



# FELIX

The Newspaper of Imperial College Union

## STUDENTS FUME OVER EXAM-TIME CHAOS

### Monro Leaves Weeks As Residents Turn Down Decorations

Re-decoration works in Weeks Hall are to be called off following protests from Hall residents who claimed they could not face the inconvenience during their exam period.

The works were to affect a number of floors, preventing their occupants from using the kitchen. This, of course, would have caused considerable inconvenience as kitchens on other floors would have had to be shared by a large number of people. Students were also upset as rumour went around that the works were supposed to be done during the last Easter break and not during the term. A complaint from a resident, Mr I Machan, was heard by the Warden, Dr Don Monro, who agreed that the works should be postponed from their original date, June 1.

Meanwhile, Dr Monro officially said goodbye to the Hall at the Annual Weeks Hall Dinner last Friday. In his speech, Dr Monro said that he was going to remain chairman of the Student Residence Committee in order to 'fight against the Lauwerys Report'. He said that in his opinion it is highly unlikely that the Hall should be used for postgraduate accommodation only, as the Vickers donation deed states that the residents of Weeks Hall must form a 'representative group' of the students at IC, and this would not be the case if the Hall were only occupied by postgraduates.

No substitute has yet been named for Dr Monro, who has been Weeks Hall Warden for twelve years.

### Exam Students Disrupt Window Cleaners

A final examination was disrupted on Monday afternoon when windowcleaners started work on the room where the exam was being held.

Half an hour after the start of the third year Structural Chemistry paper in Chemistry Lecture Theatre B, two windowcleaners arrived and slammed all the windows shut before starting to clean them. According to RCSU Academic Affairs Officer Brian Stevens who was taking the paper, the cleaners were tapping against the windows and calling loudly to each other. One of the invigilators went outside to remonstrate with the cleaners, who left after some argument.

There had apparently been complaints some weeks before

about the windows—one lecturer said that they did not look as if they had been washed since the Old Chemistry block was built—and the department's Director of Undergraduate Studies, Dr Brian Levitt, had asked Estates to have them cleaned.

Jim Boucher, the Union Academic Affairs Officer, told FELIX that he would look into the matter and ask for the disruption to be taken into account during the marking of the paper; normally if a description of this kind occurs, extra time is allowed at the end of the examinations, but in this case the invigilators finished punctually at five o'clock.

**FELIX Exclusive!**

### General Election Results

The mock election organised by the Social Clubs Committee attracted 314 voters in two hours of polling yesterday lunchtime.

Voters completed both first past the post and Single Transferable Vote (STV) papers in six 'constituencies' with the conservatives taking three 'seats' under both systems (but not the same three). Labour took two in the first past the post but only one under STV.

The six constituencies were Halls, Huxley, JCR, Mech Eng, Mines and Sherfield/Union. The

Conservatives won Mech Eng and Mines under both systems whilst the JCR (Labour) and Sherfield/Union (Alliance) results were also the same on both occasions.

When considering the College as one single constituency the Conservatives won under the first-past-the-post system but the Alliance won the STV election by two votes after receiving the bulk of Labour's second preferences when Labour were eliminated.



Dr Simon Perry, the new Chairman of the Refectories Committee, samples a Mooney and realises the magnitude of his task.



# Small Ads

## ACCOMMODATION

● **Summer accommodation:** well equipped flat, 100m from College is available to 2-3 persons until middle September. Contact Andreas 584 7490.

● **Single room** available in a Southside Hall. Contact Karim, int 2082/3624.

## FOR SALE

● **Single Bed** (Myers), good condition, £400.00. Int 3096.

● **Bicycle**, 1 racing cycle, 27" wheel, good condition. Make a saving on your travel grant next year. £400.00. Scott Carr, Met 3 or 969 0927.

● **Resident's 'Mole Show' ticket** Hammersmith Odeon, June 28, £4. Ring Dave: 437 5874.

● **Honda CX500**, 1980, 14,000 miles, £580. Also 3-speed push bike £20. Must sell by June 11 since leaving the country Jon Wittrick, Tizard 423.

## NOTIFICATION

● **Keith Stevenson** contact Martin about British Masters Tournament at Birmingham.

● **No more Judo at IC until June 21.** Practices at ULU as normal Friday 6:30pm.

● **ICCAG Summer Soup Run:** We need people who are in London during the summer who would be prepared to drive, make soup and go on the runs. (You don't have to do all of the jobs.) This would only be once a week. If you are interested at all, please contact me. Thank you. A J Thew, Chem Eng, int 3825, evenings 743 4362.

● **Swimming and Water Polo Club AGM** is to be held on Friday June 10 at 8:00pm in lounge above Southside Bar. All members should attend to elect next year's officers.

● **Book Sale**, Lyon Playfair Library, Wednesday June 15 from 9:30am.

## PERSONAL

● **Are you bored of IC?** Talk to Dave Vokins and you'll be even worse.

● **What's live**, dangerous and has ears like chariot wheels?

● **Balloonists!** For new type of gas supply contact Dave Vokins, FK314.

● **STOIC** presenters do it on videotape.

● **Why are all these people** from QEC taking over FELIX?

● **Key election issue**, or flogging a dead horse? Anti-Morphy Day MP David Mellor ('about as likeable as a mouthful of Brylcreme' *Daily Telegraph*) is defending his Putney constituency against ex-IC student Peter Hain ('a man with brains—a dangerous combination' D Mellor). Will Morphy Day survive? Don't miss the exclusive report direct from the election count in next Friday's *Guildsheet*. No *Guildsheet*, no comment.

● **Roy-happy** (late) birthday and all the best with the exams. D.

● **Neville:** Let's call it an honourable draw; all forgiven? Happy 21st birthday for May 29, love Isobel. XXX

## ● Renetly

### Gentlemen's Hairdressers

Discount for students and staff!  
Cut: first visit £3, second visit and after £2.50; Cut and Blow Dry: first visit £4.40, second visit and after £3.95.  
Mon to Fri 9am to 5pm  
Sat 9am to 12noon

**Renetly, 154A Cromwell Rd, SW7**  
(next to British Airways building).  
Appointments not always necessary.

## THE Cromwellian

Entrance on:  
3 Cromwell Road, SW7.  
Tel: 584 7258



(Opposite Natural History Museum)

## COCKTAIL BAR

### Open

Mon-Fri 6.00-11.00  
Sat 8.00-11.00

### Happy Hour

6.00-9.00  
Cocktails £1.50

### Monday Special

Cocktails £1.50  
all night

## NIGHTCLUB

### Open

Tues-Sat  
11.00-3am

### Party Night

Wednesday  
Drinks 9Op  
Cocktails £1.50  
all night

## SUMMER OFFER

Entrance to Night Club half price on presentation of Imperial College cards

# CLUBS & SOCIETIES

## Bookshop News

Guinness book of records 1983 edition—reduced to £3.50.

### New Titles

Conservative Manifesto 1983 25p

Labour Manifesto 1983 60p

SDP-Liberal Manifesto 1983 50p

*When the wind blows* - Raymond Briggs, Penguin £1.95

*Illustrated touring atlas of Britain* - Automobile Association £8.95

*Great railway journeys of the world* - Sphere £5.95

*Dictionary of telecommunications* - John Graham, Penguin £2.50

*Psychoanalysis—the impossible profession* - Janet Malcolm, Picador £1.95

*Slowly down the Ganges* - Eric Newby, Picador £2.50

*Ireland for beginners* - Evans & Pollock, Writers & Readers £2.95

*Food for beginners* - George & Paigre, Writers & Readers £2.50

*Small is possible* - George McRobie, Abacus £3.25

*Summer jobs abroad 1983* - David Woodworth, Vacation Work £3.95

*Summer jobs Britain 1983* - Susan Griffith, Vacation Work £3.95

*Encore travellers France NE* - Arthur Eperon, Pan £2.95

*Picnic Guide* - Karen Wallace, Pan £1.95

*English silver hall marks* - Judith Banister, Foulsham £1.25

### Forthcoming Titles

*Lace* - Shirley Conran, Penguin

*North & South* - John Jakes, Fontana £2.95

*Who dares wins* - Tony Geraghty, Fontana £2.50

*An English Madam* - Paul Bailey, Fontana £1.50

## ΨΦ Soc

The studio was hot and the cameras were perched like predatory birds in the dimness beyond the interviewer.

'...ten thousand billion pounds to develop this bomb from the Government?'

'Yes, for the R and D,' the scientist replied.

The monitors showed the scene cutting away from the studio to the vaulted lab where the bomb stood. There, suspended in vacuum and wrapped in an invisible magnetic envelope, was the jet black sphere.

'You see,' the scientist said, 'the Elastic has to be polymerised in the absence of all external energy sinks, because of its facility to absorb energy.'

'And it can overkill Russia or America fifty times?'

'No. Seventy-four. It could be higher but the energy dissipation is not as controlled as we would like. But we are working on that.'

He smiled.

Morris Minor

## Accommodation for September

No retainer

Large and small flats and one house.

Phone 385 9882.

## STOIC

Hello, and welcome to the penultimate week of spot the edit, hunt the cock-up and watch the stagefright—or in other words, STOIC programmes. Next Tuesday David Childs, ex-film reviewer, talks to the producer of *Octopussy* (note: this is not a Rita Coolidge interview) while on Thursday Richard Copnall, current celluloid correspondent, looks at some more 'Films of the Year'. And no mention of aardvarks in either programme—or amphibians on IC Radio. Be different—watch the programmes—it may surprise you.



# EDITORIAL

## AGM

The Annual General Meeting of Imperial College Union will be held next Tuesday, June 7 in Mech Eng 220. It's a sort of glorified UGM but with the added excitement (?) of Stephen Goulder awarding colours, Union General Awards, Life Memberships and such like.

There will also almost certainly be a lot of criticism of the Exec. Chas Fuller (acting RCS President and himself a member of the Exec) is being incredibly petty over the perfectly legitimate sanctions imposed on him by John McCallion over his

idiocy during the mascotry raid two weeks ago. Mr Fuller is proposing a motion of no confidence in the Exec because of this.

Nick Pyne is muttering about no confiding Stephen Goulder over his refusal to no confidence Andy Grimshaw.

Andy Grimshaw may try to no confidence me over my refusal to print Exec News in

time for this week's FELIX.

But none of this can happen if the AGM is inquorate. Be there and vote your least favourite sabbatical out of office!

PS: Exec News will be out around lunchtime today.

## Summer FELICES

This term most of you have to work hard over the next few weeks because of exams; I have to work hard because all the

regular staff disappear to revise. So I apologise that so many of the regular features have been cut this week and the layout may look a little unusual. Next week's FELIX will be smaller still, I'm afraid, but I hope to make amends with the end of term issue (my last) which will appear on Thursday June 16. The copy deadline for this is 5:30pm the previous Thursday, June 9, and anything submitted after that time is likely to be cut, mutilated, or (most likely) ignored.

Impossible Without.....

Diane Love

Martin S Taylor

## BELOW

### The Belt

AN OFFICIAL COMMUNICATION has reached my desk from the joint pens of Messrs Goulder and Grimshaw. Addressed to the Union at large, but clearly aimed at me in particular, it concerns the furious arguments the two have been disputing in the Union Office lately.

'There has been some disagreement between us over the running of the Union. This has not affected the efficiency of the Union, and we feel it could only do so if the matter is blown out of all proportion. We feel that further undue controversy would be uncalled for.'

I suppose it's a typical exercise in Goulderian bombast, but I really fail to see that with the Union's two administrative sabbaticals not speaking to each other for the best part of a week and communicating only via written memos they can then tell me it has not affected the efficiency of the Union.

The situation is the more ludicrous in that Stephen quite deliberately provoked the row in the first place. When he appointed Jonathan Miller as acting President in his absence, it was as plain as the nose on his face (his own face, not Jonathan Miller's) that this was a calculated insult to Andy.

But it is the last sentence of the memo which is the most surprising, particularly since, as I have said before, Stephen is normally most careful in his choice of words.

'We feel that any further undue controversy would be uncalled for.' Leaving aside the obvious tautology (how can

anything undue ever be called for?) do Stephen and Andy by use of the word *further* imply that all the undue controversy so far has been perfectly reasonable?

'First get a good grip on the corners...

MANY PEOPLE have become concerned during the year at President Goulder's love of food and drink and hatred of exercise; one unkind soul who knows him quite well has been known to remark that his laziness is so great he can't even be bothered to wrestle with his own conscience.

Still, all this appears to be changing. More than once this

term the great man has been seen playing squash, and last week, in the FELIX Office, he shamed both Pinocchio and ICU Welfare Officer Jon Barnett who had been making futile attempts to tear a telephone directory in half by ripping it in two as easily as if it were Andy Grimshaw's throat. The pictorial evidence is before you.....

then a quick snap to break the spine...



a long steady pull across the width of the pages...

and voilà!



# Cocktail of Fantasy

The long-awaited *The Hunger* (directed by Tony Scott) has arrived in London at the same time as its star, David Bowie, starts his concert tour. Fans unable to afford or obtain a ticket to the concerts and tempted to see the film instead should consider whether they want to see their hero playing the cello (a tolerable mime) and aging to 300 in the space of a day or two.

The film begins with John (David Bowie) and Miriam (Catherine Deneuve) at a disco. They pick up a young couple and tempt them back to their home, only to murder them and drink their blood. Miriam is a vampire, capable of living forever (although not immortal) and possessed of a rather unfeminine degree of brute strength. She preys on humankind, not only for physical sustenance, but for love. She is apparently able to seduce man or woman with equal ease and doesn't seem to care which. She promises her loves eternal life and eternal youth. In that, she lies, for her mate will only stay young for 300 years and then a sudden and terrifying aging process takes place. This is the fate of John, Miriam's present lover. Miriam is touchingly portrayed as a sorrowful, human individual (apart from the grisly requirements of the vampire way of life!) genuinely in love with John and his predecessors and deeply distressed at their fate. She tries to enlist the help of Sarah (Susan Sarandon) a doctor researching premature aging. However, she is forced to lay John to rest and hopes to console herself with Sarah as her new mate.

The film is a potent cocktail of fantasy and nightmare, but suffers the fate of nightmares in that it becomes more and more unbelievable until sanity intervenes and the horrific climax of the film draws grim laughs rather than gasps.

Despite this, *The Hunger* is beautifully made. The gruesome vampire scenes portray a fight for survival rather than gratuitous violence. (But why couldn't they just go to a blood bank and make a withdrawal?) Miriam's modern-day vampire chateau in New York's clean, wholesome and beautiful, and yet lit to produce a feeling of antiquity and mystery. Touches of black humour are evident too—John (apparently aged forty) goes to see the doctor, Sarah, and she promises to be with him in fifteen minutes. However, taking him for a crank, she leaves him alone and two hours later he has aged to apparently ninety in her waiting room. Later, Sarah explains the gift of a golden *ankh* from Miriam, whom she hardly knows, by saying that she's European.

And so to the verdict. I enjoyed *The Hunger* immensely (but it is well known that I am fond of vampire stories). I think tales of vampires can never have a very credible plot and this one not only does well most of the time, but actually has some structure and the correct twist is achieved at the end, if by rather contrived means.

Watch out for Bauhaus singing 'Bela Lugosi is Dead' at the beginning—this group aren't exactly Bowie-clones but the connections are there. And finally, I think David Bowie must be the only actor to be carried out of lifts twice by a woman in separate films. (Remember *The Man Who Fell To Earth*?).

Diane Love

# Rampant Ramblings

Once upon a time, long before colour telly or Listermint, there was a little huddle of mud huts, deep in the heart of fashionable stone age Britain (just north of Chelsea).

And the leader of this village was a big butch lettuce farmer called Oglebong the poorly named. He was one of those men you saw throwing concrete pizzas about in the gymnasium and jogging round Hyde Park on two fingers, you know the type.

Oglebong used to protect the village from marauding tribes of insurance salesmen and religious minorities, so he was very popular with locals.

But one day an itinerant ethnic minority came tramping around the village trying to sell clothes pegs and effigies of Margaret Thatcher.

Oglebong was duly called to perform his highly diplomatic 'get thee behind me Satan' bit whereupon things started to hot up a bit.

The itinerant, realising the sales patter was falling short of adequate, switched to all out confrontation tactics and threatened to put a curse on the village. Oglebong's reply was

somewhat less verbose with the result that our salesmen ended up sampling the local mud patch orally, some way outside the village. Not wishing to appear foolish she immediately uttered the curse '...And during the summer months, gremlins shall rise from the earth and there shall be a great cacophony of sound that will ruin reception of Radio One and render all thought impossible.' And then she vanished in a cloud of pique.

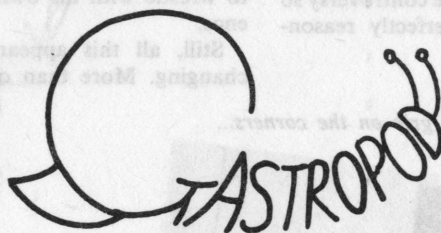
Sure enough, that summer, the gremlin rose from the ground and started putting together quite a passable cacophony, and try as he might Oglebong just could not communicate with these people.

Then time went past, and the mud huts changed to brick, and somebody invented Listermint and colour tellys and urban sprawl and the whole place just got swallowed up.

Then one day somebody decided to build a Hall of Residence, and it just so happened that this Hall of Residence was over the exact spot where the village was. And it just so happened as they dug the foundations down, all these gremlins who had been having a great party for some 2,000 years decided it was a good time to get back to work.

So every summer they dress up in funny blue boiler suits, get out their hammers and power drills and put together a reasonable cacophony. So if you ever wondered who to blame, blame Oglebong.

Rhyno



Malaysian Kitchen

234 Old Brompton Road, London SW5

Tel: 370 2421

Open: Mon-Thurs 6:00-11:30pm; Fri and Sat 6:00-12:00pm; Sun 12:00-2:30pm and 6:00-11:00pm.

What on earth did Shakespeare mean by 'Shall I compare thee to a summer's day?' Perhaps the object of his affections was a princess who was always about to reign, but what about the connotations of hornets, horseflies and hay fever not to mention heat rash and 'It's a Knockout'. Surely no harridan could merit such remorseless condemnation.

Now, if the Bard had penned 'Shall I compare thee to a deep fried wun tun' the resulting image would have been clear and unambiguous. A delectable morsel, light and exuberant in constant danger of being devoured by swooping gods.

The junction of Old Brompton Road and Earls Court Road is not the likeliest location for gastronomic revelations but once you have eaten at the Malaysian Kitchen you will wonder what you ever saw in a hamburger.

Eat here with others, not so much for the sake of human variety as for the variety of dishes that can then be ordered. Everyone has a bit of everything, one dish at a time.

Start with Satay (£2.05)—tiny delicate skewers of meat served with a peanut sauce dip—cubes of cucumber and onion are provided so that not a scrape of the delicious sauce need be wasted. Not as weighty as the name suggests the aforementioned Deep Fried Wun Tun (£1.95) is the other compulsive starter. The light crispy covering encloses a

ball of minced pork and prawns and comes with a dark piquant sauce.

Choosing the main course is agonising 'If only there were enough of us to order everything,' only the price (£4.15) wrenched the eye past Asam Udang—marinated fried prawns in tamarind sauce—and Sambal Sotong (£2.65)—squid in sambal sauce—was hard to resist.

If the decision making gets too difficult you can always opt for the 10 course meal (£9.50) which gives you the opportunity to sample ten different dishes.

Our choice of Nonya Curry Chicken (£2.85) and Tau U Bak—Pork in Soya sauce (£2.85)—was interesting in that it illustrated the similarity of Malaysian cuisine to Indian and Chinese food. Yet the curry was very different from anything you might find in an Indian restaurant and the pork was a far cry from the standard Chinese restaurant offering of unrecognisable lumps of protein swilling around in monosodium glutamate.

Egg fried rice (£1.00) and Oriental fried rice (£1.55) were also sampled although the only perceivable difference between the two was the 55p.

As a side dish we tried Ikan Bilis (£1.05) which consists of match stick sized fish fried in a slightly sweet coating.

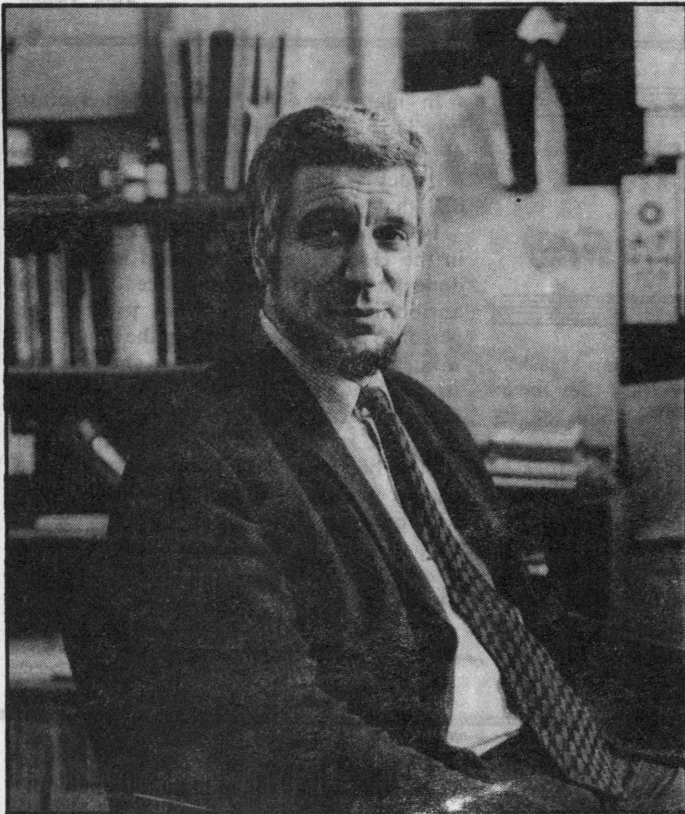
For puddings try the Ice Kachang (£1.25). Although ice with syrup, red beans, grass jelly, pineapple, corn, lychees and ice cream sounds marginally less alluring than a summer's day, it really is incredible. For the less adventurous the mixture of kiwi fruit and mango sorbet (£1.15) affords the only mango sorbet I have ever eaten which actually tastes like mangoes.

If you have ever chewed sugar cane, the sugar cane drink (50p) will bring back memories, otherwise it will probably remind you of water with sugar in it. However, the house wine at £2.95 for half a litre was reasonable and they do cocktails (two) at £2.45.

You can expect to pay between £7 and £10 a head for 3 courses without drinks and it's worth every penny.



# WELFARE SUPPLEMENT



For everyone who has survived this year at College, the Union and the Health Centre have got it together to give some tips on how to survive next year and the intervening holidays.

left—Dr Gillon, Health Service Director  
below—Jacqueline Faridian and Gay Challands



## Keeping healthy and dealing with minor illnesses

When Jon Barnett suggested that the Health Centre should contribute to the special welfare supplement of FELIX that he had negotiated with the Editor we leaped at the opportunity. The fact is that one's health—in the broad World Health Organisation sense of physical, mental and social well-being—is to a considerable extent under one's own control, at least in the affluent West. For example avoidance of excessive smoking, excessive alcohol, and excessive eating immediately reduces drastically one's chances of ill-health and premature death. There is some evidence that regular exercise, a balanced diet with a high proportion of vegetable fibre and a relatively low proportion of saturated (approximately equivalent to animal) fats, and an overall intake which keeps one at one's 'ideal' weight, will reduce one's chances of ill-health. Similarly, there is evidence that

development of a lifestyle which avoids regular stresses, and which copes with unavoidable stress so as to minimise its effects also promotes health and reduces ill-health.

Of course a lot of illness is beyond our control, but once again much of that can be dealt with perfectly well by the individual independently. The large majority of coughs, colds, sore throats and flu-like illnesses are caused by viruses for which by and large there are no medical treatments. Moreover the large majority get better on their own thanks to the remarkable powers of the human body to combat them. For these conditions rest and symptomatic treatment available at the chemist are all that is usually necessary. In the information that follows we have tried to help people sort out what they can reasonably expect to deal with themselves and when it would be more sensible to consult a doctor or nurse. None of this however is done in order to discourage people from consulting us at the Health Centre if they don't know what to do. Every member of Imperial College is welcome at the Health Centre. But we do know that many people prefer to deal with problems and potential problems on their own where they can and part of this supplement is designed to help them to do so.

The other part is designed to remind people of the facilities we do offer at the Health Centre and to encourage readers to use them if they need them.

Raanan Gillon



## Colds and Coughs

A cold is the most common infection that we see in the surgery. It can be caused by a wide range of viruses, and complete immunity is difficult to achieve, hence having several colds in the course of one year is not unusual. Again, because of the different viruses involved, symptoms will vary from person to person and from cold to cold. However all cold infections are self-limiting, the body's immune system clearing the virus from infected cells after a week or so. Being a viral infection, antibiotics are ineffective and therefore treatment is aimed at alleviating symptoms.

Generally, a cold starts with a vague feeling of being unwell, sometimes accompanied by aching muscles and a headache, or just a 'muzzy' head. It is usual to have a fever up to 39° at this stage. The sufferer then goes on to develop a runny nose, which after a couple of days becomes blocked with thicker white or yellow mucus.

A cough usually starts with irritation at the back of the throat, and as the sufferer's nose becomes more stuffy, the cough will become productive and 'chesty'. A sore throat is a fairly frequent accompaniment of a cold, or may arise on its own, but usually settles without treatment after a few days.

For the relief of aches and pains and to reduce temperature, aspirin or paracetamol tablets, taken in a dose of up to two every four hours, are usually effective. If a sore throat is prominent, gargling with two soluble aspirin, dissolved in warm water (or

orange juice to disguise the taste), will ease the inflammation and soreness.

With a runny nose, a supply of handkerchiefs is the first line of defence. If a stuffy nose is keeping you awake at night a steam inhalation will clear your nose for a short time and enable you to get off to sleep—fill a bowl with water just off the boil and lean over this, covering your head with a towel to trap the steam. Breathe the steam in and out through your nose for ten minutes. A teaspoonful of vapour rub, such as Vicks, will increase the inhalation's effectiveness.

Coughing is a protective mechanism, designed to prevent the windpipe becoming blocked with secretions, and therefore suppressing a chesty cough with cough medicines is not advisable. However, should a dry cough be very troublesome, such as

when it keeps you awake at night, or upsets your favourite lecturer, it may be helped by a steam inhalation, or cough medicine can be bought, without a prescription, at a chemist's.

A cold normally gets better within seven to ten days, although a runny nose often takes a bit longer to come back to normal. It is worth seeing the doctor if a fever persists longer than 48 hours, or if a sore throat lasts more than four days; some other infection may be the cause of your symptoms. If you start coughing up large quantities of green or yellow phlegm, or if your cough persists for more than one week after your other symptoms have cleared, these may be signs of bronchitis and seeing the doctor would, again, be worthwhile.

Alan Swann

## Rubella (German Measles)

Many of you will have had German Measles and some may even believe that they have had it several times. Others may have had it but so mildly that they were unaware of it. Rubella or German Measles is a viral disease which affects people of any age. One attack confers a high degree, if not total immunity against further attacks. The importance of the disease is its effect on the baby of a woman who develops it in the first fourteen weeks of pregnancy. The risk is high for such a baby to be born with congenital malformations of the heart, ears and eyes.

In many schools immunisation against rubella is offered to all girls around the age of thirteen. Such immunisation probably provides as high a degree of immunity as does having the actual disease.

Immunisation against rubella can be done in the Health Centre. A blood test can be done to test for the presence of rubella antibodies. If these are not present the person is at risk of developing the illness. All women who intend to have children are strongly advised to ensure that they are immune to rubella and, if they are not, to have the immunisation. Immunisation should be done when a woman stands no chance of becoming pregnant since a baby conceived within three months of its mother's immunisation is at a similar risk to a baby being born to a mother who develops the disease in early pregnancy.

*Why not attend the Health Centre now for advice on rubella immunisation?*

Tessa Addenbrooke

## Stomach Upsets

Most stomach upsets are short-lived complaints, settling within a few days with simple treatment, without recourse to medicines. Vomiting may be due to eating badly cooked or contaminated foods, to drinking too much alcohol, especially on an empty stomach, or as part of some other systemic illness.

Diarrhoea, which is usually accompanied by spasmodic painful stomach cramps, often temporarily relieved by going to the toilet, may occur on its own, or along with vomiting. It is most frequently due to viral infections, which may be contagious, or to eating contaminated food or water. Travellers' diarrhoea is often due to contamination of food and water by germs to which the traveller has no resistance

(unlike the locals who have developed immunity and are therefore unaffected).

Vomiting will usually settle if you stop eating and take small amount of fluid regularly every couple of hours. Once it has settled, you can start to take semi-solid foods: soup, bread, dry biscuits and cereals, gradually returning to a normal diet over one or two days.

If the vomiting should persist for over 24 hours, or be accompanied by continuous stomach pain it is worth seeing the doctor—either at the surgery or in your room, depending on how bad you feel. Taking aspirin or an aspirin-containing medicine for an upset stomach is not advisable—it will probably only upset your stomach more (and Alka-Seltzer contains aspirin!).

If you have diarrhoea, you should again stop eating, and drink plenty of clear fluids to replace the fluid that is being lost in the diarrhoea, and to make up for the large amounts of fluid that will be sloshing about in your intestines—half the misery of a bout of diarrhoea is due to dehydration. Water, fruit juices or soft drinks that have been allowed to go 'flat' are ideal—milk should be avoided as it occasionally exacerbates a

bout of diarrhoea.

If you wish, you can buy some kaolin mixture from the chemist—a tablespoon (15ml) of this every time you go to the toilet will help slow things up.

As the attack settles, you can start eating again, starting with the same sort of food as advised with vomiting and returning to a normal diet over one or two days.

Should the diarrhoea persist for more than two days, if you can see blood when you go to the toilet, or if the diarrhoea is accompanied by continuous pain rather than the more usual cramps, again it would be worth being seen by the doctor to ensure that nothing more serious is going on.

Stomach upsets can largely be avoided by being sensible with food. Meat and dairy products should not be left where flies can crawl on them—keep cool in a refrigerator if possible. Vegetables and fruit should be washed before eating—this is especially important when abroad. As we currently are all aware, if there is any doubt about the purity of your water supply, water should be boiled for ten minutes before use, and water purifying tablets—which can be bought cheaply at chemists—should be used.

Alan Swann



## In-patient Service

To digress from health education, advice, medical knowledge etc, here are a few words on a not so well known part of the College health service: the sick bay.

This is a small unit at the Health Centre. It is not particularly clinical in its setting and there is no Matron In Charge, but it is well equipped enough to house a few patients. Opened during termtime it is available to students—undergraduates and post-graduates.

### Eligibility

All students, covered or not covered by a health insurance scheme (though if you're not covered there will be a small charge).

### What you get

2 double room, 1 single room

2 toilet/bathroom

central heating

TV

3 cooked meals a day ('TV dinners' prepared specially, and I mean specially, by IC Kitchen)

No restriction on visitors (no overnight stay, sorry)

24hr room service, of a sort. Medical and nursing attention.

### Criteria for entry

You feel very ill and incapable of fending for yourself, and alas, there are no nearby parents to run home to, or a good pal in

your corridor to lean on.....

The doctor or nurse thinks you are ill and probably incapable of fending for yourself.

You require a degree of medical and nursing supervision and further investigation. Eg: 'a bad virus' or 'running a high temperature'.

You have something quite catching, such as chicken pox, and it is best for many that you are not too mobile and readily spreading your bugs!

In a nutshell, you, or at least your health, might be better off by being with us rather than by being wherever you would otherwise be.

Naturally, we hope you need never have to experience the sick bay, or come anywhere near it! Should you however (unfortunately) need to come and 'stay with us a while' here is an advance welcome.

Ms Sew Ee



## Contraception

It's impossible to discuss adequately here the various methods of contraception available but remember that they *are* available for those who want them, and that confidential advice can be sought at the Health Centre. A pregnancy at College would be disastrous for many, but is avoidable if precautions are taken.

One method that has recently become available is the 'morning after' pill—a 'rescue' method that can be used when you have failed to take precautions or when something has gone wrong with your chosen method of contraception—for example if a pill is missed or a sheath has split.

The morning after pill is fairly effective up to 72 hours after intercourse. If you think that you are at risk of pregnancy and you see us within 72 hours—and that's always possible—we have clinics where you can be seen without an appointment every day before 11:00am—a morning after pill has a reasonable chance of stopping you from becoming pregnant. Don't wait to see whether your period comes on or not—by then pregnancy may have started.

If you want to find out more about this or any other method feel free to come and see us before you start a sexual relationship rather than after.

Alan Swann

## Sprains, strains and RICE

Monday morning clinics at the Health Centre tend to be busy with sprains and strains from the weekend's sporting activities. The majority of injuries we see are relatively simple 'soft tissue' injuries—injuries to the muscles, tendons and ligaments around joints, rather than injuries to the bones and joints themselves. The majority of these injuries will get better given time, but early, simple treatment, which can be carried out without involving doctors or first aiders, will help minimise the injury, and help obtain recovery in the shortest possible time.

In soft tissue injuries some of the fibres of muscles or ligaments are torn, with resulting bleeding and swelling as fluid leaks from bruised blood vessels. Early treatment is aimed at preventing further damage, and minimising bleeding and swelling of the injured part, to reduce pain and speed up healing. The treatment can be conveniently remembered by the mnemonic RICE—Rest, Ice, Compression, Elevation.

Continuing to use an injured muscle or ligament will only increase the internal bruising and hence increase the damage to the tissues. *Resting* the injured part—not continuing to play on, or walk unnecessarily on a sprained ankle will minimise the effect of the sprain and maximise the rate of recovery. With a bad sprain, it may be worth resting it in bed for the first 24-48 hours.

Cooling the skin overlying the injured part will lessen the pain of the injury, and by reducing the circulation in the area, will reduce the leakage of fluid from damaged blood vessels, and hence lessen the degree of swelling that would otherwise occur. The best way of cooling the skin is with an ice pack—ice cubes in a plastic bag, or wrapped up in a towel or sock, being laid over the injured area for 10-15 minutes. If ice is not available, a towel soaked in cold water is nearly as effective. This treatment can be repeated every few hours in the first day.

*Compression* Wrapping a crepe bandage around the injury will help reduce swelling, and, by splinting the area will make it less painful and help prevent further damage. To be really effective, the bandaging should extend some way on either side of the injury, to splint the muscles acting on the injured area—an effective bandage for an injured ankle, for example, should run from the toes to just below the knee.

The bandage should be worn for some

time after the injury has occurred—until all the swelling has subsided. It may be taken off at night, but reapplied before getting out of bed in the morning—when the swelling is at its least.

The fourth part of the early treatment is *elevation*—with injuries of the lower leg much of the swelling can be reduced by keeping the injured part elevated—above the level of the waist if possible, to allow gravity to assist in dispersal of the blood and fluid that collects around the injury. When sitting down for any length of time, eg for a lecture, an injured ankle should always be propped up to prevent the accumulation of fluid around the injury.

By the third or fourth day after the injury, when most of the acute pain and swelling has subsided, the injured area should be exercised to prevent it stiffening up, and to rebuild its strength. The main aim is to put the injured part through its full range of movement, but not to induce pain—if an exercise hurts, you're doing too much too soon. Start off with passive exercises—where the movements are done without force or weightbearing, and gradually progress to exercises where the movements are done against resistance. With the average ankle injury it is usual to be able to start jogging after one week, providing you have carried out the initial RICE treatment.

Alan Swann



## STUDY AND EXAMINATION STRESS

### Learning strategies

Everyone who has had to work for exams knows about this. A surprising number however seem to know little about how to cut down the anxieties associated with learning and examinations. There are many useful books available including *Learn how to study* by Derek Rowntree (£1.25 in the College Bookshop). A list of several other titles appears at the end of this article. The Health Centre also has a leaflet with very brief notes about learning and examination strategies, which are summarised in what follows. The first thing to realise is that there is reasonable evidence from psychological experiments that one can only learn for about five hours in every 24 hours and that within that five hours learning is made most efficient if it is broken up into periods of 20 to 40 minutes with short rests in between. Thus it is much more efficient to plan one's work on the basis of five efficient hours a day than to do nothing for weeks and then to start to stare at books until the dawn chorus kidding oneself that one is learning. Moreover, a lot of students fail to realise that it is impossible to read all the books that every lecturer recommends—there simply isn't enough time. Thus, one of the vital preludes to efficient learning is efficient allocation of one's available time between the competing subjects. Another misconception is that a book on a reading list necessarily has to be read from cover to cover. Often it is far more efficient, from the point of view of learning, to 'plunder' the book in order to tackle a specific problem. Finally, so far as learning is concerned, short periods of 'memory-jogging', the day after one has learned something and then a week after, and then a month after, and then every three to six months, helps to embed information in one's long-term memory.

### Examination strategies

It is remarkable how many students coming up to finals haven't developed strategies for taking examinations. People have offered different approaches but the following is a fairly standard one.

Arrive a few minutes early. Coming in a few minutes late almost inevitably increases one's anxiety and decreases one's efficiency.

### Opening strategies

Spend up to 15 minutes for a three-hour exam preparing your answers by reading the questions carefully and choosing the ones you'll answer. Write yourself a timetable for each question and make quick notes about salient facts you want to use for each. As you remember more facts add them to your list. Re-read the examination instructions and the precise wording of the questions you intend to answer.

### Order of questions

Start with the 'gift' question—if it's there. It

encourages you and the answer will encourage the examiner to think 'ah—a good paper'. Follow with a favourite question that you hoped would appear and have prepared and can answer well (again, if it's there).

Finally, answer more difficult questions. Even if they appear difficult, you can usually get some marks simply by doing what you can. *You must always answer all the questions required.* The first 50% marks for any question is much easier to obtain than the next 50%.

### Planning

It sometimes helps to spend a minute or two on each question jotting down your plan for answering it. This will help you organise yourself and show the examiner that you have done so, even if you haven't finished the question. Cross out with one line the plan when you have finished the question to show that it is not part of your answer.

### Strategies if things go wrong

1. If you run out of time, use notes, explain that you ran out of time and that the notes indicate the points you would have gone on to discuss or the way you would have solved the problem.
2. Getting stuck. Allocate a short time to try and remember or puzzle out the answer. If at the end of that time you still are stuck go

onto the next question and alter your timetable so that you make sure you answer the necessary number of questions.

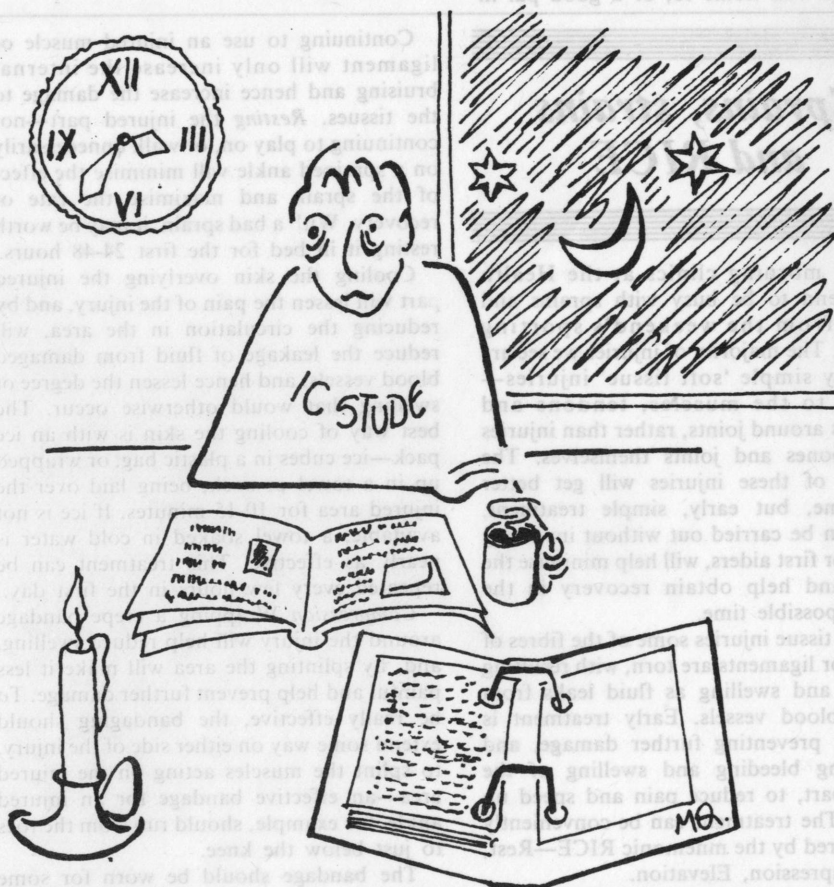
3. Panic/blackout/terror. The best thing for this is to anticipate it long before the exam and discuss it with people at the Health Centre who can help you to 'desensitise' yourself to this problem, which is usually of long-standing. If it does happen in the exam try and 'switch off'. Close your eyes and try to think of something pleasant and relaxing, and do nothing for five minutes. Then try and see how you would explain the problem in front of you to someone who knows very little about the subject—a school child for example. If that doesn't work, try the 'scribble strategy' in which you write out words related to the subject which sometimes lead to other words...and other words...and get your mind thinking again.

If none of this works tell the invigilator immediately. It is sometimes possible to be seen at the Health Centre and for the examination to continue there after appropriate treatment. However, more importantly, if you have had severe problems with examinations previously, come and discuss this at the Health Centre well beforehand. All the doctors are interested and a variety of ways of dealing with such problems are available.

Raanan Gillon

### A few other titles

- Open University—Preparing to Study* £2.50  
*The student's guide to efficient study* – D James' £2.65  
*How to study effectively* – Dr Chris Parsons £1.25  
*The student's guide to success* – W Fisher, Lassie £2.95





# Health and Travel Abroad

Whether you are going abroad for holiday or work, a brief conference or a more protracted posting, on an expedition of exploration or to visit family and friends, advice on health matters and specifically on protection against disease can be obtained from the Health Centre. Immunisation clinics are held on Monday, Wednesday and Fridays from 2:30 to 3:30pm, no appointment is needed, no charge is made and any member of Imperial College or the Royal College of Music may attend. At these clinics advice may be obtained not only about immunisation but also about any health questions related to your travel.

## General Advice

1. Plan well ahead. Some immunisation schedules require eight weeks to be effectively completed but if less time is available some protection can still be offered.

2. Find out about the health risks in the country/countries to which you are going. Friends or colleagues already there, embassies and travel agents as well as doctors and nurses in the Health Centre can help you.

3. Consult your doctor about any medical condition which requires continuous medication. Make sure that you have adequate supplies of medication for the journey and first few weeks at least abroad. Make sure also that there is a source of supply in the country to which you are going—a lost suitcase containing your insulin or oral contraceptives or any other regular form of medication is often more than a mere embarrassment.

4. Consult your doctor also about any medical symptoms you may have and allow enough time, if this is possible, to have any necessary examination and special investigations done. Glandular fever in a Land Rover is very uncomfortable!

5. Have a dental check-up before going abroad for more than a short time or if you have any doubts about your teeth.

6. If you are going to Bulgaria, Poland, Romania, Iceland, Hong Kong, and in some cases Austria, take your National Health Service card with you. You may require it to obtain treatment.

7. Take a simple first aid kit containing at least an anti-diarrhoea preparation, an antiseptic cream, dressings, a supply of aspirin or paracetamol, water-purifying tablets and insect repellants. Sun-screen preparations may be as necessary in Iceland as in India.

## Special disease protection (ie immunisation or vaccination)

Immunisation is possible against the following diseases: polio, typhoid, yellow fever, tuberculosis, tetanus, cholera, rabies, hepatitis.

Immunisation against all except yellow fever, rabies and tuberculosis can be done at the Health Centre. Notice is needed for injection of gamma globulin against hepatitis but otherwise all vaccines are held in stock. Yellow fever and rabies injections are available at the British Airways Immunisation Centre, 75 Regent Street, London W1, telephone 01-439 9584 from 8:30 to 16:30 on Mondays to Fridays. Charges are made by British Airways for all immunisations they give.



Some countries require evidence of immunisation against cholera and/or yellow fever. It is always wise to ask for a yellow fever certificate since the injection lasts for ten years and even if the certificate is not presently a legal requirement for the country to which you are going it may become so within the next ten years.

When attending the immunisation clinic remember to tell the nurse or doctor if you are unwell, if you have any allergies, regular medication or if you are pregnant.

## The Immunisations

1. Polio. An oral vaccine usually administered on a sugar lump. A primary course is offered to all babies in the UK and in many other countries. This consists of three doses at six-weekly intervals. Thereafter a booster dose at five yearly intervals is recommended for people of any age travelling to an endemic area. A full

primary course should be taken if you have not had one before.

2. Tetanus. This again is offered to all infants in the UK. It is given as an injection combined with diphtheria and often whooping cough (DPT or Triple Vaccine) and in this form has been offered since the late 1950s. A person who has had a primary course consisting of three injections at intervals of six to twelve weeks between the first two and six to twelve months between the second two needs a booster of one injection at ten-yearly intervals.

3. Typhoid. Immunisation is advised for those travelling overland or intending to spend considerable periods of time in areas where hygiene or sanitation standards are low. Two injections at a four to six week interval constitute a course. Thereafter a single booster at three-yearly intervals is recommended.

4. Cholera. This is now a widespread disease to which at least partial protection is given by immunisation. This consists of a single injection and the immunity given lasts for six months.

5. Yellow Fever. This occurs in Central Africa and South America. A single injection is given and it is often recommended that it be the first injection of a comprehensive immunisation schedule.

6. Rabies. Immunisation against this disease, which is contracted following a bite from an infected animal, is available as a course of two injections at an interval of four weeks. It is not usually recommended routinely for travellers going overseas except for those who, from the nature of their work, are at special risk of contracting the disease eg agricultural, veterinary and scientific staff.

7. Hepatitis A and gamma globulin. Hepatitis A is common in countries with poor sanitation and those intending to travel overland or to camp are advised to have gamma globulin. This provides some immunity for three to six months.

8. Tuberculosis. People who have not had a BCG injection (usually given in the UK at school at the age of 11 to 13) are advised to be skin-tested to ascertain whether they have immunity to tuberculosis. This test can be done at the Health Centre. If you are not immune a BCG vaccination can be arranged.

9. Malaria prevention. Malaria is endemic in many parts of the world as is shown on the accompanying map. One bite from an infected mosquito during a single overnight stop in a malarial area can lead to the disease. Prevention is partly achieved by taking anti-malarial drugs appropriate to the area. Advice about the drugs to be taken should be obtained from the Health Centre since the malaria parasite is becoming resistant in different areas to different drugs. The anti-malarial drug is taken regularly starting one week before departure, while in the malarial area and for six weeks after leaving the area. Many preparations need only be taken once a week.

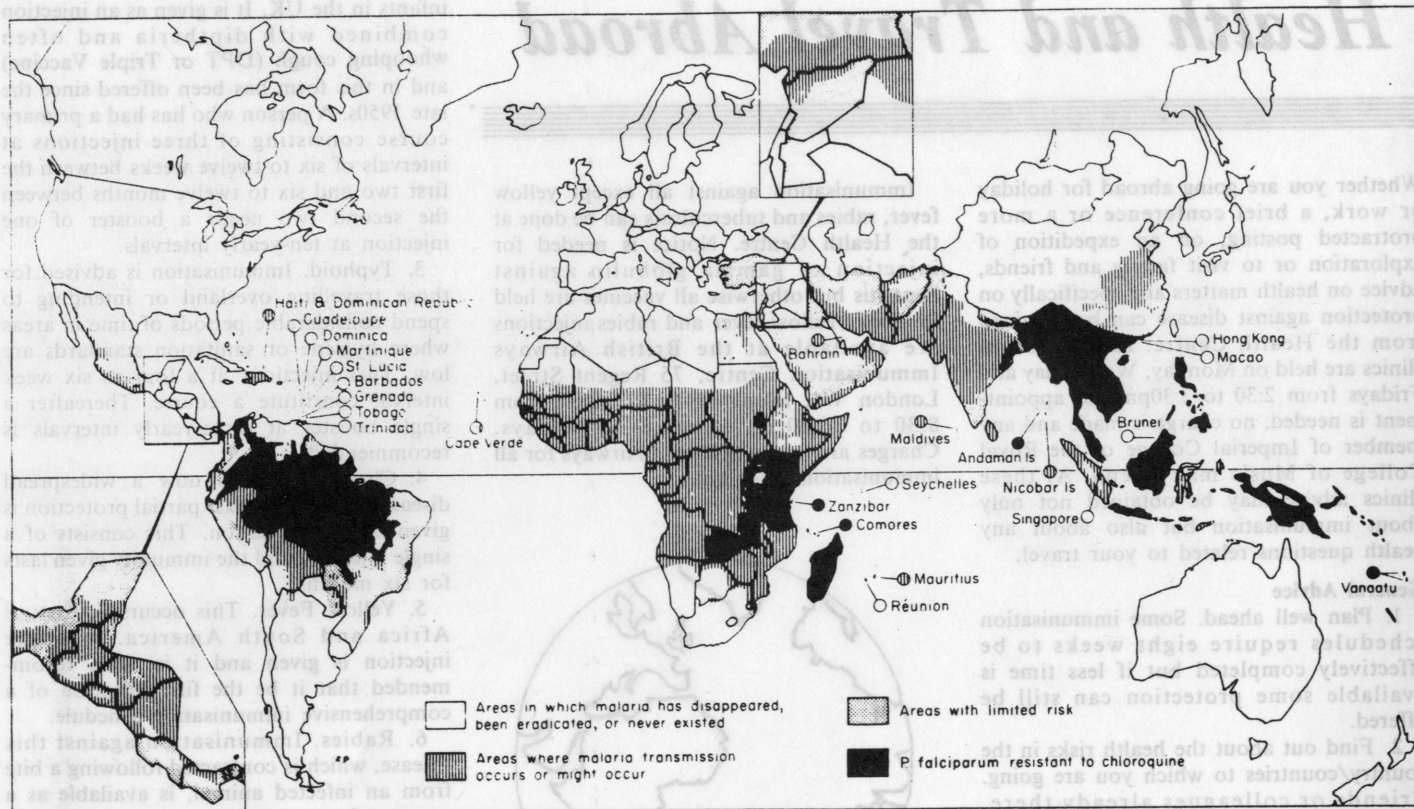
Other measures such as the use of a mosquito-net, wearing adequate clothing to cover arms, legs as well as trunk and the use of insect repellants should also be taken.

Tessa Addenbrooke



## AREAS WITH REPORTED RESISTANT MALARIA

Epidemiological assessment of status of malaria, June 1982



Areas from which chloroquine-resistant *P. falciparum* is reported:

**Central and South America-** Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Surinam, Venezuela, Bolivia (suspected). **Asia-** Bangladesh (north and east), Burma, China (Hainan Is and southern provinces), India (NE—Orissa State and Assam plus Uttar, Andhra & Madhya Pradesh), Indonesia (Kalimantan, Irian Jaya, Java, Sumatra), Kampuchea, Laos, Malaysia (Peninsular and Sabah & Sarawak), Nicobar & Andaman Is, Nepal (Makwanpur Dist), Philippines, Thailand, Vietnam.

**Oceania-** Papua New Guinea, Solomon Islands (West), Vanuatu. **Africa-** Kenya, Sudan, Tanzania, Uganda, Zambia, Comoro Is, Madagascar, Zanzibar.

**Areas from which Fansidar resistance is reported (suspected):** Brazil, Indonesia, Kenya, Papua New Guinea, Thailand.

**Areas from which Maloprim resistance is reported:** Kenya, Tanzania (especially Dar es Salaam).

PHLS Malaria Reference Laboratory, London School of Hygiene and Tropical Medicine

## Tips for health care while abroad

**Food and drink** Always boil tap water or use sterilising tablets. Never drink unpasteurised or unboiled milk. Peel or well wash in boiled or bottled water all uncooked fruit, vegetables and salad. Have very small helpings of food new to you. If necessary drink bottled water. These recommendations are made because diarrhoea is a common problem for the traveller and is due to physical or chemical properties in the food or due to infection. Immunisation against cholera and typhoid do not give complete immunity from these diseases.

**Skin care** Make sure that your feet are adequately cared for and that you have well-fitting

shoes. Blisters which may become infected severely limit your mobility.

Make sure you are adequately covered against bright sun and use a suntan lotion. Over-exposure can lead to quite profound illness at the beginning of a holiday.

### Personal hygiene

Always wash your hands before eating or handling food, particularly if you are camping.

### Heat Exhaustion

If you sweat a lot your body will lose both fluid and salt. This can lead you to feel unwell with headaches, dizziness and nausea. You should therefore drink plenty of fluid and take extra salt.

### Diarrhoea

If you develop diarrhoea do not eat solid food initially and take some anti-diarrhoea preparation. Make sure that your fluid intake is high. Remember you are losing fluids in sweat and in diarrhoea and must make up this loss as well as maintain your normal fluid intake. Ten or twelve pints in 24 hours is not excessive. The same advice is given for vomiting.

### On your return to the UK

1. Remember to continue taking your anti-malarial tablets.

2. If you become ill remember to tell your doctor that you have been abroad and which countries you have visited. Malaria, for example, may occur up to fifteen months after leaving a malaria area.

For further information contact a doctor or a nurse at the Health Centre or come in and collect leaflet SA35 entitled *Protect your health abroad* of which a large number of copies have been ordered.

Thanks are due to the Malaria Reference Library at the Institute of Hygiene and Tropical Medicine for permission to reproduce the map showing the incidence of malaria.

Tessa Addenbrooke



# WHAT'S YOUR POISON?

## Test Yourself

Although most people drink, few really think about their drinking. But drinking is a process which involves all sorts of choices. You chose what to drink, when to drink, with whom to drink and, of course, how much to drink.

The BBC programme *What's Your Poison?* and the BBC publication of the same name look more closely at all these choices. If you want to put your drinking onto a sensible and healthy footing, then you should watch the programmes and read the book.

This leaflet concentrates on your own drinking style.

## How much are you drinking?

The first thing you should do is to try to measure how much you drink. The best way to do this is to work out how much you actually drank last week. Begin with yesterday and work backwards one day at a time. Although the figures are approximate, you can use the basic scoring unit of one drink as follows:

1 glass of wine, sherry or aperitif	=1
1 single tot of spirits	=1
1 pint of beer or lager	=2
1 can of special strength lager	=3
1 regular bottle of wine	=7
1 litre bottle of wine	=10
1 bottle of sherry or port	=12
half bottle of spirits	=15

Work out the total for each day and then the total for the week. Try to be as accurate as possible.

Now look at the TOTAL column. If your daily rate was never more than 6 and your weekly total was under 30, then you score A.

If your daily rate was sometimes between 7 and 10 and your weekly total was under 50, then you score B.

If your daily rate was regularly between 11 and 15 or your weekly total was between 51 and 75, then you score C.

If your daily rate was ever more than 16 or your weekly total was more than 76, then you score D.

Before checking what these scores mean, you should answer the following quiz as well.

Put a tick against those questions to which you would answer 'yes'. You must answer 'yes' to at least one statement in each question. If none of the statements are exactly right for you, choose the one which is nearest to your position.

## What kind of drinker?

1. If I was advised to give up drinking for the sake of my health:

- (a) I could do so easily
- (b) I could do so but I'd miss it
- (c) I could do so but with difficulty

- (d) I could only do so if I had help
- (e) I don't think I could do it

2. This time last year my favourite drink was:

- (a) stronger than what I drink now
- (b) weaker than what I drink now
- (c) the same as what I drink now

3. When I am drinking with my friends I notice that:

- (a) they seem to drink about the same speed as I do
- (b) they drink faster than I do
- (c) some of them drink slower than I do
- (d) most of them drink slower than I do

If you answered 'yes' to (a) or (b) please answer the following:

- (e) I have changed my friends
- (f) I have kept my old friends

If you answered 'yes' to (e) then please answer the following:

- My new friends:
- (g) drink faster than my old friends
  - (h) drink slower than my old friends

4. Where I buy my drink:

- (a) I have a credit account
- (b) I do not have a credit account

If you answered 'yes' to (a) then please complete the following:

- The amount that I owe on my credit account is:
- (c) generally about what I'd expect
  - (c) sometimes rather more than I'd expected

5. I usually first think about drinking:

- (a) when I wake up
- (b) some time during the morning
- (c) at lunchtime
- (d) late in the afternoon
- (e) in the evening

If you answered 'yes' to (a), (b) or (c) then please answer the following:

- When I plan the rest of my day:
- (f) drinking is a high priority
  - (g) drinking is not particularly important to me

6. Before going to a social event:

- (a) I never have a drink
- (b) I seldom have a drink
- (c) I usually have a drink

7. When I decide whether to go to a social event:

- (a) It doesn't matter to me whether or not alcohol is going

	Beer	Wine	Fortified Wine	Spirits	TOTAL
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
WEEKLY TOTAL					



to be available there

(b) I prefer some drink to be available there

(c) I don't really enjoy it unless some drink is going to be available

(d) I will only attend if I know drink will be available there

8. After I have had a few drinks:

(a) I never pretend that I've had less to drink than I really have

(b) I occasionally do pretend that

(c) I often pretend that

(d) I sometimes declare one more drink than I've actually had

9. When it gets towards closing time:

(a) I find I've had enough to drink

(b) I tend to double my final order or buy some to take home with me

10. In the course of everyday conversation my friends:

(a) seldom talk about drinking

(b) quite often talk about drinking

If you answered 'yes' to (b) then please also answer the following:

I have noticed that my friends usually:

(c) joke about it

(d) offer some kind of advice to me

(e) talk about drinking much more than me

Add up your score as follows:

1. (a) = 1, (b) = 1, (c) = 2, (d) = 3, (e) = 4.

2. (a) = 1, (b) = 3, (c) = 2.

3. (a) = 1, (b) = 1, (c) = 2, (d) = 1, (e) = 1, (f) = 3, (g) = 1.

4. (a) = 2, (b) = 1, (c) = 1, (d) = 2.

5. (a) = 4, (b) = 3, (c) = 2, (d) = 1, (e) = 1, (f) = 3, (g) = 1.

6. (a) = 1, (b) = 2, (c) = 3.

7. (a) = 1, (b) = 2, (c) = 3, (d) = 4.

8. (a) = 1, (b) = 3, (c) = 4, (d) = 2.

9. (a) = 1, (b) = 3.

10. (a) = 1, (b) = 2, (c) = 3, (d) = 4, (e) = 1.

## The truth about drinking

If you scored 17 or under, that gives you A. If you scored 18 to 24 that counts as B. If you scored 25 to 30 that equals C. And if you scored over 31, that equals D.

You should now have two scores of A, B, C or D. They are both meant to help you understand what kind of drinker you are. Everybody who drinks can get into difficulties because of their drinking. In other words everybody is *vulnerable* to drinking problems. The first quiz helped you to measure your vulnerability in terms of the amount you are drinking. The second quiz helped you to measure your vulnerability in terms of the extent to which you are *dependent* on drink.

If you scored the *same* letter on both quizzes, then read the description of that letter printed below. If you scored two different letters, read both descriptions but pay particular attention to the higher scoring letter. Think about how you can modify either the quantity you drink or the way you drink it, in order to reduce the higher score.

## A-Non-dependent drinking

If you are included in this category, you have no reason for immediate concern about your drinking. Remember, however, that drinking behaviour is not a static phenomenon and that you cannot assume with certainty that you will always be included in this category.

## B-Mildly Vulnerable Drinking

This category comprises those people who may drink regularly but whose total consumption is not likely to be very high. Some people will be suffering harm themselves or causing difficulties for others from time to time. Individuals in this category may experience a need to drink, but this is likely to be something which happens only occasionally or which is not particularly strong.

You should maintain a careful watch on your drinking behaviour, since you have already entered the vulnerable area. Vulnerability occurs on a sliding scale and category B drinkers are, therefore, at the early points of that sliding scale. If you are included in this category, you should be particularly on guard for any changes in your drinking behaviour which would lead you further along the sliding scale of vulnerability. You should watch how much and how often you drink with particular care and also pay attention to the way in which other people view your drinking.

## C-More vulnerable drinking

In this category are those people who drink regularly and frequently. They are likely to be harming themselves or others and may not even realise they have problems caused by drinking. The need to drink may not be recognised because regular drinking prevents them from noticing it.

You should make a definite attempt to decrease both the amount and frequency of your drinking, since you have entered an area of significant danger. Do not deceive yourself. Everybody who is included in category C is running a very high risk of developing an accelerating number of drink problems.

## D-Dependent drinking

In this category are those people who cannot live easily without alcohol. If they stop drinking altogether or decrease their intake significantly, they are likely to suffer unpleasant physical and emotional symptoms. These can include trembling hands, agitation, sweating, confusion, moodiness, depression and hallucinations. This is altogether different from the more usual experience of a hangover, which relates to a single drinking episode. These individuals are certainly harming themselves physically, psychologically and socially and are likely to be causing suffering to other people. They will also be requiring increasing doses of alcohol to be certain of achieving the same effects as were previously attained by smaller amounts.

If you are included in this category, you should seek further help. Contact:

The National Council of Alcoholism

3 Grosvenor Crescent

London SW1X 7EL

Telephone: 01-235 4182

The Scottish Council of Alcoholism

47-49 York Place

Edinburgh EH1 3JD

Telephone: 031-556 0459

Alcoholics Anonymous (AA)

PO Box 451

11 Radcliffe Gardens

London SW10

Telephone: 01-352 9779

London Council on Alcoholism

146 Queen Victoria Street

London EC4V 4BX

Telephone: 01-236 9770

Remember, finally, that if you wish to look more carefully at your drinking and to learn how to make sensible healthy choices, you can do no better than to watch the BBC programmes and read the BBC publication *What's Your Poison?*





## Today

**1255h** Union Concert Hall  
**Islamic Society Friday prayers**

**1830h** Music Room, 53 Princes Gate  
**CU meeting.** All welcome, coffee at 1800h.

**2230h** Falmouth Kitchens  
**Soup Run**

**1200h** JCR  
**Liberal Club** Bookstall. Adrian Walker Smith is the SDP/ Liberal Alliance candidate for City of London and Westminster South (the area which includes the IC Halls of Residence) and will be at the Liberal Bookstall from 12pm till 2pm. If you have any questions on Alliance policies or would like to meet and chat with your local Alliance candidate, come along to the JCR.

## Sunday

**0915h** Sheffield Building. Look for sign on Consort Gallery door  
**WLC Prayer Meeting**

**0930h** Beit Arch  
**Cycle Ride**

**1000h** Consort Gallery  
**WLC Communion Service.** Coffee afterwards.

**1100h** More House  
**Catholic Mass**

**1300h** Union SCR  
**Wargames Club meeting**

**1800h** More House  
**Catholic Mass**

## Monday

**Lunch** JCR  
**IC CND Bookstall** Books, badges, raffle tickets, petitions.

**1230h** Rag Committee Office  
**Community Action Group meeting.**

**1930h** JCR  
**Dancing Club** Beginners' class  
Admission 50p

## Tuesday

**1230h** Southside Upper Lounge  
**Boardsailing Club meeting**

**1230h** Elec Eng 606  
**Pimlico Connection Soc**  
weekly lunch

**1245h** Southside Upper Lounge  
**Cycling Club lunchtime meet**

**1300h** TV Lounges  
**STOIC** interview with the producer of *Octopussy*. Repeated at 1800h.

**1730h** Volleyball Court  
**Volleyball Club Ladies' training evening**

**T1730**  
**1730h** Brown Committee Room  
**Amnesty International meeting**

**1830h** Union Gym  
**Judo Club practice.** Admission 25p.

**1930h** JCR  
**Intermediate Dancing Class**  
Admission 50p

**T2230h**  
**2230h** Falmouth Kitchens  
**Soup Run**

## Wednesday

**1300h** 341  
Huxley  
**Senior Christian Fellowship**  
The Gospel of John: Study 4.

**1345h** Beit Arch  
**Cycling Club** training ride

**Afternoon 401 RSM**  
**Microcomputer Club meeting**

## Thursday

**1300h** TV Lounges  
**STOIC Broadcast** 'Films of the Year' part 2. Repeated at 1800h.

**1700h** Far Away!  
**Nat Hist Soc** field trip to Downe Bank Nature Reserve. Dispel those election blues with an evening field trip to view rare orchids and butterflies. Contact Rich Archer (Life Sci 3) for transport details.

# SPORT

## Cricket



On a bright but breezy Wednesday afternoon and on winning the toss IC took to the field, allowing St Thomas' to bat first on a flat track, which had a hint of mischievous about it. With Haptinstall opening the bowling, the first ball bore a portentous omen, catching wicketkeeper Harlow with his pants down and going for four byes.

Some initially weak bowling by IC made it look like a possible 200+ for St Thomas'. However, IC fought back taking the last six wickets for only eight runs leaving St Thomas' with a score of 157 all out off a full 40 overs.

IC went into bat facing an assortment of ULU, United Hospitals and random bowlers. At first it appeared that they would coast to victory with Jarret (with a Walkman!?) and Kelly providing the thrust of the innings.

However, disaster struck. Kelly and Jarret both fell and the run rate dropped. The ULU was now steaming in from the Motorway and causing havoc.

The other opening bowler was brought back at the Cabbage Patch end and again caused havoc. After Tear ran Bell out the scene was very gloomy with 16 runs required off two overs.

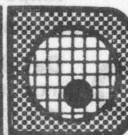
This became thirteen runs off the final over with Tear who'd by now had got his eye in, on strike (IC were also nine wickets down). The first ball went for an easy single as did the second ball (11 required off 4 balls). Tear then despatched the third ball for four—the tension was mounting. The next two balls both went for two leaving IC requiring three runs to win off the last ball. However IC could still win with the score tied having lost the least number of wickets. Tear composed himself, remaining cool, hit the last ball and set off likewise did Heptinstall. One run completed the fielder had the ball in his hand, he threw towards the bowlers stumps, would it hit? Would Heptinstall make it? No it didn't, yes he did and so IC won in a thrilling finish. (It was a good job Bell wasn't running those last two runs.)

Team: *Tear (Capt), Harlow,*

*Helsby, Kelly, Jarrett, Fasey, Bussey, Bell, Acford, Garrod, Heptinstall.*

Scores: St Thomas 157 all out; IC 157 for nine.

## Squash



Elections are on June 14, 1:00pm, above Harry's (Southside Bar). Candidates: Nick Maxwell or Rupert Wilkinson and Hugo Douglas-Dufresne, Joanna Billing or Jane Glascoine and Boi Lansam. If you can't attend please put 'postal vote' on the noticeboard and sign it.

## Judo



Whilst the Judo Club has not been over active as far as gradings and competitions are concerned, we have had genuine elections for next year's exec. Andrew Binding was elected Captain, Caroline Scott, Treasurer, and Graham West, Hon Sec.

Our constitution allows us to elect two more representatives and for the first time in recent

years we have done. Kathryn Markham was elected publicity officer and in accordance with ACC's wishes, and to prove that we are a non-sexist club, Tim Stockings is next year's ladies captain.

That's all for now, next practice June 21, see you then, love Gabby.

## Boat



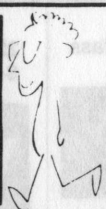
*Putney Town Regatta* on May 14 was a very successful day for the majority of the club with wins in Ladies' Senior C, Men's Senior B VIII, and even the men's novice IV, with over 20 years of rowing experience between them, rowed well to win both of their heats and the final and become Senior C. Everyone now has a tankard on their mantlepiece to polish!

A win for the ladies on Saturday May 28 at *Chiswick Regatta* was their third at Senior C status and means the crew is now upgraded to Senior B. Both of the heats were won convincingly, with the crew pulling well together to draw away from the opposition by the halfway mark. Thanks to Srimath for steering us to victory!



## WALKABOUT- LOOKSEE

by Mobile Optics Inc.



### Botanist or artist?

An Englishman's passion for his rose garden is reflected in his choice of rose-patterned Sanderson chintz for his curtains and framed reproductions of Redouté's roses for his bedroom walls.

There is something quite classless and universally appealing about a beautiful flower. Similarly, a botanical drawing is enjoyed by a very wide public, attracted by the beauty of the flower or by the naturalistic, sometimes almost photographic way in which it is represented. The botanist makes rather different demands of a botanical drawing: he requires it accurately to illustrate the essential characteristics of a plant, the features of the flower, fruit, etc, which distinguish it from other closely related species, allowing a



specimen from the field to be identified unambiguously. If the drawing is sufficiently clear and detailed, it will replace many lines of written description. Pierre Jean François Turpin, a self-taught draughtsman and follower of Redouté, gave an insight into the value of botanical illustrations in his 'Essai d'une iconographie élémentaire et philosophique des Végétaux' (1820) when he said: 'The writer's pen and the artist's brush are the two essential tools available to describe anything. The botanist who uses only the former will miss the more expressive of the two'. And yet, to do its job, the illustration itself need not be beautiful. The mark of a botanical artist, as opposed to an observant botanist, is the fusion of science and art in a botanical drawing which becomes Art with a capital 'A'.

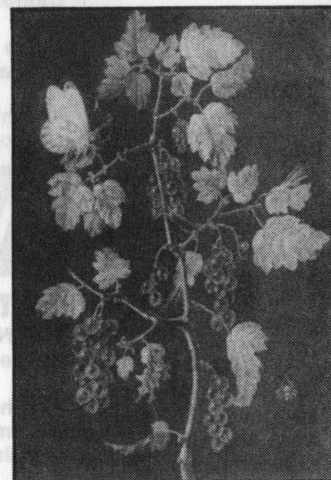
### The discovery of nature

Currently on show at Eyre and Hobhouse is an exhibition of botanical drawings from Europe and Asia. Its theme is the development of the artist as natural historian. There are 17th Century Dutch watercolours, commissioned by nurserymen who wanted to advertise their tulips and carnations; exquisitely detailed

drawings by Georg Dionysius Ehret, friend of Linnaeus whose 'Linnaean' system of classification and nomenclature was first published in 1735; almost edible apples, painted by Thomas Hardcastle in the mid 19th Century.

Also on show are paintings, with a distinctly oriental flavour, by Cantonese artists patronised and instructed by European botanists. Sir James Brabazon Urmston, President of the East India Company in China, commissioned ten watercolours as a present for his daughter in 1811. They include a mouthwatering, rosy-pink watermelon and a bunch of Manila hemp 'bananas' (*Musa textilis*).

This is a super exhibition and I recommend it without reservation, to botanists and engineers alike!



### Where? When? £?

The Discovery of Nature: Botanical Drawings from Europe and Asia 1650-1850, is at Eyre and Hobhouse, 39 Duke St, St James', until June 17. The exhibition is open Mon to Fri 10:00am-6:00pm, Sat 10:00am-1:00pm and it's free.

## PINOCCHIO

### Election Special!

This week, I have a transcript of a show that may never be seen. It consists of an interview between ace interviewer and friend of Bow-Tie, Sir Robin D Rich, and the leaders of the three main parties: for the Conservatories Margaret 'Maggie' Zeen; for the Belaboured 'Sir' Antony Chippendale Benn, and for the Antisocial Democrats, David Steel-Goolies (no relation). The show was cut because, assuming everybody was telling the truth, someone let slip who was going to win the next election. Who is going to win?

**Sir Robin D Rich:** Tony—your comments on how the press has handled this election, please.

**Sir Antony Benn:** Well, Robin, I read in the paper this morning, and I'm not going to comment on its veracity, that if both Belaboured win and unemployment comes down then the Conservatories will come second and ice creams will cost less. Well, if this is true, and I'm not saying that it is, then if it is true that a General Strike will occur if and only if there is mass privatisation then both industry will collapse and lollipops will cost more.

**Sir Robin:** David—anything to reply to that?

**David Steel-Goolies:** I read the papers this morning, and again, I don't want to say how true it is, but one of the main newspapers said that if it is true that if Belaboured come to power then it will be with a small majority then both industry will collapse and lollipops will cost more. What I would like to say is this; if that is true, then since a large majority in the house will mean a decrease in the price of ice creams, then the Antisocial Democrats will win if and only if the retail price index goes down.

**Sir Robin:** Margaret?

**Maggie Zeen:** The retail price index, Robin, will go down whether or not the Antisocial Democrats win.

**Sir Robin:** Thank you all very much for that most enlightening interview.

Solutions, comments, criticisms, votes to me in the FELIX Office by 1:00pm Wednesday please. £5 from Mend-a-Bike for a randomly selected correct entry. Absolutely no correspondence will be entered into!

I hope somebody takes the time to sort out this puzzle, as it's not in fact very difficult once you've got it down to the basics. Sorting it out in logical symbols will make it simple. To clear up any misunderstanding, when I say 'if A then B' or 'A means B' or whatever, then this is false only if A is true and B is false. When I say 'A if and only if B', then, if this is true, either both A and B are true, or both A and B are false. Good luck!

### Last Week's Solution The Art of Subtle Reproduction

No one gave me a correct solution this week, so I'm running the puzzle again. The solution shown below was one of the most common given in, but it is not the best. This gives the greatest distance as 7.07 units, but this makes the centre Gestetner superfluous. Nick Pyne has beaten this, but again is suffering from one misconception—there needn't be a Gestetner in the centre of the square.....

Try again, folks!

