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Jim Burke
Thomas Jefferson University

Halley S. Faust
Thomas Jefferson University

J.D. Kanofsky
Thomas Jefferson University


Sandy Wolf
Thomas Jefferson University

Janet Bernstein
Thomas Jefferson University

See next page for additional authors

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Authors

Jim Burke, Halley S. Faust, J.D. Kanofsky, Sandy Wolf, Janet Bernstein, Liz Thile, Mike Treat, Tim Heffron, Robert Brent, Gary Kaskey, Curt Cummings, Paul Poinard, and Gary Emmett



Theresa Powers, Co-ordinator of the Audio-Visual Office.

Audio-Visual Office: The Eyes and Ears of Jeff

The Audio-Visual Office is a little known but important part of academic life at Jefferson. Perhaps the most prominent examples of its work are the ubiquitous color slides with which students here are constantly bombarded. There are many other unglamorous but necessary services which this office provides. These include assistance and equipment relating to audio-visual lecture aids, photography, television and medical illustrations. Beneficiaries of these services are primarily undergraduate medical students, although people in the University, including people at the post-graduate level and research oriented faculty, are dependent

on the technical skills of this department.

The Audio-Visual Office is theoretically divided into four sections. These are the photographic section, the television section, the medical arts section, and the audio-visual services section. However, the actual working staff is rather small, being composed of two photography assistants, Mr. Spangenberg and Mr. Julius Robinson, two audio-visual aids, Mr. Carl Goebel and Mr. Frank Dalton, a part-time clerk-typist Mrs. Lucy Prociton, and the Coordinator, Miss Theresa Powers. Thus, the Office now in its second year, is using its staff as efficiently as possible and carefully surveying the needs of the future. In the meantime, since the Office does not yet have its own medical artist, a request for this kind of service can be fulfilled by their referral service.

The essential aim of the Office is to provide audio-visual and related services in an efficient, organized way. The emphasis most definitely is on efficiency. Prior to the establishment of a separate Audio-Visual Office in 1972, the individual departments were left to their own devices as far as the provision of audio-visual services was concerned. The departments, in most cases, did a rather good job of taking care of their own needs. The obvious flaw in that kind of set-up is the wasteful duplication of effort that inevitably follows. The greater economy of having a single central facility available to all potential users is one of the most important justifications for the existence of a separate Audio-Visual Office.

The logistics of the situation are fairly impressive. During the course of a year, the Audio-Visual Office processes hundreds of requests for carousel projectors, microphones, electric pointers, projection screens, tape recorders, record players and other devices. This equipment must not only be distributed to users, it must be serviced and

periodically replaced. A lot of book-keeping underlies keeping track of all of these items and making sure that they are available in a functional condition when there is a need for them. In addition to providing equipment, the Office offers personnel services in the form of projectionists and technical assistance in preparing materials for display or publication.

The genesis of the Audio-Visual Office, located on the fifth floor of Alumni Hall, is intimately related to the story of Miss Powers, its current (and first) Coordinator and a principal influence behind its emergence.

Miss Powers, a graduate of Rosemont College, stared out at Jefferson some fifteen years ago as a special assistant to Dr. Andrew J. Ramsey, the greatly revered Anatomy Department head who preceded Dr. E. Marshall Johnson. She soon became a factotum to the whole department, involving herself in such things as the purchasing of equipment and supplies and the setting up of the histology laboratories. In 1969, her position as "special assistant" was reclassified to "learning resource specialist," a title which was more indicative of the role she was playing in managing the audio-visual materials for the Anatomy Department. She recognized the need for the establishment of a central audio-visual facility which would be free of duties relating to any particular department. A proposal for the Establishment of a Medical Communications Center which she submitted was accepted by the administration and on July 6, 1972, she received a letter from Dean William Kellow designating her as Coordinator of a newly created Audio-Visual Office which would be under the supervision of the Registrar, Mr. Arthur P. Owens.

Miss Powers is more than the efficient administrator of audio-visual services. She has always

(Continued page 4)

Dr. Duane Named to Key Wills Eye Post

Dr. Thomas D. Duane, the physician whose research led to an understanding of the cause of blackouts among pilots during the Korean War, has been named Ophthalmologist-in-Chief at Wills Eye Hospital and Research Institute.

Dr. Duane, who has served as Chairman of the Department of Ophthalmology and Chief of Service at Thomas Jefferson University's Jefferson Medical College and Hospital since 1962, continued in that post until the new position at Wills became effective on October 15.

Wills and Jefferson's Departments of Ophthalmology will join when the world-famous eye hospital is relocated from 16th and Spring Garden Streets to the Jefferson campus by 1978.

The 141-year-old Wills, dedicated to the preservation of sight through the care and treatment of eye diseases, will occupy, on a condominium basis, the upper two floors of Jefferson's new 11-story Clinical Teaching Facility, to be built on Chestnut St., between 10th and 11th.

Dr. Duane succeeds Dr. Arthur H. Keeney, who resigned to return to his alma mater, the University of Louisville Medical School, as dean. Dr. Keeney was at Wills eight years.

"We are delighted that Dr. Duane will be joining Wills," said Mr. Rubel. "He'll bring an academic approach to one of the nation's most prestigious eye hospitals. He will combine teaching with our already excellent programs of research and medical service."

It was while Dr. Duane was a Flight Surgeon in the Korean War that he discovered it was the lack of circulation to the retina that caused blackouts among pilots.

Dr. Duane's findings, published in the nation's medical press in 1965, demonstrated that lack of circulation to the brain occurred in blackouts, but only after the condition was precipitated in the retina. The findings led the ophthalmologist into glaucoma research, the leading cause of blindness, and to an understand-

ing of retinal injuries that come as the result of body damage elsewhere.

Dr. Duane is the author of a book, "Ophthalmologic Research, U.S.A.," published in 1965, which carries the results of a two-year investigation into eye research in the country. The 55-year-old ophthalmologist is cur-

rently researching the physiology of the retina, retinal circulation and the biophysics of ophthalmology.

At Jefferson, Dr. Duane was president of the Medical Staff three years and served as Chairman of the Curriculum Committee of Jefferson Medical College.

Pennsylvania Academy Accepts Family Physicians Society

On Sunday, Nov. 18, 1973, the annual board of directors meeting of the Pennsylvania Academy of Family Physicians was held at the Marriott Hotel. The Family Physicians Society of Jefferson was accepted as the first student component chapter of the Academy. Officers from Jefferson's society attended the meeting led by president Bethany Venit. As a component chapter, Jefferson's society can send representatives to future board meetings and can participate in many of the Academy's activities such as the committees on education and public policy.

The acceptance of student chapters is the latest progressive action in the Academy's history of concern for student education. When the Academy was founded in the late 40's, the medical academic establishment did not readily accept the general practitioner. Many deans of medical schools were very dubious of a place for the family practitioner in the education of the student. Nevertheless, the Academy with her dedicated members were not deterred. Preceptorships were established throughout the state-giving the student a valuable insight into the practice of family medicine. In later years, the Academy supported the establishment of family practice residencies—and then departments. The members supplied much of the necessary manpower.

Dr. Frank Kelton, president-elect of the academy, was a

academy's acceptance of student affiliates. Commenting on Jefferson's acceptance: "We welcome Jefferson into the Academy and hope that other schools follow. We look forward to input from the students and hope that they take an active role in committees, our publication, and other activities. We need to hear from the physicians of tomorrow."

In conclusion, while many institutions talk of involving youth, the Pennsylvania Academy has acted and acted progressively. Jefferson is grateful for this generous opportunity which the Academy has offered.

FRANK CHERVENAK

Freshman Elect Class Officers

Jim Burke

The freshman class recently elected its five Student Council representatives. Operating under the council's new constitution, the freshmen chose to elect 5 representatives of equal standing rather than the customary President, Vice President, and 3 representatives. The upperclassmen will also have the option to be represented in a similar manner when their elections are held later in the year.

The five successful candidates were Juanita Cornish, Sister Ann McCloskey, Jean Halpern, Kevin Robinson, and Dan Flynn. For candidacy, the aspirant was required to submit a petition for nomination signed by 25 fellow classmates. For election, a

candidate needed a majority of the class votes. In the first election, each freshman was permitted to vote for 5 of the 15 candidates. Juanita Cornish and Sister Ann McCloskey were elected representatives on this first ballot because each received votes from over 50 per cent of the class. The remaining three positions were decided in a subsequent election. The eligible candidates were those six having received the highest number of votes not constituting a majority. In this second election, Jean Halpern, Kevin Robinson, and Dan Flynn were each chosen by a majority of the class.

Upperclassmen on the Student Council, particularly David Mayer, handled the election well

by explaining the voting options and procedures to the class. The electing of officers was based primarily on popularity rather than on issues. Each candidate was offered the opportunity to submit a brief statement of his qualifications. During his campaign, Dan Flynn encouraged support of fellow members of the Curriculum Committee who were running for Student Council. In his letter to each freshman, he listed some of the areas in which the committee is presently working.

The plans of the newly-elected officers are still being formed. New policies in the note service, etc. will be explained in a bulletin distributed by the representatives in a few days.

Problem-Oriented Medical Education: The Truly Professional Teacher

by Halley S. Faust

Preface:

The following article deals with the teacher in the Problem-Oriented Medical Educational system. This is the second in a series of articles related to a more natural, fulfilling education a medical student should enjoy. Subsequent articles will explain further aspects of the Problem-Oriented Medical Education. The author and Ariel encourage any thoughts or replies on the material presented.

Education of an individual should be an evocative experience if properly guided by the professional teacher. Unfortunately, Jefferson has few if any professional teachers. The Problem-Oriented Medical Education (POME) can thrive only if those who institute its concepts are properly trained professional educators who have more than the notion that

TEACHER - TRANSMITTER OF KNOWLEDGE.

The POME, as outlined in Ariel, November 2, 1973, utilizes problems related to specific areas of study in order to facilitate a student's learning of basic science material necessary for the understanding and practice of medicine.

WHAT EXISTS?

The causes for the continual existence of non-teachers at Jefferson are, on the whole, based on the unfortunate assumptions that a) any person with an M.D. or Ph.D. is an adequate or useful basic science teacher, b) such persons as subspecialists and experts in their fields have the ability to communicate that expertise to a medical student in a lecture or one-on-one (rate) format, and c) all medical students require an in-depth, detailed data bank (their brains - memories) of the data that the specialist retains himself. These assumptions leave the students on the short end of the stick, as they are not receiving the adequate education they deserve. Indeed, it may seem venturesome to declare that few if any students are actually educated in basic sciences, they are trained.

Furthermore, the use of experts and very little integration or correlation of facts (very few concepts are taught) results in a reductionist approach to the medical sciences, an approach which is detrimental to the beginning student's need for understanding through viable conceptual fields. The lecturer reduces the overall concepts and utilizations of protein synthesis, for example, into coenzyme and submicroscopic facts apparently generated for memory only with no intent to evoke student intellectual curiosity. At lectures, because of the lecturers own inability to be creative in a communication medium, the knowledge spewed forth with trivial technical aids rarely arouses the student's motivation of understand the facts conceptually, only to memorize them for upcoming examinations, the format of which only enhances the memory lane. Problem solving is rarely invoked as a means of educating students.

A proper conclusion of technical training is what evolves from the basic science courses at Jefferson. Because this problem arises not just from Jefferson, but from other schools as well, numerous articles have been generated questioning the capabilities of current medical school graduates.

WHAT SHOULD EXIST?

Teaching should be an evocative vocation. Its function is to draw out from an individual his potentials in a certain area(s) of study. Teaching, as much, is a creative, constantly questioning art. The ability of an individual to evoke from another an understanding, curiosity, and continuing interest in an area is an extraordinarily difficult task. A teacher does not work with a subject to be taught, he works with a person who wishes to gain mastery of a subject. The teacher's task is compounded when a more than one-on-one teacher-pupil relationship exists, as is the case in medical schools.

The teacher of medicine should not be imparting a knowledge of facts! True, he is leading an individual or group into or out of the bounds of certain facts, but the facts per se are not the important realm from which the student saunters into clinic; it is the understanding of the application, conceptualization, and derivation of those facts which is the key to better medicine.

Obviously, then, the POME teacher will be one who deals with concepts, holism, student feedback of understanding, small seminars, and referral sources. Other than someone who is trained from the grass roots of the POME to communicate ideas, the individual most suited for such a position is not the subspecialist, to the contrary, he is the generalist - the family physician type - who should have a good grasp of broad general concepts of basic sciences and disease and these concepts' parameters on the patient, and who should know best what a general, primary doctor-patient relationship is. Of course, if he is not a good communicator, has not kept abreast of medical developments in general, and does not agree on this approach to medical education, then he would be of no value to the POME. However, the generalist could be the starting point for such a system as the POME.

The teacher might guide students into self-learning via, for example, seminars per week on pre-determined topics upon which students will have had the chance to read in advance. Laboratories would be included where necessary. Most importantly, the teacher will be a fulltime professional educator who will have had adequate time prior to his teaching responsibilities to have thoroughly planned each aspect in a guidance capacity. He would spend his entire tenure only as a teacher preparing and activating his seminars (no more than ten students per seminar). Of course such preparation could include continuation of a limited practice or other activities the teacher deems necessary to retain his skills. He would keep abreast of the areas which his students would be studying so that he could refer them to the proper data banks (i.e., journals, textbooks, individuals) for any missing facts. His research would consist only of planning and utilizing new teaching methods and continual teaching self-evaluation while keeping a good record of individual student progress. He would be adviser and counselor to his students (perhaps a total of forty students- four seminars of ten students each) as to their strong and weakpoints in their progress. Naturally, if the teacher deems it valuable, he would invite a specialist in a particular field to participate in the discussion as a consultant (no lecturing please!) for clarification or opinion.

More importantly, the teacher would draw relations for the student from all kinds of sources and experiences in order to demonstrate the whole picture of the problem being discussed. All facets of a patient's problem need to be conceptualized. The Homel-Evaul five dimensional "Needs Approach to Health Education" (copyright 1968) relates that people look at themselves mostly on the four dimensions-socially, emotionally, intellectually, and morally-whereas others initially often use only the fifth dimension-the physical dimension- to view the person. This is what happens much too often within the physician-patient relationship, and proper education can evoke better understanding by the physician student of the patient's overall five dimensions.

In summary, the teacher would possess the abilities to teach interrelated concepts of medicine through a problem-oriented approach; evoke from students the understanding of patient's problems on all five dimensions, therefore teaching a viable doctor-patient relationship communication; provide students with guidelines by his teaching example through which they can continue their education individually and naturally; tailor his seminars to his students' continuing, evolving needs; all of these requiring his competence in all forms of evocative techniques.

Does not a person learn best by self-discovery? Should not then a teacher teach best by guiding the student toward self-discovery?

If he (the teacher) is indeed wise he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind.

Kahlil Gibran

Merry Xmas and
Happy New Year

Orthomolecular Psychiatry: An Impression

The physics community at the beginning of the century was faced with a pickle of a predicament. Did light and matter have a particle nature or could their behavior be explained purely in terms of a wave phenomenon? The cause for this confusion was that some experimental results could best be explained by assigning a corpuscular nature to light and matter whereas other investigations required analysis by wave mechanics. The outcome of all this debate was that neither alternative was accepted as -in itself- providing an adequate description. Much as it was difficult to imagine, a new system was developed that allowed light and matter to be thought of as possessing the properties of both a wave and a particle.

To appreciate the magnitude of this accomplishment one need only try to think of an object as both being and not-being. To be and not to be - outside of mimicing the lead in to a famous soliloquoy - are mutually exclusive. Such was pretty much the case with "a particle" and "a wave" before the turn of the century.

Just as physics reached an impasse in the early 1900's, so psychiatry today is enmeshed in a similar state of turmoil. Thomas Szasz and R.D. Laing shy away from viewing mental illness as a genuine disease state, psychoanalysts do not quibble over whether a psychotic is a psychotic is a psychotic but having conceded that psychosis is a real pathologic entity they throw up their arms in disgust and admit that the working out of life experiences - a mainstay of psychoanalysis - has limited value when applied to the psychotic. Behaviorists relegate to the sidelines a patient's past history and focus in on the here and now. By a program implementing positive reinforcement, they claim some success in rehabilitating chronic schizophrenics. And on and on it goes.

Interestingly, unlike in physics, in psychiatry the trouble is not one of conceptualizing that heredity and environment, conditioning and chance all play a role in producing schizophrenia. The problem is that - despite rumors to the contrary - psychiatrists are human beings and the nature of the naimal is that he wants to assume that what is most important is that which he is most interested in. A consequence of this is that while lipservice is paid to the credo that many factors may be of roughly equal importance in predisposing to schizophrenia, that old mind magic that we know so well performs an Orwellian transformation that tempts the psychiatrist to behave more in accordance with the revised dictum that "many factors may weigh equal but some factors weigh more equal than others."

I think that in general though, psychiatrists deserve credit for resisting the natural tendency to want to throw out as trivial anything that doesn't fit in with their own set of personal preferences. More than many other branches of medicine, psychiatry is committed to an eclectic philosophy. Nevertheless, it is understandable that any new approach should initially have a tough time in establishing itself. Such is the case with orthomolecular psychiatry.

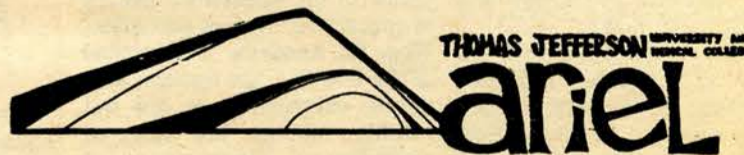
Pauling defines orthomolecular psychiatric therapy as "the treatment of mental disease by the provision of the optimum molecular environment for the mind, especially the optimum concentrations of substances normally present in the body."

During the first half of the fall quarter I took an elective with Dr. Carl Pfeiffer (see Gary Kaskey's article on pg. 6). In the six weeks that was with him I was privileged to observe over 200 patients (many of whom had three or more psychiatric hospital admissions on their record). I recognize that I am not sufficiently trained to offer a professional opinion but just from my layman's plus perspective I came away feeling that the orthomolecular approach does make a significant contribution to the treatment of mental illness and in many instances allows for the inclusion of other methods of treatment that had formerly been found to be ineffective. It is difficult for me to assess just how great this contribution is but I am strongly of the opinion that in the future psychiatrists will incorporate this approach into their practice in ever more increasing numbers.

Returning to an earlier point, today's psychiatrist has a problem similar to the one that faced yesteryears physicist. He must try and reconcile just how much of today's mental illness is a result of a faulty environment and how much is the result of a biochemical imbalance. The important thing to realize is that this is not an either or proposition.

The danger is that we "know, not feel" how true this is.

JDK



EDITORS: Mark Dembert J.D. Kanofsky
Frank Chervenak John Lammie Curt Cummings

ENTERTAINMENT: Robert Breckenridge
Joe Conti
Gary Kaskey

PHOTOGRAPHER: Larry Glazerman

OVERSEAS EDITOR: Mike Sinason

HUMORIST: Jim McCann

STAFF:
Ken Jaffe, Bob Sklaroff, Halley Faust, Jim Burke

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Liberation and The Gynecologist

"Medicine is a completely, overpoweringly sexist field!" - this is seen best in obstetrics and gynecology. On Wednesday evening, December 12, under the auspices of the J. Marion Sims Obstetrics/ Gynecology Society, two male gynecologists and two "liberated" women faced a sometimes hostile crowd of medical students, physicians, and other interested parties. The panel was moderated by Dr. Cynthia Cooke, a gynecologist at the Hospital of the University of Pennsylvania.

Norma Finkelstein, an editor of Ms. magazine, began the session with a generalized plea for better health care delivery for women. She stressed the desire of women to have more control over their bodies, to be taken seriously, and to be informed of all their options. As she put it, "Women don't want to be tranquilized literally or emotionally."

Dr. Edward Lynch, director of obstetrics and gynecology at Fitzgerald Mercy Catholic, proceeded to comment on Ms. Finkelstein's ideas. "We love women - fat or skinny, tall or thin - after all, these are the people from whom we earn our livelihood." He essentially represented the conservative line on contraception, abortion, and treatment of women.

The next speaker was Elizabeth Scofield, contributing editor of Philadelphia Magazine. She reviewed her own horrendous experiences with gynecologists which were the basis for her April 1973 article, "In Search of the Perfect Gyno." She reviewed the concepts of self-help clinics, midwifery, and other related areas.

Our own Dr. Alvin Goldfarb, described by Dr. Cooke as "clearly a sex symbol in his own right," opened his presentation,

"Tonight is what it's all about - Medicine and Society." He continued with his well-known monologue on the doctor-patient relationship and the principles by which he lives. He ended, "Women don't want equality, they want respect."

As Dr. Cooke observed, the two women on the panel had had problems with gynecologists, and the two gynecologists had said, "Well, never me!" Clearly there was a discrepancy in evaluations of gynecological care. Dr. Cooke further stated that although 75% of paramedical personnel are women, only 7% of physicians and

3% of gynecologists are women, indicating the vast space for women in medicine.

The method of questioning and the tenor of the audience were not conducive to an in-depth discussion of the crucial problems of women and their gynecologists. One was left with the disappointed feeling that the questions were glossed over, that people with opposing views did not really listen to one another, and that the solutions are barely within the reach of the next generation.

Sandy Wolf
Janet Bernstein
Liz Thilo

In contrast to Sandy, Janet, and Liz, I did not interpret the Sims Society meeting as a seminar for seeking solutions to problems between women and their gynecologists. Indeed, the event was virtually advertised as a brawl between an editor of Ms and Dr. Goldfarb, but in retrospect, it was not even a good fight. In my opinion, two people and one physical distraction militated against an enjoyable and instructive presentation:

1. The Mezzanine Auditorium was not well-prepared for the evening: the panelists sat behind that ugly table strewn with paper cups and had to pass the microphone back and forth among themselves in order to be heard, to the obvious displeasure of Ms. Finkelstein. Why were individual mikes not used as they have been in class panel presentations?

2. Finkelstein showed the most unpleasant humor before a crowd that I can ever recall. She made no attempt to relax with the other panelists for the audience, and some of her information was patently incorrect - the male "pill" being withdrawn because

of side effects of nausea.

3. Goldfarb boored with his lengthy Medicine and Society correlation.

In sum, the hostile crowd was, in my opinion, the result of a tense and unpleasant Finkelstein, largely, who made no attempt to establish a rapport with the audience. I agree with Sandy, Janet, and Liz that people - both on the panel and in the audience - were not especially interested in listening for understanding, but, rather, wanted inflammatory statements in order to see a fight.

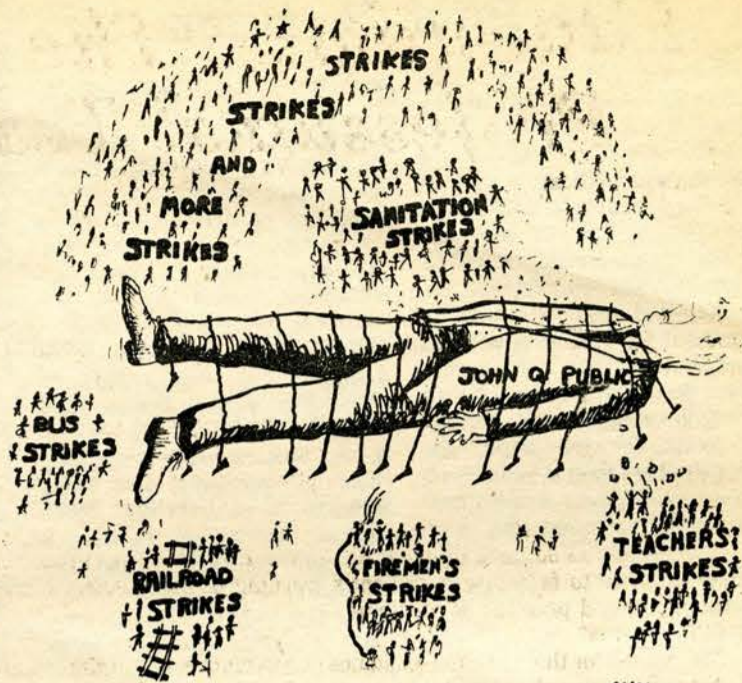
The men, probably because of their professional tendencies, appeared more relaxed; they had the evidence and backing of a physician's authority, and they used it. Interestingly, they stood to the side of the podium during their presentations; the women barricaded themselves behind it. The women, on the other hand, were speaking outside of their fields; they relied solely on their experiences and feelings as women. In this respect, they were no more qualified than any of the many women in the audience, many of whom probably shared similar bad experiences with their gynecologists. Thus, Finkelstein's and Scofield's editorships drew the crowd, but they added little to the presentation.

I personally find little controversial in "women's rights" and fully expected that female complaints during the presentation would be valid, but I was disappointed that Finkelstein would not dignify the meeting with a little human warmth. If she was a paid speaker, I believe that she wasted the money.

Indeed it was women's night, but in spite of the panelists.

John Lammie

A Modern - Day Gulliver



At a small table in a corner of the cafeteria there has been a quiet explosion of ideas and feelings during the last few weeks. Where were you before you came here; how has school changed your lifestyle and relationships with friends or spouses; how do you feel about your ability to blend your professional self with your feminine self; what do you know about the specialty (if any) you may be thinking about entering; if you are considering having children, what plans have you for raising them; and many other questions have been raised. Where once these may have been shared with one or two convenient friends, they now have been shared amongst a small group, soon to be a large group.

There is now a place where we can bring our hopes and ideas, questions and misconceptions, experiences and future plans. We have a forum for common concerns which can help dispel the sense of isolation, anomie and vague disquiet which large institutions so easily generate. Although the organization is named the 1961 Society to commemorate the first year of admission of women students to Jefferson Medical College, we warmly welcome participation from staff and students in all the aspects of the health professions.

We plan to invite speakers once a month, on Monday or Thursday evenings, to discuss their personal experiences in managing marriage, children,

and medical career; how they developed skills and attitudes in working with large (or small) health care teams, or setting up clinics (i.e. the Rape Clinic at PGH organized by Dr. Cynthia Cooke); how they made specialization decisions; what they know about other alternative health care systems in and outside of the U.S.A.; or any other questions the group may raise. The other bimonthly meeting will consist of minimal organizational details (the structure is being kept as informal as possible), and largely an opportunity for those of us in the health professions at Jefferson to become better acquainted and explore topics of interest via planned panel discussions. We feel we have a lot to learn from each other.

There are also some emerging plans for encouraging an outreach program to increase enrollment of Pennsylvania women at Jefferson, sponsoring a personal welcome lunch hour at orientation for incoming women students, organizing a centralized used textbook sale each year, and possibly inquiring into more formalized day-care facilities at Jefferson. These ideas are open for development, and we welcome any further suggestions. Send any ideas for panel discussion topics, speakers you would recommend, or your name and address for our mailing list to: The 1961 Society, Box 61, Jefferson Hall, 1020 Locust Street, Philadelphia, Pa. 19107.

by Monad
a member of the freshman class who shall remain - Monad

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The Need to Educate The Total Physician

Medicine and Society is an interdisciplinary program developed by six departments in the medical school to present the students with a holistic concept regarding the problems of health care. The physician of today and for the future should be an individual really capable of accurately and effectively encompassing a broad perspective beyond his or her own special area, a person with extensive and varied knowledge who can see the forest for the trees, the strengths and weaknesses of each narrow subcategory within their own major discipline and even beyond. This challenge to medical education is being undertaken by this program.

The strength of this program is the interdepartmental cooperation as represented by the members of the planning committee. The planning committee is represented by the departments of Psychiatry and Human Behavior, Community and Preventive Medicine, Family Medicine, Rehabilitation and Physical Medicine, Pediatrics and Obstetrics and Gynecology. In addition, the program has the services of a medical sociologist and the consultative services of the entire university family. This program is being presented to the students and it reflects from an academic standpoint a responsiveness to the responsibilities and expectations of the university and society.

The implementation of this program has brought about a great deal of discussion both at the student and faculty level. Any change in a closed society will do this. But this is not necessarily bad. All physicians should understand the behavioral and community aspects of health care, the development of insights with the role of the team in the delivery of health care. The physician cannot deliver all

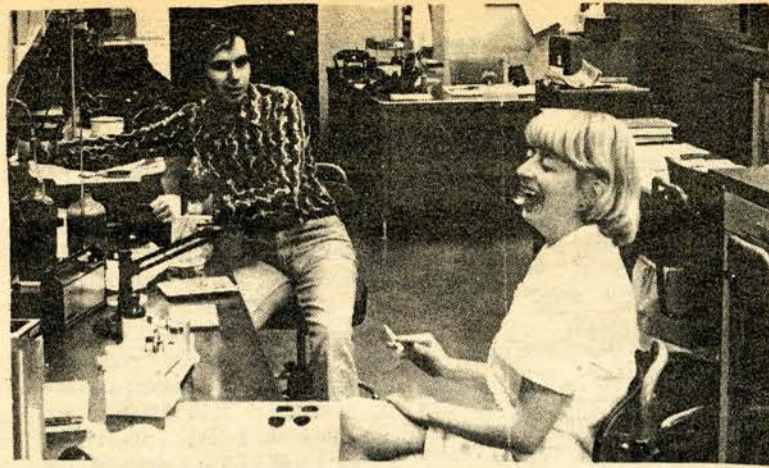
services in relationship to the care of people from the health standpoint, but as an executive he must know where all these resources are and how to have them delivered or made available to the person in his or her care. Medicine should be people-oriented not disease oriented.

Doctors have changed; patients have changed. More demands are being made on physicians; society makes more demands on us all. In earlier times, doctors understood their roles in precisely the same fashions as patients did. There was no discrepancy between a patients' expectation and the physicians' understanding of how or what was to be done to meet these expectations. The social and technological revolutions of the past century have changed the score for patients and physicians. Patients' expectations today are at odds with the physicians' understanding of his role. This is an area to which the program in Medicine and Society can address itself.

In order to do this we must see that the student is given the tools in this program that will encompass not only the behavioral aspects of health care, but the community aspect, the familial aspects, the social aspect. Finally, we must indicate effectively and intelligently in numerous nonclinical relationships: relationships with the hospital board members, with community people on other types of medical boards, with community schools, with planning bodies. This contribution to medical education is essential today to the development of the total physician who can lead societies needs for improved health care in the future.

Q.E.D.

Alvin F. Goldfarb, MD.
Administrator, Medicine
and Society



..Earl "the Pearl" Spangenberg and Angie Sylvestro, assistant to Dr. Panke, enjoy one of the rare "lighter moments" in the office.

Jefferson Eyes and Ears

Continued from page 1

been very interested in students and sympathetic to their learning problems. In an effort to ease their way through medical school, she became involved in the transition from essay type

anatomy exams to the now familiar (and infamous) multiple-choice format. She has a certain zeal for improving the effectiveness of medical education. She is enthusiastic and

aggressive in her pursuit of this goal. She has offered her audio-visual expertise not only to the Jefferson community but also to people from such places as Jefferson's affiliated hospitals, Children's Hospital, Hahnemann Medical School, etc.

As far as the actual running of the Office is concerned, there are no personnel problems, according to Miss Powers. The efficiency and healthy good nature of the team and the consideration and guidance she receives from the Administration makes the whole project work. Although she insists on (and gets) freedom to make the technical decisions relating to the functions of the Office, she wants to keep in line with the policy of the Medical College and of the University. She speaks warmly of the "wonderful people here at Jefferson" and apparently is quite happy with her surroundings. To judge by the ample stack of letters she has received complimenting her and her co-workers, her liking for Jefferson is well reciprocated.

Mike Treat

Alive and Doing Well

Cheating on examinations is not something new to some medical students. One faculty member has noted its existence in the past, many have witnessed it among us now, and it will probably follow us into the future.

The goals of cheating include such rewards as prestige, position, wealth and maybe even self-satisfaction. Whether or not they are achieved, a cheating method cannot be condoned. The beauty of these rewards is contingent upon the manner of their achievement not their achievement alone.

Has cheating become an incorrigible act whereby no means are available to subdue its presence. No! A formidable adversary does exist. It exists in the qualities of honor, respect, and integrity. Qualities that are

not born to men but qualities that are acquired by maturing responsible individuals.

The problem, therefore, lies within the individual and only there can it be combated. Only if one understands and practices these qualities can he use them as implements against self-destruction. These are attributes that will fortify him against unrelenting pressures from within and without. They have accompanied many great men in the past and are allied to many great men of the present.

When we close the doors of Jefferson behind us ending the first stage of our medical careers, we cannot lock behind

what we are or have become. It is ours and only ours. If we have built strong ideals, people who contact us later will profit. If we lack these strong ideals those who contact us later may eventually suffer.

One cannot precisely quantify the extent of cheating in medical school. Whether it is mild or severe, the hypocrisy is still in our midst. It is alive and as some members of Jefferson Medical College have verified by a petition, doing quite well.

Neither Stedman's nor Dorland's medical dictionary offer a definition for the word cheating. It simply does not belong in the medical profession.

Tim Heffron



..10th and Walnut, in preparation for the new student housing apartments, probably never looked better - or worse?! (Stein Research Center in the background).



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Holiday Show

Music, drama, dance and larger than life puppets are the magical ingredients of the Manning Street Actors' Theatre's upcoming presentation THE HOLIDAY SHOW. The setting is a mediaeval feast where the Company celebrates the season by appointing one of their members Lord of Misrule. According to an old tradition, while the Lord of Misrule reigns it is a crime not to make merry. Our evening thus must be given over to frivolity - with constant singing and dancing to the accompaniment of flutes, guitars, drums and tamborines. A wayward traveller who chances upon the scene is forced to earn his supper by telling a story. He enacts Charles Dickens' A CHILD'S STORY, the tale of a wanderer who meets characters representing the stages of life, using masks and giant puppets. Other participants perform Dylan Thomas' lyric and haunting reminiscence A CHILDS' CHRISTMAS IN WALES. Of course, the nights festivities must end and the Lord of Misrule be replaced by cold and dreary normality, but not before all have shared the Wassail Bow.

THE HOLIDAY SHOW opens December 12th, with performances every Wednesday through Saturday evening at 7:00 through December 29th. Admission is \$3.00; \$2.50 for students and \$1.50 for children under twelve. For reservations or information about special matinees for groups at reduced rates contact the Manning Street Actors' Theatre.

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Perspective

The Yearbook: Advice and Dissent

I was quite surprised when I came to Jefferson and found that the graduating medical class prepared an elaborate yearbook. My own medical school yearbook consisted of eight mimeographed pages of limericks about each of the students. I went to a medical school without tradition - no portraits, no fraternities, no yearbook. A good medical education can be obtained in an environment with or without tradition, since medical schools are not like the "fiddler on the roof" whose survival depended on tradition.

What about the quality and contents of yearbooks at Jefferson. Some have been artistic. Many have been filled with excellent photography. Some have been sensational, in a narrow sense, like the yearbook with the nude centerfold. In no instance have the students failed to pay recognition to the Dean's office and the administration for their part in providing the facilities and resources that can create an appropriate medical school environment. Those students who heard Dr. Olshin's response at his portrait presentation will recall that his appreciation extended not only to the students and his colleagues but also to an administration that helped create an environment that can permit an educator or a student to flourish. I would hope that the students would continue to recognize the important contribution of the Board of Trustees and the administration.

But this "perspective" was not written as a plaudit. I have a few criticisms and suggestions.

Some of the worst, uncreative yearbooks have consisted of innumerable photographs with consistently sarcastic, rude or critical captions - completely unrelated to the true impact on the institution of the individual in the picture. Sarcasm and fun have its place, but when it is used indiscriminately, it loses its forcefulness and effectiveness. I would be the last to deny that some of the faculty could utilize a bard or two. A yearbook should not have an "inappropriate affect." Preoccupation with sexual humor, ridicule of physical characteristics of individuals, or sarcasm is inappropriate affect. Advice: Ration your humor, your sarcasm and your criticism so that it does not lose its effectiveness.

Occasionally, a yearbook has contained editorials by several of the "brilliant" students giving advice and criticism. I have always read these essays with interest because they are usually inaccurate, personalized opinions of the educational process based on no experience of having attempted to put together a viable educational program. When I was a senior in medical school I wrote a thirteen-page letter to the dean criticizing the

medical educational program. Luckily, I never published that letter anywhere, but I frequently re-read it. It is a humorous and humbling experience to know how distorted one student's viewpoint might be - and how unfair it is to generalize or use such a small portion of the educational experience as being representative. Advice: Instead of just having each senior's picture in the yearbook, make each student contribute a short paragraph about his medical school experience and any recommendations that he or she would like to make to the administration, the faculty, or a particular department or an individual. You might also prepare a questionnaire that could be sent to all seniors and the results could be published in each yearbook. The questionnaire could be handed down to each class so that the results of the questionnaire would become an annual contribution to the yearbook. By implementing these suggestions, every student would have an individual and collective opportunity to say what is on his mind. You might even use the auspices of the office of medical education to make certain that the questionnaire has some validity and is periodically revised.

Now that over fifty percent of the student's clinical years takes place away from Thomas Jefferson University Hospital, the editors must be extremely careful to recognize the contributions of each affiliate hospital and the many excellent physicians at these institutions. It is so very easy for an editor to make the description of the clinical years a personal itinerary of his or her clinical rotations. Advice: Give adequate recognition to our affiliate hospitals. The administration of these institutions and their faculties deserve your attention and should be treated by the yearbook in a similar fashion to TJUH. Similarly, if there are defects at these institutions, either in facilities, programs or individuals, then this too should be reported. Most people would rather be criticized than ignored. It is true that affiliate hospitals have in the past had fleeting arrangements with medical schools. Hopefully, this is a situation of the past and the yearbook can strengthen the concept that our affiliate hospitals are an intimate and vital force in the education of Jefferson medical students.

I apologize to the editors if I have made suggestions that have already been considered by them. I do the same to editors of the past if they assume that my "advice and dissent" is lack of appreciation for their labors. These are simply the comments of a former student and a very interested by-stander.

Robert Brent, M.D., Ph.D.

THOMAS JEFFERSON UNIVERSITY COMMONS PROGRAM COMMITTEE PRESENTS SPORTS TICKETS

ICE HOCKEY- February 9 Penn-New Hampshire, '23 Rink, 8:30 P.M. \$1.00. Games played at Class of '23 Rink located on Walnut above 31st Street.

BASKETBALL-January 15 St. Joe-Penn, 8:10 P.M. \$3.00; February 2 Penn-Columbia/Villanova-West Virginia, 7:10 P.M. \$3.00. Games played at the Palestra. These basketball tickets will be available to students for \$2.00.

Tickets are limited and will be sold on a first-come, first-sold basis. Tickets are available in the Commons Office M-63.

January 11, 1974 IT'S A NEW YEAR AT JEFF HALL - HAPPY HOUR 5:00-6:00; BAND 6:00-10:00 Refreshments!

SWIM MEET - Start now to get in shape for the big event on January 29th. The meet begins at 7:00 P.M. and everybody and anybody can participate. The more, the merrier!

1973-74 FILM SERIES

Friday and Saturday, January 4th-5th - **THE GETAWAY** starring Steve McQueen and Ali MacGraw.

Friday and Saturday, January 25th-26th - **JOE** starring Peter Boyle and Dennis Patrick in the stunning commentary on the consequences of radical violence in America.

Friday and Saturday, February 1st-2nd - **JOHNNY GOT HIS GUN**, the most powerful argument for peace you'll ever see! Also, **ROAD RUNNER CARTOON**. **SKI TRIP**

January 11-13, 1974 - Balance due prior to 12-28-73. Stay at the Treadway Inn or the Ramada Inn in Binghamton, New York. Transportation provided by Trailways. Ski at Innsbruck USA. Call Judy Howard at 829-7925 for further information.!!

SCUBA

The new scuba session will begin on January 8th and end on March 12th. The first part of each meeting, 7:00 P.M.-8:30 P.M., will be held in Room 105. The meeting then moves to poolside until 10:00 P.M.

Scuba is free to all Commons Members and \$10.00 to all others. Leave your name, address and phone number at the Issue Counter. If there are any questions, contact Harvey Small, OR-6-8400, or Bill Richards, DE-8-9400.

YOGA

A new 6 week course in Yoga will begin on January 9, 1974 in Room 105 of Jeff Hall. Meetings will be held from 7:00 P.M. to 9:00 P.M.

Leave your name, address and phone number at the Issue Counter. Free for all Commons Members!! All others will pay \$10.00.

HELP DIG UP ENGLAND'S PAST

Students are urgently invited to help in archaeological excavations in England next summer. Deadline for applications is February 1.

City center redevelopment, new road-building programs and rapidly changing land use are threatening the disappearance of prehistoric graves, Iron-age settlements, Roman villas, fascinating relics of mediaeval towns, all over Britain.

American students free from mid-May, and with previous archaeological experience, are invited to join an international team on a dig of the important mediaeval city of Northampton and the Anglo-Saxon cemetery at Spins Hill in Norfolk. Experienced volunteers will receive free board and lodging for helping in this important work.

Other students without experience are invited to join the British Archaeology Seminar at Lincoln College, Oxford, organized by the Association for Cultural Exchange. Six academic credits can be earned from participating in this low-cost program which ends by three weeks' participation on digs in different parts of England and Scotland. The Association for Cultural Exchange, 9 Emmanuel Road, Cambridge CII IJW, England.

Write now for further details to Ian Lawson, 539 West 112 Street, New York, N.Y. 10025.

A New Season...A New Theater

On January 23rd a production of special interest to those involved in the medical profession opens at the Manning Street Actors' Theatre, 1520 Lombard Street. It is Frederick Duerrenmatt's black comedy, "The Physicists". The play is set in an insane asylum. And Duerrenmatt ironically poses the question, asked by Laing and other radical therapists, who is really disturbed - the patient or the society who ostracized him. Performances of "The Physicists" are every Wednesday through Saturday evening at 8:00 through February 16th.

Admission is \$3.00; \$2.50 for students. For reservations phone 732-5430.

Shorts

(Continued from page 8)

Contrary to recent publication, the Jefferson Rugby Club is alive, and very well, and kicking hard, and aiming directly at... oh, never mind! But, I guess it's kosher for one official college publication to print "an opposing point of view" of what another one says.

Actually, captains Mike Griffin and Crawford Smith are happy with the interest and enthusiasm during the just-ended season. The club's record this fall was 2-2-2, wins-losses-ties, up from 1-5-0, and club membership is up to 22, with upwards of 20 showing up per game.

Concomitant with these numerical increases is an apparent rise in that great intangible, spirit. There always seems to be a handful of spectators onhand for the Saturday games 'way out at Fairmount Park. The team was visibly psyched for the final game, the traditional battle with Philadelphia Osteopaths. And more and more spirited are the traditional post-game drinking parties, full of beer and bawdy songs, to which usually come many players from both sides. "It's a fun game here," says Crawford Smith. With 15 men to a side and no substitutions, he hopes to have enough men for a B team by next year.

The team's strong point is its defense, playing an aggressive defensive game, if such is possible in rugby, and trying to make its own breaks, naturally. There is little offensive flash, usually. Among the team stars were mentioned Nasca, who plays outside center or wing, Dave Kamser, fly half, and Griffin, at wing forward. Smith plays in the scrum.

By necessity, the participation is low key, with most of the players keeping themselves in shape only by running. Some teams practice heavily so the backs can develop scissors plays and other sleek maneuvers, but what is really needed is conditioning to prevent injury in a spiritedly rough game. In fact, the only real injury of the year was sustained in the only practice of the year. Bob Baker's leg was broken by a Mike Steel tackle, a freak occurrence in that it was a high hit. They are still friends, but Steel jokingly accused Baker of concealing a case of latent osteogenesis imperfecta, and asserted that if one is not in shape, "injury is one of the breaks of the game." It proves that you need leather balls to play rugby.

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The Schizophrenias '73

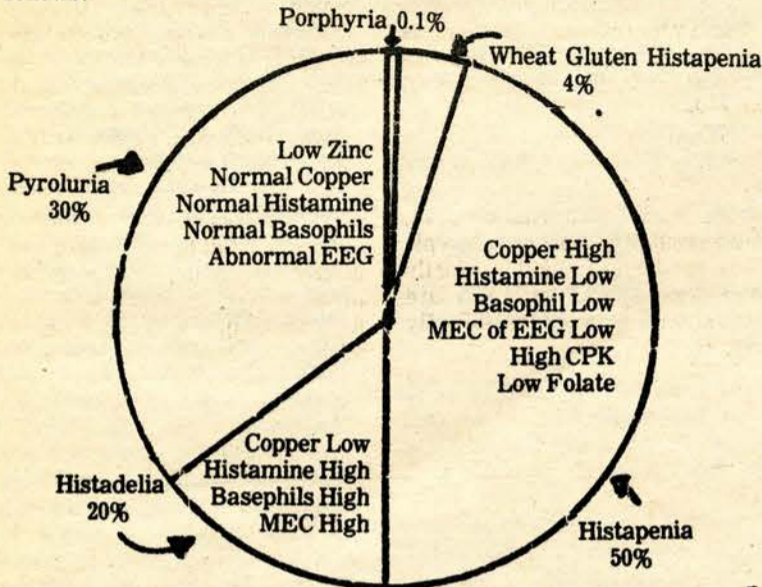
by Gary Kaskey

Steel Steals handball title

Curt Cummings

SYNDROME. Schizophrenia has always been a fascinating, elusive disease since its original conception. Dr. Carl C. Pfeiffer spoke here on the role of histamine in the syndrome of schizophrenia.

Dr. Pfeiffer who has been called "The Dean of Pharmacologists" noted that "the only colds on a Psych Ward are those of the staff." He put this together with a proposed histaminergic neural transmitting system in the hippocampus and wondered whether schizophrenics could be suffering from decreased histamine. He and his staff at the Bio-Brain Center in Princeton then correlated blood levels of histamine, basophils (the perihelal storage site of histamine), zinc (which is found proportionately to histamine), and copper (which shows an inverse relationship). The results can be summarized as follows:



The Schizophrenias have been divided up into three categories, the largest having low histamine, the smallest showing increased blood histamine levels, and the remainder excreting a kryptopyrrole known as mauve factor in the urine. The trace elements show the expected associations. It is interesting to note at this time that when the symptoms respond to treatment (see below), all chemical and EEG studies revert to normal.

SYMPTOMS: Next question...Do your different schizophrenias have different manifestations? As you can see below, they do.

- 1) Stress Induced Psychosis
- 2) Neurol. Symptoms
- 3) Abdominal Pain-LUQ
- 4) White marks-nails
- 5) Stretch marks-skin
- 6) Don't remember dreams
- 7) Better Affect

- 1) Thought Disorder
- 2) Overarousal
- 3) Compulsions
- 4) Obsessions
- 5) Suicidal Depression

- 1) Thought Disorder
- 2) Overarousal
- 3) Grandiosity
- 4) Paranoia
- 5) Ideas of Reference
- 6) Hallucinations
- 7) Hypomania
- 8) Mania

The histapenic patient may present at any age with paranoia and hallucinations; he will also show reduced allergies, headaches, and decreased reaction to pain. In contrast, the histadelic will be an older individual who is obsessed with suicidal thoughts; he will not hallucinate. Careful history will reveal frequent allergies, headaches, premature ejaculation if a male or sustained orgasm if a female. The individual will show increased reaction to pain, and, curiously enough, good dentition due to increased salivary flow.

Mauve factor has been shown to reduce B-6 and zinc in vitro; perhaps this contributes to the protean manifestation of the disease. For along with the listed symptoms, these patients can frequently be recognized by their china doll complexion with high incidence of "look alike sibs," morning nausea, constipation, joint complaints, impotence, barbiturate intolerance, menstrual irregularities, unexplained fever and chills, anemia responsive only to B-6, B-6 and zinc deficiency. Urinary free kryptopyrrole excretion should be above 20 mcg%.

(Continued page 7)

Elective Offered in Alcoholism and Drug Abuse

Everyone knows that alcoholism and drug dependence pose serious societal problems. And it's now fairly well-known that addiction comes in many forms, respects no socio-cultural-ethnic-economic boundaries.

People are concerned. Programs devoted to treating and recovering the alcoholic and the addict flourish. But the problems persist. For individuals and society.

Of all the professionals coping with these vexing human maladies, none is more vital to a solution than the physician. No one gets closer to the problems. No one has greater responsibility for the alleviation of addiction's misery. The patient looks to the physician and the physician cannot look the other way.

But where can he look? Traditional training focuses on the medical aspects of alcoholism and drug abuse. After the diagnosis, then what?

In March 1974 you can participate in the Medical School Elective in Alcoholism and Drug Addiction. This is a six-week elective course. The course is approved for credit. There's no tuition charge. Classes will be conducted at Lankenau Hospital. Lectures, workshops, seminars and field trips to social and treatment centers will expose students to all aspects of the alcoholism and drug addiction problems.

The syllabus contains six blocks of instruction: Orientation & Survey of Addictive Phenomena; Physical Aspects of Alcohol & Drug Abuse; Psychological Roots & Reactions; Social Influence & Effects; Diagnosis & Treatment; and Continuing Communication & Education.

Dr. Donald J. Ottenberg, Eagleville Hospital's medical director, experienced in teaching of addictions, heads a program faculty comprised of distinguished physicians, versed in the multiple implications of alcohol and drug addiction and abuse. Included are Dr. Eric W. Fine, West Phila. Comm. Mental Health Consortium and University of Pa.; Dr. Geneva Driscoll, Eagleville Hospital, Veterans Hospital, and University of Pa.; Dr. Sidney Schnoll, University of Pa.; Dr. Harry Gianakon, Institute of Pa. Hospital; and Dr. Richard Kern, Temple University. Lectures and group discussion on values and attitudes on addictions will be with Henry Malcolm, Consultant to Americ an Psychiatric Association; Menninger Foundation; NTL Trainer; Organizational Development Specialist; and author of Generation of Narcissus. Additionally, key resource people representing social, legal, government, business and clergy perspectives will meet with students in both class and private discussions.

This Medical School Elective program offers students an additional opportunity for gaining insight, education and experience on alcohol and drug addiction and abuse. It's a course designed to help today's physicians cope with today's addicted patients.

If all this intrigues you, make your interest known to your faculty adviser. Then call or write Fredericka Long, Administrative Assistant, National Council on Alcoholism - Delaware Valley Area, Inc., 3401 Market Street, Room 216, Philadelphia, Pa. 19104, 215-387-0590.

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Movie Review:

Day For Night

Francois Truffaut's new movie, *Day for Night* (*La Nuit Americaine*), is a witty, quite moving and very sincere picture about the making of a picture. There have been very many great films about movies (*All About Eve*, *A Star is Born*, and others too numerous to mention) but almost all of these have been about people who happen to be in the movies. This new film stars the movie being made in it.

The art and the craft of films is not a metaphor for life in *Day for Night*; it is life. The characters continually express this point so that the audience will not miss it. The continuity girl (the person who makes sure that adjacent scenes match even if they have been filmed months apart) is incredulous when told that the script girl has left the film to run off with the stunt man. She says: I can see leaving a man for a picture, but leaving a picture for a man? When the script girl's escapade threatens the film being finished because of the young male star's broken heart, the female star sleeps with him so that he will calm down and finish the movie even though it almost breaks up her new marriage. When the young actor takes her seriously she says: Doesn't he understand it was for the film. And the greatest personal fear of the director is not that he will die like the average man but that some day he might not be able to complete a film.

To add to the atmosphere of the movie as life, the language of the film (which is in French with subtitles, at least at the Stage Door Cinema) is highly technical (even if Truffaut manages to explain most of the technical terms either by subtle definition or by simply showing the process while it is being named). The title itself is simply the technical term

for filming a shot that is supposedly occurring at night during the day. The lighting technicians do not say bring up the big spotlight; they say up the senior (a senior is the biggest spotlight).

The action of the film is also very concerned with the technical, insider's view or moviemaking. We learn how the movies make snow, rain, and wind. We see how a window on a scaffold is made to seem a house, or how a screen changes subtly as it is reshot. And, finally, we see at the end one of the most beautifully technical shots that this viewer has ever seen in a motion picture. The climatic scene of the movie is being shot in the snow and at its end there is a long fade-away boom shot ending the movie-in-the-movie which *Day for Night* is shooting as a long fade-away boom shot. The beauty, and the difficulty, of this shot within a shot just emphasizes the adoration which this film shows to the art of film.

The statement that film is life is not being made about a work of art. It is made quite clear that the movie-in-the-movie is a real dog. The making of the movie in the proper manner, in spite of its intrinsic manner, is the important work of life.

The film is technically superb as is the acting, especially of Truffaut as the director of the movie-in-the-movie. The subtitles are clear, if a bit sparse, and the French is comprehensible with high school French since much of it is technical or in Franglais.

Gary Emmett

Custom Embroidery: Your design or ours; your clothes or ours. Sequins, too. See Lyn at Denim Duds, 1230 Pine St.

Reconsideration of The Elderly

GUEST COMMENTARY:
by Paul J. Poinard, M.D.
Professor of Psychiatry

Every tenth person in the U.S. is past the age of 65, and by 1985 the older population will number about 25 million, but society tends to ignore the problems of old people.

Hostile feelings against one's own parents, a reminder of death so poignant in the aged, and identification with the feelings of helplessness can all threaten our sense of security. If you're afraid of growing old yourself and find this thought depressing, you will be uneasy with elderly patients.

One of the major problems of the elderly is society's orientation toward youth and the negative attitude toward old age. This preoccupation with the young leads to social disorganization of seniors because they no longer are considered a meaningful part of the system. Instead they are set apart as being senile or brain damaged.

The neglected issue has given rise to all sorts of misconceptions about the plight of old age. One of these ideas is that all old people eventually suffer brain damage if they live long enough. But a recent clinical study showed only 13 of 23 subjects aged 100 years were found to have such damage.

Traditional thinking has it that living with other people, being married, having children nearby are factors which prevent mental illness in old age. But studies have shown that people who live in isolation have no greater incidence of hospitalization for mental illness in late years than do the most gregarious.

One of the best ways to fight so-called senility is to maintain good physical health. Physical disabilities are more powerful in general than social or cultural stress as mental disruptors because a weak condition causes a natural feeling of helplessness.

Behavior in old age is determined largely from behavior earlier in life. The

quality of one's life is a good prediction of how things will be later on, and good mental health is the best insurance against mental disability at an advanced age.

Elderly married couples can be sexually active in the seventh, eighth, and even ninth decades, provided that both partners are in good health. A study of 250 old people showed those whose urges were strongest in youth rated them as moderate in old age. Those who remembered them as weak-to-moderate in youth were almost without sexual urges in old age.

There is great injustice in treating all the aged alike. There is a tremendous reservoir of better educated, vitally alive, and vigorously alert older people who are being treated in exactly the same way as those who are physically or emotionally disabled.

Impairment of the senses and various physical disabilities must not be assumed the result of the aging process itself because disuse can lead to similar trouble even in children. Continued daily stimulation is the best prevention.

Other healthy maneuvers are

involvement in the arts and sciences, activity in philanthropic institutions, and a renewed interest in religion. The most common characteristic of all religion is a promise of an eternal life and forgiveness, known as salvation. Its magical appeal is the continued hope for a future.

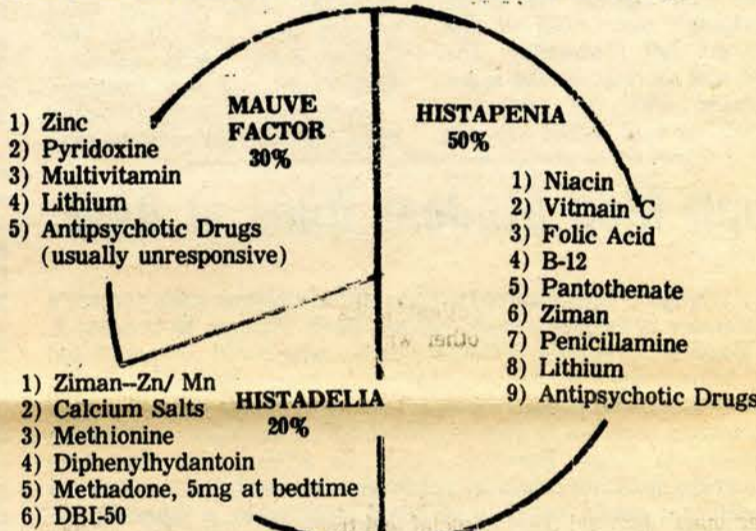
One of the saddest conditions of old age is the realization that we haven't enjoyed our life. People in our society live in continuous anxiety. We decide that time is money. We have not time for relaxation, and sometimes not even for sleep.

We lose connection with the natural world and with the rhythm of life. Music, art, and literature are considered a waste of time. We fail to find relaxation in our family life—not even in love. We live without imagination, without play, without fantasy, without romance. Then, as the end of our life comes nearer to us, we are exhausted and have the feeling we have not really lived at all.

Elderly people can't compete with this modern trend anymore, and they are unable to change it. We, however, can and should do something about it.

Schizophrenias *(Continued from page 6)*

TREATMENT. Treatment is oriented to correct the deficiency.



Adequate therapy not only controls symptoms, but reverts all chemical and EEG findings to normal. Dr. Pfeiffer goes into treatment in detail in a protocol which may be obtained from the Brain-Bio Center, P.O. Box 25, Skillman, New Jersey, 08558.

Environment. The good doctor finished his presentation by speculating as to the role of environment in the schizophrenias. He pointed to such factors as copper plumbing, EDTA additive, the pill, overuse of the soil, and wheat processing as contributing to a Zn/ Cu imbalance which may predispose to the development of schizophrenia.

The uniqueness of Doctor Pfeiffer's hypothesis may turn some classically oriented physicians off; but, who knows, in the future can't you just envision some harried intern barking his orders over the phone.

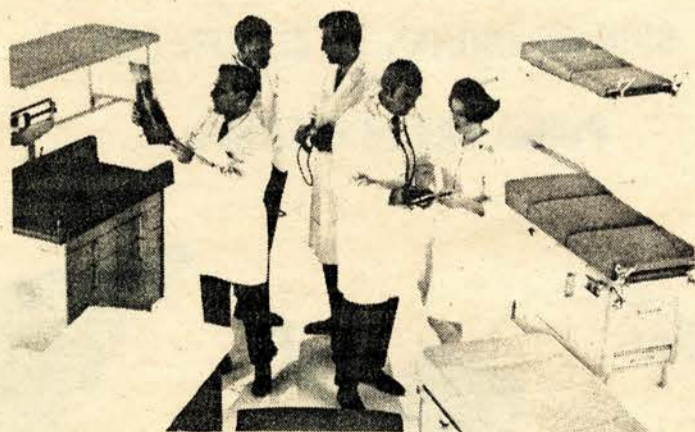
"Schizophrenic admission. huh? well get a stat basophil count and do the kryptopyrrole dipstick and I'll be right up."

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Sport Shorts - Phi Chi Rallies Football Win

When was the last time that Phi Chi failed to take the intramural football title here? This writer does not know, nor do the several upperclassman-veteran jocks he hurriedly contacted the day of the deadline.

It adds up to a dominance of a sport that is an effective as any around here, yet based on something totally different than that of, say, an Ohio State or UCLA dynasty. It requires the right

combination of luck and circumstance to beat such strong teams, but Phi Chi doesn't win on its strength alone. Every year, it seems that it is Phi Chi that has come up with the right combination.

That may sound odd, but this writer doubled the pre-season strength of the eventual champs, and included them only reluctantly among the other expected contenders—Phi Alpha Sigma B, AKK, and Junior Independents.

Phi Alph had assembled a solid crew of blocking backs and fast wide receivers, behind strong-armed quarterback Ken Savage. The Junior Independents, last year's runners-up, were back intact. AKK had a bunch of talented freshmen who added up to an irresistible pass rush, and an uncatchable roll-out QB in Scott Liggett.

Phi Chi suffered by comparison for two reasons: early lack of leadership, and freshmen

adjustment. The upperclassmen did not turn out early to organize needed practice, and QB Tim DeBiasse required time to get untracked and learn his receivers. Before things were together, Phi Chi was 2-2, wins and losses, and needed to defeat Phi Alpha A to gain the playoffs. That game, veteran wide receiver Jack Hocutt asserted himself with two touchdown catches and kicked his "old guard" into gear with a 26-0 rout.

The "old guard" have some kind of tradition: when you have to win, you do. The records of the playoff hopefuls were Phi Alpha B 6-0, AKK 5-1, and Juniors and Phi Chi each 4-2. Since they had gotten a bye against Phi Alpha in the season, Phi Chi's first playoff was against the undefeated powerhouse. The old guard coaxed ex-QB Steve Baez out of retirement, and collectively rose to the occasion with a 13-6 victory.

This game belonged to the Baez-Hocutt combination. Trailing 6-0, Baez heaved a bomb to Hocutt, who took it clean away from Mike Kucuchka for a score. The play turned the momentum of the game, for Phi Alpha's athletic director Joe Kreiser commented, "Twice they stopped

us on fourth down at midfield, by about a foot each time. That was really disgusting. With those, we would have won the game." Phi Alpha almost did pull it out. On the last play, Savage hit Gary Rosenthal at the end line, but Phi Chi defender John Camas decked him and he dropped it out of the end zone. There were protests, but Rosenthal ended them by asserting, "It was a clean hit."

DeBiasse took the helm against AKK, and moved the ball well in the 19-7 win. He was aided in his throws by the wind the whole game, for AKK made the error of choosing to receive the kickoff and gave away the choice of direction both halves. Camas stated, "With that wind, we covered Liggett's receivers, and we stopped his running by rushing our two linemen wide." Phi Chi led 13-0 at the half, and AKK was unable to get on the scoreboard until the waning minutes.

A new system of point allotment in the Cup Competition boosted Phi Chi's success. Seven points are now awarded in major sports for first place, five for second, and two for third. The old 3-2-1 system remains in minor sports.

TJU 20, PGH 18

Curt Cummings

Nurses Have Big Night at Spectrum

Donna Ranieri pulled in the game-saving rebound from among ten other hands, turned upcourt, faked to the middle, and drove around to the outside past one defender. Two PGH opponents were at the sideline in her zone to tie her up, but she turned, and held the ball as the clock ticked down—two...one...zero, and the Spectrum buzzer was deafening as the game ended.

The Nursing School Basketball Team extended its win streak to three games with the 20-18 triumph over PGH at the Spectrum last Wednesday. The game was as close as the score indicates, with the lead seeing several times in the

second and third periods. PGH's outside shooting brought them from a 7-0 deficit in the first five minutes to an 8-7 lead just before the half, and again narrowing it from 19-14 in the final score. The defending City Champs' record is now 3-1.

Jefferson's ultimate success hinged on the outstanding ball-handling of guard Ranieri and the aggressive inside play of forward Patty Jones. Jones was the floor high scorer with 11 points, and was nearly all of Jeff's rebound strength. Sharing the most playing time with them were Denise Boyd, Chris Gilmore, Ruth Keers, and Jane Husband.

Switching over to five-man rules from the old girls' six-man

setup is the likely cause of Coach Sol Kaubin's few problems this year. His team dropped a close opener to H.U.P., 18-16, but rallied to consecutive trouncings of Hahneman, 32-19, and Chester County, 36-12. A heartbreaking number of missed layups and foul shots mars an exciting running game that the squad has developed. It depends primarily on the playmaking and ball-handling of Ranieri and Jones, attempting to break shots inside. This was a strength of last year's team, but with five-man rules and a more bunched up forecourt it is tougher to do, and requires more passing and picking than TJU has yet perfected.

An exciting piece of news that is, unfortunately, incomplete as we go to press is the success of Ms. Jones and Ranieri in the National Women's Freethrow Championship, sponsored by the NBA team is represented by one pair at LaCosta Country Club in San Diego, and the Jeffersonians won the right to go by beating three other teams at the Spectrum three Saturdays ago. The competition is in four 24-season quarters with one girl shooting and one rebounding. We wish them the best of luck.

Soph Med Student Runs at AAU

It's tough to keep involved in competitive athletics when you are a sophomore in medical school. Just ask Dean Winslow, he is doing it.

Winslow is a champion distance runner who is still competing and will bring home a trophy or medal nearly every time out. Actually, star athletes at a medical school is nothing new, and we have a good intramural program to keep our Notre Dame trackstars and Lehigh gridders in form. However, many an all-American has been swallowed up in med school by a cadaver or konked by lecture-induced myasthenia gravis, never to be heard from again, a superstar extinguished. Winslow has escaped these syndromes and retained superstar status through this year by beginning another desktop trophy row to replace last years' crop.

But Winslow has escaped primarily because his situation is unique among athletes. He came to Jefferson under the auspices of the Penn State Program, cutting short the college careers of him and roommates Dave Batt by three years. Winslow and Batt each joined Penn State cross country, indoor and outdoor track, Winslow running varsity distance legs to become the first in the Five Year Program ever to make a varsity sport. Batt, a middle-distance runner, now merely runs a little, while Winslow peaks at 50 miles a week.

This fall Winslow placed fourth and second in two six-mile road races, open to collegians, graduates, and anyone who wants to enter, and was runner-up to Moses Mayfield in the Tony McCann Memorial Race, all held in this area. Earlier he also was fourth in the Middle Atlantic AAU Cross-Country Championships. His most remarkable accomplishments, though, were during the month around Thanksgiving, while toiling under the handicap of Pathology and with the colors of the Penn Athletic Club.

On October 28 he was 39 out of over 200 in the Eastern USTAFF Race, a six-mile effort that featured such superrunners as Hal Michael, Charlie Maguire, and Greg Fredericks. On November 17 he captured second place in the Delaware AAU Cross Country Championship. The following Saturday he traveled to Florida for the National AAU Race, won by Olympic Champ Frank Shorter for the fourth time. Out of over 300 entrants, Winslow finished number 108.

He plans to enter the Penn Relays this Spring, and other events this winter; recall, all these races require extensive qualifying credentials. Why does he do it? "I've had stock answers figured out, but I can't remember them offhand," he says. "Actually, as much as anything else, I enjoy it. It's really hard to articulate how...I do well, it's a release, and remember, I would be only a junior in college without the Penn State Program. This year is it, though, no more. I'll have lost only one year of a normal career."

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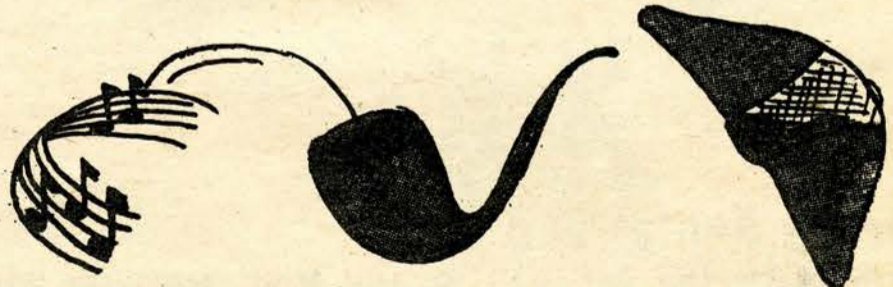
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