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THOMAS JEFFERSON UNIVERSITY AND MEDICAL COLLEGE

ariel

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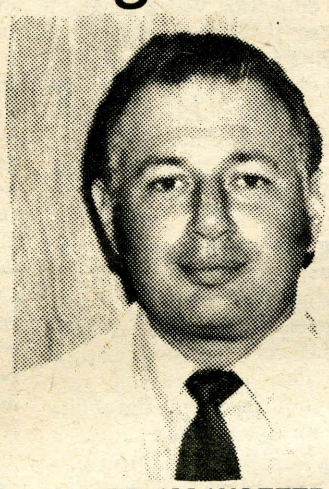
New Physiology Chairman Institutes Progressive Changes

by Jim Burke

"The biggest challenge is to get this department to be a nationally recognized, high quality department, both in teaching and research". Dr. Allan M. Lefer, the new chairman of Jefferson's physiology department, hopes to soon make this challenge a reality through innovation and rejuvenation. He believes that teaching and research go together. Good people should be good at both. With this philosophy, Dr. Lefer hopes to develop a physiology course of great interest to the medical students since this subject is a keystone to medicine. With a sound background in basic physiology, he feels, the abnormal is then better understood. If past accomplishments are any indication of future successes, our new physiology chairman should have no problem in meeting this challenge.



DR. ALLAN LEFER

Dr. Lefer graduated from Adelphi College in 1957 as a biology major. Continuing his education, he received his M.D. in biology-physiology from Western Reserve University in 1959 and his Ph.D. in physiology from the University of Illinois in 1962. After completion of these studies, Dr. Lefer returned to Western Reserve University as a post-doctoral fellow. In addition to teaching, Dr. Lefer began his cardiovascular research there sponsored by the United States Public Health Service.

In 1964, Dr. Lefer joined the faculty of the University of Virginia School of Medicine, his place of work until coming Jefferson this year. He left the University of Virginia Medical School as Chairman of the physiology department with over ten years of research and teaching in cardiovascular physiology. It was there that he performed the great majority of his now-famous work on shock. In 1967, Dr. Lefer received the University of Virginia President and Visitors Research Prize. The following year, he was awarded an Established Investigatorship by the American Heart Association for his outstanding cardiovascular research. In 1971-1972, Dr. Lefer spent his sabbatical with the biochemistry department of the Hadassah Medical School Hebrew University in Jerusalem, where he applied biochemical techniques with physiological research.

Dr. Lefer's work is well represented in scientific publications. He has 91 publications and 53 abstracts to his credit. He is the first editor of a new quarterly journal, Circulatory Shock. Presently, Dr. Lefer is writing a chapter on the treatment of shock for a book on cordiovascular pharmacology. He is a member of numberous prestigious groups including the American Physiological Society, American Society of Pharmacology and Experimental Therapeutics, Cardiac Muscle Society, International Study Group for Research in Cardiac Metabolism, and the American Heart Association Council on Basic Science.

At the University of Virginia Medical School, Dr. Lefer's research was on a new approach to the therapeutics of myocardial infarction and the pathophysiological mechanisms of shock. He hopes to continue this research at Jefferson with primary emphasis on four areas: to counteract toxic factors in shock, to decrease the size of a myocardial infarct in the heart, to prevent enzyme release of hydrolytic enzymes in the splanchnic region from damaging the circulation, and to study the cardiovascular effects of steriod hormone.

With all these accomplishments at only 38, Dr. Lefer now hopes to bring about many positive changes at Jefferson. One area in which he feels change is needed is the physiology curriculum. Dr. Lefer wants the emphasis on the clinical aspects of physiology. The medical students will receive a sound, fundamental background in physiology but these principles will be related to the clinical situation. A second change will be the emphasis on cardiovascular physiology. Three new cardiovascular physiologists have been added to the staff: Dr. Allan M. Lefer, Dr. James A. Spath, and Dr. Michael J. Povetto.

Another strength of the new curriculum will be the biophysical mechanisms of cellular physiology. Dr. Lefer hopes to expand this growing area by adding more people. Dr. Marion J. Siegman is presently the only one in this area. Dr. Lefer will be teaching cardiovascular research to medical students, an advanced research cardiovascular course to graduate students and possibly a scientific writing course available to medical and graduate students.

Besides curriculum changes, Dr. Lefer plans to establish more research in the physiology department. Already Dr. Lefer has increased this number of grants from 2 or 3 last June to 8 to 9 grants at the present time. With more grants additional research groups and laboratories can be established. Some of these projects will hopefully be collaborative research with some clinicians such as cardiologists and cardiothoracic surgeons. With the expansion, and electronics shop and six research technicians already have been added.

Dr. Lefer hopes to completely update and modernize the graduate program by revising the Ph. D. curriculum and attracting top-flight graduate students. The department has recently added two post-doctoral fellows, people who have their Ph.D. and desire additional training in research and teaching before they take up a full-time faculty position.

For Dr. Lefer, the basic aim here is to revitalize the programs, and activities of the physiology department. A successful, progressive department is the goal. One such aid toward this goal has been the establishment of a weekly series of research seminars open to faculty, medical students, and graduate students. These sessions are held on Tuesday afternoons at 4:00 P.M. and present expert speakers, both from Jefferson as well as from other universities and medical schools. These seminars are a forum to exchange ideas, learn about other work, and provoke interest and research in these areas. Another aid in revitalizing the department is the new special physiology research library which contains key journals and recent books of the field.

With the great deal of work facing Dr. Lefer in addition to all his previous responsibilities, one might wonder why he chose to

(Continued on page 7)

Dr. Thomas to Speak at Rehfuss Lecture

Philadelphia--Dr. Lewis Thomas, President of the Memorial Sloan-Kettering Cancer Center, New York, and nationally prominent physician and writer will lecture on the prospects of biomedical science Thursday, November 14, at Thomas Jefferson University's Jefferson Medical College.

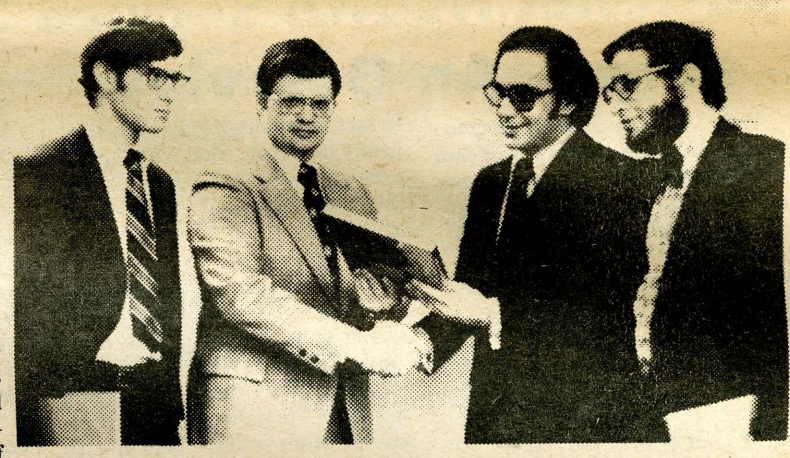
The event is the 11th annual Martin E. Rehfuss Lecture of Internal Medical at 4 P.M. in McClellan Hall, 1025 Walnut Street.

Dr. Thomas, in addition to his capacity as President and Chief Executive Officer of Sloan-Kettering, is also Professor of Pathology and Medicine at Cornell University Medical College and a member of New York City's Health Research Council.

In a medical career that spans five decades, Dr. Thomas has held many distinguished appointments, including Dean of the Yale University and New York University Schools of Medicine. He recently published a book in his articles in New England Journal of Medicine, entitled "Notes of a Biology Watcher."

Jefferson's Rehfuss lectureship was established to honor the late Martin E. Rehfuss, M.D., Professor Emeritus of Clinical Medicine at Jefferson Medical College and in internationally known pioneer in the field of gastroenterology.

Jeff Students Receive CIBA Community Service Award



Phil Nimoityn, Larry Glazerman, and Halley Faust receive CIBA Award from William Hirschhorn, CIBA MEDICAL CENTER Representative.

Philadelphia--Philip Nimoityn, Halley S. Faust, and Larry R. Glazerman, all third-year medical students at Thomas Jefferson University's Jefferson Medical College, Philadelphia, have received the 1973-74 CIBA Award for Outstanding Community Service.

The three students were cited for their continuing involvement in the Tay-Sachs Disease Prevention Program, which was initiated at Jefferson two years ago by Dr. Laird G. Jackson, Director of the Division of Medical Genetics at Thomas Jefferson University Hospital. Tay-Sachs is an inherited disease which strikes children, usually of the Jewish faith. According to Dr. Jackson, the disorder is 100 times more frequent in Jewish infants than in other children. One of every 30 Jews of Eastern European ancestry is a carrier of the Tay-Sachs gene, and a marriage of two carriers results in a one in four chance that each offspring may contract the disease. A child who suffers from Tay-Sachs, Dr. Jackson relates, at first suffers the loss of motor skills with blindness and death following close behind.

The student trio has worked actively in the program, organizing community screenings, collecting blook samples and publicizing the prevention program.

In June, 1974, the students were honored at the annual American Medical Association convention for a Tay-Sachs scientific exhibit which they prepared, under the guidance of Dr. Jackson. The display received a Certificate of Merit in the section on Internal Medicine. Invited also to the Indiana State Medical Association convention, the three captured a 2d prize for scientific exhibits with their Tay-Sachs display.

The trio now receives a set of Frank Netter's atlas from CIBA, as a token for their commendable community service. CIBA, a national pharmaceutical company, presents the Community Service Award to a student or students who have performed some laudable extra-curricular activity within the community," according to Robert P. Luciano, CIBA's vice president for marketing. One commendation is presented annually in every medical and osteopathic school in the United States.

Dr. Atkinson to Direct Pulmonary Division

Philadelphia–Dr. G. William Atkinson has been named Director of the Division of Pulmonary Diseases, Department of Medicine, at Thomas Jefferson University's Jefferson Medical, according to Dr. Robert I. Wise, Department Chairman.

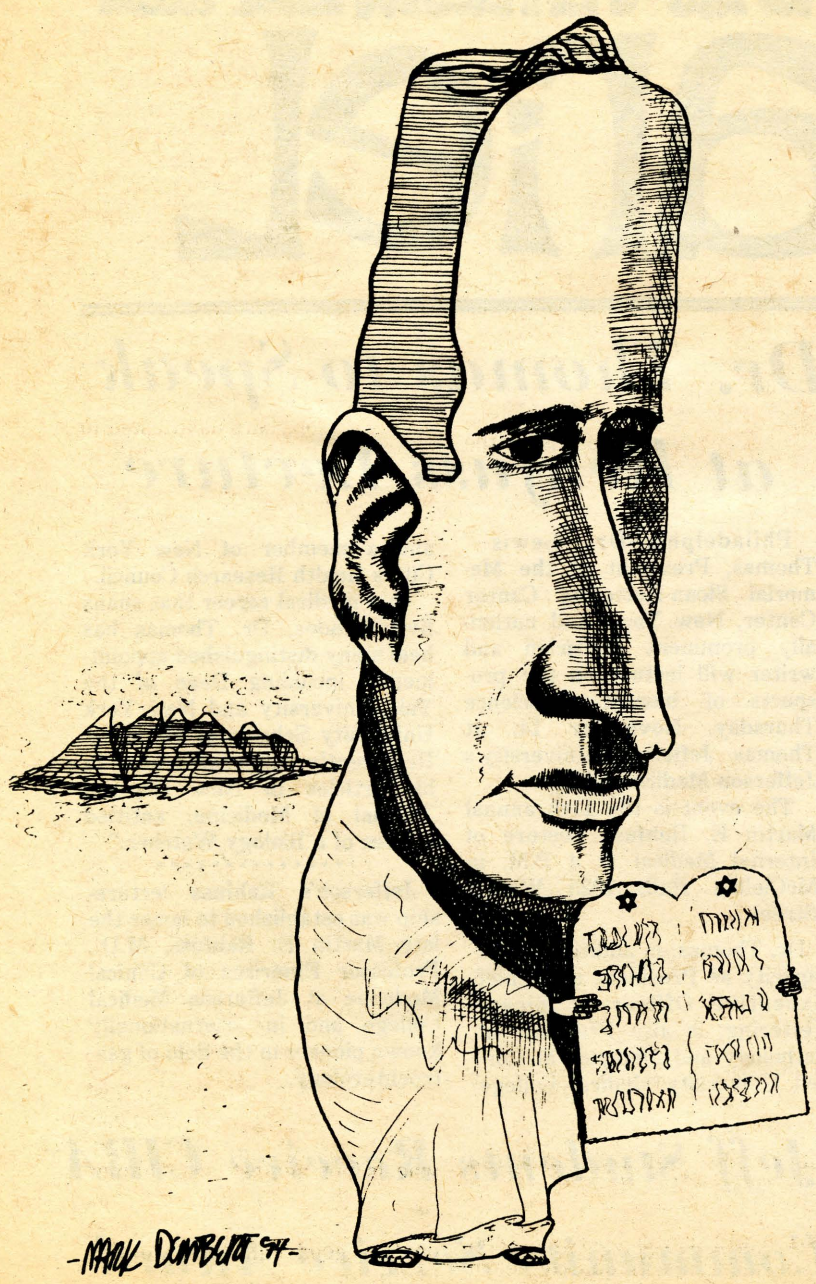
Dr. Atlkinson succeeds Dr. Richard Cathcart, who is retiring after 21 years of distinguished service at Jefferson.

Dr. Atkinson, son of Mr. and Mrs. M.G. Atkinson, 2780 Millsboro Road, Mansfield, Ohio, received his medical degree from Ohio State University in 1964.

After completing his internship and residency at Jefferson and winning a Pulmonary Disease Fellowship in 1968, Dr. Atkinson served for two years as a Major in the Air Force Medical Corps. in the Republic of Vietnam.

After discharge, he returned to Jefferson and became an instructor in the Department of Medicine. In 1970 he was appointed Director of the Pulmonary Laboratory and in 1972, Dr. Atkinson won a Pulmonary Academic Award from the National Institutes of Health.

Dr. Brent's Wisdom



"Letters to the Editor"

National Health Service Corps - An Overview

The National Health Service Corps is a Federal program created specifically to address one aspect of the health manpower shortage problem. Although we are not the complete solution to the overall problems o of the nation's health manpower shortage; we do address the problems of critical need.

Established by the Emergency Health Personnel Act which was signed December 31, 1970, the National Health Service Corps has as its basic goals the identification of the most critical areas of need, placement of professionals therein, and providing assistance in the development of self supporting health care systems.

In the beginning, the President called for the mobilization of dedicated and public spirited young professionals like yourselves to meet the health care needs of those who live in areas plagued by critical health manpower shortages. The Corps represents a new direction in the Federal effort to improve health care. For the first time, Public Health Service physicians, dentists, nurses and other health professionals are mandated to provide health care on a major scale to the millions of Americans who live in areas where health resources are inadequate. The legislation authorizes the Corps to provide emergency health personnel to those areas which just can't get or retain health professionals on their own.

The National Health Service Corps stands in a partnership between the Federal government, private health care sector, and the local community itself. The Corps encourages the widest possible representation of various elements of the community in developing a health program, In fact, enabling legislation specifically requires that the appropriate State and local professional societies and local government must certify that a need for health personnel exists before we make personnel placements. In addition, a number of other people help to plan and develop the program: State and areawide comprehensive health planning agencies, Regional Medical Programs, other independent health practitioners and, of course, consumers of health csare themselves. A spin-off effect of the Corps has been improved communication between responsible sectors of the health care system.

Corps physicians, although they are salaried members of the Public health Service, must charge fees for their services, although reduced payments are allowed in cases where appropriate. These funds are returned to the U.S. Treasury but the model of care is therefore one of the local private family practitioner. The purpose of this provision is simple. It emphasizes the fact that Crops personnel must operate as full and coequal members of the local health care community. Corps physicians are not assigned to practice free medicine -- except, of course, like all doctors who also serve those who cannot pay. The fees charged by Corps physicians are comparable to those of other doctors in the community. The fee provision is to insure that the Corps program becomes a natural and organic part of community life. A main objective of the program is to encourage health professionals to remain in the areas to which they are assigned after they complete their CORPS service. This objective can only be achieved if a financial mechanism is in place and a viable health system is established.

As of today, the Corps has placed 340 health personnel in 183 communities serving in 45 states. The personnel includes 239 physicians, 39 dentists, 43 nurses and 19 other allied health professionals.

Although we cannot predict the Corps will be completely successf.. in achieving its goal of having Corps members remain in the community after their tour of duty is over, we have presently identified 10 communities which have become independent by virtue of National Health Service Corps assignments. As you are well aware, the questions relating to the lack of health manpower in rural and inner-city areas are complex ones. As yet, there are no clear-cut answers but we expect additional communities to follow as our program is strengthened over the next several years.

We in the Corps recognize the enormity of the problem, but we believe that the National Health Service Corps program, though small in resources, (our total budget this year was only slightly more than 13 million dollars) is an important step toward finding approaches to the problem that hopefully will work. Our task is to assure that, if the Corps assignees decide to leave their communities after completion of their tour of service, the community will be in a far better position to attract health professionals on its own than when the assignee arrived.

I think it is obvious to all of us that the magnitude of the problems facing our health care system cannot be solved by any one program, or indeed by any one level of government. Finding solutions to the overall problems of health manpower shortages and maldistribution of health professionals requires the combined efforts of all levels of government -- Federal, state, and local -- and, the medical and dental professions, but until those solutions are found, expect to find the National Health Service Corps in there pitching.

Martin P. Wasserman, M.D.
Acting Associate Bureau Director
National Health Service Corps

The Medical School Experience

By Bob Levin

If the angelic-looking people with the demonic intentions are making you nervous while your wash is drying at the 10th Street laundromat, you can amble over to the Athens Restaurant for a salami and egg sandwich (90c) to help calm your nerves. And if you go around 11:30 pm and your luck is good, you'll catch a glimpse of the night dishwasher man as he brings out the stilldamp saucers and plates from the dishroom. He's a very amiable looking fellow, and besides the fact that he is capable of keeping the ashes hanging dramatically on his cigarette longer than anyone I've seen, he looks extremely happy in what he's doing. He smiles while he works. You can compare his smile with the local stoop-sitting residents of Spruce Street as they ask you various favors on the street, or, you can hide in the pachysandra forest surrounding Alumnae Hall and observe the visages of the inhabitants of 10th and Locust as they leave the building. If your luck is still good, you can catch them on the day of an exam, the wealthier ones heading for Doc. Watson's, while those who like to mix Greek music with pictures of the mayor over the bar, head for their post-exam ethanol therapy at the Locust Bar. You'll see some smiles and some looks of malcontent, but the best day to do some observing is the day **before** an exam, maybe around 2:00AM on the ground floor of the library where the caffeine-people can be seen frantically getting the last facts down, some with books upside-down and pulse rates of 130, others looking over exams from 1927. Count the smiles you've seen, divide by 4.6, and then recall the relaxed smile of the man who washes dishes in the Athens Restaurant.

The medical school experience, your smile survey will show, is not a smile-provoking experience. At its best, it can be interesting and satisfying; at its worst it can be an upleasureable experience of tension and anxiety. The curriculum changes taking place in medical schools haven't mitigated the basic problems of medical school because they were not devised to do so. The factors contributing to the med school experience are many: the amount of material to be learned is tremendous; the time in which to learn it is short; the large classes demand a computerized approach to examinations; and the diverse backgrounds of students leave some more able than others.

The aim of a medical school education is to teach a student a body of facts, to develop in him a method of thinking, and to familiarize him with certain skills and techniques. It is not these processes which are difficult, though they are demanding, but it is the atmosphere of a medical school rather than the substance of the education which makes it rigorous. It is the pressure of preparing for an exam in a short period of time; it is the pressure of peer competition while one learns the facts and skills-no one learns in a vacuum, and comparison with peers is inevitable; and it is the pressure of merely passing the courses so one may continue, for no one's future is guaranteed beforehand. The constant pace of lectures, labs and examinations can turn medical school into a marathon race where endurance and durability are beneficial qualities.

The pressures of the first two years are quite unlike the pressures faced by doctors, for no one is making any decisions pertinent to the health of anyone other than possibly himself. There is no life hanging in the balance, for the computer in West Phila. doen't suffer if you mis-mark your test sheet. The pressures of dealing with people and making decisions concerning their problems are not faced by medical students in the first two years, and the argument that the intensity of the life faced by students early in their training is to prepare them for similar pressures later in their carrer is a poor one, though often hear. Adjusting to and doing well in the pressure of the first two years does not prepare anyone for the strain to be found later in his or her career. The excuse that, "We are examined every day of our lives," is a true but useless argument.

The atmosphere of the preclinical years should not be accepted as either a necessary training period used to prepare students for the harsh life of a doctor, or as an unavoidable manifestation of an education overburdened and undertimed. Over the years a strong myth has developed that seems to require the preclinical years to achieve a state of unpleasantness beyond being merely difficult. No entering student expects his education to be easy, and, most are even prepared for periods of hard work devoid of enjoyment. But the myth of the first two years asserts that each student should be overworked and tense and anxious if he is to enter the medical fraternity, even if such negative and undesirable feelings serve no purpose other than to continue the initiation; if it weren't tedious and overdemanding then it wouldn't be medical school. The myth also serves a function in the span of a medical education by subtly instilling the notion in students that the sacrifices made early in one's training must make the final goal worthwhile, for if one pays his dues early he will receive his rewards later; in this way, the unenjoyable times can be made to seem bearable and necessary by becoming the antecedent to something good.

Few question the undesirable facets of medical school because everyone assumes they are historically necessary and unavoidable; to alter the atmosphere of a medical school-mind you, not the substance of it-would be to alter medical school itself. To have a lecture room full of calm, anxiety-less students interested more in learning than in the upcoming exam would tend to have the lecturer believe he had walked in upon a class of undergraduate philosophy rather than physiology. The myth of hard-times and paying one's dues during the first two years will go on, and so will the pressures and frenzy and all that it is that makes medical students stereotyped individuals marked by our society as struggling, hard working individuals, individuals in actuality removed from society as is a monk, an explorer, or a missionary. Perhaps it is the image of the beleaguered medical student which elicits the respect of the physician in our society, a society always eager to praise and reward hard work and sacrifice, even in academics.

THOMAS JEFFERSON UNIVERSITY ariel

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So, What Do YOU Know?

By Halley S. Faust

What is more double-edged than the Wilkinson sword? Who receives more respect than the Queen of England? Who can leap tall buildings in a single bound? M.D., that's what/ who, the degree with more power and false knowledge than probably any other degree man can obtain.

By "false knowledge" I do not mean the simple cliche that our current knowledge will be false in five to fifty years (although our pretending that we do indeed "know" what we are doing is a fallacy in itself). My design lies in showing that our false knowledge arises from the perpetuity of the myth that once we can make decisions about physically healing the sick, we can also heal them emotionally, morally, educationally, anthropologically, economically, and just about any other way we see fit.

Robert M. Veatch, Associate for Medical Ethics at the Institute of Society, Ethics, and the Life Sciences, has called this problem a "generalization of expertise." In essence, we generalize expertise by assumption; that is, we extend a person's scientific or factual knowledge expertise into policy making decisions about that knowledge: the physician who decides moral policy on the basis of his knowing the alternatives to moral problems, not the ethical basis of decision making; the physician who decides how his students should be taught on the basis of his knowing what scientific expertise they should acquire, not the educational techniques best utilized for his students to so acquire that knowledge; the physician who decides on health care policy for preventive medicine by knowing about TB, hypertension, diabetes mellitus, Tay-Sachs, sickle cell, PKU, pap smear screenings, as opposed to the sociological/demographic/anthropologic necessities of a population.

This is not to say that there are not some few individuals who have the background to generalize their expertise, for example Dr. Maria Montessori's skill in early childhood education. But the same way we ponder and look askance at Linus Pauling and vitamin C, William Shockley and IQ significance, Ronald Reagan and the governing of California, we must sincerely question the authority with which most of the policy decision-making occurs more often than not by poorly informed physicians: Those individuals who have overstepped their bounds.

The responsibility for this generalization of expertise resides equally in the non-physician and physician. Because of the original mystique of medical powers people came to respect the M.D. beyond its true capabilities (the socalled Aesculapian authority developed), hence to a large extent the continued awe and respect for any words out of the mouths of physicians. Resulting was and is the physician's taking advantage of this mood to advance his opinions on other - in a sense, an abuse of power.

So by the non-physician failing to adequately assess the physician's true worth, and the physician knowingly or unknowingly failing to be responsible to this respect afforded him and failing to attempt to correct the public as to the realistic limitations of the physician, we have created a false impression of expertise.

Consider, for example, education. How many times has a physician arisen at a school board meeting, or university educational meeting, and prescribed a solution to a problem that is totally out of his bounds? Yet because he is introduced as "Dr..." his thoughts are absored by the layman as his medicine would be. His crucial title provides him with viewpoint respect as much without his expertise as within.

The alternative is to educate those in medicine in the other fields as well-to create the specialists now lacking in medical ethics, medical education, medical economics, health care planning, etc. Why not have residencies in these areas (and senior tracks as well)? These should not be one year fellowship or preceptorship twelve week courses, but fulltime active specialty residencies. I have been told by several medical educators that first one should become a specialist in some traditional medical area so that he gains the respect of his colleagues, then delve into medical education with that security behind him. Is not this as backward as being advised to orbit the earth three times so that one can be an effective senator from Ohio?

Generalization is also one of the reasons that the medical establishment is losing respect among the better and lesser educated. The so-called lay establishment is finally coming to realize that they are being deceived by this generalization of expertise.

Perhaps it is time for the physician to assess his true worth, espouse his true expertise, and realize when he is speaking to a layman, and when he is speaking as a layman.

The Health of Students

ROBERT BRENT, M.D.
Dept. of Pediatric

Anyone who has gone to college, or who is old enough to have children in college, can tell you horrendous stories about the mismanagement of the clinical complaints of individual students and the lack of empathy and interest on the part of the professional staff dealing with student health problems. On many occasions, I have called distant universities where children of acquaintances were ill and things were not going well. All too frequently, the student was receiving poor medical care. There are several reasons for the poor status of many student health programs. First of all, many of the student health physicians who are full-time in that position have "retired" from some other phase of medicine. Many of them act as if they have truly retired. Part-time physicians frequently short-change the student health programs because of the demands of their other professional activities. A more important problem is that the population from age 18-25 is a very healthy group and the diagnostic acumen of professionals seeing many "healthy" patients tends to be dulled into complacency. The largest medical problem of such a group will involve minor to serious emotional problems which are notoriously ignored by the typical student health professional. Student health services quickly become supervised by the long-term professional nurse who routinizes the health service operation, and the students will quickly learn that no matter what their complaint, they will have their temperature taken and receive aspirin, and they might as well keep their emotional problems to themselves. This is unfortunate because well over 70% of the problems of this age group have an important emotional aspect and any student health service should be planned and staffed to meet this need.

Now, what does this all have to do with Jefferson? During the 1973-74 academic year, Dr. J. Woodrow Savacool was appointed Director of Student and Employee Health and he selected Dr. Irving J. Olshin to supervise the medical student health program. For those of you who do not know them, I might point out that these gentlemen are two excellent physicians and as one advertisement states, "You are in good hands...." Dr. Olshin has been interested in student problems for years as attested to by the presence of several students outside his office each afternoon ever since he came to Jefferson. I have discussed the student health program with Dr. Olshin on many occasions, and he has some very interesting and innovative ideas. It may be worth your (student's) while to invite Dr. Savacool and Dr. Olshin to an open meeting to discuss their ideas about student health and permit a question and answer period.

Before closing, I would like to relate one anecdote that came up in a student conference. I asked a student where he had been the week before. He said that he was ill and had gone to student health. He also said that he had never had a physical examination done so thoroughly. In discussing this anecdote with Dr. Olshin, I chided him that maybe the best place to teach physical diagnosis was in student health. Dr. Olshin, who is not against good humor did not think my comment was very funny. He feels that a great deal of good can come to this institution by running a good student health program.

I just wanted to tell the students that as a starter, they are most fortunate, for the quality of the appointed physicians is outstanding. We have the potential for having the finest student health service anywhere. But these physicians will need your continued interest, your confidence and support.

Letters to the Editors

On Blue Cross

I am writing this letter in reference to the new 1974-75 Comprehensive Free/Blue Cross-Blue Shield policy which makes the $3,000 fee include both tuition and single students' Blue Cross - Blue Shield coverage. I am currently a married student whose wife is employed by thomas Jefferson University. As part of her benefits, she receives complete Blue Cross - Blue Shield coverage for both of us, at no cost. What is unclear to me is why married students, already covered under spouses' policies, need pay the approximately $90 single students' rate as part of the Comprehensive Fee.

I realize that my predicament is not a common one (however it is most certainly not rare). I also realize that the decision to set up the Fee in this way was made by the Administration with help from the Student Council, the official "voice" of all students. I further realize that this benefit is most desirable for those who are in a position to enjoy it. But the fact remains that I must pay for a policy I cannot possibly use, or face the prospect of not graduating in June due to non-payment. I have no intention of taking the latter alternative, but for the benefit of those who follow (and some small piece of mind) I am making my feelings known to you.

I have been **officially** told that the present tuition is too low for the spiraling costs of medical education, and perhaps this is true. I have been told that this policy was planned for the majority of medical students, as clearly it was. I have also been told that long hours of deliberation went into the implementation of this plan, and I am sure that this was the case. I have finally been told that no previsions were made for any contingencies under any circumstances. This is indeed a regrettable oversight on the part of the Administration.

What will become of the approximately $90 which will be paid in my Fee, but which will not go towards a Blue Cross - Blue Sheild policy? I could always sign up for the single student policy, but this is clearly pointless and deceitful. What I have been told is that it will go "into the pot" - into the general Jefferson fund of capital. But why should some give to this "pot" and some (a majority) not? I do not think it unreasonable for me to consider his unfair.

The only alternative logically open to me is to consider the approximately $90 which I am paying into the "pot" my **contribution** to the Jefferson Fund. Taking into account the income of my household at this time, I consider this donation quite generous. Jefferson should be proud of its altruistic, if unwilling, married and covered students.

My only hope in writing this letter is that others will realize the inequity of this plan, and that provisions will be made for it in the future, by the administration.

Sincerely yours,
Gordon L. Brodie, '75

Constitution of University Forum

Since last Spring's ARIEL article on the University Forum, plans to realize the university-wide student government organization have progressed. Elections of the first representatives to the Forum are currently being held.

As a special service to the university community, the ARIEL has agreed to print in its entirety the Constitution of the University Forum.

The constitution was written by Robert Sataloff, Medical School class of 1975. It has been approved in its present form. The 1st meeting of the Forum will be held on Nov. 6.

PROPOSED CONSTITUTION
OF THE
UNIVERSITY FORUM
OF
THE THOMAS JEFFERSON UNIVERSITY

Respectfully submitted to the student by:
Robert Thayer Sataloff
Class of 1975
Jefferson Medical College
Thomas Jefferson University

ARTICLE I -- DESIGNATION

This organization shall be known as the University Forum of the Thomas Jefferson University.

ARTICLE II -- PURPOSES

Section 1

This University Forum is a school based representative body acting on behalf of the student body of the Thomas Jefferson University. Activities of its concern will include the organization and supervision of activities of the student body of the university that involve parficipation by students of more than one school of the university.

Section 2

The University Forum will act to promote and coordinate cooperation between the students of the various schools of the university and to strengthen their identity as members of a total university community. The University Forum, shall not supercede student councils of the individual schools. Rather, it will act through support of each of the schools and its student council, and through organized communication between the various schools.

Section 3

The University Forum will act as the responsible liaison body between the students and the administration and will act to promote stronger student-administration relationships.

Section 4

The University Forum will act as the responsible liaison body between the students and the faculty in matters that concern students of more than one school of the university.

Section 5

The University Forum will serve to make recommendations on any subject for transmission to the administration, faculty, student, or any subgroups thereof.

ARTICLE III -- MEMBERSHIP

Section 1

The University Forum shall be composed of students in good standing of the Thomas Jefferson University. Specifically, these members shall be:

A. Voting members

1. The officers of the University Forum, as specified in Article VI of this constitution.

2. Representatives from the schools of the university as designated herein. In this constitution, the term **school** shall mean any school within any college of the university or any college of the university that is not subdivided into schools. **Student Council** shall mean the duly elected governing body of any school.

3. For schools with fifty of more students in the student body, the following shall apply:

a. Each school shall have at least one representative to the University Forum.

b. The president of the student council shall represent up to the first seventy-five students.* In the event that a school does not have a student council, it is strongly encouraged to organize and elect one. Failing this, it may elect one representative at large by majority vote of the total student body of the school to serve in place of a student council president.

*except as specified in Article VI, Section

c. One representative shall be elected by vote of the student body of the school for every seventy-five student beyond the initial seventy-five.

4. For schools with less than fifty students, the following shall apply:

a. No schools with less than fifty shall be represented individually to the University Forum.

b. All the schools with less than fifty members shall be considered collectively as a school and shall be entitled to hold a joint election of their student bodies and to elect not less than one representative, and one additional representative for each seventy-five students beyond their first seventy-five.

B. Non-voting members

1. The chairperson or a representative of each University Forum committee and each university committee on which students sit.

2. The president of each campus organization, or its representative.

3. The Dean of each of the colleges of the University, or his or her representative.

4. The President of the University, or his representative.

5. Persons appointed to other University Forum positions.

6. The Parliamentarian.

Section 2

Rights and Privileges of University Forum Members

A. All members, voting and non-voting, shall have the right to initiate resolutions, make reports, debate, and propose action on all issues.

B. Voting members shall have one vote each on all resolutions. The only exception to this rule is the qualification that the president of the University Forum shall vote only to break a tie or to elect new officers of the University Forum.

Section 3

Qualifications of University Forum Members

A. Candidates for positions on the University Forum must be students in good standing in their respective schools.

B. Candidates for positions on the University Forum must be familiar with this constitution and be willing to abide by its mandates and standards.

C. Candidates who are elected to and accept positions on the University Forum shall have understood, acknowledged and accepted the responsibilities of a representative as set down in the constitution and by-laws of the University Forum, with particular notice to Article III Section 3 and Section 4.

Section 4

Responsibilities of University Forum Members

A. Each representative shall represent to the best of his or her ability the section of the study body from which he or she is elected.

B. Each member shall attend personally a majority of all regular meetings called, and shall be allowed only two unexcused absences from scheduled University Forum meetings. Matters of attendance shall be the direct concern of the executive council.

C. A member may exercise the privilege of proxy a maximum of three times in one term of office. The proxy must present written acknowledgement of designation as proxy from the member in question to the presiding officer in advance of the meeting. The acceptance of a proxy by the presiding officer in no way connotes an excused absence.

D. Within one week prior to all regular University Forum meetings, the representatives shall solicit the advice, opinions, and suggestions of their constituents.

E. Representatives shall report promptly to their constituency the results of all regular meetings.

F. Members of the University Forum who fail to fulfill their responsibilities to their constituents and to the University Forum are subject to impeachment by a vote of three-fourths of the members present at a regular meeting and three-fourths of the members present at the following regular meeting. Members may also be recalled by a single three-fourths majority vote of no less than two-third of their constituents.

ARTICLE IV --
ELECTION TO MEMBERSHIP
SECTION 1

The Elections Committee shall be responsible for elections of representatives. It shalll assist the student councils of the schools in organizing and executing, as well as evaluating, elections of representatives, within the time limits specified in this constitution. In the event that any school shall fail to elect representatives within one month of the designated period, the Elections Committee shall organize and conduct an election within that school. All organizations other than schools shall hold their own elections under their own rules, before the first meeting following the election of a new University Forum President.

Section 2

Under ordinary circumstances, election of representatives to the University Forum shall be held in each school within one month following the election of that school's new student council president. Each representative shall serve for a period of twelve months.

Section 3

Any matters of alleged election irregularities shall be evaluated by the executive council. The decision of the executive council on the disposition of the matter shall be final unless reversed by a two-third majority of the University Forum, as in Article VI, Section 8, subsection E2.

Section 4

All elected representatives of the University Forum shall assume their seats at the first meeting following their election.

Section 5

In the event of resignation, death, disability or impeachment or recall of any member of the University Forum, his or her successor shall be either:

A. A previously elected alternate, as specified in the by-laws of the University Forum, or:

B. Shall be chosen by special election of the appropriate school or organization, according to the rules of this constitution as they would apply in a regular election.

ARTICLE V -- MEETINGS

Section 1

Regular meetings shall be held at least once a month during the academic year.

Section 2

Special meetings may be called by the president of the University Forum subject to two days advance notice.

Section 3

Two-thirds of the voting membership shall constitute a quorum.

ARTICLE VI

Section 1

The officers of the University Forum shall include a president, a vice-president, a treasurer and a secretary. These officers shall constitute the Executive Council.

Section 2

Candidates for office shall be students in good standing who are not scheduled to graduate before the conclusion of the term of office for which they are running. Officers shall be elected by majority vote of the University Forum, as in Section 5.

Section 3

Nominations for each office will be opened at the November meeting and reopened before election for each office at the December meeting.

Section 4

No candidate shall be both an officer and a representative. If a member of the University Forum accepts election to an office, he or she shall resign as representative and shall be replaced according to the provisions of this constitution.

If a Student Council President is elected president of the University Forum, the vice-president of that student council shall assume his or her seat on the University Forum.

Section 5

A majority of all ballots cast will be required to elect a candidate. If no candidate receives a majority on the first ballot, than all except the top two candidates shall be disqualified forthwith. A second ballot shall be called for immediately.

Section 6

The order of elections shall be the president first, the vice-president second, the treasurer third, and the secretary fourth.

Section 7

The officers elected shall take office upon the conclusion of the meeting in which they were elected.

Section 8
Duties of the Officers

A. The duties of the president shall be:

1. To call meetings.

2. To preside at meetings of the University Forum and the executive council.

3. To enforce this constitution and by-laws.

4. To appoint committees unless directed otherwise by the University Forum, and to be an **ex-officio** member of all committees.

5. To carry on such other duties as may be required by this constitution, the University Forum, or by right of office as generally understood.

B. The duties of the vice-president shall be:

1. To act for the president in his absence.

2. To supervise the work of all temporary committees.

3. In the event of the resignation, death, or other disability of the president, to assume the office of president.

4. To be responsible for assuring and supervising the dissemination of information about the University Forum to incoming first-year classes in all schools.

C. The duties of the treasurer shall be:

1. To maintain an exact account of all monies entrusted to his or her care, and to render financial reports, as requested.

2. To receive funds as directed by the University Forum.

3. To disperse funds only when such dispersal has been authorized by the University Forum or the president of the University Forum acting as its agent.

4. To carry out such other duties as may be directed by the University Forum or as are commonly assigned to this office.

D. The duties of the secretary shall be:

1. To keep a complete record of all University Forum proceedings.

2. To notify in writing all members of the University Forum the time and place of all meetings. Ordinarily, this should be done at least one week in advance of the meeting.

3. To post a tentative agenda of each regularly scheduled meeting at least one week prior to that meeting.

4. Within two weeks after a meeting, to post a copy of the minutes of that meeting.

5. To carry out such other duties as are assigned by the University Forum or as are commonly assigned to this office.

E. The duties of the Executive Council shall be:

1. To carry on the business of the University Forum between meetings.

2. To interpret the Constitution and all other legislation. The decisions of the executive council may be reversed by a two-thirds vote of those members present at any scheduled meeting.

3. To perform all other duties assigned by the constitution.

4. To report its actions to the next meeting of the University Forum.

ARTICLE VII -- COMMITTEES

Section 1

There shall be two types of committees to be designated under the headings "standing" and "special." Representatives may serve on more than one committee, but may chair only one standing committee at any one time.

Section 2

Committees shall be appointed by the president at his or her discretion. The University Forum may appoint committees by a majority vote. The president shall be an **ad hoc** member of all committees.

Section 3

All committee chairpersons shall submit monthly written reports to the University Forum on their progress and activities. These reports shall be submitted in advance of or at each monthly meeting of the University Forum.

Section 4

Upon completion of their duties, or at the discretion of the executive council, committees shall be dissolved unless the committee is charged to do further work.

ARTICLE VIII --
PARLIMENTARY PROCEDURE

Section 1

The rules contained in the current edition of Robert's **Rules of Order**, newly revised, shall govern the University Forum in all cases in which they are applicable and in which they are not inconsistent with this constitution or any special rules of order the University Forum may adopt.

Section 2

The University Forum shall have a parlimentarian whose duty will be to know thoroughly the rules of order, and to assist the University Forum in matters of procedure. The parlimentarian shall be appointed by the president and may be retired by the president at his discretion. The decision to retire a parlimentarian may be reversed by a two-third majority of those members of the University Forum present at the meeting at which the president's action is announced.

ARTICLE IX -- AMENDMENTS

The constitution of the University Forum may be amended as follows:

A. Any amendment must be passed by at least a three-fourths majority vote of the members present at a regular meeting.

B. The amendment must then be approved and made official by a three-fourths majority of the members present at the subsequent regular meeting.

C. Having fulfilled criteria A and B above, and amendment shall be considered approved and shall be binding.

ARTICLE X --
RATIFICATION AND INITIAL ORGANIZATION

Section 1

This constitution shall be approved by the student councils of the schools to be represented on the proposed University Forum. The councils shall approve the constitution by a majority vote of those members present at any regular or special meeting at which a quorom exists. When student councils representing two-thids of the student body of the university have approved this constitution, it shall be considered ratified.

Section 2

In the event that a school does not have a student council, an election shall be held by the students voting. Approval by a majority of those voting shall be considered equivalent to student council approval.

Section 3

Within twenty-one days following ratification, all schools shall elect representatives to the University Forum. At the first meeting, these representatives shall assume their seats and hold them until the first regular election period within their school. At that time, regular elections shall be held. University Forum members shall be eligible for re-election.

Section 4

Within one month following ratification, the first meeting shall be held. It shall be organized and called to order by a temporary governing committee composed of the presidents of the student councils. For the purpose of the initial meeting only, a quorum shall be three-fourths of the representatives of the schools that have held elections as called for in this constitution. Thereafter, a quorum shall be defined as in Article V, Section 3. The first order of business shall be election of officers by majority vote of those present. The officers shall assume their duties as soon as all four have been elected. They shall serve until regular elections occur as provided for in this constitution. The second order of business shall be the appointment of the Elections Committee which shall be charged with completing election of representatives in all schools not properly represented at the first meeting.

PROPOSED BY-LAWS
OF THE
UNIVERSITY FORUM
OF
THE THOMAS JEFFERSON UNIVERSITY

Respectfully submitted by:
Robert T. Sataloff

ARTICLE I -- RATIFICATION

These by-laws must be approved by a two-thirds majority vote of the members present at a regular meeting.

article ii -- DISCUSSIONS AND MOTIONS

Section 1

Discussion of committee reports shall be limited to five minutes.

Section 2

Before a motion may be voted upon, it must be presented in writing to the secretary of the University Forum.

ARTICLE III -- UNIVERSITY FORUM STUDENT COUNCIL COORDINATION

Section 1

A copy of the constitution of the University Forum shall be held on file by the secretary of the student council of each of the schools of the university.

Section 2

Copies of the constitutions of the student councils of the university shall be kept on file with the secretary of the University Forum.

Section 3

Dates of elections of representatives within each school shall be communicated to the Elections Committee of the University Forum at least six weeks prior to those elections.

Section 4

In the event that alternates are elected as provided for in these by-laws, complete election results shall be submitted to the Elections Committee to assist their recommendation on the seating of an alternate. No alternate shall be seated unless this information is available to the University Forum.

Section 5

Meetings shall be held on the first Wednesday of every month.

ARTICLE IV -- ELECTION PROCEDURES

Section 1

The date of elections shall be chosen by the Elections Committee in cooperation with the appropriate student council, and in accordance with the constitution of the University Forum. At least four weeks prior to each election, the Elections Committee shall inform each school of the date of its upcoming election and of the number of representatives to which the school is entitled.

Section 2

The elections Committee or its delegate shall announced the opening of petitioning at least three weeks prior to the date of elections. Each prospective candidate must obtain the written endorsement of fifteen of his or her constituents. Constituents shall have the right to sign more than one petition. Petitions for candidacy shall be presented to the Elections Committee or their designate at least one week prior to the elections. Ballots will be composed of names of candidates whose petitions have been submitted prior to the deadline. Distribution, collection and tabulation of ballots shall be handled by the Elections Committee or its designate, but ultimate responsible for the election rests with the Elections Committee.

Section 3

The number of votes cast by each voter shall not exceed the number of representatives to be elected. Each voter is entitled to one and only one ballot.

Section 4

To be elected, the candidate must receive a number of votes greater than or equal to one-half of the number of persons voting in that election.

Section 5

In the event of a tie, or if no candidate receives a number of votes greater than or equal to one-half of the number of persons oting in that election, the Elections Committee shall hold an immediate re-election. The number of candidates shall be reduced to a number less than or equal to twice the number of representatives to be elected. The candidates with the greatest number of votes in the initial election shall be retained on the ballot.

Section 6

Alternates may be designed as follows:

A. Elections for representatives to the University Forum shall include election of alternate representatives, and each ballot shall so state.

B. The number of alternates shall not exceed the total number of representatives chosen in the election, or three, whichever is less.

C. After the representatives have been selected, the remaining candidates with the greatest number of votes shall be designated first alternate, second alternate, and third alternate according to the number of votes they received. Alternates need not have receive greater than or equal to one-half of the number of ballots cast as required for regular representatives.

D. Notification of the number of runners-up to be designated alternates shall be printed learly on the ballot. If no such notification is present on the ballot, no alternates may be seated on the University Forum. A copy of the ballot shall be kept on file by the Elections Committee.

E. An alternate may be seated on the University Forum as provided for in Article IV, *Section 5 of the constitution. To be* seated, an alternate must be presented to the University Forum y the Elections Committee and must be approed by a majority of those members present at the meeting. Failing this, the vacant seat shall be filled by special election, as provided for in the constitution.

ARTICLE V --
AMENDMENTS AND SUSPENSION OF THE BY-LAWS

Section 1

Any proposed amendment to the by-laws shall be submitted at a regular meeting in writing. The proposed amendment may be voted upon at the same meeting. An affirmatie vote of two-thirds of the members present at a regular and two thids of the members present at the subsequent regular meeting shall be necessary for adoption of the amendment.

Section 2

These by-laws may be suspended at any meeting by a two-thirds majority vote of the members present. They shall be considered applicable again automatically at the subsequent meeting.

Roving Reporter

How Would You Rate The Education You Are Receiving At Jefferson?

Nancy Redfern

PAUL LONG (junior medical student):

During my OB-GYN rotation I found that the material I learned in anatomy and physiology during my freshman year, which was certainly adequate in both quantity and quality, was for the most part forgotten by the time I began my junior year. This material had to be relearned with an entirely different slant, which I now think won't be easily forgotten. I had been given the tools, but learning how to use them is a new task.

One of my greatest disappointments during my first two years was that I was not exposed to a physician I would want to enulate. Nor did I find one in my OB-GYN block. (My father would never let me watch him work.)

MARY JANE CONNELL (senior medical-technology student):

Since we will only be the third class to graduate, the program is still in the experimental stage. More should be encorporated into the junior year that deals with the hospital, which would also serve to take some of the pressure off of the senior year. Although there is a lot of pressure on us now, I realize this may be a tactic the teachers are using to show us what we'll be up against when we graduate.

The teaching program is excellent; we'll really know our stuff when we get out of here.

SALLY PLUMLY (senior diploma nursing student):

The opportunity to learn in the diploma program is more than adequate. The theoretical material that is presented in class is correlated right away in the hospital.

However, the responsibilities we are given on the floor do not jive with the responsibilities we are given in our personal lives. For example, a student who has demonstrated her skill in handling a life-and-death situation isn't considered capable of deciding what time she should be in at night.

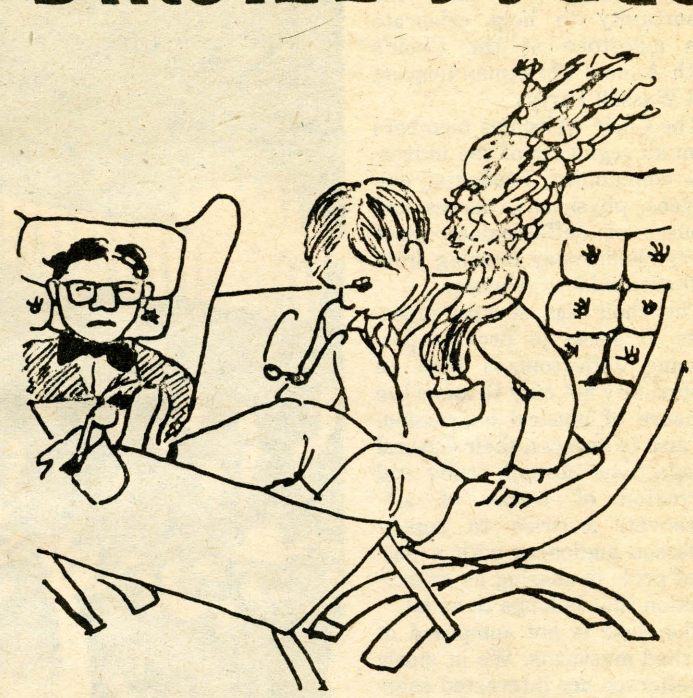
If the ultimate goal is to produce a complete nurse, the priorities should be re-evaluated. Although we are stimulated academically, our personal growth is stifled.

GINNY BINDER (senior baccalaureate nursing student):

I think that the education here is very good—it is well-rounded and offers much in the way of opportunities to further an education outside of nursing. There are both advantages and disadvantages in completing a nirsing education in two years. One disadvantage is covering so much material in such a short time. One advantage is learning to plan and cope with the intensity of the ten-week quarters.

The philosophy of the baccalaureate program is most important to me because it encompasses not only cure but also prevention through health education.

ABBOT'S SMALL PIECE:



How to look clever on telly

(from **Too Much**)
by Abbot Small

The producer of a certain well-known current affairs programme said he might be inviting me along to talk on his show in the near future. He didn't actually specify the sort of current affair I might be required to sound off about, so I thought I would play safe, and prepare a general sort of chat about psychiatry. You're always safe with psychiatry; nobody ever says anyone else is wrong. Just in case the programme is short of money, I have made myself a little cut-out sign saying, "A Leading London Psychiatrist" which I can hold up under my chin, without hiding my hones, homely smile. I've also bought a corn-cob pipe to make me look crusty and unpretentious, and a pair of steel glasses in case the pipe makes me look too unpretentious. I can take the glasses on and off to keep up the visual impact, if things get a little soggy.

I thought it might be a good idea to get a few of my thoughts straight before I start; what I will do is unobtrusively drop a few general hints about psychiatry into the conversation, nothing flash mind you, until someone else says anything about paranoia; thyen I'll say:

"I'm glad you mentioned paranoia – it's a very interesting state. Paranoia is defined, as a matter of fact (tap pipe out on ashtray) and separated from insecurity by the psycho-neurotic axis, and separated from Paraguay by fifty miles of barbed-wire and the occasional candy-striped pole guarded by a soldier with a tin hat on in case the pole catches him on the head.

"That paranoia, as a disease state (take glasses off, pinch bridge of nose) has distinct onto – logical and nosological existence is not only in doubt, it is not even conceivable or pronounceable. Now an awful lot of bunkum has been talked about paranoia (glasses back on) and if I can't clear the air (wry look at corn-cob pipe) with some plain honest common sense, then I'll just add to the bunkum.

"Now then, (start scraping inside of pipe with earpiece of glasses – take glasses off first) as a disease state, paranoia has a constitution stretching as far back as the third ice age, when the few surviving dinosaurs had delusions that the universe was trying to stamp them out. Since in fact they were reight and it was, they weren't actually paranoid, they were persecuted. (Clean glasses with hanky, pipe into pocket, hanky into mouth. No, pipe into mouth, glasses into pocket, hanky over eyes. Oh hell.; Unless, of course, the dinosaurs invented the third ice age to make their paranoid delusions look more realistic, in which case they haven't died out and the Natural History Museum is up the spout. (Glasses off. Strike a match. Light up hanky. No, put hanky back, take pipe out of pocket. Put pipe in mouth. Match gone out. Relight match. Start next sentence. Pipe falls out of mouth. Bend down to pick pipe up. Glasses fall off. Pick up glasses. Match gone out. Put everything in pocket and pretend trying to give up smoking.)

After the dinosaurs came the reptiles. And the mammals were after the reptiles – though we've only got the reptiles' word for that, and they might be paranoid, too. (Smile. Put glasses back on. Pour glass of water with left hand – needs practice. Take pipe out of pocket with right. Blow through pipe. Ash falls into water. Use hanky to clean glass, put pipe in mouth to leave right hand free. Raise glass to mouth. Pipe is in mouth. Hanky is in hand. Put hanky down. Pipe falls into glass of water. Pick pipe out and wipe it with hanky. Put pipe down and pick up glass of water. Glasses fall into glass of water. Put both down. Strike a match. Matches are wet because of hanky. Find lighter in other pocket. Pipe is wet. Set light to hanky and try to look as if you do this every day.)

Now that I think about it, the producer wasn't a hundred per cent sure about when I'd be wanted for the show. Maybe I'll tell him I'm busy that night. Whenever it is. I never really wanted to be a boffin anyway, it's too much like hard work.

Choir to Present 5th Annual Christmas Concert

by Robert Sataloff

This year marks the fifth season for the Thomas Jefferson University Choir. Appropriately, the University will have the opportunity to help celebrate this milestone at the Choir's Fifth Annual Christmas Concert and Wassail Party.

The Choir welcomes members from all segments of the university community. Students, employees, physicians, nurses and spouses of Jeffersonians meet every Wednesday evening from 7:00 until 8:30 to rehearse.

The choir has several objectives. It seeks to provide performing Jeffersonians with an opportunity not only to know the pleasure of musical expression, but also to broaden their cultural perspectives through study and re-creaton of works of art. Moreover, it tries to supply Jefferson audiences with a personal pride in sharing an artistic creation that belongs to us all.

The choir is not composed of polished musicians. We in music at Jefferson are interested especially in people who love to sing but have little experience or opportunity. The choir provides basic musical training in sight reading, historical background, compositional technique, performance practice and interpretation. Hopefully, the end result is not merely a more articulate amateur performer -- although that would be enough -- but moreover an informed appreciator of music with a new capacity to hear and discern the subtleties of the art.

In the past, the choir has performed major works by Bach, Schubert, Vivaldi, Faure', Vaughan Williams, Mozart and others. Minor works have included not only classics of the last four centuries, but also a variety of modern and topical works including excerpts from **Jesus Christ, Superstar**.

The orchestras used in choir concerts are made up of Jeffersonian and professional musicians. Interest in a standing orchestra is now sufficient to warrent its existance, and plans are underway to organize such a group.

This year's Christmas Concert will include a variety of traditional carols, a repeat performance of Vivaldi's popular **Gloria** which was the choir's first major work, and Handel's "Hallelujah Chorus."

The concert will be held on Friday, December 13, 1974 at 8:15 p.m. in McClellan Hall. Admission is free. The Wassail party follows the concert and will be held in Jefferson Alumni Hall.

The 1974 concert is prt of the Faculty Wive's Club's winter festivities. So, an especially large and interestingly diverse audience is anticipated. Music lovers are advised to come early.

The Apprenticeship of Duddy Kravitz

"Duddy" is the Yiddish diminutive of David and the nickname of David Kravitz, son of a poor cab driver in the Jewish ghetto of Montreal, part-time purveyor of various unlovelies (mostly unsuccessfully) and full time dreamer of wealth and success. David has inherited his father's dreams and acquires more, and overpowering drive to fulfill his ambitions. This is no mean passion-he starts his rise at age 18 and by the time he is 20 he is holding-by a shoestring-an enormous pristine Quebec lake and all of the land around it.

In between these events he pursues his savage and desperate rise with an intensity that stops at nothing-using and manipulating friends and foes alike in a career that is somehow incredibly funny. The cast of characters, his French-Canadian "older woman", yokel handyman, naive medical student brother, sweet and wise grandfather, and the one-time Boy Wonder who is the object of his father's unabashed admiration (and well into doperunning) alternately help and block him but all fall to guts, pushiness, and chutzpah. Not to mention the drunken film producer down on his luck who provides the talent for one of Duddy's most comic adventures, filming Bar Mitzvahs. Somehow this straightforward venture turns into the epic relating one boys initiation into manhood to all of Jewish history, the circumcision rite and the Nazi invasion of Poland. This one you've got to see to believe.

This Canadian made picture uses every stereo type known to Jew and Gentile alike from the teasing Jewish princess to the skin flint millionaire to portray this Jewish Dreyfuss are well employed as they show Duddy's greatest struggle between his desire to earn his family and friends love and admiration and an overwhelming desire to succeed at all costs. This is after all a very young man competing with older giants, and the outcome can never be in doubt. But you'll be fascinated-and laugh while the story unfolds.

Robert B. Baker

Environmental Fellowships Funded at Jefferson

PHILADELPHIA– Thomas Jefferson University's College of Graduate Studies has been awarded a $21,000 grant by the Jessie Smith Noyes Foundation in order to establish five graduate fellowships in environmental studies.

Dr. Robert C. Baldridge, Dean of the College of Graduate Studies, stated that stdent recipients will be selected from applicants for Jefferson's doctoral programs in pharmacology and toxicology and in anatomy, as "...these graduate programs, especially, provide students with the basic training required of those who will become the environmental problem solvers of the future."

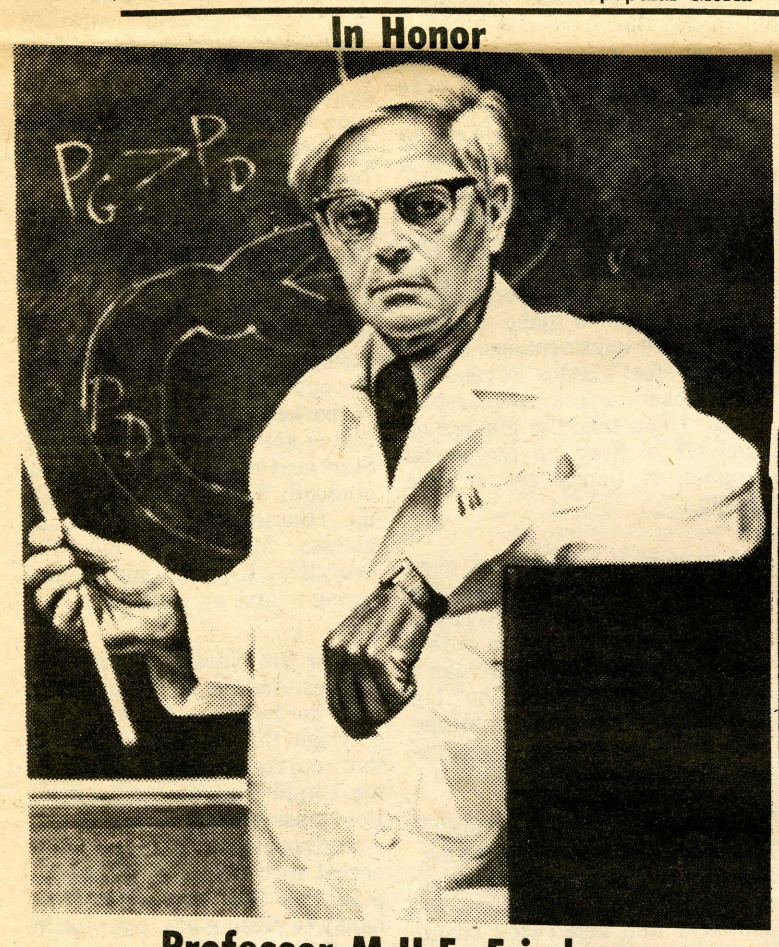
The extensive study of problems pertaining to the environment has surfaced only in recent years. Belated realization that the world's environmental resources are indeed limited has spawned multiple efforts to determine how these resources might be more efficiently managed.

The Jessie Smith Noyes Foundation, founded in 1947, was established by Charles F. Noyes, in memory of his wife. A private foundation, it aids institutions of higher education throughout the country via grants, fellowships and scholarships within specific areas of interest, one of which is the preservation of the environment.

Applicants for Noyes fellowships will be reviewed by a committee of Jefferson's Graduate Faculty to determine *qualifications and motivation for* study in their chosen fields, as well as the promise for future contributions to knowledge in environmental studies.

Jefferson expanded its interests in the direction of basic science starting essentially in 1941. By 1949, these activities had grown to such an extent that the endeavors were consolidated into a School of Graduate Studies in the Basic Medical Sciences and on July 1, 1969, the name of this division was changed to the College of Graduate Studies.

In Honor



Professor M.H.F. Friedman
Emeritus Professor of Physiology

Thomas Jefferson University
University Hour Schedule
Fall and Winter Programs

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

Nov. 13 -- New Art String Quartet Chamber Concert. Social Lounge.
Nov. 20 -- Philadelphia Navel Academy. Topic: Lecture and demonstration on belly dancing.
Dec. 4 -- Lt. David Toma. Topic: Newark's star detective whose exploits were the basis for the ABC TV show.
Dec. 11 -- Jefferson Choir Christmas Program.

"Soixant" I love you. "Neuf

Letter from South Africa

(from TOO MUCH)

I am enclosing a photostat of Dr. Anthony Barker's speech which he made to the Students' Medical Conference on the Challenge of Health in Africa which I attended. I learned a lot about relationships between the Africans, the problems of the sick and how the African looks at them and their relationship to so-called Western medicine from a black doctor who spoke on the African's perspective of medicine.

This brings me to a point that Dr. Barker and others stressed – the lack of communication and understanding between the white doctors and the black patients. From this point of view, the conference was very good indeed because it highlighted the fact that medical students and doctors are traind in the first place without any knowledge of the language of the African and secondly, with any knowledge of his customs. I don't think this is purely medical fault. It's just that the white man, especially if of British extract, in my experience, has never condescended t acknowledge the culture of th black man, the limits of hi curiosity extending no furthe than matters of "anthropologi cal" interest. Apparently th academic staff are literally no interested in community medi cine and the importance of th integration and extension of thi work in the course, to the exten that some of the professors cold shoulder the students. They ar also frustrated by the fact tha they tell me they are intimidate by the police from the point o view of student political activity I was really astonished by wha they told me last night and a number of them – most of them are 5th year medicals – are really wondering whether it is worth their while staying on t try and carry on medical work in South Africa. This is the point they put to me and all I could tell them was that they should carry on as much dialogue as they can with the staff and authorities, in order to convince them that matters have to change. Of course, the thing that worries them is whether overall the South African situation will be one which will permit them to carry out their medical work in an uninhibited and free kind of society.

Following is the major part of Dr. Barker's paper;

To all intents and purposes this is a white medical school on a black continent. Like any medical school, it partakes the double nature of a seat of learning and a vocational training school. This school has been turning out doctors for decades – wonderful men and women who have really contributed to science, understanding, humanity and the relief of suffering. It has played a senior role in making South Africa – on paper at least – one of the best doctored countries in the world.

But, if you know, there is something wrong, isn't there? For while there is one doctor for every 400 and 500 whites, there is only one for about 10,000 blacks. It's like everything else: there is room in the white coaches of the train, while they are jammed like sardines in the black compartments. Public conveniences, telephones, kiosks, park benches, post offices, bottle stores – it is all the same.

Things are just plain uneven. So are our medical services – right out of kilter. Who ever heard of a white patient on a mattress under somebody else's bed, unless it was during some gigantic disaster.

Yet this happens every night in the great hospitals that serve our teeming townships. There is a colour gradient in infant survival and child health, too. It is fine to be White, a good deal worse to be Coloured, unpublishably bad to be Black. All this after these many decades that you and your colleagues in Cape Town, Pretoria, Stellenbosch and Durban have been turning doctors out into the community.

If the hospitals are full, so are the townships. If there is a differential in death rates, there is a similar differential in the quality of life. It goes on all the time **only we do not notice it because it is what we have been brought up to.** It is also what our administrators have been brought up to and the masterminds behind the nation's health planning.

One sure thing – I don't think we should blame our fathers. They were as divided as we are from the mass of the country's population by the barriers of culture and expectation and language. They could not learn, because they never saw; they could not hear because they did not know the speech of the black man.

But I do not think we should so easily spare ourselves that things are still in this unsatisfactory condition. Indolence cannot be so readily excused in ourselves, which is why you have chosen the subject: "The Challenge of Health in Africa" for your conference. I am glad you have; this could be a moment of great awareness for us all. Let us start by looking at the presupposition of medical education as they are in South Africa.

1. We claim for our system that it is the best of medicine. With regard to surgery, technology and pharmacology I am sure we are right. But when we come to positive health and the promotion of well-being, the psychological contentment of society, we begin to see rents in the fabric.

2. We have problems which have been done away with years ago in developed societies -- kwashiorkor, tuberculosis, measles and others.

3. Our own concepts of disease have been seen as universal and permanent. The laws of cause and effect have for us an immutable quality which does not impress Africans who are more concerned with the "who" of causation than the "what" with which we preoccupy our minds.

4. We have for a long time taught medicine as we receied it from our teachers instead of fitting medicine to the needs of our society. We are glad that the curriculum is even now under the harrow and we plead for its relevance for this complex society of ours.

5. We assume that we white people should control the purse-strings of the health services and shall, with accuracy and forever, get the distribution of resources right.

Clinging to these economic infallabilities has led us to the vulgar error that the distribution of public moneys is a grace-and-favour business on the part of the relevant minister who can, by virtue of his supposed generosity, control the recipients of such moneys. The people's money should be spent equally on the people and not for the benefit of the few. All five of these assumptions remind us that we have not, as yet, got anywhere near a health service which would be fair and equitable for all the people. Could it not be that we should listen to the understanding of the African people? Is it not true that the traditional insights of the Zulu people, and other people beside, lead to a more perfect view of man as a unitary being, and not little parcels of body or mind or spirit, as we think of him? They see, so much more clearly than we, that it is insufficient to treat the body only, as we surgeons do, without a simultaneous concern for the mind and the spirit.

For these men and women our medicine is too small, too cold, too materialistic. If they pass from our hospitals to the care of the traditional medicine man, it is a barometer of our failure to satisfy that part of a sick man's consciousness which he reserves to himself. We form a White medical school in a black continent. Can we have been so blind for so long that almost none of us knows what this black patient is thinking? Almost none of us can communicate with him in any direct way, or has the patience to listen to his understanding of his own illness. Why are we so ignorant? Why have we not asked men and women to study the needs, aspirations, fears and achievements of the largest part of our population, and then to teach us these things so that we may apply them for ourselves? And why is African practice looked upon as such a lot of good experience, so that we msy come at last to the Northern Suburbs? Why have we so few African doctors of our sort, and why do we discriminate against those those we do have?

The proper study for medical students is man. Man does not live by himself nor does he die by himself. He is a member of his family, his clan, his people, his country. So we go outwards to the people if we want to understand the man. We see him in his physical environment and also in his human environment; he becomes alive for us, and interesting. There is no end to our human curiosity. The true public health man should be both lover and ecologist.

Lefer

(Continued from page 1)

come to Jefferson. Dr. Lefer explains that Jefferson can provide the big city medical center atmosphere needed for stimulating research and teaching. Unlike many other medical schools, Jefferson is in the center of primary medical practice with its good input of primary patient care. It is here that Dr. Lefer hopes to have the opportunity to work with good clinical colleagues to put into practice his theories and successes. Finally, Dr. Lefer sees the Jefferson alumni and faculty as cooperative and willing to undertake such collaborative efforts so that research discoveries can be implemented into better patient care.

Faces In Baccalaureate Nursing Faculty

by Nancy Redfern

Jane Edwards, Deidre Blank, and Nancy Corbett have joined the Baccalaureate Nursing faculty of the College of Allied Health Sciences as the program enters its third year.

Mrs. Edwards and Mrs. Blank are two of the six teachers in the ten-week maternity course taken by seniors. Mrs. Corbett is teaching juniors in the Fundamentals of Nursing.

Jane Edwards received her B.S.N. from Duke University and her Masters in Education from Temple. She has worked as a staff nurse in North and South Carolina, Missouri, and New Jersey, and has taught in Iowa, as well as in Jefferson's own Diploma School. Why the switch from the Diploma to the Baccalaureate arogram? "I needed a change, but I really like Jeff." Jane is the mother of three children and enjoys camping, piano playing, and rock music.

Deidre Blank is a TJU Diploma School graduate and received her B.S.N. and M.S.N. from Penn. She worked at St. Christopher's Hospital as Coordinator of Nursing from 1972to1974, prior to which she taught at Methodist Hospital and in Jefferson's Diploma School. Dee has been married less than a year, enjoys swimming, skiing, and art, and is currently taking an organic chemistry course at Penn to "keep busy." Her husband Mike is a graduate student in neuroendocrinology here at Jeff.

Nancy Corbett, a native Long Islander, received her B.S.N. from Adelphi University. While getting her Masters in Education from Columbia, she taught for four years at Molloy College in Rockville Centre, New York.

Mrs. Dee Blank [l] and Mrs. Jane Edwards.

Nancy has had experience working on medical-surgical and pediatric floors, in the emergency room, and in public health and maternal-infant care programs. Having taught for two years in a school of practical nursing before getting her masters, Nancy explained her decision to teach at Jeff: "Philosophically I am committed to the Baccalaureate education...I like being involved with a programs that's new." Nancy is the author of several "Simulations in Nursing Practice" designed to aid the student in decision-making before meeting the real-life situation. She is the mother of two children and finds Philadelphia "delightful."

The Jefferson community welcomes these new teachers and hopes that their experiences here will be profitable ones. From various comments overheard, it is the general consensus that the above three teachers are definite assets to the program.

Mrs. Nancy Corbett

"Out-of-the-Way" Things to Do

by K.K.

What do you get from the Commons fee that you pay as part of tuition? A lot more than most people realize. Of course, everyone notices the SFS parties, but there are a number of special interest groups which are less well known.

The Classical Guitar Society, for one, meets about once a month in the Solis Cohen auditorium. Flyers are distributed to announce these meetings. The Thomas Jefferson University choir provides an opportunity for the musically inclined to share their talents with the Jefferson community and beyond. Rehearsal is every Wednesday night from 7 to 8:30 and these culminate in two major concerts, one at Christmas and one in the spring. Along more athletic lines there is a Scuba Club, which meets every Tuesday and Thursday. Membership, including lessons, is free to students. There are a multitude of opportunities to participate in other sports from volleyball on Thursday nights to a varied intramural program. Persons interested in swimming or diving lessons should contact the lifeguard.

Last year, lively student interest resulted in several new groups including a dance class, which met on Tuesday and Thursday, taught by members of the Pennsylvania Ballet, and a yoga association. There is a possibility in the near future for the establishment of a judo or karate club if enough interest is expressed.

There is the key to Commons activities – interest. The Commons is committed to providing for the interests of the students. You can get almost anything you want if enough people become involved. The best way to influence the Commons' choice of programs is through the recreation committee and the program committee, where the policy is set. These bodies are composed mainly of students and any student input is welcomed. The committees meet usually once a month at 5 p.m. Watch the bulletin boards for notice of the next meeting. The other way is to contact David Grebos, the "man with the power" in M-63. Input by numbers of students to this office will accomplish their purpose. It's your Commons – give them ideas!

Some particular events to note for the future include a ski trip to Quebec over the Thanksgiving vacation. The bus will leave Wednesday night and return on Sunday night. The cost of $99 includes choice of menu meals, room, transportation, lift ticket, ski equipment and lessons, and even French lessons. There will also be ski mobiles and ice skating. In short, practically anything one could want from a winter weekend. There is also another trip planned for a weekend in January to Mt. Snow, Vermont. These trips have been quite successful in the past and a good response is expected.

Music and theatre lovers, note: The Commons often has discount tickets available for various plays, operas and concerts in the area. Check M-63 for particular events.

Anything you would want to know about upcoming Commons events can be found on the two bulletin boards at the bottom of the escalators. These are kept up-to-date on events occurring here and notices we receive from neighboring colleges. Keep a close watch – there's bound to be something for everyone!

PHILHARMONIA CONCERTS

The Commons offers tickets for three Philharmonia Concerts, under the directorship of the renowned conductor Ling Tung, at the Academy of Music on Nov. 13, March 12, and May 14. For more information, go to Room M-63, Jefferson Alumni Hall.

Nurses Dorm Changes Hands

by Nancy Redfern

The James R. Martin Student Nurses' Residence on the corner of 11th and Walnut changed hands on July 12, 1974, and is now under the auspices of Bruce Kinter, the Director of Student Housing. The administrative changeover took two years to bring about and relieves Doris Bowman, Director of the School of Nursing of the duties involved with running the dorm.

A Residence Hall Council composed of floor representatives has been organized to keep in touch with Bruce Kinter, enabling him to "zero in on the concerns of the tenants before they become crises."

All rules and regulations are designed to emphasize the security of the dorm, according to Mr. Kinter. There is a 12 o'clock curfew during the week which is extended at 2 a.m. on weekends. Open house is permitted once a month.

Despite the many stipulations, there are few empty beds in the James R.Martin Residence. The dorm is filled to capacity with 336 prospective nurses, x-ray technicians, and medical technologists.

California Does Not Have Everything!

If a prize were given to the student nurse coming from the farthest away, it would be awarded this year to Joan Fowler. A freshman from San Diego, California, Joan seems to merit some small form of recognition.

In looking at three-year programs in the Philadelphia area, Joan was tempted by Jefferson's course of study and comparatively low tuition and liked what she saw "automatically."

Signs and symptoms of homesickness, should they arise, can hopefully be relieved by the many relatives Joan has in and around Philadelphia.

There seems to be some disagreement as to who has the accent: Joan or the people in Philadelphia. With a little time this age-old controversy should resolve itself.

Joan comes to Jefferson with a sound pre-nursing background. As an elective in her senior year of high school, she studied and worked as a nurse's aide at the Veteran's Hospital in San Diego.

Jefferson welcomes Joan to Philadelphia and the East Coast and hopes that her three years here are profitable ones.