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Medical Presence At MIT is Met with Violence

By Mark Rapoport

familiar sight at the numerous anti-war demonstrations that abound in America today. Many people, including members of the medical profession, are mystified by their presence, and others are angered by it. Few really understand why they are there. Sometimes the medical people are at the demonstration on their own - as demonstrators, but more often they are there as "medics" for want of a better word. In Boston, (and elsewhere) the medics are most often affiliated with the Medical Committee for Human Rights (MCHR), a liberal medical organization dedicated to the task of "humanizing" medical care in a way the A.M.A. has not seen fit to pursue. MCHR maintains a Community Crisis Committee which sends teams of medics (doctors, nurses, students of both professions, others trained in first aid) to any group requesting them because of fear of possible violence from any quarter. The team makes all efforts to scrupulously maintain "medical neutrality" although (as we shall see) this is not always completely possible.

The November Action

Coalition (NAC) a melage of a dozen groups of varying ideology, planned a week of discussions, rallies and militant actions at M.I.T. to protest that institutions considerable participation in war research. rimary objections were against MIRV (Multiple Independently targeted Re-entry Vehicle) missile system and the

White coats have become a MTI (Moving Target Indicator), a more efficient way of killing Vienamese. To the members of the Coalition, these are tools of destruction, to be used in furthering an aggressive and exploitive foreign policy. As such, they fall far beyond the pale of those activities protected by the concept of academic by the concept of academic freedom and "academic neutrality." The validity of the viewpoint need not be discussed at this time. More important is the realization that to hundreds of our brightest youth assembled in a room at M.I.T. (and to thousands of others across the country), it is valid. Further, it is a viewpoint for which they are willing to risk their education, draft deferments, freedom and

draft deferments, freedom and personal safety.

After two days of relatively "light" activities, the group "rapped" until the early morning hours discussing the next action. An "open mike" policy prevailed and everyone could speak their mind. The symbolic value, chances for success and attendant risks of success and attendant risks of each alternative were considered and a majority vote governed all questions. Early on the morning of November 5, a decision was made to "shut down the I labs", responsible for much of the war research. Violence was to be shunned and physical force used only if efforts were made to break through the "militant picket lines."

At 6:00 a.m. on Wednesday a final count was taken and one CONTINUED ON PAGE 4

14th B.U.S.M. Dean: DR. STONE TO ARRIVE JANUARY 1

By Nancy Sprince

SUMMER, 1969. Five BUSM Chairmen of departments, the Vice-President for Academic Affairs, two members of the Alumni Association, two professors from CLA, and three or four students met with many candidates. Each man spent a day at BUMC, conversed with Dr. Bakst, and took part in interviews with members of the Search Committee. Two men were invited to spend a week at BUMC and to discuss their opinions, offers and questions concerning the position of Dean.

JANUARY 1, 1970 Dr. Associate Dean. During this Daniel B. Stone will step into the office opposite the flashy, Award in Açademic Medicine flashing neo-mural and will be the new Dean of Boston University School of Medicine. Dr. Stone, presently the Executive Associate Dean and Professor of Internal Medicine at the University of Iowa College of Medicine, was born and educated in England, where he received B.S. and M.D. degrees (1948) and earned a Doctor of Preventive Medicine degree (1950) from the University of London.

In medical school, he received numerous clinical honors, including the David Llewellyn Scholar award for "highest distinction throughout clinical course of studies"

After completing a year of internship, seven years of residency and one year of private practice in England, Dr. Stone came to the United States in 1957 to train at the University of Iowa under the sponsorship of the National Institutes of Health program in Arthritis and Metabolic Diseases. At Iowa, his record as a medical educator began with a position as Assistant Professor of Internal Medicine in 1959, to Associate Professor in 1961.

In 1967, he was appointed rofessor and Executive Professor



Dr. Daniel B. Stone

and became a naturalized citizen of the United States.

Dr. Stone's administrative history includes key positions on many important committees, including those of the Endocrine Section and Diabetes Service, the College of Medical Education, the University Council on Teaching and the

students must choose a minor

subject in either another medical

He is presently a Fellow of the Royal Society of Medicine and a member of both British American Associations, as well as the American Diabetes and Heart

Associations, the American College of Physicians and many other societies.

The focus of Dr. Stone's teaching and research interests has been endocrinology and metabolic diseases, especially diabetes and the relationship between dietary and serum levels of cholesterol.

This impressive notwithstanding, members of the Search Committee admired Dr. Stone's personable manner, his energetic life style and his outlook and plans concerning the changing worlds of medical education, administration and health care. Their conversations with Dr. Stone also revealed that he was a careful listener and that his replies were both perceptive

and thoughtful. Interested students, both official and non-official members of the Search Committee, spoke with Dr. Stone at length during his visit in August. He was interested in carrying on a dialogue with students concerning the grading system, minority admissions, faculty hiring practices and alienation of students, along with many other topics of mutual concern. The students reported that he was open-minded and liberal about these topics. Although vitally concerned about students' problems and opinions, the new

Dean expressed regret that the CONTINUED ON PAGE 8

Silent Minority Speaks

Roughly eighty graduate students are studying for higher degrees here at the medical school. They have come from a wide variety of backgrounds, including other graduate and professional schools and are attracted by the opportunities to study in a situation in which a small number of students receive individual attention and where the program is flexible enough to be tailor-made to the student. A number of medical students elect to undertake a research project in order to qualify for a

Graduate students are registered in the Graduate School, Division of Medical Sciences except for Biochemistry majors who are in group elected to withdraw from Joint Biochemistry-Medical

science subject or in Biology or Chemistry. Actually it is surprising how broad the choice CONTINUED ON PAGE 8

Minority Group Applicants Plan To Visit B.U.M.C.



BU STUDENT SAM SHAUMBA telling it like it is.

A group of students and faculty is working with the Admissions Office to repeat last year's minority admissions recruitment effort. There are funds available for this event which will occur on December 12-15. BUSM will pay for the transportation, room and board of approximately twenty-five pre-med students who will come from outside of Boston, predominantly from Southern colleges.

The BU group of students and about medical school in general. faculty will organize a program of medical school tours, arrange: interviews for these as well as minority group students within Boston, and provide information

The tentative schedule is as

Thursday, December 11 in afternoon - Arrival at the airport CONTINUED ON PAGE 4

Exam Boycott Questions Grading Method

By Robert Vigersky

The refusal of the Class of 1970 to sign their third year final exams is a well-known historical fact. The class took its action in May, 1969, but the events leading up to it began about one year before that and the events resulting from it, both favorable and unfavorable, will undoubtedly be felt for many months to come by the Class of 1970 as well as the classes to follow. It is the purpose of this article to provide a chronicle of the events leading to the action of the Class.

CHIASMA 70 E. Concord St. Boston, Mass. 02118

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In June, 1968, members of the Class of 1969 expressed their extreme dissatisfaction with the examination experience at the end of the third year. In an effort to prevent a recurrence of this and to improve the third year curriculum in general, members of the Classes of 1969 and 1970 met several times with Dr. Alan Cohen, the Third Year Medicine Course Coordinator. An examination of the specific

80 East Concord Street Boston 18, Mass. 02118

Florence E. Turner, M.S.

CONTINUED ON PAGE 5

INTRODUCTION

TO ACTIVISM

By Mike B. Siroky

businessmen and their ancillary personnel. Maximal profit

is assured by sustaining the demand for medical services.

This is accomplished by restricting the number of people

who can enter medical school. As an intern and resident,

the young physician then learns his profession by and large through care of the "ward patient" both in the hospital

and in large, impersonal out-patient clinics. Once he is

considered "trained" on the poor, he is privileged to go

out into society and practice on the well-to-do. Thus the

medical education process is designed to train a physician

who will practice medicine for profit and in order to do

this he must treat relatively wealthy patients who can

afford to pay. For his training, he uses the medically

It is clear that the process of medical education and the

ultimate delivery of health care are intimately related. The

modern medical school is superbly equipped to produce

the type of physician whose social role came to be defined

over the past two decades or so: the clinical specialist and

researcher who enters academic medicine or private

practice. Now, however, there is a need to educate

physicians who are responsive to the health needs of the

entire population, not just the wealthy. Now there is a

need for physicians who will concentrate on the preventive

aspects as much as on the profitable curative aspects. Now

there is a need for physicians who are trained in social

aspects of medical care, such as housing, nutrition,

In summary, medical students are interested in improving helath care for the people. This requires certain

changes in a system of medical education which

perpetuates the present profit-based system. The specific

proposals may be stated as follows: 1. Increased numbers

of admissions to medical schools and increased admissions

of minority group students. 2. Student representation on

important policy-making committees which affect medical

education. 3. Curriculum changes to increase training in

preventive medicine, public health and the sociology of

health care. 4. Direct dealings with the community to

determine their health needs rather than as passive,

exploited welfare patients. Let it not be misunderstood

that activist medical students wish to substitute sociology

for scientific and practical knowledge of medicine. They

merely wish to add it and emphasize its importance in the

total care of the patient. If they begin by being activist

medical students, they can only accomplish it by being

activist house officers and most importantly, activist

indigent population.

education and so on.

professionals.

CHIASMA is the official student-operated newspaper of Boston University School of Medicine conceived to facilitate communication between students, faculty, alumni and administration by fulfilling the following functions:

1.) to act as a written forum for discussion of any issues relevant to the medical school and to stimulate such discussion

2.) to present objective reports of current events and future activities in the medical center and the medical community at

3.) to present issues and comments of general importance to all future physicians, such as in the fields of medical ethics, medical education, medical-legal problems, the relationship of the medical profession to various industries, military service alternatives, etc.

4.) to provide a central means of communication for all of the various groups and organizations at BUSM.

Contributions must be signed and should be submitted typewritten, double-spaced, and in duplicate. However, anything which is signed will be accepted.

Current Staff: Harvey Gross, Judy Hogg, Eric Honig, Russ Jaffee, Robin Karlstadt, Steve Marlowe, Gretchen Silverman, Harvey Silverman, Mike Siroky,

Editorial positions are available for medical and graduate students, faculty and alumni. If you have anything significant to say to the medical community, please contribute. Also, since our budget is extremely limited and we accept no advertising, contributions of any size will be appreciated. This publication cannot continue without your literary and/or financial contribution.

Address all correspondence

CHIASMA **BUSM**, 70 East Concord Street Boston, Massachusetts

Our thanks to the Public Relations Dep't at B.U.S.M. and Black Admissions PRO

By John Dundas

Last year, by vote of the BUSM faculty, "a significant number" of acceptances to BUSM were reserved for Black students, who were to compete for these places only against each other. Last year, some 45 applications in this category were received, 11 were accepted by BUSM and 6 subsequently entered this year's first year class, thus exactly tripling the number of Black students enrolled in

This year, I am deeply involved in the effort to repeat last year's successful step toward integration of BUSM, and I have heard no one suggest, directly or indirectly, that minimal medical school admission requirements be made a carte blanche, or that anyone be guaranteed an M.D. when

By some process which I only dimly understand, Black college students are not spontaneously applying to the hitherto White medical schools in anything like the numbers which will be required to achieve a proportion of Afro Americans in medicine roughly equal to their proportion in the population at large. It seems that many of the good students, whose White counterparts consider medical school, prefer to work in the civil rights area. Many accept the lure of newly-available (to Blacks) high-paying jobs in private enterprise. And he who does consider medicine, even though racial discrimination is now formally illegal, wonders "Do they really want me?".

There are real signs that we do not want him. Especially if a Black student comes from a predominantly Black southern college, the argument is raised that he is not as well qualified as his White competitor from the Ivy League, etc., that he will not be as good a doctor. I feel that at its best this is an as yet groundless argument - we cannot say yea or nay because so few students from these schools have come to the northern medical schools that. there is little significant data on their performance. At its worst this argument forms the hard core of the de-facto segregation which has replaced the now-illegal forms of

Patients go to doctors of their own cultural background, and to a certain extent are justified in doing so. The more like you your doctor is, the more likely he is to understand you. Let me pretend that BUSM, Harvard, and Tufts have never admitted - for some obscure reason - any students but those of English background. Would not the Irish. Jewish, Italian, Polish, Greek, etc., communities rightly insist on access to medical training? And would not the administrations be right in accepting a certain number of these nice boys into their schools - however reluctantly ("they've never been in med school before - how can we know they can do the work?")? "Bigotry", to me, implies intolerance and wilful suppression, such as Afro-Americans have suffered in this country for 300 years. "Racial bias" is only descriptive, and is in this context the practical redress of bigotry.

Black people need Black doctors, now. We need Black doctors, now. The mechanics of change may chafe - not only for those who are already making it in the system, but for those who are new. But we have delayed too long already in righting an ancient wrong.

Health Services for Medical Center Found Inadequate

By Gretchen Silverman

There are a good many reasons for student discontent at BUSM. Some are matters of comfort and form, but some are matters of vital importance. One such problem, one of major proportions, is the student health service.

other two local medical schools, student is expected to pay for adjusting to school, courses, BUSM's health services become treatment out of his own professors, studying, and more of delivery. Boston University medical students receive all medical students (for example) drugs free. receive about a third as much time as is available to their increase from \$15 to \$25 has Harvard counterparts. There is no been levied to full-time staffing whatsoever, psychiatric service. The service Little wonder that the BUSM that this extra money has health service receives the lowest purchased is that of a part-time daily turnover of students of the practitioner available by three medical schools. Among the appointment only. 1% of the students who do utilize the limited facilities, there have been complaints of inefficiency

and insensitivity. Dr. Constance Cornog, the one part-time physician, has improved the services. Before she assumed her duties, even less was done for the students. First year physicals were unheard of, and the service had no posted hours, running on a catch-as-catch-can basis. Dr. Cornog is slightly available these days, but treatment is still given under the sort of bizarre system that seems to characterize the

workings of Boston University.

Drugs administered are those which can be obtained Gratis

from the pharmaceutical houses.

the more blatant in their lack pocket. Down the street, Tufts

Over the past two years, a fee

Tufts maintain a full-time much must be done to increase psychiatrist whose walk-in hours the quantity and quality of are the same as those of the health services presently regular health clinic. The doctor available to BUMC students and is available to students with any employees.

When compared with the If these are not available, the problem including difficulties

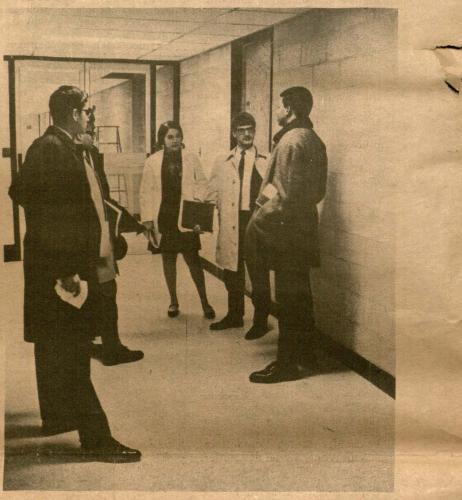
While the Harvard and Tufts Health Services maintain medical attention either present or on-call around the clock the BII off-hours service specifies that 'arrangements for care may be made with the nurse."

The comparative table of the Boston Medical Health Services By contrast, both Harvard and (see chart) seems to suggest that

Mecical Student Health				
	Harvard	Tufts	BUSM	
Chief of Student Health	Finny	Osborne	Bakst	
Full-time MD's	2		0	
Part-time MD's	2	2	1	
Full-time psychiatrist	1	1	0	
Part-time psychiatrist	0	0	1	
Students covered	550	832	480	
Students* seen/day	11	20	5	
Student utilization	2%	2.5%	1%	
Hours open/week	43	40	15	
*medical and dental				



LAST YEAR minority students were met in the classroom.



... as well as in the halls.

Black Admissions CON

By Harvey Silverman

Last year, the Committee for Black Admissions of the Philadelphia Student Health Organization asked that Philadelphia medical schools fill one-third of their student bodies with Black students. Last spring, at BUSM, a referendum was presented to the student body toguarantee admission of a given number of Black students. Earlier this year, one heard demands for guaranteed admission for all Black students who pass minimal medical school admission requirements. Demands for guaranteed graduation for Black medical students have also been made.

The basic question is-should skin color be a basis of udgement, not merely for medical school admission, but for any determination?

The bigot is one who makes judgments based on arbitrary, rather than objective standards. It is the bigot who uses skin color as a basis of judgment. He uses it to keep schools segregated, to deny individuals the opportunity to vote, to deny people union membership. It is not bigotry to use color as a basis of judgment only in those cases in which it is directly representative of an objective finding, such as in the decision to do sickle-cell preps on Blacks, but not on Whites. In all cases, however, in which color, in and of itself, is the basis of judgment, the basic principle is bigotry.

If one uses logical, objective, consistent standards of judgment, and eliminates aribitary standards (one of which is obviously color) then one can not possible be a bigot. By what logic could he be?

Obviously, then, the answer to the basic question is that color should not be a basis of judgment. By logical extension neither should economic status, religion, sex, etc., be used as basis of judgment.

The Boston Student Health Organization, in a printed statement preceeding a general meeting of September 21, 1969, stated that "... policies displaying racial, sexual or class bias must not be tolerated." I agree with this statement. It would seem, however, that SHO is guilty of a gross inconsistency in its logic, since the demand that one-third of medical students be Black is using skin color as a basis of judgment, and clearly is displaying racial bias.

Student Organizations

SCOMSA

The Student Committee on Medical School affairs is the sounding board for the student body at the medical school, and an open route of communication with the faculty and the powers that be. SCOMSA maintains close contact with the faculty committees which dictate the format of medical education at BUSM. Its function is to recognize or initiate the student perspective on topics of general concern, to focus this perspective, and to go before the faculty for direct action. SCOMSA is composed of

representatives from each class, freshmen joining the committee in November. Various student representatives sit in and vote at all meetings of the Admissions, Curriculum, Six-year program, Committees. Three separate benefits are derived from membership. First, the representatives can influence the faculty's ideas while they are still plastic. Second, they can relay pertinent procedings to the general student body. Then, their representation provides a direct route for getting student projects activated.

At the present time, several issues are being
The Executive important discussed. another Committee, student-faculty committee, is discussing the current grading system at BUSM. They are taking a close look at the pass-fail system. They have brought about a revamping of the clinical grading system. The Honours Committee is in the process of grappling with the problem of awarding honours to the present fourth year class. This will be extended to a look at the awarding of honours in general. A repeat of last year's program of introducing black students to BUSM is being considered. Representatives of the student body were on the Dean's Psychiatry, and

of what SCOMSA is and can be doing. Future growth and improvement can only be effected through the student body's support and enthusiasm.
All SCOMSA meetings are open
to the student body and are urged to attend as frequently as

For further information contact any of the SCOMSA

representatives:
IV: Armen Kasparian, Hank
Eden, Mike Mullarkey, Tom

III: Donald Rink, Carl Bretman, John Dundas, Sandy

II: Carl Ingber, Valerie Buyse, Marty Keller, Charles Welch. I: Michael Feinberg, Stephen Goldberger, Peter Mason, David STANDING COMMITTEES:

(1 year terms)

Executive: Massello, Brotman Executive subcommittee: Mike Mullarkey, Al Converse, Sandy Kurtz, Neal Sher, Charles Welch, Bob Meehan. Admissions: Mike Siroky, Joint Advisory to 6-Year Med: Harry Kolodner, Val Curriculum: Harvey Gross, John Dundas, Ralph Rosenberg Psychiatry Search: Barnet Kaplan, Lyn McCauley

Library: Bill Garvin. - Armen Kasperian

Honors: Brian Murray

S.A.M.A.

BUSM students and faculty were treated to a "smashing" good time the first week in September with a wine-tasting party sponsored by the Student American Medical Association and arranged by BUSM-SAMA secretary Jude Smith. Over 150 students and faculty attended the affair to munch cheese and sample eleven different wines. SAMA continued its now

traditional Halloween party for the kids in pediatrics at the City Hospital with pumpkins, apples,

and sweets for the kids. Mrs. Catherine Davidoff sent the warmest thanks to the thirty or so first and second year students

who attended. In the offing is the December 6th Christmas Toy Dance to be held on the 14th floor with a live band and refreshments. The price of admission is a toy designated for a child which will be given to them at a Christmas party. SAMA treasurer Dave Paul is arranging the affair along with the Toy Drive which is a city-wide project in cooperation with the Marine Corps

In the works by SAMA is a First Aid Education Program that might be ready for next semester. It would be a once a week lecture open to all on first aid, something lacking in most pre-clinical students. Community people as well as non-medical studetns would be

Charlie Welch, new chairman the SAMA Community Medicine committee, is working with his faculty counterpart in trying to work out a health care plan for the South End. Under consideration is a student-run health clinic perhaps located in Tabbot?!

Ralph Rosenberg, SAMA Med-Ed chairman, is keeping more than busy with new problems and new concepts in

On a national level, acting Regional Director Steve Smith is busy trying to get certain Senators and Congressmen to act on SAMA Resolution 4, calling for expansion of the expansion of the Public Health Service to provide physicians fulfilling their military obligations to health deprived areas. He spent Thanksgiving in Denver presenting his report to other national executive officers. At the initiation of the

Student American Medical Association, the Massachusetts Medical Society under its president Dr. Jacob H. Fine has invited students to sit on their Charges Review, Medical Education, Medical Service, Members' Insurance Programs, Occupational Health, Professional Liability, Public Health, and Mental Health.

Steve Smith, SAMA Regional Director, will meet with Mass. Med. officials Drs. C. Newton Peabody, John Knowles, and others to discuss the role students will play on these committees

Anyone interested in sitting on these committees should contact Steve (mailbox 409, phone 566-2143). Students from Harvard and Tufts will also be

-Steve Smith.

GREGORY SOCIETY

In 1915, female students of in honor of the first dean of the New England Female Medical 1848 and affiliated with Boston University in 1873.

students where one could find refuge from the minipsychiatrists proselytizing about female students' complexes, envies and the reasons for switching to nursing, and where one could discuss helpful hints from upperclasswomen on how to struggle through various courses. However, since the move into the new Instructional Building, the Gregory Society has been virtually defunct. Only the present 3rd and 4th year students remember the advantages the society provided. To the end of revitalizing the Gregory Society and recreating a least one social event every separate women's lounge, an afternoon tea is being planned for December 7th for all female medical students and female

faculty members.

WATERHOUSE MEDICAL

Are you one of those medical students who has experienced only that part of medical education which consists of instilling myriads of facts into the minds of students in the short space of four years? For many, medical education means only lack of sleep, exams, and a good deal of hard work. Don't miss the important part of medical education which exists through the exchange of ideas between students and faculty! Don't miss the opportunity is these early years to get a feeling for what has made medicine what it is today! You can receive a well-rounded education at BU, if you want it.

The Benjamin Waterhouse Medical History Society provides students with the opportunity to meet faculty and local

to present interesting Building in Rm. 303.

PHI DELTA EPSILON

The Phi Delta Epsilon medical fraternity is a nation-wide Boston University of Medicine organization which offers organized a group for the medical students academic and purpose of promoting friendship social advantages. Perhaps the among female medical students most important function of a classmates and upperclassmen. The frat offers a unique College which was founded in opportunity to become acquainted with students in all four classes of the school. Traditionally, the society maintained a lounge for female students who can give important

information and advice about the clinical and pre-clinical Valuable contacts are also made with doctors in the community. This year, we have arranged a program in which a medical student can participate in a doctor's private practice and become aware of the many aspects and problems involved. This is a worthwhile addition to the medical school experience since the curriculum provides hospital training, but does not include information about private office practice. The fraternity sponsors at

month. Parties are held with girls from all the local colleges. In addition, social functions are held with the doctors of the Graduate Club. Last year, these

Continued on Page 6

HISTORY SOCIETY

Activism among students all over the world has become commonplace and almost expected. Whereas college students are critical of the academic community for ignoring and thereby perpetuating what they consider gross injustices in society, medical students are turning their attention to two large ares of concern: delivery of health care and the problems of medical education. What do these students want and why? Along with their undergraduate fellow students, medical students see a health care system which reflects in its purpose the same idea as the overall economic system of the United States; that is, profit above everything else, including human life and health. The American health care system is in essence an industry composed of many small

physicians and discuss things important to your education that don't turn up in the The BWMHS is composed of a

group of faculty, local physicians, and medical students who are interested in medical history and the influences that it has had on medical thought and practice today. Each month hroughout the school year, we lecturers who we feel can give us a glimpse into medicine's past and leave us a sense continuity between what has gone before and what exists in medicine today. The society has a new format this year which includes a cocktail hour with a free flow of conversation followed by the guest speaker. A charge of 50c is made to defray the cost of refreshments. Meetings now start early in the evening at 5:00 p.m. and usually run no later than 7:00 p.m. All meetings are held on the third floor of the Instructional

Dr. John Rock of Harvard is society. Remaining dates this year are tentatively set as January 6, February 2, March 2, and April 4.

So, for a glimpse into some of the history that has made our ofession what it is today and a chance to exchange views with faculty and local physicians in a congenial atmosphere, try and make it to the next Waterhouse meeting. Details of each meeting will be posted in the class bulletin boards as they become available. Please feel free to contact any member of the society or myself (Box 207) if you have any questions.

See you at the next meeting. -Richard Karle

THE STUDENT POWER STRUCTURE

By Harvey Silverman

The term "power structure" is one that is not infrequently used by BUSM students to refer to that great, and faculty members. The group fraternity is to provide shapeless entitive that controls so much of what transpires was named the Gregory Society association with one's fellow at the Medical Center. This power structure is composed of at the Medical Center. This power structure is composed of a faculty-administration complex and apparently derives its strength from both written by-laws and long-standing

> structure at the Medical Center, however, which might be called the "student power structure". It's composed of a complex of deeply committed activists, dedicated reformers, and those who want to feel they are "where the power is." It derives its powers partially from the energies of the members, but mostly from the apathy and disinterest of the majority of students. Just as it is difficult to write of the traditional power structure at BUSM, because of the problem of pinning down just what it is and what it does, so is it difficult to write of the student power structure. Though the majority of students cries administration power structure, with some degree justification, students might object to other power structure

There is another power as well. It may also push onward with little attention to the interests of the majority of students. That they do not object, of course, is merely a disinterest that nourishes the student power structure in the

As an example of the way one segment of the student power structure works, consider the B.U. chapter of the Student America Medical Associations B.U. has a fairly large SAMA chapter, with a reasonably large membership, and has been honored by the national SAMA organization. This is a fine honor, and should be acknowledged as such. One might ask, however, when the meetings are, or who controls the SAMA chapter. Are the members consulted on various questions? When are elections?

Continued on Page 6

Prescription for B.U.S.M.

A lack of spirit Geist, esprit, pervades B.U.S.M. Thus

The third-year class refused to sign their final examinations as chronicled by Robert Vigersky. The motivation of these students was not that of causing a change in the curriculum for following classes – that had already been done. Nor was it fear of the examinations –

each student had successfully coped with the myriad of examinations necessary to obtain his present academic status. The motivation was the feeling of frustration in dealing with the faculty, particularly the Medicine department, and their apparent unconcern for the individual education of each student. Most important this action shows a loss of faith and trust in the faculty to produce a fair and relevant evaluative procedure. If the faculty were more keen in their perception of student feelings, the frustration felt by students would never have reached the levels necessary for this drastic action. Thus CHIASMA - to facilitiate communication between faculty and students.

Gretchen Silverman's comparative study of student health facilities concludes that our health service is inferior at the doors to the "I-lab". The to that of Harvard and Tufts - a not surprising finding to most of us. But more important is the feeling that this service is insensitive to those that it purports to serve. Aside from the inconvenient hours and controversial quality of care.

Considering the size and prestige of our Psychiatry department, why hasn't more been done to counsel the failing student before he fails, to give students professional help with family problems and emotional problems? Thus CHIASMA - to facilitate communication between the administration and students.

Students at B.U.S.M. tend to feel that they graduate in spite of rather than because of the school. Is this part of the reason why a wall develops between alumni and their alma mata? Because of this embitterment, the present students suffer from the lack of contact with alumni. Why can't alumni be actively sought to play a role in the activities of their school, particularly in terms of teaching students about the practice of medicine in the community? Why don't alumni view B.U.S.M. as the center of their post-graduate medical education? Thus CHIASMA -- to facilitate communication between alumni and students.

Most freshman and many upperclassman have no idea of the role they may play in the various organizations and committees of B.U.S.M. And some students currently in power have reaped personal benefits by not informing the student body of certain opportunities. Also there is little communication between classes - many problems currently being dealt with by one class are identical to those already dealt with by the previous class. Duplication of efforts must be reduced to increase gains. Thus CHIASMA - to facilitate communication between students and students.

Steven I. Marlowe

BUSM has an official school newspaper. It was first published in November, 1969. It has a name, Chiasma. It has an organizational characteristics which identify it as a school

The newspaper has set down some specific goals in its constitution. These include providing a forum for discussion for all members of the medical center, enhancing communication between members of the student body and the various school organizations and the presentation of news items.

The above two paragraphs attempt to define the paper in terms of its structure and goals. And yet, do they enable one to understand the purpose and function of the paper? Who is it for? What is its relationship to the administration, the student What is its role in the power structure of the medical center?

Any comprehensive statement about the paper is invalid. The understood in terms of the aims but rather in terms of the

individual who reads the paper and writes about what he is thinking and feeling. Hopefully, each individual will derive a hand personal meaning from the collection of articles. Thus, the the way and off the sidewalk by while the police and others beat formal structure of the newspaper will subsequently be subservient to the interests of the individuals who read and write for the newspaper.

Where will the paper go? Will it be a goal-oriented vehicle of communication or a collection of personal inquiries and thoughts of the reader expressing what he thinks is important even if it is unrelated to the supposed unifying factor of the readership - medicine?

undefined, its meaning still [2] nebulous. It is making a sincere attempt to facilitate communication within the medical center by representing the views of its individual members. This can only be accomplished, as has been stated, by the participation of the readership either by submitting articles or expressing their interests and frustrations to members of the staff.

HARVEY GROSS

Violence..... CONTINUED FROM PAGE 1

hundred remaining were divided into three groups, each assigned to block one exit to the selected target lab. Each group was allotted a contingent of "medics" (more on these later) and broken into "affinity groups" of three or so people, each expected to look after and stay with one another under all circumstances. (The wisdom of this practice was borne out later. when the police caught a few people who had nevertheless straved from their companions.) Even the "medics" "affinity groups" and my female counterpart from Harvard Medical School and I had more than one occasion to be thankful for each others presence. A decision was announced that no helmets would be worn in an effort to avoid provoking the police and signal the essential non-violence of the demonstration. There was grumbling from some "veterans" recalling memories of past injuries, but the decision stood. Assignments were given and the groups moved out into the light early morning rain and marched the few blocks to the laboratory

without incident. At about 7:00 a.m. moving "loops" of pickets were placed was saturated with observers, photographers, and M.I.T. officials, but the police absence, M.I.T. had instructed ab employees to report to a different lab. Only two tried to break through the line and enter the building, one with success. One student of the conservative "Young Americans for Freedom" also tried to enter, but was blocked.

About 8:30, the word spread that the police were on the way. A loudspeaker repeatedly asked all MIT students to leave the area, but it was ignored. Shortly, contingents of Boston's Tactical Force and Cambridge police arrived. Most wore helmets and were armed with clubs, but rifles were noted in the rear. One ominous sign was that all badges and identification were removd

by the Tactical Squad. A spokesman for the Cambridge police delivered a warning of possible arrest and ordered the demonstrators to leave. Only a few did. The remainder formed a human wall across the street and slowly retreated as the Tactical Squad swung around the corner onto the narrow street. It is hard to describe the thoughts that ran through my head as the mass of olue uniforms advanced on us. My eyes darted back and forth from the hard faces to the clubs to the places where the badges should have been. Trying to action. reconstruct in retrospect the atmosphere from the chaotic mass of emotions, I can only remember a tight determination exuding from the police, the demonstrators and the medics, each firmly set on the task at which they cannot agree. Most

the police, but the medical them are over, killed in Memphis people declined to move. The with Dr. King. "Medics" will Anyone, medic or not, needed. Some of the actions are remaining on the street after the extreme, but they are only the be arrested, beaten or both. The To write them off as frivolous one compelling reason for acts is a disservice to the youth,

moments of quiet is in the bathroom where one may read gentlemen. the paper, write graffiti or the literature-toile t-seat; anxiety? neuropathy (NEJM- June 26,

There are very few moments 1969.) This syndrome consists especially at lunch and dinner of peace during the day in of foot-drop due to the time. More specific requests will twentieth-century Boston. compression of the common soon be made, but if you want Perhaps, one of the few peroneal nerve and has been further information or want to observed in middle-aged, obese volunteer in some capacity,

Well, what new area of reflect. However, in this setting peaceful reflection will next be another malady has appeared in transformed into a moment of White BUSM I; Charlie Welch

the action. The over three political buttons, standing apart from the main group and wearing white coats. That the police fail to make the distinction has been shown at many previous demonstrations. In fact, reports from Chicago and Berkeley have said that the police often single out the white coats for unusually rough handling. The choice was not an easy one, but the dozen of so medical students, nursing students and M.D.'s that chose to remain had decided long before the moment arrived.

students answered, "We know

how you take care of them, and

that's why we're staying". This

earned him a blow with a club.

The police then began to club

everyone and force them against the wall with their bodies and clubs. Several of us fell or were pushed down. Some were clubbed when they tried to get to their feet. Among the hardest hit were the female medics, one whom was subsequently hospitalized with a broken rib. This discrimination by sex is not new and the proportion of females among the injured substantially exceeded their proportion of the group as a whole. One girl received a jab to the abdomen and she too was taken to a hospital. Several members of the medical contingent persisted in trying to stay close to the line of confrontation and were clubbed further. Finally, the appearance of a rather large police dog ended all efforts at approaching from that angle. As the police swept up the street toward the demonstrators, we took an alternate route to regain a position between the demonstrators and the police. There followed several blocks of retreat, with the police occasionally breaking into a run and catching and clubbing demonstrators who reacted too slowly. Both police and demonstrators were quite restrained, with sergeants on one hand and "marshalls" on the other restaining, sometimes physically, subordinates who broke ranks to make contact with each other. Two arrests were made. Student injuries totaled around a dozen, two newsmen were hurt and to my injured. The "I-labs" were shut down for two hours, a "first" considered a significant victory. More demonstrations were promised, but none were of a nature to cause further police All is far from quiet, however.

Many of the NAC people were down in Washington ten days later. They and others like them will continue to accuse and harass the government with will be quiet, but some will not. Newsmen were pushed out of The days of people sitting still decision to stay was a basic one. continue to be called on and be order to disperse could expect to reaction to extreme conditions.

staying in spite of this is a simple to ourselves, and to the country. one. If indeed we had accepted a From among these dissident responsibility to look after any youths will come many of the injured, our place was where leaders of America and unless we those injuries were apt to occur. make great efforts to understand We considered ourselves separate them, there will be great trouble from the demonstrators and in this country and in the indicated this by wearing no world.

policeman assured us, "Don't worry about those kids worry about those kids, we know how to take care of them." One of the medical A corner was turned at East with mixed feelings Concord Street last spring when BUSM's new Instructional Favorably impressed by some of what he saw, he nonetheless

analysis of New England medical

facilities, he did not feel BUSM

school was a discredit to the

profession as he did of a number

praise for the school: "Boston

University deserves especial

commendation for what it has

accomplished on a small annual

income...evidence of what

conscience and intelligence will

achieve despite slender financial

resources." The problem was, he

felt the school to be too low on

funds to make a significant

of others. In fact, he had high

It was not that he felt that the

capable of shaping up.

Through the Retrospectoscope

Building was dedicated with all classified the School as a the ceremony that always second-class institution - one accompanies steps away from a that would have to sharply firmly rooted past towards a upgrade its students in order to challenging future. survive. Judging from his

Fourteen stories of glass, brick, and concrete dwarf the five stories of 80 East Concord, Building A, the last holdover of the old school. Sixty years ago, though, it was Building A's turn to hold the spotlight, as the newest facility in a compact but respected medical facility. Number 80 opened its doors as Evans Clinic Massachusetts Memorial Hospital, the first of a series of buildings to bear that name (the third Evans is under construction now). Building B, of lamented memory, was the laboratory annex and dispensary for the Evans and cater-corner to Building C which until 15 months ago was Boston

University School of Medicine. Sixty years ago, those three uildings provided bed space for 230 patients, and instructional facilities for 90 students. A faculty of 64 was on hand, 29 of these holding professonial rank. Then, as now, the chief problem facing BUSM as an institution were financial shortages. The total budget for the school in 1909 was stated to be \$12,762.

In that year, Abraham Flexner visited Boston University as well as the other medical facilities of Massachusetts, New England, and the whole of the United States and Canada. He surveyed 23,927 students in 155 schools of medicine and then produced a report which profoundly altered the face of medical education, a report whose findings still govern much of medical education today.

He came away from Concord

MINORITY STUDENTS

CONTINUED FROM PAGE 1 and transportation, provided by BUSM students, to BU.

Friday, December 12 Convocation, medical school interviews for admissions, and formal dinner at BUSM.

Saturday, December 13 Grand rounds, informal lunch tour of Tufts Medical School interviews for admissions, and dinner at faculty members

homes. Sunday, December 14 -Transportation to Logan Airport, provided by BUSM students

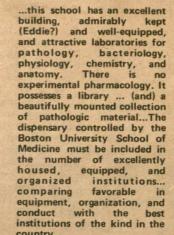
Each event is being organized by an individual student or faculty member. Volunteers are needed for the airport rides, but most important, it is hoped that as many BUSM students as possible will meet the visitors please contact one of the following people:

David Thanhauser or Henry

BUSM II; Carl Brotman or John Dundas BUSM III; Sam Shaumba or Mike Mullarky overloaded (in his opinion) with physicians, competent and otherwise.

A Look At Medical Education At BUSM. 1909

There was another strike against BUSM in Flexner's mind. The school had been founded as Homeopathic institution in 1873, and 36 years later, still adhered to Homeopathy. Flexner opposed Homeopathy and many other philosophies of medicine, dismissing them all as 'medical cults", roadblocks in the way of scientific medicine. BUSM got off lightly with a backhand compliment; "no where in homeophathic institutions with the exception of one or two departments at BU is there any evidence of progressive scientific work..." but, it seems clear that in not unusual in that day for a Flexner's mind, BU was guilty medical school to ask only a



Nevertheless, a third strike existed against the School, its entrance requirements. It was high school diploma of its The physical plant impressed applicants, all but a handful of



the schools Flexner surveyed were satisfied with this as a minimum level of competence, acceptable credentials" admitted students on the basis of an examination which Flexner evaluated as "markedly below the four-year high school standard." He claimed it covered 'less than two years of a good nigh-school course.

As a result, Flexner delivered the ultimate snub to Boston Univ. when he concluded in his seciton on New England:

"Whether even Boston will or should consider to support two regular schools - Harvard and Tufts (no mention of BUSM) s decidedly doubtful...If New England is in the future to be supplied with high-grade doctors, the quickest and cheapest road to that end is to complete Harvard and develop

institutions...To these two institutions, the future of medical education in New England may for many years to come be safely left."

BUSM survived Flexner's recommendation to produce nearly 3000 practicing physicians for a population that has come to demand increasingly more coverage from its medical professionals. Today, in a period when medicine and medical education is again in a period of close scrutiny and evaluation from within and from without it seems highly unlikely that anyone following in Flexner's footsteps is about to look at the new facilities, shake his head and suggest being without the school. The institution on East Concord Street has made its place and the corner it turned last November is not one leading

Exam Boycott Questions Grading Methods

proposals which came out of those meeting will clarify the complaints brought forth by the Class of 1969. It was suggested

1. The final examination be given to each student on completion of his clinical

The examination be relevant to clinical medicine and minutiae-oriented questions be eliminated.

3. The examination grade make up a smaller part of the total grade in Medicine, since the course was predominantly

4. Each lecturer in the course should hand out pertinent study guide questions and

It is important to appreciate that although the Department of Medicine is specifically mentioned, the actions of the Class were NOT directed solely against that department; rather, an attempt was being made to

considerable alienation. First, formal examinations at the end of a clinical year was not only inconsistent but grossly unfair to duties at the end of the year prevented them from rotations in favor of studying for material, the class was all-important grade-determining written expense and labor a workable examination. This situation was note-taking service. Fourthly, otherwise lie with pediatrics, would be used as the primary philosophically anti-educational. Secondly, it was learned that BUSM's rules dictated that final grades in each course be - 1.)

numerical, and 2.) standardly

distributed around a mean of

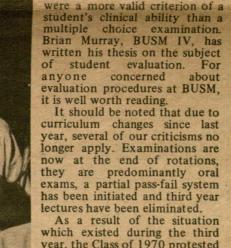
81.5 - 82.5 with a standard

DR. ROBERT WILKINS

clinical grades were insufficient.

questionable assumption that a medical school class is normally promote a much more general distributed and did not allow for During its third year courses, two or as many as fifty honor students. This system of grades the Class of 1970 which evaluates the class as a whole produced by the end of the year and each student's place in it, but only remotely and indirectly the class believed that giving evaluates a student's individual

Thirdly, lectures in the medicine course were scheduled the students whose clerkship so that from 1/2 to 2/3 of the class had other commitments at that time. Since it was known 'cramming' for the exam. The from previous experience that result was that the students the examinations were tended to ignore their clinical overwhelmingly based on lecture and stimulated to establish at its own not only detrimental to those the class was dismayed that a students whose priorities would multiple choice examination obstetrics, etc, but it was method of evaluation in a clinical year. It was felt that the same students who were adept at taking these kinds of examination would again be rewarded but that no kind of allowance was being made for were brought forth by members clinical performance. The class deviation of 5-8 points. Our class felt that personal evaluations, if felt that this was based on the time is taken to make them,



it is well worth reading. It should be noted that due to curriculum changes since last year, several of our criticisms no longer apply. Examinations are now at the end of rotations, they are predominantly oral exams, a partial pass-fail system has been initiated and third year lectures have been eliminated.

As a result of the situation which existed during the third year, the Class of 1970 protested the evaluation system as it applied to them by refusing to sign all final exams. With the

DR. DAVID CHARLES

clinical grades more than

exception of five persons, the

entire class participated in the

boycott. In a general discussion

of the boycott with the chairmen of the clinical

departments, the above points

of the class. Most of the

department chairmen felt that,

in general, most of the points

were well taken, and that it was



DR. RICHARD EGDAHL clinical grades were sufficient, then insufficient.

The performance on the months or had signed the first examinations according to each but the Department of Medicine was concerned about the fact that four people failed this examination. (Presumably had subsequent events would not have occurred).

After several meetings of the Departments of Medicine, Surgery, and Executive Faculty Committees with and without students present, it was decided that all those who did not sign their examinations would be given Incomplete and these were to be made up by retake exams. The format of these exams elect to take the exams on a these and other problems.

asis. The Department of Psychiatry, after meeting with students, decided to use the Third Year Clinical Grades as the final grade, but to interview those students whose overall performance in Psychiatry was orderline acceptable with the idditional work. Department of Obstetrics felt that its clinical grades and oral exam were sufficient to submit accurate evaluations and the Department of Pediatrics, which had no exam scheduled, relied, as usual, on clinical evaluations.

The Department of Surgery, it should be noted, had originally stated its feeling that Clinical Grades were sufficient for proper evaluation but later decided that a 45 minute slide exam (counting 60% of the final grade) was the best evaluation procedure for its department.

On September 23, the Class of unfortunate that our class would 1970 took the Medicine and not benefit from the new Surgery examinations. Eighteen Department of Medicine, which for the Medicine exam. There felt that it needed a numerical were no failures. The statistics exam grade in order to properly for the Surgery exam are not evaluate the students, since they now available. The balance of could not in retrospect set up a the people in the class were better clinical evaluation either on electives, away from the area and will be given the exam within the next two

department was not significantly The partial pass-fail system different from previous years has raised other problems that must now be faced by the Class of 1970 and by future classes who will be on a full pass-fail or pass-fail-honor system, i.e., those there been no failures, of class ranking and honors. These have yet to be worked

As must be quite obvious, the

Class of 1970 raised several basic philosophic questions about medical education, some of which have been answered by a curriculum change, but many of which are yet to be solved. A joint committee of students and Executive Faculty members has would be that a student could been established to deal with Each of us is in medical school to train for a career (his or hers) career. Unfortunately, our exposure, and hence our outlook, on the scope of the various ways of "being a doctor" is quite narrow and often quiet distorted. Too often, it seems as if the professors are training us for their careers and not our own. Curriculum reforms alleviate this only slightly. For the student who recognizes this, a number of roads are open.

It is during the elective period that the gap must be filled, if it is ever to be filled. The ways in which this can be done are endless. How far each student goes is a function only of his imagination and his desire. A substantial number of opportunities for medical study and experience exist, both in this country and abroad, and it is only recently that students at BUSM have taken full advantage of them. Until last year, a rigid Electives Committee did much to imaginative plans for varied experiences in medical education. Fortunately, this is no longer the case. The largest remaining obstacle is one of information. There is a crying need for some sort of information pool which can be made available to students at BUSM. Some medical schools, such as Columbia, have ong-standing official committees charge of securing both nformation and funds.

unorganized. All this is being changed, however. The information from the many private sources is being gathered and cross-referenced by orientation (clinical or research), geography and finances. Jane Forrest, BUSM III, is in charge of this project and has devoted many hours to it. Dr. Dewis has been helpful in recruiting the various departments of the school to handle programs specifically related to their field.

GENERAL: By and large, electives come in the fourth year of medical school, and by this time a student has enough training to make him something of a valuable commodity. This is least true here in Boston, where there is such a great concentration of medical schools, but by the same token, people from Boston institutions are looked on favorably in other sections of the country. The result of this situation is an amazing number of opportunities which you can get by simply

US: The problems of seeking electives outside Boston are different from those involved in seeking electives outside the

examined separately. First, many fellowships, research programs and externships are offered in many places. Many institutions or individuals are very happy to accept students from elsewhere for a short term. All it takes is a typewritten letter (although a little "chutzpah" helps). Using this procedure, members of the class of '70 have taken electives in New York, Ohio and California, to name just a few. One student, with an interest in heart surgery, is working with the famous Dr. Vineberg in Montreal. Another spent two months at the Lunar Receiving Lab in Houston, Texas. The most difficult part of the whole procedure is just picking a

goal for yourself. FOREIGN: Foreign opportunities are a more complex affair, mostly because of the increased expense and paper-work of trans-oceanic travel. In general, the established programs are the least expensive discourage any original and least complicated. However, there is no reason why any student cannot go anywhere, especially if he can afford to meet at least a part of the expense on his own. A look at the Class of '70 offers a good range of the

Two students went to Africa (one with his wife, a nurse) on Smith, Kline and French Fellowships. This is one of the largest and most generous ormation and funds.

All such efforts at BUSM in Israel under U.S. Public Health the past have been sporadic and Service fellowships. One student is in France studying endocrinology and one was in the West Indies under "programs" of their own making. The author spent two months in a civilian hospital in Viet Nam uder the auspices of the AMA and also received a grant to do surgery in Nepal for two months from the International College of Surgeons. A number of students have studied neurology in England under a program organized by Dr. Leonard Osler, Professor of Neurology at BUSM.

These examples are intended to indicate the kinds of opportunities which exist and are not intended as limits of any kind. The purpose of this article and of the information-gathering project on electives has been two-fold: to interest the student in this kind of experience and to make it as easy as possible to act on these interests. Students who would like further information should contact Dr. Dewis or Miss Whitehead in the Admissions Office, Jane Forrest (BUSM III)

or Mark Rapoport (BUSM IV). All you need is some imagination, some interest, some time and a six cent stamp.

-Mark Rapoport

ORGANIZATIONS

Continued from Page 3 activities included a summer pool-side party and a formal dinner, an annual spring event. The fraternity also sponsors a lecture series annually. Arrangements with drug companies are now being made to sponsor demonstrations and informative films. All, in all, an exciting year awaits the PhiDe

Frater. Consider joining! For further information, contact Jude Smith, BUSM II, Mark Cutler, BUSM III, or Harold Leeds, BUSM III.

This year's PhiDe officers are President - Harold Leeds, BUSM III, Vice-President - Mark Cutler, BUSM III, Secretary - Jude Smith, BUSM II, Treasurer Richard Karle, BUSM IV. -Harold Leeds

BEGG SOCIETY

The Begg Society, founded in 1942 by Dr. Chester S. Keefer, is BUSM's honor society. In the fall of each year, the faculty of the first two years selects fifteen members from the top third of the sophomore class. Emphasis in selection is placed on character and maturity as well as scholastic achievement.

Throughout the year, the society seeks the attendence of students and faculty at evening talks of medical and social concern and welcomes student and faculty speakers from outside the society. The Begg Society presented Dr. David French, the new chairman of the Department of Community Medicine at the beginning of November. Dr. French addressed himself to "A Critique of the Student Health Organization"

In addition to a speaking schedule, the senior members of the society award a plaque by majority vote to one faculty member in recognition of his contributions to medical education.

Questions, suggestions, or offers regarding the society or its speaking programs should be addressed to its officers c/o Box

Begg Society officers for 1969-70 are: Michael Mullarkey, President; Alan Converse, Vice-President; David Poplack, Secretary; Armen Kasparian,

ALPHA OMEGA ALPHA

Alpha Omega Alpha (A.O.A.)
Honorary Medical Fraternity is
the only nationally recognized
honorary organization open for
membership to undergraduate membership to undergraduate medical students at BUSM. In addition to students, its membership includes Alumni and Faculty who have been granted membership for distinction in the art and science of medicine. Honorary members, eminent leaders in medical and related fields, may also be admitted.

The requirements for admission to A.O.A. are as most students. follows: the undergraduate membership cannot exceed 1/6 of the total number of the students to help select the students the of the total number of the class. One-third of these may be elected in their third year of medical demonstrate the workings and school, the remainder in the fourth year. Many criteria are structure". It may be recalled structure. considered concerning each that last spring elections were candidate. The only quantitative held in each class to select criterion is that a student must be student representatives to the in the upper 25% of his class. Dean Selection Committee, and Other aspects which are one student from each class was considered are industry, elected. This seemed to be a fair, effectiveness in work, facility in correlating facts and ability to apply them to new situations. In addition, qualities of individuality, originality and open-mindedness are reviewed. Moral character in its broadest ran for election as representative sense, including reliability, for they were already included, honesty, and appreciation of before elections took place, bligation, are assessed.

obligation, are assessed.

The candidates are considered by the group of all persons who are presently members of A.O.A. at the medical school. This includes students. No candidate is includes students. No candidate is excluded on the basis of race, that was not without creed, color or sex, nor is unpopularity with students or faculty a criterion for rejection.

Robert Vigersky

that was not without controversy, the feeling of some being that a committee of self appointed representatives would suffice.



PHI D E'S SOCCER TEAM WINS UNIVERSITY INTRAMURALS

by Eric Honig

Intramural Soccer championship.

Having "semi-won" the title last year when 2 of their wins were forfeits and no playoff series was held, Phi Delta Episilon's soccer team walked off with it all this year. They had a 7-5 victory in their playoff finals over the main campus Master Booters, a team that had gone unbeaten in regular season play and had blasted PhiDe 9-2 several weeks

Co-captain Lazer Boros, BUSM II And Gary Briefel, BUSM II and the dozen members of the team won their last 4 straight to take the University Champions Trophy. Regulars included Gene Grindlenger, BUSM IV, Jose Santiago, BUSM I, and Albert Lantiner, Mark

Phi Delta Epislon's team has Schiff, Mike Boyars, Phil won the Boston University Thielhden, all BUSM It as well as Thielhden, all BUSM Ii as well as Briefel and Boros.

The BU program runs soccer games under an unusual set of rules - the field is 60 yards; the width of the Nickerson Field Astrotuf; six men play on a side; and the goalie is not allowed to use hands. "Free kicks" are defended against by the entire team crowding into the goal.

PhiDE's team almost didn't make the playoffs. They were edged 9-8 by a undergrad dormitory team early in the schedule, but the game was invalidated when it was determined that the undergrads were guilty of an equipment violation. Boros' protest was allowed and the game was unscheduled. The opponents forfieted the game and PhiDE was in the playoffs with a 3-1 record.

MEDICAL COMMITTEE FOR HUMAN RIGHTS

The Medical Committee for employment practices in health Human Rights is a national institutions by innovative organization of 7,000 doctors, recruitment, training and new nurses, social workers, health workers and students dedicated to the realization of health care not as a privilege, but as a human

Although MCHR members share a desire to create positive change in our health system, their different interests lead to involvement in areas in which they feel they can contribute. Current areas of activity which

chapter committees are working on include: 1. Equal opportunity for legal abortion for ALL racial and economic groups. 2. A new community-run "people's health movement" in Roxbury. 3. First aid and medical presence for community groups during a demonstration or outbreak of violence. 4. The "Medical Resistance Union" - an antiwar movement. 5. Physical -Michael Mullarkey examinations for youth facing the draft. 6. Improving

careers for the poor and minority groups. 7. Improving nutrition programs for the poor and minorities. 7. Providing expert testimony on areas such as reform of narcotics laws and reform of youth treatment facilities. 8. Food stamps and nutrition. Working with the legislature and community to improve school hot lunches, surplus foods and food stamps.

Open meetings every two weeks feature work on these issues as well as prominent speakers who present new and controversial directions in health care. Meetings are held every two weeks at 8 P.M. at the Harvard Medical School Courtway library For information, call "734-MCHR" or write MCHR, PO Box 382, Prudential Station, Richard Morrill, M.D.

Who pays for any excursions the officers might take?

On the other hand, were it not for a few interested individuals, would B.U. have a viable SAMA chapter? Probably not. The moral seems to be that the power is there for the taking, and the interested, dedicated individual may gain a measure of power, while fulfilling a function that really isn't of interest to

BUSM dean is perhaps the most effective way in which to democratic manner in which to select those students who would speak for the student body. The student power structure was also represented, however. Several members of the committee never

How could such an outrageous situation come about? Again, the power was there for the grasping. It was only through the industry and initiative of power structure members that students were represented on the Selection Committee at all. The forces working for student representation on this committee, may deserve the thanks of the student body for their efforts, but, seemingly their efforts were not completely representation, but apparently, partially seen as a means for the extension of their influence.

The student power structure, then, is not unlike the traditional power structure, as it is thought of by many students - a force that gets things done, in the way it wants things done, often by means of a power whose legitimacy, or at least sensitivity, might be questionable. It is probably fair to say that well-intentioned individuals are in each power structure, but that a certain number use it as a means to their own personal advancement, either to obtain prestigious positions either within or beyond the medical center, or to finance personal crusades and adventures, or to meet the people who may be useful to them in the future. One might respect that those students in the latter group may well become members of the traditional power structure in future years.

Pediatric Evening Clinic -

Did you know that there is a now meets nearly every other ommunity health clinic in the Wednesday evening from 5:30 to outh End that is run and staffed by the combined efforts health-profession students children from the South End are working with community leaders given screening physicals, eye and City Hospital M.D.s? Well, or over a year and a half, exams. The entire screening is ealth-care students have been participating in an evening End and this is made possible by pediatric screening clinic that interested people donating their

8:30 at 65 West Brookline Street. At each session 30 to 40 screening, dental checks and lab free to residents of the South

Perhaps the most unique aspect of the clinic is the fact that clinic policy is decided by the

In the past, children from NAP (South End SNAP Neighborhood Action Program), Headstart, Johnathan Kozel's South End Settlement House

specialty clinics and other their confidence. dispositions for definitive care. Most recently, efforts are being Learning Center, made to reach children who don't belong to community

time because they want to help. and many other organizations organizations and who need to have been seen at the clinic. have what is perhaps their firs Referrals are made to the complete physical exam. We daytime well-baby clinic work with and for the recently established at the same community of the South End, location, to City Hospital and by hard work have earned

November, 1969 CHIASMA Page

Are you interested in giving of yourself? Speak to: PAUI HAYDU 536-8209 or Box 20 or NEAL SHER 522-8860.

Moratorium Teach-In



OCTOBER 15 MORATORIUM AT BUSM. Dr. Howard Zinn, Professor of Government at Boston University, addressed an attentive audience seated comfortably in the Medical School's J. Mark Hiebert Lounge. In an informal and unstructured talk, Dr. Zinn discussed United States involvement in South Vietnam ever since the U.S. government "Got Diem from New Jersey and made him head of that small country in Southeast Asia."



LISTENING TO ONE of the many speakers at the Teach-In is Dr. Bernard Bandler, Chairman of the Department of Psychiatry at BUSM. Dr. Bandler was one of the strong



19, More powerful than light microscope. 21. Zeus changed her into a cow

22. Not describing surgery 23. Tumor composed of mucous tissue

6. Socially-oriented medical organization

12. Prefix; fibrous skeleton of the body.

17. Common pediatric operation; and

- 27. Haven for reformed alcoholics
- 28. Liver function test 30. Room for surgery

13. Common disease at BCH.

16. Sylvatic rabies vector.

15. Right Sacrotransverse (abrev.)

10. Length width

11. He , a virus.

- 31. Number of arteries leaving optic disc in man 33. Female form of bacterium
- 35. Pathognomonic nodes in sabacute bacterial
- endocartidis morbi, nature of a disease considered apart from its causation
- 39. Phenformin hydrochloride, trademark 40. Portion of the psyche

Down

Across

- 1. Substance increasing the flow of tears 2, Circular pigmented membrane behind cornea
- 3. Top of the head
- 4. The tragus is part of it 6. Pertaining to the breast, prefix.
- 7. Carbon
- 8. First-year subject.
- 9. Radon 11. Infection with loa loa
- 14. Syndrome characterized by cranial synostosis and syndactylism 20. Molybdenum
- 24. Disease caused by Treponema pertinue.
- 25. Disease of camels, probably in mild form of surra.
- 26. Same as across. 29. Platinum
- 32. Geriatric patients
- 34. Electroencephalogram
- 36. Elementary body 38. Nitric Oxide

Harvey Silverman

DR. RICHARD KAHN, whose current interests include community participation in health care planning, is pictured intently concentrating on Dr. Edward Pelikan's presentation dealing with biological and chemical warfare.

SOLUTION

In Our Next Issue:

CHIASMA LOOKS AT PROBLEMS

IN MEDICAL EDUCATION

"MR. OSLER, your bedside manner is 1 standard deviation below the mean."

Calendar of Events

Medical Grand Rounds - Combined Services - Boston City Hospital weekly on Wednesday at 12 Noon in Dowling Amphitheatre, Boston City Hospital.

Boston University Medical Services, Boston City Hospital. Controversies in Medicine weekly on Saturday at 10:30 a.m. in Cheever Amphitheatre, Boston City

Surgical Grand Rounds - University Hospital and 3rd Surgical Service, Boston City Hospital weekly on Wednesday at 4:30 p.m., Rm. 110, Instructional Bldg.

SPECIFIC EVENTS:

Nov. 25 - Lowell Series - "Doctors & People Talking". Sen. Edward M. Kennedy. "A Health Policy for the 70's", 4:30 p.m. in Allston Studios - WGBH-TV

Dec. 2 - Lowell Series - "Doctors & People Talking" Charles F. Code, M.D., PH.D., Director, Medical Education and Research, Mayo Clinic "Determinants of Future Medical Care" 4:30 p.m. in Allston Studios-

Dec. 2 - Department of Neurology. Elliot Mancall M.D. "Remote Effects of Cancer on the Nervous System." 10:30 a.m. Evans 8 Amphitheatre.

Dec. 3 - Psychiatry Rounds, Herbert C. Kelman Ph.D., Prof. of Social Ethics, Harvard University "Social Psychological Model of Political Legitamacy". 3:00 p.m. - Rm. 110, Instructional Bldg.

Dec. 4 - Medical Grand Rounds, University Hospital. "Acid-peptic disease; recent developments in pathophysiology", 11:25 a.m. - Evans 8 Amphitheatro-UH. Dr. Mathew Meselson, "Hot Controlled Modification and Restriction of DNA." 4:00 p.m., Rm.

Scientific Colloquium, a series of scientific presentations for the mental health professions. Dr. Stanley Shachter, Prof. of Social Psychology, Columbia University, Call Psych. Dept. for details.

Boston Student Neurological Society. Thursday "Open House" - "Guided tour" of Electron Microscopy Laboratories, 10th floor, Instructional Bldg. (Special invitation to 1st yr. Neuroscience students)

Dec. 10 - Psychiatry Rounds. Panel Discussion. "The Place of Political and Social Action in Present-day

Psychiatry". 3:00 p.m. Rm. 110, Instructional Bldg. Dec. 11 - Medical Grand Rounds, University Hosp. Seminar on Phenomema of Tolerance and Addiction to Drugs. 11:25 a.m. - Evans 8 Amphitheatre - UH. Dr. Jean Paul Revel, topic to be announced, 4 p.m. Rm. 110.

Scientific Colloquium. Dr. Roger Meyer, Division of Psychiastry, BUSM. Call Psych, Dept. for details.

Dec. 16 - Lowell Series - "Doctors & People Talking" David M. French, M.D., Prof and Chairman, Dept. of Community Medicine, BUSM. "Educating the Consumer". 4:30 p.m. in Allston Studios-WGBH-T.V. Dec. 17 - Psychiatry Rounds, Peter H. Knapp, M.D. "Image, Symbol, and Person - The Strategy of Psychological Defense". 3:00 p.m. - Rm. 110, Instructional Bldg.

Dec. 18 -Medical Grand Rounds, University Hospital. "Disorders of Pigmentation", 11:25 a.m. Evans 8 Amphitheatre - UH.

Scientific Colloquium. Dr. Peter Nathan, Dept. of Psychiatry, Harvard Medical School. "Experimental

Analysis of Chronic Alcoholism. Boston Student Neurological Society. Dr. Seymour Kety, Director, Psychiatric Research Laboratories, MGH. "Biogenic Amines in the Central Nervous System." 5:00 p.m. - Lecture - Rm. 112, Instructional

Bldg. 6:25 p.m. - Dinner - Evans 9, UH. Jan. 6 - Lowell Series - "Doctors & People Talking". Ernest B. Howard, M.D., Exec. Vice President, American Medical Association. "Organized Medicine:

the AMA". 4:30 p.m. Allston Studios WGBH-TV.

Jan: 8 - Dr. Lawrence Laber, "Two sites of Photophosphorylation in Spinach Chloroplast." 4 p.m.

Jan. 13 - Lowell Series - "Doctors & People Talking", James B. Shannon, M.D., Special Advisor to President Nixon. "Doctor and Patient as Research Team". 4:30 p.m. in Allston Studios - WGBH-TV

Jan. 15 - Dr. Alexander Rich, title to be announced. 4:00 p.m., Rm. 110.

Jan. 20 - Lowell Series - "Doctors & People Talking", Robert W. Wilkins, M.D., Professor and Chairman,

Division of Medicine, BUSM. "Needs of Medical Education." 4:30 p.m. in Allston Studios - WGBH-TV. Jan. 23 - Boston Student 'Neurological Society, Dr. Herbert R. Teager, Director, Bio-Medical Engineering Lab, University Hosp. 5:45 p.m. - Dinner - Evans 8, UH. 6:30 p.m. - Lecture - Evans 8 Amphitheatre, UH. Topic

to be announced.

Jan. 27 - Lowell Series - "Doctors & People Talking", Irvine H. Page, M.D., Director emeritus, Research Division, Cleveland Clinic Foundation; Editor, Modern Medicine. "The Science Writer as Danger," Berton Roueche, writer, "The Science Writer as Ally", 4:30 p.m. in Allston Studios - WGBH-TV. SILENT MINORITY

· CONTINUED FROM PAGE 1

of potential courses is. In addition to the Medical School courses in basic science, there are several graduate courses in each of the departments and students are urged to consider courses given on the main campus and at other universities when they are planning their work. Since most students take some of the regular Medical School courses, the details of scheduling course programs including courses given on the main campus become quite sticky, but many students find it worthwhile to work in other courses that are particularly interesting to them. Graduate courses in any science or math subject can usually be included as electives so the result is a highly individualized program.

As yet there isn't a formal organization of graduate students, but a recent poll showed that there was sufficient and interest steering committee analogous to SCOMSCA will be formed as soon as possible. Interested students can contact Jane Lian (ext. 6374) or Judy Mabel (ext. 6415). Graduate student representatives sit in on faculty meetings within the departments and it might be appropriate to have representatives at the meetings of relevant committees of the Medical School Faculty, such as the Library and Curriculum Committees.

The main communal activities of graduate students center around the seminar programs. Besides the "drudge" practice seminar courses that most have to take sooner or later, there is usually a set of departmental seminars with student, faculty and outside speakers and the Interdepartmental Seminar series every other Tuesday afternoon. All comers are welcome at any of these seminars and at the coffee hour that is usually held beforehand. A special seminar of general interest will be sponsored by the students on Thursday, December 4: Matthew Meselson will speak on Chemical and Biological Weapons at 7:30 P.M. in IB 112. Since, CS (tear gas) is being sold over the drugstore counter to individuals (no prescription), the subject matter has become more personal and all interested people are warmly urged to attend and learn about it.

As in the past, this year's group of incoming graduate students found the contact with the Medical School to be more or less groping in the dark. For instance there weren't any tours of campus or maps. And information in general was pretty hard to get. Perhaps the steering committee can work out some orientation material for next year's class. The first real mixer was a sherry hour which was very pleasant indeed. A wine-tasting is coming up in December and promises to be even better. Plans for other activities are fermenting and any suggestions are welcome

CAROLYN EBERHARD

Opportunities...

Looking for ways to express yourself? There are many programs available to medical graduate students which seek to reward your talent. Both honor and financial gratification can be yours. A partial list is included below. Other programs will be enumerated in future issues of CHIASMA. (If you know of any not contained herein, please let any member of the CHIASMA staff know).

SQUIBB PHARMACEUTI-SAMA EXHIBIT PROGRAM. This annual event requires submission of a 1500 word abstract of work done by medical students or interns (Separate categories). Five papers are selected in each Awardees \$500.00 each to defray cost of building exhibits. Winners are given the honor of displaying the exhibit at the SAMA National Convention. A grand Award winner is selected at the SAMA convention. These contestants receive an additional \$750.00 and the honor of presenting the exhibit at the AMA National Convention. Deadline abstracts: FEBRUARY

UNIVERSITY OF TEXAS MEDICAL BRANCH - SAMA SYMPOSIUM. UTMB invites submission of original research by medical students, graduate students, and house officers (separate cătegories). If selected for participation, the student is invited to Galveston (most upperclassmen live in fraternities with swimming pools and you can surf 7-8 months of the year) to present this work. The entrants are judged on basis of both written material and delivery. Prizes ranging from \$350.00 to \$1000.00 are given. There is a special prize for papers dealing with multiple sclerosis and another for papers dealing with liver disease. Deadline: MARCH 1, 1970.

Before you dismiss these awards as unattainable, note that B.U. has done very well at both

in the past. For those of you more artistically inclined, the SAMA-EATON MEDICAL ART CONTEST provides an outlet for budding artists and photographers. Choose your own media. Each media has a contest. Last year B.U.S.M. placed 1st and 3rd in photography. DEADLINE: JANUARY 15, 1970.

Got the wanderlust? The LOGAN CLENNDENON TRAVELING FELLOWSHIPS provide stipends of about \$1000.60 for a student to travel and study medical history. Three time considered ideal for this kind of project. If you win this, there other possible sources of funds to supplement expenses. DEADLINE: APRIL 15, 1970.

This year a new contest has been established. ESSAYS IN PHARMACOLOGY seek budding students who have done work in areas of pharmacology to submit drafts of their work to be in areas of pharmacology to submit drafts of their work to be be judged by pharmacologists

(including EWP). DEADLINE:
JAN. 1. 1970.
Last year, there was a contest
sponsored by the AMERICAN
SOCIETY FOR CLINICAL PATHOLOGISTS seeking papers in the field of pathology especially those from a clinical vantage. Dr. Robbins' office should have further information.

Some of these events are posted on the bulletin boards across from the mailboxes. Miss Whitehead should have more information concerning these and other possibilities.

DR. STONE

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demands and responsibilities of his office would prevent him from conversing with students directly as often as he would

Speaking about medicine and society, he emphasized that the effective delivery of health care is one of the major tasks of the medical community. However, he believes that training more medical students is inadequate. In his opinion, the training and efficient use of allied health workers is the key to the solution.

Dr. Stone mentioned additional areas of increasing importance, including the need for strong medical school administration. His experience has shown that expanding size, complexity, financial problems and community responsibilities necessitate strengthening of medical school administration and underline the need for effective leadership and organization. Other subjects requiring review and action include the balance of teaching and research programs, the importance of interdisciplinary cooperation and the place and scope of research in medical

He has also outlined broad and energetic goals for his office. For example, our new Dean is anxious to provide faculty leadership to run his office most effectively and efficiently and to maintain honest constructive relations with other administrators, faculty and students. Most important, he is firmly convinced that BUSM has the necessary potential to become a great medical school and he is anxious to help us attain this goal in the near future.

At the end of 1969, Dr. Stone, with his wife and two sons, ages 16 and 19, will be moving to the Boston area. We are fortunate that, among others things, Dr. Stone's love of the ocean and sailing, has attracted him to our coastal town. And, perhaps, New England, in its peaceful, picturesque moments, resembles the Old World country of his early life.

Yes, January 1, 1970, is a day of beginnings - a new year, a new decade, and a new Dean for

Are You Interested In Medical Education?

The Second National Conference on Medical Education will be Held in Chicago, Illinois February 5-7, 1970

IF INTERESTED IN ATTENDING.

PLEASE LEAVE NAME AND TELEPHONE NUMBER IN BOX 476