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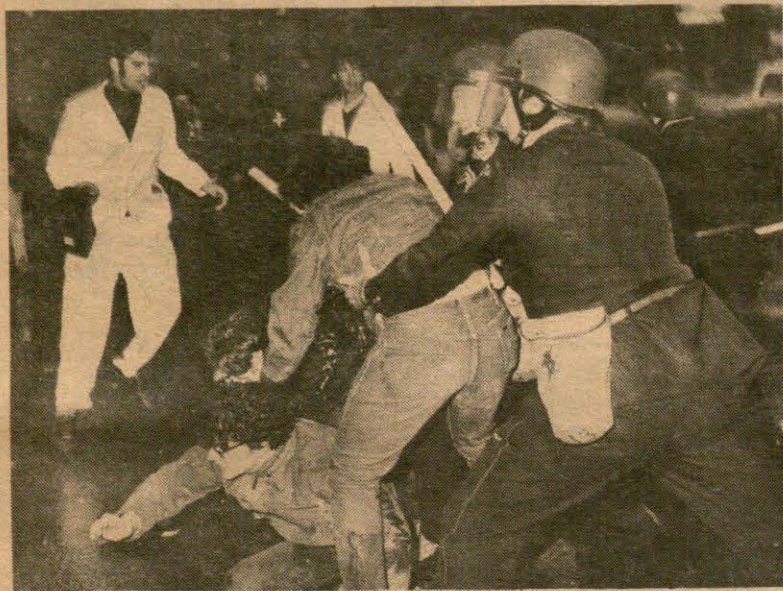


CHIASMA

VOL. I NO. 1

BOSTON UNIVERSITY SCHOOL OF MEDICINE

NOVEMBER 1969



Medical Presence At MIT is Met with Violence

By Mark Rapoport

White coats have become a 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 melange 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. Primary objections were against the MIRV (Multiple Independently Targeted Re-entry Vehicle) missile system and the

MTI (Moving Target Indicator), a more efficient way of killing Vietnamese. 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 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 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 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 group elected to withdraw from

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.

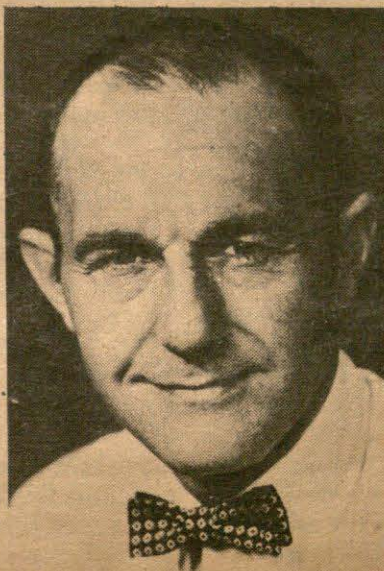
JANUARY 1, 1970 Dr. Daniel B. Stone will step into the office opposite the flashy, flashing neo-mural and will be the new Dean of Boston University School of Medicine. Dr. Stone, presently the Executive Associate Dean and Professor of Internal Medicine at the University of Iowa College of Medicine, was 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 Professor and Executive

Associate Dean. During this time, he won the Markle Scholar Award in Academic Medicine



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

Dean's Committee, all at Iowa. He is presently a Fellow of the Royal Society of Medicine and a member of both British and American Medical 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 record 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

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Silent Minority Speaks

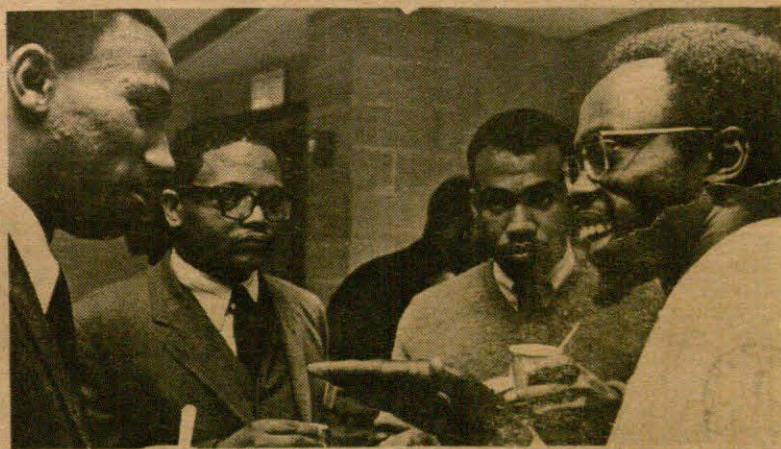
Roughly eighty graduate students are studying for higher degrees here at the medical school. They have come from a wide variety of backgrounds, including other graduate and professional schools and are attracted by the opportunities to study in a situation in which a small number of students receive 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 Ph.D.

Graduate students are registered in the Graduate School, Division of Medical Sciences except for a few Biochemistry majors who are in Joint Biochemistry-Medical Campus. Medical Science

students must choose a minor subject in either another 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 faculty will organize a program of medical school tours, arrange interviews for these as well as minority group students within Boston, and provide information

about medical school in general. The tentative schedule is as follows:

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.

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

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Prescription for B.U.S.M.

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

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 facilitate communication between faculty and students.

Gretchen Silverman's comparative study of student health facilities concludes that our health service is inferior 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 editorial staff and the organizational characteristics which identify it as a school newspaper.

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 body, faculty and alumni? What is its role in the power structure of the medical center?

Any comprehensive statement about the paper is invalid. The true meaning cannot be understood in terms of the aims and desires of the editorial staff but rather in terms of the

HARVEY GROSS

individual who reads the paper and writes about what he is thinking and feeling. Hopefully, each individual will derive a personal meaning from the collection of articles. Thus, the 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?

In sum, the paper is undefined, its meaning still 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.

Violence.... CONTINUED FROM PAGE 1

the action. The over three 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 strayed from their companions.) Even the "medics" formed "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 at the doors to the "1-lab". The area was saturated with observers, photographers, and M.I.T. officials, but the police were conspicuous in their absence. M.I.T. had instructed lab 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 M.I.T. 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 removed 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 blue 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 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 hand.

Newsmen were pushed out of the way and off the sidewalk by the police, but the medical people declined to move. The decision to stay was a basic one. Anyone, medic or not, remaining on the street after the order to disperse could expect to be arrested, beaten or both. The one compelling reason for staying in spite of this is a simple one. If indeed we had accepted a responsibility to look after any injured, our place was where those injuries were apt to occur. We considered ourselves separate from the demonstrators and indicated this by wearing no

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 or so medical students, nursing students and M.D.'s that chose to remain had decided long before the moment arrived.

In answer to our repeated intentions to stay, one policeman assured us, "Don't worry about those kids, we know how to take care of them." One of the medical 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 of 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 job 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 restraining, sometimes physically, subordinates who broke ranks to make contact with each other. Two arrests were made. Student injuries totaled around a dozen, and newsmen were hurt and to my knowledge no police were injured. The "1-labs" were shut down for two hours, a "first" which the demonstrators considered a significant victory. More demonstrations were promised, but none were of a nature to cause further police action.

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 which they cannot agree. Most will be quiet, but some will not. The days of people sitting still while the police and others beat them are over, killed in Memphis with Dr. King. "Medics" will continue to be called on and be needed. Some of the actions are extreme, but they are only the reaction to extreme conditions. To write them off as frivolous acts is a disservice to the youth, to ourselves, and to the country.

From among these dissident youths will come many of the leaders of America and unless we make great efforts to understand them, there will be great trouble in this country and in the world.

There are very few moments of peace during the day in twentieth-century Boston. Perhaps, one of the few moments of quiet is in the bathroom where one may read the paper, write graffiti or reflect. However, in this setting another malady has appeared in the literature-toilet-seat-neuropathy (NEJM- June 26,

Through the Retrospectoscope

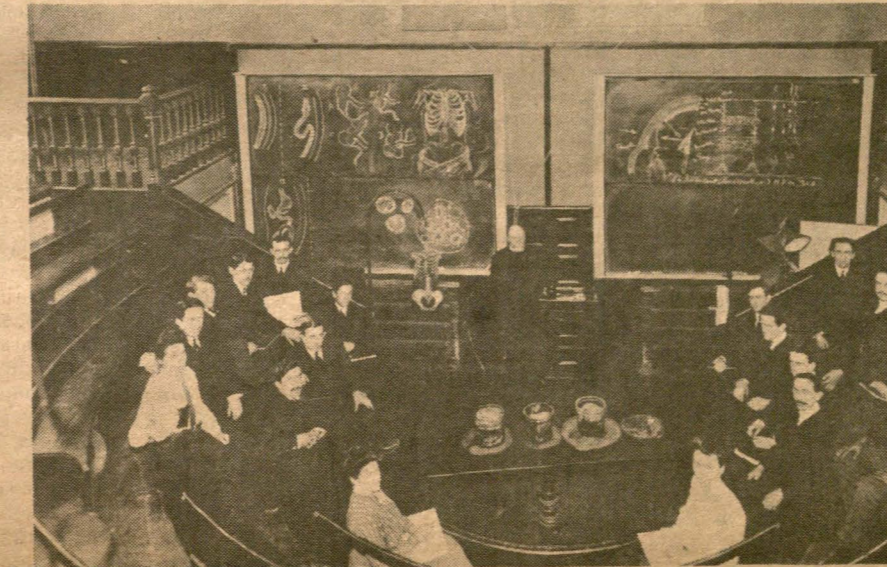
A Look At Medical Education At BUSM. 1909



A corner was turned at East Concord Street last spring when BUSM's new Instructional Building was dedicated with all the ceremony that always accompanies steps away from a firmly rooted past towards a challenging future.

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 the Evans Clinic of 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 sat cater-corner to Building C which until 15 months ago was Boston University School of Medicine.

St. with mixed feelings. Favorably impressed by some of what he saw, he nonetheless classified the School as a second-class institution — one that would have to sharply upgrade its students in order to survive. Judging from his analysis of New England medical facilities, he did not feel BUSM capable of shaping up. It was not that he felt that the school was a discredit to the profession as he did of a number of others. In fact, he had high 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 contribution to an area of



Exam Boycott Questions Grading Methods

CONTINUED FROM PAGE 1

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

1. The final examination be given to each student on completion of his clinical rotation.
2. 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 clinical.
4. Each lecturer in the course should hand out pertinent study guide questions and bibliography.

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 promote a much more general educational concept.

MINORITY STUDENTS

CONTINUED FROM PAGE 1

and transportation, provided by BUSM students, to BU.

Friday, December 12 - Convocation, medical school tour, informal lunch, CPC, 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 especially at lunch and dinner time. More specific requests will be made, but if you want further information or want to volunteer in some capacity, please contact one of the following people:

David Thanhauser or Henry White BUSM I; Charlie Welch BUSM II; Carl Brotman or John Dundas BUSM III; Sam Shaumba or Mike Mullarky BUSM IV.

the country already too overloaded (in his opinion) by "physicians, competent and otherwise. There was another strike against BUSM in Flexner's mind. The school had been founded as a 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 homeopathic 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 Flexner's mind, BU was guilty by association. The physical plant impressed Flexner:

...this school has an excellent building, admirably kept (Eddie?) and well-equipped, and attractive laboratories for pathology, bacteriology, physiology, chemistry, and anatomy. There is no experimental pharmacology. It possesses a library ... (and) a beautifully mounted collection of pathologic material...The dispensary controlled by the Boston University School of Medicine must be included in the number of excellently housed, equipped, and organized institutions... comparing favorable in equipment, organization, and conduct with the best institutions of the kind in the country.

Nevertheless, a third strike existed against the School, its entrance requirements. It was not unusual that day for a medical school to ask only a high school diploma of its applicants, all but a handful of



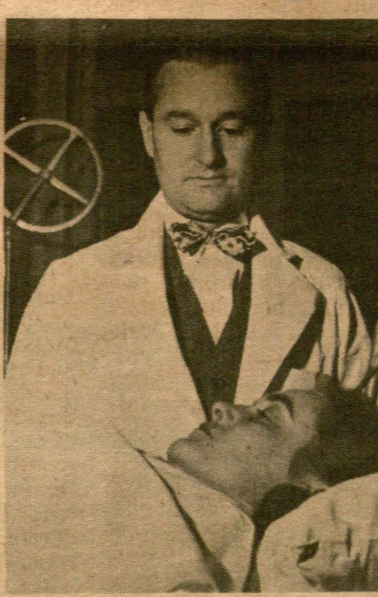
the schools Flexner surveyed were satisfied with this as a minimum level of competence, but BU, "in default of acceptable credentials" admitted students on the basis of an examination which Flexner evaluated as "markedly below the four-year high school standard." He claimed it covered "less than two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

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

"Whether even Boston will or should consider to support two regular schools — Harvard and Tufts (no mention of BUSM) — is 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 Yale rather than to maintain

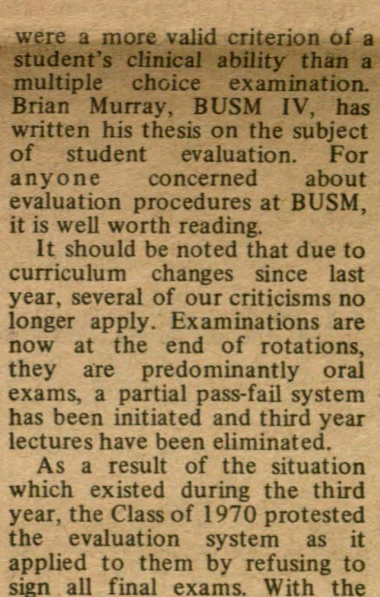
several more or less imperfect institutions...To these two institutions, the future of medical education in New England may for many years to come be safely left."

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 up a blind alley.



DR. ROBERT WILKINS ... clinical grades were insufficient.

questionable assumption that a medical school class is normally distributed and did not allow for the possibility of there being two or as many as fifty honor students. This system of grades evaluates the class as a whole and each student's place in it, but only remotely and indirectly evaluates a student's individual competence. Thirdly, lectures in the medicine course were scheduled so that from 1/2 to 2/3 of the class had other commitments at that time. Since it was known from previous experience that the examinations were overwhelmingly based on lecture material, the class was stimulated to establish at its own expense and labor a workable note-taking service. Fourthly, the class was dismayed that a multiple choice examination would be used as the primary 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 clinical performance. The class felt that personal evaluations, if the time is taken to make them,



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

unfortunate that our class would not benefit from the new curriculum. The outstanding exception, at that time, was the Department of Medicine, which felt that it needed a numerical exam grade in order to properly evaluate the students, since they could not in retrospect set up a better clinical evaluation procedure. The performance on the examinations according to each department was not significantly different from previous years but the Department of Medicine was concerned about the fact that four people failed this examination. (Presumably had there been no failures, 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 would be that a student could elect to take the exams on a

DR. DAVID CHARLES ... clinical grades more than sufficient.

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 been established to deal with these and other problems.

pass-fail or numerical grade basis. 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 borderline acceptable with the possibility of assigning additional work. The 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 1970 took the Medicine and Surgery examinations. Eighteen persons elected numerical grades and 35 persons elected pass-fail for the Medicine exam. There were no failures. The statistics for the Surgery exam are not now available. The balance of the people in the class were either on electives, away from the area and will be given the exam within the next two months or had signed the first exam.

These have yet to be worked out.

Electives Limited Only By Imagination

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 quite 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 discourage any original and 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 long-standing official committees in charge of securing both information and funds.

All such efforts at BUSM in the past have been sporadic and 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 asking for them.

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

United States and should be 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.

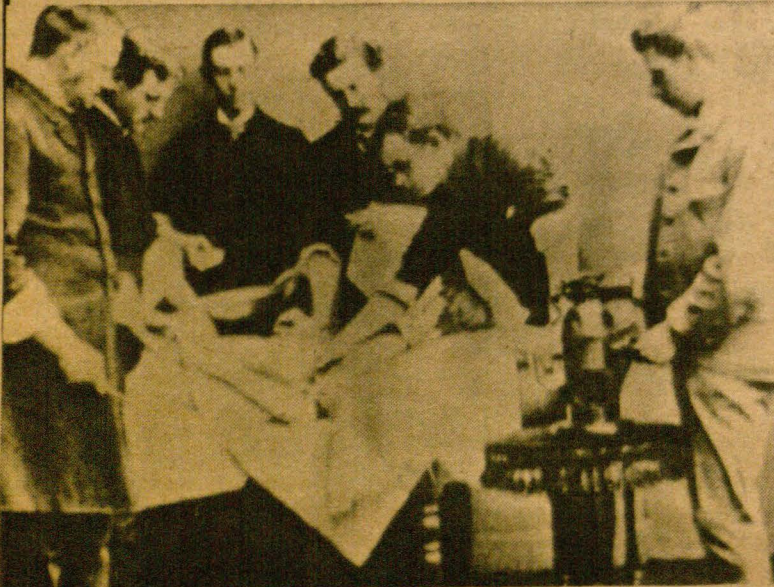
FOREIGN: Foreign opportunities are a more complex affair, mostly because of the increased expense and paper-work of trans-oceanic travel. In general, the established programs are the least expensive and least complicated. However, there is no reason why any student cannot go anywhere, especially if he 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 possibilities.

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 programs. Two students are now in Israel under U.S. Public Health 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 under 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

In Our Next Issue: CHIASMA LOOKS AT PROBLEMS IN MEDICAL EDUCATION



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

STUDENT 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 attendance 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 430.

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

—Michael Mullarkey

ALPHA OMEGA ALPHA

Alpha Omega Alpha (A.O.A.) Honorary Medical Fraternity is the only nationally recognized honorary organization open for 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 follows: the undergraduate membership cannot exceed 1/6 of the total number of the class. One-third of these may be elected in their third year of medical school, the remainder in the fourth year. Many criteria are considered concerning each candidate. The only quantitative criterion is that a student must be in the upper 25% of his class. Other aspects which are considered are industry, 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 sense, including reliability, honesty, and appreciation of 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 excluded on the basis of race, creed, color or sex, nor is unpopularity with students or faculty a criterion for rejection.

Robert Vigorsky

SPORTS

PHI D E'S SOCCER TEAM WINS UNIVERSITY INTRAMURALS

by Eric Honig

Phi Delta Epsilon's team has won the Boston University 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 Epsilon'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 earlier.

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

Schiff, Mike Boyars, Phil Thielhden, all BUSM II's 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 Astrofuf; 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 an 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 forfeited the game and PhiDe was in the playoffs with a 3-1 record.

MEDICAL COMMITTEE FOR HUMAN RIGHTS

The Medical Committee for Human Rights is a national organization of 7,000 doctors, nurses, social workers, health workers and students dedicated to the realization of health care not as a privilege, but as a human right.

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 examinations for youth facing the draft. 6. Improving

employment practices in health institutions by innovative recruitment, training and new careers for the poor and minority groups. 7. Improving nutrition programs for the poor and minorities. 8. Providing expert testimony on areas such as reform of narcotics laws and reform of youth treatment facilities. 9. 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, Boston 02199.

Richard Morrill, M.D.

STUDENT POWER

Continued from Page 3

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 most students.

A review of the events surrounding the selection of students to help select the new BUSM dean is perhaps the most effective way in which to demonstrate the workings and power of the "student power structure". It may be recalled that last spring elections were held in each class to select student representatives to the Dean Selection Committee, and one student from each class was elected. This seemed to be a fair, 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 ran for election as representative for they were already included, before elections took place, selected from among themselves, qualified by virtue of their existence. It is also of great interest to note that the issue of having any elected representatives at all was one that was not without controversy, the feeling of some being that a committee of self appointed representatives would suffice.

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 based on a dedication to student 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.

Did you know that there is a community health clinic in the South End that is run and staffed by the combined efforts of health-profession students working with community leaders and City Hospital M.D.s? Well, for over a year and a half, health-care students have been participating in an evening pediatric screening clinic that now meets nearly every other Wednesday evening from 5:30 to 8:30 at 65 West Brookline Street. At each session 30 to 40 children from the South End are given screening physicals, eye screening, dental checks and lab exams. The entire screening is free to residents of the South End and this is made possible by interested people donating their

time because they want to help. Perhaps the most unique aspect of the clinic is the fact that clinic policy is decided by the community. In the past, children from SNAP (South End Neighborhood Action Program), Headstart, Johnathan Kozel's Storefront Learning Center, South End Settlement House

and many other organizations have been seen at the clinic. Referrals are made to the daytime well-baby clinic recently established at the same location, to City Hospital specialty clinics and other dispositions for definitive care. Most recently, efforts are being made to reach children who don't belong to community

organizations and who need to have what is perhaps their first complete physical exam. We work with and for the community of the South End, and by hard work have earned their confidence. Are you interested in giving of yourself? Speak to: PAUL HAYDU 536-8209 or Box 201 or NEAL SHER 522-8860.

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Across

1. Hepar
6. Socially-oriented medical organization
10. Length width
11. He , a virus.
12. Prefix; fibrous skeleton of the body.
13. Common disease at BCH.
15. Right Sacrotransverse (abrev.)
16. Sylvatic rabies vector.
17. Common pediatric operation; and
19. More powerful than light microscope.
21. Zeus changed her into a cow
22. Not describing surgery
23. Tumor composed of mucous tissue
26. Carbon
27. Haven for reformed alcoholics
28. Liver function test
30. Room for surgery
31. Number of arteries leaving optic disc in man
33. Female form of bacterium
35. Pathognomonic nodes in sabacut bacterial endocarditis
37. morbi, nature of a disease considered apart from its causation
39. Phenformin hydrochloride, trademark
40. Portion of the psyche

Down

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

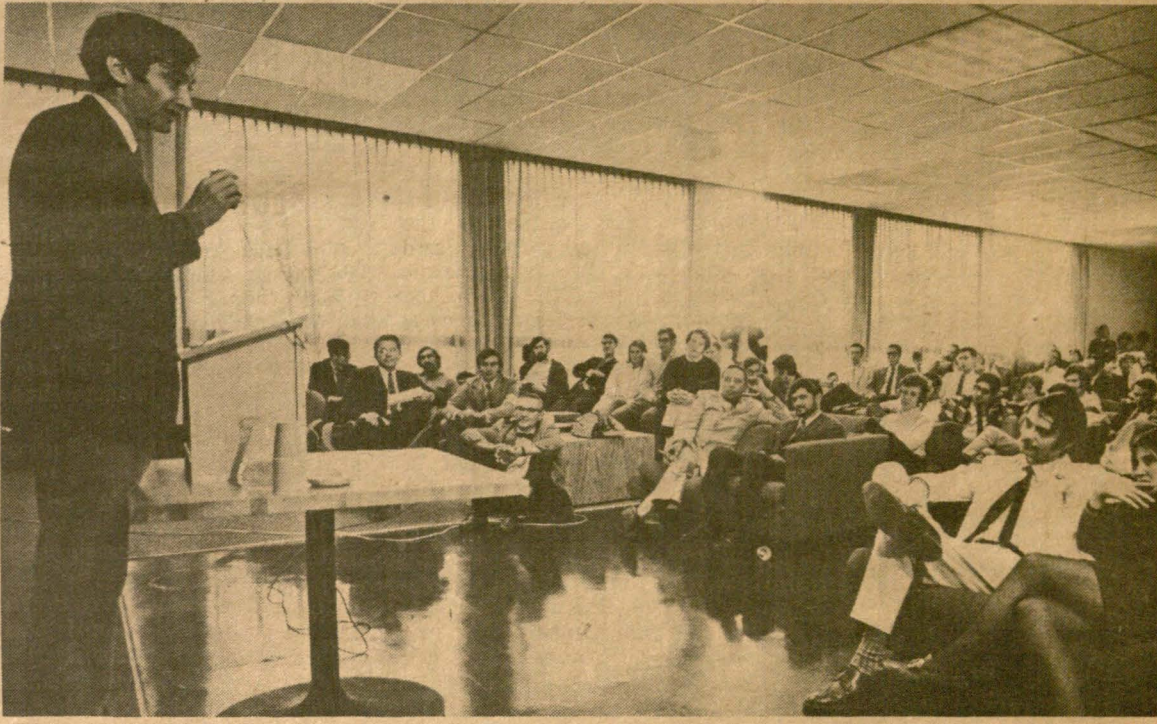
Harvey Silverman

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SOLUTION

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.

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 proponents of the general faculty resolution calling off classes for Oct. 15 and endorsing the goals of the Moratorium in bringing a swift halt to the Vietnam conflict.



Calendar of Events

GENERAL

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 Hospital.

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 - WGBH-TV.

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 Legitimacy". 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 Amphitheatre - UH. Dr. Mathew Meselson, "Hot Controlled Modification and Restriction of DNA." 4:00 p.m., Rm. 110.

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 Phenomena 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 Psychiatry, 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. Rm. 110.

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.

Submit schedules to CHIASMA, Box 390.

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 interest and a 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 initial 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 and 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 PHARMACEUTICAL - 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 category. Awardees receive \$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 for abstracts: FEBRUARY 28, 1970.

UNIVERSITY OF TEXAS MEDICAL BRANCH - SAMA SYMPOSIUM. UTMB invites submission of original research by medical students, graduate students, and house officers (separate categories). 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 CLENNEDEN TRAVELING FELLOWSHIPS provide stipends of about \$1000.00 for a student to travel and study medical history. Three months time is usually considered ideal for this kind of project. If you win this, there are 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 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 TO ARRIVE

CONTINUED FROM PAGE 1

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

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 education.

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 and 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 other 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 BUSM.

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