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Letters for Grades . . . AARRGHH!

by Steve Boyko

Have you ever wondered what those letters on your transcript really mean? Sure, an 'A' is a great mark, and a 'C' is not too good, and 'F' is something to be unhappy about, but what do they really mean? What are they, really?

I find a great deal wrong with the grading system. For one thing, it teems with imprecision; my semi-precise mind cringes every time I see those letters on my transcript -- they're so vague!

I'm not really sure why we are given letters instead of good, solid, precise numbers. I have, however, thought of a few reasons.

Have you ever taken a really difficult course? Have you thought 'My God, I'm going to flunk this!' and, upon scanning your transcript reluctantly looking for that nasty F, discovered a C or even a B instead? How could this every happen?

the end of the term, looks at how many people failed, and 'boosts' them a bit (or perhaps drops a few!). Sure, why not? There's no hard and fast rule for what they actually mean; the prof can say whether 65% is a C or a B with no questions asked. This, I believe, is a bad way to compensate for bad teaching. Why not (Heaven forbid) try to teach it better?

Some profs will tell you, at the beginning of the year, what their marking scheme is. This is very good; when you get your final mark, you can look it up and say, 'Aha! That B+ is actually 80%!' and be enlightened. However, most profs tend to leave you in the

I suppose the administration precise; who would want a mark of 73% anyways? A 'C' would be willing to accept fun- ed.

The professor sits down at ny decimals like that. Besides, numbers are easier on the poor overworked computer.

> What happens when you happen to get, say, a C, but do better than the minimum? Let's say a C is 65-75%. What happens when you get 73%? Does the prof round it up? I don't think so. You will most likely lose that 8%. You might not think this significant, but if you were to take six threecredit hour courses, and get a high B in each (say 3.2), you are credited with a total of 54 points (resulting in a 3.0 GPA, of course). With the 'extra' 0.2 for reach course counted, you get 57.6 grade points, for a GPA of 3.2. It's still a B, but in the long run it could easily make a difference.

I believe that this rather ilbelieves that percentages logical method of grading (for would be messy and too who would use letters to count with? Really!) is antiquated and useless, and should be definitely looks better. And a replaced by a percentage-GPA of 3.2 looks much better based system. Only then can than a mark of, say, 82.17%. I we know what we really earn-

Dr. Wilke reviewed

by Manuel Skoulas

I don't think last week's news article "Pro-life advocate well received at UNB" gave a complete and totally accurate review of Dr. Wilke's two presentations. I wish more people showed up to the presentation; here it is in a nutshell for all of you that missed it (this is in no particular order):

Dr. Wilke gave scientific data about the fetus inside the womb:-18 days after conception, there is a distinct fetal heartbeat (about 120 beats per minute).-40 days after conception, barely old enough to perform an abortion on, the fetus has brain waves. Dr. Wilke argues that since the cessation of brain wabes is marked as the legal time of end of life of a person, the beginning of brain waves should be seen as the bare minimum legal time of beginning of life.-By the 6th week, the rib structure is clearly distinguishable, as are the fingers and toes. The fetus will grasp objects with its hands.-By the 10th week, footprints can be taken of the feet so tiny they could stand on the eraser on the tip of a pencil.-4 babies born after just over 20 weeks in the womb have survived. The normal pregnancy period is about 40 weeks. Also, 4 babies born weighing less than a pound have survived.

Dr. Wilke gave some details about how an abortion is performed: -One of the most common ways is to use sharp in-

womb to smash or rip the fetus to pieces. Another way is to use a strong suction vacuum that literally pulls limbs off the fetus, then if the rest of it is too big to be sucked into the machine, it is pulled out with other instruments.

Another way is to give a woman any of a number of pills that kill the fetus and induce premature labor resulting in a miscarrage. One of these pills uses a high salt solution to burn through the thin skin of the fetus, causing it to bleed to death in most cases. The company that makes this pill lists one of the complications as: a live birth. In one case when such a pill was given, and the baby came out quite alive and with a good chance of surviving it given treatment for the salt burn, the doctor threw the living fetus in the garbage and left it to die. This was photographed, and this picture, "Human Garbage" won an award, I can't recall for what.

Dr. Wilke argues that abortion clinics can't call themselves "pro-choice" because they don't give the woman all the facts. Women are seldomn told about the procedure, the risks involved, and the fact that the fetus has a heartbeak. Few if any abortion clinics have a fetal heartbeat detector, and no woman is given a chance to hear the heartbeat; they are never told that there is one. This would discourage many women from

struments inserted into the having an abortion. Also, if a woman has ever seen the fetus she is carrying by an ultrasound image, she would see that is moves around and is quite alive, but again this opportunity is never made to her by any abortion clinic.

Now for some of the risks involved: -During the last two months of a 9 month pregnancy, the woman's body naturally prepares for delivery. The pelvic bones soften, and the birth canal muscles stretch in preparation for delivery. During an abortion, since none of this has happened yet, the muscles are forcibly stretched, sometimes ripping the, and the pelvic bones are forcibly widened, sometimes damaging them.

The result: sometimes permanent damage. Women who have had an abortion have miscarrages 3 times more often than those who didn't, and a lot of women end up sterile because of damage done during an abortion.

This is also because the sharp instruments used to cut the fetus up scratch or punc-ture the wall of the womb.

Women also run a higher risk of complications during pregnancy and delivery. And most abortion clinics do not have any equipment to deal with an emergency should complications arise during an abortion.

Dr. Wilke said that Morgentaler refuses to debate a promi-

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