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Boston University



THE ARENA

STUDENT AMERICAN MEDICAL ASSOCIATION BOSTON UNIVERSITY SCHOOL OF MEDICINE

MARCH 1969

Leaves for Utah Med

Dean Bids Farewell to BUSM

The sad news that Dean Ebaugh was leaving BUSM to accept the post of dean of the University of Utah Medical School took most of the students here by surprise. Shock, bitterness, and a deep sense of loss prevailed among the entire student body and everywhere people asked why. With the feeling of loyalty, devotion, and responsibility that has characterized this man, Dean Ebaugh agreed to an interview for the Arena to explain his action.

UNIQUE OPPORTUNITY

At the University of Utah, as dean, he will have the hospital administrator of the university-owned hospital report directly to him. In his own words:

"This is in many ways a unique sort of opportunity to weld into one the hospital and the medical school activities, since in my opinion, it's a fiction to try to separate the activities of the medical school from the teaching hospital either educationally or research-wise or in the general problem of health care delivery."

Quoting from material gathered from 7 medical centers, Dean Ebaugh indicated that of the total budget of the center, a relatively small amount goes to total medical education, about one-quarter.

"What this means to me, therefore, is that if one is strictly just the dean of the medical school, as is the case in this school, as in many other centers, he really is in charge of a very small piece of the action, so to speak, if you are looking at it in terms of dollars and cents which one can't do completely; but, on the other hand, one can't deny the obvious truth that money does determine what progress one does, because programs are not supported out of blue skies or woven cloth in the dean's office. They're supported by money."

CHANGES IN HEALTH DELIVERY

The Dean believes that in the next few years the focus of attention will be on scrutiny of the health care delivery systems—which are the best to meet the needs of today's demands. The decision, he believes, can't be made by the medical school alone or the hospital alone, but rather by an intact unit working together towards these common goals. He has perceived an increasing disenchantment by large segments of the public with the present health care system. Many important people in government, industry, and elsewhere are seriously considering whether or not the physician can or should lead the health team.

"I am firmly convinced that he can and should and in these next ten years I would like to be involved in at least having a chance to really prove that he can be the leader of the health team. If we don't do this, then we are going to see the decisions that will influence all of our careers and the nation's health made by those, who in my opinion, are not in the position to make as wise decisions as the doctors themselves, but, never-



theless, this will come to pass unless some real serious thought and effort is given to this whole problem."

SHO ATTITUDE DISTURBING

To achieve this would require a scientific, open-minded, research-like approach to the problem of which of the many systems would be the most efficient and economical. Our Dean foresees experimental pilot demonstrations testing the various proposals. He is disturbed when he sees an unsubstantiated, out-of-hand dismissal of a particular system without proper investigation, such as the adamant SHO attitude on solo practice and the fee system. Systems must be carefully studied in relation to efficiency and cost.

"This, of course, would require the whole hearted cooperation and involvement of the entire institution, because if you're going to have any type of delivery this must involve the clinical chiefs of the hospital or it will be low quality delivery and you won't get the good people involved in it."

This requires not only the clinical departments, but planning by a separate department, such as our new Community Medicine department to be chaired by Dr. David French, and evaluation by specialists. Med students must too be involved.

OPPORTUNITY IN UTAH

"I see this opportunity in Utah. It's a small state with a million population-wise; it's a large geographic area. There's one medical school. There's an admini-

strative structure that makes it possible to operate the medical center as a unit and not as fragmented parts of a whole." At Utah, he reported that this is coupled with a sound academic base.

CONSUMER SLIGHTED

He felt that perhaps the consumer was most slighted in the type of care he wanted. Too often, Dean Ebaugh sadly admitted the barriers between the consumer and the medical profession were too high.

The problem most stressed was the seemingly insurmountable discontinuity and poor organization of the University.

"B.U.'s problems lie in its administrative structure, and what is the best structure for a medical center, and what is the best way to relate a medical center to the enormous strengths we have at the University: the School of Nursing, the Sargent Allied School of Health, the School of Education, Law, Social Work and all the other units we have that, if we could weld together, effectively, would have the strongest health potentials, certainly of any university in the northeast that I know of."

BANDLER, WILKINS, EGDAHL KEY

The problems to overcome, Dean Ebaugh suggested, would be primarily to find a first rate successor as dean; and secondly, to use his resignation to have the trustees and senior faculty to critically evaluate the best

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Regional Convention Sets Pace for National

The Region II SAMA Convention convened at noon on March 15 with a welcoming speech by Dean Franklin G. Ebaugh to the assembled delegates of New England, New York and New Jersey.

The dean spoke of curriculum changes, minority admissions programs and community problems. He announced that seven black students from the South who toured BUSM earlier this year had been awarded admission, but financing these students and the other medical students who required aid still remains the major obstacle to be met. The dean pointed out that one of the pressing problems facing SAMA was the need to involve more students in the activities he mentioned.

Twenty-four resolutions had been submitted for consideration as of the regional convention. The delegates acted favorably on a resolution presented by Steve Smith calling for the expansion of the Public Health Service Commissioned Officer Program. The resolution would have the PHS open its ranks to all medical and paramedical volunteers and place them in clinics in health-deprived areas of the U.S. utilizing community participation and planning in those areas. It also provides for financial support of those medical and paramedical students while in school in return for services following graduation. The resolution was unanimously accepted. Other resolutions of the same nature, but calling for mandatory social service by all medical students (submitted by Region VI) and the establishment of a separate National Health Corps (MCHR-SHO) were unanimously defeated in favor of the Smith Resolution.

Other favorable regional action was support of the granting of the MD degree after the third year upon passing Part II of the National Board Exams, rescinding of all abortion laws, and designing plans to be submitted by 1970 to increase minority group representation in medical school.

The region reacted unfavorably on resolutions calling for support of the fee for service system and the prepaid group system, and called for, instead, that a committee be established to investigate all types of delivery systems. It also rejected a resolution that would call upon pharmaceutical companies to cease giving gifts to medical students. It also disapproved of a resolution calling for an end to much pharmaceutical advertising in journals and other promotional procedures.

Copies of the above resolutions and others are available to interested students in the SAMA Office.

That night after dinner at the Harvard Club the delegates heard an entertaining and informative

lecture on the "Pill" by Dr. David Charles. Later in the evening the delegates were guests of Minnesota Mutual at a cocktail party at the Sheraton.

The delegates were up early and out of their suites at the MediCenter on Sunday morning to enjoy a hardy brunch and hear a talk from the president-elect of the Massachusetts Medical Society, Dr. Jacob Fine who was introduced by Ray Anthracite.

Dr. Fine spoke of the need for open communication between SAMA and the Society and the necessity for moving ahead in a rational manner to solve today's problems. In the discussion period that followed suggestions for alleviating the problems of house officers were brought up by Regional Vice-President Yoffa. House officers, he pointed out were not allowed membership in the state societies yet wanted representation somehow in order to better meet their needs and problems. Dr. Fine expressed the society's concern and stated that action was indeed being taken to provide them immediately with avenues of communication and work on some sort of future affiliate membership.

The new state medical school and Harvard experiment with a pre-paid closed panel health insurance plan were also discussed. The general feeling after the discussion was that it had been a very productive session and closer cooperation between SAMA and the society was in the offing in order to better meet mutual problems and attain desired goals.

Black admissions was discussed by Sam Shaumba (BUSM III) who stressed the need for better communication between black and white and a reevaluation of our admission policies so as not to be discriminating against one type of social group.

The role of community medicine at BUSM and throughout the country was discussed by the new chairman of the Department of Community Medicine at BUSM, Dr. David French. He pointed out that not one single senior in all of the graduating class at BU, Tufts, or Harvard had expressed the desire to go into general practice. He hopes to change the trend by presenting exciting and imaginative curriculum changes here at BUSM.

A final dinner at the George Sherman Union followed by a lecture on medico-social consciousness by Dr. Jerome Letvin ended a most successful convention. Final action on resolutions will be taken at the National Convention in Chicago, April 1-4.

Demand for Change

A commonly employed adage around Back Bay is that the first two letters of BUREAUCRACY are B.U. One puts up with having to walk the route from Bursar to Registrar to Recorder back to Bursar to no avail due to gross inefficiency, but when archaic administrative structure forces the resignation of a dean, the likes of which are too few at Boston University, then it becomes necessary to condemn the structure and demand change.

At the same time we must re-evaluate our values and priorities. The importance of the clinical and research departments and the value of such men as Drs. Bandler, Wilkins, and Egdahl are invaluable, but not to the detriment of education which is the primary goal.

Up to date, the educational aspect of the medical center has been relegated to a subordinate position and the powers that be have unyieldingly consolidated their authority to the exclusion of those who represent us, the students.

The time has come to change. The indications are everywhere. The most pressing problems of health and medicine today must be handled in the streets of the ghetto, in the offices of clinics, in the hearts of people. These needs, evaluation of them, and the eventual solving of the problems must come from the medical center with all departments working together on an equal basis.

This means that some important and vital personnel surrender some of their autocracy in their individual fields so that the whole might be unified. It means that the next dean be given trustee-ship position in the medical center and a position on the hospital board. It means a revamping of the present administrative set-up into one that is more capable of consolidating and effectively utilizing the great potentials of the University.

The problems are present and must be met if the successes our Dean achieved with such devotion over the years are not to be in vain.

STEVEN SMITH

Student Health

The Fourth National Student Health Organizations Convention was, if nothing else, a learning experience. Arriving Thursday evening in Philadelphia as the SAMA vanguard, I understood our purpose was to listen, learn, and most of all, see if we could come out of the convention with at least an *entendre* between SHO and SAMA.

After witnessing the SHO Convention, one appreciates the relevance of Ambrose Bierce's definition of "zeal" as: "A nervous disorder afflicting the young and inexperienced." I can easily understand how, after witnessing the appalling conditions running rampant in our ghettos, the inequalities and injustices permeating our entire society, and the miseries that clutch at the world's throat, one could become disenchanted and disgusted with today's social order, fully realizing that it has a way of sucking us all into it, reluctantly accepting the status quo. There are very few of us (it is shameful to have to admit that there are some) who do not want to see these conditions changed; but, unfortunately, as is too often the case, zealots tend to oversimplify a situation, generalize, and become lost in an iconoclastic mentality—wanting to destroy everything and substitute nothing in its place. So it was with the SHO Convention in general. How noble were its goals and purposes! To better the health care delivery system and implant the slogan of our times—that health care is a right, not a privilege. But is total revolution, bloodshed, and the destruction of the capitalistic system the manner this is best accomplished? Revolutions almost invariably bring more misery, more injustice, and more inequities than existed before, and only becomes useful when tempered by the Thermidore forces of moderation and rationality.

For instance, demands have been placed upon the six Philadelphia medical schools to accept a 33 1/3% quota of black students this year. Both Temple University and Penn have agreed to accept at least ten apiece. Though it seems absurd to talk in such arbitrary terms as 33 1/3% or 10, let the issue of quotas ride for the moment. It would seem as if this concession by the schools was at least an indication of a willingness to negotiate rationally; however, Friday night, a prominent SHO leader, William Bronston denounced any moderate measures as being likened to B'nai B'rith,

stated that SHO "was not a liberal organization," that they "must take to the streets and march on Temple" and bust heads and have their heads busted if need be until all the demands were met. Though the by-word of SHO is community participation, the wishes of the Philadelphia black community were not considered at that point, although this was clearly brought out at the mass meeting. The appeal to emotionalism, the merging of individual feelings into a mass momentum, and the resulting catharsis has its psychological benefits for the individual, but the rejection of rationality brings fearful recollections of Munich, 1934.

Likewise, in a small discussion group, I discussed the reasons for SHO abandoning the Summer Health Projects with Marsha Steinberg, Bob Buchin, and Barbara Britt, three very influential SHO national leaders. The consensus was to stop any functions like the Summer Projects and turn inward toward more political activism at an individual level. I appealed for a continuation of these useful functions, such as trying to improve the community hospital, but was rebuked for my liberal ideas. Liberals, according to these SHO leaders, were only doing harm by trying to improve bad conditions, thus delaying The Revolution. The correct method, the radical method, is to let these institutions disintegrate, cause greater misery among the masses and thus ferment The Revolution.

I cannot bring myself to allow further suffering on the part of the innocent masses simply for unrealistic delusions of an imminent Revolution. I do not discount the use of revolution, but maintain that because of the suffering it causes, that it be a last resort. First we must play the Establishment for all that it's worth. It is not a hopeless task either; the accomplishment of just the last eight years prove that a determined effort to change this existing establishment from within can eventually achieve our goals with far less suffering, misery, and hardship. The "oppressive capitalistic system" they speak so glibly of is that of 1840, not today. The type of fee system that they purport makes health a privilege rather than a right is all but nonexistent with Blue Cross, Medicare, Medicaid, and Social Security. Community Health Clinics are beginning all over the country. Yes, this is only a start, and a small one at that; there remains much more to be done, but it can

STUDENT AMERICAN MEDICAL ASSOCIATION

BOSTON UNIVERSITY CHAPTER

OFFICERS

President Robert S. Galen
 Vice-President Raymond Anthracite
 Secretary-Treasurer James Robotham
 Frosh Representative Stephen R. Smith
 Senior Advisor David Gold

All articles or letters for the ARENA should be signed and sent to the SAMA Mailbox #371.

Letters in the Mail

Stephen Smith, Editor
 Arena, SAMA

Dear Mr. Smith,

In response to your request, I would like to offer some information to clarify some of the issues presented in the *News* some weeks ago. Perhaps it might also be pertinent to consider some questions relevant to the support of the military.

My particular project concerns the nature of virulence in bacillary dysentery. It is funded by the armed forces through the Armed Forces Epidemiological Board (AFEB). Any possible use of this project for germ warfare is too far-fetched to be reasonable. In southeast Asia, that is the equivalent of bringing coals to Newcastle. Not only is this disease a normal state of affairs in Vietnam, but the majority are infected with Shigella which are resistant to antibiotics. The only possible use of studies on Shigellosis is to cure, certainly not to spread what is already prevalent.

This brings us to consider two separate branches of bio-medical research know to me in the army... One devoted to biological and chemical warfare is located in Fort Dietrick in Maryland. The second is devoted to medical research and whose sole function is to prevent the spread of disease and develop cures for those already diseased. This latter research is carried out at the Walter Reed Army Medical Center, specifically at the Institute of Research. Walter Reed is known for producing a variety of vaccines, yellow fever and typhoid to name two. My own research is related to a current project of their to produce an effective and safe vaccine against Shigellosis. I would like to make it clear that I would never knowingly support the research at Fort Dietrick, but I find nothing morally wrong with supporting the research at Walter Reed. Their research has worked for the alleviation of medical problems throughout the world in much the same way as the NIH. The army's research is more practically oriented, however.

It might be argued that any support of the armed forces aids and abets the evil of war. Since wars cannot be fought without the armed forces this is a thesis to be seriously considered. The question to be raised is whether in the present state of the world,

it is feasible to dismantle our armed forces. Granted that the Vietnam is one in which we should never have been involved, can it so easily be granted that we were wrong to have fought Hitler. My feeling is that the world has not changed so much that we can afford to be without an army. From my point of view then, it is clearly not reprehensible to maintain the health of our own people involved in protecting us. These are not the ones to suffer for the errors of the administration in this war anyway. In this country, the army does what it is told. The present escalated war was clearly against the advice of the general staff who for strictly military reasons were against our involvement. Our objective should be to make very clear to the present administration that we are against this war. Such a policy was obviously effective during the Johnson administration and should be in Nixon's.

In the long haul, we should try to create a situation in the world to eliminate the need for an army. I do not recall that past generations have really even tried. I hope the newer generations make the attempt. I believe that this can only be accomplished by the use of reason to convince. I do not believe that the tactics of the *News* in that now famous issue was designed to do that.

Yours sincerely,
 Laurence M. Corwin

Mr. Robert S. Galen
 President — SAMA

Dear Mr. Galen,

I am writing to thank you for your check of \$500.00 which I received today. The check will be deposited into the account at the Unity Bank for the Friends of the South End Health Center.

I am sure you are aware of the urgent need to establish the South End Health Center and the contribution of S.A.M.A. is much appreciated by all those who are working to establish the center.

I hope that you keep in close touch so that you will be able to follow the program of the center.

Many thanks and good wishes.

Sincerely yours,
 Gerald Hass, M.D. Chief
 Pediatric Ambulatory Services
 Associate Professor
 in Pediatrics

be done, although it needs the commitment of our entire generation to affect that change.

One black SHO speaker made a poignant point; he said, "You are not the generation that will create change, you are change! But if you are not, then there is no hope."

Thus, though we may have failed at all else, I learned of the absolute necessity to initiate change now, or else, brother, that Revolution might be inevitable. What it requires is a willingness on all of our parts to live up to our responsibilities as human beings and physicians to provide the best for all people and be willing to forego the easy, apathetic life of noninvolvement. I appeal to all of you to realize this need and meet it with courage, determination, strength, hope and faith.

STEVEN SMITH

BUSM HOSTS THE REGION



The Syracuse Delegation registers at the SAMA Suites in the Medcenter.



President-elect of the Massachusetts Medical Society, Dr. Jacob Fine speaks out during the General Session.



Dean Franklin Ebaugh addresses the delegates at welcoming luncheon in the Student Lounge.



SAMA President Robert Galen introduces guest speaker Dr. David Charles at the Harvard Club, after the Regional Banquet.



Delegates discuss resolutions to be voted on during upcoming National Convention in Chicago.



Guest speaker Dr. Jerome Letvin at Phi Delta Epsilon Dinner in George Sherman Student Union.

photographs - m. janson busm iii

SHO 4th NATIONAL ASSEMBLY

"Our Bag and Its Repression," a panel discussion on repression of students through a confining, desensitizing medical education, launched the 4th National Student Health Organizations Assembly on Friday, November 8.

Peter Schnall, the recognized head of SHO, condemned the present health care system, racial and economic discrimination, multi-disciplined health teams of professionals trained in modern health science schools, application of the new technology, and consumer participation in health care and planning.

That afternoon small group discussions on the morning's events and the future of summer projects were held. The prevailing attitude was that the projects were to be abandoned. Certain Public Health Officials present expressed scepticism over the new direction of SHO and said that a million dollars that might be available for summer projects were being ear-marked for SAMA in lieu of SHO Summer Projects.

That night a general meeting was held in a round-table type format with mike open to all. Ed Jones, a Philadelphia black leader, called upon SHO to lead in an end to racism. Dr. Mary Christmas, the second Negro woman to graduate from Boston University since 1867, also spoke on racism in the medical profession. A black Howard medical student condemned having students, interns, and residents sharpen their skill at the expense of black patients. He cited how hysterectomies were performed on young black women with only 0.01% prolapse simply to give residents experience, while this would never be allowed on white, middle-class women.

The Committee on Black Admissions reported that no progress was being made with the six Philadelphia medical schools to accept their demand for 33 1/3% black students next year. Temple and Penn only agreed to let in ten. Bill Bronston called upon the entire convention to march on Temple and not go home until their demands be met. This met with mixed emotions, the Philadelphians themselves being generally against it. It was finally decided to let the Committee meet and decide. It was decided later not to march.

Saturday afternoon was spent in workshops. The SHO-SAMA Relations Workshop was attended only by SAMA-SHO people with the National SAMA vice president, Chris Ramsey as well as former SAMA National Advisor Quentin Young attending. It was decided to cooperate with SHO in all areas where the two medical organizations shared the same goals and to try and get a reciprocal understanding from SHO.

The General Session was held that evening at Jefferson Medical School. SAMA National Treasurer Ed Martin appealed to the SHO General Session to voice its support for the legal battle of Quentin Young, former SAMA National Advisor and MCHR advisor, against the House Un-American Activities Committee. The legal proceedings are already in the process under SAMA sponsorship and the appeal was to add the name of SHO to the *amicus curiae* already prepared. It was so voted.

The Nurses' Caucus appealed for support to retain independent university nursing at UCLA, and prevent a takeover by the med school there. They appealed for

the SHO chapters to write to UCLA Academic Senate and condemn any such takeover. This met with mixed response. The B.U. SAMA chapter has already sent letters of encouragement to the UCLA nurses pledging support and saw to it that the Academic Senate heard the protests, especially thru B.U. Dean of Nursing Kibrick.

The Black Caucus, led by our own Sam Shaumba, reiterated the 33 1/3% demand as a minimum and not a negotiable figure. He demanded each SHO chapter see to this at their respective Schools by any means necessary.

The General Session came to an end with a call for volunteers to go to Cuba. No statement was forthcoming from any SHO personnel in regard to cooperation with SAMA.

THE PRESIDIO

THE PRESIDIO, San Francisco, October 14, 1968 — 27 stockade prisoners sat in a circle singing "We Shall Overcome" and refused to work, protesting conditions in the stockade and brutal treatment by guards after all their legal attempts to improve conditions failed.

The Presidio stockade is constantly overcrowded: about 110 prisoners are squeezed into space built for 49. Virtually no psychiatric care is given to prisoners—those who attempt suicide are simply revived and thrown into solitary. During three month period there were 34 suicide attempts by 24 prisoners.

The incident which instigated the sit-down was the shotgun murder of Pvt. Richard Bunch who was cut-down by a guard when he walked away from a work detail on October 12. Bunch, who had been imprisoned for being AWOL like most stockade prisoners, was desperately in need of psychiatric care. He talked frequently of suicide. In a sworn statement, a fellow prisoner, Linden Blake stated that he overheard Bunch asking the guard who later shot him "would you shoot me if I ran?" Moments later Bunch started walking away from the work detail and was subsequently slain by the guard who did not yell "halt" nor in any way attempt to stop him. Within the same day the Army ruled the killing as "justifiable homicide."

These incidents led to a simple protest for which the 27 were charged with the crime of MUTINY. In his official recommendation to Lt. Gen. Stanley Larsen, Commanding General of the Sixth Army, Capt. Richard Millard stated at the pre-trial investigation, "The charge of mutiny under article 94 does not apply to the facts of 14 October 1968." He went on to recommend that the men be tried on lesser charges, but the Army ignored his recommendations.

The mutiny trials have begun. So far, they have found 3 men GUILTY and sentenced them to 14, 15 and 16 years at hard labor. The Army started the trials of six more on March 5th and will try 16 men on March 18th.

Demand their release. Protest their conditions. It is your obligation to write to your Representatives — show your support — Demand Justice.

Farewell . . .

(Continued from Page 1)

possible administrative setup for the years to come.

Under the present administration, at the top is the director of the medical center who is simultaneously vice-president of medical affairs. As such, the dean of the medical school and the dean of the graduate school and the hospital administrator report directly to him. There is no provisions made for communication with the president or trustees, only through the director.

Much has been done under this system, but accomplished by the individual efforts of the three titans, Drs. Bandler, Wilkins, and Egdahl with support of the trustee groups. Thus, the action was by segments of the whole, rather than the whole.

Besides the University Trustees, there are also trustees of the hospital, and a separate board of trustees of the medical center which consists of three trustees from the hospital, four university trustees, and nine at large. Our Dean attends these meetings only on invitation of the director.

Any future plans to change these arrangements is unknown.

SKI SLOPES BECKON

The Ebaugh family will be residing in a lovely five bedroom house overlooking Salt Lake City and only minutes from inviting ski slopes. The Dean has extended an invitation for all students to stop in and say hello, and not to forget to bring their skis.

Before leaving, which will be after senior graduation, Dean Ebaugh expressed a desire to hear from the students through their representatives of any items they might want to have to make their school more attractive, such as a color T.V. for the lounge or piano or both. It is a fitting gesture of this man to want his final acts to be on behalf of the students who love him so dearly.

A Summer Fellowship Program

A Summer Fellowship Program in Neurological Sciences for Medical Student was conducted, June 24 through August 24, 1968, at the Boston University Medical Center and its affiliated hospitals. Applications for the fifteen positions were received from twenty different medical schools throughout the country.

Fellows were selected by the Fellowship Committee on the basis of their interests, recommendations, and previous experience.

Each student was assigned to a staff member, with whom they worked on a research project; they attended teaching conferences and helped with the care of patients, as clinical clerks, under the supervision of resident physicians in neurology. Each Summer Fellow received a stipend of \$600. A similar program is offered for the summer of 1969.

Applications for 1969 are available from:

Robert G. Feldman, M.D.
Associate Prof. of Neurology
B.U. School of Medicine
80 E. Concord Street
Boston, Mass. 02118

"A good physician should be somewhat like a duck — calm and unruffled on the surface, but paddling like crazy underneath."

"VITA IS NOT WORTH LIVING UNLESS IT IS LA DOLCE VITA"

The role of therapeutic abortion and its legal, ethical and psychological ramifications sparked a dynamic audience-panel discussion in Hayden Hall on Tuesday night, December 3.

The symposium, moderated by Dr. David Charles, M.D., Chairman of the Department of Obstetrics-Gynecology at the Boston University School of Medicine, included Dr. John Maes, Director of the Boston University Counseling Center and Massachusetts Attorney General Mr. Richard Levine.

The experimental program was designed to elicit audience-panel reaction to a film produced by the Smith Kline and Frenche Laboratories under the guidance of the Academy of Religion and Mental Health, in which a team of nationally known doctors were interviewed for their opinions on abortion.

Dr. Maes disclosed that results of recent psychological examinations on women desiring abortions indicate the prospective mothers unconsciously wanted the baby.

"Abortion represents a contradiction in terms; instead of serving life, it has to decide which life. When contraceptives are so available, the unwanted pregnancy is a wanted pregnancy . . . what we deny ourselves consciously, we engineer unconsciously. The decision involves ethical and moral problems," he said.

Statistics estimate that 70% of abortions are performed by doctors although abortion in most states, including Massachusetts, constitutes a felony. Mr. Levine provided the legal background for this present abortion code in the Bay State, which is stipulated in the legislative books under "Crimes Against Chastity."

"Before the legislature passed the abortion statute of 1845, abortion constituted murder if the woman was 'quick with child,' i.e., if she could feel the fetus moving inside her.

In 1845 the abortion legislation was passed and the same statute exists today; it makes abortion a felony," he said.

Under the statute, the law did not exclude the physician nor consider the health of the mother. The Massachusetts courts finally exempted the doctor if:

1. the health of the mother, physical or mental, was seriously threatened;
2. the doctor himself felt the abortion was necessary; and
3. the doctor's opinion coincided with the opinions of doctors in the community.

Student Referendum Was Hoax Results Never Published

The referendum that was distributed to all med students to find out their opinions on the SCOMSA proposal for Black Admissions, was, reliable sources say, merely a power-politic move to muster student support behind their proposal to be able to apply more pressure on the administration. According to these same sources, the opinions of the mass of the student body were only at best a secondary consideration.

The referendum as it was written caused many students to object to the wording and intent of it. Tom Massello, like a Martin Luther of old, nailed his criticisms of it to the wall. This caused a rebuff and the result was

decided with the opinions of doctors in the community.

"The State has an economic and health interest in unmarried women wanting abortions," Levine declared. "Is the State going beyond the traditional bounds?"

Dr. Charles revealed major Massachusetts hospitals are performing abortions to prevent the malevolent effects incurred through criminal methods.

"Criminal abortions are induced by devices put into the uterus without antiseptic techniques . . . 80% of the women end up with severe infertility problems," he exclaimed.

California, North Carolina and Colorado have instituted more liberal abortion laws as a temporary solution to the dilemma caused by the criminal abortion. Noting that medical reports from campuses in these states indicate the number of criminal abortions have not lessened, Dr. Charles conjectured the middle class girl may fear the doctor would inform her parents of her pregnancy.

"The middle class girl is prepared to risk all for a \$500-\$700 criminal abortion," he added.

The film considered the possible consequences of legalized abortion when used as a means of birth control. One doctor maintained that aborting a fetus mentally or physically imperfect, or for an economic reason implied "Vita is not worth living unless it is la dolce vita."

Dr. Maes stressed the necessity for safeguarding the sanctity of human life by legalizing abortion.

"To ban abortion to protect ourselves from legal problems is to be stupid about human affairs. Not to have regulations about abortion is to be stupid about the nature of life and the potential consequences of our actions," he cautioned.

The decision to open the symposium to undergraduates here and to all medical students in the surrounding area was made by the Student American Medical Association of Boston University. According to SAMA President, Robert S. Galen, "because of the nature of the subject we decided to open it to the public. Many aspects of the abortion problem go beyond the scope of our training."

that the students began to re-read the referendum.

PRESSURE APPLIED

Soon after it became apparent that trouble was developing, pressure was applied to numerous students to sign anyway on the assumption that not signing would kill all hopes of achieving the objectives which most people agreed to in spirit. This pressure caused many more students to become sceptical of the motives involved.

The result was that there was no result. Although numerous rumors poured from the SCOMSA people along with promises of publishing the results, none were forthcoming.