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Flowers and balloons were important features of Jefferson's Old Market Fair on May 1st and 2nd.

Symposium Highlights Jefferson's Earth Week Observance

by Lynne Porter

A Symposium on the Pollution of the Environment was held Tuesday evening, April 21st in Solis-Cohen Auditorium. The symposium was arranged by this reporter in conjunction with Dr. F.M.H. Friedman, Departmental Chairman of Physiology, and his colleagues Drs. D. DeBias and C. Banerjee. The speakers were: Mr. Jesse Lieberman, Department of Occupational Health for the city of Philadelphia, Director of Radiation Control for the city, Dr. Norman Williams, Preventive Medicine Department of TJU, Dr. T.R. Lewis, U.S. Public Health Service-Air Pollution Control, Cincinnati, Ohio, Mr. Edward Geismar, Department of the Interior, and Professor Robert Gorson, Professor of Medical Physics at Stein Research Center.

Mr. Lieberman discussed what the Department of Occupational Health was doing in the field of industrial hygiene. In 1957 the Department of Public Health began to enforce passed radiation control regulations. Seventy percent of the inspection is primarily concerned with medical equipment. Here he stressed the cooperative relationship maintained between his department and the County Medical and Dental Societies. The remainder of the inspection is concerned with the industrial uses of radioactive materials. His department has also developed an Environmental Health Laboratory. This lab regularly measures radiation in the air, water, milk and rain water. Mr. Lieberman also pointed out that in the area of industrial hygiene, Philadelphia was the first major city in the United States to regulate the exposure of workers to industrial noise.

Dr. Williams, who besides being a member of the Preventive Medicine Department at Jeff, also is a consultant for Mr. Lieberman's department, spoke on the "Health Effects of Air Pollution." Prior to his coming to Jeff, one of his myriad contributions to public health was his instrumental role in developing an air pollution control system for Saskatchewan, Canada. Dr. Williams discussed the serious hazards to health in industrial areas when a temperature inversion occurs.

When this phenomenon occurs, a heavy mass of polluted air hangs over a city. Above, where it is usually cooler, there is instead a layer of warmer air. This layer prevents the lower layer from rising, thus keeping the polluted air over the city. Such acute episodes have caused many deaths in London, New York, Tokyo, and Donora, Pa. The most deleterious effects of such a situation strike those who are already ill - for example, the elderly with chronic bronchitis and those with emphysema. The healthy are only relatively uncomfortable. Dr. Williams also stressed that gas pollutants and particulate matter should be considered synergistically. For example, when sulfur dioxide enters the lungs, it is absorbed in the upper respiratory tract because of its highly soluble

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SAMA Gives Report On Year's Activities

Robin Anne Edwards

This has been a very active year for the Jefferson Chapter of SAMA, beginning with a telegram drive to prevent the cut in federal aid to medical schools.

During the summer a membership drive was started including a letter of welcome from Chapter President Edward Barylak to every incoming Freshman. Information packets were also sent to the incoming Freshman by the National Office of SAMA. The drive was concluded at registration with an information table where members of all classes could receive information about SAMA and join if they wished. As a result of these efforts ninety students joined at registration, compared to twenty students in the previous year.

A number of projects were initiated during the year. Nine members of the Jefferson Chapter joined with Women's Medical College Chapter to teach sex education in the public schools. These students taught junior high school students at Our Lady of the Precious Blood School in North Philadelphia.

A patient advocate program was established at Jefferson Hospital by Chapter Vice President Ernest Wynne in which thirty Freshman medical students are participating.

A lecture was sponsored on Medicine in the Community given by Quentin Young M.D. After fifty people, including members and non-members attended.

A number of SAMA members are active in the establishment of the Grey's Ferry Clinic, a community health project in Philadelphia. A Sears Grant has been appropriated for this project.

On May 5, 1970, a wine tasting party was held at Jefferson Commons for all SAMA members attending the national convention of SAMA.

Beginning in May, 1970, the newly elected officers of the Jefferson Chapter are: Ernest Wynne, President, Robin Edwards, Vice President, and Roosevelt McCorvey, Secretary-treasurer. The new officers hope that the Chapter will become even more active next year.



Jefferson's symposium was but one of a series of Earth Week observances throughout the city. The afternoon of April 22nd, many Jefferson students joined the rally at Belmont Plateau in Fairmont Park, pictured above.

SMF Leads "Drug Action"

By Delvyn C. Case, Jr.

At the 12th annual Drug Exhibit, at McClellan Hall April 21, 1970, there was one additional table that did not represent the drug industry or its products. This was the table sponsored by the Student Medical Forum (SMF) that dealt with the

practices, profits, and motives of the drug industry itself. SMF, a loosely organized active-type group of medical and nursing students at Jefferson, had originally written to each company "urging" them not to attend; however, last minute telephone calls between the school and the drug companies provided the assurance that the companies needed (whatever that was) to attend.

The Jefferson Pharmacy Committee then invited the organization to distribute its materials at the Drug Exhibit. The information sheets that were distributed contained testimony of special Federal committees that conducted hearings on the drug industry. The Kefauver Committee on Drug Monopolies, the H.E.W. Task Force on Drugs, and the Nelson Subcommittee on Monopolies considered the high profits of the drug industry, the non-competitive markets constituting prescription sales, the exorbitant advertising program of the industry, the character of the research, relative quality and quality control.

Response was mixed. The student attitude was generally apathetic; however, those students that did rap with the group had in-depth questions. Most of the detail men avoided the SMF "exhibit." There were the expected comments about the group's "immaturity" and "kids stuff"; nevertheless few could challenge the testimony in the Government reports that had been provided by drug company executives themselves, along with physicians, scientists, and Congressmen.

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Black Students Confer Here On Careers in Medicine

by Roosevelt McCorvey

The Black Medical students initiated a Black Medical Student Career Conference held at Jefferson Hall Commons on March 26-28, 1970.

Events leading to the calling of the conference began as early as 1958. Since the establishment of the Philadelphia Committee

for Black Admissions (CBA) in September 1968, the issue of minority admissions has been of vital concern. As a result, many organizations were stimulated to act upon this issue.

In May, 1969, these organizations joined together in a cooperative effort to increase the

number of minority students in the health professions in Philadelphia. This effort was called the Ad-Hoc Committee concerned with admission to professional institutions. Its operational arm is known as the Center for Medical Careers. Since the formation of the center, however, it has become apparent that no significant increase has been made in the size of the medical school applicant pool. Moreover, no direct avenues to the Allied Health Professions exist in Philadelphia for the student who, for one reason or another, cannot attend medical school.

The main purpose of the Conference was to inform interested individuals (both high school and college students) of the now-existing opportunities in medicine and the Allied Health Professions. There were nine career workshops covering Medicine, Nursing, Dentistry, Allied Health, Biomedical Engineering, Medex, Community Medicine, Public Health and Veterinary Medicine, held concurrently on three separate occasions during the Conference. This enabled participants to attend at least three workshops.

The keynote speaker was Dr. George Gardiner, Director of the Philadelphia South West Neighborhood Center and President of the Eastern Pennsylvania Medical Society. In Dr. Gardiner's opening address, he emphasized time and again the urgency of the need for an increased number of Black personnel in the health professions, starting with technicians and going to physicians. In addition, there were 20 medical schools represented. These representatives, including deans, administrators and students, came from as far North as New Hampshire, as far South as Georgia, and as far West as California.

A Panel Discussion on Minority Admissions consisted of Mae Helen Caleb, a first year student at the University of Pennsylvania; Anthony Metoyer, Minority Recruiter Officer, University of California at San Francisco; Walter Palmer, Community Health Organizer, Philadelphia, Pennsylvania; Dennis Dove, third year student, University of Cincinnati; Thomas Roland, Administrator, School of Osteopathic Medicine, Philadelphia, Pennsylvania; William Freeman, Trained Medex, University of Washington; and Ethel Allen, D.O., practicing physician, Philadelphia, Pa.

One of the most provocative events of the Conference was a symposium on the role of the student activists on medical school campuses. The participants in this symposium were Ewart Brown of Howard University, Cora Christian of Thomas Jefferson University, Anthony Metoyer of San Fran-

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Abortions At Jefferson

We would like to urge all people inside and outside of Jefferson to make clear their support of the hospital in its defense against the lawsuit forbidding them to perform therapeutic abortions. We acknowledge the principles of those opposed to Jefferson's abortion policy, but we believe it is time to stop legislating on the morality of abortions, and allow the individuals involved to make their own decisions - that means the woman and the physicians she wishes to consult.

We believe that the abortion law in Pennsylvania is ambiguous and harmful, and although we applaud Jefferson for its stand, the problem of therapeutic abortions cannot be solved unless the law is changed to leave the decisions up to the woman and her physicians. This would allow other hospitals to relieve the burden on Jefferson by performing abortions themselves.

The social harm of unwanted children and the medical harm of "quack" abortionists is too great to permit this issue to remain unresolved.

Response

ARIEL is encouraged by the flurry of letters received from students this past month (next page). As we begged in our February editorial, we need response in order that issues be elucidated - this is the major function of ARIEL. Although most letters were negative, we hope the discussion has begun.

What is upsetting to us however is faculty response. We applaud Dr. Aponte for his open letter to the sophomore class (although we believe he missed much of the point of Mr. Flynn's article), yet although many faculty were disturbed by the last issue, none were willing to make their criticisms public. Instead there was a succession of subtle (and also unsubtle) "digs" during lecture, criticisms made to other students unassociated with ARIEL, phone calls to Deans and Faculty Adviser, comments among faculty, but nary a letter.

If the faculty believes that more than lip service should be paid to the idea of respect and dialogue among students and their teachers, we would hope that the criticisms directed at students writing publicly for ARIEL would be responded to publicly. We are not asking to be treated with verbal tenderness since we are not enamored with that virtue ourselves. We simply believe that response should be presented the same way that the stimulus was presented - in print.

Letters To The Editor

Education Is Not Punitive

To the Editors:

In his article on "Punitive Education at Jefferson," Mr. Flynn has raised several points that demand reply. He cites as the preferable means by which a department should react to poor class attendance as being a restructuring of the course and its presentation in a more interesting manner. This is analagous to a second-grade child who decides that he does not find division particularly interesting, so he will concentrate on multiplication. The material, whether presented well or poorly, is important to learn. Not every professor can be an entertainer, and by the time one reaches graduate school one should be able to tolerate and learn from a boring lecture. It may be argued that one can still learn the material by reading the class notes without sitting through a trying 50 minutes. I hope that Mr. Flynn, who originally implemented the note service, will agree that such is not the purpose of the note service; nor is this the

purpose of a medical school. First of all, there is a different set of lecturers every day. These professors, before they speak, are merely names on a schedule, yet some students have stopped coming to class altogether in response to some poor teachers a few months ago, without ever giving these new names a hearing. Also, there are things in a lecture that cannot be duplicated by the note service, such as a particularly clear set of slides. Enthusiasm on the part of a lecturer helps tremendously to get material across in a way that a written transcript of the lecturer's words cannot duplicate. Furthermore, one is misled if he believes he can completely trust the note service (or even the correction sheets). Admittedly the note service makes only typographical errors, e.g., "more" instead of "less" or "decreased" instead of "increased," but to depend on it is still an improper attitude for one for whom "medicine should be incentive enough to study."

The article speaks of the departments as burdening the student with hours of often irrelevant study. How are we able to judge now, without having had any clinical experience, whether certain material is relevant or not? How do we know that the "obscure" point that the professor is expounding upon won't come back and haunt us again in a year or two? Several students, for example, have been astounded by some of the entities they have seen in Physical

Environmental Focus

For all of the clamor and ballyhoo that Earth Week has received, even the most pessimistic observer might say, "Here is something important that the people of this nation can work for together." Ah, but it is never that simple.

Already there are clouds on the environmental horizon. The radical left has said that the focus of Earth Week is on secondary issues and too much in league with the polluting and waste disseminating industrialists - they are unlikely to change heart drastically unless the whole structure of society is changed. Political opportunists from every corner have agreed to the highly agreeable tenets of environmentalists and conservationists without being very informed on the subject. Also, it is questionable that they are sincere enough to be vigorous in their efforts - to weather all of the pressure of industrial lobbies. Even Senator Muskie, long concerned about the issues, has been questioned about his sincerity because of his sponsoring of a highly polluting industrial plant on the Maine coast. Earth Week activities themselves have been marred by entertainers such as the cast of *Hair*, great for fanfare but hardly instilling true concern into the people. However, all of these apparent deadweights in the environmental balloon are understandable.

The goals of Earth Day can hardly be disputed. But, the decaying state of our environment is so related to the economic, social and moral state of this country and of the world that one cannot separate these issues from the latest one of concern. How can one expect people to work directly for the environment if they are apathetic about the other blatant ills of this society.

It is commonly known that the best place for one to be active is where he "is at." What are medical students doing about the medical school-health profession setting? Putting it in Earth Day language, our concerns should be: the "pollution" of neglect of people in an inadequate health care system, the "waste" of human abilities in a primarily physician oriented health system, the "smog" that clouds the vision of medical educators about their own backward educational institutions, and the "self-poisoning" inherent in medical students who are perhaps concerned about some things in society, but who are unwilling to do anything about them.

We wholeheartedly support the focus of the environmentalists on April 22 and encourage the medical profession to ferret out and correct its own special contributions to the choking situation. However, this cannot be without a deep commitment toward remedying problems close to home.

Diagnosis class - entities which someone threw in offhandedly in a lecture, or which were mentioned only in one of Dr. Aponte's "personal" (One gets the impression from that word that Dr. Aponte invents a set of diseases to fill a handout.) handouts. Who would have ever suspected that one member of the class, while spending a day with a general practitioner, would see a patient with idiopathic midline granuloma? One should at least be exposed to these entities, many of which are not in the pathology textbooks, so that if one is confronted with them again, he will at least recognize the name and know where to find information on them. Perhaps, also, it is unwise to be too limited in scope at this point in our medical education. With all the advocated curriculum changes (or cuts, as they are more appropriately termed) to less and less core curriculum, it is conceivable in the near future that one may never in his four years hear from, for example, an otolaryngologist, and never realize that all this time, otolaryngology was the field which would attract his attention most.

As for the proposed abolition of the grading system, such a suggestion seems applicable principally to the clinical years (i.e., abolition or modification to pass-fail), for it is there that one will study strictly for the sake of learning since one is in immediate contact with the goal of one's study - the patient who has

a problem which the student must study. However, in the basic science years, we do not have the patient contact, nor do we know exactly which facts will be applicable when we finally do see a patient. Therefore, it seems that some incentive is necessary. Granted, two decimal place averages may be unrealistic as such an incentive, but a total pass-fail system leaves no incentive at all. Perhaps a graded pass-fail system is the answer. Enough catharsis.

Philip Hoffman
Class of 1972

To the Editor:

As a junior medical student who has devoted a good deal of time and energy in promoting communication among faculty, administration, and students at Jefferson, I was crushed that the ARIEL would allow one, anxious, angry sophomore to tear down much of the confidence and amicability that had been developed. As the newspaper of the students, ARIEL has a responsibility to its students. Personal vendettas belong in the editorial column or as a letter to the editor and should not be feature articles. After discussing Steve Flynn's article with many sophomores and juniors, I am relieved to find that the concept of punitive education is NOT reflective of the attitudes of most people here who are honestly trying to amass the tremendous amount of knowledge necessary in practicing good medicine.

The quality of teaching has as

wide a range at Jeff as is found in all medical schools. It was unfortunate that Steve Flynn should single out to attack perhaps the most conscientious "teacher" that students at Jeff will ever know. Dr. Aponte has consistently proven himself to be on the side of the students rather than against them. Few faculty members devote so much time and effort to helping students as does this man. The high degree of planning and utilization of educational tools by his department should and has been applauded. That a person could be criticized for condensing vast quantities of information into a concise, easy to remember form, is unbelievable. It is well known that people are lazy, and as such, would rather not write term papers if given the choice, but how can one chastise a professor for allowing it to be written at the end of the year when time is more plentiful rather than earlier when the student is struggling to accumulate all of the gems being showered his way? If Steve Flynn finds fault with the education system, then he should suggest a new and better system, but complaining without thinking does no one any good.

I hope that Dr. Aponte and the rest of the faculty at Jeff will not be personally offended by the article, and will realize that Jeff, too, has its silent majority - a majority of students who are appreciative of good teaching and thankful for the energy being expended for their benefit to make them into good physicians that Jefferson can be proud of.

I find only one statement in the article that I can agree with, "Grades and tests can be used as threats only if the student views them as such." If education is punitive, it is so only in the mind of Steve Flynn.

Elizabeth London
Class of '71

To the Editors:

I feel that I must reply to the article by Stephen Flynn concerning punitive education at Jefferson. The very fact that the article was printed is a reflection of poor taste both on the part of the newspaper staff and on the part of Mr. Flynn. He obviously has a personal grudge to bear against certain individuals and departments, but, announcing publicly in a feature article the actions of specific members of the teaching staff for vindictive reasons is not an admirable way of doing business. Perhaps being an associate editor gives one the liberty to do this.

Mr. Flynn states that punitive education uses tests and grades to insure that the student spends the proper amount of time studying certain material. Why should this be considered undesirable? If the prospect of passing a test or of not failing it will induce the student to spend a great deal of time studying, reviewing and memorizing material, this is a good thing. Mr. Flynn admits that the student needs an incentive to study, but that the incentive should be "medicine" itself. Whatever this "medicine" is, it probably does not even closely match the potency of an exam for stimulating students to study.

Mr. Flynn's article states that departments can use the threats of tests and grades to induce the student to study "irrelevant" material. It would seem more than obvious that our qualifications for judging what is relevant and what is irrelevant to the practice and knowledge of medicine are very meager indeed when compared to those of various departments and members of the teaching staff. Why should we students, virtually beginning our medical education, presume to possess a better insight than those who

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LETTERS TO THE EDITOR

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have been learning and teaching for a much longer time?

Mr. Flynn is unwilling to accept any legitimate uses for tests and grades. However, he also states that the national board exams should be considered adequate to determine whether a student or physician is qualified to practice medicine. Why should this exam be a sufficient criterion for measuring a person's qualifications when a whole series of tests throughout medical school are not? Why not advocate eliminating the national boards?

Since the article being discussed mentioned specific persons and departments, I would like to defend the same. I think that the Pathology handouts given by Dr. Aponte are one of the best, if not the best, favors that has been given to us by anyone. Enormous amounts of material have been abridged, categorized, and condensed into a convenient form. Much time has obviously been spent by Dr. Aponte in compiling these notes for the students. What would be his purpose in doing all this if it were not to assist the student in learning Pathology and medicine in general? It certainly would have been much easier to have never handed out notes but merely to have said "Read and learn all of Robbins." If a Pathology test were difficult with the handouts, what would it be like if we had to wade through a textbook to do our own compiling and condensing?

In a few isolated instances, I think punitive education has been observed at Jefferson, but, for the most part, the punitive aspect of education is in the minds of the students. Listening to the conversations of any students around exam time is proof of this paranoia. The competition for grades and desire to surpass one's fellow classmates seems to exist in the minds of the students themselves. So, rather than saying that "punitive education at Jefferson must stop," one should say, "paranoiac education at Jefferson should stop."

Gregory Gauvin
Class of 1972

Gentlemen:

After reading the article "Punitive Education:..." by Mr. Flynn in the April issue of the Ariel I began to think of the entire issue as an April Fool's joke. It has to be self-defeating to single out for special criticism the two men who try the hardest to introduce clinical correlations to the pre-clinical students. I am sure that technically the students have a complaint about writing a paper for a 1 credit pathology course, but a moment's reflection would show those complaining that Dr. Aponte is working to their benefit by his scheduling. Perhaps they would rather write the paper during the heavier part of their sophomore year schedule. If I recall my sophomore year, the paper was assigned during the first week of the Fall, if the students are as adult and mature as they wish to be treated they are perfectly able to begin work on their research at any time of the year. To complain about the action of Dr. Kowlessar is simply more of the same. A mature student will keep up with his reading during the block and will fund no need to cram for finals. Since Jefferson changed its policy re. flunking out students, all a reasonably intelligent student has to do to pass is attend lectures and keep up with reading assignments—since grades are immaterial to the new breed of students, any grade

above passing is gravy any how.

It does require some effort to become a physician. It cannot be done on pure Chutzpah.

Paul M. Selinkoff

Critical Ariel Torn Asunder

To the Editors,

I must compliment the staff of the Ariel for its last issue. This was the pinnacle of this paper's progression in establishing for itself the image of being a sounding board of discontent for a radical and overly vocal few. It was a worthy addition to a tradition of a negativistic (or should I say nihilistic?) attitude fostered by an irrational unconsidered hostility.

Firstly, take note of the first-page jibe directed against the Dept. of Microbiology. Many of us know the situation which prompted this small feature. Many of us were unhappy with the department's action in this situation, but not to the point of such ridicule. Indeed, the same day on which the department of was accused publically of the minutes of the student council presented the fact that Dr. Schaedler, head of same department, was requesting a reading period to be set aside before final exams. This hardly seems to be a support of this statement by the author.

Further there was a statement of a "minor rejection" of laboratory conferences by the class. Is attendance by 20 people out of a possible 95 a minor affair? I hardly think so. Is was these very people who refused to attend the conferences that discussed the "myriad" faults of the presentations among themselves. None of these people bothered to appear and participate to help improve them. None of these talked with the department to suggest improvements to make this new program more relevant and profitable. Such criticism and complaint without constructive consideration of the problems involved is most deplorable in these intellectual adults.

At the same time, in the same issue, as these accusations were being made in a hostile and childlike manner, we are presented with an article bent on defending the innate maturity of the medical student. It is an interesting argument presented by an intellectual, rational Sophomore with a tone of vindictive, arrogant immaturity. Using as a springboard an incident, in which I myself was involved, and on which I have my own feelings, he attacks THE SYSTEM. His level of aim is not directed here, however, but through specific personalities. He generalizes as though speaking for all to the evils of a system by using a few isolated incidents.

A Pathology paper was questioned, and the class sent representatives to Dr. Aponte. He replied coolly with a list of reasons for such a project. Are these unacceptable? If they are, use them as a basis for discussion of the problem, but don't summarily reject them and begin a hostile attack levelled at personalities.

The Pathology handouts were questioned and held to be a punitive measure. Yet, why is it that year after year Sophomore classes vote these to be one of the best aspects of this lengthy course. These along with the paper are admittedly a lot of work, but to argue work load vs. credits obtained is to argue against that attitude of inner motivation and desire of learning which the author seeks to instill in everyone of us.

In these two articles we find a

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thread of criticism which seems to be trying to express itself for an entire class. Many of us resent this, not due to either fear or love of this system, for indeed much needs changing, but because it represents a minority, not the continuum of approaches and ideas on these problems, both personal and general. This destructive approach to personal situations and general problems is odious to many of us.

I think we are here presented with a great pitfall of this attitude. That pitfall is contradiction. One article in the April issue presents a satire on student-patient relationships. It seems to slap in the face the patient's right to choose or at least respond favorably to the student or physician who will be concerned with him. If there is friction over so minor a thing as hair, irrational though it may be, it is not to the good of the patient and the student's education that the patient exercise his right for choice in his therapy? If the answer is no, then how does this correlate with previous articles in the Ariel bemoaning the inconsiderate treatment of hospital patients and the lack of respect for the ward patient's rights? If the answer is yes, then this article creates a bad satirical impression of "support the student all the way and the patient be damned."

I hope my point is made through this rather long statement. The attitude fostered by this paper is fast becoming tiring, even to being repugnant, to those of us who see a greater profit in a more positive attitude and constructive criticism. There are many problems in this not-quite-the-best of all possible worlds. There are many who are attacking these problems. The Ariel is in a remarkable position to join in an effective attack on issues of concern, but only with a change of attitude which will foster more support of and attention to its students' ideas. Only then can it break away from its position as a destructive force, voicing the opinions of constant complainers, malcontents, and those with a personal axe to grind.

Theodore R. Sunder, 1972

Editor's Reply to Mr. Sunder

Initially we would like to make it clear that Ariel editorial policy does not pretend to represent the opinion of the student body. For a group of about 15 to try to speak for 700 would be absurd. We speak for ourselves and we remind Mr. Sunder that he speaks for himself when he signs a letter to the editor. Yet as we pleaded in our February editorial, we want response to our articles, and we congratulate Mr. Sunder for making his feelings known. We can only present opinions differing from our own if people in some way present these opinions to us. We have consistently stated that we will and we desire to print the point of view of others in order to amplify issues, so that the medical community may better understand them.

Mr. Sunder's charge of our irrational negativism baffles us, however. We can understand that he took our April Fool front page a bit more seriously than we intended, but his condemnation of us included more negative comments than any copy of the paper. None of us really recognize ourselves as immature malcontents who act irrationally without consideration of the problems. The group of students whom Mr. Sunder might consider the "radical element" (most of whom write or have written for Ariel), are among the most productive and constructive at Jefferson. Several, working inside and outside of faculty committees have been instrumental in initiating

progressive change in curricular and admission policies. The demonstrations of support for the Mental Health Center during financial crisis and the Hospital in its abortion suit were organized by students of this "element." One or more of these students played major roles in setting up the sophomore notetaking service, evaluation of the student constitution, the Gray's Ferry Community Clinic, the Moratorium Day's support, and the Dons Program. They include members of student-faculty committees, Student Council, SAMA and class officers. We don't think Mr. Sunder knows us as well as he should. We admit that we often deal with issues that are of greatest concern to liberal and radical reformers, but we don't see how one can use this to deny the significance of these issues. Simply because we believe that situations are worse than Mr. Sunder sees them, does not mean that we are necessarily negative. We attempt to describe the situation as we see it, just as Mr. Sunder has described Ariel as he sees it. He doesn't seem to have sugar-coated his feelings a great deal.

Finally, although we don't believe that all our articles should be of a critical nature, we see Ariel primarily as a forum for analysis and opinion, not a news reporting service. We feel that our writers (anyone who wants to may write) should have free rein to write what they think whether the criticism or analysis is positive or negative. It is then the responsibility of the reader to respond if he believes his opinion is pertinent. Again, we encourage all your response.

In Defense Of Lectures

by Philip Hoffman

Decreased fear of academic dismissal at Jefferson and a variety of other factors have led to a phenomenon that is almost unbelievable to many people. This is the total disregard on the part of several students for the feelings of lecturers. No matter how poor a lecturer may be, he still deserves certain common courtesies simply by virtue of being a human being. It is insulting enough for a professor to address a room full of empty seats, but if a student has been generous enough to be in attendance, he owes the professor the decency to stay seated during the entire lecture. To walk out blatantly from a lecture is crude. Jefferson has a means by which students can express appreciation or displeasure after a lecture - the applause tradition. A minimal amount of applause is a much more mature means of expressing displeasure than hissing or making an exodus en masse before the speaker has concluded his remarks. The rumbling, shuffling and loud yawning that occur when a speaker goes past ten minutes before the hour is another choice bit of inhumanity. In the freshman year, Dr. Ramsey con-

sistently went over until after the hour, yet there was no loud expression of disapproval. In the sophomore year, when a speaker goes on to three minutes before the hour, he runs the risk of being removed from the auditorium bodily by the angry mob. Furthermore, if he was particularly poor, he can count on being rewarded with screams, whistles, thunderous applause and bravos, just to twist the knife a bit with sarcasm. Often, the lecturer must go over the time limit to finish because the class refused to permit him to begin until five minutes after the hour. What is more astounding is that even when a professor is presenting obviously clinically relevant material, and in a clear fashion as well, he still has difficulty keeping the attention of the class if the big hand has reached the magic ten. Perhaps a bit of courtesy extended to members of the faculty would help eradicate many of the negative attitudes that professors have toward the class.

Dear Dr. Aponte:

Remember, you always hurt the one you love.

Beverly C. Borlandoe

Cheers For Commons Program Directors

Dear Ariel,

Hats off to Dave Grebose; Dave, the new Commons Program Director has eagerly sought the suggestions of the Jefferson Community on how to keep up the Commons' activities. He has enthusiastically followed through on many of the ideas.

The weekly attendance at the Commons' Film Festival and Ramsey Lewis Concert reflects some of his committee's effort. What's next, Dave?

Your #1 Cheerleader

Nurses Find Conditions Intolerable

Dear Editor:

Who is responsible for the less than tolerable working conditions of many of the nurses at Jefferson, and the resultant below-par patient care? The majority of the nurses working at Jefferson Hospital are capable and hard-working, but there is such an extreme shortage of nurses and nursing aides that the care these nurses are able to give to their patients is far from equal to their capabilities.

Often, particularly in the evening shift, nurses are asked to cover more than one area, and only a nursing assistant remains on the floor during her absence. In some cases, this does not result in great difficulty for the nursing assistant (if the patient census is not high), but it does cause problems, frustration, and exhaustion for a nurse who must go back and forth from one floor to another, give medications and treatments in both areas, check all I.V. bottles, and take responsibility for all patients and

(Continued on page 6)

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Female Medical Students Evaluate Male Attitudes and Actions at Jeff

by Eugenia Miller

To be a female medical student at Jefferson is an experience paradoxically frustrating and exhilarating. It is an experience 90% of the Jefferson student body will never really understand, but may get a vague impression of in the following summary of interviews with ten of Jefferson's female medical students.

Faculty attitudes contribute to the uniqueness of the woman's academic experience at Jefferson. While some women feel their relationships with members of the faculty are no different from those of their male classmates, others feel that because they are women, their relationships with faculty members are definitely enhanced.

According to one student, women can better appreciate the "overwhelming friendliness" of the faculty. Male faculty members are initially more receptive to girls--"its just natural." A second student attributes the professors' friendliness in part to their realization that women will tend to be more cooperative, respectful, and ready to please than men. One upperclassman feels professors tend to control their anger toward a woman more than do toward men especially in surgery. A student who feels, "A little flirting never hurt a relationship," noticed that while as an individual she could command more attention from some professors in lab, others were more reluctant to give women equal time. A freshman histology laboratory table with a 5 to 3 women to men ratio, for instance was often conspicuously avoided by laboratory instructors (in the opinion of several of the five women).

Better relationships with faculty members though desirable in and for themselves do not effect significantly a girl's academic standing. A girl can use her sex to an advantage only if her goal is to gain the faculty's friendship or to add a bit of spice and flavor to an otherwise mediocre laboratory or conference.

The majority of the girls find that having classes with men is academically advantageous. Interviewees from all female undergraduate institutions were most aware and vocal about the advantages.

"Guys get right to the point of an issue, while girls will hold back." A man is more prone to argue with his peers or a professor, and when he does he starts others thinking. The medical student who made the preceding observations used them to support her opinion that men and women should not be segregated in physical diagnosis small group sessions. If two girls were in a coed group, she proposed, one could have the benefit of discussion among both men and women students without the embarrassment of coed physical examinations.

Another medical student felt that the advantage of having a large majority of male classmates was the development of a healthier attitude toward studying. Girls are "anal compulsives" and will study all the time, but "guys know how to goof off and relax" especially on weekends after a week of conscientious studying.

A coed situation is beneficial to men as well as women. (Even though it is rumored that the girl's presence has put a damper on the telling of off color jokes by professors). In the opinion of one

student, the teasing that goes on between members of the two sexes helps alleviate the over-seriousness and grind-it-out attitudes. Girls tend to show their enthusiasm about a subject more than fellows who have all been more strictly trained to suppress their emotional expression. A little enthusiasm can give some life to an otherwise dry subject.

Although most girls feel they are accepted as equals in terms of intelligence and ability, some said they occasionally sensed in their male classmates a feeling of superiority and condensation toward women students. One medical student reported that she only found such an attitude among men who were casual acquaintances. Those who knew her well came to accept her as an equal.

Two interviewees said they thought girls often accept condescending attitudes. One said

that accepting such attitudes is a way of being feminine. "If you say you don't understand and allow a guy to explain something to you, you engage in male ego building--an important feminine activity. It's hard to find ways of being feminine here." The second interviewee said women will allow men to consider themselves superior because women are more willing to admit they don't know all the answers and are more cautious whereas men will jump into things even when they know they are ignorant of many complications of a situation.

Women reported few instances when they felt resented by their classmates for (as the old argument runs) "holding a place a competent male could otherwise occupy." One student said the mutual feeling of friendship and closeness between her and her fellow classmates was much too strong for resent-

(Continued on page 8)

The Simple Dream of Perfection

I

Within a tree's green substantive shadow
One unborn dreams of futures ideal.
His sensitivity becomes a lost child
Searching for its start to feel.
With eyes closed and innocent
He raps with matter so alive.
He tries foolishly to open his soul
With lofty values hanging heavy at his side.
He stumbles complacent with an understanding
Of decay both below and above.
He hurts from a need to know;
His heart cries for a chance to love.

II

Everyone leaves this sweet empty meadow
To toil under a city's corrosive gleam.
By cruelty and deception we are crippled;
With revenge we bitterly crush our youthful dream.
After life's grit has worn thin
What dreams for our children shall we keep sacred
What dreams shall we bequeath?

Joseph Giello
April 8, 1970

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Conference Exposes Danger Of Chemical, Biological Warfare

by Anton Kempis

Chemical warfare makes use of chemicals to kill, incapacitate, or harm man, animals or plants. Biological warfare makes use of disease-causing germs to kill, incapacitate, or harm man, animals or plants. Since the incorporation of poisonous gases onto the battlefields of World War I it has become increasingly apparent that scientific technology is making it easier to destroy large areas with large populations. "By choosing a single agent and simple means of delivery, a nation could arm itself relatively cheaply to attack a specified area with a reasonable chance of success." (UN report on CBW, 1969).

On April 4, Philadelphia MCHR, Scientists Committee for Public Information, and Jefferson SMF (Student Medical Forum) co-hosted an afternoon of public information on Chemical and Biological Warfare. Despite a meagre attendance, the conference did provide an abundance of insight into the intricacies and atrocities of CBW. The keynote speakers were Victor Sidel M.D., Peter Weiss L.L.D., and Sylvan Nass Ph.D. Dr. Sidel exposed the extensive use of herbicides and defoliants in Viet Nam and pointed out, via an Army slide series, the reasons behind the Army's use of these chemicals. Their rationale of driving out the enemy even though they are not sure enemy are there hardly compensates for the untold ecological damage and congenital deformities if pregnant women are exposed to the drugs that result from deployment of the defoliants. Not only do the defoliants cause ecological destruction, but the herbicides, which are anti-crop agents, deprive the civilians of South Viet Name of their major food staple.

Peter Weiss, however, spoke more of the legal problems that can arise from the shipment and

storage of these CBW weapons here in the U.S. Many of you may remember the Army's decision to dispose of tons of nerve gas by dumping it in the ocean off Atlantic City, N.J. Despite the Army's reassurances, fortunately the New Jersey legislature with court injunctions forbid the action. Many communities throughout the U.S. are protesting the storage of CBW weapons by using legitimately legal grounds. It was reassuring to find out that people can legally bond together to prevent the shipping of CBW weapons through or storage of them in their area.

Sylvan Nass, who acted as Master of Ceremonies, gave the background information on the problem. He also discussed the many political treaties opposing CBW. It is interesting to note that the U.S., which signed the Geneva Gas Protocol agreement in 1925, never ratified the proposal. Until President Nixon's recent decision to destroy all biological weapons (which has not yet been implemented by a workable plan) no major official policy statement on CBW had been made since FDR's 1943 statement that this country would never use these weapons unless they were first used by the enemy. It was also pointed out that the U.S. (who spent \$350 million in fiscal year 1969 on CBW) forbids inspection of any CBW research facilities.

Other reports were given by an ex-soldier who are stationed at Dugway Proving Grounds in Utah (the site where 6,000 sheep were killed by a mishap in weapons testing a short time ago) and a young medical resident who was stationed at Edgewood Arsenal in Maryland, and who worked to treat those volunteers suffering adverse effects to CBW human experimentation procedures.

Ariel learned from National Action/ Research on the Military Industrial Complex (NARMIC), a project of the American Friends Service Committee, that Jefferson received \$726,000 from the Pentagon for research in 1969. The following is a report by Chris Robinson the use of Pentagon funds in medical institutions. Mr. Robinson on the use of Pentagon NARMIC and he tells us that Jefferson received far more money than any other medical institution in the city.

During fiscal year 1969 the US Government spent \$16.3 billion funding research projects by medical institutions. Of the federal agencies allotting these funds, the Pentagon took second place with \$1.9 billion, nearly 1/8 of the total.

This fact raises serious questions concerning the type of research being funded by the Pentagon. What percentage of this money is directly related to the US war potential in general, and the war in Vietnam in specific? Is the research related to the medical needs of the people who are paying for it?

It is not necessary to describe the inadequacies of health care in this country. The increased cost of hospital and medical services and the complete lack of humane services in the ghettos have brought the problems into the open. The question then becomes: Does the Pentagon feel and respond to these needs, or does it have its own priorities for deciding what medical research is needed?

Unfortunately, these questions cannot be answered completely because the information is not public. However, a rough outline can be given to the two major areas of Pentagon interest: research for chemical and biological warfare (CBW)

and research relating to a better war potential.

CBW RESEARCH

Although biological warfare contracts are highly classified, examples can be given of the kind of chemical warfare research being done by civilian medical institutions under the direction of Edgewood Arsenal, the central base of CBW operations. In 1961 Edgewood Arsenal's Clinical Research Division began a program entitled "Medical Aspects of Chemical Warfare."

One of the early contractors in this program was Hahnemann Medical College in Philadelphia. The Department of Pharmacology at Hahnemann accepted a contract called "Chemical Pharmacology of Prophylactic and/or Therapeutic Compounds in Volunteer Subjects." The project was directed by Joseph R. DiPalma, chairman of the department, until he became Dean of the Medical School. It then came under the direction of the new department chairman, Benjamin Calesnick.

In DiPalma's words, "The work concerned mostly the investigation of the oral human toxicity of 2-PAM-Cl (2-pyridine-aldoxime methylchloride) in humans. This substance is one of the effective antidotes for the phosphorous type of cholinesterase inhibitors i.e. nerve gases." Calesnick told a student that the volunteers used in the testing are medical students.

IMPROVING WAR POTENTIAL

The other area of research that can clearly be discussed relates to aiding troops in the performance of their tasks. The types of research under this heading which relate specifically to the war in Vietnam are the study of fungus infections and the study of resistant malaria strains.

In Congressional hearings on the 1970 Pentagon budget, John S. Foster, Director of Defense Research and Engineering, presented the following testimony:

"Our military medical research has continued to make impressive gains in solving problems experienced in Vietnam. One example arises from the ground operations in the Delta in which soldiers are in the water most of the time during patrols. After four continuous days in water, almost all members of each unit have painfully irritating fungus infections of the skin on their feet and legs, which usually require two weeks of treatment and drying to heal. . . . Preliminary reports in Vietnam shows that an antifungal prophylactic drug (Griseofulvin) taken daily by mouth is cutting the fungus in-

fection rate more than 90% in the units under study."

Malaria research came to public attention late in 1969 when four teenagers in Auburn, Alabama contracted the disease which was supposed to have been eradicated in the US about a generation ago. Since Auburn is about 30 miles from Fort Benning, Georgia, Public Health officials speculated that the disease had been carried by a mosquito which had previously feasted on a Vietnam veteran.

Since the US enlargement of the war in 1965, 57 civilians have contracted malaria in the US. This has presented a problem in that most doctors have never seen a case of malaria, and, not recognizing the symptoms, they cannot immediately define which infection they are confronting. In addition, there have been at least 14 cases of malaria transmitted by blood transfusions, some of which have been directly traced to Vietnam veterans.

To this end, i.e. safeguarding the troops for operations against third-world liberation movements, the Army has spent \$32 million and proposes to maintain the malaria program at \$8.5 million a year. While most of this research is being carried out on university campuses (the University of Miami, Coral Gables, Florida has contracts totaling \$645,000 and the University of Pennsylvania has contracts totaling \$221,000 in fiscal 1969 alone), some of the work has been awarded to medical institutions.

As an example, in fiscal 1968 the Children's Cancer Research Foundation in Boston received \$177,214 from the Army MRDC for "new inhibitors of folate metabolism as potential antimalarials," and Mount Zion Hospital and Medical Center in San Francisco received \$29,502 from the same source for "synthesis of hydrazones for antimalarial studies." In fiscal 1969 the New York University Medical Center received a total of \$142,000 from the Army for various studies in malaria.

While malaria research, and many of the other Pentagon-financed projects, are of obvious use to the medical profession, especially since the military will continue to import resistant strains, these contracts must be seen in terms of the total context of government-supported research and the decision of priorities. The Pentagon budget for such research is increasing, but the budget for other projects has been cut.

In contrast to the military research by medical institutions, the Nixon administration has requested a \$4.5 million cut in the National Cancer Institutes' budget for fiscal 1970. This would eliminate funds for research on the feasibility of a vaccine for virus-caused cancers. Similarly, the proposed budget for the National Heart Institute would call for a 40% cut in the number of

(Continued on page 6)

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Earth Week Symposium

(Continued from page 1)

nature. However, sulfur dioxide bound to a particulate can penetrate the respiratory tract to the alveolar level. He also pointed out that emphysema is far more common in the cities than in rural areas. (Emphysema is the fastest rising cause of death in the United States today.) The incidence of lung cancer, too, is higher in urban than in rural areas. In this country there is a 43 percent excess in urban areas. Ozone is a contributor to the incidence of these two diseases. It can cause them in a concentration of only one part per million. Ozone is a serious problem in Los Angeles today. Dr. Williams also discussed carbon monoxide, cadmium and asbestos. Carbon monoxide, in a concentration of 5-8 parts per million in Phillie, has obvious psychomotor effects which are especially deleterious for safe operation of motor vehicles where one is often exposed to high levels of CO in congested traffic or in one's own car if the exhaust system is faulty and one keeps the windows shut. With excess intake of CO there is a decrease in discrimination time intervals, and a decrease in night vision. It is especially dangerous for people suffering from heart disease, asthma and anemia. (It also may play a vital role in lung cancer. Research is now underway here at Jeff under the direction of Drs. DeBias and Benerjee.) With research animals, it has been shown capable of producing atherosclerosis if administered in rather high concentrations. Cadmium has also been linked to arteriosclerosis and coronary thrombosis. Asbestos, a material industrial workers are often exposed to, is a contributing factor in lung cancer and mesotheliomas. Dr. Williams stressed three important points in conclusion: 1) that pollutants must be decreased especially at times of temperature inversions, 2) that pollution is a chronic problem now and in five to ten years it will be seriously deleterious to the health of the population, 3) that control of pollution will cost money and the public is going to have to pay for its control.

Dr. T.R. Lewis then spoke on "Federal, State, and Local Control of Air Pollution." He stated that the Federal government began to enact legislation for air pollution control with the passage of Public Act 159 in 1955 which proposed an assessment of community problems, established research facilities and 250 air sampling centers in the U.S. In 1955, 25 million was allocated but only \$186,000 was spent. In 1963, \$11 million was spent. In 1970, in excess of \$112 million will be spent in the research and control of air pollution. In 1962 a continuous Air Monitoring Program was initiated in six major U.S. cities. Phillie was one of them. In 1963 JFK proposed the Clean Air Act that was passed by Congress. It established a matching system between federal, state, and local governments. For every dollar each state spent in controlling air pollution, the federal government gave the state \$3.00. For each local dollar used, the federal government gave \$2.00. It also established a research committee on car emissions. Most important was that the act, for the first time, permitted the federal government to intervene in the production of interstate air pollution. In 1967 the Clean Air Act was amended. It established a basis for a regional approach to air pollution control. Fifty-seven such areas have been designed. Thirty-two of these are active. The rest have declared intent. Thirty or forty more are

projected. Each state had 90 days to declare their intent to establish air quality control standards. Within 180 days after that, each state must begin public hearings so citizens can voice their opinions about how they feel controls should be implemented. The resulting standards are then sent to HEW for review. HEW then decides if the standards are valid. If subsequently, the state fails to meet these standards, the Attorney General is empowered to take steps to see that they are enforced. A state may ask for a hearing. The board decision at the hearing is binding. Dr. Lewis further stressed the fact that there are no national standards for air pollution. He did, however, predict that we would have them within six to eight years. He also predicted that since Senator Edmund Muskie is Chairman of the Senate's Pollution Committee, pollution would be an election issue.

Mr. Geismar then explained his role as Director of the Delaware Valley Estuary Comprehensive Study and "Control of Water Pollution in the Delaware Valley." He stated that the federal government made the study between 1961 and 1965. Treatment plans and plans for increased expansion are now being implemented since the results of the study were turned over to the Delaware River Basin Commissioners for implementation in 1967. The area was divided into four zones. He explained the three treatment categories for water pollution control. Primary control is 35 percent treatment of the waste pumped into the water. Secondary treatment is 75 to 85 percent treatment. Tertiary treatment is above 85 percent. Eighty-five percent treatment of industrial waste is mandatory in the Delaware Basin. He expects that in the Phillie area municipalities and industries will meet the requirements established for treatment of waste in two to four years.

Professor Gorson then spoke on "Radiation and the Environment." He stated that Philadelphians are exposed to a natural radiation level of 110 milliRoentgens per year. He stressed that radiation is a far less dangerous hazard to health than other forms of pollution. The average amount of radiation that an individual is exposed to consists of two-thirds from natural sources and one-third from exposure to medical x-ray equipment. Professor Gorson stressed the importance of limiting unnecessary exposure to radiation for medical purposes. He stated that this is a problem that should not be viewed lightly by dentist or physicians.

Letters

(Continued from page 3)

all emergencies on the two floors. In one case a nurse was asked to cover both the ward on 5th main and Rehabilitation on the third floor—with a cast on her broken right hand. Often, even on a Pavilion floor with a census of about 30 patients, only a nursing assistant is left in charge, while the nurse covers the adjacent annex floor also.

Even worse, it is not unusual on weekends for one nurse to be requested to cover all three wards on 4th Main. While Urology may hold only about 12 patients, Men's Surgery can accommodate 20, and Women's Surgery, about 24. This means that one nurse would be responsible for the care of perhaps 40 patients. Usually, a nursing assistant I is present in each ward, but sometimes only a nursing assistant II is on duty. In this case, the nurse must take her own vital signs and do all of the fractionals and treatments also. When the census in the ward is

high, even the nursing assistant has serious difficulties. When there are many patients in the surgical wards, the work is particularly hard. How can one person do all vital signs, fractionals, treatments, take care of all bedpans (and there are plenty of those in a surgical ward), and take care of all requests for water, clean gowns and clean bedding for 20 patients? It is next to impossible.

Many of the nurses given hard shifts are exchange nurses from the Philippines who are supposedly here to learn. In the interest of the patients it would seem desirable to learn from supervision rather than a baptism under fire.

It is not uncommon for many of the younger nurses to talk of transferring to another hospital (and then do so) where the conditions are better and where they might have time to walk fast instead of running.

This leads to a vicious cycle. Too little help—too much work—transfer from Jeff—too little help.

What is wrong with Jefferson that more nurses can't be attracted here; that more help isn't available on the evening and night shifts (luckily for the patients and nurses there are student nurses that are a captive working force for the day.) More nursing assistants would be a great help also. A patient that has to pay today's high hospital costs doesn't and shouldn't expect to wait half an hour for a Darwin because of lack of help.

Does the fault lie in the personnel office, the nursing service office, in the top echelons of the administration, or elsewhere (where?)?

Patients are dependent on the nursing care for just about everything—and whether this care is adequate or not is going to determine Jeff's image in the community. More important, this should be a vital issue to call of us at Jefferson if we truly have an interest in the total medical care of our patients.

Stephen Volk
Class of '72
Nursing Assistant I

Beverly Werner
Med. Tech. '70
Nursing Assistant I

Thanks For Parents Day

To the Editor:

Please express my thanks to the faculty and students of Jefferson Medical College for the pleasant and informative Parents' Day program.

The student-conducted tour through the Jefferson complex was most interesting, the faculty entertaining as well as instructive, and the luncheon delightful.

I am glad that my child has the opportunity to be a part of Jefferson.

A Parent

Jeff Received Funds

(Continued from page 5)

projects begun in 1966.

The control over such funding should obviously rest with the community and with medical practitioners, but it doesn't. NARMIC's information on Pentagon-financed medical research is limited.

To fill out our notes and analysis, we would appreciate more information on these hospitals and medical centers with known military contracts during fiscal 1968 and 1969.

We will gladly share what information we have with interested parties.



Patient's Life at Byberry Continues Same Today as Ten Years Ago

By Judy Jones

You've all heard stories of Byberry from upperclassmen. It's a great rotation. No bedpans to clean, no beds to make or pots to wash, no meds to give, no aching feet, no throbbing head, and no 6 A.M. alarm clock. There awaits acres of green grass, a sun that sets not behind a building but between the trees, birds that actually sing, wind that blows thru the leaves without the horrid stink of car or bus engines, your own room and an all encompassing feeling of a world proceeding at half speed. These things do indeed exist but they make one's initial encounter with life at Byberry oh so deceiving.

Byberry is by no means this superficial rest haven. It is an experience not just of the senses but of the mind with its entanglement of morals and the potential for human involvement. When you find yourself in the first week of psych, let yourself feel, observe, and think and you will discover the true Byberry.

These are a few of my feelings, observations, and thoughts about my recent six week experience at Byberry. The Jefferson unit at Byberry is composed of the buildings on the east side of Roosevelt Blvd. A "rehabilitation" building where a minority of patients learn piece work, a geriatric building into which I never ventured—the smell is said to be overpowering, a locked women's building with pigeons nesting on the roof, light filtering through the dirty windows and dusty, odorous air, a row of beds with dirty linen, the heads of greasy hair, a pungent shower room with no curtains, no toilet seats and no paper, a puddle of urine in the hallway. A basement "recreation" room with chairs and a TV. The door is unlocked from the outside and the light is so dim, a white shrunken figure curled in fetal position—most of all the eyes watching you with fear, hope of companionship, hope of help. Next an identical building for the female mentally retarded, the same smells, the same lack of facilities, round figures of obese, flabby, white women who have seen little of the outside, a negro woman grabbing my arm—hugging me, introducing me to her friends but speaking only

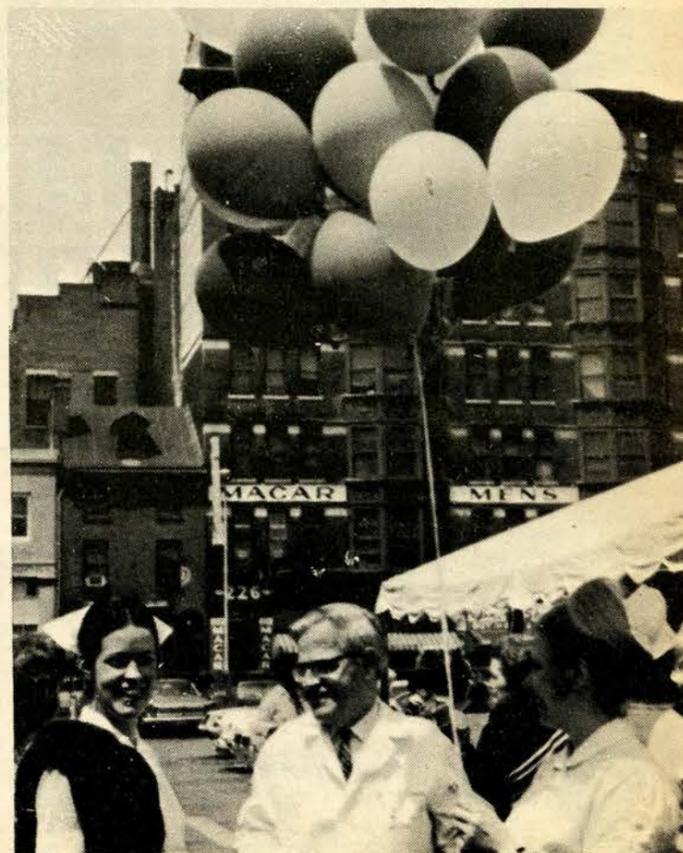
unintelligible sounds. A men's mentally retarded building—the odor is worse here, a locked room in the lower level with thirty filthy men, a few chairs, a water fountain and a bathroom, two men sleeping on the wet bathroom floor—one man running his hand over the floor eating the dirt, others yelling at the feet passing by the window. This is the Jefferson new family at Byberry. And what was it I read in the paper today—the new H.E.W. bill, those millions no billions going to the moon, that \$1 million ring on Liz's maybe the cost of war in S.E. Asia?

It's a St. Patrick's Day afternoon and the social workers are throwing a Cafe East party in the rehab building, green punch and donuts—everyone eats all they can. A group is playing and singing and the student nurses have filled the floor with dancing, laughing people. Mary begins to sing "Heart of My Heart" at the microphone. This morning she stood in the doorway of the building screaming for her son. Josephine dances with Rosemary whose eye she blackened earlier in a commonplace confrontation. A man dancing by who says he hasn't danced in fifteen years. Frank who has been here 37 years and can't even shave himself dances with his student nurse. Everyone's laughing, singing and dancing.

These are a few of my mental pictures of Byberry. There is really no ending for this story since there has really not been a beginning for the people of Byberry. Time here continues as it did last year and ten years before that.

There does exist a small active group of social workers, art and music therapists and others who daily battle the bureaucracy, apathy, and ignorance of Byberry. These are the people who seek out and learn from while you are working with patients. There is rarely an opportunity for experience in acute psychiatric nursing. Group therapy is extremely limited as well as ward meetings, staff conferences and rounds.

Byberry offers you little in the area of modern psychiatry but it confronts you with a world of questions about the priorities society has placed upon the treatment of its mentally disturbed members.



Even professor buy balloons when young nurses sell them at Jefferson's Old Market Fair?

SMF Leads from page 1)

On 4/13/70 SMF had presented a guerilla theatre on the drug industry to 160 students and faculty members in the Mezzanine Auditorium of Jefferson Hall. The performance prompted much laughter and thought. However, the speaker and the question-and-answer period that followed disappointed all sides. The information sheets that were distributed at the Drug Exhibit would have been helpful at the earlier program as a means of focusing upon the problem and its objective dimensions. Some of the spokesmen of SMF could only provide sketchy details at the time; this prompted a loss of credibility.

One of the recommendations of SMF, a panel discussion on the relationship between the drug industry and health delivery, will take place on May 20, 1970. At this program, students, faculty members and drug company executives will constitute a panel that will attempt to deal with the controversy over the drug industry. Details on the program will be announced after the final plans have been set.

Rising Costs and Falling Income Produce Problems In Financing a Private Medical University

by Larry Berley

The roots of my curiosity about the financial picture of Jefferson lie in my own doctor-patient relationships which have been threatened by an unbalanced medical economy. The recent financial crisis of the Jefferson Community Mental Health Center uncovered for me the problems of depending on external sources to finance new programs. As a student, I have seen the existence of dehumanized patient contact and the inability of the present medical care delivery system to cope with new demands. I feel threatened by these things and am worried about my medical future. I don't want to become the physician whose doctor-patient relationships are further eroded by paperwork, patient overloads, malpractice defensive medicine, the attractive lures of other fields, and someone else telling me how to treat my patients.

I am writing this review of financial difficulties at Jefferson

as gleaned from interviews with Dr. William Kellow, Dean and Vice-President and Mr. Thomas Murray, Director of Business Administration for the College. In urging to look for creative solutions to Jefferson's financial problems, I hope we can begin to consider solutions to the delivery of medical care and beyond that to consider the function and direction of our University.

Jefferson's \$14 million budget has carried a deficit of nearly \$500,000 each year for the current and past two years. Over a longer period, a substantial bank debt has accumulated due to unreleased State funds, the operating deficit, and the high cost of borrowing money. Operating costs, 3/4 of which are salaries, have soared from 29% to 38% of expenditures in the past three years.

The State of Pennsylvania, which appropriates about \$2.5 billion yearly to Jefferson, is having its own financial problems. Expected State revenues of \$2.5 billion for fiscal 70-71 are \$10 million less than this year and will not meet mandated increases which raise this year's \$2.5 billion budget to next year's \$2.8 billion budget. The Governor is reported to have just about given up on raising more revenue through new taxes because of legislative turmoil during the past 14 months and because this is an election year. Thus many persons and institutions relying on State aid will face a reduction in State appropriations for fiscal 70-71. (The Philadelphia Inquirer, Gene Harris, Sunday March 28, 1970 p. 1) As of March 31, 1970 the original \$2.618 million state appropriation was reduced to \$2.486 million leaving Jefferson with an added \$132,000 deficit for this fiscal year.

The rise of costs at Jefferson reflects the exorbitant 12-16% cost of living increases in the health economy compared to the 5-7% increases found in the total U.S. economy. Total U.S. health expenditures have gone up from \$27 billion in 1960 to \$63 billion in 1969. The Federal government spent \$1.1 billion on personal health care in 1960 and \$11 billion in 1969. Through Medicare and Medicaid, the old and the indigent have been able to get care in the fee-for-service system by which we operate. But, Medicare, Medicaid, and third-party insurers do not provide incentives for economy and costs have been spiraling ever since these stable sources of income have become available. An antiquated medical care delivery system is being stressed by cost increases and demands for service which it is unable to provide adequately. ("Medical Care: As Costs Soar, Support Grows for Major Reform" Kramer, J., Science, 166, pp126-29, November 1969)

Dean Kellow related to me that his job of administering the budget for the College has been complicated by problems arising from high cost-of-living increases

in the Hospital and Medical School, the opening of new physical facilities, decreased Federal funding of medical research, a new State-aid formula for medical schools, bureaucratic "red tape" and politics at the City, State, and Federal levels of government, and public demands for new programs to be undertaken by the Medical School.

Dean Kellow mentioned that a sudden increase in costs was experienced by Jefferson four years ago and has continued since then. Part of these costs were due to an enlarged faculty to educate an increased number of students. At the same time, there was a sharp rise in the costs of hospital care due to the influence of Medicare, Medicaid, and third-party insurers. Hospital competition and the need to stay abreast of modern treatment brought the renovation of hospital units, the purchase of necessary but expensive treatment equipment, and replacement of broken equipment. Concurrently, the application of the Federal government Fair Labor Standards Act to educational and non-profit institutions established a minimum wage for employees and further increased costs across the board for the Hospital and Medical School. The opening of new physical facilities, acquiring new land, and renovation of units within the School also contributed to cost increases. The cost of maintaining the new facilities with a staff of highly paid technical people, heating, lighting, and fully air-conditioning the new facilities is 4 to 5 times the old physical plant overhead.

Though a private medical school, Jefferson depends to a degree on government sources for funds. In the past 4 years, income from these sources has dropped. Previous to fiscal 67-68, State funds were appropriated on a per student basis but since then, State funds have been appropriated as a lump sum. Thus, Jefferson's increased student body size was not awarded more State money. The Federal government changed its priorities in the past 4 years also. Funds for research dropped considerably such that the salary of a tenured faculty member had to be paid from already overstressed educational and patient care sources.

Finally, Dean Kellow mentioned that these cost problems have been further complicated by public demands for new programs in the community, education of disadvantaged students, and education of persons for health careers. For these programs, little money has been available so far.

A presentation of the official budget approved by the Board of Trustees for the operation of Thomas Jefferson University for the current and two previous fiscal years with an explanation of each item by Mr. Thomas

Murray is available at the reserve desk in the Library. Although operations are normally budgeted to "break even" the Board authorized the School to operate with a deficit for these years. To this, Mr. Murray adds the following: "For the fiscal year 70-71 before any dollar increases in programs are considered, it will cost \$1,473,500 more to operate the current \$14,735,000 budget just for the average cost of living adjustments. Sponsored programs must provide new revenues or make program reductions. We are not optimistic over our ability to obtain similar increases in other categories of income. Even if these can be realized, these efforts would not solve the basic deficit of \$430,000 (and now \$562,000). This deficit must be addressed in the near future because no organization can survive indefinitely when it incurs a mounting operating deficit."

The scope of Jefferson's financial problems calls for thinking and solutions beyond the normal decision-making process. The problems require a brief pause to imagine alternate paths and to consider where new sources of income will be created, which solutions will cost more and which solutions will cost less in the "long run." These growing financial problems offer a challenge to clever minds in outfoxing a medical and economic catastrophe. For the present, the age old problem of money may require the age old answer of "Tighten your belt" but, certainly for the future this is not the only answer.

What administrators would like to see is an economic mechanism to keep operating costs in this non-profit institution at a predictable level so that substantial funds could be directed toward education, research, and patient care. Federal, State, and City incentives for economic health delivery systems based on keeping people healthy and keeping well people out of expensive hospitals might go a long way in alleviating rising medical costs. Such a system alluded to in "The Delivery of Medical Care," Scientific American, April 1970, has given those physicians more time to treat patients and more control over health priorities and has given patients comprehensive care at less cost and with less time spent in the hospital. Insurance companies, banks, and "big industry" are considering backing these economic health delivery systems with funds because they all have an interest in keeping people healthy. The old proverb, "An ounce of prevention is worth a pound of cure," makes sense.

With the recent Senate Anti-Trust Subcommittee hearings on hospital costs and medical care, it may be likely that the Federal government may begin to legislate incentives for more economic health delivery systems. In addition, the need for more doctors, nurses, and paramedical personnel in this country may generate legislation and money for educating more of these people.

The State which is having its own financial difficulties at the present time may someday be able to provide sufficient funds to medical schools when the tax system is restructured. If a Federal or State revenue sharing plan were to come into existence perhaps some of this money could go to medical schools to educate more students.

The City which pays for and operates Philadelphia General Hospital (PGH) may someday find it more economical to make

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University Financing (Continued from page 7)

PGH into an acute care hospital, to build low cost chronic care centers, and to build community health clinics administered by neighborhood people and staffed by physicians and medical students from the surrounding community and medical schools. The Neighborhood Facilities Grant Program as part of the Housing and Urban Development Act of 1965 provides funds for neighborhood service centers; the City has developed several of these.

At Jefferson, there has been an increasing student interest in community medicine as shown by volunteer work in Mantua, Black Panther, and Grays Ferry clinics. Student involvement in these clinics is an attempt at solving the problem of unequal distribution of care. Because they are growing to meet new demands for service, these clinics will need organization and connection with other functions in a medical care system. With its own financial problems Jefferson has found it hard to invest time or money commitments into community medicine on a large scale. Perhaps a practical link to solving Jefferson's money problems and the needs of surrounding communities is to be found in a new health plan being established by Harvard Medical School. The Harvard Community Health Plan which will provide comprehensive medical and psychiatric care for \$50/ month per family irrespective of size is expected to "break even" in three years. This plan could provide an independent source of income as well as a source of community people interested in becoming physicians, nurses, or paramedical personnel. Were Jefferson to establish a similar type of plan, would it be possible that financial backing might come from insurance companies, banks, and corporations which are close by as well as federal grant money to establish such an experimental program?

Jefferson Hospital is listed as having a \$2.5 million operating deficit for the next year and is trying many mechanisms to diminish operating costs. How the Hospital would fit into a prepayment health plan and possibly have a stable source of income to defray operating costs is an interesting question. Physicians in charge of the total sum from the prepayment plan would certainly look for ways to make hospital operation more economical and thereby keep hospital costs from rising more than the cost-of-living increase of the total economy.

Because Jefferson is a non-profit educational institution, choosing profit-making ventures as a solution to financial problems raises questions of legality, morality, and the possibility of property taxation, and withdrawal of State funds. But, consider for the moment the possibility of an independent student corporation whose sole purpose it would be to raise money through profit making ventures to pay for part of each member's tuition. Related to this could be the growth of a student University press to publish student papers and ideas, a compendium of class notes and important clinical facts, advice on how to get the best out of medical school; faculty members might want to publish in this press. There is a veritable treasure house of talent and ideas that exists within the Hospital and Medical School. An independent student corporation could sponsor new surgical equipment, biomedical engineering devices, computer programs specific for medical needs, the development of

chemical compounds for treatment purposes, the ideas which make service in the hospital fast and efficient. All of these things might produce a profit for the inventor and a royalty to be used for defraying tuition.

Students at this time may face a tuition rise. Regardless of tuition, there are many things which can be done within and without the medical frame of reference to work with people as well as books at the same time which can contribute to their medical education as well as their bank accounts. Consider teaching jobs as a substitute in the Philadelphia School Systems, as a professor for six hours a week at nearby Community College, as a professor in one of Jefferson's liberal arts courses. Consider jobs which might be available at Jefferson Hospital as a lab technician, pharmacist's assistant, night orderly, or practical nurse. Consider other jobs which might be available at Jefferson in the Library, in research labs, in the administrative departments, in the gym as a life-guard or desk clerk. Consider coverage jobs available at other hospitals as blood-bank technicians, chemistry-lab technicians, night-duty emergency room clerks, orderlies, and practical nurses. Consider the possibilities of donating blood or donating plasma weekly at Cardeza. Consider the possibility of being a night cab driver, guitar instructor, or bartender. It is sometimes worthwhile to get out of the student grind pace and put one's self into a situation which calls on your untested talents; avocations become medical specialties or are helpful in treating patients later. Even in the last year of medical school one can discover his real talents and capacities.

There are no easy solutions to Jefferson's financial problems but they certainly deserve our fullest attention in looking for creative solutions to the current inflation in the medical economy and the delivery of medical care. In looking for these solutions we preserve our future.

Other sources: **Paying the Doctor, Systems of Remuneration and Their Effects**, Glaser, W.A., The Johns Hopkins Press, Baltimore and London, 1970 (Jefferson Library). **Men, Medicine, and Money**, Ginzberg, E., with Ostow M., Columbia Univ., Press, New York and London, 1969. (Jefferson Library).

Women Evaluate (Continued from page 4)

ment to exist. Moreover, she believes most men readily accepted the fact that women in their class would become physicians equally as competent as they themselves.

One upper classman reported that only about 3 to 4% of the men resent women for taking someone else's place. No one need worry about the 3 to 4% because they are "really straight assholes with castration anxiety."

One student pointed out that if and when resentment arises, it arises in a situation of intense competition. She said she had felt resentment in applying to medical school, but felt none in the day to day classroom situation.

What is the male attitude toward the female medical student as a date? Response to this question was quite varied.

"They'd rather date a nurse. Don't ask me why. I'm sure we're as fast as any of the nurses! It's those of us you don't suspect that are!!"

"It's less embarrassing for a casual date to be with someone you won't see continually afterward."

"They're scared of the stigmatism attached to 'woman doctor.' It's like 'gym teacher'—very masculine."

"The stereotype of the young doctor is one who is being chased by many women. The guys try to avoid the female medical student because they feel especially hotly pursued by her. After all who could she marry besides another M.D.? I'd rather like a lawyer myself."

"Most guys don't think about it. When they do date a medical student they find it very rewarding."

"It's the same as anywhere. Guys will date the attractive and interesting girls. They won't date the unattractive, dull ones."

Most girls reported that they found many highly rewarding relationships with fellows they would never think of dating. "Many guys here easily open up to a girl and become close friends with her." The guys will accept you as "one of the gang," but won't force you to be "one of the fellows." You can be yourself, you can be a woman, and yet feel that you very much belong.

One interviewee said that the men really did not get to know the girls as individuals. She feels much can be done to improve the situation: a real coed fraternity

(no tokenism please) or a sorority, more parties in Orlowitz and Jeff Hall, more opportunities for girls to have the "asking power" (not just at the Black and Blue Ball).

Being a member of one minority group has its disadvantages, but when one is a member of two minority groups at the same time the disadvantages are multiplied. According to one interviewee in the Penn State program, "to be a woman in the five year program is about the biggest handicap you can have." The black women might persuade her otherwise. "The social situation for the white girl might be difficult, but for the black girl it is intolerable." The assumption is that the black girl cannot get emotionally involved with her white male classmates. She will be included in social functions on a group basis, but will not be invited as an individual. Because she is included, one might conclude she has no problem. "Well, I certainly do have a problem, it's a monumental problem and it's tantamount in my mind." What can be done about the problem? "Much."

A word of caution to men who scoff at women's attempts to change or perhaps to revolutionize objectionable aspects of their situation. Louis XVI and Marie Antoinette scoffed too.

Blacks Confer (Continued from page 1)

cisco and Dennis Dove of the University of Cincinnati. The very title of this symposium aroused the curiosity of many interested individuals. As a result, we the Black students feel that our position on this issue should be clarified. We are of the opinion that everyone involved must realize that it is very important to understand that an activist need not be one whose energies are devoted solely to protests or to the indiscriminate flouting of all customs, mores, or traditions some of which may be good and useful. But an activist may be one who through his ingenious ability, invent dramatic and effective ways to urge society forward in its efforts to change from an ineffective method of dealing with a given problem to an effective one.

As young future Black physicians, we can truthfully say we have no room for passivity in our personalities. Moreover, we wish to stress that our efforts will be based upon an understanding of divine principles, truth, and sound judgement. We feel to drop out from society and its problems would be selfish. As in the words of Edmund Burke, "The only thing necessary for the triumph of evil is for good men to do nothing."

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