

## Still \$3,000 short

# Funds being raised for childcare center as deadline nears

By Andy Evangelista

Members of the campus childcare committee will be racing the clock in their "last chance" effort to raise funds for construction of the UCSF Childcare Center.

In November the lowest bid for the latest construction plan was \$63,400 more than the funds available. It was the third time in the center's dismal history that the low bid had exceeded available funding. Funds for the center are in the amount of \$130,000 while construction, according to the bid, would cost \$193,400.

According to Dr. Pat Calarco, chairperson of the childcare committee, about \$60,000 has already been raised through pledged contributions and grants from various foundations and organizations.

The deadline, however, for the campus to accept the bid is Tuesday, Jan. 31 and the other \$3,000 will have to be raised by that time.

Dr. Calarco said that usually a bid cannot be accepted unless all money for construction has been deposited but in this case as long as firm pledges, covering the deficit, are obtained the bid can be accepted.

So far the Haas Foundations have pledged \$40,000; the Van Loben Sels \$5,000; The Bothin Helping Fund \$5,000; a representative from the Zellerbach Fund indicated it would contribute \$5,000; and the first year class of the School of Nursing voted to donate \$300 toward construction of

the childcare center, according to Dr. Calarco. She said that other groups which have expressed interest in contributing are being approached.

Just three weeks ago it seemed that not enough money could be raised by the Jan. 31 deadline. The committee was faced with alternatives such as seeking space off campus, requesting an additional loan from the regents, and redesigning the center plan for the fourth time to cut space and save costs. These alternative, however, would add several more months to the already several years of planning for the center.

Members of the childcare committee, felt that in light of the dwindling funds and spiraling construction costs, it would be now or never for getting a center built at the designated site of Third and Parnassus Avenues.

Dr. Calarco said that long hours and hard work in the last couple weeks by committee members Carol Hardgrove, Linda Civetello-Brenner, and Joanne Soued in contacting foundations and donors, who have been very cooperative, has given new life to the center. The committee still has quite a way to go in raising the necessary funds and very little time to do it, she said. The remaining \$3,000 will probably have to come from donations much smaller than what the foundations have pledged.

Persons able or knowing of other organizations interested in donating to help meet the Tuesday deadline may contact the office of Gifts and Endowments at X-2047.

# Rally defends abortion rights



Demonstrators picketed the HEW office in San Francisco.

By Nan Callender

"Not the church, not the state, let women decide their own fate," a crowd of about 150 women and some men chanted while picketing the San Francisco offices of the Federal Department of Health, Education and Welfare on Friday to demand the maintenance of Medi-Cal funding for abortions in California.

The San Francisco chapter of the National Organization For Women (NOW), and the Coalition to Defend Reproductive Rights organized the rally in response to legislative action which denied the use of federal funds for abortions.

The event was timed to commemorate the fifth anniversary of the 1973 Supreme Court decision affirming the right to choose for all women.

In June 1977, the Supreme Court ruled that Medicaid programs could reject coverage for nontherapeutic abortions.

A wide array of speakers, representing various women's groups, articulated their concern about the California Legislature's position on

abortion funding.

Anne Kronenberg, S.F. Supervisor Harvey Milk's administrative assistant, spoke in behalf of Milk, stating, "No man can speak out against abortion. To deny medical benefits is to discriminate against women, especially poor women."

Mary Spencer, a psychologist and President of San Francisco's N.O.W., said that California's opinion polls indicated there was more support for reproductive rights. But we must put forth more effort because anti-abortion campaigners have made significant headway in their endeavors, she said.

A Berkeley songwriter and folksinger, Malvina Reynolds, recited the lyrics of her song, *Back Alley Surgery* in protest to the Supreme Court's 1977 decision.

*Supreme Court sits in Washington only*

*Everyone's a mother's son*  
*Women's fate is lost and won behind that heavy door*

*The justices preside in noble ease.*

*None of them even suffers pregnancies, so they hand out*

decisions such as these:

*Back alley abortions for the poor*

*Yes back alley surgery*

*Kitchen Knife solutions*

*Wire hanger abortions for the poor.*

In an ardent speech, Sylvia Weinstein, San Francisco's N.O.W. Vice President, rebuked the Supreme Court, President Carter and Califano for their stand on abortion. "Califano said cigarettes were the number one public health hazard. Well both President Carter and Califano are the number one health hazard to women," she said.

Other speakers included Mary Dunlap, Board member of the American Civil Liberties Union of Northern California-Nicki King of the San Francisco Commission on the Status of Women, and Maxine Brown representing the national Women's Political Caucus.

On Monday, January 23, there were competing demonstrations in Sacramento on the abortion funding issue, with 250 people rallying in favor of continued state funding and 500 in a rally opposed.

## Further review, approval still required

# Nursing faculty approves MS proposal

By Andy Evangelista

The UCSF School of Nursing faculty has voted by 3-1 margin in favor of a proposal that recommends replacement of the present undergraduate nursing program with a masters program for associate degree nursing graduates, it was announced last week.

The final tally, with 101 faculty members voting, was 71 "yes" votes and 24 "no" votes for the proposal. Nine ballots, ruled as invalid, were also submitted.

The faculty decision does not yet mean that the School has a green light to proceed with

implementation of the masters program. The proposal must be submitted to and approved by other academic bodies, which could still reject the plan.

The proposal, introduced by a faculty committee earlier this year and strongly opposed by undergraduate nursing students, recommends elimination of the 280 student baccalaureate program by 1980 in favor of a masters program for registered nurses with an associate degree or an equivalent. The plan calls for a three-year MS program that would admit about 50 each year.

According to Margretta Styles, Dean of the School of Nursing, the School is now preparing to forward the proposal for the review and approval process.

According to a feasibility study on the proposal, prepared by faculty and which also recommended the switch to strictly an MS program, the recommendation will go for approval to the Graduate Council, the campus Academic Planning Board, then to the UC Systemwide Administration, and finally to the California Postsecondary Education Committee. The time schedule calls for

program descriptions and all approvals to be completed by January 1979 so that a class could be admitted by 1980, according to the study.

Backers of the proposal felt that the recommended program is more in line with UC's mission to educate at higher levels, that there are already a significant number of nursing schools in the state producing nurses for beginning practice, and that there is a large need for nurses with advanced degrees.

Nursing students opposed to the plan, contended that it was not in harmony with the

community's needs, would reduce the number of primary care RNs, close the only bachelors nursing program in Northern California open to students with more than two years of college, dismantle a progressive and diverse program in favor of one with a homogenous student body, and exclude low-income students with proposed admission requirements.

Students said they were not opposed to the concept of an MS program for associate degree nurses but felt one should not be implemented at the expense of the entire undergraduate program.



# Vital Signs

## COAL & CANCER

Another potential risk to human health — this time involving the threat of lung cancer from fine coal-ash particles — has emerged to cloud the prospects of using coal to generate a much greater share of the nation's electricity.

The new cloud, in the form of a research report in *Science*, a scientific weekly, is not bigger than a man's hand at present, but it illustrates the environmental problems that beset virtually every effort to produce additional supplies of energy to fuel economic growth.

Greater use of coal, in preference of other energy sources, is a key part of the energy program that President Carter has been struggling to enact. If later tests bear out a newly reported cancer risk from the ashy, low-sulphur coals of the plains and mountain states, the thrust toward coal could be blunted.

Three scientists, Clarence Chrisp, Gerald Fisher and Jean Lammert of the University of California at Davis subjected fly ash from a Western power plant burning low-sulphur coal to a test devised by Dr. Bruce Ames of the University of California at Berkeley that detects whether a substance causes genetic mutations in bacteria.

About 90 percent of the substances known from other tests to induce cancer in animals or humans have caused an excess of mutation in the Ames bacteria test. Thus, a "positive" result in the brief and inexpensive bacterial test is regarded as a strong indication that a substance should be tested for its cancer-causing potential in laboratory rates or mice, a procedure requiring two years and costing at least \$150,000.

The Davis scientists found that the mutations caused by the power-plant dust apparently were traceable to organic, or carbon-containing, compounds, and to inorganic compounds, possibly those containing traces of heavy metals. (*New York Times*—1/11/78).

## MEDICAL COMPUTERS

Medical care of higher quality and lower cost could be achieved through the use of computers to store and retrieve patient records, but such gains are not likely to be achieved unless the Government adopts new policies to control the development of such systems, a report by the Office of Technology Assessment has concluded.

The agency, a research arm of Congress, noted in its report that, although computer systems have designed to minimize errors in recording or relaying doctors' orders in hospitals and clinics and to remind doctors and nurses to carry out procedures that are sometimes forgotten, such systems are not being widely installed.

Instead, according to the 70-page report published in November, the vast majority of institutions are buying more limited computer systems that

primarily serve the institutions' business managers.

There is not standard type of medical computer system but, in general, they receive and store data about each patient that normally would go into a handwritten chart, displaying the data on a television screen or printout.

Some systems automatically send reminded notices to nurses when medications are due. Some correlate examination findings and laboratory results with a list of suggested diagnoses.

Some remind the doctor of side effects or contraindications whenever a drug is prescribed. One system includes 33,000 frames of general medical information that a doctor can call up whenever he needs to refresh his memory.

The study, entitled "Policy Implications of Medical Information Systems," was largely carried out by an appointed advisory panel of 12 specialists in health institutions, universities and government. (*New York Times*, 11/27/77).

## HEROIN & CANCER

President Carter has authorized consideration of whether the use of heroin and marijuana should be permitted in suppressing pain and nausea in cancer patients, the White House announced in November.

Dr. Peter Bourne, who is Mr. Carter's special assistant for health policy, recommended, and the President approved, the policy that the question of whether the drugs be used should be based only on medical merit and not on political questions.

The White House decision may not result in the controversial and illegal drugs being made available for medical purposes. However, one experimental study of the use of heroin in cancer cases by the Memorial Sloan-Kettering Cancer Center of New York had already been authorized by the Federal Government earlier in 1977.

Dr. Bourne said that research in Britain had indicated that heroin was useful in alleviating the coughs that cause excruciating pain in some terminally ill lung cancer patients. The drug does not cure cancer or arrest it.

Marijuana may be useful, Dr. Bourne said, in alleviating the nausea often suffered by cancer patients undergoing chemotherapy.

Heroin is illegal, even for medical use, under the 1970 Controlled Substances Act. However, the Food and Drug Administration can grant permission for its use in research as an "investigatory new drug".

Heroin and marijuana are listed in the act as schedule 1 drugs that have no currently accepted medical value and have a high potential for abuse. Morphine, cocaine and opium are listed in the act as schedule 2 drugs that have accepted medical uses but also have a high potential for abuse. (*New York Times*, 11/10/77).

## Katz lecture

# Discussion on 'informed consent'

By Michael B. Bader

Declaring that the doctrine of informed consent today is "neither informing, nor consenting," Dr. Jay Katz, professor of law and psychiatry at the Yale Law School, addressed a noon-hour audience at UCSF on last week.

Speaking on the complex topic, "Informed Consent: Can Physicians Ever Tell (and Patients Know) the Truth," Katz analyzed the issues involved in legal, historical, sociological, and medical terms.

In scholarly tones, Prof. Katz maintained that informed consent — which he preferred to relabel with its legal code-word, disclosure — is alien to the history of medical practice. The Hippocratic writings, Katz noted, advise physicians to "conceal most things from the patient while you are attending him . . . revealing nothing of the patient's present or future condition."

Such an injunction became interwoven with the fabric of health care over the centuries. Today, although the doctrine of informed consent has been clarified for clinical investigations and surgery, "no authoritative statement which includes disclosure had been made for the therapeutic

setting," Katz said.

Turning to the sociology of medical care, the Yale professor pointed out that in technologically-advanced societies, the division of labor affords great authority to those who control the technology. But the professional autonomy that doctors enjoy as a result means that the physician's competence cannot be judged by the layperson, who is forced to place his/her trust in an all-knowing professional.

Perhaps the biggest obstacle to informed consent, Katz maintained, is the uncertainty inherent in today's medical practice. Since the "true" effects of given treatment regimens — drugs, x-ray, surgery, psychotherapy — are often difficult or impossible to ascertain, doctors may feel that they cannot tell patients very much about the type of care they are receiving. Sharing the uncertainty of a given medical approach with the patient might undermine the patient's trust in the doctor, a trust which is crucial to recovery from disease (and also to the doctor's confidence in his/her own curative powers), Katz said.

Yet not to share knowledge of treatment risks and benefits is to sustain a great myth of

modern medicine: that of the ignorant patient. Arguing that the philosophy of Hippocrates leads to regressive behavior in patients, Katz observed that physicians might wish to displace their concern about their own ignorance to the patient.

In fact, Katz continued, physicians do not wish to deal with patients on a level of equality, and the myth of the ignorant patient supports physicians' domination of the doctor-patient interactions.

In conclusion, Dr. Katz proposed "an extensive dialogue" between doctors and patients, "to encourage reflective thought and considerate action on behalf of both parties."

Neither the patient nor the doctor should make the entire decision about treatment, Katz stated. Instead, in the process of seeking an agreement, each party may use a "negative coercion," saying "this I will not do," thus defining the limits of the treatment relationship.

For doctors, escape from what Katz called "today's no-man's land" of informed consent will therefore require a lawyer's skill at negotiation and accommodation.

## Letters to the Editor

### 'Pro-lifers' not always 'anti-poor'

To the Editor:

The *Synapse* in its Jan. 19 editorial was unfair in using the term "pro-life/antipoor forces" to refer to the anti-abortionists. Obviously, your image of the pro-lifer is that of a Reaganite-type who defends to the utmost the rights of fetuses (but is very willing to send people off to war). Having failed to stop the legalization of

abortions, these people now aim to prohibit the use of public funds for such operations. Indeed, this goal is by its very nature anti-poor.

However, there is a minority of pro-lifers who believe in the sanctity of human life and extend this belief to the fetus. Often these are people who

have worked for Civil Rights, opposed the war on Vietnam, and continue to oppose all war and exploitation of people. Although I doubt the validity of extending to fetuses our conception of human rights, I respect the views of this latter type of Pro-lifer. To imply that they are anti-poor is unjust.

Michael David Kramer

## Reader criticizes story placement

To the Editor:

I am disgusted with the layout of the Jan. 19 issue of the *Synapse*. The memorial article for Dr. Chauncey D. Leake was placed on the fifth page, whereas a mundane article about medical students discussing grades made it on the front page. The major part of the front page was occupied by the kidney dialysis article. It was interesting, but it was a feature article, not news.

Where is our respect? What are our priorities? Have we become so concerned with the present, and the changing of the future (i.e. med students trying to make grading easier), that we cannot be still for a moment to remember a great man who has just passed?

I personally had Dr. Leake for a few lectures in pharmacy history. His personality was so rich and vibrant, all of us could never forget him. I was impressed when told that, though he was a part of the blue-blood rich (member of the Bohemian Club), he actually picked up litter in the sidewalks and hallways around UCSF. Just earlier this year, I saw Dr. Leake standing in front of a

bus stop shelter, scraping poster peelings from the wall. He was a man who cared for the things and people around him with actions.

Dr. Chauncey Leake should not pass us unnoticed, yet the

article about his death only rated the bottom of the fifth page of an eight-page paper. I regret that the *Synapse* was so poorly arranged.

Gloria Lee  
Pharmacy II

# synapse

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The *Synapse* seeks to act as a forum for responsible dialogue between the authors and the readers of the campus community, representing the spectrum of belief and action. Articles and columns published in the *Synapse* represent the viewpoint of the authors and not necessarily those of the editorial staff.



# Bilingual controversy at SFGH

By Andy Evangelista

A community Latino group, which has been pressing San Francisco General Hospital to hire more bilingual workers, announced Tuesday that it has filed an administrative complaint with the State Department of Health, charging that non-English speaking patients are receiving poor care at SFGH.

Latinos for Emergency Bilingual Health Services (LEBHS) charged that the hospital has moved too slow in efforts to increase the number of Spanish-speaking staff capable of providing much needed translating services.

The complaint, against the City and the Hospital, contends that non-English speaking Latinos are being denied federally funded services because of national origin and language barriers at SFGH. LEBHS in the complaint asks that the Office of Civil Rights of the State Department of Health conduct a formal investigation into the matter.

Also named in the complaint is the University of California, which has a contract with SFGH and has personnel at the hospital.

"Meetings with S.F. General and the City Public Health Department have been fruitless," said Juan Gonzales an LEBHS spokesperson. "We've gotten an earful of excuses ranging from stiff civil service requirements to limited hospital staff vacancies and too few Latinos to fill those positions."

The hospital has acknowledged that there is a need for more bilingual employees and that it has had a problem in providing adequate translating services to the large percentage of non-English speaking patients. It, however, disagrees that no progress or attempts to correct the situation has been made.

According to the hospital, 25 bilingual (Spanish/English) employees have been hired since July and recruitment efforts are continuing.

According to Susan Hagerty, an acting personnel officer,

13 per cent of all persons hired since July are bilingual.

According to LEBHS, non-English speaking Latinos comprise about 20 per cent of SFGH's patient population

The group, according to Gonzales, was formed after a number of reported incidents in which Latino patients received inadequate care because they were unable to communicate with staff and translators were not available. He said that patients have had to wait long hours for translators, ask other patients to translate for them, and have suffered because of inability to describe symptoms or understand treatment instructions.

For the last several months LEBHS has demanded bilingual health services on a seven-day-a-week, 24-hour-a-day basis in high public contact areas of SFGH such as the emergency room, ob-syn, the psychiatric ward, outpatient and inpatient units, pharmacy, and the operator switchboard. The group charged that many of these departments still do not provide bilingual services.

According to Gonzales, the goal of LEBHS is to get an adequate number of bilingual/bicultural health workers, not necessarily translators, into these crucial departments on a permanent basis. He said the group would not be satisfied with temporary personnel.

Gonzales said that in 1970 a federal grant provided funds for hiring of translators but that program ended when funds expired.

Lloyd Cubillos, recently assigned to study the SFGH problem and assist in recruitment of bilingual personnel, said there had always been a need for translators but it wasn't until recent pressure from groups that strong efforts have been made to remedy the situation.

He feels that the efforts so far by the hospital have been positive but said much still has to be done. Efforts now, Cubillos said, are concentrated on finding out what depart-

ments are in immediate need of bilingual staff and recruiting persons for them.

Because of stringent civil service regulations, with exams and sometimes long waiting periods, it was previously difficult to get bilingual personnel, he said. However, the hospital has recently been able to put bilingual waivers on some jobs, insuring that bilingual persons would be hired.

According to the hospital, it has requested 24 federally funded CETA positions for workers who would act as patient advocates with one of the responsibilities being translating for patients. LEBHS has not expressed confidence in that idea because those positions have not yet been approved and are funded only temporarily. Cubillos and Hagerty said, however, that approval is expected in the near future and CETA workers would be employed with the hospital intending to eventually phase them into permanent civil service positions.

According to Cubillos and Hagerty, progress is being made in other areas. They said the Emergency Department is now staffed so that a bilingual person is available on all shifts, and attempts are being made to better provide the community with current information related to multilingual health care services and programs.

Although SFGH has hired 25 bilingual employees in the last six months, LEBHS has expressed dissatisfaction because not all are permanent civil service positions and some of the workers recently hired are not in departments which the group sees as crucial.

Of the 25 hired, according to the hospital, only 15 are permanent employees, the rest being non-civil service. Of the 25, two are in the Building and Grounds Department and seven are clerical workers. However, eight are nurses, two have been assigned to psychiatric services, three to out-patient, one to methadone maintenance, one to social services, and one was assigned as a switchboard operator.

## Announcements

### Financial Aid Column

#### Wells Fargo Federally Insured Student Loans

Wells Fargo bank is now taking applications from first time borrowers. The maximum they will lend for a one year period is \$3500. Eligibility is determined by the Financial Aid Office. Applications and information are available in the Financial Aid Office.

#### California State Fellowship and Scholarship

Applications for the State Scholarship must be postmarked by February 1. Applications for the Fellowship must be completed and postmarked by February 6. Applications are available in the Financial Aid Office.

### Management training courses

The Training and Management Development Department will be offering the following courses during February. To enroll call X-4032.

Manager and the Organization, Feb. 1 through Mar. 8th, Wednesdays only, 8:30-10 AM. Fee: \$15.00.

Time Management, Feb. 2 and 3, 9-12 noon. Fee: \$15.00.

Medical Terminology, Feb. 6 through June 7, Mondays and Wednesdays, 3-5 PM. Fee: None.

English Review, Feb. 7 through June 8, Tuesdays and Thursdays, 3-5 PM. Fee: None.

Beginning Conversational Spanish, Feb. 7 through Mar.

28, Tuesdays and Thursdays, 5:30-7:30 PM. Fee: None.

Assertiveness Training, Feb. 8 through Mar. 15, Wednesdays only, 9-12 noon. Fee: \$35.00.

Planning and Assessment, Feb. 9, 9-12 noon. Fee: \$5.00.

Reprographics Printing Workshop, Feb. 14, 9-11 AM. Fee: \$5.00.

UCSF Policy and Procedure Manual, Feb. 16, 10-12 noon. Fee: None.

Management Development Institute, Feb. 17 through Apr. 5, Mondays and Wednesdays, 10-12 noon. Fee: \$35.00.

Speed Reading, Feb. 27 through Mar. 20, Mondays only, 2-4 PM. Fee: \$20.00

### Women's self defense class

Sign-ups are being taken for a new class for women, "Personal Defense Against Assault." The class is designed to help women develop confidence, knowledge and ability to defend and protect from attack. The class will meet in the Women's Residence Lounge on Mondays and Wednesdays, Feb. 6 - April 12 at either 11 a.m.-noon, noon-1 p.m., or 1-2 p.m. The cost is \$32 for MU members, \$36 for non-members. The instructor will be Judith T. Fein, Ph.D. The class size will be between 20 (minimum) and 30 (maximum). For more information call Patti at 666-1800.

### Correction

Stories in the Jan. 13 and 19 issues of Synapse incorrectly stated that a Jan. 13 Rape Prevention Seminar was sponsored by the UC Campus Police Department. The seminar was actually sponsored by members of the School of Nursing. The Police Department was only a participant in the seminar.

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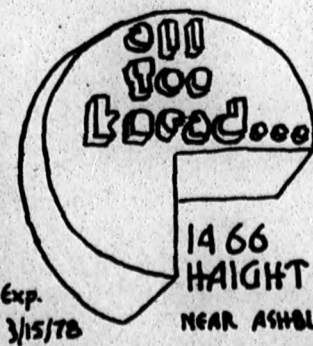
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# MILLBERRY UNION RECREATION

## MU Calendar

Thursday, January 26

**FILM / DISCUSSION:** BIOFEEDBACK: YOGA OF THE WEST. The film explores the mind's ability to control the body, in India with yogis and yogins, and in the US using biofeedback training. NOON In HSW-301. FREE.

Friday, January 27

**FILM:** SILENT MOVIE. Mel Brooks plays a washed-up Hollywood director trying to make a comeback with a new silent movie. He gets help from Marty Feldman, Dom DeLuise and Sid Caesar, 7 & 9 p.m. in Cole Hall.

Monday, January 30

**LECTURE:** SKELETAL STRESS-PREVENTION AND TREATMENT OF INJURY. Dr. James Glick opens our "Exercise Training Symposium" with the mechanics of running and racquet swing, anatomy, injury, prevention and treatment. 5:30 p.m. in HSW-301. FREE.

Tuesday, January 31

**FILM:** GROWING UP FEMALE explores the socialization of American women through a personal look at six women's lives. Women of different ages, nationalities, and classes are seen in action in real-life situations. Shown at NOON in HSW-301. FREE.

**FILM:** THE INVITATION is to an office party. Nothing really terrible happens, yet people and their relationships fall apart, and the disappointments in people's lives rise to the surface. Continuing our Janus Film Series, shown at 7:30 p.m. in Cole Hall. \$1.25/\$1.75.

## Sidewalk Circus



THE ROYAL LICHTENSTEIN QUARTER-RING CIRCUS was one of MU Recreation's most popular programs last year. They are back by popular demand with a new show. See mime-fairytales, magic tricks, circus skills, comedy and a mini-menagerie. See the world's smallest circus with the biggest laughs, fun and thrills. THURSDAY, FEBRUARY 2 in STENINGER GYM, MILLBERRY UNION. NOON - FREE.

## Outdoors Unlimited

To participate in the following outings, sign up at the Outdoors Unlimited Center at 1309 3rd Avenue this week, and attend the pre-trip planning session. Phone 666-2078 for more information.

Thursday, February 2

**BASIC CANOE CLINIC.** Basic canoe strokes, safety procedures, trip preparation, etc. This course or its equivalent required for future canoe trips and courses. Red Cross Basic Canoe Certificate will be given. 8 p.m. in the MU Pool. See second half of clinic on February 4.

Saturday, February 4 - Sunday, February 5

**KAYAK SURFING** on the Sonoma Coast — Doran Beech, Salmon Creek, and Goat Rock. Camping on the beach, campfires, singing and new games. Call 707-762-0333.

**FARM WORK WEEKEND** at Jug Handle Farm. Garden, clear trails, repair a 100 year old farm house, watch tide pools, relax in the meadows. Work Saturday, fun in the sun on Sunday.

Saturday, February 4

**BASIC CANOE CLINIC.** This completes the clinic started on Thursday, Feb. 2. Today we go out on the water to practice what we have learned. 8-4 p.m.

**PT. REYES DAY HIKE** on a 4-mile loop trail along Limantour Road. Pre-trip meeting on Feb. 2, 7 p.m. in MU Lounge.

The Synapse accepts classified advertising. The cost is \*1.50 for 20 words. Ads may be sent to the Synapse office, 1324 Third Ave. For more information call 666-2211.

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Groves Nurses Registry is hiring Nurses Aides, L.V.N.'s and R.N.'s for float positions in acute care hospitals. If you have 6 months acute care hospital experience, please call 433-5950 between 9 and 5 for an appointment. 1714 Stockton St., Second Floor.

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## Racquetball tournament

A double elimination racquetball tournament, sponsored by the MU Recreation Department, will be held in February. The tournament will have three classes of play: novice, intermediate, and advanced. There will be a limit of 10 players per class, so interested persons are advised to sign up immediately. The deadline for registration is Monday, Jan. 30. The cost is \$6 for MU members, \$8 for non-members. The initial meeting for players will be held on Monday, Feb. 6 at 6 p.m. in the Exercise Room. For details call Patti at 666-1800.

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## CAL LODGE USERS

The cost of providing services to users of Millberry Union, a self supporting operation, are increasing.

As a result, MU finds it necessary to charge a 50¢ per person surcharge for CAL Lodge reservations, beginning February 1.

CAL Lodge is located in the heart of the Sierra Nevada ski area, is owned and operated by ASUC, and is open to all UC students, faculty, employees, Alumni Association members, and their families, except children under 12.

Reservations can be made at the Millberry Union Central Desk between 10:00 a.m. and 5:00 pm., Monday-Friday.



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