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# ariel

VOL. 5 NO. 1

MONDAY, OCTOBER 16, 1972

## Mackowiak Named New Dean

by Joseph Sassani

On July 1 Dr. Robert Mackowiak assumed the position of Assistant Dean for Student Affairs. He seems to be uniquely qualified for this sensitive position. A former student at Jefferson, Dr. Mackowiak has known many of the faculty from the other side of the lecturn. He represents both major of the faculty through his dual appointments in the departments of Medicine and Physiology, and the student body has given him the Lindback Award for his excellence in teaching. In the future he may be even more aware of what it means to be the man in the middle. Regarding this he says, "Formerly I was probably considered more of a clinical physiologist by the members of the department of Medicine and an internist by my colleagues in the department of Physiology; now that I'm an Assistant Dean I hope I won't be a pariah to anyone."



ROBERT MACKOWIAK, M.D.

While admitting that his new office will provide many challenges, Dr. Mackowiak is anxious to do what he can to serve what he believes is Jefferson's reason for being...its students and their education. To this end he hopes to reduce one of the greatest stumbling blocks to education, weak study and reading skills, through early detection of weak readers and early courses, if needed, in remedial reading and study skills.

Dr. Mackowiak believes that the current system of evaluation leaves room for improvement and for that reason he initiated a "standard error" reporting system for the Spring 1972 ICM

course grades; now, beginning Fall 1972, this system will be officially integrated into the compilation of grades for succeeding ICM courses. Moreover, this system has been a recommendation of the Committee on Student Promotions for all courses.

Dr. Mackowiak applauds the increased interest in community medicine among Jefferson students. He believes that, "the LMD is the cornerstone of American medicine, without whom the whole system would collapse." It is not his belief that Internal Medicine is always the proper route for those who have a prime interest in Family Medicine. Internal Medicine tends to foster awareness of problems of in-patient highly specialized medical practice while a broad general knowledge of clinical medicine is what is required of the family physician. For those interested in com-

munity medicine he often suggests a family practice residency. When it was suggested to him that at a large medical center one is given the impression by some of the staff that adequate medical care cannot be administered by an LMD, Dr. Mackowiak stated, "I don't deny that some may infer that, but I don't, and I take any opportunity to orient such people to the realities of the real world."

When asked to give one major advantage of the new curriculum, Dr. Mackowiak stated, "Unquestionably the biggest advantage of the new curriculum is the early clinical contact...the only way to learn medicine is at the bedside." It is his belief, however, that the first day of medical school is not the time for the students to meet patients as he thinks it would be more frustrating than enriching. Dr. Mackowiak cites Pathology as a kind of cutoff point before which clinical experience would be of little didactic value. Short of actual patient contact, however, he does see a need for clinically oriented material in the first year and is therefore pleased that incoming freshmen will learn emergency medicine (cardiopulmonary resuscitation, etc.) at the very outset of their medical education. A lecture-based "Approach the Patient" course will continue to be part of the freshman curriculum.

While Dr. Mackowiak sees his new position as a student-oriented one, he does not view the student body as faultless. He is quick to condemn "those who would criticize without providing a viable alternative." On the

(Continued on page 6)

## Jefferson Workers Unionize

by Bob Sklaroff

The service employees of the Thomas Jefferson University Hospital voted for unionization in a hotly-contested election battle last June. Sixty per cent of those voting chose Local 1199C of the National Union of Hospital and Nursing Home Employees, AFL-CIO, as their representatives in all future contract negotiations. Approximately 750 of the 800 eligible voters cast ballots.

Anyone who entered Foerderer Pavilion or rode an elevator in the hospital in the weeks preceding the vote on June 29 saw evidence of the intense campaigning conducted by both sides.

### Effects of Unionization

To the hospital administration, 1199 will bring added costs and the uncertainties of collective bargaining. The union demands a minimum salary for Philadelphia hospital employees of \$130 per week (current minimum wage \$100), plus complete medical, dental and pension coverage. Furthermore, the threat of a strike has been created.

To 1199, control of Jefferson's 800 employees will mean added power and could also mean an added annual income approaching \$72,000. (Each union member will pay \$7.50 per month or \$90 per year.) This payment will not begin, the union leaders emphasize until the union has negotiated contracts which give the workers more than \$90 additional yearly wages.

However, Pennsylvania Labor laws require that this union be an open shop, so only those workers who signed union cards (before or after the election) must join 1199.

### Effects of Unionization

To the employees of TJUH will go both the benefits and risks of unionization. Most important to the workers and the union-organizers interviewed were wage increases, definition of duties, job security and health benefits. 1199 will afford protection for the workers against arbitrary firing or job transfer. The disadvantages of unionization (more difficult to define) might include loss of wages in a prolonged strike and damage to the "image" as public employees.

### Conduction of Election

The secret-ballot election was held on June 29 in McClellan Hall and was conducted by the National Labor Relations Board. Once the NLRB had been petitioned by 1199C to hold the election (in March) no increases were permitted in either salary or fringe benefits--this to preclude any influencing of the vote by management.

Union organizers distributed a 4-page tabloid modeled after the Philadelphia Daily News which attempted to instill within the worker a sense of personally belonging to 1199C. "The Inquiring Photographer" (sic), for example, pictured 10 workers explaining their "typical

reasons" why a vote for 1199C would improve the worker's status (definition of job duties; sick leaves, decent vacations, unresponsive management, job security, fringe benefits, prevention of sub-contracting, more communication, more dignity, more courtesy, fewer working hours, better working conditions, more medical coverage, seniority rights, family disability coverage, higher wages).

Another article, "An Einstein Worker Speaks from Her Hospital Bed," told of a nursing assistant from Einstein South who was not to receive sick time. She concluded, "We need the union to put a stop to favoritism. For instance, RNs (registered nurses) were told they could get up to 120 days accumulated sick leave. What about us? Don't we have needs too?"

Mrs. Coretta King, wife of the slain civil rights leaders, was also pictured during a visit to Temple University Hospital, "to urge workers to vote 1199. They did, by a whopping margin."

### Balance of Power

The administration's past control over the salary, hiring, firing and fringe benefits of the employee has been measurably counterbalanced by the election of 1199. Local 1199C now controls the contracts of 10,000 area hospital workers. It recently moved into a new seven-room office at 1315 Race St. (second floor). Like the offices of their Hospital Administration counterpart, it has wall-to-wall carpeting and is chock-full of starkly modern office furniture and machinery. There is also a meeting hall for more than 250 persons.

Hospital workers covered by 1199C membership hold the following jobs: licensed practical nurses, clerical employees, technicians, social workers, porters, dietary workers, housekeepers, some secretaries, central supply workers, operating room orderlies, custodians, laundry workers, pharmacy aides.

Hospitals with workers unionized under Local 1199C include: Thomas Jefferson University; Albert Einstein Medical Center, Southern (Daroff) Division; Hahnemann; Temple University; Phila. College of Osteopathic Surgery, 48th St.; Phila. College of Osteopathic Surgery, City Line Ave.; Metropolitan; Episcopal; Medical College of Pennsylvania; Wills Eye; St. Luke's; Children's; Broad St.

Also, the following nursing homes have 1199C members: Rest Haven (in Broomall, Chestnut Hill and Wynnebrook); Ponce de Leon; Greenwich; Langhorne Gardens; Cedars of Tel-Aviv; Inglis House; Workmen's Circle; Philadelphia Geriatric Center. The Delaware Valley Hospital Laundry, as well as the Metropolitan Hospital Laundry, have been unionized.

## Venereal Disease: Nations No. 1 Epidemic

By Martin B. Wingate, M.D.  
Professor of Obstetrics and Gynecology  
Jefferson Medical College

The nation's number one health epidemic is not scarlet fever, mumps, or measles, but a plight far more devastating--venereal disease, and in particular gonorrhea. The victims have more than doubled in the past six years to a conservative estimate of 2.2 million.

About every 15 seconds someone becomes infected with the vile disease, which causes irreversible damage to the body and mind, paralysis, and eventually death. It's counterpart is syphilis, whose consequences are just as awesome.

Both diseases are curable, provided that they are treated early. But if not, the internal damage of gonorrhea and the mental destruction of syphilis are unchangeable. The overwhelming majority of women with gonorrhea--about 80 per cent--have no symptoms. The disease eats silently away within the body, and the only way to detect its presence is by laboratory analysis.

The problem is no longer confined to adults. Liberalized attitudes toward sex at an early age, sex with more than one partner, and the accessibility of birth control devices have caused venereal disease to run rampant through the teenage population. But now even tiny children, as young as 3 or 4, are being discovered as victims.

The old belief that VD is contagious only through direct sexual contact is now being seriously questioned. Evidence exists that the gonorrhea organism can be passed on by way of bed sheets, towels, and even toilet seats. The sexually inactive are not necessarily spared.

What are the results of untreated VD? Patients with syphilis can expect to undergo disastrous suffering, beginning with ulcers and body pains, progressing through nerve and organ damage, and terminating in hopeless insanity as death approaches. Neglected gonorrhea infections, equally as deadly if not stopped, can sometimes be treated in women by means of extensive surgery--a

(Continued on page 6)

## Freshman Class Statistics

To give your weary eyes respite from the hum-drum of news articles, ARIEL applied "local totalators" to the data sheets in the Admissions Office and came up with the following facts and figures about the recently-entered Class of 1976.

It was a record class, statistics-wise, with the highest ever: number of applicants (3880), number of interview (910), number admitted (223), ratio of applications to available spaces (1 out of every 17.4 applicants admitted), and per cent Pennsylvania residents in the Class (78 per cent).

As far as special programs, 40 Jefferson-Penn State students are in the Class, as well as 20 in the Delaware Program (there were a high of 80 applicants for those 20 spots).

The number of applicants who were sons and daughters of alumni increased, with 38 matriculating out of 81 applying. The number of female applicants rose to 579, with 32 accepting and subsequently entering.

Geographically, out of a total of 223 students, Pennsylvania led all contributors with 174; next, Delaware gave 20, followed by

(Continued on page 5)



# Editorial Board

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## A Commentary

### On 1199C

by Bob Sklaroff

Private corporations have become increasingly accountable to the public, as well as to their stockholders. Only recently has it been recognized widely that labor unions also share this duty to serve those to whom they are not directly responsible.

The necessity for unionization to protect employees has been rightfully taken for granted for decades in America. The labor movement has become part of the "Establishment." Lately, the public distaste for the escalating militancy of unions has dampened this traditional support. When the trade-unionists caused \$½ million of damage to the Valley Forge Sheraton, when they wrecked several rooms in the Center City Sheraton, and when they attacked J. Leon Altomose on Chestnut St., they alienated large segments of the community which had consistently supported them in the past.

The public has also grown weary of long strikes. A decade ago, they were tolerated because the consensus regarded as sacred the right for and the process of collective bargaining. Today, the harm done by extended shut-downs to such causes as mass transit and public education is seemingly irreparable; the people just won't trust any vehicle but their own, private automobile to move them from place to place.

Hospital unionization, too, carries its responsibilities. Labor organizers must plead their cause honestly without unnecessarily inflaming any pre-existing conflict.

Local 1199C has not met this public responsibility.

Quoted below are the introductory and concluding paragraphs (not taken out of context) from an article entitled "The Double Crossers" from 1199 News, their national union publication. Note the fact that those who face the brunt of the attack (the hospitals) are not those who are responsible for the union's problem (the National Pay Board):

"Following is a partial list of employers who are trying to cheat Local 1199 members or wage increases they are entitled to (sic). These employers negotiated wage increases in contracts with the union and are now trying to use the Pay Board (established by Pres. Nixon) to avoid paying those increases..."

"The union will do everything possible to win Pay Board approval of the full amounts due all workers, pursuing them on its own if employers refuse to cooperate. It will also continue to publish a list of employers who are trying to cheat workers of wage increases they are entitled to. Whatever happens, Pres. (Leon J.) Davis says, 'These employers won't get away from paying their employees every cent they are due.'"

Conversation with 1199C organizers is not only spiced with rhetoric as illustrated above; one leader seemed to compose examples to fit his allegations. In a conversation held almost a year ago, he charged that the salaries of the workers whom he was trying to unionize had just been raised by the administration to motivate them to vote against the union. When asked his source of information, he said "an inside source," refusing to go into further detail. When reminded of the wage-hiring freeze which had been declared at the end of June 1971 (and was still in effect, as the state had not yet passed the

J.D.K.

## A Few Opening Remarks

This year Ariel is introducing several new regular columns. One of them is entitled the Speak Out Article of the Month and it will concern itself with presenting to the reader excerpts from articles previously published in highly reputable journals. The content of these excerpts will deal with topics that are either somewhat controversial, or provide information that has not yet been widely disseminated or just plain express interesting little asides.

It is hoped that the Jefferson community will respond to this effort with a barrage of letters to our mailbox. We maintain that medicine is a dynamic rather than a static discipline and that the most effective time-tested way to approach the truth has always depended on a lively and (if only superficially) friendly exchange of ideas. Therefore, your thoughts on the importance or validity of positions taken in this column will be most sincerely welcomed. Our belief is that a good argument will thrive on criticism whereas a bad one will deservedly be shown up for what it is.

Needless to say the viewpoints expressed in this new section do not necessarily reflect the opinions of the paper or of any of the members on its staff. Furthermore, if any of our readers come across a journal article that they feel would qualify as a good candidate for quotation in

the new section, please let us know. Your participation would be appreciated.

We are also very pleased to announce that Ariel has established ties with an English counterpart - "too MUCH". "Too MUCH" is the paper of the University College Hospital Medical School (UCHMS) which is affiliated with the University of London. The editor of "too MUCH" - Mike Sinason - is just as keen as we are to encourage a running dialogue between schools. From now on any article printed in Ariel can - loosely speaking - be transplanted with moral immunity onto the pages of its counterpart and vice versa.

Judging from back issues of too MUCH we have found it to be well written, informative and often witty. Therefore we are sure that our readers will profit from this arrangement. And if any of our readers are curious about the British point of view on a certain topic they have been invited to send their inquiries or comments to the letters to the editor column of "too MUCH". (This might best be expedited by placing the letter initially in the Ariel mailbox and we'll send it off from there).

We hope that this year will mark the beginning of a fruitful association that will last for many years to come.

## Beware: The Choice You Make May Not Be Your Own

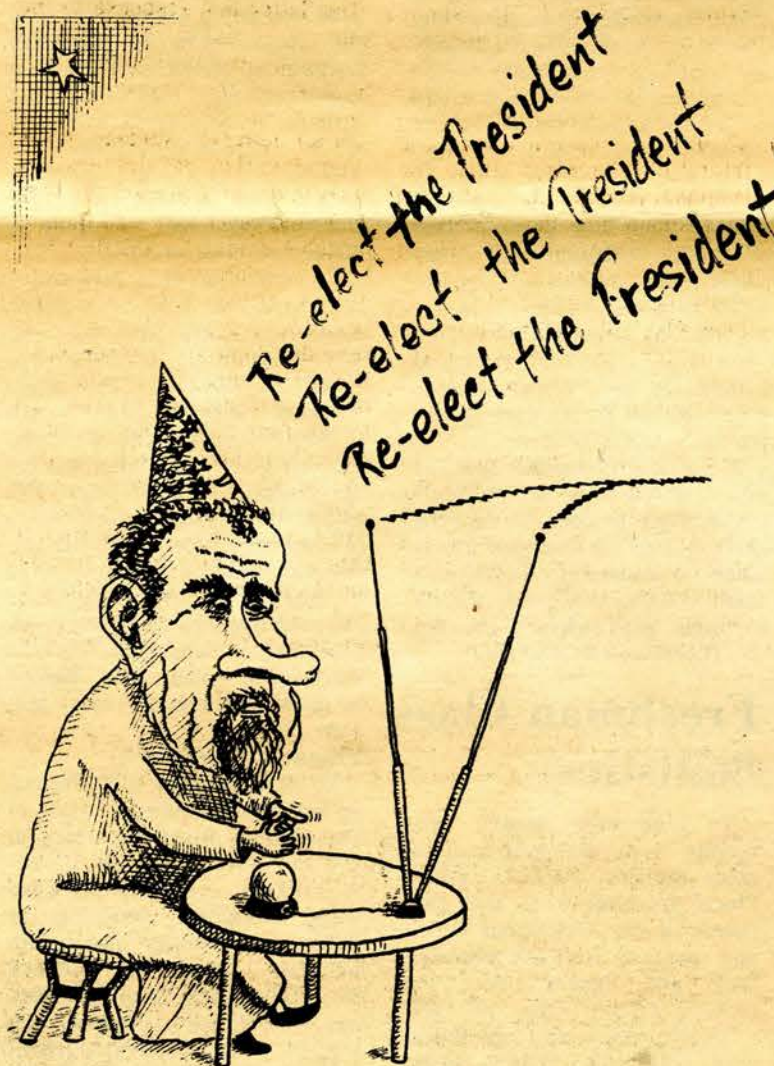
Word has reached our newsdesk that there is a conspiracy in the making that is threatening to deny the American voter his right on election day to vote for the candidate of his choice.

If any of you are familiar with Norman Mailer's "A March On the Pentagon" you might recollect that he reported on an incident that dealt with an attempt to levitate the Pentagon away from its foundations merely by the act of holding a group incantation session. The participants in this session hoped that by repeatedly chanting a select series of Syrian syllables they could defy the law of gravity and would succeed in sending the Pentagon somersaulting through the skies. No such feat was accomplished. However, this same - but now more sophisticated - alliance of hippies, yuppies and drippies are now joining forces in an effort to pervert the American voting system.

They are enlisting psychics to their cause and are instructing them to broadcast sereptitious message via their power of mental telepathy that are destined to be received by every voting age citizen from coast to coast. The content of these uncalled for infringements on our privacy will consist of an ultraslick advertisement for the presidential candidate of their choice - commonly believed to be the ghost of Mrs. Calibash-Wherever-You-Are.

This insidious plot has not gone unnoticed. President Nixon has gotten wind of it and intent that he is to maintain his position - namely that of the presidency for another four years - he has taken measures to fight fire with fire.

Since the beginning of the summer Dr. Kissinger has been mysteriously absent from the Washington scene on every Tuesday and Friday night. Until recently his whereabouts on those nights was unknown. Now our Western office informs us that he has been sighted at home on the range riding a palamino pony bareback while powwowing with, courting and in general Oh-golly-gee-John-Aldeneering the daughter of the most powerful and influential Indian medicine



man ever to let out a blood curdling scream in the history of his or any other Indian nation. We think that it is more than mere coincidence that the father of Dr. Kissinger's newest conquest is at present setting up a Medicine Men for Nixon campaign headquarters in an unused totem-pole storage closet of his teepee. In our opinion this black magic tinged set of circumstances promises ill tidings for the future exercise of our freedom as Americans to choose the candidate of our choice.

Even more unsettling is information surrounding that powerhouse of enlightenment - Jeanne Dixon. Known to be a

stouthearted Republican supporter from way back (Females for a Democratic Realignment - otherwise answering to the nickname Busybodies for McGovern - are circulating unsubstantiated rumors that it was Mrs. Dixon who was responsible for encouraging Mr. Nixon to spend the eight years he spent out of the public limelight in pursuit of developing a gift for profligacy the likes of which the world will neither long remember nor soon forget) she has this year switched sides. Now predicting a Democratic landslide in November she has interested high echelon aides in the McGovern camp to take seriously

a pet project of hers. Her game plan is as follows: "How nice it would be if contact could be made with well meaning but up until now myopic suffering ectoplasms of every faith and persuasion. Once we could be in touch with them we could convince them that a McGovern landslide in November would have far reaching benefits not only for our world but for their world too. Hence, why not have them join the campaign trail. A whisper here and a whisper there, delicately dropped at the right time into an unsuspecting ear of an undecided voter can do wonders in influencing which way his ballot will be cast on election day." This project - referred to in the inner circles under the code name of The Medium Gives the Message - is currently in operation in creep cramming propaganda parlors from one end of the country to the other.

What then are we to do? We at Ariel want to go on record in favor of rat control, price control, even module-to-mission ground control, but we cannot with a clear conscience ever be persuaded to endorse a policy in favor of mumbo jumbo mind control - good old fashioned tic-toc-water-on-the-smock brain-washing maybe but never solicited spirit world intervention. If need be we are prepared to take this issue before the highest seances in the land.

We hold these truths to be self evident that all Americans are entitled to certain unmentionable rights, among which the right to believe in the prejudice of your choice is most sacred and dear to the hearts of many law deriding citizens. To deny them of this right would be not only unconstitutional but probably in the best interests of our country too.

Therefore, on election day we urge every citizen to reach into the inner recesses of his mind, depose himself of any suspicious looking hobgoblins lurking there then go and do his thing at the voting booth.

Be on your guard on election day, this time running; the mistake you make may not be your own.



# London At Your Leisure

London  
July, 1972

Dear Fellow Jeffersonians,

Never judge a book by its cover. THERE IS NO BETTER PROOF OF THIS MAXIM THAN THAT WHICH IS OFFERED BY THE CITY OF LONDON. On a map of England, London presents a putrid picture. The outline of this great metropolis can easily be mistaken for a cancer or, if one is not so pathologically inclined, an amoebic slime mold from the black lagoon. The tentacles of the city malignantly fan out and infiltrate the surrounding countryside. If ever there was a blight upon the land it is London when viewed from an atlas. But don't be disheartened, this is but a ploy to ward off the wary traveler (not that it ever does). No city more strikingly contradicts its geographical image than does this, the capital of the United Kingdom, once the seat of control for the boundless British Empire.

A walker's delight, London is composed of intricately spiralling streets, numerous city parks meticulously kept in a fashion unheard of in Philadelphia or New York, and lingering summer evenings that never quite succumb to the onslaught of the night.

The first evening of our stay in London, we could not resist the temptation to find out first hand what makes Soho the talk of the peep show porno shops. We nosed on down to Soho Square, supposedly a world center for sin, a Babylon of bawdiness, but it did not quite live up to our expectations. The square itself is a sedate little alcove set aside as a place where the harried shopper or tourist can cool his heels and relax. The acoustics of the area provide an uncanny quiet which is all that much more accentuated by the muffled city sounds streaming in from the outside. If I had a spinster Aunt Mathilde, I could safely leave her there all day to knit away to her heart's content with only a minimal fear that an incident would occur that would offend her. It was certainly not the bastion of iniquity we were led to believe it would be. But don't be too hasty to call it quits and go off in search of different quarters where the living will be more sleazy. Juxtaposing the square are side streets teeming with restaurants, strip-shoe revues, and gambling arcades. Plenty of activity assuredly, but there are nowhere near the number of hear-and-now damned derelicts, spot-on-sight prostitutes, or fix-or-bust junkies as there are on Broadway or for that matter Locust Street either. Why this should be so, I don't know. Drug addiction is not a major problem in London. This is probably the primary reason for this remarkable street level respectability. I'm sure there are others.

Last weekend, I decided to pay a courtesy call to the Royal Family while they were safely secluded within the confines of one of their country estates--the Castle of Windsor. Windsor is only twenty miles from London and like London, it spans the Thames, though by the time the river has reached Windsor, it is hardly wider than the Wissahickon at Valley Green. The Castle is traditionally used to house the Royal Family in time of war and disaster. When I was there on Sunday, I took a tour of the grounds. Like I said, the Queen was there, too, and helicopters were buzzin' about the parapets like guardian bees about a hive.

At one spot along the tour, the

guide will tell the group that there have been only three instances in almost all of 1000 years of history in which the Castle has fallen victim to a siege which it could not rebuff. Cromwell successfully raided the castle in the 17th century and twice the Castle was defeated during the reign of John the Dastardly (best known for the animosity he instilled in Robin Hood while trying to usurp the throne from his brother, the vagabond king, Richard the Lionhearted).

Just as our guide finished, a signal must have been given by someone standing at the top of the wall, because the next thing we knew, there was a band of American students -- some dressed like Indians -- storming over the battlements at their lowest point (12 feet or so) simulating an attack on the Castle amid war cries of "Take it for the Gipper" and "Don't shoot until you see the whites of their eyes." Capture the Castle they didn't, capture the attention of a countless number of "Sunday trippers" they most certainly did do. Bleigh me, what won't those Yanks think of next? Is there not anything they hold sacred?

Most Americans are startled to learn that the English taverns close at eleven P.M. In the States, the bars are just reaching their peak at that hour. Weekday or weekend, the curfew is still the same. There are ways of getting around it. Restaurants can stay open after curfew and they do serve spirits. However, most of them insist that you at least order some entrees along with your drink and it goes without saying that the attending mood of a dining out establishment is not quite the same as that of a pub.

I heard of one particularly pathetic case of an innocent unknowing American plodding down the streets of Stratford on Avon just at the close of the bewitching hour. Dragging his wife behind him and proudly displaying an "Archie Bunker for President" button that was pinned to his lapel, he implored every passer-by to lend him an ear as he cried out "a drink, a drink, my dingbat for a drink." All to no avail. They let him play the fool but did neither relive or compound his troubles. An impartial observer witnessing the spectacle summed up the mood of the crowd when he refrained "double, double, toil and trouble; dingbats burn but spirits bubble."

After I get through with my elective here, I think I'll be leaving for Copenhagen. Since I was a little boy and saw "Hans Christian Anderson" with my namesake Danny Kaye as its star, the city has recurrently appeared in my dreams, and as bad poets used to say before it became unbearably banal, "now I must go to follow my dream, though God knows where it will take me." In any case, barring catastrophe, I plan to find out what is rotten and what not-so-rotten in the state of Denmark.

I'll be signing off now. Ta, ta, cheerio, and all that rot!

See you in September!

Dan Kanofsky

**Letter  
Deadline  
For Nov.  
Issue Is  
Nov. 6**

# From Our Overseas Wire Service

Reprint June '72 "Too Much"

Dear Editor,

I welcomed Dr. Dickinson's provocative article on the British Medical Student in the last issue of "too MUCH," and though he certainly mentions some valid points, some of his "brickbats" cannot go unchallenged.

Comparing us with our North American counterparts, he finds that American students are more serious, keen and career-oriented, and much more hard-working and knowledgeable than us; of the few Americans I have met doing their Electives here, this would be a pretty fair description. Despite this, there is no reason to believe that British doctors are any more incompetent than those in the U.S.A., and I therefore question the 'value of these medics' apparent academic wizardry. Dr. Dickinson does admit that the American student is less relaxed and generally less cultured; in fact, he (the American student) is even more narrow-minded than ourselves--a sobering admission, and I consider this far too great a price to pay, even if a herd of walking Cecil & Loebbs were desirable.

Furthermore, in spite of his greater theoretical knowledge,

the American student seems to lack an equally and perhaps even more important faculty, that of using his acumen in a clinical situation; the establishment of a worthwhile doctor-patient relationship appears to go by the board, but full marks for a list of 20 differential diagnoses and a similar number of investigations, doctor, reeled off IBM-fashion. No, I'll sooner place my money on a motley crowd of medics who retain a fragment of breadth during a sometimes demoralizing course, rather than on a homogenous bunch of technocrats whose sole interest would appear to be limited to the narrow confines of the medical discipline.

That we are less outspoken in teaching sessions than our American colleagues, is, I agree, regrettable. Dr. Dickinson's explanations--fear of the consequences among one's peers, of todaying, fear of displeasing a consultant and therefore "handicapping" oneself in the unsavoury race for UCH housejobs for those that care to enter--may be part of it. The North American culture is generally more informal than ours, so discussion and argument is easier to initiate.

At any event, the stimulus for such discussion must come from the teacher in the first instance, and although there are consultants at UCH who actively encourage open discussion, to great advantage, there are others to whom a difference of opinion is tantamount to a direct insult, and it only takes one or two unpleasant episodes in a teaching situation to inhibit a student's yen for discussion for a long time.

He, after all, is at the psychological disadvantage, a newcomer to the consultant's domain, and to the few consultants who feel the need to demonstrate their sovereignty he is very vulnerable. The old adage of learning medicine by listening awe-inspired and dumb-struck, to the leals of wisdom eschewed by the king still occasionally holds in this venerable old medical school, though mercifully this archaic method of learning is slowly disappearing. Once it has gone forever we might begin to approach the amount of free discussion in clinical teaching which happens in the U.S.A., much to the benefit of both students and teachers.

Yours Sincerely,  
Paul Schatzberger

# Dr. Cornelison Replies

Letter to the Editor

Several months ago a Guest Editorial appeared in the ARIEL titled "Psychiatry at Delaware State Hospital." It spoke positively of the third year clerkship in Delaware. The writers (the piece was signed by seventeen students) commented about the "enthusiastic and friendly" teaching staff, the responsiveness to student suggestions and the variety of clinical problems to which students are exposed. The quality of instruction seemed to be good generally, although there was a need for more psychiatric supervision of students' work with individual patients.

There were criticisms of the educational programs in alcoholism and community services. The editorial also asked why such a program, modeled after the "superb" set-up in Wilmington, could not be conducted in Philadelphia. This would save daily traveling time, would save money and would provide exposure to "people with problems heightened by Philadelphia urban life - among

which are anonymity, poverty and fear - and to the different workings of Philadelphia and Pennsylvania's psychiatric services and legal structure."

This letter is a response to the Guest Editorial. I would like to answer some of the questions and to describe the recent development of our clerkship program.

As all Jefferson students know (and often they get the message early in the first week of the first year) the psychiatry and human behavior course for the first two years is just plain lousy, to borrow a phrase from a television bromide advertisement. (I'll save that topic for another day.) It follows that third year Jefferson students are ill-prepared to take full advantage of their clinical clerkship. Realizing this and being mindful of the need which all physicians have to understand the nature of human behavior in illness and in health, the Department of Psychiatry and Human Behavior has made an effort to provide a meaningful and useful clinical experience for every student at this medical college.

To implement a high-quality and

broad clinical program for Third Year Jefferson Students in the downtown Philadelphia area has not been possible because of 1) lack of adequate educational facilities, 2) an insufficient number of psychiatric beds in Thomas Jefferson University Hospital, 3) the absence of a mental hospital facility in the vicinity of Jefferson, 4) the lack of in-patient services for children with psychiatric problems, 5) the enormous difficulties related to urban transportation and communication and 6) the limitations imposed by the particular nature of a metropolitan community upon medical education.

The clinical clerkships at the Coatesville Veterans Administration Hospital and at the Delaware State Hospital have developed into excellent educational programs. Since this letter is a response to the editorial regarding Delaware I shall limit my descriptive comments to that program.

In 1971 the Marka T. duPont Institute of Human Behavior was

(Continued on page 7)

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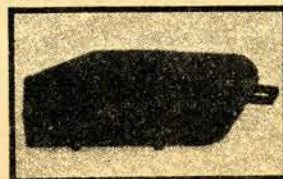
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# Speak Out- Article Of The Month

## Vitamin C and the Common Cold

### Canadian Medical Association Journal / Sept. 23, 1972/Vol. 107

T.W. Anderson, B., M. Ph.D., D.B.W. Reid, M.Sc., and G.H. Beaton, Ph.D., Toronto

**Summary:** A large scale double-blind trial was conducted to test the claim that the intake of one gram of vitamin C per day substantially reduces the frequency and duration of "colds." It was found that in terms of the average number of colds and days of sickness per subject the vitamin group experienced less illness than the placebo group, but the differences were smaller than have been claimed and were statistically not significant. However, there was a statistically significant difference ( $P = 0.05$ ) between the two groups in the number of subjects who remained free of illness throughout the study period. Furthermore the subjects receiving the vitamin experienced approximately 30 per cent fewer total days of disability (confined to the house or off work) than those receiving the placebo, and this difference was statistically highly significant ( $P = 0.001$ ). The reduction in disability appeared to be due to a lower incidence of constitutional symptoms such as chills and severe malaise, and was seen in all types of acute illness, including those which did not involve the upper respiratory tract.

This investigation was prompted by an article by Beaton and Whalen that appeared in this journal in August 1971 in which the authors reviewed the much-publicized book *Vitamin C and the Common Cold* by Linus Pauling. While they were critical of the limited evidence upon which Pauling based his claims, Beaton and Whalen felt that properly controlled trials of the proposed therapy were justified in view of the scientific eminence of Linus Pauling (a Nobel prize-winner in biochemistry) and the large amount of public interest in the matter.

Since most of us involved in the study design were sceptical of Pauling's claims, we aimed to enroll a large number of subjects (1000) in the hope of avoiding an indecisive negative result. Furthermore, subjects were instructed to increase their intake to 4000 mg./day at the onset of a cold, in order that a negative result would not be open to the criticism that we had not followed all of Pauling's recommendations (which include raising the dosage at the first sign of a cold).

#### Discussion

Our estimates are therefore considerably lower than the 45 reduction in frequency of "colds" and the 60 per cent reduction in total days of illness that were observed in Ritzel's study of ski students, on which Pauling based his claims. However, both Ritzel's study and the present one involved limited numbers of subjects and therefore provide estimates that are subject to error. While it is

*Ed's Note: If any of our reader's do get around to reading the original article in its entirety, don't neglect to look over the lead editorial of the same journal entitled "Vitamin C and the common cold."*

Written by R.M. Preshaw, M.D., Dept. of Physiology, University of Toronto it mentions a bit of the rationale behind Dr.

Pauling's assertion that large dosage vitamin C supplementation may have value for modern man, "man evolved as a species dependent on an external source of ascorbic acid because at some distant age our ancestors had managed '...to simplify their own biochemical lives by shuffling off the machinery that had been needed...for

difficult to determine exact limits for the percentage reductions observed by Ritzel, the approximate 95 per cent confidence interval for the 45 per cent reduction in frequency is 34 per cent to 91 per cent. The estimates from the two studies are therefore not necessarily in conflict.

Our finding that disability was substantially less in the vitamin group was entirely unexpected, and may have important theoretical and practical implications. Further studies will, of course, be required to confirm this finding and to establish its magnitude more precisely, but the high level of statistical significance associated with it encourages us to believe that it is likely to be a real effect rather than a statistical artefact.

\*\*\*

A third question that is of considerable theoretical interest is whether the large intake of ascorbic acid was exerting a specific anti-viral (or anti-bacterial) effect, or whether the mechanism involved was a non-specific one responding to any type of acute illness, or indeed to any acute stress. Our data cannot provide a clear answer to this question, but the fact that general rather than local symptoms were the most strongly influenced, and that different types of illness appeared to be more or less equally affected, would seem to favour a relatively non-specific mechanism. The high concentration of ascorbic acid normally found in the adrenal cortex (and its depletion at times of stress) may be relevant to this question.

Whatever the final answers may be to these and other questions, it would seem that further research in this area is well justified. In economic terms alone the rewards might be substantial, since the disability from acute (mainly respiratory) illness in Canada amounts to approximately 1.5 days per person each year. In terms of total personal income (approximately 66 billion dollars in 1970) this is equivalent to a loss of approximately 270 million dollars annually; even a small reduction in total disability would represent a very large saving to the national economy. However, before these potential economic benefits can be realized, further studies are required to establish the most appropriate dosage levels, the relative importance of the prophylactic and therapeutic features, and the safety of prolonged ingestion of large doses of ascorbic acid or its salts. Until more information is available on these questions we do not feel that any firm recommendations can be made concerning the place of large doses of ascorbic acid in the prevention and treatment of "colds" or other acute infections.

synthesizing these substances.

"This epoch-making event presumably occurred when the optimal daily requirement for vitamin C was available in the diet, and common sense suggests that this was when our forefathers still preferred an exclusive intake of green plants and vegetables. On such a diet the ascorbic acid

intake of a large primate is of the order of several grams per day, and by Pauling's delightful logic the optimal daily intake of this vitamin for modern man must also be several grams - or 50 to 100 times more than that recommended by most of our nutritional authorities."

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# A Moldy Oldie

## From The Vault Of Gold

### Hey There Squamous Cells

(sung to the tune of "Georgey Girl")

Hey there, squamous cells, in a single row or stratified,

Looking down upon our slide we see how you are arranged--inside us

Hey there, squamous cells, lining all the body cavities,

As for us, we just can't see that you are worth all the pain.

Though Dr. Rosa knows it, he never shows that he cares!

But even he is losing his hair--a little bit

Hey there, squamous cells, lying in the skin or on the eye,

Whether you are moist or dry, we really don't give a damn,

But still we cram--to learn squamous cells

Hey there, squamous cells, has a transformation made you tough?

Is your keratin enough to save us from wear and tear?

Although we find you boring, we keep exploring our slide,

So Dr. Rosa thinks that we tried--a little bit

Hey there, squamous cells, lying in the skin or on the eye,

Whether you are moist or dry, we really don't give a damn,

But still we cram--to learn squamous cells.

Bob Johnson

## The State Of Rock

by Gary Kaskey

Absence makes the heart grow fonder. As your typical American youth who spent his childhood glued to the radio and his college career in search of orgiastic psychedelia, I missed the heart throb of that steady rock beat while traveling this summer. But distance also adds perspective, and the perspective is this: today's rock stinks. The creative reverberating energy is sleeping if not dead. We find people listening with rapt attention to such heavies as Chicago or Emerson, Lake and Palmer, evidently mistaking empty technique for music (after all, Chicago has been playing the same song for twenty LP sides). Stephen Stills is considered sensitive rather than mawkish. Three Dog Night is the number one group in America. The Moody Blues continue to write meaningless pretensions to their tunes of molasses. What hurts even more is that talents of such former magnitude as Jethro Tull, The Jefferson Airplane, and even Dylan are producing second-rate music. The joy that is rock at its best seems lacking. Only the recent albums by the Band and the Kinks and that recent bash by the Dead at the Spectrum give reassurance that rock is not outmoded as a medium.

One of the two trends coming for the future is the "I'm more insane than any sadistic bisexual in the business" approach that is currently sweeping England. Pioneered by such supreme decadents as Alice Cooper and David Bowie and joined by the evermore-popular Slade and Roxy, this new breed appeals to our younger generation of crazies. To those who have experienced sex and drugs in the ninth grade, only uni-, bi-, or asexual maniacs seem worthy of admiration. I mean, did you ever think you'd see the day where Mick Jagger seems like the clean-cut wholesome boy-next-door? Musically, the bands are loud, brash, and not bad--if you ever can make it through one of their albums. Of course, three or four years ago they would have been laughed offstage because their creativity is in hype and jive, hype and jive with no feel for music or even discord. My ambivalence may be easily understood, since if the public says that to be far out is the prime requisite of a performer, then these boys (or however they want to be classified) certainly are that.

The other trend seems to be toward country-rock. Every group from the New Riders-Dead back to Dylan to the Kinks seems to be settling down to that

mellow country sound. Hank Williams is being played on campus. The combination of pedal steel and fiddle is calming the heads of the elders who have lived through hard rock, psychedelia and are frankly, "burnt out." I am ambivalent here, too. Good country music is unsurpassed. The emergency of Commander Cody from obscurity is the best thing that has happened to pop in the past year. But, as you may have noticed, lots of country pop (and lots of Cody's album) is trash, having no true life or spirit. I mean, after awhile, these never ending songs of tragic love affairs facilitate sleep. Still, Loretta Lynn, Merle Haggard, Johnny Cash, Asleep at the Wheel (who appeared at Jefferson) are just blowing minds with the tightness of their music. The cowboy is here for awhile.

But where does all this leave rock? Well rock thrives best on assimilation, especially when it is in a slump. Perhaps groups who have yet to really be heard from recently (the Who, the former Beatles, the Dead, the Stones, Asleep at the Wheel) can eliminate the over indulgences of the present music scene, be it the outlandishness of English rock or the maudlin excesses of country, to synthesize a vibrant, viable form of music. I still believe that rock means an awful lot and this motionlessness--like the rest of our music--like our lives--will be here only to be gone.

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## Thomas Jefferson University University Hour Schedule

FALL TERM 1972

Solis-Cohen Auditorium  
Jefferson Alumni Hall  
Wednesday 1:00 - 2:00 P.M.

- Oct. 18 - Dr. Walter Lear, South Eastern Region, Penna. Department of Public Welfare. Topic: (China experiences). Sponsor: Jefferson chapter of Sigma Xi
- Oct. 25 - Play: "Diary of Adam and Eve" by Mark Twain - Alpha Omega Players, Dallas, Texas.
- Nov. 1 - William Green, Democratic candidate for Congress, Center City district. Topic: Issues in health care legislation.
- Nov. 8 - Post-election coffee hour (Social Lounge).
- Nov. 15 - Mr. George Norwood, Vice-President for Planning. Topic: Master planning for Thomas Jefferson University.

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## New Dean Venereal Disease

(Continued from page 1)

other hand Dr. Mackowiak has committed himself to aid those students who are attempting to provide accurate analysis and enhancement of the quality of teaching at Jefferson. He states that he will gladly help those engaged in course evaluation which was begun by the current first year class and which will be expanded next year.

When asked to evaluate the quality of education at Jefferson, Dr. Mackowiak stated, "Jefferson is a good school; our students don't realize just how good until they come into contact with students from other schools. Jefferson graduates can run circles around many other students in a clinical situation."

It is his belief that "the real test of the physician is at the bedside," and it is here where Dr. Mackowiak thinks Jefferson's strength lies. He stated, "There are a lot of schools whose students can tell you everything about the molecular structure of a given enzyme or ultrastructural changes in a given disease but can't take an accurate history, do a good physical exam or formulate a logical differential diagnosis...traditionally the Jefferson graduate can do this and these clinical skills are what has sustained Jefferson in a place of eminence in American medicine."

procedure called total pelvic clearance, whereby the entire reproductive system is removed. Blindness, brain damage, sterility, and loss of muscular control are also the grim products of VD.

Men are usually warned of trouble by definite symptoms. But the overwhelming majority of women able to spread VD are not aware of the disease in themselves. When the affliction is diagnosed, many are unwilling or unable to identify those with whom they have been in contact. For these reasons, the plague will continue to multiply until the public begins to attack it.

Penicillin—usually a single injection—is all that is normally required for treatment in the case of syphilis. But gonorrhea can be a different story altogether.

The gonococcus has become notorious for its ability to develop resistance to a variety of antibiotics, now including penicillin. In some cases, therefore, a combination of drugs may be required to eliminate the infection. The patient must be checked and rechecked after initial treatment to certify a complete cure.

There is no immunity buildup after recovery from either syphilis or gonorrhea. Either

infection can reoccur upon the next contact. Also, the afflictions need not occur separately, but can both be present at the same time.

Teenagers should no longer be reluctant, for fear of parental discovery, to visit a doctor for a problem of this kind. Under an act by the Pennsylvania legislature, any person under the age of 21 can be given treatment for venereal disease without the consent of a parent or guardian.

Because most women do not reveal symptoms of VD until after physical damage has occurred, and after the disease may have been passed on unknowingly, women must play the major role in the counterattack. Every sexually active woman, particularly those between the ages of 15 and 35, should be checked routinely, at least once a year. She should report any unusual discharge as well, for this occurrence is often an early sign.

When the infection is discovered, the victim should be fully cooperative in naming all sexual contacts, for each contact is a probable carrier. VD is an epidemic—the nation's number one epidemic—and it must be fought as such. An all-out public attack is overdue.

## Environmental Health News Death Of Comic Book Heroes

by Nelson Kardos

### Rat Gang Kills Retired Actor

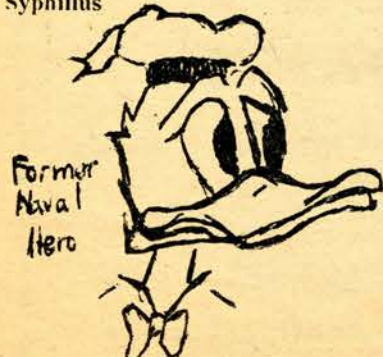
Mr. M. (Mickey) Mouse 67, of 1142 E. Lehigh Avenue, was found beaten and bitten to death on a vacant weeded lot on the corner of 10th & Clearfield Sts. He was pronounced dead on arrival at Temple Hospital, of rat bite fever. An anonymous caller to the police department described the late Mr. Mouse's assailants as a gang of furry Norway rats, who are thought to be responsible for a number of other crimes in the ghetto.

Mr. Mouse, occasionally employed as a public relations worker for the Model Cities Program, had been reported living below the poverty level since retiring from Walt Disney Studios 21 years ago. Recently elected clean block captain of his street, Mouse was on his way to the hardware store to purchase some rat poison and a new pair of white gloves, when he was suddenly attacked by four large Norway Rats, and bitten twice on the tail. The anonymous caller reported that she had seen the gang holding regular nightly meetings on the lot, amidst piles of loose garbage and townhouse burrows. The Immigration Bureau is considering a federal suit against all Norway Rats, for illegal entry.

Mr. Mouse is survived by two nephews, Monty and Morty Mouse, both social workers in New York City.

His body will be on view in an alcohol jar at the school library through Halloween.

Donald Duck Succumbs to Syphilis



Former naval hero Donald Duck, of Germantown, died at the V.A. Hospital, 38th & University

Avenue, of syphilis. He was 58 years old.

Mr. Duck was an employee of Walt Disney Studios for 37 years, and was decorated for valor during World War II for his participation in a naval commando raid in Sicily. He had contracted syphilis during his military service at a garrison town near Naples. He had persistently refused referrals to V.D. clinics and all other medical treatment. As a result, Mr. Duck became totally blind in 1958, which forced him into retirement from Walt Disney Studios. Failure to undergo treatment then, resulted in paralysis of the lower extremities four years later.

Mr. Duck had always portrayed on the screen ridiculous and stubbornly foolish characters. His long refusal to undergo treatment for venereal disease was consistent with his animated role.

He is survived by three nephews, Huey, Dewey, and Louis, all engineers at Boeing Aircraft and an uncle, Scrooge, a board member of the World Bank.

Walter W. Woodpecker dies at 62, victim of Lead Paint Poisoning

Walter "Woody" Woodpecker, of Fishtown, died this morning at Presbyterian Hospital, of Lead Poisoning. He was 62 years old. Mr. Woodpecker, who began his career at Walter Lanz Studios as a temperamental carpenter, quickly rose to prominence as vice president and Woodpecker of the Board of Lanz Studios. When Lanz Studios fell into bankruptcy 2 years ago, Walter obtained employment in tenement housing demolition, in the federally financed Model Cities Program. He had the exclusive task of dismantling wooden structures coated with lead base paint. His pecking and occasional ingestion of lead paint chips over a six month period developed into lead paint poisoning.

Mr. Woodpecker developed convulsions, internal bleeding, and finally collapsed in a coma, when he was taken to Presbyterian Hospital two weeks ago. He never regained con-

sciousness.

He is survived by a niece, Splinter, and a nephew, Knothead. Services will be held at the next meeting of the Audobon Society.

### Popeye, 69, Dies of Botulism


Mr. Peter Popeye, a local longshoreman's union official and resident of Kensington, was found dead yesterday in his home. An autopsy revealed that he had contracted fatal botulism. An investigation by the Health Dept. revealed that Mr. Popeye had eaten spinach that was improperly canned, and contaminated with Botulin toxin. As a result, the FDA is recalling to the manufacturer all cans of Bluto Brand Spinach, for fear of possible Botulism contamination. An unemployed cousin, Mr. Melvin Wimpey, who lives with the late Mr. Popeye, mentioned that the longshoreman had purchased a dozen swollen, old cans of spinach that were on sale at the local supermarket. Upon opening, the can exploded, leaving spinach fragments across the kitchen ceiling. Mr. Popeye ignored this warning signal and ate the remainder of the foaming vegetable uncooked. He went to bed with violent cramps and headache, and died several hours later.

Mr. Popeye had served with the U.S. Merchant Marine for over 20 years, and then moved to Kensington where he became a longshoreman. He was quite active in union affairs, and was jailed several times for his part in dock strikes.

His only serving relatives are a common law wife, Olive Oyl, and an illegitimate son, Sweet Pea, who is stationed with the U.S. Army in Korea.

In future issues we will hear more from our roving city sanitarian on the scene.





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## On 1199 C

(Continued from page 2)

hospital's appropriations), he said that it didn't affect this group of workers in the hospital.

The freeze covered everyone in the hospital; even vacant professorships could not be filled. One son of a Jefferson doctor (a medical student) could not quit his dishwashing job, working for his own father, because a replacement could not be hired.

\*\*\*

Maybe these excuses could be chalked up to "youthful exuberance." Maybe. But more likely they are symptoms of a point of view—power-hungry and opportunistic—which could be considered reprehensible even by a perceptive member of the union. The unions are not furthering their own cause when they reflexly threaten to close down an institution when their demands are not met (as they have done in New York).

There is another way: polite, cogent, substantiated dialogue.

For many years hospital workers have been ignored. They were working for charitable institutions. Why should a non-profit organization pay its employees as much as a private, money-making corporation might? So went the argument.

Now we have a highly-organized union, 1199C, which is to serve the interests of the workers. And efficient it is. Before the Jefferson election, leaders claimed to have a majority of the 800 employees already pledged for unionization. If a visitor to their handsome offices queries about a budget, the reply is a curt, "This headquarters belongs to all the members of the union, as does the budget. Neither is for the public."

\*\*\*

Even more profound than the uncomplimentary image of the union which the organizers sometimes convey is the uncertainty of the future of such inflammatory unions. Their cause, to better the lot of the worker, cannot be challenged. They have been ignored for too long, by both labor and management. When George Meany (AFL-CIO President) was asked last February why union membership was growing at a slower pace than the nation's work force, he said he did not know and did not care. "Why should we worry about organizing groups of people who do not appear to want to be organized?"

The responsibility of special-interest groups to the public is an evolving phenomenon. Jefferson and Local 1199C will be conscious of both the public's ability to pay and the public's lack of ability to go without hospital services as they negotiate their contract in the months to come.

## Dr. Cornelison

established in Delaware as a joint program in which Jefferson Medical College and Delaware's Department of Health and Social Services participated. The State of Delaware provided support for much of the program and for the complete renovation of an entire hospital building in which the Institute's program could be conducted.

Today the Institute of Human Behavior (known as IHB) is almost fully operational. The Lewis Building includes space for classrooms, administrative office, recreation area, kitchen and laundry facilities, comfortable live-in accommodations for thirty-five students, their wives and children (and small pets, if house-trained) and a well equipped audio-visual studio.

Jefferson students in the Institute's program participate in clinical work in the in-patient services of Delaware State Hospital, in the Fernhook outpatient clinic, in the Governor Bacon Health Center, in the Wilmington Medical Center, in the Emergency Service of the Mental Health Division and in some of the community programs for Human Services. To facilitate moving to and from Jefferson and to provide transportation for the various clerkship assignments, a sixteen-passenger bus and an automobile, as well as a full time driver, are available.

The Institute offers an unusual opportunity for Jefferson medical students to acquire behavioral and psychiatric knowledge, skills and attitudes which are essential for every physician. In the brief period of six weeks students meet with their instructors for supervision and conferences; they follow a representative group of patients with various disorders; and they have a chance to get to know some of their teachers. I like to think they also learn something about themselves and their relationship with patients. In my opinion this experience will make them better doctors. It also may justify, to a degree, the enormous input of money, time and teaching effort in preparing physicians to care for the sick. Ideally it might even contribute to the health of patients.

It has been helpful to members of the Department of Psychiatry and Human Behavior to learn of students' impressions and criticisms of the clerkship program through the Guest Editorial in the ARIEL.

Thank you.

## Happy Halloween

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# On Orientating

"M. D.--that's number one. It's priceless, magic. Take care of number one first before you do anything else."

+++++

"Yesterday, I understand that you were told that medicine should be an obsession. An obsession is psychopathology."

+++++

"Grades don't make competition. You make competition. If your class is competitive, it will come from you."

+++++

"You will get the results back of the tests you took during orientation week, both your score and how you rank in your class."

"Human values."

by JOHN R. COHN

As the above quotes—all from the orientation week show—you don't have to be a student at Thomas Jefferson University very long to realize that this school is in a period of dramatic

## Freshman Statistics

New Jersey (10) and New York (7). Students from nine states plus Puerto Rico comprised the rest.

Jefferson's Class of 1976 size of 223 ranked eighth in comparison with all other medical schools' first year classes: Indiana led with 291, followed by Minnesota (242), Wayne State (241), Michigan (234), Illinois (233), State University of New York (230) and Ohio State (227). In comparison with other Pennsylvania medical schools, Temple has 176, Penn has 160, Hahnemann has 153, Pittsburgh has 135, Penn State-Hershey has 76, and Medical College of Pennsylvania has 66.

growth, development, and debate.

A new curriculum has been instituted that its framers believe will leave the class of 1976 one year closer to board certification when it leaves Jeff, than those graduating from more traditional four year programs.

This is a radical proposal, and it obviously took much thought, time, effort, and, no doubt, haggling before it was adopted by the University.

This new curriculum and its attendant pre-tests, post-tests, profile tests, and test-tests was unquestionably the highlight of the formal orientation program.

But the orientation experience consists of much more than official pronouncements by the administration. It is a continuing process that began when we first wrote to Jefferson for a catalogue, and will go on for the next several weeks if not months.

And the most overwhelming feeling that one gathers from conversations with upperclassmen, faculty and alumni, is that Jefferson is a storehouse of pride in history and tradition.

We learned of the famous and not-so-famous first rate health care professionals who have gone before us. We saw the enthusiasm with which so many people spoke of what is now our university.

But we also heard how a majority of the freshman class boycotted an exam last year and were threatened with suspension. We learned, too, that twenty-one

students flunked part one of the National Board Exams. The latter is despite a competitive grading system that many of our sister schools have dropped; and we learned how important this particular evaluation system is to some people here at Jefferson.

It is in a different kind of evaluation—of the University and by the entire University Community—that the hope for the continuation of Jefferson's great tradition's lie.

It has been said that the total of man's scientific knowledge is doubling every ten years. Much of what we learn today will be obsolete by the time we are ready to put it to practice.

For the University's part, it is no longer enough to keep pace. We must pioneer. The new curriculum is a start in that direction.

Through continuous evaluation and debate by all facets of the Medical College Community, we can build on that foundation.

My first really strong impression of Jefferson was that it is a "coming" school. It is now our school. As part of what we were told is called the "Jefferson Family," the perpetuation of these traditions is now our responsibility.

Discussion is healthy for any institution. Growth cannot occur in an intellectual vacuum. Our thoughts must help fill the void.

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## Family Practice At Jefferson

What could a Family Practice service do for Jefferson that is not already being done? After all, there are clinics for everything from Allergy to Well-Children! The answer lies in the current definition of the family physician as the provider of primary medical care for this patient. These physicians serve as the interface between the community and the major health care system.

On closer inspection, it becomes clear that patients are using Jefferson's emergency room as their primary care physician. Moreover, Jefferson students must do likewise if they are unfortunate enough to get sick when Student Health is closed. A strong sense of irony exists in the fact that some medical students drive miles or make long-distance phone calls in order to obtain services of a trusted Family Physician in their home town! Isn't it strange that students at a well-known medical school feel they have no one close by to turn to when they, their spouse, or their children become sick? Those who have found a good physician in the neighborhood may find themselves in strange situations:

-discussing allergies with a gynecologist

-mothers having their throat cultures done by pediatricians

-discussing marital problems with a surgeon!

At least medical students can approach Department Chairmen when specialty services are required. But how do things look at the bottom of the "ivory tower"—to the average patient in the Jefferson catchment (trap?) area?

Consider the young pregnant mother who has to sandwich her daily activities between her appointments at obstetric clinic, the kids' well-child visits, and her mothers trips to arthritis clinic. Or the young man sitting and

waiting to get his allergy shots: one can understand why only some men are out of work—when they're not losing time because of an asthma attack, they're waiting in line at Jefferson! And what of the child who suddenly becomes very ill in the middle of the night? At least pediatrics is a department which invites parents to call and ask for the pediatrics resident-on-call for help at any time. Who can the parents call if they get sick—perhaps the emergency room.

The point is that all of these cases could be helped by a 24 hour-a-day, seven-day-a-week Family Practice Service. Real and current needs could be fulfilled in the Jefferson community. (Not to mention the fact that the training of Family Practice Residents would ultimately satisfy needs beyond that community.) At the present, Jefferson has a chance to be the first in Philadelphia with such a program. More than twenty of Pennsylvania's best Family Physicians are affiliated with Jefferson and are eager to contribute to the development of such a service. Over fifty medical students have demonstrated their commitment to Family Practice by joining the Family Physicians Society. Truly, the need, interest, and motivation to do something about it are here, now!

Jefferson can choose to take the lead in this vital area. But other schools are preparing to meet the need also. The University of Pennsylvania, Hahnemann, and the Medical College of Pennsylvania are all moving toward the development of Family Practice programs. Jefferson, in view of her tradition, should provide the model for quality primary medical care in Philadelphia. This is our hope for her!

Susan B. Uhrmann  
President,  
Family Physicians Society

## Medconph '73 Planned

by Larry Cook

In order to foster a greater degree of friendship and to open lines of communication with other medical students in the city of Philadelphia, MEDCONPH '73 has been proposed by the Jefferson Ethical Society as a gathering of representatives from all the medical schools within Philadelphia. It is to be a meeting held at Thomas Jefferson University, lasting a day and a half in early 1973 for purposes of discussion and education. At present, MEDCONPH '73 is awaiting approval and sanction by the University.

The format of this conference tentatively includes a speaker, plus several workshops and forums. As planned, the workshops will be staffed by representatives from the County Medical Society, the Jefferson Union of Interns and Residents, the AMA, the AAFP, and the legal profession. These individuals will conduct two sessions, each session consisting of several workshops. The first of these sessions will deal predominantly with socially oriented topics: Modern Ex-

addict Therapy, Family Therapy, Sex Therapy, Computers and Medicine, and Medical Education (from texts to examinations to course evaluations).

The second session will include such subjects as: Medical Unions vs. Individualism; Medicine and the Law; the roles, purposes, and status of Osteopathy; the Validity

of National Board Examinations; and the establishment of a Pan-City Council. The latter is for the purpose of exchanging visiting lecture schedules and campus events notices, organizing and printing an intermedical school newsletter, establishing a collective buying group, and discussions of combined social events.

Two forums are also proposed. One is to deal with the Ethics of Drug Advertising and the expected panel is to be composed of representatives of one or several drug companies, a consumer protection agency after the style of Ralph Nader, a Lawyer, and a moderator.

An Insurance Forum is also to be held to discuss the lack of support position that insurance companies have taken on diagnostic care. Representatives of Blue Cross, Blue Shield, the Pennsylvania Insurance Department, a private insurance company, as well as a moderator, are expected to participate.

MEDCONPH '73 hopes, and expects to create, through its diversity and scope, the kind of controversy that leads to communication and the active exchange of ideas. Further, the interest generated is expected to carry over into several permanent areas of cooperation that will help enrich, enliven, and improve the opportunities and scope of medical students through cooperation and mutual endeavor.

## Jefferson Choir Begins Third Year

The Thomas Jefferson University Choir began its third year with a rehearsal on Wednesday, September 13. This Fall, the choir will be rehearsing every Wednesday evening from 7:00 until 8:30 in Jefferson Hall, room 105. All Jeffersonians are invited to join in the singing under the direction of Robert Sataloff, a sophomore medical student who received his undergraduate degree in Music Theory and Composition at Haverford College and additional training in conducting at Harvard.

Bob, a talented conductor and professional operatic baritone soloist, gathered a group of interested Jefferson people in the Fall of 1970 to start a singing group. The group was dedicated to the sheer enjoyment of singing. Fundamental skills of singing and reading music were painlessly incorporated into the rehearsal routine, and soon even those without previous experience were able to perform great music with sensitivity, understanding and a feeling of accomplishment.

Interest and enthusiasm were

so great that the group decided to offer a free performance to the entire Jefferson community. The First Annual Christmas Concert and Wassail Party resulted.

Including that first public performance, the group has presented five major concerts featuring works by Vivaldi, Bach, Schubert, Faure, Davison and Stravinsky, as well as spirituals, Christmas carols, excerpts from "Jesus Christ, Superstar," and many other types of music.

Mini-concerts are performed upon request. To date, the Choir has sung for the Commencement Exercises of the School of Practical Nursing, the Annual Employee Service Recognition Banquet, and local churches.

This year's Christmas concert will be given on Friday, December 15. In addition to traditional carols of the season, this year's concert will include much particularly beautiful unaccompanied music of different countries, as The Magnificat in D by J. S. Bach with full orchestra and the "Hallelujah Chorus" from

Handel's Messiah.

Each year the Choir has drawn its members from among medical students, nursing students, nurses, doctors, Jefferson employees, and spouses of students and personnel. All friends and members of the Jefferson community are invited to join with us in the enjoyment of music-making, and in the cultural enrichment of our university. We are seeking not only singers, but also instrumentalists, and music lovers or all sorts to help us with the many tasks necessary to the staging of a concert.

We plan to expand greatly through increased use of instrumental support in future performances. A list of available talent has been begun, but it is far from complete. Anyone interested in helping in any way is invited to come to our rehearsal any Wednesday evening, leave a note in Box 16 in the Registrar's Office on the first floor of the College Building, or write to Bob Sataloff at Jefferson Hall, Box 695.

David A. Uhrmann  
President, TJU Choir

## Christian Medical Society Urges New Members

The Christian Medical Society at Jefferson is exactly what the name states, but probably not what most people think. It is, as Webster defines "society," a "companionship or association of individuals working together or meeting periodically because of common interests, beliefs, or profession." It is not a club; there is no official membership role nor dues. It is made up of nurses and nursing students, doctors and medical students, and anyone else associated with the medical community here at Jeff. Now here comes that tricky word that sometimes creates all types of strange pictures or ideas in people's minds—"Christian." When I use that word I am not referring to the organized church, the ethic that Christ taught, a religious code of do's

and don'ts, self-righteous hypocrites, or even your hopelessly establishment-oriented "Christian" grandma. I am talking about the life of love, joy, and peace that comes when a person experientially and personally meets the Jesus Christ of the Bible and history. I don't mean a religion or fad; I mean the reality of Jesus Christ, Who said He was the Way, The Truth, and the Life.

So the Christian Medical Society is a group of everyday people who feel that Jesus was all that He claimed to be. Our purpose at Jeff is to show and share the love of Christ in the medical community here. Practically speaking, we help run a clinic for some of the down-and-outers of town at the Central Gospel Hall Mission on 12th Street every other Sunday

evening. Some students are planning on volunteer work for a week or so in Haiti or the Dominican Republic through Medical Group Missions programs. We are also looking into another project or two in town. In addition we keep in touch with the Man Upstairs (respectfully referring to the God who is there and cares) through Bible discussion groups and prayer sessions. If you have any interest in or questions about the group or our projects, bring your lunch and drop in on our Wednesday get-together at 12:15 P.M. in one of the rooms on the Mezzanine. But even if you don't care about group, why not give some thought to the Man behind the group—Jesus Christ. Don't be surprised if you find that He told the Truth.

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