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Delvyn C. Case
Thomas Jefferson University

Eugenia Miller
Thomas Jefferson University

Tom Williams
Thomas Jefferson University

Ron Blum
Thomas Jefferson University

Lynn Porter
Thomas Jefferson University

See next page for additional authors

Authors
Delvyn C. Case, Eugenia Miller, Tom Williams, Ron Blum, Lynn Porter, Shep Dickman, Michael J. Blecker, Z. Bates, Aris Sophocles, James J. Nocon, Mark Widome, and Mike Starrels

Ariel

FEBRUARY

VOL. 2 NO. 5 THOMAS JEFFERSON UNIVERSITY AND MEDICAL COLLEGE COPYRIGHT ARIEL FEBRUARY, 1970

The people and the neighborhood at Gray's Ferry!

JEFFERSON STUDENTS PLAN CLINIC

By Delvyn C. Case, Jr.

An effort is underway by a group of Jefferson medical students to start a health clinic in Grays Ferry (So. Philadelphia). Tom Williams, Shep Dickman, Larry Berley, Robert Cacchione, and the Editors of ARIEL have been working with Mr. Vic DeMeo of the Jefferson Community Mental Health Center in an area considered part of Jefferson's Cachment area. Grays Ferry is a community of 17,000 black and white citizens in South Philadelphia that until recently has been completely forgotten.

Three months ago, these students and Mr. DeMeo began contacting community leaders to develop rapport and demonstrate concern. The meetings of opposing factions were attended; and slowly a sense of trust developed. At the same time, preliminary patient contact was established. Early meetings were held at a neighborhood bar but now are held at a building that will become the clinic.

The essence of the approach to the community was community control; its officers and representatives would have the ultimate control of services provided by the medical expertise. The community people tell the story that Jefferson tried to start a clinic "somewhere" in South Philadelphia early in 1968. However, resistance to Jefferson and group in-fighting precluded success. After the bid for a large grant failed, little was heard from Jefferson. The Jefferson students started with the premise of community-contro; therefore their early efforts were directed toward receiving community endorsement. Such efforts have provided success.

The health clinic would be multi-disciplinary. Volunteer physicians would be the personnel at the outset. Medical students and nursing students would function similarly as in the clinics at the hospital. Drugs would be solicited from drug companies. Funding would then be sought from the medical school, local industries in the Grays Ferry area, national foundations, and the federal government. It has been hoped that Jefferson would take a greater and greater role as the clinic developed. The lagging clinics at the hospital could be filled with referrals from the clinic; and the wards could receive admissions from the population at Gray's Ferry.

These plans were shattered, somewhat by the discovery that members of the staff of St. Agnes Hospital had independently been working with community members and had been further along in their planning. On 1/21/70 Dr. J. Gambescia, Chairman of the Department of Medicine at St. Agnes Hospital and Professor of Medicine at Hahnemann Medical College, and Mrs. A.M. Massaniso, Assistant Director of Nursing at St. Agnes Hospital, brought members of their staffs to the 30th and Wharton St. site of the clinic and began treating patients. Dr. Gambescia has obtained financial backing from St. Agnes Hospital and has plans for the rotation of medical students and nursing students through the facilities at Gray's Ferry.

The Jefferson Comm nity mental health program, however, would continue because Gray's Ferry is specifically within the Cachment area of Jefferson's services.

Nevertheless the students have felt some disappointment at losing an opportunity to extend Jefferson's services beyond the hospital into the community. However, the major effort has yet to begin: the establishment of a permanent functioning facility. It entails further negotiations with the community, enlistment of medical personnel, and procurement of funds.

In Grays Ferry Jefferson could still have a major role in providing health services to an area in great need of health care that is in its backyard. The Jeff students plan to begin discussion with members of the faculty and administration of the medical college and hospital to obtain volunteer help for the facilities planned at the clinic.

Rents Rise in Orlowitz

By Eugenia Miller

Occupants of Orlowitz Residence Hall will pay an additional eight to twelve dollars rent per month beginning this January because the city has imposed a $32,058 tax on the formerly tax exemp building.

Philadelphia has increasingly felt burdened by tax exempt institutions which currently occupy $1.6 billion of the $6.1 billion worth of property in the city. Because the percentage of tax exempt ratables has been rapidly increasing--a 0.4% increase occurred in 1969--the Board of Revision of taxes has been looking for places and reasons to impose taxes. If found place and reason in the city's hospital complexes.

Orlowitz's tax exempt statis officially ended January 1 as did tax exempt statis for "profit-making" facilities at four other city hospitals: Temple, Chestnut Hill, University of Penna. and Albert Einstein.

According to George M. Norwood, Jr., Vice President for Business and Finance, the rational behind imposing the tax on Orlowitz was that Orlowitz, because of its size and quality,

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The clinic building at Gray's Ferry!

Dr. Young Addresses SAMA

By Eugenia Miller

Dr. Quentin Young, a national advisor to SAMA, editor of Health Right News of the Medical Committee for Human Rights, and an assistant professor of preventive medicine and community health at the University of Illinois Medical School, addressed members and friends of Jefferson SAMA chapter about "The Medical Student's Role in Transformation of the Health Care System," on Wednesday, December 17, 1969, at 7:30 in Jefferson Hall mezzanine auditorium.

Dr. Young opened his address with an analysis of the present U.S. health care system and then proceeded to describe alternatives to that system. A question and answer period after the address was followed by a short discussion of specific opportunities for medical students' participation in new organizations for health care in Philadelphia and Chicago.

According to Dr. Young, health care in the U.S. long fatal by most standards, is "no longer failing, but not collapsing." While health care administered to wealthy suburbia may be adequate and even outstanding, that administered in the inner city is not. The urban ghetto has become a medical desert where neither doctor nor druggist can be found. The ghetto patient, lacking a personal physician, makes use of the emergency room of the urban hospital instead. The efficiency and operation of the hospital are thereby greatly curtailed.

Forces which are presently instrumental in the attempt to create a new health care system include a new atitude on the part of the youth of the medical profession and the degree of success reached by community sponsored local health care centers.

In Dr. Young's opinion, medi-

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Brent Spears - CBA

By Tom Williams

"Will you help me?," said Brent Spears, would be senior medical student at Jefferson, to the group of 30 or 40 black medical students. They had assembled in a Jefferson Commons meeting room at the beckoning of Brent who had taken a leave of absence from medical school to be project director of the Center for Medical Careers. "Will you help me recruit disadvantaged, especially black college students by working voluntarily with me and the Center for Medical Careers?" Not all of the students were paying attention to much of what was said during Brent Spears' description of the newly formed organization and during his entreaties. This was either because of a lack of organization or because there was a communication barrier between the black medical students and Brent Spears, white medical student. The students ended up being persuaded to work as a group giving advice to the Center. Why did the Center need advice from the black students? The reason is that there are no black medical people on the staff of the Center for Medical Careers who can identify with incoming black students. Certainly advice from people who best know blacks and their problems of trying to enter medical schools is sorely needed for the organization to function in its primary goal of assisting "any student who wishes to enter a health career to realize his career goal." Furthermore, blacks are best able to relate to the medical school candidates when they arrive in Philadelphia to be interviewed by the medical schools.

This problem of finding black support is only one of the headaches for Brent Spears. The

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Student Reports

By Ron Blum

About eight months ago the faculty-administration heirarchy at Jefferson was reorganized, reflecting the new university orientation. A new Faculty Curriculum Committee was appointed, to be chaired by Dr. Thomas Duane, head of the Department of Ophthalmology. The previous curriculum committee, headed by Dr. Robert Wise, was constituted by department chairmen and administrative representatives. This committee, after five years of careful study, recommended the present "Core Curriculum" as established in September, 1967 at Jefferson. The new committee has taken upon itself a more defined self image. Dr. Duane early directed the attention of the Committee to basic issues of curriculum and education, rather than administrative considerations, i.e. scheduling, elective approval, etc. A sub-committee has been

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Ron Grossman Elected

By Lynn Porter

December 17th Student Council held its last meeting for the year. The most important business transacted was the election of the officers for 1970. Those elected were: Ron Grossman-President, Bud Nye-Vice President, Terry Carden-Secretary, and Skip Davidson-Treasurer.

Various other topics were covered. The Promotion Committee of the Student Curriculum Committee met recently to discuss pass-fail. Nothing definite has been decided. Further discussion on pass-fail is set for January 9th. Student Council again supported Project Haiti by offering financial assistance to two of the students participating. Project Haiti sends eight Jeff students to St. John's Clinic for the study of tropical diseases. No definite decisions were reached on the other topics discussed.

ARIEL

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Delvyn C. Case, Jr.
Paul M. Fernhoff

NEWS EDITORS Richard Bonanno, Robin A. Edwards

FEATURES EDITORS Stephen P. Flynn, Steven A. Ager

LAY-OUT EDITOR Carol Dolinskas

CONTRIBUTING EDITORS
Michael J. Blecker, W. Cherry Light, Lin Sey Edwards, Tom Williams, Eugenia Miller, Jack Guralnik, James Nocon

EDITORIALS

Ariel in 1970

As most of us have learned from the past decade, little is stable in our society, and few people can remain comfortable and satisfied for long without someone questioning whether what they are doing is really of any significance. So it is with Ariel. We feel that we have added something to the Jefferson scene simply by our presence and our point of view which is a bit different from the generally prevailing point of view here. We feel we have inspired some people, and raised some questions which had to be raised -- both inside and outside of the medical school. On several occasions we may have even influenced school policy for the better.

Yet there is something clearly lacking. We had hoped to stimulate some real enthusiasm and vibrancy about health affairs at our traditionally staid institution, but most of us feel that we have not succeeded. Some of our articles on drug use, abortions, and racial matters have dealt rather controversially with vital areas of interest, in and out of the health fields. Responses, if present, were inaudable. The health professions simply cannot wall themselves off from social, economic, and other worlds, while declaring health their private domain. Drug abuse has social, psychological, educational, and legal implications as well as being a health problem. We have recently seen at Jefferson how our abortion policy can become fraught with religious and legal entanglements. Have we asked ourselves what our responsibility will be when we reach the point (which we are rapidly approaching) when the majority of the populace simply cannot afford hospital care? Population control, nutrition, environmental pollution are all national problems to which the health professions must address themselves. But what do we students know about them?

We had hoped that Ariel might act as a sounding board for these issues with participation from all segments of the Jefferson community. Our medical curriculum touches these areas only peripherally - yet we will all be expected to deal with the problems arising from them because medicine can no longer be separated from the ills of the total society. We are responsible for gaining some competence and understanding of these problems.

In the coming year then, we ask you to not only read Ariel, but respond to it. Criticize us, attack us, discuss us, write for us -- but respond.

Resident Evaluations

The third year of medical education classically has introduced the aspiring student into the exciting new frontier of the clinical block. Former habits are abandoned and participation in the care of the patient commences. New skills are cultivated, as is acquiring familiarity with instruments and manual techniques. Human relationships now hopefully are being formed. For the student this can be a tremendously rewarding or frustrating experience. Much of the students' attitude and leaning will be acquired through the residents on the service. This is a tremendous responsibility, for not only is he responsible for the patients' care, but also his actions go along way in determining the students' interest in the specialty. In general most residents do an admirable job in performing their dual role as physician and teacher, realizing this responsibility when they choose to come to a teaching hospital. However, a negligent resident can and has turned off many students to a field they might have otherwise considered.

Can a system be devised to prevent against such tragedies? More and more educators are realizing the value of student critiques. Such critiques - much like that filled out by the residents on the students would be reviewed by house staff. Continual deficiencies as well as complementary performances could be pointed out. A personal antagonism would be reflected in only one student's evaluation, not his fellow students'. With the purpose of the improvement of education as the goal, such a system deserves a chance.

Dress Code Beyond

There has been some discussion recently about the necessity of a dress code for medical students in the pre-clinical years. (In the clinical years, dress regulations are left to the discretion of the individual preceptors: at best, an inconsistent and aribtrary system.) Even at the high school level, the establishment of such a code has proven both unwieldy and embarrassing. If not illegal; it usually results in an atmosphere of distrust and ill feeling between the student body and the administration. The fact that this issue can be seriously discussed at this educational level is indeed disturbing.

It is no secret that certain faculty members and administrators (and students) are not happy with the dress and personal appearance of some Jeffersonians. (The reverse is also true). Such reactions seem quite natural in the context of the nationwide cultural confrontation between the young and the not-so young. What is unnatural is the formulation of school policy according to sartorial inclination.

The question of dress regulations is only a symptom of deeper and more insidious attitudes at Jefferson and other medical schools. First, it reflects the schizoid nature of medical education in which the student is caught between demand and condescension on the part of his instructors. If he is expected to assume the responsibility for the lives of others, he must be allowed to assume the responsibility for his own. Secondly, the issue infers the need to preserve the professional image, an obligation to the medical establishment. It is time to look past the image and examine the reality of medicine's inadequate response to the health needs of this country. A coat and tie will not erase the growing dichotomy between the potential and the actual level of health care for some members of our society. If one really wants medicine to remain an honorable profession, he would do well to pay more attention to the needs of the patient and the community and less attention to the length of his colleague's hair.

What About Wednesdays ?

There is nothing new in supporting a switch in the planning of Wednesday classes and electives (especially for juniors). Not only has discussion been heard among the students at the college and staff at affiliated hospitals but also among the administration at Jefferson itself.

Wednesday classes mess up the week. To some they are of dubious value in themselves. But most will agree that the split in the week destroys the idea of continuity of patient care. On some patients the student may have performed the admitting history and physical on a patient on Tuesday, only to find him discharged by Thursday. In other cases surgical procedures may have been performed on his patient on Wednesday while the student sits in lecture "listening" to someone "tell" him about surgery or medicine. Perhaps he will sleep through the entire morning completely, gaining the benefit of some rest.

Check junior lectures. Surprised by how few attend those inspirational sessions? Why not have hand-outs distributed to all the students and discuss the pertinent points during the blocks? Is it too much to ask some of the staff to teach a little each day at the bed side rather than "doing their thing" once a year in front of 35 sleepy junior students?

Electives are great too.

Though many have varying points of view on the need or indeed the quality of Wednesday (and Saturday) lectures and electives, surely a large number will support the move of Wednesday activities to Friday. (If students would not go to electives on Friday afternoon, why not?)

It is bad enough that juniors feel incompetent and uncomfortable at this stage of their clinical training without making them feel they have no role in the care of "their" patients . . . except maybe to draw bloods.

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.

Maternal Inequality

To the editor:

After having participated in the program for freshman students in the maternity ward to watch deliveries, I was appalled at one blatant injustice there. Ward patients are not permitted to have their husbands present in the delivery room, although private patients are permitted. Unless I am misinformed about the background of the policies of the maternity ward, I must conclude that this is injustice unexpurgated. For what reason other than racism and inhumanity can the hospital staff dig up to account for this (I have rejected the excuse that the maternity ward is understaffed). I think some re-evaluation of the ethics and morality of this situation is imperative here. For what sane or moral reason can Jefferson deny the husband of a ward patient one thing, yet allow a private patient's husband that same thing? Jefferson OB-GYN, get rid of this schizophrenic and unfair policy!

Tom Williams '73

SPEAK OUT ! WRITE LETTERS TO ARIEL

Panthers Accused

There has been much controversy recently over the killings of Black Panther leaders, Fred Hampton and Mark Clark, by Chicago police. Reports of the raid have brought out many conflicting statements, but the only way the truth will be brought out is fi the local, state, and independent investigations are carried out with fairness to both sides. At the moment this may not be possible because the Legal Aid Bureau in charge of preparing the Panther case has almost no money. If you are interested in seeing the truth made public and seeing a semblence of justice preserved, you are urged to contribute to the Panther Legal Defense Fund. Make any checks payable to the Fund and send them to

The Law Office
c/o Flint Taylor
2156 North Halsted Street
Chicago, Illinois 60614

ELECTION MEETING FOR ARIEL EDITORIAL BOARD

AT OPEN MEETING FEB. 11, 1970 #139

JEFF HALL COMMONS

7:00 P.M.

Brent Spears

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problems of trying to get the medical school's in the area to change their policies of admission, of reaching motivated and qualified black college students to inform them that the door to a medical school is not necessarily closed and of fir ing more help for the overwo.ked office staff are only so.:e additional more obvi "s d probably more easily deaith with problems that Brent Spears and the Center have to face.

The Center for Medical Careers (CMC) was a result of last year's Committee for Black Admissions (CBA) in Philadelphia. CBA, composed of a small group of medical students and medical personnel from a few of the medical schools in the city, boldly demanded last year that the medical schools accept one third disadvantaged, primarily black freshman. From 1968 to 1969 a four fold increase of black medical students, from 8 to 35 entering the freshman classes resulted. This was only five percent of all freshmen, not the anticipated one third, but it was a significant increase. It was intended that this year the Center would act as a clearing house for the applications of disadvantaged students for any or all of the six medical schools in Philadelphia by means of a common, thus expense saving application form and would arrange all of each student's interviews to occur concurrently to save unnecessarily expensive trips to Philadelphia. Also, included in the duties of CMC would be to raise financial assistance for the disadvantaged students, to set up summer tutorial programs, to arrange for medical students already in Philadelphia medical schools to act as "advocates" for students who apply to medical college through the CMC program, and to develop any programs which would further the goal of CMC. CMC officially started performing these functions July 1, 1969, but for a number of reasons it did not really start until October 1969.

To persuade the admission offices to readjust some of the criteria of acceptance is another function of CMC. Already the efforts of CBA have reaped some benefits since the six medical establishments in the Philadelphia areas have, after all, funded the center for Medical Careers with a combined total of $25,000. This in addition to monies from several other organizations is adequate to finance CMC and the salaries of both the full time staff, namely Brent Spears, and a secretary and the other few part time workers. Like CBA, CMC argues that disadvantaged medical students should not be judged under the same criteria as students educated in a select social and cultural environment. A lower grade point may mean that the student has worked twenty hours a week while in college, or that the student has simply not had comparable pre-collegiate education. Lower MCAT scores also may indicate only that the disadvantaged student does not perform under the bias that the examination portrays. Recommendations also have to be more carefully scrutinized because professors from many of the institutions from which disadvantaged students apply have no rapport with the admissions people at the various medical schools. An admissions office does not know whether to trust such recommendation, which because of poor communications also may not even supply the information desired by the medical school. Finally, most black, disadvantaged college students perform poorly in interviews staged in a strange city by interviewers that are perceived as unfriendly. All of these factors should be weighed by the admissions people in choosing fairly from all their applicants those who will be the physicians of our society.

Brent Spears, the director of CMC, is also in a sense the image of the organization. How he comes across to people makes it or breaks it. "How socially conscious, humanitarian, and even compassionate must Brent Spears be to do this thing!" might exclaim the average excitable type upon hearing of Brent and his mission. On talking with Brent, however, a slightly different picture arises. "No, I do not consider myself to be as much a humanitarian or a moralist as I do a pragmatist," says Brent Spears. By pragmatism Brent means that he intends to become a medical administrator rather than a practicing physician and considers the challenges and learning experiences involved in successfully developing such a desperately needed thing as the Center for Medical Careers to be the most pragmatic thing that he could do to develop his own career skills. This is not an inspiring philosophy especially to the black students themselves who probably would like emphasis placed on more humanistic ideals.

A closer look at how others view Brent Spears indicates that he must have had the cards stacked against him even after the unfortunate late start of CMC. In fact, it seems unlikely that he will pass along an effective, well established CMC to next year's director. First of all Brent was not directly involved with CBA last year, therefore he lacks the same base of confidence that blacks would give to a former CBA member. He receives a handsome salary for his efforts, leading to more distrust. Black students at Jefferson say for the most part that Brent's pragmatism excludes a real human concern. One freshman student at Jefferson said that Brent Spears "has a low opinion of people." This opinion stems from the student's perception of Brent's unwillingness to delegate such responsibility to his co-workers. This, the student claims, along with the fact that CMC got a late start last fall, probably will mean that not a significant increase of disadvantaged students over last year will be admitted to the 1970 classes. Also, a few people feel that Brent did not have adequate competition for his position - they say the committee which chose him should have selected a more qualified person for the job.

Are the above opinions objective views of Brent Spears and CMC? Of course, this too is a matter of opinion, but one's objective eye always is in danger of being considered clouded unless two sides (at least) of a story, are presented. First, the reason why Brent Spears and CMC got off to a late start last year are: (1) CMC's hired staff for the summer did not do any work (Brent, still in school for the summer, could not begin until September); (2), the volunteer staff procured by the committee that originated CMC never materialized; (3) a secretary which had been promised by the committee mid-October because of a hiring mixup. So Brent Spears had to start from scratch at such a late date that it was very difficult to adequately recruit medical students for the next year. To itemize further some of the other side: (1) black students are working with CMC to recruit students and to personalize their stints to Philadelphia for interviews; (2) more disadvantaged students than in years past will be admitted next year, undoubtedly; (3) Brent Spears is undertaking a job requiring heretofore untried and unthought of tactics and ways of management and a job fraught with the likelihood of being misunderstood and mistrusted by those he is working to help.

A person's mind can construct almost any situation, but how many medical students at Jefferson could really conceive of themselves in Brent Spears' position? As Brent quoted, the 60's were a "slum of a decade" with all of its revelations of the dark side of the human spirit that can only be redeemed by those willing and daring enough to creatively change their surroundings. Only the immature maturing, the corrupted cleansing, the masked unveiling, the unwilling willing and the creative creating are the ones who will make the 70's unlike the 60's.

Dr. Young

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cal students are being radicalized far faster than any other student group in the American educational system. Dr. Young believes that the medical educational experience is potentially one of the most radicalizing because the individual student physician is forced to deal with the results of society failures. Young finds that all over the country, youth of the medical profession are rejecting the old AMA model of the physician: one who achieves maximum personal skill in order to attain maximum personal gain. The new youth are bored with affluence. Having been brought up in the country club life, they find it has become unattractive and even repulsive.

Young believes that legitimate forms can be established whereby a doctor can serve his community and reap the non-materialistic rewards inherent in that service and at the same time lead a comfortable, but not affluent personal life. Such legitimate forms would necessitate group salaried practice as opposed to solo practice with fee for service.

Dr. Young described two community sponsored local health centers in Chicago. Health centers such as these believes he

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Hair

By Shep Dickman

"Nonsense!" I mused. "She can't be that crass and callous. After all, don't the two of you have a lot in common. The very fact that she's wearing that white uniform, however starched and expansive, must mean something. Alleviate the suffering. . .patience. . .compassion. . .understanding. . .and more. . .much more. . .though I must admit that the resemblance to Ken Kesey's 'Big Nurse' is there. . .but, still, you must realize that he created a fictional type, figment of a misguided, ill-informed author's fanciful imagination. And, on top of that. . ."

"Here!" Her loud voice woke me from my mid-day reverie and directed me to fill out one last form. As I did (and I had been filling out "one last form" for a week now), I sensed her eyes fixed on me like stone. I felt uneasy. It seemed somehow that I was out of place, that there was no room for me here within these sterile confines, what with her robust body spilling calculatingly into every corner of the room. I nervously completed the data card and placed it infront of the unmoving figure. Fifteen minutes with the lady and only the swivel of the neck to acknowledge my presence. Well, either she's paralyzed from the neck down and mouth up or I'm in the middle of a blood curdling nightmare!

After handing me a list of responsibilities as nursing aide, she blew the closing whistle with an rhetorical, "Any questions, son?" I knew my time was up and rose from the chair. Just then, a barely perceptible glimmer of teeth accompanied that miraculous phenomenon, a smile, however feeble, and she coolly remarked, "Oh yes, son, one last thing. Of course you'll cut your hair before starting work."

It sounded with such an air of finality and matter-of-factness that I was tempted to nod perfunctorily and leave. Perhaps it was a joke. Or just her motherly instinct seeping through.

At this point I laughed sheepishly and remarked that I prefer my hair the way it is, thank you. Kind of a personal thing, you know, Ma'm. Like something you nurture and cultivate and becomes a part of you. I figured this explanation should do the trick.

But she merely looked down at her desk and remarked, "Well then, you'd better look elsewhere for a job." End of discussion.

My laugh turned to a look of disbelief as I sat down and asked her to repeat that. "That's right," she said. "Rules are rules. And our policy requires clean shaven faces, back hair line no further down than the ear lobes, and no side burns." I stared helplessly. Not knowing an appropriate rebuttal to make at this point, I feebly inquired as to the source of this policy ("Military regulations") and even more feebly requested an interview with the head policy-maker here at the hospital ("That won't be possible.") And I was escorted politely out the door.

This incident was not lifted from Alice's Restaurant or Easy Rider — though it may seem likely that it was. Rather, this comes straight from a documentary awaiting release by Society Hill Studios. The title is Jefferson at the Turn of the Decade. It concerns a big urban hospital and its attempts to deal with the problems encountered in servicing the community with medical care. There's a cast of hundreds, all highly skilled, highly regimented, and highly paid.

The incident cited above is but a meager sampling of a series of well-executed takes depicting individuals being refused employment because of a policy based on fear or ignorance — or perhaps both. So far, nothing new. We've heard it all before.

This individual was turned away because his hair was too long. Others were turned away for

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Francis J. Megeary M.D.L.I.D.

Thou Shalt Not Kill

Man is He, who is called by
GOD, to Be,
Through conjugation of ovum
and sperm,
From which moment, throughout
Eternity,
His Rights are infinitely above
germ.
Like Man, the germ has a body
and soul;
Its soul being its principle of
life;
Man may kill it, himself, remaining whole;
Sinning not, since it has no afterlife.
Albeit, Man must desist the cur-
That converts Wombs into
Tombs; misbelief
That none knows when Life begins must not let
The products of Conception come
to grief
Through our failing to throw
down the gauntlet
Against murder shrouded in disbelief.

L.
LLD., COM(MC)USNR, Ret., 230492
Immaculate Conception Parochial School, 1916
LaSalle High School, 1920
Jefferson Medical College, 1926
Jefferson Medical College, 1926
Feast of The Immaculate Conception, December 8, '69.

577 Baeder Road,
Jenkintown, Penna.

"Love's Labours Lost"

By Michael J. Blecker

Every year millions of American women in the prime of their lives are struck by pregnancy. In fact pregnancy is second only to acne as a condition afflicting women in this age group. In an era when diet is the watchword few women of the "now generation" relish nine month of ever increasing plumpness complicated by unrelenting emesis. Thus it was not surprising that, when the local newspapers announced that Thomas Jefferson University Hospital (funded by a grant from the Mothers March on Pregnancy) had discovered a cure for this ailment, scads of grateful individuals beat a path to the doors of what has become known as the "Shrine on Walnut Street." Although for the most part these pilgrims were sufferers of pregnancy come to avail themselves of Jefferson's new service, there were those who came to sacrifice their diplomas as an offering of thanks to the benevolent spirits that had made such a cure possible.

Of course not all who came to TJUH were true believers. The pro-pregnancy camp was made up of several groups. There were those who argued that the announcement by Jeff was premature in that there was no good evidence that such therapy would result in a permanent cure. Indeed there are as yet no statistics in the literature specifying the 5 year post abortion recurrence rates.

Another group that was highly displeased consisted of those worthy practitioners who had spent years perfecting the proper technique of nail rusting and now found themselves unemployed; victims, so to speak, of the new technology. The plight of these gentlemen, who were willing to care for the "pregnant masses yearningto breathe free" when it was less fasionable to do so, is indeed pitiable. Once hailed by their clients as angels, they are today barely scraping by. Hopefully they may be retrained by some Federal agency and will some day trade in their rusty nails for the more modern potato peeler and vacuum cleaner.

Other disgruntled but somewhat less clinically oriented groups included the Motel Owner's Association, the Diaper Cartel, a smattering of local shotgun dealers and the Society for the Prevention of Cruelty to Storks. Undoubtedly the management of TJUH will not be swayed by a few negative voices and will continue in its fight to eradicate pregnancy, which has been designated by the President as one of the leading causes of inflation in the United States.

Freshman Play Closes After One Performance

By Lynn Porter

On Wednesday, December 17th McClellan Hall was the scene of this year's freshman class play. The play was a takeoff on Rowan and Martin's "Laugh-In" aptly dubbed "Rosan and Marklin's Lab-In." Several professors were singled out for accolades. Dr. Jensh (Mensh), portrayed by Gene Shaffer, gave a brilliant dissertation on the integument complete with slides on the mammary gland complements of Hugh Hefner's favorite magazine. Dr. Wise (Demise), played by Alan Resnick, demonstrated the perils of emphysema. Shown was the sudden demise of one of Jeff's experimental humans herded in for a clinic correlation. Dr. Noback (Backtract), Jeff's Columbia import, played by Milton Packer, expounded on the occulomotor complex. Lesions of the sixth cranial nerve give "ipsilateral paralysis of the lateral rectal muscle."

Dr. Eppel (Scheppel), portrayed Joe Ferroni, proved that the pancreas, among other things, is really a "pain-in-creas." Dr. Hausberger (Xiphiod Limberger) portrayed by Barry Abraham, showed his usual zeal concerning body moisture and the importance of keeping the feet from extending over the edge of the table. Dr. Ramsey (Hamse), played by Leland Cropper, gleefully sold colored pencils and was gifted with pies in the face along with the first prize in Student Council's Basket of Cheer raffle. Not to be forgotten were the narrators-Dr. Merklin (Marklin) played by Frank Borgia and Dr. Rosa (Rosan), Jeff's Julius Caesar with a smoking problem, played by Anton Kemps. The highlight of the show was Bobby Dumin's song in praise of Dr. John Shea.

This writer was glad to see such a packed house. It was good to see that the upperclassmen rallied to the occasion with enthusiastic support.

Extern on Call

By Mr. X. C.C. 111

"So you're the student on call tonight. Well, I'm going to be busy all evening, and I don't want to be disturbed. I won't be available at all between 7:30 and 8:00. 'The Flying Nun' is on tonight."

I guess this means that the intern isn't in the mood to teach right now. I'd call the resident, but he left strict orders not to be paged unless there is an atomic attack. I think I'll go on over to the Nurse's Station and read some charts. Here's one, Mr. A. Pismo Clam, a patient with fulminating Mondor's Disease.

"Excuse me, is that Clam's chart? I need it," the ward clerk said. "Are you the medical student on call tonight? Dr. Bluster says that you are supposed to take vital signs every thirty seconds on Mr. Whipsnade, the vegetable in Room 326. We'd have a Nurse's Aide do it, but it will be good experience for you."

"Room 326. I'm on my way."

"Paging the medical student. Paging the medical student."

"Operator, this is 'Mr. X,' the medical student."

"Well, it's about time. You'd think all I had to do all day long is sit here and wait for you people to answer pages. Call Dr. Bluster at 282."

"Hello, Dr. Bluster, I thought you would be getting ready to watch 'The Flying Nun' by now. It's 7:25."

"Yes, well, we have an admission on the fourth floor. It's Mrs. Crumble, a 67 year old lady with acute post-nasal drip, unresponsive to massive doses of Dristan. Forget about those vital signs on Whipsnade and go work-up this patient for me. I'm going to be tied up for another 35 minutes or so I'll tell you what — take the history all by yourself. Can you handle it? Are you sure you can handle it? I'll be over later to do the physical exam with you. By the way, while you're on the fourth floor, take a look at the guy with chronic priapism and see what's up."

Oh, boy, a real work-up. I sure wish we would have had a course in history-and-physical-taking last year. I'll take the stairs to the fourth floor so that I don't bother the elevator operator. There's the nurse.

"Hi, I'm here to work-up the patient with acute PND."

"Yes, right this way. I'll introduce you."

"Thank you."

"Mrs. Crumble, this is the medical student. He's got this little blue book and he's going to read a lot of questions out of it. You know — like 'Did you ever have chicken-pox or gonorrhea?" or 'How many times a day do you have sex?' Then he's going to examine you and stare at your entire body."

"Call my real doctor! I ain't lettin' no medical student pervert examine me! Call the A.M.A.! Call my lawyer!"

"Now, now, Mrs. Crumble,

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Untitled

By Z. Bates

Oak paneled rooms,
Large doors of heavy stain,
Long tables hewn with great pain,
And all around cigar smoke looms.

A tiny mud hut,
The Earth's the floor
There is no door
And running water leaves a rut.

An all white cell
The windows have bars
It gives a nice view of the stars
And silence reigns at the ringing of the bell.

Project Haiti

By Aris Sophocles

Voodoo, parasites, poverty, 200,000 people in need of medical care, and a 60 bed clinic in Limbe, Haiti. That's Project Haiti. Since 1963 Jefferson students have served at the Clinique St. Jean for six to twelve weeks at a time . . . have seen malaria, kwashiokor, morasmus, parasites of all shapes and sizes . . . have treated as many as 100 outpatients a day and attended the 40 pediatric, 10 obgyn, and 10 medical patients that make up the inpatient population in the clinic.

Hard work in a far off clinic, however, is only one aspect of Project Haiti. Here at home the Project has had to face a number of vexing problems. Lack of funds has been a perenial complaint. Now, thanks to a $400 Christmas present from the Jefferson Student Council, the Project has been granted a reprieve, and two more Jefferson students can be flown to Haiti to work and learn. Recognizing that such gifts offer only a temporary solution, the Project is applying for large grants from six private foundations in hopes of securing an endowment to support the Project for the next five years.

Soliciting drugs and medical supplies has been another responsibility of the Project. To make this task easier, the Project sought and was recently granted the status of a "non-profit organization" by the Internal Revenue Service. This means that all who contribute to the Project can receive a tax deduction. Sterling Drugs, International has recently agreed to furnish any drugs produced by one of its subsidiaries that will be needed by the Clinique St. Jean during 1970.

The other perenial problem has been Jefferson's reluctance

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Student Reports

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established to handle scheduling matters. Dr. Joseph Gonnella has given authority to approve any requests for new elective courses (the Committee reviews those requests Dr. Gonnella feels he cannot reaily approve). The Committee has been relieved of its previous responsibility to consider hospital affiliations. Thus discussion at committee meetings has centered around concepts of education, such as "core" and how to best define this in terms of the material presented to the students, a specialty tract approach to curriculum, and organ system teaching versus the current departmental approach.

The following items should give some insight into the activities of the Curriculum Committee:

--The reports of the nineteen subject committees were placed under review. The committees (made up of members from different departments and two students) have been asked to stand by until further information is requested.

--Discussions concerning the goals of the curriculum.

--Consideration of the general philosophy of the curriculum "Core will be defined as the knowledge, skills and attitudes needed by the non-specialist about the area in question." This necessitates at least two types of electives, those necessary to supplement core in some area of major study, and those peripheral to the student's area of study, but of interest or application.

--Departments lecturing to Junior students that also have Juniors on a block rotation have been asked if they would incorporate the lecture material into the block, so that Wednesday lectures may be discontinued in favor of more time spent in the clerkships. While the departments of Obstetrics, Pediatrics, Psychiatry and Surgery have agreed, Medicine is not willing to change from Wednesday morning lectures at present. The other departments lecturing are being asked to reschedule their lectures to Saturday mornings. If the department chairmen agree and the Executive Council approves the recommendation, this could go into effect in September, 1970.

--Consideration of holding electives on Friday afternoons rather than on Wednesdays, pending the dissolution of the scheduled Wednesday morning lectures for Juniors.

--Afternoon electives were made available to the Freshmen Class.

--The issue of a Pass-Fail System was referred to the Committee on Student Promotions, chaired by G.E. Aponte.

- Considerations of criteria for approval of electives not taken at Jefferson.

--Communications with the co chairman of the American Academy of General Practice have led to a meeting early in February where the Committee will discuss the possibility of general practice preceptorships as electives for credit.

--Dr. Maurer was given approval for his proposal to discontinue the laboratory aspects of the Biochemistry course for medical students and substitute a series of conferences, demonstations and study items.

--The paucity of teaching in genetics at Jefferson was considered; the presentation of an optional course to be offered during the Spring Quarter was met with favor, with the recognition that this may ultimately be incorporated into core.

--Consideration of the role of the National Board Examinations in the curriculum.

Besides Dr. Duane, the members of the Committee are Drs. Carpenter (pediatrics), DeBias (physiology), Gilbert (Dean's office), Gonnella (Dean's office), Gottheil (psychiatry), Padula (surgery), Ramsay (anatomy), Shapiro (hematology), Studzinski (pathology), and Ron Blum ('70), Mike Starrels ('69), and Larry Miller ('70, alternate student). The Committee meets every Thursday at two P.M.

The role of the student members is to express the point of view of the student body, as well as to keep the students informed as to the issues before the Committee. To be able to most clearly interpret the student perspectives and opinions we need maximum inputs. Questionnaires and discussion meetings supply much of this. Another source of input are notes left for the Student Council Curriculum Evaluation Committee in Box 32 in the Jefferson Hall Mail Room. Every student paying tuition to Jefferson should feel the responsibility to channel his suggestions and criticisms where they can have meaningful impact. We welcome your thoughts.

Finally, all the members of the Faculty Curriculum Committee, students and faculty alike, are available to discuss any aspects of medical education of concern to Jefferson. Your comments, either informal or in writing, will not be taken lightly. The process of change must include student opinion to be equitable. Whether you approach the representatives or organize interested students around an issue, you have a right to express your views and be heard.

Drugs and the American Mentality

By James J. Nocon

In Richard Bonnano's article DRUGS AND DRUG EDUCATION he states that drug education and research was the only rational approach to the problems of drug use. To this I agree, however, one statement bothers me. He made a differentiation between people who experiment with drugs and those that misuse them. The former group had a "right" to do so as long they harmed no one and we (as physicians I presume) have no "right" to stop them. Of the latter group rehabilitation and prevention are the key insights to sound therapy. Very emphatically, the author asserts the medical profession must elucidate that the true nature of drug control is health, not a moral problem. But when Mr. Bonnano speaks of rights and individual freedom he is speaking of the philosophy of human behavior: ethics and morals. What bothers me are our rights concerning drug experimentation and our responsibilities concerning drug use.

There is a very big difference between a moral or ethical approach and moralization. Simply speaking, the moral approach is a rational approach that intimately binds knowledge, judgement, and responsibility. Moralization is to philosophy (particularly ethics) what rationalization is to psychology: merely an aposteriori vindication of behavior. I have this nagging feeling that in Mr. Bonnano's article and in my previous articles there was a good deal of moralization taking place For example, simply because an individual harms no one, does this give him a right to individual freedom?

Do we really have a right to play around with a potentially dangerous drug because the only Betz cells endangered are our own? I say "play around" because the word "experimentation" used in this context smacks of moralization. The individual in his apartment spacing out on some potent grass or some "orange heaven" to the kick of the french horns in TOMMY is not experimenting by any means. Neither is he hypocannabinolemic. He is not experimenting with his blood levels by taking a little grass just because he hasn't had any for awhile. As physicians we are only deluding ourselves if we continue to accept this label of "experimentation."

However, most of us stimulate or depress ourselves with a little sour mash, sherry, tea, coffee, tobacco, sex, and so on ad nauseum et absurdum. Knowledge implies the cardinal virtures- Justice, Courage, Wisdom, Temperance – and temperance concerns that which we take into ourselves to keep us alive. Too much of any temperate object is harmful – too much food makes us gluttons is indeed harmful. Similarly, extreme use of our drugs can be harmful and when needed, a defecient use can be equally devastating. So we approach a middle road; not too much, not too little, and herein lies our virtues. "Virtus in media stat." A question remains though – what do we do about the consumption of a temperate object about which we know little? If reasonable, we proceed cautiously, if rash, we stumble headlong into a mire of regretful experience. My only advice philosophically, then, is to know what you are doing before you attempt to act. We are not saviours and we cannot forgive ourselves because we know not what we do. One fact remains clear though, possession of LSD and marijuana is illegal but philosophically you can do whatever you want as long as you understand and accept the responsibilities of your actions. And if your actions are clearly illegal you will be arrested. Can you accept this responsibility?

I am not going to quote the recent literature warning of the dangers of LSD, grass, etc., because at best, the statistics are equivocal and at worst, absurdly contradictory. However, this fact leads me back to my definition of an ethical approach to the problem of drug abuse. Philosophically we can only work from knowledge, and man, a creature capable of recognizing knowledge and acting with free will upon this knowledge, is obligated to judge an act upon the available facts. Yet we have very little to work with and this fact elucidates the nature of the situation. In the face of a rapidly growing problem of drug abuse that may be approaching the magnitude of a national catastrophe, there seems to be very little that physicians can do; for very little in the way of knowledge has come from all of our "socio-politico-economic-psychologic studies." But our wise and vigilant govern-

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Pass-Fail at Jefferson

By Mark Widome

"The traditional marking systems in the United States are . . .so firmly entrenched that even a suggestion that marking practices should be re-examined meets with the kind of emotional response usually reserved for attacks on the basic structure of society and its philosophy."

The above is from a book edited by George Miller, M.D., Director of Research in Medical Education at the University of Illinois, and entitled Teaching and Learning in Medical School (Harvard U. Press, Cambridge, 1961). As of today, the author is not entirely correct because there seems to be evidence that this sort of objective re-examination has been going in quite a few medical schools across the country and most recently here at Jefferson.

However, Dr. Miller's book does have an essentially correct analysis of grading systems themselves and the function of grades. Grades are used as both a learning aid and as a reward for study. They are a learning aid in as much as a student may use them to decide whether he has properly assimilated the material and to decide whether his study habits have been effective. They are a reward for study in as much as they are an end in themselves. They define a category of prestige (e.g. the top 1/3 of the class.)

The first use of grades is well and good. Few students or teachers would dispute the value of tests and grades as a method of self-evaluation. The second use of grades (as a reward) is where the controversy begins.

Is the use of grades as a reward desirable? To sample one man's opinion, I again quote from Miller.

"The unfortunate history of academic grades as a reward for learning has made symbol chasers of most students, including medical students. If there is one function of grading that consistently works against major goals of medical education it is this.

"If the medical student is to assume more and more the role of the graduate student and of the mature, self-directing adult, if he is to develop the habits of continuing study required of a physician in our society, then he must be freed from the clutch of motivational grading and reporting practices."

Dr. Miller assumes that a person who is not given the opportunity to internalize his motivation because of the ever present external pressure of grades will have a hard time doing so once he finishes his formal education and the pressure is released. If the student is given the responsibility of forming from within his own motivation, he will then and only then best develop that sense of continuing academic responsibility that one finds too infrequently in today's physician.

Sir William Osler observed, "The hardest conviction to get into the mind of the beginner is that the education upon which he is engaged is not a college course, but a life course, for which the work of a few years under teachers is but a preparation."

STUDENT MATURITY

Is the student mature enough for this sort of responsibility, one might ask? Well, is is argued, he is as mature as other graduate students who work well under a Pass-Fail system, and he is deemed mature enough to be given responsibilities in patient care in his clinical years. One would be a bit disturbed were he a patient in Jefferson Hospital and were he aware that the extern who was partially responsible for his medical care needed grades to keep him learning his medicine.

OTHER SCHOOLS

Enough of opinions, let us examine the facts. A memo released by the Student Records Super-

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Discussion Continues on Pass-Fail

By Mike Starrels

The following thoughts were presented at the December meeting of the faculty promotions committee to initiate discussion of Pass-Fail at Jefferson.

The Objectives of any evaluation system include:

1. Student feedback on whether he is scquiring the knowledge skills and attitudes (hereafter abbreviated "KSA") required for the M.D. degree from Jefferson. This is a qualitative judgement.

2. Student feedback on how well he is acquiring the KSA of an outstanding physician at his particular stage of his medical education. This is a quantitative judgement which provides the student with an external evaluation of his acquisition of KSA. Under the present Jefferson grading system this evaluation is used fo additional purposes to be discussed below.

3. Faculty feedback sufficient to determine whether a student has acquired the KSA necessary to receive the M.D. degree.

4. Faculty feedback sufficient to properly evaluate the teaching programs.

The present 100 point numerical system, a 3 or 4 point system (high-pass, pass, low-pass, fail or A, B, C, D, E), and a straight pass-fail system, I believe, all meet the above four objectives.

With this in mind, let us now consider some of the effects of different evaluation systems with observations on the merits of a undifferentiated (pass-fail) vs a differentiated grading system.

It is often said that differentiated grading systems provide and effective reward for a signi-

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Discussions On Pass Fail *(Continued from page 5)*

ficant number of Jefferson students, and by this means stimulates the acquisition of KSA. I believe this is certainly true at the present time while Jefferson students are under a differentiated system, but to make a valid comparison we must try to visualize the educational environment in an undifferentiated system. This should not be passed over as an easy task for students who have been educated, and faculty who have been educated and have taught, in the former system. Many medical schools are now finding that when the "grade reward" has been removed at their institutions, students continue to acquire KSA with at least the same success. As an example, I suggest speaking with, or directly polling, the Jefferson faculty who have been preceptors for elective blocks to determine whether they have observed a change in the KSA between this year, which is pass-fail to a major extent, and last year.

Furthermore, we must consider the long-term effects of the differentiated and undifferentiated systems on the continuing education of Jefferson graduates. I would suggest that the self-reliance and self-stimulation of an undifferentiated system is more compatible with ongoing education than is a system which places stress on a "grade reward."

What about intern selection and other situations requiring evaluations from Jefferson? First, we must be as certain as possible that when Jefferson recommends one student over another on the basis of any evaluation system, that the system is accurate in measuring the extent to which our graduates reach the objectives of medical education. Several groups have tried to correlate their evaluations of students in medical school with performance in practice and have not met with success. Such retrospective studies are very difficult to analyze since evaluation of performance as a physician is just as complicated as the problem we are discussing today, but these results should be kept in mind. Second, an undifferentiated grading system does not, in my opinion, deny the usefulness of personal evaluations. I would like to suggest that such personal comments could be made by faculty members when both the student and instructor agree that they are sufficiently well acquainted to make an accurate determination. If this were done the evaluations would not consist of poorly distinguishable statements for at least two reasons: the importance of these recommendations would be clear to the faculty under an undifferentiated system resulting in more careful comments, and the natural bias of every student to have the faculty member he sees as writing the best letter write his letter would be a common phenomenon to all.

Third, intern selection is only competitive for the Jefferson graduates seeking the most difficult positions to obtain. (In September, 1968, according to the A.M.A. Approved National Intern Matching Program, 631 of 717 hospital units available remained unfilled for internships after the first round.) We should have sufficient trust to be confident that our "best" students will be recognized as such by our faculty. The other Jefferson students, the vast majority, will get the same internship regardless of the evaluation system.

An undifferentiated evaluation system restructures the medical education experience from a competitive to a co-operative environment. There are several spin-offs to such an important improvement. The value of assistance, consultation and discussion among students will be reinforced as effective and desireable techniques in handling medical problems. This will always prove a tremendous asset both for the physician and the patient. In additon, faculty and students may find it easier to teach, learn and work in a co-operative environment.

4. We should strive to make medical education a more pleasureable experience, provided that such changes are not accompanied by a sacrifice in the acquisition of KSA. I believe an undifferentiated evaluation system will accomplish both.

5. Preliminary assessment of student opinion in early November, 1969 demonstrated tremendous student interest at Jefferson in a pass-fail system. A more difinitive poll, consisting of a) a specific proposal and b) mailed to every student, would be required before such an important change could be finalized. The following question, with responses following, were put before the freshmen, sophomore and junior classes during a morning hour:

Proposal: Elimination of the numerical grading system and its replacement by a Pass-Fail system with details to be arranged by a Faculty - Student Committee:

	Agree	Disagree	
Freshman	83	13	
Sophomores	134	28	
Juniors	37	7	
	254	84% 48	16%

It is also possible that the contemplated change from a highly differentiated to an undifferentiated grading system will shift the Jefferson student's attention from exams (witness the tremendous concern last year with whether Toxicology would be on the sophomore Pharmacology final, the refusal of many juniors to take to Ob-Gyn and Pediatrics finals, etc) to how best acquire the knowledge, skills and attitudes of an outstanding physician.

Pass Fail At Jefferson *(Continued from page 5)*

visor of the AAMC division of student affairs in February 1969 indicates that of the 92 medical schoo s in the United States, 39 of them are operating under some sort of pass-fail system for at least one half of the medical school curriculum. This figure includes schools such as the Medical College of Virginia which have pass-fail grading only in the clincial years but does not include schools such as Jefferson which presently award pass-fail only for electives. As far as I know, 28 U.S. medical schools now use pass-fail exclusively for all courses, for all years.

They are: Albany, Colorado, Florida, Georgia, Harvard, Iowa, Kansas, Kentucky, Downstate, Maryland, Minnesota, Missouri, New Mexico, North Carolina, Ohio, Pennsylvania, Pittsburgh, Rochester, Southern California, Stanford, Temple, Tufts, Washington of St. Louis, Wayne State, Western Reserve, Wisconsin, Hershey, and N.Y.U.

FACULTY OPINIONS

How do faculty feel about the merits of pass-fail? Robert Bender in an article "Attitudes Toward Grading Systems Used in Medical Education" (J. of Med. Educ., 11:1076, 1969.) reports the following results based on sampling of opinion of students and deans at 80 U.S. medical schools. Sixty-five percent of the deans responding expressed a personal preference for pass-fail grading. Among the deans of schools presently on a pass-fail system, 89 percent favored pass-fail. Among the deans of schools that do not now have pass-fail, 57 percent were in favor of the elimination of grades.

STUDENT OPINIONS

Results of a Student Council Curriculum Committee Questionaire this fall indicated that better than 80% of the students at Jefferson would prefer pass-fail. Bender reports that the majority of students nationwide feel the same way. Bender concludes that the majority of students and faculty prefer the pass-fail system regardless of the system currently in use at their institution.

DOES P/F WORK?

An abstract in the Journal of Medical Education (9:869,1969) describes the following experiment. In the fall of 1965, the University of Southern California adopted pass-fail on a trial basis. Grades were dropped and replaced with "unsatisfactory," and "satisfactory," with the possibility for honors. During the school year students were tested on the standardized Medical Student Attitude Inventory. The results showed that under the new system students were doing more assigned reading, more unassigned reading, and there was some decrease in the amount of cramming before exams as well as a net increase in self-directed study. Southern California like the other schools previously listed, has now eliminated grades permanently.

PASS-FAIL AT JEFFERSON?

The matter of pass-fail at Jefferson is currently being discussed by the Promotions Committee whose responsibility it is to decide such matters. A concurrent study is being conducted by an Ad Hoc Student Council sub-committee with faculty representation on it. This committee plans to report to the students on the various forms of Pass-Fail enumerating the strengths and weaknesses of each. It will then conduct a student poll to determine specific preferences. This information will be submitted to the Promotions Committee where it is hoped that student desires in this matter will be weighed with considerable emphasis.

Extern On Call

(Continued from page 4)

we students are here to help you. Do you think this is fun? You know, usually we are the third or fourth person to ask you if you ever had chicken-pox. Listen, I promise I won't tell anyone how many times you had gonnorrhea."

"Call the head of the hospital! Call Commissioner Rizzo! Call for Philip Morris! Get this medical student out of my room!"

"Thanks anyway, ma'am." I'd better call Dr. Bluster and tell him what happened. "Dr. Bluster, the lady refused to let me examine her."

"Forget it then. How could you screw that up? And I was going to let you take a pulse too. Well, you blew it. Why don't you just go over to the medical student place and stay out of trouble? You might as well go to bed early. Don't forget you have 133 bloods to draw in the morning."

"Mr. X" would like to invite his readers to send in any questions that they might have about medical school, love affairs, grades, Philadelphia, sex, or what-have-you. Address all questions to:

"Mr. X"
c/o ARIEL
BOX 27
Jefferson Hall

Questions need not be signed. Names withheld upon request. Interesting questions will appear in print with interesting answers.

Rents Rise

(Continued from page 1)

competes with commercial apartments in the area. Students and hospital personnel who would otherwise contribute to city revenues by renting from taxable commercial building escape the tax by living in Orlowitz.

In its report of the tax levy, the Philadelphia Inquirer (12/14/69) indicated that Orlowitz was taxed primarily because non-students were occupying the building. Subsequent to publication of the article, Mr. Norwood asked the city if Orlowitz could retain its tax exempt status if there were only student occupants. The city replied that the tax would still be levied even if the non-students moved from the building.

Jefferson's lawyers, Obermayer, Rebmann, Maxwell and Hippel, in consultation with city officials agreed upon a tax of $32,058 to be distributed equitably between Orlowitz and the parking lot associated with the apartment. In order to meet the tax, increases will be made only in apartment rent. There will be no increase in parking rates.

Although the tax was retroactive for the year 1969, the officers of the University agreed to absorb the tax through December 31, 1969. All 1970 taxes will be distributed among the residents as follows: for a one bedroom apartment an increase of $8.00 per month, for a two bedroom apartment, $10.00, for a three bedroom apartment, $12.00.

Dr. Young

(Continued from page 3)

to be essential in the initial stages of the transformation of the health care system. One center Young described was that created by the Young Patriots, a group of white immigrants to Chicago from the South, primarily West Virginia and Virginia. Medical students from Northwestern collaborated with the Young Patriots in establishing the center. The Black Panther Party Clinic despite police raids and the shooting of its leaders is near completion. Community leaders were responsible for almost every aspect of the development of this medical center.

Establishment of community health centers is only a first step in the transformation of health care. Young envisions subsequent events in the transformation: election of community personnel to hospital boards of directors, establishment of outpatient facilities to take over many general hospital functions, nationalization of the drug industry, "flowering" of the non-physician health professions.

In closing his address, Dr. Young warned his audience that the price of being a responsible physician is going up and challenged them to the task of transforming the health care system.

Drugs

(Continued from page 5)

ment has passed laws making possession of such drugs a felony. The AMA stated that marijuana should not be legalized because of its potential dangers. even the "silent majority" has condemned the use of marijuana. Fireman, police, and Indian chiefs including the FBI and CIA have judged the situation and the sword has fallen. The marks are everywhere, including the Jefferson campus. But what facts are these people working with, what knowledge compels them to act? This large segment of America is merely falling into the pratfalls of moralization and it is about time we recognize this hypocritical philosophical approach.

The solution is to work with what knowledge we have. First, we must petition for more information. Research into the drugs that plague Americans must be continued and such research must be honestly presented to the public (this latter aspect has conspicuously failed to occur—why?) Secondly, as physicians I follow Mr. Bonnano's suggestion that we change drug abuse from being a legal problem to its true nature as a health problem. The medical community can be very instrumental here by challanging the AMA and FDA to reclassify the Narcotics Act. Hallucinogens are not narcotics and this knowledge obligates us to redefine them. A little serious thinking about their definition may lead us to a solution concerning their use and abuse. At this moment, Congress is debating a bill to lower the penalties for possession of marijuani petetion your congressman and senators to study and reclassify this drug. Carbon copy your petition and send it to the AMA and the FDA. A well publicized and concerted effort here may change a few laws and establish more intelligent ones.

Thirdly, we should establish a physicians coalition to study drug abuse and give it the power and backing to establish such institutions like "Help" and Gaudenzia House which help people with drug problems. In this way we also help ourselves by gleaning more information for and about such people.

There are many things that can be done, what is needed are more people with a better understanding of these problems than myself to guide and help informing a physicians coalition on drug abuse. Even though the knowledge is scarce and at times fleeting my little exercise in an ethical approach does suggest a course of action and it is a simple one. Get off your ass and act — there are people out there that need help and if we cannot help them, who can?

Project Haiti

(Continued from page 5)

to grant Project volunteers elective credit for service in Haiti. The main reason in the past has been that the volunteers received no formal supervision or training from accredited M.D.s. (The Clinique St. Jean is staffed by a nun and priest, who, though not M.D.s, are supremely competent in the diagnosis and treatment of tropical diseases.) To remedy this the Project and Dean Gonella are now negotiating with the directors of the Albert Schweitzer Hospital in Haiti so that volunteers can spend part of their six or twelve week service at the hospital.

Such are the Project's challenges. It is hoped that in the near future the Project can secure long-term financial backing, can establish an affiliation

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Hair

(Continued from page 4)

similar reasons like sex and color of skin. None of the individuals had recourse to disputing the decision of the 'Big Nurse' who, of course, has final word in hiring and firing. In fact, no one said anything. No one could. They simply walked away, down the long, sterile corridor, with a resounding "Sorry, that's policy, son" still ringing in their ears. Standard Hollywood technique.

On one level, this documentary exposes the discriminatory policies of one of this country's vital institutions. Unfortunately, in all this there's nothing new. We've tolerated it for so long our senses have become numb to its decadent odor. And even though significant legislative measures have been taken in recent years, discriminatory policies still persist in all areas of American life — although the more blatant forms of injustice have been banished from the writtenword and into the dark confines of unspoken sentiment and unwritten policies.

On another, perhaps more disturbing, level, this documentary is a tragedy, a distinctly American tragedy. The main thrust of the film is not the immediate issue raised by discrimination against and dehumanization of the individual. Rather, the film clearly depicts the gradual demise of a much needed institution, an institution which had the resources but lacked the insight and understanding to meet the challenges of the times.

The hospital diligently kept astride the rapid changes in medical technology and instrumentation. To fail to do so would have been insane. But amidst the medical upheaval, the hospital neglected one aspect of their service — their patients and their socio-economic environment. The hospital ignored the upheaval in social structure and social mores. It failed to realize that the medical delivery as implemented or retarded by hospital policy had to be constantly re-examined in the light of the "outside world," within the context of the changing times.

For you see, as the "long-haired, dark-skinned, slant-eyed freaks" were turned away one by one in the holy name of policy, the hospital found itself surrounded by a sea of sickness and suffering — with no way of delivering the needed medical assistance. All the lab technicians and nurses' aides grew long sideburns and were, consequently, fired. However, this left no one to clean the bedpans and change the linen and perform all those other "menial" tasks. And, though the medicine cabinet were crammed full, typhoid fever was running rampant through the ward.

In the final scene, the hospital has been forced to shut down. The administrators, who have been forced to dye their skin and let their hair grow and string love beads in order to secure employment at one of the local hospitals, march solemnly down Walnut Street, single file, with 'Big Nurse' at the head. And the triumphant notes of Thus Spake Zarathustra bring the documentary to a throbbing end.

Because of incredulity and lack of cleverness I rate this picture "disastrous."

Project Haiti

(Continued from page 7)

with the Albert Schweitzer Hospital, can afford to send four or more students at a time, and can set a precedent in medical education: i.e., giving med students the opportunity to learn medicine on the spot under minimal conditions rather than in classes and modern hospitals under the somewhat artificial conditions they provide.

For the present, however, the Project has great hopes, $400, and openings for two Jefferson juniors or seniors to serve in Haiti from January 25 thru March 8. If you're interested in serving at this time or in the future, please contact Aris Sophocles, 1825 Delancey St., Phila. . . . KI 6-0716.