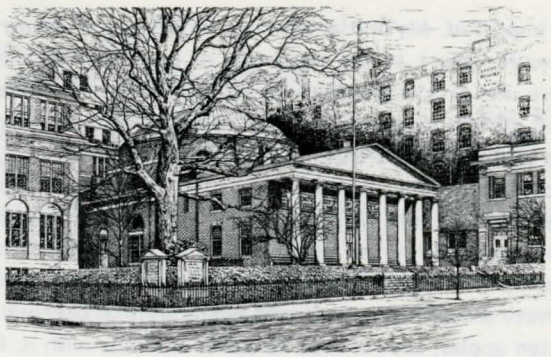
AESCLEPIAN

School of Medicine
University of Maryland



MARYLAND FAMILY PHYSICIANS EXTEND INVITATION TO THEIR ANNUAL SPRING MEETING

As reported in the December *Aesclepian*, the Maryland Academy of Family Physicians will have its annual meeting at the Sheraton in New Carrollton, Maryland, on the Capitol Beltway, Exit 30, from May 19-22, 1977.

Everyone knows that family physicians are the bulk of prescription writers, and many studies have been made in drug therapy and new data has been developed in the area of drug actions and interactions. Hence, a program was designed and developed to focus on this important aspect of medical care for the benefit of improved medical attention to our patients.

The central speaker on drugs actions and interactions is Dr. Benjamin Calesnick, Professor of Pharmacology and Medicine at Hahneman College in Philadelphia. Dr. Woodward will speak on "Inflammations of the Liver and Biliary Tract" and Dr. Kowalewski is moderating a gastrointestinal symposium exploring the surgical and medical management of hiatal hernia and diverticulitis. Speakers with him are Dr. Marvin Schuster (Johns Hopkins University), Dr. Stanley Lorber (Professor and Chairman of the Department of Gastroenterology at Temple University), Dr. Ernest Gould (Professor of Surgery, George Washington University Medical School, Washington, D.C.) and Dr. William Harry Dixon (Professor and Chairman of Sections on Colon and Rectal Surgery at the Washington Hospital Center).

Furthermore addressing the drug problem, Dr. Marden Dixon, also a lawyer, will be speaking on the legal aspects in malpractice and product liability action involving drugs. Paul Schweda, Ph.D., will speak on overdose and toxicity problems in drug therapy.

Jerome Skelley, Ph.D., designated by the Federal Food and Drug Administration, is presenting that agency's views on the drug scene today and then will join a panel discussion with the other drug-oriented speakers exploring the drug scene today.

A real treat will be the Sunday morning brunch presentation by Dr. Steven Homel speaking on "Sexuality and Drug and Alcohol Abuse of the Adolescent."

A meeting like this is not all work. For fun, there will be a co-sponsored session on Friday night sponsored by Marion Labs, where the Family Practice Club will meet with members and spouses of the Maryland Academy of Family Physicians. Dr. Silas Grant will be the feature speaker that night exploring behavioral medicine in family practice. This will be immediately followed by a Bavarian Buffet with beer unlimited, steamship roast beef, potato salad, knockwurst, etc. Bus transportation can be arranged if enough people are willing to subcribe and there is no registration fee for students participating in the meeting or club activities. The Family Practice Club activities are limited to club members, interns, and residents involved with the Family Practice Program.

For further information, watch the next issue of the newsletter of the Family Practice Program, the *Aesclepian* and the Med-Chi Journal. Direct inquiries can be answered by calling Mr. Basil Holman at the Maryland Academy of Family Physicians at 252-6229.

A PIECE OF MY MIND

Debbie Monk

For most of this year I've been trying to come up with some great, fantastic ideas about how to bring to light some of the problems of medical students and newspaper co-editors. I've finally decided that maybe the best way was to use my own mechanism, which, although not particularly active so far, was originally intended for the airing of exactly such things.

Having completed now half of my junior year, having frequently been treated as though I were still in kindergarten (not even rating first grade? Please!), and having been thwarted on several attempts to put something in the *Aesclepian* of general interest but supposedly of an inflammatory nature, I would like to expose to the public eye some of my deepest, darkest thoughts. I used to play Chopin's "Funeral March", but I no longer have a piano to pound on. Nor the time.

For those of you who may not know, for two years after college I held a responsible job, paid my bills, and was an adult. Then I went to medical school. Freshman year I was intimidated, like most of my classmates, I suspect, but along about December I began to realize that the experience could

be improved. My initial attempt, which is still occurring, is a renewed effort at the beginning of each new course to put more into it and therefore to get more out of it. After that, I tried go talk to various faculty members who all sympathized and said yes, that's true, but there isn't really a lot to be done about it. Since then the same things have happened. Sophomore year we were told we could not be excused from the examination room during an exam to go to the bathroom, unless accompanied by a proctor, and even then only if we asked "pretty please". We were told indirectly that because of a few rotten apples, the rest had to suffer and bear with it. Funny, I thought I was trying to outgrow that particular philosophy.

Junior year at first proved to be better, but has deteriorated somewhat as I progressed to those rotations required this year of juniors but which had before been electives, or aimed at seniors. Heaven forbid that They should know what to do with us! Send us to all the conferences we can stand, then add some more! Holidays that we are supposed to have, we can't, because the attending has said no, we have to be there for his conference, and if we're there for that, we might as well stay all day. And all night, if you happen to be on, although juniors as policy, I understand, are not required to stay past midnight or so.

But my beefs are not only with the 'system', but also with ourselves. We, the students, spend so much time complaining to each other about all our difficulties, and never really trying to do anything about it, in a reasonable way, that it's a lot of wasted effort, time, and energy. There are things going on in one corner of the medical school which are never heard of in the other three corners, simply because of the 'pressure of studies', apathy, no time, "no one will be interested," "I'm scared I'll be on someone's blacklist," or for any other reasons people think of for rationalizing things and procrastinations.

All of this expounding can probably be summarized shortly: (1) I wish that when any of us stoonts have something to say that's reasonable, we'd say it; (2) please say it in the *Aesclepian*; we need to make this more of a community-paper than it presently is; and (3) Thanks for reading this; it's helped *my* mind a lot, if not yours.

I must say in all honesty that this was written at the end of a very long, very frustrating day, and is the culmination of a lot a days like today. There have been some fantastic teachers along the way, and I certainly want to thank them for going to all their efforts in the face of what must seem to be student disinterest in many cases. Thanks to those who persist.

CO-EDITORS NEEDED

The *Aesclepian* is looking for people who are interested in acting as co-editors for the 1977-78 and 1978-79 academic years. Although plagued by production problems this year, we are hopeful of finding a good exorcist who will enable us to do bigger and better things next year.

We need both a member of the class of 1979 and one of the class of 1980. Experience would be helpful but by no means would be necessary. Anyone interested may contact either Diehl Snyder (254-2920) or Debbie Monk (285-1445) or the *Aesclepian*, c/o the Office of Student Affairs (give a note to Mrs. Joffe – we have a mailbox).

We would like next year's co-editors decided upon by early April, to begin organizing next year's *Aesclepian*, so please respond as soon as possible.

CALENDAR OF EVENTS

March 14 - Match Day for Seniors

March 25 - Spring Vacation begins at 5:00 p.m. for School of Medicine (juniors and seniors) Approved Master's program forms due in the Graduate School office for 1977 graduates.

April 1 - Spring vacation begins at 5:00 p.m. for School of Medicine (freshman and sophomores).

April 4 - Instruction begins SM (juniors and seniors)

April 8 - Good Friday – Holiday

April 11 - Instruction begins School of Medicine (freshman and sophomores).

April 18-22 - Preregistration for fall registration - Graduate School

April 22 - Last day to submit certification for Master's theses and doctoral dissertations, certification forms, for non-thesis option due in Graduate School for June 1977 graduates.

May 13 - Oral examination reports, theses and dissertation certification forms, non-thesis option due in Graduate School for June 1977 graduates.

May 27 - Instruction ends School of Medicine (seniors, freshman and sophomores).

May 30 - Memorial Day – Holiday

June 1 - Senior Banquet School of Medicine

June 2 - Alumni Banquet for School of Medicine seniors

June 3 - Commencement - all schools

STUDENT COUNCIL MEETING – February 1, 1977

(Unofficial minutes – to be presented for approval at the next meeting of the Student Council)

Members present	Blase Harris . . . . . Pres. SC	Mark Bainum . . . . . Rep. MSI
Russ Wright . . . . . .AMSA Rep.	Bob Rovner . . . . . .MS II	Garry Ruben . . . . . MS IV
Debbie Monk .MS II Co-ed. Aesclepian	Joal Lahn. . . . . .MT Rep.	Jill Gruner . . . . . Secretary SC

The report on the movies already shown proved to have lost some money. The weather has a great deal to do with this. The next movie this Friday will be "Horse Feathers", then (.....) next Friday. The SC will defer any moves till the end of the month.

The Morton report is now being put into effect. Peer review will begin in the spring. The SC will follow what happens.

Student grievances have been resolved. They mainly had to do with holidays. The ruling is that if the school observes the holiday, so must the clinic for Juniors.

In regards to the Meditation Course and Yoga, a room in the Student Union will be looked into. Cost for the course is still not known.

The Aesclepian is having problems getting their issues out due to printing problems and new management procedures. A copy of the problems and issues will be posted on the Freshman and Sophomore bulletin boards.

The letter written by Alan Gaby was read (re: Note Taking Service) and approved.

The Freshman class requisitioned for $400 for a party which will be held at the Alcazar on Cathedral St. Further information will be posted.

The next meeting will be Tuesday, February 15 in Howard Hall.

STUDENT COUNCIL MEETING – February 16, 1977

(Unofficial minutes – to be presented for approval at the next meeting of the Student Council)

Members present	Blase Harris . . . . . Pres. SC	J. Calvin Chatlos . . . . . VP, SC
Joel Lahn. . . . . .Rep. MT	David Otto. . . . . .Rep. MS I	Mark Bainum . . . . . .Rep. MS I
Francis H. George . . . . . .Rep. MS IV	Bill Dunlap. . . . . Rep. MS II	Alan Gaby . . . . . Rep. MS II
David Selenhow . . . . . .MS II	Diehl M. Snyder . . Co-ed., Aesclepian	Garry Ruben . . . . . Pres., MS IV
Jim Davis. . . . . Rep. PT	Jill Gruner . . . . . Secretary SC	

The Aesclepian has been having difficulty meeting deadlines. The editors met with Bill Beachy and were told that the newspaper would be given a top priority in the future. It should take about two weeks to put out the next issue. Copies will be sent out to Juniors and Seniors as the postage rates are extremely low (about 2 cents a copy). Thought is going into getting an additional editor for the paper. Further discussion will follow. At the end of every minutes, Unapproved minutes will be typed, indicating that the minutes have not been approved by the Student Council at the time of printing.

The representative from the film series was not present at the meeting. Reports say that the film series has lost money on the last four films. His presence will be requested at the next meeting to discuss the status of the film series.

The report from the Yearbook was that the advertising seeking is not coming up to expectations. They have raised about $1,000 but had expected to get about $4,000. The more exact report is that $1,160 was taken in before expenses. About $385 more is expected.

A motion was made by Mark Bainum that a parlimentarian be appointed to assist the Chairman in conducting the meeting according to Roberts Rules. Calvin Chatlos objected and requested the President to formalize his ideas to establish better meeting policy and a means of getting more accurate minutes. The motion did not pass. Vote was 4 for (Mark Bainum voted for) and 4 against.

Alan Gaby moved that all funds above expenses in advertising fees for the yearbook go into a separate account for the following years yearbooks. Discussion centered around the unfairness not to be able to use any of the money brought in this year on this year's yearbook. The Student Council should be able to exercise some control over the money but some of it should be used. Alan Gaby felt that the advertising money should go entirely towards a self sufficient yearbook. Everyone else agreed that it would take a long time to reach that goal. Calvin Chatlos felt that the Seniors should benefit from their work. Frank George asked for a clarification of the initial decision made when the budget was first approved. Garry Ruben felt that the editors should have the option to come back to the Student Council to request funds. The Vote on this motion was 1 for and 8 against.

A motion was made by Frank George that funds from advertising be handled at the discretion of the editors in accordance with the intentions and guidelines specified by the Student Council. Garry Ruben disagreed saying that it was not editor money but Student Council money and the editors should not control it. Frank George said that the budgeted money was not enough to publish a yearbook and that they were expecting supplimentary funds from the ads. The vote was 2 in favor and 7 opposed. The motion did not pass.

The next motion by Garry Ruben. At the discretion of the yearbook editors, up to 50% of the net profits on the yearbook advertising may be used toward publishing of the yearbook this year. Anything in excess must be approved by the Student Council. The vote was 5 in favor and 4 against. The motion was passed.

The next issue concerned junior and senior rotations. Most students are expected to perform procedures they were never exposed to before. Blase Harris was asked to approach Dr. Kappelman in requesting a 3-day cram course to learn the basics. Further information will follow.

The Yoga course will be scheduled as soon as the time and place has been arranged.

The Freshman Class is having a Party on March 4, two weeks away. Someone from all classes are being asked to announce it. Tickets are $3 and can be picked up from any Freshman student or from the Office of Student Affairs. There will be a cash bar.

The next motion regarded getting two lines in the phone in the Student Council office. The motion was passed. Blase Harris then made a motion that all class presidents be given keys to use the outside office and conference room but that one small office would be reserved for the President and Vice President of the Student Council and the other for use by the Editors of the Aesclepian and the Yearbook. A motion was made to table this motion until next week but this did not pass. The first motion was passed, 5 in favor and 4 against.

TO BE OR NOT TO BE A FAMILY PHYSICIAN

Upon entering medical school our class was given a questionaire which asked each of us to indicate our career specialty interest. We were told that 40% of the class, at that point in time, was most interested in family practice. Now, as our class is nearing graduation, I think that the intern and residency match program will show that significantly less than 40% of the class will have chosen a residency program in family medicine. The factors which caused these changes in career choice are probably as numerous as the students who changed their minds, but I would like to suggest five factors that I often heard debated at the lunch table during those ever popular "What specialty are you going into" discussions.

First of all, the background of the student was an important factor. Those classmates that grew up in urban areas where specialists in every field were available had trouble seriously considering family practice. Most of these students wanted to remain at least within easy striking distance of a large metropolitan area when they go into practice and, without questioning the validity of their belief, they felt that family medicine was a rural specialty. These classmates were used to specialization in their own family health care. It was very difficult for them to seriously consider a specialty that they were not familiar with.

Secondly, in addition to their background experiences, many of my friends felt that family medicine was too broad a field. The challenge seemed too great, and many students became apprehensive thinking that in order to be a good family physician they needed to know everything about everything. Again without arguing the point, some classmates who were initially interested in family medicine found the "specialty in breadth rather than depth" concept intangible. They sought more circumscribed specialties which clearly outlined the knowledge and technical skills required.

A third factor which exerted a negative influence on family practice was the ominous L.M.D. legend. Nurses, other students, residents, and some faculty members were forever pointing out the many shortcomings of the "local medical doctor" whose continuing mismanagement of patients in his office provided a steady stream of patients into the hospital. Guilt by association is probably the best way to describe this negative influence. Without being overtly stated the general practitioner – which, everyone was instantly reminded, is the former name for a family physician – is portrayed as an out-of-date drug pusher who doesn't practice "real" medicine and certainly has no business having hospital privileges anywhere. The conversation often implied that family physicians will become the L.M.D.'s of tomorrow and hospital privileges will be difficult if not impossible to get. Aspiring to be an L.M.D. certainly lacked prestige in the eyes of many students. Very few of them wanted to be associated with such sordid characters as the L.M.D.'s, and this legend added to their uncertainty in considering family medicine as a career choice.

A fourth factor which discouraged students who were interested in family practice was the keen competition for good residency positions. The national intern and residency matching program statistics for last year's graduating class showed that more students applied for family practice residencies than the total number of residency positions available in the country. Add to this problem the fact that some programs are definitely better than others, and the ratio of applicants to high quality residency positions is even greater. Having competed all their life to get into medical school some students were tired of "reaching for the unreachable star," and they shyed away from family medicine because of the stiff residency competition.

The life style of a family physician, or rather what the students perceived this life style to be was the fifth and last negative factor I will discuss. After completing four fairly grueling years of medical school most of my classmates were looking for a specialty which would give them reasonable time off for relaxation with their family, continuing education in their field, and cultivation of various non-medical interests. Again without arguing about the truth of the rumor, the general impression that many students had concerning working hours was that a family physician was on call 24 hours a day, 7 days a week, for 52 weeks of the year. Obviously, few physicians could survice such a demanding work schedule, and just as clearly, few students who believed that family medicine required this type of total dedication would seriously consider this specialty as their career choice.

Now, having stated several reasons why some of my classmates chose not to go into family medicine, I want to share five personal experiences which influenced me to seek a career in this specialty. My first positive experience with family medicine was growing up in Western Maryland with a family doctor. This physician delivered me and my younger brother and sister. He performed minor surgery on both my parents and provided most of our medical care. Our family felt that we had a primary care physician who we could call on for any medical problem. If our doctor thought it was necessary, then he referred us to a specialist. When I was in college this physician died, and we could not find a doctor who would care for the whole family. It took three different doctors, a pediatrician for my young brother and sister, a gynecologist for my mother, and an internist for my father, to provide the same medical care that a single physician had formerly provided. Their current doctors do not provide the personal touch of their former family physician, and my family has never quite adjusted to this fractionated medical care system. My roots were in a family which had a good working relationship with a family physician and I came from an area that has a need for well trained family doctors. I entered medical school with a keen interest and positive attitude toward family medicine.

Secondly, as a student my interest in the field was enhanced by the Family Practice Club. Each medical student received written invitations to the club's four annual meetings. These meetings were times of informal socializing with older students, family medicine faculty, and family physicians who practiced in the community. Following a sandwich supper the one hour programs presented the problems, goals, and rewards of family medicine. The meetings were scheduled so that there was

always time for discussion and conversation with the speakers following the program. Each spring the Family Practice Club sponsored a dinner banquet featuring a prominent national officer of the American Academy of Family Physicians as the evening speaker. These meetings, in addition to providing a pleasant social outing for my wife and I, assured me that family medicine was a living specialty. I met and talked with doctors who were actually practicing family medicine in their communities. Family practice was not a "pie in the sky, by and by" daydream. It was indeed a viable career alternative. During the first two years of medical school some students were involved in psychiatry and pediatric "tracking programs" which introduced them to these specialties. The Family Practice Club served as my "tracking program" by keeping me in touch with the faculty and concepts of family medicine.

A third experience which influenced my decision to seek post-graduate training in family medicine was my participation in three family practice preceptorships. The family medicine department provided opportunities for interested students to spend time working with practicing physicians. One half-day per week during my freshman spring semester and then for sixteen weeks during my freshman and sophomore summers I worked with a family physician in Essex, Maryland. We made rounds together each morning at the local community hospital and then saw patients in his office for the remainder of the day. By working with this doctor I saw first-hand that a family physician's schedule and life style could be very reasonable. This preceptorship experience was a very important part of my medical education. I learned to be comfortable in assuming the doctor role when dealing with patients. I observed patients of both sexes of all ages with a broad spectrum of pathological conditions. I developed a family medicine perspective with a sincere commitment to each patient and his family over and above their current illness. I saw excellent medical follow-up care with a real emphasis on continuity of care. Also, these preceptorships provided my first practical experience in developing my technical medical skills. After spending time practicing family medicine with a family physician, I knew that I wanted to practice that kind of medicine. Many times during those junior and senior year lunch table career discussions, the memories of my preceptorship experiences reassured me that I was making the right decision.

My fourth positive experience came about as an outgrowth of the preceptorship. Although I was assigned to a particular physician, I was not assigned any particular responsibilities, so I became a privileged third party to doctor-patient interactions. As an observer without other duties I began to notice that not all of the words spoken in a doctor's office were understood exactly as their speaker had intended. At the same time our psychiatry course in medical school was stressing the problems of patient compliance including the basic problem of doctor-patient misunderstandings. With the cooperation and encouragement of my family practice preceptor and the Director of Psychosomatic Research at the University, I studied the frequency and types of doctor-patient miscommunications in a private family practice. I was amazed at the ease with which research could be conducted in a private practitioner's office. There was a large patient population with almost all of the patients being receptive to student interviews and questionnaires. Randomization was easily handled by interviewing every fourth patient. The charts and records for each patient were up-to-date and readily available. The already established doctor-patient rapport enhanced follow-up studies. Interested faculty members and data processing facilities were available at the medical school to help analyze the research results. I began to see that almost any topic could be studied in a family physician's office and there are certainly many rewards for the student, private physician, and faculty advisor involved in such a project. Very few activities in medical school gave me the same feeling of accomplishment and personal satisfaction that I derived from reviewing the literature and adding to the knowledge in my field of interest. The realization that pertinent, interesting, and worthwhile research can and is being done in family medicine was another factor which influenced my career choice.

The junior year rotations through the traditional medical and surgical specialties provided the fifth experience which finalized my decision to specialize in family medicine. I enjoyed each of my junior clerkships, but I was always ready to move on to the next rotation. I liked most aspects of each clerkship, but I was reluctant to exclude any age group, sex, or type of pathology from my future practice. Variety is certainly the spice of life and I did not find any traditional specialty which I thought would hold my interest for my entire professional career. The residents I trained under impressed me both with their thorough knowledge of their specialty, and also with their lack of knowledge outside their specialty. Furthermore, I did not talk with any resident in pediatrics or internal medicine who was planning to go into primary care within their field. They were all planning to sub-specialize. On each rotation my interest was greatest and therefore my training was most worthwhile when I became involved in the comprehensive and continuing care of the patients. I had developed a family medicine perspective and I wanted to treat the whole patient within his or her family situation. After my junior year in medical school I was convinced that family medicine would be the most satisfying and interesting specialty for me.

In conclusion then, those students who came to medical school interested but undecided about family medicine, and were never exposed to the specialty, remained undecided and chose more traditional fields for their post-graduate education. Other students who were highly motivated toward family medicine upon entering school and sought student experiences in the field, based their career choice on a personal working knowledge of the specialty. Under our present curriculum, surgeons begat surgeons, internists begat internists, pediatricians begat pediatricians, gynecologists begat gynecologists, psychiatriets begat psychiatrists, and, if they have scheduled contact with all the students, family physicians will begat family physicians.

Diehl M. Snyder
MS IV

HUMIDITY AND INSULATION FACTORS IN HOME COMFORT

If you're an adult over 35 who grew up in a rural area, chances are you have memories of sleeping in an unheated bedroom. These memories probably involved a two-part experience–the discomfort of dressing in a cold room and the youthful enjoyment of "paintings by Jack Frost" on your windows.

With this winter's cold weather–induced shortages of natural gas and subsequent turning down of thermostats to 60 or 65 degrees F., you're probably again dressing–and working–in an uncomfortably chilly atmosphere. Besides that, today's youngsters know little about the artistry of Jack Frost. You call this progress?

Actually, those unheated bedrooms of yore may have not been a great deal more uncomfortable than their counterparts in modern homes at a temperature of 60 or 65 degrees F.

The reason is a term called "relative humidity," notes Dr. David S. Ross, Extension agricultural engineer at the University of Maryland in College Park.

Dr. Ross notes that relative humidity is a ratio of the amount of moisture in the air at a certain temperature, compared with the amount of moisture which air at that same temperature could hold if it were completely saturated.

The capacity of air to hold water doubles for each 20-degree F. rise in temperature, so the relative humidity in a room decreases as the air is heated. Thus, for each 20-degree rise in room temperature the relative humidity is reduced to one-half of its former value.

So, a cool room could have the proper relative humidity for comfort to humans, preservation of furniture and maintenance of health for both humans and plants. But the same air when warmed up 20 degrees F. would be far less beneficial in these respects.

The situation in today's homes is often made worse by cold air creeping in through cracks around doors, loose-fitting windows and inadequately insulated walls and ceilings.

When enough air enters and leaves a house to equal the volume of air in the house, an air exchange has occurred. One-half to two air changes per hour by infiltration are common in today's modern, but poorly built houses.

You can improve the comfort of your home tremendously by investing money in two areas, Dr. Ross says.

First, you can purchase a humidifier; secondly, you can investigate the possibility of improving the insulation in your house.

Dr. Ross has authored mimeographed fact sheets covering both of these procedures. They are available free to Maryland residents from county Extension offices.

Ask for *Relative Humidity for Comfortable Living* (Agricultural Engineering Release No. 79 of May, 1976) and *Home Insulation for Winter and Summer* (Agricultural Engineering Release No. 78 of December, 1975).

The Maryland specialist declares that room temperatures of 65 to 68 degrees F. can feel comfortable if the relative humidity is high.

If you already have a humidifier in the duct system of your furnace, he suggests that you set the fan for continuous rather than automatic operation. This will permit moisture to be circulated throughout your house all of the time–instead of just when the thermostat kicks on for heat distribution.

Installing a humidifier and proper insulation can help you avoid the possible high fuel cost adjustment factors that are bound to start showing up on utility bills now that higher-priced natural gas is being brought in from Texas to help ease the current fuel crisis.

What you save today in fuel is probably worth twice as much as it was only a few years ago, he observed.

A News Release from the University of Maryland Cooperative Extension Service, College Park, Maryland, 20742.

LOWER EXTREMITY SYMPOSIUM

A symposium on the biomechanics, evaluation and management of the lower extremity will be sponsored by the American Physical Therapy Association of Maryland at the Baltimore Hilton Inn on March 25-27, 1977. Registration will be limited, with first preference given to full registrants. The cost of full registration (which includes 2 luncheons and a cocktail party) is $60, and student registration (requiring student ID and including course only) is $35. For further information and registration forms, contact:

Ernest A. Burch, Jr.
441 East Belvedere Avenue
Baltimore, Maryland 21212

This column is being written ostensibly to keep the medical community abreast of the progress of the sophomore class in that love/hate relationship called medical training. I feel that the best way to do this is merely to present the lyrics of a song I wrote last year about my experiences and observations at medical school. I wish to emphasize that I am submitting the following not as class president, but as one of the 170 oft beleaguered sweat hogs:

THE LONG LOST TRAIN

The voyage was long, but my desire was strong;
I travelled without much rest.
To strengthen my mind, to help out mankind,
But mainly to pass the tests.
'Cause every new day brought a new surprise
With new exotic ways the patient dies.
And the teachers taught things I'd never dreamed of,
I never knew that feelings were OK.
And I never knew that I'd be facing so much pain
As I took my journey on the long lost train.

My books were painted yellow to prove that they'd been read.
My face was colored scarlet from what the Lynch-mob said.
And I got double vision from learning the double blind,
And all the precision really dulled my mind.
Well I was in love with genetic material so beautiful;
I wanted to philosophize on it.
But my instructions were written very plain,
"Just blacken in the spaces on the windows of the train."

I was living in Cartesia, but I could not find the plot,
For every time they told it I quickly forgot.
But you were an optimist: you knew it was all insane,
And I was drawn by the artist in your brain.
And as the knowledge sprayed upon me like Dieldrin
And covered too much for me to grow,
You watered my reflections with a prism and some rain,
And brought some color into the darkness of the long lost train.

The moment I set foot here they implied that I was dumb.
I'd have given them the finger, but they'd have given
me the thumb.
It's so lonely travelling down the track,
And it gets so heavy, this load upon my back.
Like Heisenberg I know where I am going,
But I do not know just where I am.
So I must keep searching for a way to face the pain;
It's only neurons firing here and there on the long lost train.

Alan Gaby
MS II

ATTENTION ALL SENIOR MEDICAL STUDENTS

Please make note of the following announcements

March 14, as I hope you all know by now is Match Day. In addition to discovering whether or not you have a future, there are a few other chores that must be completed. In the near future, you will receive a letter requesting nominations for the Golden Apple Awards for best clinical teacher and best basic science teacher. From this list we will also choose two persons as the outstanding teachers in the senior year. These persons, along with two others from the basic sciences, will be invited to our senior banquet. You may nominate up to three clinical and three basic science persons, and return to me c/o The Office of Student Affairs, 655 W. Baltimore St., Baltimore, Maryland 21201.

Match Day will begin in Howard Hall, Room 258, at 3:00 pm. At that time match envelopes will be handed out in return for a completed ballot for the Golden Apple Awards. Directly after this agonizing process, a party, including general anesthesia (beer) will be held. Please make sure that the Office of Student Affairs knows where you are on March 11, 12, 13, so they can contact you if disaster strikes.

The yearbook is now being prepared. Please make sure that you have posed for, or have submitted, a picture of yourself for publication. If you have any questions, please contact the yearbook editors, Francis George or Doris Swauger.

Our banquet will be held on June 1, 1977 from 8:00 pm to 1:00 am, at the Downtown Hilton Hotel. It will include a tremendous buffet dinner, music by Fancy Colors and an open bar all evening. Dress for the evening is black tie optional. In order to attend, your payment of $15 per couple must be in to Willarda Edwards or myself by April 1, 1977. After that time the cost will be $40 per couple. Please make checks payable to the *University of Maryland, Class of 1977.* If you have any questions, please feel free to contact Willarda Edwards or myself.

Garry D. Ruben
President, Class of 1977

THE WAY IT WAS . . . .

I'm not sure that any of us, being Baltimore natives or not, know anything about the city's earliest days. We all probably know that Columbia, stuck between Baltimore and Washington, was a planned community, but Baltimore was itself a planned city, long before Columbia was even a sparkle in anybody's eye. Without Bawlamer, as everyone knows, there never could have been a University at Bawlamer.

Once upon a time in 1729, as the story goes, the illustrious Maryland Legislature passed an "act for incorporation of a town on the north bank of the Patapsco." One year later, there were two physicians on that bank, accompanied by their loyal patients, who numbered forty-one (not a bad ratio!). Almost three hundred and twenty dollars was paid for the sixty acres of land, purchased from Charles Carroll, upon which the town was laid out.

By 1776, Baltimore had 6,755 citizens, including nineteen physicians; one of these was Charles F. Wiesenthal, a native of Prussia who had come to Baltimore in 1755. Thirty-three years after his arrival, as President of the new Medical Society of Baltimore, he met with other physicians in order to organize standards for medical practice. It was this meeting which finally resulted in the Charter of the Medical and Chirurgical Faculty of Maryland, our own beloved Med-Chi.

Although these pearls are related lightly, it's important to realize just how far back into Baltimore's history medical organization extends. Sixty years from the birth of a town to the development of an organization of medical practice is not a long time; and in eleven years we could celebrate another Bicentennial!

Thanks, as ever, to Dr. Theodore Woodward, whose information has made these "history nutshells" easy to write.

. . . . . .Debbie Monk

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Co-Editors
Diehl Snyder, MS IV
Deborah Monk, MS III

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Room M-004 — Howard Hall Addition
655 West Baltimore Street
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For further information, call:
(301) 285-1445 or (301) 254-2920

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