEAM BLASTS OFF

By JACQUES VAN RYN

The AMC Rugby team began its 14th season of play against the Berkshire Rugby Club. The team, which is the oldest rugby club in the area, is composed of medical students and other members of the AMC community. Headed by Brian Smead, the club begins the new season with optimism following an 8-8 record last year.

Rugby originated in the British Isles and is played around the world. In this country, it is gaining in popularity and is expanding from its traditional club play.

The game involves fast action, adept kicking, and hard tackling. Following each game, both teams and fans retire to a local tavern to "hoist a few" and sing traditional rugby songs.

AMC FALL RUGBY SCHEDULE

Date	Opponent	Place
Sept. 30	Berkshire	Westland Hills Park (Albany)
Oct. 7	Plattsburgh	Away
Oct. 14	Union College	Away
Oct. 21	Albany Law School	Lincoln Park
Oct. 28	Williams College	Away
Nov. 11	"7's" Tournament	Lincoln Park

All games start at 1:30 p.m., with parties following the games. All members of the AMC community are welcome to attend the games and party with the rugby team.



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Freshman display diversity

By ANNE E. SIERK

The school year is well under way, and the long-term residents of AMC are trying to figure out who all the new faces are. Nine of these faces belong to transfer students from foreign medical schools. Perhaps you've also met and recognized some of the others; but what is the first year class as a whole? As the Class of 1982 was appraised on the first day of their orientation, they are similar in many ways to the classes that have preceded them. The entering class size of 128 is the same as in 1976 and 1977. A precedent the freshman class has set is with the number 28. This is the number of Biomed students from RPI, women in the class, and non-residents of New York State. Hopefully this trend won't carry over as the average on their first Physiology exam!

The admissions' office staff, though already inundated with applications for next year, helped piece together this academic profile of the new class. Graduate work has been done by 18 members of the class, with several masters degrees and at least one PhD completed. A large portion of the 100 students who are not Biomed are recent recipients of undergraduate degrees. This past spring 58 students completed their studies and there were 19 who graduated in 1977.

67 Schools Represented

The colleges that granted these degrees are mostly in the Northeast. The four SUNY's top the list of student contributions, totaling 18, with several schools adding three members each to the Freshman class: Colgate, Cornell, Fordham, MIT, and Union. Of course credit has to be given to the contingent of Biomed students who

bring RPI's total to 30. The remainder of students come from seven colleges that sent two each, and 51 schools with single acceptances.

New Class Rates High

The freshmen themselves are probably most curious about how their class stacks up academically. The average GPA's for both regular and Biomed students are 3.48 overall, 3.45 Science, and 3.48 Math. The average scores in the six sub-score areas of the MCAT are: Biology — 9, Chemistry — 10, Physics — 10, Science Problems — 10, Reading — 10, and Quantitative — 10. The class of 1982 is the first group that took the new MCAT's and these scores cannot be related directly to past years.

Analysis of admissions data is a complicated procedure. There are many variables involved and time is needed to evaluate trends at AMC as they relate to nationwide trends. Dr. Horn pointed out that the number of applications to medical school has fallen nationally and AMC's application total of 3,482, down from the year before, may be related to this pattern. Also mentioned was that enrollment of minority students at Albany Med has increased. Though rising GPA's also reflect grade inflation, Dr. Horn feels that the new class is more academically aware and better socially prepared than classes in the past.

More detailed information on the Class of 1982 is in computerized depths and is not available for analysis. The 1977-78 admissions year was formally closed only on Sept. 21, ten class days after the beginning of the year. The cycle now repeats.

The birth of H.E.W.

Continued from Page 1

In 1934, Dr. Harvey Cushing, Professor of Surgery at Harvard Medical School and a leader in the AMA, wrote President Roosevelt advising him to form a department of public health which would coordinate infant welfare and the Children's Bureau, old age insurance, the veterans' hospitals, vital statistics, the administration of the Food and Drugs Act, and the Public Health and Marine Hospital Services. Roosevelt agreed with Cushing's plan, but felt that the political climate would not permit such a proposal.

Throughout that period, the PHS was actively engaged in research on communicable diseases first in New York and then in the Hygiene Laboratory in Washington, D.C. The laboratory's name was changed to the National Institute of Health (NIH) in 1930 and eight years later it moved to its present site in Bethesda, Maryland. Thus towards the end of the early childhood stage of social and health policy, the government was involved in limited public health measures, medical research, food and drugs regulation, and the medical care of the armed forces, the merchant seamen, and veterans.

Sociomedical policy reached the pre-adolescence period with the establishment of the Social Security Administration (SSA) in 1935. This Act, prompted by the depression, provided for survivors, old-age, and disability insurance. Maternal and child health care as well as state public health programs were included in this plan.

Two years later, one of the most important advances in the funding of medical research, the

National Cancer Act of 1937, was passed. This program provided financial grants for cancer and related research. It paved the way for exponential increases in research for many years following World War II.

Massive reorganization took place in 1939 as the FDA, the Children's Bureau, the Rehabilitation Services Administration, the Social Security Administration, and several agencies concerned with education were joined together to form the Federal Security Agency. This early effort in joining health, education, and welfare did not meet the approval of the AMA, however, as they soon launched another effort to attain a secretary of health.

The government was not satisfied either. In 1949, the Hoover Commission on the Organization of the Executive Branch of Government pointed out that most of the government agencies conducted medical activities of one type or another. The various departments had different policies and competed with each other for personnel. The formation of a United

Medical Administration, which would include the PHS, the Veterans' Administration (VA), and the continental hospitals of the armed forces, was suggested. This proposal was soundly defeated by political opponents. As a compromise, Hoover proposed the establishment of a Health Policy Committee which would include the Surgeons General of the Army, Navy, Air Force, PHS, and the Chief Medical Director of the VA. No superstructure would be constructed, but policy would be coordinated. Again, this idea failed.

By this time, public interest in health, education, and welfare had grown to a point where the establishment of a cabinet level position for these human concerns was considered politically feasible. Thus, in 1953, the Department of Health, Education, and Welfare (HEW), a direct descendent of the Federal Security Agency, was born.

The current status of HEW next month.

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FLAVORFUL FAST FOOD

By HAYAT ABUZA

What may be the best food value for the money in Albany turns out to be the Kosher Pizza and Felafel Restaurant run by a local Chasidic group at 483 Washington St. (near N. Lake). There are no frills in atmosphere or service, but the kosher food costs little and has lots of soul.

For .90 you can have the house special, a felafel — deep-fried spicy chickpea balls with lettuce and tahini (sesame seed sauce) in whole wheat or regular pita bread. Half a felafel at .45 is enough for many people.

Another specialty is pizza, again whole wheat or regular. By the slice, its .55 and extra large with the works is \$5. Middle Eastern hummus (mashed seasoned chickpeas) in pita bread is \$1.25. Also available are small salads, tuna salad, egg salad, cider, herb tea, soda, and juices.

The kosher Pizza and Felafel is located in a small storefront with

a cheap sign. The inside is modest and it feels a little like a Jewish diner. You place your order at the counter and then browse around the bulletin board and the Jewish novelties for sale — greeting cards and gifts for your grandmother in Americanized Yiddish. A small library is browsable and contains books on the Bible as well as the Jewish Yellow Pages. Your order (served on paper plates) will be ready in 2-15 minutes, and it may come out in stages. Next to the napkin holder on your table you may sometimes find a circular explaining this week's Torah portion or local Jewish community activities.

Among your fellow diners you will see people of all ethnic and religious persuasions, including long-haired students and politicians from the Statehouse.

Kosher Pizza and Felafel at 465-5638 is open Mon. through Thursday 4-11 pm, Sat. night 8-1, and Sunday 1-9 pm.

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