The Albany Medical Nexus

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Medicine in china

By VICTOR MARK

On January 18 the History of Medicine Society presented Dr. Alan Kraft, who spoke on "Impressions from a Visit to China." Although Dr. Kraft dealt only remotely with the history of Chinese medicine, his presentation took on historical qualities so that the audience was able to reach an understanding of medicial practice in a time and setting very different from ours.

Dr. Kraft, chairman of psychiatry at AMC, was privileged to be among a group of psychiatrists who recently participated in a two-week tour through the People's Republic of China. Entering the country via Hong Kong, the group visited medical facilities as well as other sights in Canton, Shanghai, Wuhsi, and Peking.

One of Dr. Kraft's strongest impressions of China was its obvious poverty and lack of many conveniences which we in the United States take for granted. A few statistics help illustrate the problems this nation of over one billion people has in providing its population with medical care: on a per capita basis, there are half as many doctors, a quarter as many hospital beds, and a fiftieth as many psychiatrists as in the U.S. Yet, while being fully aware of the deficiencies of their country, the Chinese believe that Vice Premier Teng's modernization program will do much to promote better conditions over the next ten years.

Dr. Kraft, while visiting a commune hospital which served 65,000 people, learned of the training received by its staff of "barefoot doctors." These are peasants elected by their peers to receive 1 to 4 months of medical training. These barefoot doctors are supervised by doctors from the commune hospital on how to provide services such as inoculations, follow-up care, and counseling.

Chinese medical practice would strike an American as bizarre and antiquated, but, as Dr. Kraft emphasized, one must understand that we are looking at a country with a very different sociocultural background, where tradition forms a sizeable component of conduct. The result is a harmonious blend of ancient Eastern and modern Western practices. Herbs are as much a part of conventional drug therapy as cortisone and phenothiazines. The American psychiatrists observed brain surgery for a temporal lobe meningioma, for which the only anesthetic was local acupuncture.

Acupuncture itself has been modernized. Instead of twirling the needle once it has been placed in the skin, stimulation is achieved through a connection to a 6-volt power source. Other traditional therapies include the application of digital pressure to the body, and heating the ear (via infrared light) to reduce anxiety. Psychosomatic complaints (e.g., tension headaches) are dealt with by prescribing shadow boxing exercises and ritualized swordplay.

Dr. Alan Kraft explains a point to Michael Marmulstein, AMC IV.

The Chinese have no psychoanalytic theory of mental illness. Instead, they believe that people break down because of loss of faith in Mao Tse-tung thought; loss of will to be healthy. Depressed patients are treated by having them listen to Mao's sayings at an indoctrination session and resuming their work. Schizophrenia is thought to be a genetic disorder and is initially treated with acupuncture.

The American psychiatrists were suprised to learn that neuroses are uncommon, suicide unheard of. The apparent reason for this is the central position family life has in Chinese society. Patients are nursed in the hospital by their kin; there are no hospital nurses. The elderly live with their children, caring for their grandchildren. Children receive medical care at home rather than in hospitals. Patients have a sense of belonging, knowing that they have a place to return to upon their release from the hospital.

Dr. Kraft was in China while diplomatic ties were being established with the United States. Thus, he was able to witness the commencement of a period of exchange of people, goods, and knowledge between the two nations. It is possible that both countries' medical care will benefit from the improved relations. Perhaps we will be reminded of the importance of family unity, which modernization seems to have displaced. But there could be dire consequences for the Chinese. When Dr. Kraft returned to Hong Kong, he was confronted with "culture shock": the same ethnic group which had been his host in the People's Republic was now living in squalor, intoxication, and prostitution. In order for China to avoid such a fate, implementation of Western methods must proceed with great concern for the country's sociocultural stability.

Nannette Hoffman, AMC II, shows Drs. Schwartz and Friedlander some of the fine points of CPR.

National health insurance

By ARTHUR W. PERRY
(Special to The Albany Medical Nexus)

It's been 65 years since the first National Health Insurance (NHI) policy was proposed in the United States. The idea has been, perhaps, the American Medical Association's (AMA) greatest unifying influence. The last (95th) Congress considered several possible plans but the more serious problems of inflation, energy and Koreagate stifled these proposals.

In January, as the 96th Congress convened, the NHI debate continued. The nation's attitude seems to be against any new social programs because such undertaking would probably be inflationary and result in higher taxes. However, Senate Subcommittee on Health and Scientific Research Chairman Edward M. Kennedy (D-MA) is looking towards the presidency in 1980 and he may be hoping to use NHI as his vehicle into the Oval Office.

See Senator Javits' exclusive NHI statement on page 5.

Kennedy has been pushing for a NHI for over a decade now and although he has backed off his previous total government insurance plan, (similar to the British system) he hopes to create a health care system that makes more than a few physicians and AMA officials nervous. Kennedy has stated that "the current non-system of medical care is a failure. If left unchecked, that will be become a distater — a disaster which will destroy federal and state budgets, seriously injure the economy, cause countless human tragedies, and in my opinion, create a citizens revolt that will pale the current concern over taxes." Kennedy will be introducing a bill constructed by the Committee for National Health Insurance, a labor run organization, in this session of Congress. He believes that the 96th Congress "will be known as the health insurance Congress."

Kennedy's proposal would retain private insurance companies but would virtually become a public utility, controlled by the federal government. If entacted, revenue and expenditure limits would immediately be placed on hospitals and physicians' services revenues would also be limited. Two years later, prospective budgeting of hospital and physician expenditures would provide full benefits including preventive medicine and catastophic coverage would go into effect. Mental health benefits would be limited under his plan, however.

Initially the plan would cost $14 billion and would rise to $21 billion in three years (not inflation adjusted). It would be paid for by both employers and employees and through taxes. Insurance companies would be federally certified and regulated, operate on federally determined premium income, and administer claims at federally controlled hospital and physician charges. Doctors would be prohibited from charging patients more than the rates negotiated annually between their representatives and the federal government.

A federal Public Authority (PA) with members appointed by the president would oversee the NHI. At least half of the members would be 'consumers'. The federal PA would then establish state PA's to implement the NHI on local levels. The state PA would be composed of members chosen by the state governors. These state authorities, would, along with certified insurers, negotiate with physician representatives to establish fee schedules. It is expected that rates would not vary significantly between physicians.

Jimmy's Plan

The Kennedy-labor proposal is much more drastic than one expected to be submitted to Congress by President Carter. Carter's plan, constructed by the Department of Health, Education and Welfare and based on his set of principles for an NHI released last fall, would not require much federal spending for the next few years. This will be an important factor in

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Students become teachers

By ANNE E. SIERK

A novel event happened in the doctor's cafeteria on the night of January 16th. Here AMC students trained as instructors in cardiopulmonary rescuscitation (CPR) had the chance to teach the AMCH executive board in "breaths, blows, thrusts and probes." This by-invitation-only event was held in hopes that it would be the beginning of many more sessions in which the hospital will have more of its staff certified in CPR. All of the twenty-seven people attending this session were certified the same night.

How were AMC students the ones able to get everyone on their hands and knees that night? They came from a pool of twenty-nine clinical faculty and employees of the AMC community, who have received additional training beyond certification to become CPR instructors. AMC students, who must know CPR to complete their fourth-year rotation in emergency medicine, are taking the course as early as their first semester here. Those who take the instructor's training after their six hour basic course improve their skills by teaching others.

AMC to offer MD-MS

By ARTHUR W. PERRY

A masters program which may attract a unique group of students at Albany Med will begin next year. Dr. Alan Miller, Associate Dean for Student Affairs at AMC and Associate Director of the Health Studies Center of Union University recently announced the development of an MS in Health Administration program. This fully funded program would be combined with the medical curriculum to propare exceptional students for careers in medicine not normally addressed in the traditional four year curriculum.

"Should someone who is managing a large health enterprise be in a position to contribute to its purpose?" Dr. Miller asked. If an MD were a hospital administrator, he would be more competent if he had training in management, he said. "This would bridge the dual hierarch — cost accounting and health management skills should merge in order for an institution to be run most effectively," Dr. Miller said.

Dr. Eugene Schneller, Associate Professor of Sociology at Union College and Director of the Health Studies Center explained that the

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Editorials

Exam anxiety

A quick review of the most recent set of course evaluations reveals that student discontent with examinations is more prevalent during the first year than it is during the second. One possible contributing factor is the more frequent use of quizzes in many of the second year courses. These quizzes, which contain a small number of questions representative of the major exams yet which count for little toward the final grade serve as motivation for students to keep up with their course work without provoking the high level of anxiety so frequently associated with major exams.

Helpful as they are in the second year, such quizzes given in first year courses would help reduce exam anxiety to an even greater extent. The reason is simple; most second year students have gained the confidence that comes with successful completion of the first year and are less intimidated by exams. Freshmen, on the other hand, facing their first exams find themselves up against an unknown entity upon which their future seems to depend heavily — an understandably anxiety-provoking situation. Quizzes given before the first major set of exams and throughout the first year would help freshmen stay on top of their work, be better prepared for the major exams and, in the final analysis, would spare a lot of people a lot of anguish.

A new constitution

The student council recently decided to approve a proposal that the editorial staff of the *Nexus* whole-heartedly supports. Those students representing the various local and national medical political organizations (such as AMSA, AMA, AMWA, etc.) who receive funding by the council for convention expenses are now required to report to the council and to the *Nexus* with a written summary. This active contribution to the student body should elicit a more interested response from AMC members than in the past. Not only will students be aware of the different allocations of the student council treasury monies, but they may also appreciate the topical issues and proposals discussed at a national level.

For instance, although it may seem that we as students have little at stake in the endless political rebuttals, soon as physicians we may be an integral part of some form of nationalized health insurance plan. Our salaries, facilities, and actual patient care protocols might very well be strictly regulated according to the power of this potential governmental policy.

Our staff applauds the Student Council approval of this proposal, and hopes that students will now see an even greater reason to read their colleagues' reports in the upcoming issues of the *Nexus*.

Student Council funding

The *Albany Medical Nexus* now adheres to official Constitution. The Editorial staff, after much deliberation and compromise, constructed, reviewed, and completed the Constitution with majority approval in early January. Although the length deems it unwieldy to print the work in its entirety, all interested students, faculty, and administration have an opportunity to view it. The Constitution, among other major functions, serves to explicitly outline the roles and duties entrusted in the five positions on the Editorial Board. Therefore, anyone interested in running for any of the five offices, or anyone who would merely like read the Constitution may ask one of the current members on the Board to see a copy.

Next Nexus deadline is extended to March 5.

Opinions

A code of ethics

By GARY GOTTLIEB

In an effort to satisfy the complaints of some of us who are annoyed by the idiosyncrasies of neurotic medical students (see Nanette Hoffman's opinion last issue of Nexus) I have attempted to create a "code of ethics" of my own.

Probably the most difficult of problems to tackle is the great deal of noise that many of us create during lectures. This would probably be most effectively alleviated if General Foods brand of "space rocks" called Cosmic Candy were outlawed in the ME building. Not only could there tasty delights disrupt even the most peaceful of mortuaries with their guaranteed "1000 pops a minute" (image the possibilites with 128 students!), but a recent issue of the New England Journal of Medicine directly implicates this product with significantly increased production of flatus. Even the most serious "front row" type has difficulty concentrating under these conditions.

I feel that we must approach our disorderly conduct seriously, and, as with any set of laws or standards, Twentieth Century historical precedents need be followed. The success of Nazi Germany and the People's Republic of China in weeding out disciplinary problems should be exemplary. Imagine the impact of "Saba Youth" or the "Grumback Guard." Of course, we'd have to change the dress code, but . . .

Moreover, it is not our lack of common courtesy that is most bothersome. It is that we compulsively brown our noses and lose sight of knowledge for its own sake (L'art pour l'art of Verlaine). This may well be the most difficult to ameliorate. We could eliminate tests altogether, but we might all become instantly incontinent from the sudden release of anal sphincter tone. What we have to do is make pure knowledge more palatable so that everybody would want to learn it. I propose that we change our lectures to a game show format. Instead of a celebrity, each student could have a professor as his or her partner . . . And instead of Deans, we could hire famous emcees to make sure things run smoothly.

"OK, Dr. Alexander," Dick Clark could say, "Please describe these things that change with sympathetic blockade." It could be organized like a tournament with the winners getting free tuition or the residency of their choice. The successful celebrities would, of course, be invited back. Those students with less luck would be accompanied by the losing professor to the Mexican medical school of their choice.

Student council spotlight

By JEFF BROWN

Review of Accreditation — Dr. Kanter spoke to the Council with regard to the upcoming MSA/CHE-LCME joint accreditation procedure which will be taking place at Albany Medical College in 1980. He explained how Albany Medical College is one of the first medical colleges in the country to arrange a joint accreditation for the Middle States Association Committee on Higher Educat.on and the Liaison Committee on Medical Education of the Association of American Medical Colleges at the same time. A final draft of the Albany Medical College Statement of Mission and Goals which was produced by the Accreditation Steering Committee chaired by Dr. Kanter was presented to the Council and Dr. Kaner explained that this, for the first time says what "Albany Medical College is all about". The Statement of Mission and Goals along with the Departmental Self-Study Questionnaire are seen as critical components of the material needed for presentation to the accreditation committees. Dr. Kanter urged that more student input be encouraged via the two students who sit on each of the Departmental Self-Study Committees. There is one junior and one senior on each of the clinical departmental committees and one junior and one sophomore one each of the pre-clinical departmental committees.

With regard to the accreditation process, it was proposed that a schedule be drawn up so that each of the various student representatives on the departmental self-study committees could come to the Student Council to discuss the progress that the committee was making and to see how further outside student input could be increased.

COMMITTEE REPORTS

Medical Education Fellowship Committee—Introduced a proposal on the mechanics of how a course would be selected for review this summer by a student in an eight week Fellowship sponsored jointly by the Student Council and the Office of the President and Dean. The stipend for the Fellowship will be $800 for the summer. Also presented was a timetable and outline of how the student Fellow should be chosen, what will be expected of the student, and what procedures will be used for monitoring the progress of the Fellow throughout the summer. The proposal was passed.

Any students who have ideas as to which courses would be particularly amenable to review and/or would like to participate in the Fellowship should see their class advisors.

Bookstore Advisory Committee - reported that in an attempt to gain an insight into the financial activities of the Bookstore a financial report will be submitted at the next meeting by Mr. Bernard Siegel, Vice President for Business Affairs. Other questions under consideration by the Committee include:

—Why required books are not always available.

—The large priority given to greeting cards, candy, etc. possibly at the expense of other more important needs.

Specific suggestions in regard to the Bookstore activities can be made to the Committee members: Herschel Tress and Howie Malamood.

Report to NEXUS by Convention Goers - Art Perry, Editor of the NEXUS, introduced a proposal that all students who attend conventions with funding from MOCC, i.e.: Student Council, should be required to write an account of the convention's activites for the next NEXUS. This proposal was discussed and referred back to Art Perry and Armando Fuentes so that more of the details could be worked out and the proposal reintroduced at the next meeting.

Student Council Funding for Conventions - A Subcommittee was formed to look into the funding of conventions goers by the Student Council. This Subcommittee will look into, among other things, the amount spent by Student Council every year to send students to conventions and what convention goers should be required to submit in terms of a report upon their return. Herschel Tress is the Subcommittee Chairman.

Student Copies of Student Council Minutes - A proposal was introduced by Mary Pat Dearing to stop putting copies of the Council minutes in student mailboxes but, instead, concentrate on having the minutes posted in several accessible locations in the Medical College. This would cut copying costs for the Student Council. An informal poll will be taken in the first and second year classes to see how important students feel receiving the minutes in their mailboxes really is.

Student Council Procedural Change - Mary Ann Hardy introduced a proposal to have anyone who is interested in coming to speak or introduce a proposal at a Council meeting write a brief one page summary of intent supplying information and data about their proposal *before* they come to the meeting. This proposal would be posted on the Student Council Bulletin Board for all members and students to read. The proposal passed.

Jeff Brown, AMC I, is a representative to the Student Council.

STUDENT COUNCIL SPOTLIGHT II

Proposals Passed by Student Council

Anyone wishing to bring up a matter for discussion at a council meeting should submit a short explanation of the topic to Ed Amyot by the Wednesday before the meeting so that it can be posted on the bulletin board and included in the agenda.

Nestle Boycott

Mary Pat Dearing brought before the Council a proposal that the Student Council formally endorse a boycott of the Nestle Company and form a subcommittee to disseminate information

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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. Material must be typed and signed, and must bear the mailing address of the author. The views expressed in articles are not necessarily those of the **Nexus**. The Editorial Board reserves the right to edit all material. Notices, manuscripts and letters must be received by the 15th of each month.

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Behind the drawn curtain

The department of physiology

By JAMES PLUMMER

Historically the department of physiology offered graduate programs for both the M.S. and the Ph.D. degrees but emphasized training for the Ph. D. In 1973, when Dr. Thomas Saba assumed the chair he began to expand the graduate program since the two existing graduate students did not constitute a critical mass. His successful attempts for expansion involved three approaches which were executed one at a time as follows: 1) provide a faculty with independent research programs as a research base for training, 2) provide space, equipment, and financial support for training, and 3) increase the number of highly qualified Ph.D. applicants to phsiology, primarily by national recognition of the research programs.

As the first step, Dr. Saba recruited faculty members with scientific credentials to compete nationally for financial support and possessing a combined capability to provide teaching for medical and graduate students. Members were expected to have the capacity to perform research independently and to have fluidity to collaborate inside and outside the department. In order to successfully complete the second step of providing financial support, a process unique to the department was instituted. An internal review of department grants are written in a competitive style. Dr. Saba believes this internal review in addition to the preliminary supportive data which is completed well before the grant deadline are of critical importance. The success of this procedure is apparent since in the last 5 years, approximately 15 of the 17 grant applications to the NIH and to the Heart Association have been funded. Direct support for graduate student research is provided by a training grant which underwrites students in physiology and pathology who are involved with cardiovascular pathphysiology. This 5 year grant covers tuition, stipend, health insurance, and costs for publication and travel for students. Dr. K.T. Lee and Dr. Saba co-direct this $750,000 grant from the NIH Heart and lung Institute which supports training in cardiovascular and pulmonary pathophysiology as well as molecular aspects of atherosclerosis and allows dynamic functional interaction between both departments. Since post-doctoral fellows expand the research scope of basic science departments and serve as a role model for graduate students, Dr. Saba applied for and received $438,000 from the NIH Institute of General Medical Sciences in order to combine resources with the trauma unit of The Deaprtment of Surgery to support training in the areas of trauma, shock, and burn injury. Having satisified these first two requisites, Dr. Saba proceeded with the third building step in order to increase the number of students. On a national level, the physiology graduate program is advertized through Peterson's Guide and Science magazine. Seminars and personal contacts are made within a 200 mile radius in an effort to increase local publicity. When speaking in another city, Dr. Saba visits universities to inform the science departments about the graduate studies program in Albany. A rewarding recruiting benefit has resulted from an in-depth experimental physiology course offered at AMC by the staff as a required course for the RPI Biomedical Engineers. Both RPI and AMC benefit from this project since a large active AMC physiology faculty is made available to the RPI students, and in turn several of these students develop interests in physiology and apply for admittance to the Ph.D program at AMC. From these recruiting efforts, the department now receives 40-50 inquiries and 20-30 applicants for admission for graduate studies each year. The physiology student body currently consists of 13 students. Two students are expected to complete the Ph. D. requirements by June and 5 students will be admitted next year bringing the balance to Dr. Saba's set maximum of 16 Ph.D Students.

Dr. Thomas Saba ironing out life's mysteries.

As in many graduate studies programs at AMC. the degree requirements are demanding of the students. In order to condition students for faculty positions, they are required to perform more than one function at all times during their training except for concentrated coursework at the beginning and writing the Ph.D. thesis at the end. Dr. Saba believes that "students will increase the chance for a successful academic career if they have the capacity to continuously and simultaneously handle responsibilities in courses, teaching and research". Thus the advanced physiology graduate student functions at a level which approaches the activities of a first year faculty member. In addition to their riguouos coursework and research, graduate students teach conferences and laboratories for the AMC medical students, RPI biomedical engineering students, as well as students in paramedical progessions. After successful completion of the department written preliminary exam, the department places heavy emphasis on the Ph.D thesis proposal for the college oral qualifying exam. The third year student is required to write a thesis proposal in the context of an NIH grant proposal, a concept which has been adopted from physiology by other departments in the institution. This approach is beneficial to the student for several reasons. It provides experience in writing a research application, receives criticism from the oral exam committee, informs department faculty members of the students interests and shortens the writing time of the thesis after the research has been completed. In physiology, the thesis proposal must contain extensive supporting data which requires the student to be active in the laboratory during the second year to obtain the necessary data for the thesis proposal. Furthermore, this process gives the student a prospective on the cost of basic medical research. The physiology program is successful as measured by those that have graduated. Explains Dr. Saba, "esentially all recent graduates have been offered excellent post-doctoral fellowships, faculty positions, and have their research supported by the NIH."

Dr. Saba believes there are several keys to maintaining the stability of his department. Essentially everyone in the department is an active principle investigator on a major research grant. While the department has a heavy involvement with both clinical and basic science departments, Dr. Saba's working policy about collaboration first requires the investigator to have established his independent research program. He believes "this is best for all parties and is important for career development in that it first establishes individual identity and second permits joint research as a collaborator." He explains that once an individual loses his identity, he becomes lost and therefore ineffective in a collaborative effort. For similar reasons, Dr. Saba is not considering to amalgamate all of the individual grants of the department into a major progect grant since to do so would endanger the department. A project grant would consume the chairman's time with grant administration duties and thus decrease his overall research activities. He personally believes that separate grants permit him to make a better evaluation of each staff member on an individual basis and does not subject the entire department to the flucuations indigenous to granting policies. Dr. Saba believes the graduate students promote department stability and "are a major institutional resource".. The graduate student is intellectually

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View from the floors

Missing persons

By NANETTE SANTORO

The U building is always a few degrees colder than the rest of the hospital. I usually get there around 11 or 12, with the full impact of a Peanut Butter Palace meal mixing poorly with the responsibilities of an AI. Across the hallway from the elevators a large mirror dominates the wall, demonstrating the emptiness.

Once inside the room, I begin my every-third-night ritual — hang up the white coat, wash my face and lay out the beeper, Washington Manual and 3 by 5 index cards on the desk. Trying to fall asllep while expecting to be awakened is an unusually difficulty task, made all the more difficult by the awakening technique. My lust for sleep is fierce tonight; I know I must set the loudness on the telephone to its very highest level. I dial the page operator.

"Good evening! Can you give me a wake-up call at 6, please?" They're always so pleasant. How can they be such merciless human alarm clocks? Yes, human, I don't want to hang up . . .

Back to falling asleep . . why am I doing this? I should be nome cuddling up with Gary . . .we should be far away from here . . . yes, on a beach . . . the Carribean, basking in the sun . . . I can almost feel his body next to me . . .

BRRRING!! I experience a mass reflex — where an I? I dart up — CRASH! Right into the lamp! Ooh, my head —

BRRRING!!

Oh, the *phone,* — where it it? No, this isn't my room — oh, here — "H-h-hello?" 'Doctor, Mr. X needs something for sleep, he's been complaining since midnight, but . . ."

Yeah, I'd *like* to give him something for sleep! By now I've gotten the light on and realize . . . it's 2 a.m. . . . my head must be bleeding — why did I put the lamp there? Somehow, I find those words, those all-important, never contraindicated —

I'm no fool. There's no chance I'll remember this in 4 hours so I write it down. Suddenly I feel a pounding in my chest. Just for the hell of it, I decide to check my pulse rate. It's 120, double normal. I lower the loudness on the phone.

Back to the Carribean. Gary and I are skin diving in beautiful, clear water . . . the marine life is so breathtaking, so colorful, it's so good to be —

BRRRING!!

A little wiser this time, I wave my arm upward and locate the lamp, then the phone . . .

"Mr. Y is running a temp . . . well, 102 . . . "

"Mr. Y? But we transfered him to Orthopedics yesterday —"

My love for humanity is is ruins at 3 a.m. Should I insist that the orthepedist be awakened? Should I let Mr. Y broil until the morning? Should I continue snorkeling . . . ah, the damn sea is full of anemones . . .

"I'll be right there," I say, suppressing a sob.

I'm giving up on sleep. It's so unfulfulling.

Spotlight

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and to approach the issue of obtaining support for the boycott by the administration of the medical school and hospital. The proposal boycott would protest the Nestle Co. practice of marketing infant formula in 3rd world countries where, due to unsafe water, improper sterilization techniques, and poor maternal education, the formula, (being advertised as being better than breast feeding), has been a cause of increased infant deaths. The student council members voted to approve the proposal, and urge your support in boycotting such products as : Nescafe, Tasters Choice, Nestles Quick, Libby products, and Stouffers products. (Information concerning the problems arising in 3rd world countries where infant formula is marketed was also printed in the January Nexus.)

Nexus

In order to insure long-term survival and proper leadership of the Albany Medical College Nexus newspaper, a motion was presented to the Council requesting the creation of an advisory Board for the Nexus, which would be separate from the Editorial Board and would function only in emergency or extraordinary situations such as total disintegration of the editorial board. Members of the Advisory board would be the 4 faculty advisors of the Nexus; and each of the 4 class presidents, or their designee. In the event that a class president is an editorial board member, a designee other than the class president must be chosen. This motion was approved.

Convention Reports

Members of Medical Political organizations are required to keep the student council and student body informed of Medical Political activities. A motion was made asking that delegates or a designee of committees funded by Student Council submit to the Council a written report of conventions attended. The report would be in a form suitable for inclusion in the Albany Medical Nexus. In the event that editing of the report would be necessary, the edited version would be returned to the delegate or designee for final approval. This motion was passed by the Council. It is hoped that in this manner more students can benefit from the new ideas and information delegates bring back with them from conventions.

Student Council Minutes

This year, the minutes of Student Council meetings have been published in the Nexus whenever there has not been too great a delay between the meeting date and publication date. Occasionally, however, there has been a 6 week lag time between meetings and publications, and the minutes have been distributed individually to students. A proposal was discussed and approved by the Council, stating that for the rest of the school year, all student council minutes should not be distributed individually to students but rather be posted in several visible areas of the school. In addition to the several copies posted, minutes will be placed in an envelope available to any student who wants to take a copy. This procedure will save on copy room costs, and minutes will still be printed in the Nexus when possible.

Convention Funding

It was proposed that the Student

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PALPATING FOR THRILLS

Community needs

By PAUL Z. SIEGEL

Last week the Albany Times Union *criticized physicians at AMCH for being overspecialized and unresponsive to the community's needs. The* **Nexus** *spoke with Professor S.O. Terick, Chairman of the Department of Left Hemipopliteal Disease, regarding this matter.*

NEXUS: Dr. Terick, last week the *Times Union* ran an article in which your department was criticized for having "hermited itself away in an ivory tower of academic medicine" and cited several of your colleagues as being especially insensitive to the emotional and personal needs of their patients.

Dr. Terick: Oh, I hadn't heard about that. I've been busy the last few days carrying out my experiments on the effect of decreased concentrations of keratan 6,12 disulfate on the viscosity of synovial fluid in the distal interphalangeal joints of diabetic chickens.

NEXUS: That's most fascinating, Dr. Terick. What is your reaction to the mounting criticism that your department spends too little time dealing with the health problems of the community?

Dr, Terick: I certainly feel that our department, in particular, and this institution as a whole, is aware of this situation and has addressed the matter with increasing concern in recent years.

NEXUS: Then you would agree that it is a frequent occurence for physicians at the Medical Center to be somewhat remiss in their dedication to the delivery of patient care?

Dr. Terick: No, I do not think this is a frequent occurence. One might be justified in calling it a common occurrence. Depending on one's particular interpretation of available epidemiological data one might even be justified in assessing the incidence of this particular problem as commofrequent . . . frequocommon at the very most.

NEXUS: Then, Dr. Terick, you would concede that your department has been somewhat neglectful of the community's needs?

Dr. Terick: I'm not sure I would call this a case of frank neglect. In our particular profession there are many ways in which one can render one's services to one's community. Direct care of individual patients is one. There are, however, others.

NEXUS: Such as?

Dr, Terick: Well, I'm afraid certain particular aspects of medical practice are somewhat complicated and regrettably, would not be readily explained.

NEXUS: Dr. Terick, you mentioned that you do not believe we are dealing with cases of "frank neglect." The article in the 2Times Union cited several incidences of what appeared to be frank neglect on the part of AMCH physicians.

For example, Mr. Joseph P. Scarlett of Guilderland consulted his physician regarding a marital problem. After fifteen minutes the physician grew impatient and threw him out of the office exclaiming, "Frankly Mr. Scarlett, I don't give a damn."

Dr. Terick: This particular incident is a particularly disturbing one. It is indeed unfortunate that some physicians have failed to develope a sensitivity toward their patients' emotional needs. However, I might add, this is true in only a small minority of cases.

NEXUS: Perhaps so, Dr. Terick. But this physician was Mr. Scarlett's psychiatrist.

Dr. Terick, I have one final question for you. In the face of the recent criticism we have discussed, will your department step up its commitment to patient care?

Dr. Terick: Our department has a long-standing commitment to patient care. The clinic that our particular department conducts is accessible to all members of the community and the residents who staff it are superbly trained. If I may be quite frank with you, I'd like to say quite frankly, that I fail to see how the commitment of this particular institution or our particular individual department to patient care can be questioned.

NEXUS: Dr. Terick, thank you for sharing your views with our readers. Frankly, your frankness in this particular interview has been most particularly frank.

Exotic eating

By HAYAT ABUZA

Adventurous eaters who are looking for new taste sensations may like to try the Maharaja Restaurant at 2209 Central in Schenectady. The specialty is food of India; the atmosphere is pleasant; and the prices range around $6-9 for dinner. One draw-back is the complete absence of American food on the menu. Hoewever, this is mitigated by the promise of the chef (from Bombay) on the menu to "tone down" the spices on any dist at your request.

In general, the food is mostly authentic and flavorful, though somewhat oily, and served in moderate amounts. Complete dinners ranged form $6.95 (vegetarian) to $8,95, which includes beef and chicken curries, lam kebab, rice and vegetable. One specialty is the famous tandoori chicken, a dry, skinless rosy-colored chicken, char-broiled in a clay oven. Also available a la carte is tandoori shrimp which comes with bread and curried vegetable of the day for $825. Beef and fish dishes with several piquant sauces to choose from are $5.25.

A favorite is the Palak, a hot, spicy lemon-flavored spinach sauce, available on any dish. Also not to be missed is a nan, a puffy bready somewhat resembling pita, except that it is baked on a griddle or skillet. Puri and paratha are whole wheat breads, the former deep-fried like a tortilla. Assorted Indian hors d'oevres for $2.25 includes spicy eggplant or potato and meat fritters with crisp lentil wafers.

Lamb curries of various flavors are $6.50 and chicken curry is $4.50. Chicken Maharaja in a cream and cashew sauce is $6.25 including rice and bread. Curried vegetables a la carte with yoghurt and blended spices range from $2.50 to $3.50 with rice. With a side order of bread (.50) and dal($1.50), a savory mash of orange split peas and spices, a person could dine for $4.50.

Another bargain is the buffet on Sundays from 12-3 for $5.98 per person. This included all-you-can-eat of salad (The yoghurt, mint and cumin dressing was zesty!), chicken tandoori, beef curry, rice, vegetables, bread and soup or dal.

The stereotype of Indian cooking usually depends on one's personal encounters with the contents of a can of storebought curry powder. Few people have tasted custom-blended flavors made with fresh ground spices. While I doubt that the Maharaja grinds fresh everyday, each dish does have a different flavor, some hot and some sweet and mild. Service is friendly and I suggest that you ask for help in selecting dishes.

The decor is a strange mix of dark wood and plush red booths, with Indian music and Indian art reproductions on the walls. Hours at Maharaha are Mon-Fri 11:30-2:30, and 5-10, Sat 5-10, and Sun 12-3 and 5-9. Cocktails are wines are served — the latter in limited selection.

"Drs. Poulos and Grumbach" ponder over the question of the giant squid axon.

Bicyde racing

The Northern New York Cycling Association (N.N.Y.C.A.) exists for the purpose of encouraging the sport of bicycle racing in northern N.Y. It is a non-partisan organization under which the following training series has been organized. Participation is open to both novices and experienced riders. **Series 1**: Roller Races will be held Sundays, February 25, March 4 and 11, at 10:00 A.M. (start) at the Bike Shop, Saratoga. If you have rollers, bring them for warm-up. Gear limit: 52X15. **Series 2**: "Low gear" training races. This will be a 3 week outdoor series at the State Office Campus, Sundays, March 18, 25, and April 1 at 10:00 A.M. Note: State Office Campus is flat and oval. Everyone will ride together for an initial distance of about 15 miles, and no one may use greater than a 78.75" gear. (ie. 42X15, 45X16). If it is raining, snowing, or below 20 F., no race will be held. **Series 3**: Outdoor road races at Malta Ridge, on April 8, 15, 22, and 29. Distance will be progressive. Call Gary Toth at 371-9248 for more information.

The aim of this series is to train, get into better shape, and enjoy the sport. **NOVICES. BOTH MEN AND WOMEN. ARE WELCOME AND ENCOURAGED TO COME AND PARTICIPATE.** More information may be obtained by calling Dana Castro, AMC I, at 465-3944.

Tennis anyone!

The AMC Tennis Club will be holding its second event of the 1979 winter season during the months of March and April. We will be playing on a weekday evening from 10-11:30 PM. The cost for seven 1½ hr. sessions will be in the neighborhood of $30-35 for students, $35-40 for non-students. If you'd like to be contacted once the final arrangements are made fill in the coupon below and drop it off to student box No. 221. Men and women, players of ALL capabilities are WELCOME!

Please send me more information about the AMC tennis club.

NAME:

Home Phone No.

Health highlights

Niagra Falls gets dumped

In April of 1978, world attention was focused on a former chemical waste landfill in the resort city of Niagara Falls where chemicals were found to be infiltrating nearby homes, threatening the health and stability of families living there.

Dubbed a "public health time bomb" by State and federal officials, the former Love Canal landfill, situated in the heart of a small middle class community of single-family dwellings became the focal point of an unprecedented health and envirnmental investogatory effort which saw more than 230 families relocated, their homes purchased by the State, the undertaking of major remedial construction project to halt the further migration of chemicals, and extensive and continuing health investigations to assess the risk to humans from exposure to such chemicals. A nationwide, too-free telephone hotline was set up to track former residents of the area and obtain information as to their health statue. Environmental sampling, including analysis of air in the homes, soil, dump water, and levels of radioactivity, as well as creation by Governor Hugh L. Carey of an interagency task force to assist residents of th landfill area, were also a part of the State's efforts to deal with the crisis. Federal officials were asked to declare the section a disaster area.

As the year ended, the first phase of remedial construction at the Love Canal was nearing completion, health studies were continuing and new problems with chemical contamination in other areas of Niagara Falls and elsewhere in the State were surfacing.

Need to Focus

In late December, Governor Carey, recognizing the need to focus even greater attention on problems associated with the chemical contamination of our environment, tapped Dr. David Axelrod, director of the Department's Division of Laboratories and Research, as the new State health commissioner. Dr. Axelrod, internationally known for his efforts in being the first to identify the potential health risks associated with eating Lake Ontario and Hudson River fish contaminated with PCBs and Mirex, is also credited with initially determining that a potential threat to human health existed at the Love Canal.

Anyone wishing to write for, work on, or seize control of the *Nexus* next year, contact Box 198 Now.

National health insurance

continued from page one

Carter's reelection bid in 1980. In fact, if Carter is successful in implementing his plan, Senator Kennedy's chances of winning the Democratic presidential nomination will be seriously undermined. Carter will have accomplished his campaign pledge of an NHI while still keeping government spending down (temporarily). The administration's plan would probably be limited to restructuring Medicare and Medicaid and could possibly include a atastrophic health insurance. The AMA fears that it would also mandate controls on hospitals and physicians feels.

Dellums' Plan

Perhaps the most radical of all proposals submitted to the 96th congress is that of Representative Ronald Dellums (D-Cal). This plan is funded by the American Public Health Association, an organization bcoming increasingly liberal. Dellums plan would treat health care as a public service. It would be free to all who desired it and would be paid for by progressive and corporate taxes. This proposal would also regulate pharmaceutical companies and provide financial aid to medical students in addition to regulating residency programs. A National Health Service would be established which would be broken up and would operate on the local level with elections held to choose its administrators. Two-thirds would be 'consumers' and one-third would be providers of health care. Dellums' plan allows health workers to organize and emphasizes preventive care. It removes financial power from the insurance companies and places it within the National Health Service. Most political analysts believe that this package, which is perhaps the most inflationary of all the plans, will not get any further than similar proposals in previous Congresses.

AMA's Plan

In every Congress since 1970, the AMA has offered a health insurance pact with wide bipartisan sponsorship — one-third Republican and two-thirds Democratic supported. According to Wayne Bradley, the AMA's Director of Public Affairs, no other bill ever had such wide support. The AMA's plan would provide a health insurance for most prople and would not discriminate between mental and physical illnesses (as does Kennedy's), said Bradley. There would be no ceiling on costs and the patient would have a choice of his doctor, dentist, and insurance company. There would be no taxes and no federal administration. Sixty-five percent of the costs would be paid for by employers. The plan would include total payment by the government for the indigent and would include total payment by the government for the indignent and would provide insurance to supplement Medicare coverage. Basically, the AMA plan would keep health care totally in the private sector but would include preventive medicine and mental health in insurance policies. By introducing any plan at all, the AMA is saying that 'if an NHI in inevitable, we might as well have it our way'.

Many political analysts do not believe any National Health Insurance plan will be enacted by this Congress. The 'Proposition 13' mood the country is now in may preclude the possibility. However, as Senator Kennedy's presidential bid becomes more imminent, the AMA will be gearing up for a political battle greater than any they have ever staged. Never before has a presidential candidate been so determined to enact a national health insurance policy and the AMA realizes that if Kennedy is elected, the chances of retaining the relatively laissez-faire system the medical profession now enjoys, will be significantly decreased. As the same time, that type of fight could do more to unify the medical profession than any other previous challenge. It could get interesting . . .

Statement on national health insurance

By SENATOR JACOB K. JAVITS

Senator Javits of New York is the ranking Republican on the Subcommittee on Health and Scientific Research, chaired by Edward Kennedy.

(Special to The Albany Medical Nexus)

My interest in and support of national health insurance dates back to my earliest days in the United States Congress. I introduced my first national health bill in 1949 as a congressman, and have worked towards the enactment of a comprehensive, universal national health program ever since.

Today, I believe we must speak of a National Health Plan. It is no longer appropriate to speak in terms of national health "insurance," for the financing of health care is only one of many reforms required of our health care system The following statistics illustrate the great need for reform: — Approximately 50 million people — roughly one-quarter of our entire population — — live in areas of the country which suffer from a shortage of personal health care services. In such places, physicians, other health professionals and health care facilities are either in short supply or are virtually nonexistent. — The cost of health care has risen astronomically, causing severe financial hardship for many of our citizens. Since 1963 the total health care bill for the nation has risen from $32.4 billion to $183.0 billion. Since 1968 the average cost of a hospital stay has risen from $469 to $1543. — Twenty-four million Americans have no health insurance, another 18 million have inadequate coverage, and 88 million have no insurance against very large medical bills — and that accounts for the overwhelming majority of adult Americans.

While the cost of health care has unquestionably become for many of our citizens a real obstacle to adequate health service, we must not allow ourselves to believe that this problem, can be solved simply by pouring more money into the existing health care system. Without corresponding changes in our reimbursement policies, hospital cost containment, and a reordering of our priorities with respect to preventive care; without a redistribution of our health professionals to meet the needs of the whole population, efforts to overcome the problems which now plague our health care system by extending health insurance coverage alone are likely to fail. Consequently, through the cooperative efforts of the public and private sectors, we must develop a national health "plan" — a program designed to achieve the important goals of equitable access to qualtiy health care for all Americans without regard to economic status.

I agree with many of President Carter's recently announced principles for a national health plan; in fact, I have advocated many of them for a number of years. But, I believe that to be honest and realistic we need to phase in a national health plan by suitable population groups.

Specifically, I agree that we should: — Make full use of existing third-party payers for the administration of the program; — Phase in any national health plan over a period of time sufficient in length to allow us to gain experience, conduct necessary evaluations, and make appropriate adjustments; and — Increasingly emphasize proven cost-effective preventive health care service by establishing a capitation payment system which includes these services.

These principles are embodied in the National Health Insurance for Mothers and Children Act — a bill which I introduced in both the 94th and 95th Congresses, and which I plan to reintroduce at the beginning of the forthcoming Congress. This bill would provide comprehensive health services to all children from birth to the age of eighteen and all pregnant women. It is designed to serve as the first phase of a phased-in national health plan. Medicare for the aged and Medicaid for the poor are already in being and are based on phasing in according to population groups.

I believe that every American is entitled to necessary health care service. Every American should live secure in the knowledge that when his or her health is impaired, health care services appropriate to the illness will be readily available. Every American should live free from the worry of staggering medical bills. Today I sense reluctance on the part of some in the Congress to move forward in the development and adoption of such a national health plan, because they worry about rising costs. So do I. Health cost inflation is twice as great as general cost of living inflation and is an issue of paramount importance. But the medical profession, the insurance industry, the academic community, and we in the Congress can work cooperatively to inaugurate innovative solutions —— solutions which must of course include mechanisms for cost control —— to the inadequacies and inequities that now characterize certain aspects of our health care system. Preventive care, ambulatory care, capitation fees with practically universal coverage, generic drugs, specialization and better distribution of health personnel will help enormously, and we can make great progress if we got on with the job.

HEW announces reorganization

(AMA News Service) Acting on the implementation of PL 95-623, the Health Services Research, Health Statistics, and Health Care Technology Act, HEW Assistant Secretary for Health, Julius Richmond, MD., has announced reorganization changes in his office and within the Public Health Service.

The reorganization is intended to:

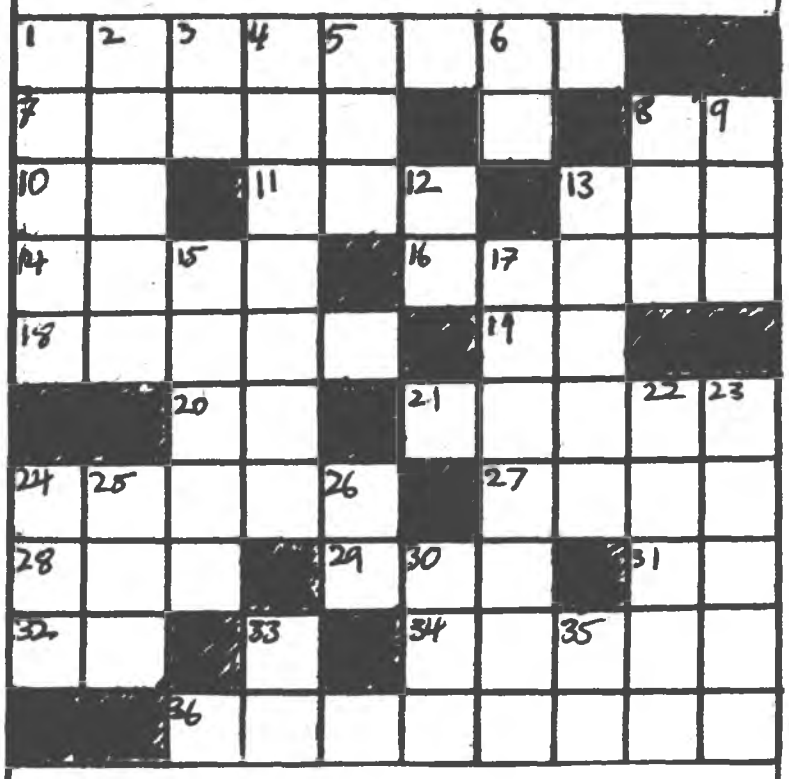
- increase Pjhs's emphasis on disease prevention and health promotion;
- strengthen the coordination of environmental health programs;
- improve PHS's capacity to assess health care technology, to accelerate such technology to clinical use, and to coordinate technological assessment with its health statistics and health services research capabilities;
- intigrate policy development for a national health plan with planning for the rest of PHS.

Within Richmond's office will be a single organization for health technology, health services delivery research, and health statistics.

AMSA convention

The Albany Medical College representatives to the 1979 AMSA (American Medical Student Association) Convention to be held in Denver Colorado on March 21 to 25 are Adam Nortick, President of the AMC chapter of AMSA, and Jeff Brown. The annual convention includes presentation, talks, and discussion groups on a multitude of different subjcts of interest to medical students. There are also several opportunities to present new motions and proposals to the membership body for adoption as official AMSA policy. Anyone who has a specific interest or motion they would like to have represented or introduced at the convention should see one of the delegates.

Anastomotic agnosia



ACROSS

1. Murmer of Aortic Stenosis
7. Pump
8. __cummings
10. Third part of Tetralogy (abbr.)
11. He had Marfan's Disease
13. Roe
14. Study hard
16. Go over (a topic)
18. Pericardial _____
19. Chamber
20. Chamber
21. Runs not in gear
24. Experimental state: In
27. Tropical plant
28. A mineral spring
29. panel
31. Chamber
32. Non-perfused lung (abbr.)
34. Cheat
36. Time of Aortic Regurg. murmur

DOWN

1. State of hypoperfusion
2. Crave
3. __Node
4. Takes you up to the lodge
5. Bettor's hang-out
6. Drup route
8. Vigil
9. Auris
12. ICF +_F=TBW
13. Foramen_____
15. Big Vessel
17. Chief of Staff in "House Calls"
22. ___Flynn
23. Reptile
24. Congenital defect
25. Recording tape speed unit
26. Bone
30. Bob Hope, Burt Parks, etc.
33. Murmur type (abbr.)
35. Ovum (comb. form)

Key *will be found in the March* **Nexus.** *October's puzzle was solved by Danae Powers and David Barnert.*

Physiology department

continued from page three

stimulating and is an active participant in research. Without graduate students in physiology, the department would not be able to present the in-depth physiology teaching lab to the first year medical students which is "an ideal and essential form of medical education". Graduate students help to improve the student/teacher ratio by increasing the number of conference and laboratory sessions which further improves the quality of physiology course. The Ph.D. student is an important resource since he reflects on the institution when his career rises to national visibility. In order to improve the quality of the physiology graduate students, Dr. Saba beleives that in addition to separate graduate courses they should be included in medical school courses to experience the high level of competition and to relate better to medical education later in their careers.

At this present point of development in the department, a goal which remains to be accomplished is to provide support for first year graduate students. Funds are available for second, third, and fourth year students from existing sources. While it is through no fault of any one person, a further committment is needed in order to continually compete nationally for top quality first year applicants. Because of the quality of the physiology program many students desire graduate studies in the department. In this context, several students have transferred from other institutions which provided first year financial support into the AMC second year in order to receive continuous financial support. Therefore, students entering the program in this manner miss the training from the first year which is of especially high quality at AMC and important in terms of continuity of training. Dr. Saba believes it is more desirable to train the graduate students at AMC beginning in the first year.

For students wishing to excell in the basic medical sciences, Dr. Saba offers the following suggestions. "Just as the clinical teacher must practice medicine to provide quality clinical education, the basic science teacher must be active in research in order to continue his education and to provide good current quality teaching." Therefore for the basic science teacher there is no separation between research and good teaching. "In essence, for the basic scientist, research is the major mechanics of continuing education." In terms of development, the graduate studies program should be followed by an active post-doctoral fellowship for the basic scientist. For this training the successful student must learn to write and publish data in good journals with peer review since good research is not complete until it is written, reviewed, and reconfirmed so society can utilize the work. Dr. Saba feels the chairman should encourage graduate students to learn habits that result in the ability to do more than one thing simultaneously. Further, the student must learn as soon as possible to read original literature in the library in order to stay current. He emphasized that students should not be afraid to tackle an area of research because of apparent difficulties. He advises that students should develop a thesis project to study mechanisms and **fundamental processes** rather than to identify phenomenolgy. That is, they should solve a problem and develop a hypothesis rather than measure multiple parameters and hope some correlation exists. Finally, Dr. Saba feels graduate students should take advantage of resources such as of other scientists and original literature. He admonishes that "unless one makes best use of such multiple resources, his investigative efforts may be reduced to repetitive re-search.

In closing, aspects of institutional growth in the basic sciences were discussed. A major factor unique to this institution is the contunuous 21 year previous leadership by Dean Wiggers which permitted long-term institutional philosophical stability. Finally, a major consideration in the physiology department development is the excellent performance of Dr. Bondurant as President and Dean. According to Dr. Saba, Dean Bondurant is undoubtably one of the best deans in the country since "he brings to the deanshop expertise in clinical medicine as well as an impressive background in research competence and administrative activities. Having all three charactistics is unique for an administrative dean." Especially important for graduate students is Dean Bondurant's respect for Ph.D. graduate education and the need to maintain integrity of the basic science disciplines especially in a medical center not physically on a university campus.

Spotlight

continued from page three

Council fund MOCC with the understanding that MOCC not spend more than 60% of Student Council derived funds on sending delegates to conventions. This motion was passed.

Committee Reports

1) Curriculum Subcommittee

The committee chaired by Dr. Balint discussed and finally approved the proposed revision of the 2nd year program, which has been posted on the Student Council bulletin board. A provision, however, before the recommendation goes to the Education Committee, is that the committee will need to consider means of making available within the 2nd year some instructional time for physical medicine and rehabilitation for geriatric medicine and for Dermatology. In addition, Dr. Foster Scott and the sub-committee on Education of the Dept. of Medicine will meet to review in detail individual topics within the introduction to medicine course and to assure appropriate division of time between various topics and correlations with systems pathology.

Another action by this committee was to approve a statement of goals and objectives of the 2nd year program.

2) Financial Aid Committee

The Financial Aid Committee reported that proposed student budget for 1979-80 was approved by the Faculty Financial Aid Committee. The committee was able to get an increased budget for rent, transportation and telephone, and an overall total increase conforming to the inflation listed by consumer price index figures. Changes in the budget include different totals for each class, since, for example, AMC III participates in away rotations and experiences increased transportation costs, whereas AMC I does not. Also, starting with the 79-80 budgeted for an 11 month school year to provide funds for the summer, since loans for 4th year do not come through until September even though electives start in July. This year, however, 3rd and 4th year students will be funded 11 months to insure that 4th year students get 11 month funding. The Financial Aid committee is also working on updating book cost allotments and making a file of financial aid information more accessible to students.

Medical Education Fellowship Committee

This committee, composed of Ed Amyot, Mary Pat Dearing and Jeff Brown, has not recieved much student input as to what course should be inproved by someone the fellowship would fund. The committee should give a final report at the next meeting.

Report on Surgery AI

This currently is a required elective for 4th year students. Although student sentiment ran against making the surgery rotation a required AI, a poll of students

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Kidney Disease Institute

(MSSNY News Service) A bill to expand the role of the New York Kidney Disease Institute has won approval of the Senate and gone to the Assembly.

The legislation (S 651)(Lombardi)(A 603)(Zimmer) would increase powers and duties of the Institute to include developing and administering scientific investigations into the cause, prevention and methods of treatment and cure of kidney related disease such as lupus erythematosus; developing more sfficient methods of medical care for renal disease and kidney related diseases, and evaluating need for a professional eduacation program and training and care in treatment thereof.

Classified Ads

Name_____

Address_____

Phone No._____

Year or Dept._____

Category (Circle One): On the Market Personals Rides Apartments Services Help Wanted

Message:(20 words = $1; each additional word = 10¢)
Please type or print:_____

_____

_____

_____

Months to run_____

Please enclose full payment with this form. Send to Box 198, AMC, Albany

Want Ads

Wanted:

Piano (with all 88 Keys!). Will buy very cheap.

One very broke music lover—Box 204

Wanted:

Someone with electrical engineering skills to repair a Kenwood KR-7010 tape deck. I have the schematic. Will negotiate price. Call 465-3753.

Wanted:

Used pre-test booklets for National Boards, Part I: Anatomy, Biochemistry, Microbiology, and Pharmacology.

Art—Box 198

Personals

Hayat:

What did I do wrong?! I still haven't figured out why you woudn't talk to me last tuesday. I haven't come down with TB, you know.

BCG

Frankie P.:

When are you going to clean up the mess you made on my dining room wall? I will supply the sander and paint supplies.

J.P.R.

Wanted:

Intelligent medical student to take physiology final exam. Price to be negotiated — half in advance, half after I get the "E".

Box 950

MRC:

Only 5 more months! Are you sure you want to go through with it?

T.M.R.

research...research

The latest in burns

'Dr. Poulos" imitates Dr. Strominger in his ambidexterity while sketching a brain.

(NIH News Service) *Advances in several areas of research at the University of Washington School of Medicine are leading to significant improvements in patient care. Among these is the development of the Laser Scalpel.*

A new type of laser scalpel has been developed under the leadership of Dr. David Auth, Associate Professor of Bioengineering and Dr. David Heimbach, Associate Professor of Surgery. The scalpel uses high powered argon laser radiation transported via a single low loss optical fiber into and through a transparent sharp knife. Laser radiation is trapped within the transparent blade by the critical angle of internal reflection for the particular dielectric material (quartz or sapphire) comprising the blade. The laser radiation forms from the input edge toward the tapered scalpel edge defining a sharp mechanical knife. The laser light reflected out at the tapered zone is available for hemostasis of vessels proximal to the cutting edge of the blade. Thus, as an incision is made, the blood vessels are pressed shut and fused with a cauterizing dose of laser radiation at the margin of the incision.

Green argon laser radiation is used because it is available in high power and because it is selectively absorbed by the red color of hemoglobin. The selective absorption by red blood cells permits preferential coagulation of blood with minimal damage to surrounding white tissue. The hemostatic properties of the laser are utilized in conjunction with a sharp mechanical knife.

Several models of the "laser blade" have been developed over the past several years. Both quartz and sapphire material have been used for the transparent blade and many ways of coupling the laser light from the fiberoptic wave guide into the transparent blade have been investigated. In addition, several geometric configurations for the blade have been developed. The blades are sufficiently sharp to permit cutting of tissue without laser radiation being present. In fact, the laser radiation appears to improve the blade's cutting efficiency for tissue.

Bleeding in animals has been investigated to compare the laser blade with the cold knife and the electro-cautery knife. The blood loss with the laser was extremely small, contrasted with a very large and profuse blood loss with the cold steel scalpel. On the average, the laser blade took nearly the same time to debride burn wounds as did the electric cautery knife but the blood loss was reduced by a factor of approximately threefold. These results show that a dramatic improvement is possible with the laser blade as compared to the standard surgical blade or to the electric knife, even when the electric knife is used in a careful hemostatic manner. Histological evaluation of tissue destruction has shown that the depth of necrosis with the laser blade is approximately one-third that which is seen with the electric knife.

research...research

New laser scalpel at U. of W.

(NIH News Service) *Researchers at the Shriners Burn Institute, in collaboration with the Harvard Medical School and the Massachusetts General Hospital are investigating the following five areas:*

Development of Artificial Skin

Over the last 15 years active research has been carried out in an attempt to identify a synthetic material that would serve satisfactorily as a skin substitute. For the first time a synthetic material has been developed which has proven to be a successful temporary skin substitute in a burned animal.

Investigators at the Shriners Burn Institute, in collaboration with the Mechanical Engineering Department at Massachusetts Institute of Technology, have now devised a composite biomaterial which has some of the biologic and physical properties of skin.

This artificial skin, made from animal tissues, is a composite of carbohydrates and protein fibers derived from cattle. The fibers are reinforced with a second biologic material that protects the fibers from being eroded by the naturally occurring enzymes in tissue. The fiber reinforcement makes the material strong and, when it is in place, covering a burned area, it prevents fluid loss and infection, two of the most serious complications of severe burns.

The material does not produce inflammation or irritation to the tissue, stimulate antibody formation, nor act as a foreign body in the tissue. A physiologic interaction takes place between the burned tissue and the synthetic covering. Normal fibroblasts from the burned animals, as well as normal blood vessels, have been induced to grow into the skin graft material so that, after a few days, the synthetic material which is populated with the cells of the injured animal so that it is then not completely foreign. Human studies are planned in the near future.

Primary Excision and Immediate Wound Closure

It has always been recognized that survival and recovery from a burn injury are dependent on the removal of the skin killed by the burn (eschar) and on the repair of the resulting open wound. Until recently the eschar was allowed to separate spontaneously over a period of three to four weeks. This delay created a life-threatening condition in the patient. Methods have now been developed to satisfactorily stabilize the patient so that extensive surgical procedures such as removing the eschar and replacing it with skin grafts can be complete in the first few days following injury.

The first successful use of this early excision and prompt wound closure as a routine method for burn care was developed over the last seven years. The results have demonstrated that this treatment method not only reduces the mortality but also improves the patient's ability to function. Early excision and wound closure reduces the time necessary for treatment to about half of that required by previous methods

Immunosuppression and Temporary Skin Transplantation

Survival following a deep burn which covers 80 percent or more of the body surface has only recently been possible. Success in treating this group of patients is largely related to the development of a satisfactory treatment to prevent the rejection of skin grafts using skin from other individuals for periods of two months or more.

A patient with an extensive burn is under serious risk until all dead tissue is removed and the wound closed with living skin. This living skin must eventually come from the burned patient himself as a thin layer from the remaining unburned skin in split thickness skin grafts.

Spotlight

continued from page six

completing the elective so far, of which 31% of students replied to, show that the majority of those responding feld that the surgery A1 was a useful and valuable education experience.

Departmental Self-Study Committees for Accreditation Process

At each of the future Student Council meeting, 2 student members of the departmental self-study committees (1 from a pre-clinical dept committee, 1 from a clinical dept committee) will report on their progree thus far. A summary of their reports will be included in Student Council minutes in an attempt to get wider student body input and participation to the departmental self-study committees.

Dr. Millers Advisory Group

Dr. Miller plans to form a committee of students to help the Office of Student Affairs determine and work on issues and activities felt to be important to students. Rick Seeger, Carol Burgess, and Jeff Hirst are council members on this committee and other students are encouraged and welcome to join this committee under Dr. Miller's direction

Minority Affairs Committee

A request for $250 to send two representatives of the minority affairs committee to a national convention is under consideration.

Student prize in history of medicine

Albany Medical College students are invited to submit essays to be considered for the History of Medicine Prize. The winner of this competition will be invited to present the paper the the History of Medicine society. The name of the winner will be inscribed on a plaque to be installed in the Schaffer Library.

Details of the competition may be obtained from Barbara Shields, MS-114.

AMC to offer MD-MS

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Center was a graduate division of the Union University which offers a variety of masters and doctoral programs. The faculty of the Center include professors from Union College, AMC, Albany Law School, and the Pharmacy School. In addition, another group of faculty consists of health pressionals, researchers, administrators, and planners in government (i.e. the NYS Health Planning Council).

Dr. Schneller said that the MS-MD program would provide thorough training in analytical methods and decision-making techniques, stressing the application of these sophisticated tools to problem-solving situations within technical management. "A physician enrolled in this program would be able to take these managerial tools and appl them to complex situations," Dr. Schneller said. He expects students in the program to be placed within the Department of Health, Education and Welfare, Health Planning Agencies, large group practices, Health Maintenance Organizations, and in large medical school departments.

A student enrolled at AMC interested in the program would take a year off from his medical studies, either after the second or third year. He would then pursue the health administration course full-time, taking 12 required courses in quantitative methods, accounting/finance and control, applied economics, and systems analysis/computer simulation. He would then choose 4 courses from a wide variety of pertinent electives. "Funds for two fellowships will be available," Dr. Miller said. "This will cover the $3700 tuition plus a $1600 stipend," he said.

The program is a response to the increasing number of students interested in the administrative aspects of medicine, Dr. Miller added. "In the past, most physicians went to schools of public health following their internship if they wanted to pursue this type of training," he said. "An interested student will no longer have to leave the institution to further his education."

Dr. Alan Miller, Associate Dean for Student Affairs.