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Pick the Survivor

Rupp Wins Victory In Raft Debate

by Bob Lahita

Well now that Christmas and New Years are over with, it is very difficult to reflect on that ribald event which I had forecasted in our last issue: The Raft Debate. The Raft Debate was held on the evening of December 16, 1971 at 7 P.M., and for those of us who were there it was a memorable occasion. McClellan Hall was filled to capacity with a sprinkling here or there of faculty members, and emotions were high. (being the day before Christmas vacation) The stage was decorated with chairs, a psychiatrist's couch, placards, and our debaters. Paul Dainer, co-ordinator, director, and everything else you might call him opened the event by giving us his rendition of the rules in Spiro Agnew style, and then appropriate hammy remarks about the plot. Refreshing your memory, the plot concerned three pundits on a shipwrecked tub that must argue their worth to society in order to get the raft and survive. Irv Olshin was introduced as the Pediatrician-neutral partisan moderator and we were off (?). The rules given to Irv prior to the debate by Dainer along with synopses submitted by the debaters were read to the audience for the first time. The rules, more complicated than a Cambodian subway schedule, provoked groans from the audience in the hope that Irv would either lose his place or the lights would go out.

As each of the wreckees was introduced in Rabelasian style the audience let up a cheer that served to jam the sound intake on my Sony portable recorder in the first row, obviating a blow by blow description of events. (From memory:) First came Joe Rupp the internist in his conventional costume of tweed tent (Robert Hall before Robert) and paper bag; then psychiatrist Bill Rutter in a cowboy hat, bathing suit, and portable medicine chest (evoking Aponte's later comment: you are beginning to look less like your patients); and the last wreckee Gordy Schwartz in a phosphorescent scrub suit inscribed with the words "to cut is to cure" (provoking Aponte: you might remove your head!). The

real grabber, however, was Aponte the devil's advocate who—made it on stage in dark suit, red shirt, red tie, and black athletic socks with red and white stripes on top looking about as devilish as Martha Mitchell in judicial robes. Picture this crew which looked like a Coatesville hospital roadshow cast of "To Tell the Truth." It started with Joe Rupp placing his stethoscope over his big front while intoning the merits of an internist in his W.C. Fields voice. It was a unique experience, dear reader, which certainly cannot be captured in words.

We went from Rupp crawling around the stage shouting obscenities while looking for the rubber stopper to the urine sample which he managed to produce in 15 seconds, to Rutter's two minute description of himself being signed out of the hospital in which he was born as a neonatal death. Schwartz recited nursery rhymes, and Aponte Lorca in

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FPS Seeks New Members

The Family Physicians Society of Jefferson is initiating a membership drive with the new year. President Allen Sonstein encourages any student interested in becoming a family practitioner or interested in learning more about family practice to join the Society.

"We can supply information or direct students to information about family practice preceptorships or residencies," says Allen. "Also we have some interesting programs planned for the rest of the year. In February Dr. Olshin and Dr. Carpenter will discuss a problem in pediatric genetics; in March, Dr. Wildgen, President of the American Academy of Family Physicians, will speak at the Dean's Hour and at a meeting of the Society; in April there will be a lecture on emergencies encountered by Family Physicians; and in May we will have a dinner with members of Family Practice residency programs."

Anyone interested in joining the Society should send \$2 with his name, address, and telephone number to Mrs. Susan Uhrmann, Apartment 1811, Orlowitz.

University Plans Construction Of New Student Housing

By JOSEPH BERGER

Unquestionably, there exists a need for more housing at Jefferson. The long list of people waiting for openings at Orlowitz is testament to this fact. What remains is to be answered is how can the University best supply this housing. In an effort to find this answer, the Planning Office of the University contracted the Meridian Engineering Corporation. Meridian is responsible for designing and constructing aesthetic and comfortable housing for the greatest number of people within the limits of the University's financial capabilities. The site of this proposed housing is the western two-thirds of block located between 9th and 10th Streets and Locust and Walnut Streets.

Because of the finite amount of funds available and the various provisions that must be fulfilled

in order to receive subsidies from government agencies, e.g., HUD, the Engineering Corporation decided that the housing be completed in two separate phases. The first phase, designed by John Sabatino Architects, includes a number of commercial units on Walnut St., several low rise apartment buildings, and a bilevel parking area. The plans call for eleven commercial units facing Walnut St. to occupy the lower two floors of a four floor building. Their floor space, at 20' x 40', would be 800 sq. ft. Above these units would be two floors of one and two bedroom apartments.

Originally proposed for development was a 144 unit structure to house approximately 229 single students and 57 families. Presently, 122 housing units are planned. Among them are 22 efficiency apartments, 64

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Nader Group Investigates National Medical Problems

by RONALD B. LEVINE

What do you do in a 12-week senior elective block? One tantalizing answer is to work for Ralph Nader. Sometime last summer, for some inexplicable reason, I decided to write to Nader to find out if there were any opportunities for a medical student to work in a consumer-oriented field. Just at that time, Nader was forming a new private, non-profit, investigatory group, to be called the Health Research Group. After an interview, I joined the group, along with Dr. Don Wharton, a young pathologist-turned occupational health specialist, Dr. Loren Anderson, a public health worker from Kentucky and Dr. Sidney Wolfe, an NIH researcher who directed the group.

Before I explain the nature of the group and its work, a few qualifying statements have to be made: recently, Nader and his work have come under criticism. He has been attacked as a political opportunist, the object of a "personality cult," and the progenitor of a conglomerate of agencies similar to those that he attacks. All of these accusations are patently false—Nader scrupulously avoids political attachments in his work when cajoled by students to run for president, he persistently declines; he considers consumerism an apolitical issue and any prospect of his candidacy would discredit the consumer movement and would alienate people he needs for support.

The thesis of all Nader ac-

tivity is that the greatest danger to America's welfare is corporate power. In the post-industrial state, problems such as pollution, war and the subversion of the rights of the individual have been aggravated and propagated by the rise of mega-corporations. In the new corporate state, the incessant quest for ever-increasing growth rates causes waste through planned obsolescence, inferior products through negative quality control and imperialism through the search for foreign markets. Large corporations create demand through sophisticated merchandising and promotional techniques and can thus co-opt the consumer's sense of value and right to choose. By conglomeration and diversification, mega-corporations trade off product identity for corporate identity (e.g. "PPG Industries" for Pittsburgh Plate Glass and "Amstar" for American Sugar) in this way, a corporation expands its product line to increase profits rather than improving the products it already has, and through cartels and price-fixing, corporations foreclose on the healthy competition of a free marketplace, thus maintaining artificially high prices for consumers to pay.

Nader's efforts have been directed to create a countervailing power to corporate power—consumer power—which will force the government to be more responsive to the People's needs.

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Students Create Ad Hoc Master Planning Committee

by TERRY BURT

An ad hoc Student Master Planning Committee was created January 12 at a meeting of thirty students who had gathered to discuss the implications for students of several questions now being considered by the actual Master Planning Committee. Ms. Barbara Atkinson, student representative on the Master Planning Committee, had called the meeting in order to get some idea of student feeling about these questions. Those attending included medical students from freshman, sophomore, and junior classes, and also several graduate students.

When presented with the complexity and importance of the questions under consideration, the students decided that further meetings should be planned, so that student positions on these topics can be formulated and presented to the Master Planning Committee. The group now plans to meet every Wednesday at noontime in M-24 and hopes that many other students will stop in to contribute their opinions. They expressed hope that the sub-task-forces of the Academic Task Force might be persuaded to hold open hearings on at least some of

the questions, in order to understand student viewpoints before making their final reports in March.

Students may also make their opinions known by contacting Ms. Atkinson or the other students selected to work with the sub-task-forces: Mark Pearlman, whose task force is concerned with the medical school curriculum; Ann Guillot, who is working with the task force on Volunteers and Part-Time and Full-Time Faculty; Norm West and Steve Whitenack, who are working with the Graduate School group.

The various sub-task-forces are expected to make a report on questions such as the advisability of expanding class sizes or shortening the medical course to three years, on the long-range and immediate goals of the whole University, on reassessment of the kind of physician the medical college wants to turn out and how well we are achieving that ideal, on proposed organization changes, on the proper emphasis to be placed on teaching or research, and on proposed new directions in the Graduate School.

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The Case For Day Care

Ariel would like to add its tiny voice to the public chorus and the mass media who have almost unanimously criticized President Nixon for his veto of the Comprehensive Child Development Bill. There simply does not seem to be much sound reason behind his action.

This Congressional plan envisioned educational type day care centers, patterned after Get Set, which would be available free of charge to the very poor, and for a small fee for those with incomes above the poverty line. The Federal government would pay 80% of the bill, but the program would be administered by state and local agencies, working with non-profit groups, in conjunction with the families to be served. There would be medical and nutritional services, and communities as small as 5,000 could apply for funds.

Mr. Nixon characteristically objected to the cost and the administration, but the major thrust of his refusal seemed to stem from his personal aversion to the idea of day care. "Good public policy requires that we enhance rather than diminish both parental authority and parental involvement with children—particularly in those decisive early years when social attitudes and conscience are formed and religious principles are first inculcated." Mr. Nixon has not withheld his personal-moral feelings in the past, and his rejection of day care reflects these feelings. Yet, here he does not seem to be so concerned with healthy early growth of children, but rather with bringing up children who will fit into Mr. Nixon's conception of an America which does not exist in reality.

Yet even accepting the Nixon view of the family in America, the stated reasons for the veto do not fit the facts, if we compare this Congressional bill with the President's own, more limited plans which are tied to welfare reform. As John Gillespie of the Philadelphia Evening Bulletin stated, "Mr. Nixon's proposals envision day care as a primarily custodial or holding operation for children of working mothers. Its

principal objective is to relieve mothers of their child-rearing duties so that they can go to work, and thus cut the welfare roll. It is difficult to understand Mr. Nixon's assertion that this custodial type center, part of overall welfare reform, is designed to 'bring the family together', while the Congressional plan would split the family." One cringes at the implication that custodial child care is all right if it gets people off the welfare rolls, but all other day care is too high a price to pay for other families.

In recent years psychologists have emphasized the importance of the early years in optimum development, but Mr. Nixon ignores the stress placed on the quality of parental attention rather than the quantity. Even so strong a family advocate as Dr. Spock has conceded that good "communal" child-rearing is frequently better than what the child can ever expect in a broken home, or a situation with working parents and inadequate baby-sitting. Organized day care also promotes parental involvement in planning the centers, gives the psychological benefit for working parents of knowing that their children are in capable hands, and also can promote a more eager and affectionate attitude on the part of parents who have been away from their children. All these factors are positive forces for improving the parent-child relationship.

A final oversight of Mr. Nixon is pointed out by Elinor Guggenheimer of New York City Day Care Council—the fact that mothers are working now and that children receive poor day care now. "The President's view of Mom in the kitchen putting up the preserves, fruit and vegetable is almost antediluvian. Take a look Mr. President. Mom—almost 12 million moms of children under 18—has moved out of the kitchen and into the canning factory on the edge of town. We continue to allow more than 2 million preschool children to receive less than adequate care because legislation has been based on vision instead of

reality."

The damage has been done, however. The bill is dead and would take much to resurrect. We can only hope that Mr. Nixon will examine the simple facts upon which he bases his objections. We

would in addition ask him to evaluate his motives for objecting, and whether it is appropriate to impose his own personal-moral view of what families and children should be, on the rest of America.

Direct Elections

By EUGENIA MILLER

Since its founding, the JMC student council officers have been elected by the student council representatives, rather than by the students directly. Despite the fact that the student government has effectively continued under this electoral system, the arguments in favor of direct election of officers appear more cogent than those in favor of election of officers by representatives.

Representatives do not necessarily have a better understanding of candidates' personalities' and officers' roles than the students. The JMC student body is small, and its members are fairly homogeneous. Moreover, the contact between members—via close housing, studying, and working patterns—is quite considerable. Therefore, a candidate, particularly were he to make known his ideas and philosophy through campaign statements, can be as well known by the individual students, as by their elected representatives. Anyone who has spent 18 or more years in the U.S. has a basic understanding of the roles to be played by president, secretary, and treasurer. Any U.S. organization from a club of six year old boys to a giant corporation is organized and governed in similar manner. If students, unaware of the specific functions a student council officer has traditionally performed, elect an officer who would alter those functions, more may be gained than lost. The new functions may be more adequate to answer current demands.

The issues with which the student council deals are significant enough to the life of JMC students, that they should be concerned about them. Were students able to directly elect

officers who issued statements of their position on issues facing the council and their plans for the council, two positive effects could result. The students would be forced to make themselves more aware of (and potentially become more involved in) the issues the council deals with. The officers would be forced to be more sensitive to student opinion in determining their positions and plans.

Control of the council by a small group of recurrently elected representatives is possible when the officers are elected by representatives. If officers must be elected by a majority of all the students, the possibility of such control is much diminished.

Direct election could potentially strengthen the council itself. With a clear cut mandate from the students, a student council president could be a much more forceful and effective figure in the life of the university. He would no longer be just the chairman of another committee, but the representative of the entire student body.

Direct election of officers, therefore, would be potentially beneficial to the students, the council, and the university. Students would be given the opportunity to become more aware and involved in the issues before the council. The council would become more responsive to student opinion. The university would have the benefit of a strong student force to either oppose its policies where students believe they are in error, or support them where students believe they are correct.

Construction of the Student Council, as of January, 1970, states that "officers shall be elected by a quorum of council members at the regularly scheduled December meeting." It continues with a proviso that if a candidate is unopposed he shall be declared elected by the Chairman. Campaigning consists of supportive speeches by council members, and/or by the candidate him or herself.

The sense of the Council seems to be that this is the manner that the constitution rules demand; thus, the elections were held last month.

At the December elections two candidates for the offices of Secretary and Treasure were unopposed at the time of balloting.

DAVE MAYER

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Council Pres. States Goals

by JOSEPH W. SASSANI

At the present time the Jefferson Master Planning Committee is attempting to take a panoramic view of the University's needs for the coming decades. Decisions must be made in the next few months on such questions as:

1. How large should the University be?
2. How many undergraduate and graduate programs should it maintain?
3. How should teaching responsibilities in the various colleges be allocated?
4. Should we have separate faculties for each college?
5. Should we have a dental school?
6. What type of grading system should we have?
7. Do we need a larger library, clinical facilities, and more audio-visual equipment?

These are tremendously important questions on which student opinions are being sought and about which thoughtful incisive student commentary is desperately needed. Yet, how many at Jefferson including teachers, administrators, students, and "student leaders" are really aware of how we interrelate.

As student Council President, I feel obligated to aid students, including myself, in becoming more aware of our academic milieu. In the next few months, therefore, I plan to write a series of articles for ARIEL on some of the forces which shape Jefferson. I hope that with a clearer knowledge of how we are interdependent we will more readily cooperate to seek answers to problems of mutual interest.

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Letters To The Editor

Ignored Realities

To the Editor:

The upcoming academic calendar reveals that between the oasis of Christmas vacation-past and the relief of summer vacation-far off in the warmth of June there are a mere two days of "vacation." Thursday, March 30 at 5 P.M., thru Monday, April 3 comprise the so-called "Easter Holiday." Functionally, the students and faculty have been given only one day off besides the weekend. That is, Friday the 31st. Being given Thursday free at 5 P.M. could hardly be considered a day of rest. The other day of rest given the Jefferson Com-

munity is Memorial Day, which happens to occur some three days before finals begin. It's quite unlikely that many students will benefit from that day off since were there no day free most would spend their time studying anyway.

I, and many I have talked to, believe that this is grossly unfair to students, faculty and their spouses. This kind of scheduling is counter-productive to the mental and physical well-being of all concerned. We are all well aware of the effects of continued pressures on individuals. Whether it be peptic ulcers, divorces, heart disease or suicides the results are well known. Continuous work leads to a fatigue of interest in the constant flood of new material. Ultimately promoting the tendency for last minute cramming.

With these realities in mind, I propose that the Administration immediately shift the schedule so that the student body and faculty receive a decent and well deserved rest.

(There will be petitions circulated about this.)

David Mayer

And Thus States Article IV, Section 3

As a member of the Student Council I was asked by the Ariel staff to forewarn the Council of an Ariel editorial "discussing" the procedures used for electing Council officers. I dutifully brought up the matter to the Council at their December meeting. I was cheerfully asked to convey the Council's position. Article VI, Section 3 of the

HAPPY

GROUNDHOG DAY

FEBRUARY 2

John Knowles, M.D. Lecture

By BOB SKLAROFT

"We look constantly to excess to government legislation to solve our problems...Private institutions must endure!"

In his lecture at Jefferson last November, Dr. John H. Knowles analyzed America's health care delivery system as a manifestation of the philosophical conflict: freedom vs. equality.

In comparing the Beneficent State with Voluntarism, he tried to demonstrate why the pluralistic private sector must be maintained in the planned structure of any new health plan. The federal responsibility is "to set standards for quality control...and let everyone compete from there."

Following the establishment of what would be included in the universal basic coverage which is necessary for the maintenance of good health, Knowles would leave the rest to "regional self-determination and responsibility." He sees an important role for private insurance companies and hospitals in this system.

Knowles emphasized the role of philanthropy in his compromise between the voluntarism of the A.M.A. and Kennedy's beneficent state. "The United States is the only Western country to have institutionalized it. Philanthropy is peculiarly American."

Knowles' Background

Dr. Knowles, general director of Massachusetts General Hospital, is President-Elect of the Rockefeller Foundation. His nomination for the Assistant Secretaryship in HEW was successfully fought by the A.M.A. a few years ago.

American Philanthropy

Knowles spent most of his speech praising the "great history" of Voluntarism in the United States, listing the 100,000 health & welfare organizations, 100,000 fraternal-civic-veteran groups and 300,000 churches & synagogues existing today. Philanthropic groups spent over

\$20 billion in 1970.

The theme of his look at U.S. history was that at each of the "watersheds" which occurred every 40 years, America increased the number and scope of voluntary institutions. "No one seems to remember the large-scale giving of Andrew Carnegie. He built 3000 libraries with his money."

He presented five reasons why private institutions, which "don't spring up overnight," must endure. They are less vulnerable to the whims of the electorate. They are less corrupt. They are less vulnerable to fluctuations in the economy. They have a certain character. They bring to national life a certain dynamism.

Knowles quoted Herbert Hoover on voluntarism. "It's more precious than law...the highest value of a civilization." He said that over 60% of all workers in the United States are employed in service institutions today.

"Pluralism is a Virtue."

Knowles spoke of the U.S. as the "social laboratory of the world." Rule by the majority in the "center" of all issues is desirable, he feels, because the dead center isn't paralyzed.

"The great middle of the electorate examines the rhetoric of the Left and the Right and controls the balance between voluntarism and the beneficent state."

He spoke of himself as a pragmatist. "Truth is plural and contingent, not single and absolute." The fact that the majority rules in America is "a damn good thing."

Closing with a plea for the participation of doctors and other "intellectuals" in this system, he predicted that the major issue in the next decade will be this issue of voluntarism.

Publicity for Dr. Knowles' speech spoke of him as "a foremost challenger of the status quo in medicine...crusader on health care for all citizens, provocative spokesman for the poor, penetrating social critic." This was the Martin E. Rehfuss Lecture of Internal Medicine.



The Death Of The American Dream

By ROBERT BRECKENRIDGE

With the closing of the old year and the awarding of all sorts of prizes for best film of the year, we again experience a rush of excellent movies that seem to revive us from a rather dull year of cinema. Within this past month film distributors have released Dusan Makavejev's *WR-Mysteries of the Organism*, Sam Peckinpah's *Straw Dogs*, Frank Zappa's *200 Motels*, Stanley Kubrick's *A Clockwork Orange*, Paul Newman's *Sometimes a Great Notion* and the best of all, Peter Bogdanovich's *The Last Picture Show*.

Bogdanovich became famous when his documentary *Directed by John Ford* was shown at the New York Film Critics Festival. After this initial success he easily obtained financial backing to film Larry McMurty's novel, *The Last Picture Show*.

The film opens with a long pan shot of the windswept town, Amarene, Texas. The camera drifts from the movie house, where *Father of the Bride* (1950) is playing, to the Texas Moon Cafe, owned and operated by Sam the Lion (Ben Johnson), as Tony Bennet's "Cold, Cold Heart" is playing in the background. In a narrow sense the film might be considered a nostalgic period piece. Amarene is a small western town on the decline with the typical small town gossip, the importance of high school football games, and two places of entertainment: Sam's Cafe and the movie house. But the nostalgia of the picture reflects the need to come to terms with one's own past.

A reading of the script would give the impression of a soap opera. Sonny, a high school student, has an affair with his football coach's wife, while Joey, the rich and beautiful girl in the class is advised by her oil-rich mother to give up her steady beau, Duane, and drop her drawers for someone rich. What saves the picture from this appearance is an excellent cast and a beautiful black and white stylization which pays tribute to Bogdanovich's mentors, Ford and Hawkes.

The soul of the town is reflected in the character of Sam the Lion. He seems to be the last remnant of the Old West when the

Texan Town was at its peak. He is the father figure to the boys that go to his cafe to play pool. When Sam says, "You wouldn't believe how this country's changed," we realize that Amarene is dying in more than one way. He is not only referring to the new growths of mesquite and prickly pear but to the change from the earlier epic America which he remembers (and we are reminded of through the scenes we see of old movies: Ford's *Wagonmaster*, and Hawkes' *Red River*) to a new American life with its shoddy, meager possibilities.

After graduation, the kids

Family Medicine: A Shopper's Guide To Educational Programs

By RICHARD BONANNO

Over the past year ARIEL has reported on the formation of the Family Physician's Society and its effort to have Family Practice officially represented in the curriculum at Jefferson. Since the specialty of Family Medicine (FM) came into being in 1970, there has been an upsurge of interest in the field which is reflected at Jefferson by the formation of the Society. Yet as a 4th year student interested in FM, I have been unable to discover much in the way of concrete information about the educational programs beyond medical school which are of immediate concern to me. Since I suspect that this problem has faced other seniors and will face underclassmen soon, I hope that this article can begin a discussion and interchange of information about FM training programs, which few people around Jefferson seem to know much about.

The educational response to the specialty of Family Medicine is the Family Practice residency. In the past, hospitals provided preparation (if preparation beyond internship was desired) for general practice with what amounted to a 2 year rotating internship. Now, however, an AMA accredited Family Practice residency must offer more. In addition to providing inpatient training in the major specialty fields, it is expected that the resident will serve as primary physician for a number of families within a "Family Practice Model" or office where he serves as a family physician and receives training in the problems which relate to FM. Clearly, the emphasis must be on long term health management as well as acute care training obtained in the hospital setting. In 1970 there were 46 hospitals

training 290 residents in approved FM programs; this jumped to 64 hospitals and 532 residents by August 1971, with dozens of programs in the planning or almost ready stages throughout the country.

At Jefferson, and most other university medical centers there is skepticism about the effectiveness or necessity for such programs. The suggestions one might receive from a dean could include taking a few years of internal medicine, 2 of pediatrics, maybe a year of psychiatry, and you'll be ready to be a family doctor. The feeling is that adequate preparation in FM is exposure to the diseases and disciplines one would encounter, rather than learning by serving as a family doctor. The medical center people fear (possibly with good reason) that the newness of these programs (the oldest is about 4 years) makes them suspect in the realm of academic rigor, and might well produce physicians with a superficial knowledge of many fields, but competence in nothing.

The advocates of FM counter with the argument that their specialty is more than the sum of the component specialties. They suggest that residencies in medicine and pediatrics overemphasize the acute and the exotic, with minimal emphasis placed on everyday problems and longterm health management. The family doctor is not only a diagnostician and therapist, but a counselor and educator in areas which influence the patient's health. He must be sensitive to a wide variety of social and environmental etiologies for disease, and should possess a personality which accepts the fact that the large majority of patients will not be "medically

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Project Speed: Drug Education Program Evolves

by Mark Widome

Who abuses drugs? What is the drug culture? Why do people abuse drugs?

As we continue to ponder these questions, we increasingly become aware of the complexity of what we are asking and can't help but become disturbed as we see the evolving answers.

Heroin and hippies are only the most superficial aspect of the "drug problem." We have listened to what Madison Avenue has taught us about Sominex, what Lederlie has taught us about tetracycline, and what people next door have taught us about Librium and Darvon. (Alcohol we already knew about.) The point is that drug usage is a habit woven deep into the fabric of today's society. Where any emotional, spiritual, or intellectual nourishments are denied us, we are conditioned, like Pavlov's dogs, to seek chemical alternatives on a wholesale basis.

This concern has been weighing on the minds of increasing numbers of students in professional schools as they are coming to regard wider social concerns as being within the domain of their professional responsibility. The feelings of many have found expression in the institution of student drug programs in one form or another. Some have started or joined treatment programs. Indeed, the history of the storefront drug clinic is largely a history of student involvement. Others have reasoned that our drug-conditioned society needs unconditioning and have thus focused their efforts in the area of drug education.

People at the Student American Pharmaceutical Association, an organization for pharmacy students roughly equivalent to SAMA, have taken a particularly imaginative approach to student involvement in this second area. They reason that the problems of drug misuse are not strictly medical, or legal, or sociological, but indeed societal and as such, progress in this area might best come from a multidisciplinary professional effort. If students wish to work in this area, let them work in interdisciplinary teams: perhaps a pharmacy, a medical, a nursing,

and a law student.

The organization is now in the process of identifying, organizing, and equipping twenty such teams in twenty different locations in order to develop local drug education programs suitable for use in elementary and secondary schools. The pharmacists should be well equipped to coordinate this project. Good advice and moral support will come from The Institute For The Study Of Health And Society, a foundation with some experience with the multidisciplinary approach after having organized a number of such student teams for various summer projects in health and social research over the past few years. Furthermore, Bill McGhann, the project director, has worked with similar teams in the Appalachia summer student health projects. Fortunately, the SAPHa is financially equipped as well with a sizable support grant from the National Institute of Mental Health.

ARIEL
The project will operate roughly as follows: Twenty cities, Philadelphia included, have been selected wherein multidisciplinary teams in drug education will receive financial and technical assistance in the development of their own local programs in the schools. Teams will hopefully consist of students already highly motivated in this area and with creative ideas to match their motivations. Such medical students are now needed. The teams will receive \$300 to cover costs in the planning stages of their projects and aid toward obtaining additional needed funds thereafter. In addition they will receive a variety of technical and advisory services from the Pharmacy Association including site visits by their staff. NIMH is vitally interested in the success of the team approach. It is apparent that they seek application of the principle of the multidisciplinary team to a wider area of problem solving tasks in the field of health care and delivery. They will pay careful attention to the final outcome of the local efforts.

Anyone interested in participating or in obtaining further information should contact: Cynthia Gerst, Associate Director, Project SPEED (Student Professionals Engaged in Education on Drugs), 2215 Constitution Avenue N.W., Washington, D.C. 20037.

Committee Changes Meeting Time

By JOSEPH SASSANI

The Student Curriculum Committee has changed its meeting time to Monday evenings at 6:30 in M-24 in order to have more time for execution of their ambitious plans for 1972. The traditional Wednesday noontime meeting was found to be too restricting and too often in conflict with other important happenings here at the University.

In spite of obstacles however, the committee has accomplished much in the last few months, thanks to the time and effort of representatives from every class. Sub-committees have been working on detailed proposed course outlines for "new" courses which are being planned for the Freshmen who will be entering in the Fall.

In spite of obstacles however, the committee has accomplished much in the last few months, thanks to the time and effort of representatives from every class. Sub-committees have been

working on detailed proposed course outlines for "new" courses which are being planned for the Freshmen who will be entering in the Fall. Faculty members of the parent Curriculum Committee have stated that they find such feedback from students very helpful, and the students' suggestions are taken seriously.

The committee is planning a questionnaire to determine Freshman reaction to the changes that have been instituted for the first time with the Class of 1975; they are especially interested in the impact the new "Approach to the Patient" course has had. The Pass-Fail sub-committee, as was reported in Student Council, is still working on sampling opinion of pre-medical students, medical students, and administrators re Pass-Fail.

All interested students and faculty are welcomed to all of these meetings.

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Tired Of Philadelphia? Try Mobai, Sierra Leone

by EUGENIA MILLER

At the Eastern Clinic in Mobai, Sierra Leone, Operations Crossroads Africa is developing a model program for the delivery of health care services in west Africa. The program, scheduled to begin this summer and to last for 27 months will employ teams of two doctors, two public health workers and one medical student, each team working approximately eight weeks.

What is Operation Crossroads Africa? A non-profit, non-governmental organization which has sent over 3,000 participants to 33 African countries since 1958, says the brochure. As one of the 3,000, in 1967 I spent eight weeks in

Tahoua, Niger making bricks under a scorching Sahara sun and enjoying it. The enjoyment came from being part of an entirely different world: desert sands, 110-degree temperatures, the Hausa language, adobe houses, unpaved streets, well drawn water, and camelburgers for lunch. Enjoyment came also from participating in genuine bonds of friendship with people of that world. Those people had names like Adamou Garba, Mohamidou Halidow, and Aliou Mohamidou, spoke only Hausa and French, and had never been further west than Niamey, Niger. Nevertheless, they could dance rock, join in the fun of playing practical jokes, discuss U.S. involvement in Vietnam (with vehemence), or recognize and empathize with the homesickness of an American friend.

In the majority of Operation Crossroads Africa's projects like the one in Tahoua in 1967, United States and Canadian college students join with African students for six to eight weeks in manual labor projects of service to an African community. Recently however, Operation Crossroads Africa has developed

projects such as that in Sierra Leone which will involve doctors, public health workers or nurses, and third year medical students in health work.

Operation Crossroads Africa's goals are: "providing an opportunity for North Americans and Africans to develop mutual understanding and respect through living and working together; making a tangible contribution to Africa's needs; and providing the vital educational experience of exposure to another culture." The specific goal of the Mobai project will be: "to demonstrate a more effective way of delivering health care where there is a paucity of practitioners."

Physicians in the Mobai project will relieve the director of the Eastern Clinic, Dr. B.M. Kobba, of some of his duties in the operating room and hospital and will participate in developing training programs for paramedical personnel and directing community outreach programs. Public health workers will participate in midwifery, nurses' training, and health education. Medical students will be responsible for improving

facilities in the pharmacy and laboratories of the main hospital. They will also assist in development of teaching aids and training of para-professionals.

Tired of Philadelphia? Want to be where life is more exciting and more challenging? Don't take your next elective at Jefferson, take it at the Eastern Clinic in Mobai, Sierra Leone.

(For further information and application forms contact E. Miller MA 7-6484)

Nader Group

Cont'd From Pg. 1

Nader's consumers advocacy began early: in 1958, shortly after his graduation from Harvard Law School, he fought to establish a consumer's ombudsman in Connecticut, his home state. He achieved national attention with the publication of his book *Unsafe at Any Speed*, in 1965, which castigated the auto industry, and General Motors in particular, for manufacturing products endangering the lives of millions, and deadly for 50,000 a year (as many as that killed in eleven years of the Vietnam War). The repercussions of his attacks on one of the country's "sacred cows," America's largest corporation, were dramatic—Congress passed the Auto Safety Act, demanding radical changes in automobile design to insure the safety of passengers and one of the targets of the book, the Corvair, ceased production. GM harassed Nader by trying to involve him in personal scandals and had him followed by private detectives utilizing less than subtle techniques to discredit him personally since they could not discredit his work. In an ironic outcome, Nader sued GM for invasion of privacy and used the money won from litigation (over \$200,000) to fund some of his later investigation of that corporation.

In later years, Nader has steadily expanded his consumer interest work but, at the same time, has been acutely sensitive to the ever-present concern that he will create an empire as anonymous and unresponsive as the conglomerates he attacks. He has prevented this by maintaining organization at an absolute minimum—all "Nader groups" are set up as "task forces" with a maximum number of operatives and a minimum number of administrators. There are virtually no hierarchies of authority; each group works independently on projects it chooses. A director of each group acts to channel information of immediate interest to and from Nader and handles personnel applications. Nader personally funds the groups, through lecturing and contributions made to him, except for the Center for the Study of Responsive Law, which is a tax-exempt, non-lobbying group and is funded by various foundation grants. Nader also lends prestige and news-value to the many reports that the groups write—Nader will read them and add his preface and get them published. Among over 20 books currently in print, two dealing in medical interest include, *Nursing*

Homes for the Aged: The Agony of One Million Americans, and *The Chemical Feast*, an investigation of food protection and the Food and Drug Administration.

Currently the Nader Organization includes: CARG, the Corporate Accountability Research Group, PIRG, the Public Interest Research Group, The Auto Safety Center, the Health Research Group, and The Center for the Study of Responsive Law (the oldest group). The Congress Project is slated to begin this summer and will investigate the integrity of congressmen prior to the November elections. A new funding outlet, Public Citizen, Inc., was recently initiated through a national mailing campaign to expand the Nader organization's income.

The new Health Research Group was established to study national health problems. Work has progressed on two levels—short-term studies of current medical issues and long-term investigations of the responsiveness of government to deal with health care problems (i.e. a surveillance of the FDA).

In an example of a short-term action, HRG pressed this summer for government action on lye-containing household drain cleaners—recently manufacturers switched from solid granulated drain cleaners to liquid types. When children accidentally ingested the granulated type, they tasted its bitterness and coughed the poison up, usually sparing them much damage; but ingestion of the liquid form was more deadly—children could not reject the fluid after they had swallowed it and were subject to a much higher incidence of corrosive esophagitis. After much publicity, manufacturers reduced the lye content of these products.

In December, the Group publicized its citation of references claiming that a disinfectant, hexachlorophene, caused neurologic damage in lab rats who were immersed in the agent. This resulted in an FDA warning against pediatric use of Phisohex and other hexachlorophene-containing preparations, in which blood levels in infants approached those observed in laboratory experiments.

The long-term work of HRG centered on an investigation of the drug regulatory activity of the FDA. I was given the task to begin preliminary work on this investigation. It entailed studying trade and government reports, attending congressional hearings and interviewing people in and out of government. The work schedule lay somewhere between intern and slave—12 to 15 hours a day, 6 to 7 days a week, for the three month period. After it was over the feeling of accomplishment was probably overridden by a feeling of exhaustion, but some of the findings were important and of particular interest to medical students. In the next issue of *Ariel* I will relate some of the activities of the drug industry—specifically drug advertising and promotion—and the regulatory activities of the FDA.

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SAMA Plans Summer Programs

By WALT WORHACZ

The Student American Medical Association's summer programs can provide an enjoyable and educational experience along with a stipend of \$75 to \$100 per week. The student is exposed to clinical medicine and is also able to apply his knowledge of the basic sciences.

There are five such summer programs: the American Indian Health Project, the Migrant Workers Health Project, the Appalachian Health Program, the MECO Project, and the Chops program.

For details concerning these programs and applications contact:

Walt Worhacz	609-854-2994
John Santarlas	MA 7-8535
Vance Good	MA 3-9770
Paul Bialas	Apt. 1613, Orlowitz

(Details for M.E.C.O. will be put in freshman and sophomore mailboxes within a few weeks.)

KBO Sponsors Black And Blue Ball

By NED RUSSELL

On April 29 of this year, Kappa Beta Phi will once again sponsor the Black and Blue Ball. The event this year will be held in Jefferson Hall, a first for the affair. By moving into Jeff. Hall for the evening, the members of Kappa Beta Phi hope to take full advantage of the facilities and inexpensive availability, while still providing traditionally good entertainment for their guests.

Kappa Beta Phi is a social club for male medical students (ed.'s note: unfortunately) It is a well established group at Jeff, dating back to 1924. In 1933, it sponsored the first Black and Blue Ball. In 1940, the club first began to donate all profits from the Ball to the students' emergency loan fund. The cumulative donation to date probably approaches \$40-60,000. Though the membership at Kappa Beta Phi is select, though not rigorously so, its activities essentially are directed towards all students.

The current carousing membership numbers fifty-five. Lending a great deal of respectability to our organization is our "Grand Swipe," Dr. Gonzalo E. Aponte. In this era of change at Jeff, we (ed.'s note: a strictly masculine one) are striving to preserve and perpetuate a rich tradition, one which potentially benefits any student here. We count on anyone, including friends outside the Jeff community, to help our cause by supporting our Black and Blue Ball.

Intramural Corner

By GARY McNULTY

The Intramural Basketball League records at the end of one month are as follows:

"A" League	
Nu Sigma Nu	1-1
Independents	1-1
Phi Alpha Sigma	1-1
Phi Chi A.	1-1
Employees	1-1
Turkies	0-2
"B" League	
Nu Sigma Nu	1-0
Freshman	1-0
Alpha Kappa Kappa	1-1
Phi Chi C	1-1
Phi Alpha Sigma	0-2
"C" League	
Freshman B	1-0
Independents	1-1
Theta Kappa Psi	1-1
Phi Delta Epsilon	1-2
Phi Chi B	0-2

As expected, Nu Sigma "A," the Independents, Phi Alpha "A," Phi Chi "A," the Employees all took a win and a loss into the vacation break and the playoff battle already seems in swing. Lack of depth caught up to the Independents (Barry Rosen 22), as they lost to Phi Alpha (Alan Hoover 11, Rob Good 10) 59-57 in doubletime. Jim Nocooms, Turkey (Al Noscher 9) lost to Phi Chi "A" (Jim Baez 18, Ned Russell 12) 46-28; Employees (Steve Deckler 11, Denny McCann 8, Gary McNulty 12) lost to the Nu Sig "A" (Bill Kunsman 11, Jim Grumet 10) 43-37 and the Independents (Jim Marichek 10, Rich Evans 8, Tommy Layton 14, Charlie Goldsmith 10) rebounded from their opening loss with 48-43 win over Phi Chi "A" (Ned Russell 17, Tony Rooklin 10 and

rebounding John Van Summern 8).

AKK (Ruschak, Stewart 10 each) beat Phi Alpha "B," 45-30 (St. Andre 12); Nu Sig "B," beat Phi Chi "C" 21-19; Theta Kappa Psi ("Oscar" Martin 15) won in overtime over Phi Delta Epsilon (Tony Dougherty 14) 39-37.

PLAY BALL

Jeff people will be attending Phillie baseball games this spring.

As discussed at the last Yogi association meeting, here are the proposed dates, prices, and other agenda for the coming season. Registration forms are at Jeff Mall main desk.

GAME DATES SELECTED:

Wednesday, April 12th, 7:35 Night Game Montreal.

Friday, May 5th College Night, 7:35 Night Game San Francisco.

Wednesday, May 17th Ladies Night, 7:35 P.M. Night Game Chicago.

Wednesday, June 28th Ladies Night, 7:35 P.M. Night Game New York.

Monday, July 28th, 7:35 P.M. Night Game Pittsburgh.

Tuesday, August 15th Ladies Night, 7:35 Night Game Cincinnati.

Wednesday, September 6th 7:35 P.M. Night Game St. Louis.

These boxed seats are located in the "200" seats behind 3rd base and are \$4.25 a ticket. Anyone wishing to take a date (or wife) on ladies night ONLY, may discount \$1.00 for each ladies night ticket.

Sports Shorts

Aqua Men:

Fred Miller, John McSiveen, John Van Summers, Crawford Smith, Lee Valentine, Dick Jackson, Gary Clark, Jack Hocutt, Mike Blank, Vance Good, Roy Cameron are preparing for win number two against Carroll Swim Team in the middle of January.

Mark Zager defeated Rob Good for the Jefferson Billiards Championship. Mark will represent Jefferson in the Regionals at Rider College in late January.

Table Tennis Tournament is in full swing and Walt Wrenn looms at the man to beat.

University Plans Housing

Cont'd From Pg. 1

one bedroom apartments, and 36 two bedroom apartments. These numbers are not static and, in all probability, some of the efficiencies and one bedrooms will be replaced by three bedroom apartments. These apartments will be located in either the four story structures facing 10th, Locust or Walnut Streets or in the two story building sandwiched between Stein Research Center and the apartments on Locust St. Situated behind the first two floors of apartments will be a bilevel parking area necessitating the lack of windows in the facades of these apartments.

The parking facilities (a zoning requirement for the number of apartments provided) will engulf the area behind the apartments with the exception of the Stein Research Center and

the area left for Phase II. Phase II is to be a high-rise structure similar in nature to Orlowitz.

Above the deck level of parking is a terrace. Three elevators, installed at opposite corners of the structure, will provide service for the 3rd and 4th floor residents. The terrace will contain potted trees, astroturf (possibly), and the ventilation exhausts of the parking area. To some degree, the terrace is meant to provide a play area for the residents.

The buildings presently occupying the block are to be demolished in the Spring. However, the new construction is still in the planning stage and, at present, is very flexible. The Housing Committee members are very interested in student opinion and welcome any

suggestions made to the members directly or through the Ariel.

For further details on the housing project contact any of the following members of the Housing Subcommittee on Phase I - Mr. Dranklin Dalla, Mrs. Diane Schlisinger, Dr. Leroy Nelson, and Joseph Berger.

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Curtis Clinic Reduces Services To Poor

By RICHARD BLUTSTEIN

"When ancillary services requested appear to be excessive (as a general rule more than a total of \$20.00) for self-paying clinic patients who cannot pay cash for at least 50% of the charges or who have delinquent accounts, the Registrar has been directed to call the physician ordering the test(s) to determine if the test(s) can be delayed until patient is able to make satisfactory arrangements for payment."

Under orders from "the Hospital Administration" Max Goodman, Manager of outpatient services at the Curtis Clinic, sent

the above memorandum to the clinic chiefs on Nov. 23, 1971.

There seems to be some question as to the enforcement of the memorandum, however. The registrars didn't seem to know anything about the order. Mr. Uhler, of the outpatient billing department claimed that only about one patient per week was referred to him with a delinquent account. He said that of the 10,000 bills sent out each month about 1200 turn delinquent.

The directive is having little effect on Jefferson's financial problems. If fully enforced it might merely have the effect of intimidating clinic doctors into rendering substandard service.

Letters (Con't)

Someone Likes Us

Ariel,

Please send me a schedule of your rates for advertising together with instruction on the correct format for submission of advertising copy for my shoppe.

Somebody at the hospital/school gave me a copy of your newspaper today, and, upon reading it I found that was very enthused by its contents. You have an excellent social activity newspaper, directly supporting groups that are in the thick of the fray for a decent world.

I especially liked the article on Radical Therapy, the article on the Daily Death Toll Project, and the article on the Hospital Survey Committee.

Sincerely,
Bernard Edwin Galitz

Resident Pleads For Community Organization

Dear Friends:

Upon reading your latest issue something immediately sprang to mind following your article on "A New Student Organization?" Now there's so much perplexity occurring at the university level

that the confusion around such an issue seems self creating. The basic misleading idea around this sort of an idea comes from the fact that the school and the university community are to a tremendous degree tied to the urban community and the area which they are so much a part of. Certainly this area of the city cries for an organizational structure established within a university-structured organization or within the framework of the community. The fact that such a group does not exist automatically creates the vacuum which this group is attempting to replace. Certainly the basic need is for a community-centered group which can take some sort of action on the condition of the area, etc.

As a resident of the Locust Street Community everyone realizes that for too long the area has been deprived of all manner of things which community groups in Kensington, Center City, and West Philadelphia are attempting to remedy. Our area continues to put up with all manner of second-rate treatment from the city for both its residents and for the area itself. It is around this sort of activity which we must focus our attention.

Yours truly,
Charles Bair

The Inheritance

by J.D. KANOFSKY

Quite a few years ago while staying in Atlantic City I woke up late at night. No matter how hard I tried I couldn't fall back to sleep. In desperation I decided to take a walk hoping that I would return from my stroll sufficiently tired to induce a good night's rest.

As I was walking aimlessly up and down the streets I began to entertain myself by singing. My singing must have been louder than I thought because I heard an incoherent guttural rumbling or rather a voice mouthing, "wha the ha ee a." The sound came from an alley. I turned around and saw a bum.

"What was that you said, sir?"

"What are you doing, bothering me? I ain' harmin' you."

"I'm sorry if I disturbed you, but I was singing in the dark, just singing in the dark. A peculiarity that I acquired from my father who does this all the time."

"Is tha' so? I heard of street walkers but I ain' ever heard of street singers before."

There I was looking for entertainment and gaiety—and what should I meet up with none other than a fool! Wasn't that great. After all, how can a fool know that you are laughing at him; he's too dumb. Just treat him with a ridiculing respect, and he'll never suspect your devious plot.

"No, my good man, I am neither a street walker nor a street singer. I am a street sinner."

"Heben preserve me! The devil's got me!"

"No, no! You have me pegged all wrong. It is my holy duty to absorb the sins of all my unfortunate brothers and sisters and take them unto myself. The burden is heavy, but only the strong should wear sin. Have you any to give me?"

"Well, sir, you are just the man I've been lookin' for. I sure am glad to meet you. Now, listen attentive-like; I want you to know what you are in for."

"When I was but twelve year of age, I slapped my mamma, can you take that?"

"Certainly, rest assured that I'll take it better than your mother did."

"When I was thirteen I kicked my papa down the stoop. When I was fourteen I stole my mama's and papa's jewelry and ran away from home. That's all. Just take those. Them will be plenty."

"Easily, a minute addition to my load. But, first, what will you pay me?"

"Thar ain' much I can give you, unless you want the shirt off my back."

"Good, good. That will do for a

start, but certainly you don't think my services come so cheaply bought. Think, man, think. What do you hold most precious to you? Twenty dollars put away for a dry and sober day? Perhaps, some gadget or gadget that you specifically swiped in order that you could prove to yourself that you have what it takes to be a light-fingered, shoplifting heavyweight when you want to be?"

"Must it be the most precious thing?"

"None else would do. Just think of the relief of knowing that your sins have been passed on to me."

"I'll give it then. I'll give it. Follow me."

He then came out of the alley; and, for the first time, I could distinctly see his features. Really there was not much to see. His hair was prematurely gray. His eyes were clouded up with some white film and naturally he was unshaven.

Let me add that I was not going to take anything from him that was just part of the joke...At least I don't think I was going to take anything from him.

"Where are we going, old boy."

"To my hole."

"Why aren't you there now?" "I like the freedom of the night. No people stare at me. No children laugh at me. I hate them kids always laughin'. If I were thar parents I'd slug 'em. Thar plottin' against me."

"Pay them no mind."

"I try, I ain' no jerk. You hear- I ain' no jerk."

"I never said you were."

"Than don' think it."

I was being led up streets and through alleys. For awhile I wondered whether he could even find his way back home. Finally we stopped at the back of a filthy tenement. My friend took out a key and opened the door. Both of us were groping around in the dark.

"I'll fin' this damn light. I always forget whar it is."

"Take your time, old boy. Time is but a measure for the living."

"Here, I found it. Now you'll get your payment. It's next to my bed."

"What priceless treasure have you there?"

He pulled out from his crusty night bureau an album. Much to my regret, I can still vividly call his trusting eyes and upturned lips as he handed it over to me. How silly he seemed then; I really got a kick out of his idiotic adoration, but that was not to last for long.

"Say there, what have we here. Something good to sneak a

peek at, I bet. Must be just what the doctor ordered, huh, yes, ha ha ha you son of a gun you." I began to gently poke him in his ribs.

I don't know why but I had jumped to the conclusion that he was bestowing unto me an inordinantly lewd collection of third-hand pornographic pin-ups.

"This is the only thing my people left me after they died," he said.

"Oh, in that case we'll have to give it a thorough checking," I answered betraying a noticeable note of disappointment.

Upon opening the album I saw photographs of a little boy affectionately embracing a respectable, fondling female, a little boy who was joyously blowing out the candles on top of a cake while two delighted proud appearing parents cheering him on from the sidelines; a little boy wearing a catcher's mit facing a sturdy, smiling older man who was on the verge of tossing him a baseball.

"I don't understand, who is this cute little boy," I asked, genuinely puzzled over who it "It's me," he mumbled in a broken voice.

Suddenly I was overcome by an overwhelming feeling of disgust. I flung the album onto a bed and fled from the apartment as quickly as my legs would carry me. However, my would-be-stooge was not going to let me get away so easily. He followed after me hollering at the top of his lungs, "Come back sinner man, we made a bargain, you can't go back on your deal. Redeem my soul and save me."

When, in time, I lost him I returned to where I was lodging. Though I was now more exhausted than I ever would have imagined I could have been, sleep did not come to comfort me.

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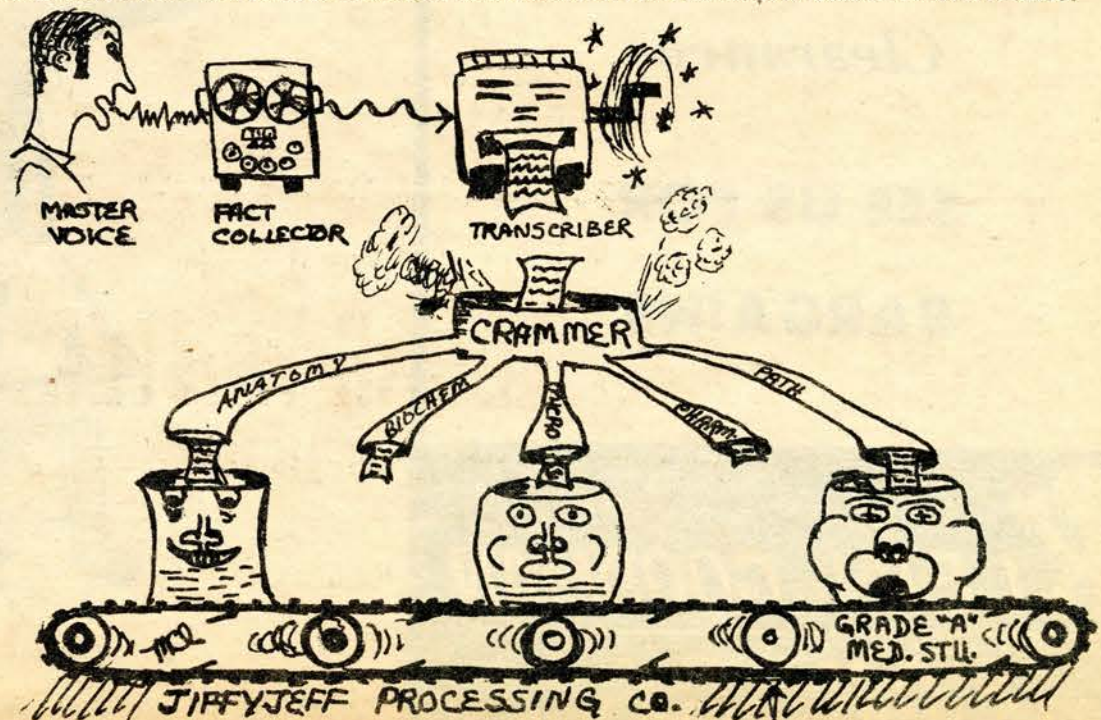
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Family Medicine

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interesting," as defined at the medical center.

There is no immediate resolution expected on this controversy, but since we all receive most of our education at medical centers, we should be wary of seeing only one side of the coin. Anyone interested in FM should go beyond the medical center in soliciting opinions.

In my own limited search for training programs in FM, I have found that the established, well-organized programs easily fill their positions, and can be quite selective about whom they choose. In the vicinity of Philadelphia the best known of these established programs are at Hunterdon Medical Center in Flemington, N.J., Lancaster General Hospital and York Hospital in Pa. There are a number of newer programs in Pennsylvania including Conemaugh Valley Memorial Hospital in Johnstown, Shadyside and St. Margeret Memorial Hospitals in Pittsburgh, and the program associated with Penn State University. In the east the other area of major concentration of FM residencies is New York state, with the University of Rochester's program at Highland Hospital being the most highly praised. The midwestern schools and California provide opportunities for larger numbers of students. For instance, the University of Minnesota has a program for 42 entering residents, while the average number of first year positions in FM available at Pennsylvania hospitals is about 3.

What does this mean to a medical student? One must first consider where and what type of FM he wishes to practice. Many of the residency programs are at community hospitals outside of large cities, where there is a solid base of family doctors. This is the major source of the impetus to educate doctors in FM. Large "medical cities" like Philadelphia, New York, or Boston are dominated by the medical centers and consequently offer no formal training in FM. If one does not want to practice in an urban area the non-urban community hospitals, such as those in Pennsylvania, offer excellent training in FM and also fertile ground for settling and beginning practice. One's choice of a particular place would depend on individual preference of locale

and program organization.

The middle-sized cities and even medical centers have begun to consider FM training desirable. As stated, there are two programs in Pittsburgh and Wilmington Medical Center has recently received accreditation for its Family Practice Residency. New York State hospitals in Rochester, Syracuse, and Buffalo all have programs with medical center affiliation. In Philadelphia, Presbyterian Hospital has a program in the planning stages. My knowledge about the quality of these residencies is limited, but I hope those who have more extensive information will begin disseminating it at Jefferson.

There are a number of pitfalls in dealing with the newer residencies. Beware of the offers of general practice training at small community hospitals. These may provide no special training in FM, and serve only to attract house staff for several years of rotating internship. One would be advised to avoid hospitals not accredited in FM. For the next few years one might be better off in traditional internship-residency programs rather than at hospitals which make only promises about FM. This is a legitimate concern because of the scarcity of positions in established residencies especially in urban areas where many physicians want to train. After 1978 one will probably be required to have formal residency training in an accredited program to be board eligible in FM. For the next few years, however, there will be alternatives for those not in FM residencies. Three years of postgraduate training with adequate exposure to the pertinent specialties (medicine, pediatrics) or 2 years of training and 2 years of actual general practice experience will allow one to apply for board certification.

Ideally in the next few years the proliferation of educational opportunities at all varieties of hospitals will make it easier for the potential family doctor to choose a program which best suits him or her. Since that time has not arrived I would hope that the Family Physician's Society or any interested individuals will use ARIEL as a forum for discussion and information about education in FM.

ARIEL MEETING

7:00 MON. FEB. 7

Dr. Watson's Pub.

American Dream

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have nothing more to look forward to than a brief stint in the Korean War and a life of boredom in the small town while Amarene's change is seen in the decline of the movie house. Whereas before people might have gone to the movies for a little socializing or just to escape boredom by looking at Elizabeth Taylor's pretty face, now it's "baseball in the summer and people watching TV all the time."

After Sam dies the spirit of Amarene goes too. Bogdanovich shows the death of the town by giving us a glimpse of the last picture show, *The Red River*. John Wayne, about to start the long cattle drive out of Texas, shouts, "Take 'em to Missouri, men!"

The Top Ten

Once again it's time to argue over what films to include in the top ten on the hit parade. I submit my list which takes into consideration those films that premiered in Philadelphia in 1971. *A Clockwork Orange* would probably have been on the list but it did not open in Philadelphia until after the new year. I have ranked them in approximate order of preference.

1. *McCabe and Mrs. Miller*--the best and most misunderstood movie of the year. Hopefully this

daring, creative attempt will eventually make enough in box office returns as it is revived, to encourage more of this type of work.

2. *The Last Picture Show*--what more can I say?

3. *The Wild Child*--a year late.

4. *Claire's Knee*--Rohmer's moral tale.

5. *The Conformist*--Bertolucci's piece on facism and conformity.

6. *WR-Mysteries of the Organism*--a funny, erotic, well-synthesized picture on the interactions of communism, facism, and sex.

7. *Straw Dogs*--violent to an extent that borders on immorality but at least it is honest in Peckinpah's cowboy morale.

8. *Banana*--Woody Allen's original comic style satirizes revolution in a banana republic.

9. *Kluge*--Jane Fonda.

10. *The Go-Between*--Julie Christie.

Rupp Wins

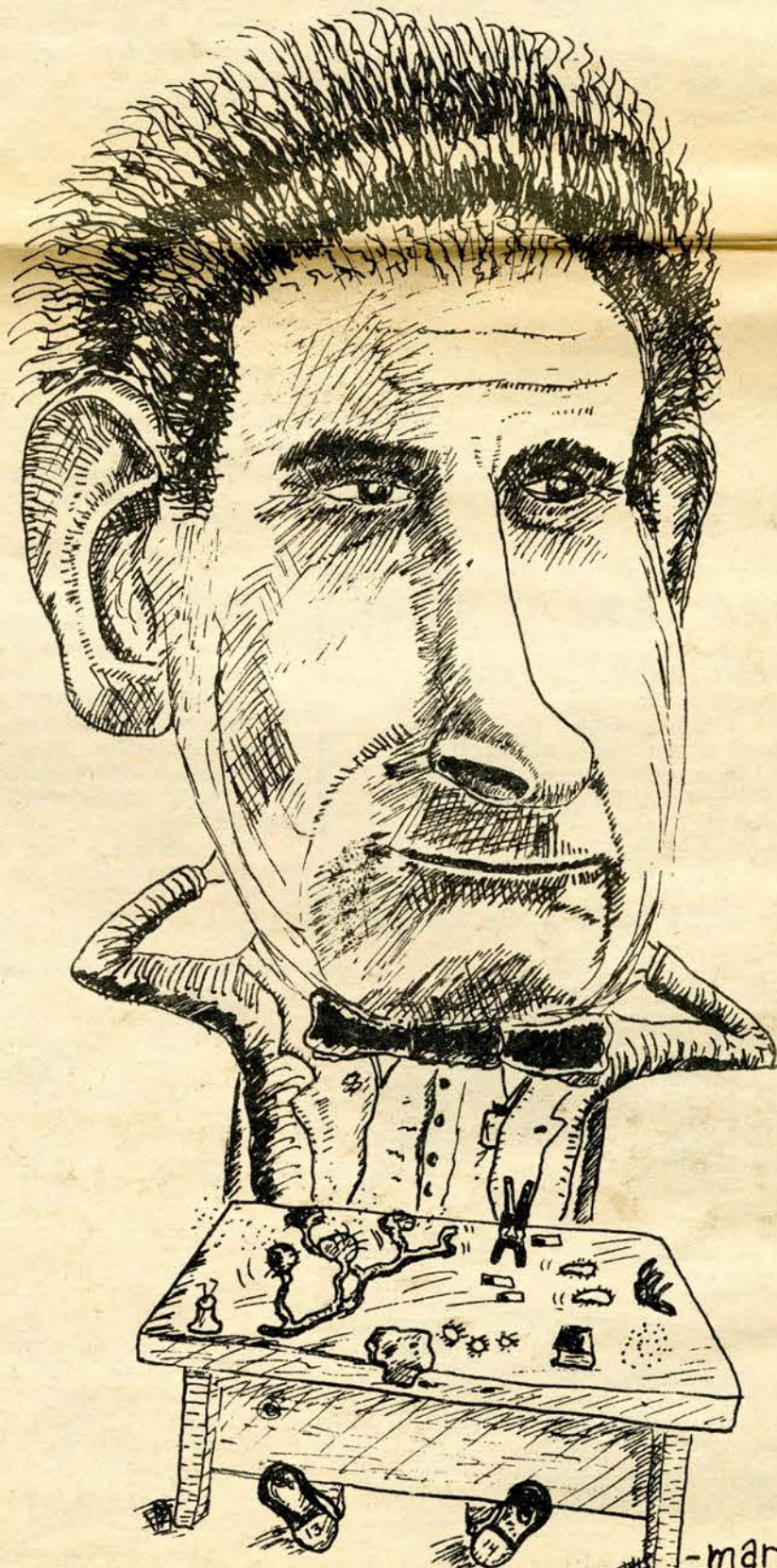
Spanish; while Dainer along with two timekeeper girls with police whistles went into apoplexy because ol' Irv gave up on the rules. Couple this scene with

Doctors Wise and Medoff in the first row incontinent and laughing into my Japanese tape recorder--and you have it.

No one knew in this contest of survival who was going to win the raft; especially when Dainer announced in the final minutes that Dr. Aponte was also in the running. Yes, it was probably buried in Irving's rules somewhere. At any event, following questions from the audience which as expected went from sensational to ridiculous, a voice vote was taken. Rupp and Aponte tied--as could be expected from the outset--and a one minute playoff was allowed. Rupp recited scripture which--not being the devil's bag--gave him the biggest clap from the crowd and brought him coveted victory. It was something to see! Joe Rupp posing for pictures with a large inflated raft. For a minute I didn't know who was who! All were good sports however, and even if only one guy got the raft--its how they played the game that mattered....Oy!

There was wit, humor, pathos, drama, and unadulterated guano coming from the entire hall. The debate rivaled only by the Calaveras County California Jumping Frog Jubilee of 1971 will live on in the hearts and minds of many.....until next week.

As a postscript: What in hell does one do with a huge life raft? Aponte probably wondered this, and Joe Rupp claims that he is using it in his bathtub this winter as a small planter and floating journal file.



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After Christmas

Clearance

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