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## Ariel - Volume 2 Number 2

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## Curriculum Involvement For Students

by MIKE STARRELS

The medical school environment, and more specifically the curriculum at Jefferson, is instrumental in shaping both the productivity and creativity of our careers as physicians and the quality of our personal lives. Each of us cannot but be concerned with the direct effects of the curriculum super-structure -- whether it is 8 AM classes, the relevance of course material in the first two years, a clinical week for Juniors which is broken up by other obligations on Wednesdays, rewards or lack thereof for good teaching, a satisfactory elective system, etc. etc. Many of us are also deeply concerned about such issues as criteria for admission to Jefferson, the objectives associated with the M.D. degree when almost all physicians continue their training for a number of additional years and the social responsibilities of the physician as the administrator of health care. There are also questions of the "systems" approach vs inter-departmental vs departmental teaching, and many, many more. These questions are in one sense eternal ones, but if we are to be responsible to ourselves, Jefferson and the health care recipient, we must give answers to these and other issues that agree with our consciences and our times.

The Student Curriculum Evaluation Committee (SCEC) of Student Council, now in its third year, has failed in several important ways to face these and similar issues in an effective way. Communication with students and their representatives, in both directions, must be improved. Endless deliberations must at some point come to a halt and appropriate actions taken. Many of the over fifty Jefferson students who served last year on the SCEC and the Subject Committees of the Faculty Curriculum Committee are acutely aware of the shortcomings of the past. Your talent and experiences are especially needed to avoid a repeat performance.

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DAVIS CENTER (12th AND WALNUT STS.) - CENTER OF JEFFERSON COMMUNITY MENTAL HEALTH SERVICES.

## Top Instructors Noted

In May 1968 the Student Council Curriculum Evaluation Committee distributed a "Poll of Student Opinion on Curriculum" to the students of the classes of 1969, '70, and '71. In the April 1969 issue of Ariel were published the results of the first section of that poll, concerned with items of general interest. The rest of the questionnaire dealt with the various departments and courses offered at the College.

In this notice the Committee takes the opportunity to cite the names of those Basic Science lecturers who were rated "consistently good" by eighty (80) percent or more of the students responding, in both or either of two categories, i.e. (1) enthusiasm and interest of lecturer, and (2) clarity and organization of lectures. The number of faculty so named speaks for the scrutiny of the evaluators and further supports the commendation.

Class of 1971 - Gross and Neuro-Anatomy: Both categories - Dr. Sigfrid Zitzlperger.

Histology and Embryology: Both categories - Dr. S.A. D'Angelo and Dr. Andrew Ramsay.

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## New Directions For Medical Curriculum

by STEPHEN P. FLYNN

First of two articles concerning curriculum change, based on a report issued last May by the Student Council Curriculum Evaluation Committee.

The Subcommittee on Long-Range Planning (SCLRP) of the Student Council Curriculum Evaluation Committee (SCCEC) submitted a comprehensive report on curriculum reform at the close of the past academic year. The report consisted of a statement of philosophy and goals, a critique of present educational systems, and one possible model for a different curriculum.

According to the authors of the 37-page report, Richard A.

Insel, '69, and Jay S. Skyler, '69, the SCLRP tried to present a student-based review of medical curriculum to help initiate discussion and action in the university community. They felt that the end-product of the educational process should be both a competent thinking individual and a socially-responsive physician.

The material for the report came from many sources, including a study of existing and proposed curricula at Jefferson and other medical schools. The results of the SCCEC Poll of Jefferson Students were reviewed and additional opinions were solicited both here and at other institutions. Pertinent lit-

erature on Learning Theory, Curriculum Planning and Medical Education was also studied. The authors acknowledged the Dean's Office, the Departments of Psychiatry, Anatomy and Physiology, and the Student Commons Office for help in preparation of the report.

Philosophy

An educational institution in the health field must have the ultimate purpose of providing health services to people. On this basis, the SCLRP developed a six-part philosophy of education.

1. The responsibilities of medical education

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## Jefferson Moves Into The Community

by ELAINE SMITH

Reaching out into the community, coping with the problems of real people, a teaching hospital located near diverse economic and racial areas has a social responsibility to the world beyond its walls. It is in this spirit that the Mental Health Center has been started under sponsorship of the Department of Psychiatry and resources from Federal, State and local sources. Basically, the goal of a mental health center is to make services available and accessible, to insure that the range of services is comprehensive, to promote continuity of service and to prevent hospitalization and re-hospitalization. In short, the task at hand includes not only treat-

ment, but also prevention and early detection of mental disorders in a geographically determined community.

Under the Commonwealth of Pennsylvania Comprehensive Mental Health Plan, Jefferson was given responsibility for serving that area of Philadelphia west of Broad Street to the Schuylkill River and south of Chestnut Street to the Navy Yard, plus a small downtown section east of Broad Street surrounding the Hospital.

In order to achieve these objectives, inpatient, outpatient, emergency care, partial hospitalization, half-way house facilities, rehabilitation programs, and a wide range of community consultation and education services are provided on a continuing and coordinated basis. In the year since the start of the program, the Center has treated over a thousand patients from the service area plus offered a number of innovative community programs to community agencies and groups.

In the area of inpatient services for catchment area residents, primary short term adult services have been provided at a special unit at Philadelphia General Hospital for this purpose, and at Philadelphia State Hospital, where Jefferson has assumed responsibility for the care of more than 600 patients. The Center also has varying relationships with inpatient services at Jefferson Hospital itself, with the inpatient service at Spruce House, and with the Eastern State School for Children.

The goal of a mental health  
(Continued on page 5)

## Center For Medical Careers Opens Doors

Brent W. Spears, Project Director of the Center For Medical Careers, announced the opening of an office at 1241 Vine St., Philadelphia, on Sept. 15, 1969. The Center will serve the six Philadelphia medical schools in recruiting disadvantaged students for medical careers as well as in developing a financial aid program for these students. The Center is supported by grants from Philadelphia schools of medicine, the American Association of Medical Colleges, United Health Services, and the Philadelphia Turtorial Project.

Mr. Spears noted that over 40 disadvantaged students, including 35 black students, have matriculated this fall at medical schools in Philadelphia (Hahnemann, Jefferson, Osteopathy, U. of Pa., Temple, and Women's). With adequate financial backing, it is anticipated that a significantly larger number of these students, especially blacks, will come to study medicine in Philadelphia in 1970.

The Center was initially developed through the auspices of the Philadelphia Commission on

(Continued on page 3)

However, what exactly is "Social Medicine"? As defined by Ackerknecht, it is that aspect of medicine that concerns itself with the interaction of society and medicine. It is concerned with the individual patient's attitudes and needs related to health and illness, the needs of the community, social policy, and the roles of the providers of health services. Social medicine brings to focus a variety of disciplines to illuminate the many questions involved in defining as well as promoting the health or well-being of individuals, families and communities.

What else is unique about the program? Since Social Medicine views health as the total state of well being between the individual and his environment, a wide variety of consultants will be available for teaching and sharing their expertise. These range from Anthropology, community organization, and Health and Urban Planning, to Management Theory and Practice.

The cornerstone of the program will be to involve the intern and resident in 3 interrelated components: 1. In hospital training for Internal Medicine or Pediatrics, 2. Group and Team practice charged with delivering primary health care, and 3. Study of Social Medicine. During the last half of the internship and the entire residency, study in social medicine will continue, with the time divided between group seminars and special individual projects. Attention will be focused on: 1. The Medical Encounter, 2. Family Context for Medical Practice, 3. Organization of Neighborhood Health Centers and Group Practice, and 4. Redefining the Role of Consumers of Health Services.

The physician will spend the final six months of his residency concentrating on an elective program designed to address itself to his own special interest. For example, management concepts (Harvard Business School); social policy (London School of Eco-

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# ARIEL

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## Letters

## to the Editor

Ariel encourages comments on the articles appearing in this paper or on other subject of typical interest. Diverse opinions are welcomed. Only typed letters will be accepted. Manuscripts should be sent to this column c/o Ariel, Box 27, Jefferson Hall Commons, 1020 Locust St., Phila., Pa. 19107. Names will be withheld on request and kept in strict confidence.

## EDITORIALS

### Wednesday October 15 Moratorium

Protest of the war in Vietnam will be focused on the classroom moratorium planned for October 15. Thus far over 500 colleges and universities will participate in this demonstration supported by the National Student Association (NSA). The President of Rutgers University, Mason W. Gross, has recently commented, "I hereby ask that on October 15 we at Rutgers positively and dramatically demonstrate the role of the university as teachers and guardian of civilized values, and as the critical and moral intelligence which compels this country to ponder its causes of action."

The Moratorium has been planned by a group of supporters that were associated with the Presidential campaign of Sen. Eugene J. McCarthy. The rhetoric of the protest is low key; and action at campuses will vary from vigils and rallies to distributing leaflets and house-to-house canvassing.

Mr. Nixon has made cynical attempts to placate the doves this month. First he has ordered the withdrawal of an additional 40,500 American soldiers from Vietnam, and secondly has suspended the draft for November and December. However, does Mr. Nixon think he has convinced anyone that these measures are more than attempts to take the steam from the autumn protests? Because the actual troop strength usually lags behind the authorized level, the newest cut is expected to involve only 35,000 men (N.Y. Times, 9/18/69). It is also notable that if Mr. Nixon has not suspended the draft for November and December, the number of draftees under his administration would have been 44,400 more than in 1968. By suspending the draft Mr. Nixon will get only 6000 less than Mr. Johnson drafted last year!

The report of US air and logistic support in Laos and Thailand has raised the awful spectre of deepening involvement in South East Asia. This disclosure has prompted Sens. John Sherman Copper (R., Ky.) and Stuart Symington (D., Mo.) to call for a Senate investigation to determine if American forces have already been committed to combat in Laos. It is ironic that this report was revealed on the same day that the Senate passed unanimously (86 to 0) a resolution prohibiting combat support of local forces in Laos and Thailand.

ARIEL supports the October 15 Moratorium and its Objectives: a standing cease-fire, the immediate withdrawal of American troops from Vietnam (and Laos and Thailand), and the end to the draft.

ARIEL hereby requests that President Herbut and the administration suspend all classes in all colleges of the University on October 15 in support of the "End of War Moratorium." In that way our University would be joining the convocation of scholars on that day in demanding an end to a war that Senator Kennedy has said "... (is) difficult to justify, impossible to win; a war not worthy of our lives and our efforts, a conflict that has made us ill as a people, as surely as any disease that attacks the body."

### A Time To Lead

We draw special attention to the article concerning the new internship and residency set up by the Einstein College of Medicine and Montefiore Hospital. The program is the first step in the realization that the present delivery system of health care and the training of providers for that care is no longer workable for an ever increasing portion of our population.

The program is important for 2 reasons:

1. It recognizes that health is more than a particular strain of bacteria afflicting the patient, but rather is the entire relationship between the individual and his environment.

2. It has acknowledged the right of the consumer to a decision in the process of delivery of health care.

The implications for Jefferson and other Philadelphia health institutions are obvious. There is a coming "revolution" in health care. As the cost of treatment soars out of reach of the middle class there will be demands for a more efficient system. If we now begin to formulate and construct models of health systems, we will add to the ground floor of a new structure. By delaying any longer, we will find ourselves beneath the ruins of an already trembling tenement.

### Taking Notes

The note taking system initiated by Jeffrey Mattes et.al. of the third-year class at the medical college is a welcome addition. It will allow the students an opportunity to listen to lectures and free them from the burden of note taking. The eager acceptance of this service demonstrates student support for change in the lecture system at Jefferson. Rumblings from the Executive Faculty of the medical college indicate that many faculty members also desire some change. Several faculty members favor the termination of the junior lecture series by presenting the material as part of the particular "blocks" or during the second year.

Some of the first steps for the development of a note taking system came from the class of '72 at the medical college last spring. It is hoped that such a system is re-organized and established to facilitate classroom learning in the first two years.

For those favoring fewer lectures, more free time for individual studying, and the establishment of discussion groups as an alternative, the note taking system is a great start toward lecture reform.

Thank you, Jeffrey.

### The "Crab-Grass" Curtain And Medical Care

Until a few years ago many social analysts were predicting a large influx into the cities and a rise in the political power of these urban centers. However, the "hidden" exodus toward the suburbs has sharply and dramatically increased with the result that more Americans now live in the suburbs than in the central cities. Rather than an urban culture, America has become a suburban culture (The Emerging Republican Majority, 1969).

A "crab-grass" curtain has arisen between the cities and suburbs. Economics and social action separates the two "cultures" - so does color. Nevertheless a new coalition has emerged directed at the rising cost of medical care.

Up to now only labor, civil rights organizations, and liberal senators have urged the formation of a national health program to cover the medical needs of all Americans. As medical costs (and Blue Cross) skyrocket each year, the cry for change has now been heard from more conservative elements. For example, the attitude of the police toward the demonstrators at the summer AMA "convention" underscores this change. Here the causes of the poor, the students who picketed the affair, and the police merged. Billy clubs were replaced with sympathy and with actual assistance in distributing leaflets of protest. Social change in the US is accomplished when the middle class has been reached via its conscience or its pocketbook. Late last month Secretary Finch of HEW announced that the Nixon Administration is studying proposals for a national health insurance program. Although President Nixon opposed such a plan in last year's Presidential campaign, this interest "stems from attempts to cope with the ever-increasing costs of the Medicaid Program" (N.Y. Times, 9/19/69). It is hoped that the new program "would make medical care available to virtually all Americans regardless of their ability to pay and their residence" (Ibid).

On the issue of medical care costs, the urban poor and the suburban middle class are developing remarkably similar points of view. And the physician has become even more isolated from the public as organized medicine (AMA) continues to oppose new social programs (i.e., the 1930 federal funds to reduce death rates of mothers and children; Social Security; the 1939 federal unemployment insurance system; the 1953 federal aid to crippled children; Medicare; Medicaid).

Intransigence to social change precluded the participation of the British physicians in the planning of that country's National Health Service and may have contributed to the present difficulties encountered in that medical system (NEJM 4/3/69). Physicians in the US must begin to respond to the needs of the community if they expect to continue receiving the respect and confidence of a public restless for change in health care delivery and health care costs.

### Graduate Student Union

With the establishment of a Graduate Student Union at Jefferson this past month, an important segment of the Jefferson community has been integrated at an early date in the University's life. For too long, the Graduate Students have been a diverse and isolated group of individuals in a community which has not truly appreciated their contribution to Science and Medicine. This paper wishes the new organization success in its goals and hopes that both the Graduate Students and the University may together benefit from their union.



"WE LOVE YOU, DICK!"

### CBA OPPOSED

To the Editors:

I was amazed by several C.B.A. ideas reported by Richard Bonanno in his article. I am all in favor of a pass-fail system. I do feel grades are stressed too much. A person with an 86 average will not necessarily be a better doctor than someone with an 81 average. However, to ask "why success academically necessarily indicated potential competence as a physician" seems ridiculous. The amount of knowledge a physician needs to know these days is staggering and each year grows greater. Intelligence does not insure a good physician but stupidity does insure a poor one. These people were "not supposed to come up the same educational ladder as other people" and yet they are expected to make the grade at Jefferson. Wouldn't a more realistic approach be not to make up their educational gap in medical school were incompetence may cost lives but rather in getting them a good education in high school and college and then letting them compete against other applicants for medical school places?

The idea of a quota for blacks is also absurd. Jefferson has an obligation to the public, to its alumni, and to its students to turn out the very best doctors possible. If 180 blacks are the best qualified why take only 60? If 10 are qualified why take 60?

In closing, I realized the blacks have suffered for years and have not had their proportionate number of students. However, to remedy this situation suggested by the C.B.A. is a mistake. They may have not had their fair share of students at Jefferson but as a resident of Connecticut I know of many fine students from my state that did not get accepted here. Perhaps these students might have gotten in if they had been residents of Pennsylvania and yet there is no cry that 1/50 of all Jefferson students or more must come from Connecticut!

Thomas A. Brasitus M'71  
September 5, 1969

### EXAMINE THE FUTURE

To the Editors:

As a Senior who recently went through the experience of taking eight final examinations in four days, let me inform you that it was a miserable experience.

On Wednesday, August 27, there were finals in Urology, Radiology, and Preventive Medicine; on Thursday, August 28, Obstetrics and Gynecology (oral exam) and Pediatrics; on Friday, August 29, Surgery and Ob./Gyn. (written exam); and finally, on Saturday, August 30, a three hour written exam in Medicine.

I don't know whether you do anything to change this schedule; but now, not in August of 1970, is the time to do something about it.

Howard Toff M'70  
September 25, 1969





## Registration - True to Form

by MICHAEL BLECKER

One of the more amusing aspects of registration this year at Jefferson was the Personal Data Form, a one page questionnaire complete with carbonless copy. Rumor has it that for one dollar extra the questionnaire will be run through a computer to select, for each student, his "ideal date".

What are the various aspects of the form that make it so amusing? First, there is your social security number. In a school which has some 760 odd Medical students and an occasional graduate student it is quite obvious that an 8 digit social security number is the best way of assuring everyone his own personal student number. This is of course quite different from the assorted class numbers one collects during his years at Jeff. The latter, of course, are used only for such mundane matters as determining where one sits in Path Practicals, and upon whom one will exercise the privilege of human dissection. Social Security numbers will only be used for important things. Presumably, Jefferson will someday soon be distributing monthly pension checks to alumni.

The Data Form moves on to inquire about the Student's last name, first name, and middle initial. Then, following a brief query as to his school address, the student is asked for his full middle name . . . Think of all the precious computer time that could have been saved had the questionnaire asked for the full middle name the first time rather than beating around the bush with initials.

Next one is asked for sex, and appropriately enough given only two choices. The author will not tax you by enumerating these choices.

After a few more addresses, telephone numbers, and scads of Zip Codes; one is permitted the extravagance of departing from the one letter to a block (Please Print) style of most of the form and presumably supposed to exercise good penmanship as he inscribes the name of his county, (but only if he is a Pennsylvania resident).

Then after questions as to our birth date and marital or non-marital status, we are allowed the "option" of once again being creative as we disclose our religious preference and check our "most appropriate" pedigree 1. Caucasian, 2. Negro, 3. American Indian, 4. Span. American, 5. Oriental, 6. Other) The latter two questions are juxtaposed around a question as to whether or not one is receiving financial aid. (As if anything other than need or academic excellence has ever determined who receives such aid.) The

presence of numbers next to the various choices of race will most likely be used to determine the school's integration quotient (the numbers checked are added and divided by the total number of replies, all of which supposedly proves something). Early returns indicate that no one has checked 6. Other, and written in "Human Race". This may be because there is some doubt as to whether the Federal Government will be giving financial aid to humans in the near future.

The rest of the form is rather innocuous. There are two spaces

listing one's extra curricular activities which should be two more than is needed by 90% of the student body. Of course, there is the usual reminder to report to the registrar any changes that may occur. This is important because students are constantly changing religions, Pennsylvania county of residence, etc. Nor should we forget the myriad souls of every race, religion, and creed who will don white leather jackets and conductive motorcycle boots and join the Jagers M.C. this school year.

## A Daimen-Icker In A Thrave

by STEVEN ALLEN AGER

Hitherto unreliable sources have indicated recent growing unrest in the rat population in our Jefferson community. In the interest of keeping its readers informed of this potentially explosive situation, the Ariel sent a reporter to investigate:

The sound of scurrying little feet drew my attention to a note

hastily dropped behind me. Bearing a set of two small toothmarks, it said, "10th St. Grill \*\* 11:00 tonight \*\* come alone."

I had been trying for some weeks to gain an interview with the leaders of the underground movement, whose secret headquarters has been rumored to be somewhere in Orlovitz Hall, and was elated at the prospect of success, and apprehensive of

the possibility of danger to come.

Showing up, unarmed, at the appointed place five minutes early, I waited the next half hour in a dingy side booth. One of the lieutenants of the revolution, who had evidently been observing me for the entire time, then made his appearance, and, with a wave of his tail, pointed the rear exit.

Out in the alley, I was silently presented with a black satin blindfold, which I donned. I then felt myself being nudged onto two large harnessing alley cats. The ride to headquarters lasted an hour, during which time we switched cats twice.

Still blindfolded, I was led into a sewer, and then out through a break in a pipe between the walls of a building. We climbed up perhaps five or six stories, yet inside the walls, until my guides directed me to crawl horizontally for thirty or forty yards.

Gentle little paws undid my blindfold, and in the dim light I could observe the unmistakable features of el Neotoma, the charismatic leader of the movement. He had an enigmatic face, a bland smile at the corners of the lips, fur still black except for a few grey hairs around the muzzle, and a pair of intense yet gentle dark beady eyes.

With an elegant flourish of his tail, he indicated that the interview was to begin.

The first question concerned his satisfaction with the headquarters we were in.

"My people have spent generations living in the worst of slum ghetto conditions. You must appreciate the step upwards this presents to us." His eyes, grown moist with sentiment, suddenly flashed in anger as he added, "But this is really no decent place as you observe; human beings are continually making noise outside the walls while we

are white middle class housewives over 30 years old. The drugs most abused are not "hard" narcotics such as heroin, but prescription drugs like amphetamines, tranquilizers and sedatives. For every adolescent seeking help for a bad trip on "acid" in our emergency room, five or more adults would be lavaged for "barbiturate" intoxication in our poison control area. The problem of drug abuse, then, is indeed commonplace; unfortunately, attitudes about drug abuse are similarly unruffled.

One patient, Beth, a 15 year old girl, was brought into the E.R. by her boyfriend who told me she was having a bad trip on mescaline. He instructed me to sedate her with 100 milligrams of Thorazine (a major tranquilizer). She seemed unduly stuporous for being on a central stimulant hence I decided the best treatment was to do nothing but observe. Meanwhile, her parents were contacted and gave their permission for treatment. How-

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## Commons Sponsors Exceptional Art

by JAMES NOCON

The Commons Art Committee underwent a change in management this summer, and will be directed exclusively by Jefferson University students. Simply, the ultimate goal of the new committee is to expose and educate the Jefferson Community to contemporary Philadelphia art. To accomplish this, CAC has planned exhibits which we hope will stimulate interest in all art forms and media. Such forms include, paintings and graphics, sculpture, jewelry crafting, fashion design, crafts, photography and so forth.

"Art for art's sake," will not predominate any Jefferson exhibit. Because art appreciation is a personal experience, CAC realizes it cannot possibly please everyone. Therefore, it will not attempt to please anyone. However, CAC will present spirited exhibits which it feels are worthy of enthusiastic response.

Because the University takes no commission on any art sales, we require that each artist donate one work to the permanent Jefferson collection. This forces the committee to judiciously select its exhibitors. Also, this imposes a second goal on the CAC: to bequeath the finest possible collection of contemporary Philadelphia art to Thomas Jefferson University.

Since Jerry South had scheduled a number of artists for the fall season, the committee will not initiate its new goals until the winter quarter. At this time, CAC will exhibit one "feature artist" and a number of "new artists" during each exhibition period. Group and mixed media shows will predominate in the new artist category. Occasionally, a group show will be featured. A graphics show is being planned portraying such masters as Braque, Miro, Chagall, Ernst and Picasso. During the Holiday season, be prepared for an exciting show of jewelry hand crafted by Philadelphia's finest artisans.

In order to succeed, the CAC needs your support and ACTIVE participation. If you are interested in joining the committee, contact Sue Menin in Room M-46, Jefferson Hall.

## Book Review:

### Death At An Early Age

by NORINE BONANNO

Psychological warfare has not only been found in trenches and concentration camps but has had some of its greatest impact in our elementary schools. While school officials and teachers would label their destruction of the minds and spirits of youth as "doing the best for the children", the best often results in students' premature death. Jonathan Kozol, with much insight, describes the psychological warfare used against Negro children in the Boston Public Schools in his perceptive and shocking book entitled "Death At An Early Age"

Probably the most disheartening point Kozol emphasizes is the white middle class teachers' total lack of awareness and understanding of their disadvantaged students. These "promoters of learning" subtly and without realization daily hack away at the black students' vitality, enthusiasm and confidence. The specific teachers Kozol describes are a music and art teacher at his ghetto school who love "the darlings", yet who perpetually compare their black students to their former students (who happened to be white). As we can guess, the black students just don't measure up, according to these liberal thinking teachers. The fact remains, as Kozol reminds us, that the Negro chil-

dren draw different kinds of pictures and they listen to different kinds of music. But the music and art teachers (who, unfortunately, are carbon copies of many teachers throughout America) equate different with inferior; therefore, their doing their "best" for the children by continual ridicule results in promoting inferior feelings among the black children—psychological warfare in one of its subtlest forms.

One of the most blatant examples of indoctrinated inferiority complexes was Kozol's description of guiltless students who accepted blame for misdemeanors. Many teachers would ask the student to apologize for something he didn't do, and the student would comply. How many of us would feel this powerless?

If this destruction were merely a teacher to student hangup we would have more hope for change, but costly textbooks (used in many school throughout our country) enhance the problem. Overt discrimination and indoctrination can be found in elementary geography and history texts. Jonathan Kozol's Death At An Early Age contains excerpts from a geography text used in many schools today: The

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**JEFFERSON MOVES INTO COMMUNITY**

*(Continued from page 1)*

center, of course, is to prevent hospitalization and rehospitalization through alternative treatment methods and through continuity of care. Recognizing this, a Day Treatment Facility was made a first priority of the Mental Health Center Program in its early days. In this situation, patients who would have formerly been hospitalized are now placed in a program which meets daily from 9:00 A.M. to 4:00 P.M. Monday through Friday. Patients return to their homes evenings and weekends. Through utilization of group therapy techniques, continuous counseling, various recreation activities, plus art, music and dancing therapy, patients who are seen in this kind of an outpatient setting maintain their ties with family and community life. The Staff also meets with families in the evenings at various social events which are planned by the patient group. Vocational counseling, preparation for job hunting, good grooming classes and other rehabilitation services are provided to the Day Treatment Center on a regular basis.

Psychiatric services to children have also expanded through the Community Mental Health Center concept. Under the direction of Dr. Ora Smith, a fluid referral system has been worked out with elementary and junior high schools in the catchment area for treatment of children with mental health problems and for consultation to counselors, teachers, and parents groups. The Children's Service Unit has worked closely with School Consultation over the past year and will be even more closely related in the future. Aside from seeing individual children and families, the staff of this service has developed a number of innovative programs and consultative relationships ranging from consultation to the hospital departments of Nursing and Pediatrics to consultation to one of the child day care centers in South Philadelphia.

Central to any concept of continuing care and effective return to community life is the need for After-care and Rehabilitation Services. The Community Mental Health Center provides this primarily through a contract with the Horizon House, a long established agency in the aftercare and rehabilitation field. Very often, patients who have experienced long term hospitalization are in need of a variety of resocialization experiences as well as vocational training, rehabilitation and placement. Horizon House staff is placed within the various service units to provide this kind of continuous treatment.

Since the goal of a center involves not only the treatment of mental disorders, but also their early detection and prevention, a number of consultative and educational services have been set up to work with primary "caretakers" such as clergy, agencies, schools, health professionals and with neighborhood level groups and civic organizations. Consultation and Education, thus, has focused on assisting persons in the helping professions to better cope with mental health problems as well as to provide a treatment resource for specific cases.

In the coming year, the Mental Health Center will be adding a unit in Mental Retardation and another in Family Therapy plus endeavoring to bring into the community additional services for drug addicts.

In these, and other ways, the Mental Health Center has brought the hospital out into the community to a greater extent than ever before. By attempting to respond

to the needs of the community, the Center hopes to be a force for improving the quality of life in the community. Only in this way can the goals of a community mental health center be achieved.

**CURRICULUM INVOLVEMENT**

*(Continued from page 1)*

1969-70 will be a crucial year for every member of the Jefferson community. In July, 1969 a completely new Faculty Curriculum Committee was established under the Chairmanship of Dr. Thomas Duane. There are ten faculty members and two students selected by the Student Council last May. The committee has a one year lifespan and the charge to review and revise, where appropriate, Jefferson's curriculum. I repeat that it must present its final report by July, 1970--nine months from now! Furthermore, the 19 Subject Committees will in the next few months be revitalized and charged with developing the specifics of curriculum change. Two students will sit on each of the nineteen subject committees. The Student Curri-

culum Evaluation Committee must co-ordinate and actively put forward the students' views, positions and ideas on curriculum. There are two chairmen and two students from each of the four years on the SCEC. In addition, the ARIEL must continue to keep information flowing to and from the students and their

representatives and between the students, faculty and administration.

Most of the positions just described have not yet been filled, but will be in the very near future. Announcements have already been made to the 1st, 2nd and 3rd year classes and notices placed on appropriate bulletin boards.

Applications are available at the front desk in Jefferson Hall, and the basement of 1025 Walnut Street. They should be sent to the Student Curriculum Evaluation Committee of Student Council, Jefferson Hall Box 32, Faculty Mail. This is the year of decision. You are needed now.

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BOOK REVIEW

(Continued from page 4)

bigotry is evident in its depiction of different peoples from different lands. In Our Neighbors Near and Far, Carpenter describes an Arabian family: "These people are fine looking. Their black eyes are bright and intelligent. Their features are much like our own, and although their skin is brown, they belong to the white race, as we do. It is the scorching desert sun that has tanned the skin of the Arabs to such a dark brown color." Yet Carpenter's description of African Negroes is not so pleasant: "The black people who live on this great continent of Africa were afraid of the first white men who came to explore their land. They ran and hid from them in the dark jungle. They shot poisoned arrows from behind the thick bushes. They were savage and uncivilized." "Yumbu and Minko are a black boy and a black girl who live in this jungle village. Their skins are so dark a brown color that they look almost black. Their noses are

large and flat. Their lips are thick. Their eyes are black and shining, and their hair is so curly that it seems like wool. They are Negroes and They Belong To The Black Race." Kozol should be commended for his lucid style and for bringing the inadequacies of the Boston Public Schools to public attention. Yet, I only wish that Jonathan Kozol's impassioned cry for change had gone hand in hand with more positive suggestions for reform in our ghetto schools.

A DAMIEN-ICKER IN A THRAVE

(Continued from page 4)

are trying to sleep, they leave poorly nutritious food for us, and of course, there is continual confusion due to the mixups concerning the hot water, when it is or is not flowing."

Detecting something deeper troubling el Neotoma, I inquired as to the basic problems and goals of his leadership.

His steel grey whiskers twitched twice, and then he re-

plied, "The core of our problem is that of discrimination. In the laboratories, you in the power structure refuse to accept any of my people for experiments. Why? Because they are black! It is quite obvious that the performance of a rat has nothing to do with the color of his fur, yet you persist in only admitting white rats. They are placed in clean cages, fed regularly, given tender attention and affection, while we must live out our lives in these facilities - or worse."

Didn't he consider that the rats selected to participate in the Jefferson Laboratory Rat Race had demonstrated superior qualifications, and that it would be unfair to discriminate against them by accepting those who are of lower ability?

"Please be so kind as to inform me just what these qualifications are," came back a slightly mocking reply.

You know, I said.

He learned back on his cushion of shredded nylon stockings, then darted forward and exclaimed, "Qualified because it looks better for the laboratory if all their rats are 'nice and clean and white'? Is the laboratory afraid that no one will recognize the validity of their experiments, saying, 'My, my, that place has so many field rats. No other lab does; they must be doing something wrong.'?"

Isn't it possible, I continued, that changes should be made in the environment before the field rats reach the laboratory stage, and that it was unwise to use rats who might not be able to complete their tasks?

"Why limit it there?" He paused as a nearby toilet flushed, and then continued as the noise subsided, "Really, now, who says that all the albinos you take are so smart or well motivated, anyway? How many of them will drop out, and how many more will just barely scrape by? That says quite a lot about your selection process. I've no doubt we have quite a few wood rats here who'd fail the entrance that the whites pass, and yet would be much better rat racers in the end if they were allowed to continue.

"Besides, don't you realize that with this untapped pool of woods, the first laboratory to imaginatively select from among them will have the best of them at its disposal?"

El Neotoma then took a small piece of rotted cheese steak which a lieutenant had just stolen from an apartment on the thir-

(Continued on page 8)

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**DIRECTIONS FOR MEDICAL CURRICULUM**

*(Continued from page 1)*

Medical education has a primary responsibility to society, including the provision of health care, the prevention of diseases, and the health education of the public. Secondly, medical education must prepare the students with adequate knowledge to handle increasingly complex health problems. It should promote the humanitarian as well as scientific aspects of medicine and enhance the motivation and the creativity of the students. Finally, medical education has responsibilities to the institution to maintain the quality of education and to make the institution a positive force in the community.

**2. The value of individualization of medical education**

The committee supports the recommendation of the Association of American Medical Colleges Workshop on Medical School Curriculum that "Medical Schools must individualize the education of the physician to meet the student's varying rates of achievement, various educational backgrounds, and differing career goals. The concept of a standard medical school curriculum . . . is archaic and wasteful." The committee suggests reducing the core curriculum to basic principles and opening up many more elective courses. The bulk of medical education should be elective, allowing the student to follow his own interests in depth. To facilitate the operation of such a system, the committee recommends establishing a major counseling system. Counselors would be specially trained to aid students in selecting a course of study in their field of interest.

**3. A curriculum based on interdepartmental teaching**

To achieve a more integrated and relevant approach to medical education, the committee believes the majority of the curriculum should be organized around the body systems and patterns of human function. A minimum of fundamental concepts of basic and clinical sciences would be presented in order to eliminate unnecessary repetition.

**4. The evaluation of performance**

Although theoretically beneficial, the SCCEC feels that too often examinations represent short-term and artificial stepping stones which actually retard the learning process. They should be replaced with more realistic forms of evaluation. This evaluation should be multi-leveled, with both students and faculty appraising the effectiveness of the curriculum. The SCCEC also suggests the establishment of a pass-fail grading system to replace the existing numerical system. This would be more realistic and in the better interests of medical education.

**5. The role of modern learning theory in medical education**

Modern concepts of education should be applied to medicine to update and enhance the presentation of subject material. One example would be the greater utilization of small group and tutorial teaching methods. Students should be encouraged to become active learners and assume more responsibility for their own education.

**6. The value of a Curriculum Coordinator**

A modern medical curriculum with many elective possibilities would be a complex system. The SCLRP proposes the creation of an Office of Curriculum Coordination, under the direction of a full-time Medical Educator, trained both in medicine and education. This Office would have overall responsibility of all aspects of the curriculum, including content, presentation and improvement. The Office, concerned only with curriculum, would encourage the participation of faculty and students in creating and maintaining a high quality educational program.

**DRUGS & THE AMERICAN MENTALITY**

*(Continued on page 7)*

ever, they said this was the sixth time within as many weeks that she had been to a hospital for an adverse reaction to a drug. When the girl awoke, she stated that she had taken methadrine by injection, not mescaline. Furthermore, she decided that she did not want to get too "high" so she then took ten "blue heavens" which turned out to be the potent sedative Tuinal. Obviously, the Tuinal predominated and this accounted for her troubled

sleep! The problem was that her parents had told her to take the pills if she couldn't sleep--after all, she was a "nervous" girl. She was retrieved by her parents the following day and they said there was no sense talking to her because she was big enough to take care of herself. I suggested psychiatric counseling for both parents and child, and was duly admonished for my brash suggestion.

This is a typical case that I had encountered. In further articles I shall discuss particular problems of drug abuse directly from my own case histories. Pertinent topics will include sex and its relationship to drug addiction, the vocabulary of drugs, the teenage user vs. his parents, the adult user vs. her children, and so forth. The basic goal of the articles will be to give some insights into the "why" of drug abuse and the hypocrisy which surrounds it.

**TOP INSTRUCTORS NOTED**

*(Continued from page 1)*

Physiology: Both categories - Dr. Robert Mackowiak and Dr. Joseph Rupp.

Interest and enthusiasm - Dr. Eugene Aserinsky.

Biochemistry: Both categories - Dr. Arthur Allen and Dr. Bernard Shepartz.

Class of 1970 - Pathology: Both categories - Dr. Paul Lewis and Dr. William McDonnell.

Interest and enthusiasm - Dr. Gonzalo Aponte and Dr. Theodore Tsaltas.

Clarity and organization - Dr. Peter Herbut and Dr. Joseph McCloskey.

Microbiology: No one cited. Pharmacology, Psychiatry, Clinical Laboratory and Biostatistics were not included in this computation.

The Committee congratulates these teachers and is pleased to add its commendation to that of the general student body.

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October 10 and 11 - "Wait Until Dark" with Audrey Hepburn.

October 17 and 18 - CHAPLIN Shorts - "Gold Rush", "Laughing Gas", "Sparring Partner", "Face on the Bar Room Floor" and "The Pawn Shop".

October 24 and 25 - "Foolish Wives".

October 31 and November 1 - "East of Eden" with James Dean, Julie Harris.

The Marx brothers at their peak in this satire on pomp surrounding grand opera. Groucho, with dubious assistance from his brothers, crosses the ocean with an Italian opera company and contrives to get two young singers a break.

This is the kind of mystery-horror film that hooks you immediately, placing you in suspense and finally searing the daylight out of you in the end. Audrey Hepburn, blind from a recent accident, is visited by three men who have contrived to get her husband out of town, leaving her alone in her Greenwich Village apartment. The trio is looking for a doll filled with a fortune in heroin which they believe is hidden in her apartment. By a series of plot twists and special effects the audience is able to live the experience as if it were as blind as Hepburn. Consequently, the shock and suspense of the climax hits the audience just as hard as it does Miss Hepburn.

A fully developed portrait of a continental seducer enacted with brilliant depravity by Stroheim himself (the author). The film portrays the end of an era in Europe, signalized by World War I; a world of decayed aristocracy, wealthy and gullible visiting Americans. There is a skillful accumulation of detail that suggests feelings most frequently hidden in the unconscious. Made in 1922.

James Dean's personal achievement, "One of the finest films of his career" -- "Newsweek," and from "Time" -- "A complex and fascinating experience." Won an academy award for best director.

**A DAIMEN - ICKER IN A THRAVE**

(Continued from page 6)

teenth floor, and chewed on it reflectively. I declined politely a portion proffered from an attractive young female with six nicely shaped bosoms.

Wiping his lips on a piece of crocheted pillowcase, the rat leader cast a look back in my direction and continued, "Oh, yes, and what about those younger albinos you accept who have had fewer estrus cycles? Isn't their education inferior to the others? Why isn't anyone complaining that those that undergo the long drawn out process of seven or eight estrus periods are being discriminated against?"

The selection process has been confirmed in that case, I answered, by the successful rats that have come out of it.

"You didn't answer my charge about non-discrimination, did you?" he said with some air of relish. "Furthermore, isn't it true thaa you really don't know how the field rats will fare because you've never given them a change?"

Look, I said, don't you realize all the trouble that everybody in the lab has gone through to try to find qualified wood rats for the tests? There just aren't any. We know all about their problems, and feel that it is a very tragic situation and are doing all that we can.

\*\*\*

On the way down through the walls, I couldn't help but feel sorry that el Neotoma was unable to understand the logic and reasons behind the actions the laboratory had taken. But, then, a rare bit of soundproofing material (it was the first piece I'd

found in the building) got in my nose, and I sneezed out my contact lenses, and I just worried about my own problems. Sure, don't you?

**EINSTEIN OFFERS NEW PROGRAM**

(Continued from page 1)

nomics); epidemiology or biostatistics; or hospital administration. The experience is designed to provide a continuous family-physician contract for several years, allowing the operational elucidation of problems in social medicine and the evaluation of techniques developed as solutions:

**TOURING IN SOUTHWARK**

(Continued from page 3)

stories especially designed for such programs. The reading programs will center on Black History and the math on the New Math.

Tutors for this program are urgently needed. An orientation will familiarize the tutors with the most effective use of the laboratory materials. The tutors may indicate reading or math as their field of interest. The tutors may work as many hours as they wish any of the three evenings. We ask that the minimum spent be one hour. The materials are so structured that one tutor will work with three or four students for one hour.

The program will begin on October 6, 7, and 8. If you are willing to volunteer your time for this worthwhile endeavor in your community, please call Kent Eklund, GR4-0530, as soon as possible. If you have any further questions regarding the program, also feel free to call.

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