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Four Blocks Down Turn Left

By Delvyn C. Case, Jr.

Idealism runs rampant in the first two years of medical school. The hospital is across the street, sick people are waiting. You eagerly await the first opportunity to enter those doors as a (student) savior.

The third year is the year of the cynic. The student learns where it's at; hospitals where he administers care but would not bring his own family; benches and waiting lines that would be an insult to him.

We started the year with Psych. at Coatesville V.A.H.---the in-place for that block this year. Free meals, plenty of patients and great instruction. The absence of an exam at the end of the block freed us to learn the subject matter.

Then came Surgery. All 26 students were assigned to Jefferson. We crowded into the dressing rooms looking for a hanger and scrambled for strategic spectator spots in the O.R. There were five of us so we scrubbed (in turn) to stand behind the staff man, the two residents, and the intern. At Jeff we learned about ward X-rays vs. private X-rays, ward "service" vs. private service. We once gang-recalled a patient---all five of us plus the resident. We learned why eponyms are used in medicine---to facilitate discussion of a patient's condition in his presence while he remains baffled at your rhetoric. "Do you think the patient might have Kaposi's disease?" We observed good bedside manners, for, after all, Jefferson is a teaching hospital.

The clinic was instructive. It was fun to have appointments with patients. During several rectal clinic sessions, we would stuff ourselves into patients' cubicles to observe "interesting" mucosal patterns in the sigmoid coons of black females.

For Ob/Gyn we had a split rotation. We were first assigne

(Continued on page 6)



Out patients wait in Clinic at Jefferson

What Happened To The Student Bill Of Rights

by Lynne Porter

When Dr. Herbut's office was contacted on Wednesday, February 18 for information concerning the exact outcome of the re-vote on the Student Bill of Rights, no information was forthcoming. When asked, Dr. Herbut's secretary replied, "Dr. Herbut does not have the exact figures at this time." When asked who else might have them she replied that she did not know. When asked when would Dr. Herbut have them, she replied that the original message was all that Dr. Herbut asked her to convey. Apparently later in the day, Dr. Herbut found the information in the form of a letter from Dr. Fred Harbert, head of the Committee on Student Rights, Freedoms, and Discipline, which he forwarded to Ariel on the same day.

Medical College - 333 Approve; 121 Disapprove.

Graduate School - 15 Approve; 2 Disapprove.

Allied Health Sciences - 211 Approve; 1 Disapproves.

The deadline for the re-vote

on the issue was December 20. Dr. Harbert's letter to Dr. Herbut was dated January 10. It is now almost March, and the following questions remain unanswered.

Why were the figures not made public before this? Why did it take so long to tabulate 683 votes? It also appears that the members of the College of Allied Health Sciences knew which side to swing to. Meanwhile, the Student Bill of Rights has been miraculously passed with all deliberate speed and the administration is no doubt quite relieved and content.

Krehl Appointed Head Of Preventive Medicine

by Tom Williams

"The medical center has the responsibility for outreach into the community. Community health centers should be developed where needed and wanted around Jefferson so that the community could relate to the

Student Council Discusses Curriculum, Honor Code

By Stephen P. Flynn

The monthly meeting of Student Council was held in Jeff Hall on Feb. 18. President Ronald Grossman called the meeting to order at 5:30 p.m. with a voting quorum present. Full minutes of the meeting are posted, as usual, on the Student Council bulletin board in the basement of the College building.

Ron Blum, a member of the Curriculum Committee, reported that eight Jefferson students attended a recent convention on medical education held in Chicago. A report of activities at the convention appears elsewhere in this newspaper. Mr. Blum also said that more information will be forthcoming on the Pass-Fail

system and that a student poll on this issue is being formulated. Finally, it was reported that the Faculty Curriculum Committee had passed two important proposals: 1) Wednesday morning lectures be included in the block rotations; sub-specialty lectures would be given on Saturday morning. This change would eliminate Wed. morning lectures and provide for a continuous clinical week 2) in line with the first proposal, Wednesday afternoon electives would be moved to Friday afternoon. These proposals must now go to the Executive Council (faculty) and subsequently to the Board of Trustees for action. If approved, the proposed changes could go into effect in the fall of this year.

Barry Make of the Student Affairs Committee reported that an Honor Code will go into effect next September. It will apply only to the incoming freshmen and succeeding classes, and will not affect any of the students currently at Jefferson. Mr. Make also mentioned the possibility of a tuition increase next year. Apparently the rise in costs and the difficulty in obtaining sufficient state financial aid make such a move probable.

The editors for next year's yearbook will be selected by Student Council at the next monthly meeting. The yearbook is an individual profit-making enterprise and anyone interested in applying for editorship is urged to submit his name to Terry Carden, Council secretary, either directly or via the Student Council mailbox in Jeff Hall.

The Philadelphia County Medical Society seeks interested Jefferson students for positions on various committees. (Consult notice on bulletin board in College basement). Further information and applications will be handled by the Student Council.

(Continued on page 8)

(Continued on page 6)

Dean Gellhorn Addresses Sigma Xi Society

By Eugenia Miller

Dr. Alfred Gellhorn, Dean of the University of Pennsylvania School of Medicine, addressed the Sigma Xi Society concerning "Medical Education for Our Time," on February 19 at four o'clock in Solis Cohen auditorium.

Rebels of the '60's and '70's have attacked the war in Vietnam, racism in America, and urban havoc, Dr. Gellhorn began, but they have also "thrown down the gauntlet to the medical profession." They have condemned the medical profession as part of the scientific and technical world whose power in many ways threatens to destroy life. They have condemned the medical profession for delivering health care

as if it were a privilege instead of a right.

While acknowledging the legitimacy of some of the rebels' condemnation Dr. Gellhorn defended the physician as a scientist and other men of science against such charges that they pursue interests which are irrelevant to the public interest, function as the opiate of the intellectuals, and disregard harmful side effects of discovery and invention. Dr. Gellhorn maintained that though science may be responsible for the problems of society-population, poverty, pollution, peace---it is only through the application of science

(Continued on page 6)

Dons Students Attend Labs At Jefferson

By James Redka

Remember the Dons? They're the group of students who periodically invade the classrooms asking members to attend meetings and others to volunteer to help. Have they been doing anything? Yes, there's action as well as words.

Approximately twenty-five students from Overbrook High School in West Phila. have been assigned Jefferson "dons" - medical students who attempt to interest these students in education, medical or otherwise. Another group of fifteen students from South Philadelphia High are coming to Jefferson labs under the supervision of interested faculty members. Medical students are active here also, hopefully making Jefferson a bit more personable than it appears on the surface.

Does it work? That question will take years to answer fully, but at a recent meeting of the Don's, Dr. Helen Davies of the University of Pennsylvania encouraged our group with a report of early results of a similarly-aimed program at Penn. Some of the students in the Penn program have been motivated to be excited about science, the arts and other aspects of higher education.

A modest program? Yes, but it is certainly worthwhile and also in need of further student support, both from the medical college and from the other colleges of the "university."



Dr. Krehl

centers and so that students could be educated in 'community medicine.'" More arresting yet to the community conscious person is the quote, "It should be the responsibility of the community to

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Beyond The Looking Glass

Paul Farnhoff

Image-making has recently become as American as Motherhood, cherry pie, and the numbers racket. No self-respecting actor or politician would dare to step in front of the cameras without a prior consultation with his press agent and visit to his makeup man. Not that this has been for the worse. Americans traditionally have been categorizing individuals into neat little cubicles of life, and having an image facilitates this chore. The mention of a name stimulates thoughts far beyond his integument. For instance, Spiro Agnew is a favorite of our day. What about Abbie Hoffman, or Chang Sung? (Mr. Chang is the owner of a local infamous laundry.)

Are we, as part of the medical community immune? To the contrary, consider Marcus Welby, M.D. or Dr. Kildare. Let us not forget Cherry Ames, R.N. These modern day titans would make medical society presidents chest swell with pride. The physicians' image has always been part and parcel of his trade. A little known but interesting anecdote will illustrate this latter point.

The time is the late 1800's. A group of scholarly-looking gentlemen have entered a wood paneled boardroom at a famous Philadelphia medical school. They are the admissions committee - that body entrusted with the perpetuation of the medical community's finest.

DR. GYRUS (Dept. of Phrenology, "Gentlemen, please! Today we decide on acceptance of the five candidates we have just seen. For myself, the first four seem outstanding, but I have doubts about the last one. (General hum of agreement). He doesn't fit into my image of a physician. What patient would ever believe he has any scholarly attributes with his hair. It's disgracefully short. Also, his sideburns are absolutely emaciated."

DR. FOLLICLE (Dermatology): "Not only that, but without a beard no one will believe he is

(Continued on page 5)

The State Of The University

With the transformation of Jefferson to University status last June, one may have expected some change in relations among the component schools. If there is any change, it isn't noticeable. Medical School people still see themselves as the rulers of the institution and complained vehemently when it was proposed that their diplomas read Thomas Jefferson University. The nurses are still zealously pressured by their "mother superiors" to see that they do not attend any meetings or events which might "corrupt" them. To most of us, the graduate students are the guys who sit at the back of the lecture halls. The designation of an allied health school can barely be considered a reality because its courses have not yet been validly accredited, and the money needed to admit the first students is being held up in the present federal austerity program.

Clearly, "the University" is little more than its component schools of a year ago, but a beginning can be made now in order to develop a university atmosphere conducive to better understanding among future health professionals. This in turn would lead to a more efficient and cooperative situation in the hospitals. Present relations among health workers of different disciplines varies from grudging acceptance to outright hostility. The supposed cooperative effort among doctors, nurses, technologists and students is often characterized more by a lack of respect than by cooperation.

The University can take steps immediately which could bring the students from different fields closer together. Initially, the idea of having separate libraries -- one for the medical school and one for the allied health school -- should be laid to rest. The new library should be a University library where all health personnel can work and study. To do otherwise would be to widen the chasm between medicine and allied fields. In addition, students from the different schools should be encouraged to discuss openly the problems of cooperative relationships and try to discover why there is the existing "caste system" in the health field. Certain academic courses could be taken together. What would be wrong with nurses and medical students taking pharmacology or psychiatry together? Eventually, it would be hoped that the University would admit high school graduates who would all go through their first year or two of basic college courses together and then be presented with the opportunity of choosing which area they would like to enter, including medicine. Since Jefferson serves predominantly the Philadelphia area, this would not only bring all students closer together, but would give the University the opportunity to select students from the city and educate them in hopes that they would be better able to deal with the health problems which relate particularly to Philadelphia.

The initial reaction of those accustomed to the "caste system" might be negative. Some medical school people might have to swallow their pride before accepting such a "degrading" proposal. Yet, if we deserve the name University, we must accept the responsibility

of making the necessary changes in the present separatist structure for the good of health care.

The Role Of The Researcher

The American public has become increasingly sophisticated about what they eat, drink or swallow. There is a great demand to know the facts, effects, and hazards of almost everything that is consumed. Shockingly, it seems that this situation has led many researchers and so-called experts to abuse of their new-found power. Often, results of research appear to be presented in order to reinforce the opinions of the researchers on controversial subjects as cyclamates, LSD, birth control pills, etc., rather than to enable people to form their own opinions once given the pertinent information.

A physician in New York several years ago propounded a theory of LSD causing chromosomal damage, but his contention later proved to be of doubtful validity. The same physician last month published another article which he said reaffirmed his belief. His "research" was based on one couple who had borne a birth defective child. He found that they had taken LSD about a year previously. There was little mention that 1 out of 30 babies born have serious defects or that there was absolutely no evidence of cause and effect. Yet JAMA printed it and people will believe it because of the author's position.

Switching from cyclamates is really no problem, and scaring people a little about LSD may be a good thing, but the recent Congressional hearings on birth control pills indicate some real irresponsibility among the "experts." There was a lot said about the British studies which showed a correlation between the pill and deaths from blood clots. Yet there was little said about the U.S. which indicated a decreased incidence of thrombophlebitis in pill users. There was a lot reported about the mice who died of cancer after estrogen diets, but if one explored this study further one would find that 50 percent of these mice eventually die of cancer normally and that they were fed half their body weight in estrogen for one quarter of their life. Can this even be considered at all comparable to a pill user. The repercussions of this "pill scare" are already being noted by doctors throughout the country (N.Y. Times, Feb. 15 and 22). Many women who stopped the pill out of fear are now looking for abortions, while some prognosticators expected 100,000 unwanted pregnancies in the next few months.

The public should be made aware and educated on the facts and hazards of whatever they consume. It is also clear that some of the problem is exaggerated publicity by the news media. But it is the responsibility of the researcher that is of concern here. If statements are to be made or papers published about research, the limitations must be made public as well. The social implications of a statement should be weighed against its validity as to the emphasis it should be given. The news media must be cautioned against misrepresentation of fact. Finally, the researcher himself must be rigorous in guarding that his particular bias does not override the real implications of the research.

Letters To The Editor

Dress Code

To the Editors:

With regard to a dress code, I have two suggestions for the students. One, dress as you did for your admission interview. Two, if you want to dress and look otherwise, knock and ask permission to examine in-patients. As you will discover, out-patients have a choice in selecting physicians according to taste.

Thomas D. Duane, M.D.
February 25, 1970.

Exam Criticism

To the Editors:

In recent issues of Ariel there has been much discussion of substitution of pass-fail for the present grading system. It is my opinion that the purposes sought by those who wish to eliminate grades will not be achieved unless the testing system is also

altered. Pass-fail is defended on the grounds that it relieves pressure on the individual student and enables him to study to learn, rather than to cram to score high on tests.

The tests currently administered at Jefferson require the student to throw back bits and pieces of information, much of which is trivial and insignificant. The great majority of tests do not ask the student to organize that information, to understand concepts and relationships among concepts, or to apply concepts and information to problems either practical or theoretical. The student is therefore torn between really learning the material so that it can be of use to him as a physician and memorizing trivia to pass an exam. Under a pass-fail system the pressure to memorize trivia would be reduced, but the testing system would still be present to inhibit rather than aid the student's acquisition of useful knowledge.

I do not advocate elimination of testing; however, I do think a change in the testing system is essential. I think a student could be challenged to organize information to understand concepts and relationships among them, and to apply concepts and information to specific problems were some of the following changes made:

1. Inclusion of some essay and short answer questions along

with the multiple choice questions.

2. Replacement of some written exams with oral exams.

3. Alternation of the present caliber of multiple choice questions so that they do test a student's comprehension and capacity to synthesize concepts and information rather than his trivia recall ability.

Eugenia Miller

Maternal Policy

Tom Williams' letter charging Jefferson OB-GYN with a "schizophrenic and unfair policy" blatantly using "racism and inhumanity" to deny ward patients' husbands the privilege of entering the delivery room is somewhat unfounded. To clear the air surrounding Mr. Williams' misinformation, Jefferson OB-GYN does have an official policy concerning this situation.

JMCH was one of the first hospitals to allow husbands into the delivery room to support their wives through labor and delivery. This was a direct result of the excellent prenatal courses given by people like Dr. Ruth Wilf. The courses exemplify breathing during labor to alleviate pain and also the normal techniques of the delivery through films and demonstrations. It also includes a tour through the delivery room to familiarize patients and husbands

(Continued on page 6)



Well, young doctor, now that you've mastered open heart surgery, I'm going to demonstrate another most delicate operation!!

Where The Fun Begins Commons Committee Sets New Calendar

For over a year, we of the Thomas Jefferson University have been enjoying TGIF parties, free movies, art shows, student-faculty coffee hours, and sports events. These events have not come about by spontaneous generation, but rather through the hard work and careful planning of members of the Commons Office staff and a few interested Jefferson students.

Mr. David Grebos, Program Director for the Commons, was interviewed regarding the planning of these extra-curricular activities, and the nature of those planned for the future.

When Mr. Grebos assumed his present position, in October of 1969, the office of Program Director had been vacant for about six months. At this time, several Commons Committees, established in the Spring of 1969, and composed primarily of medical students, were operating to a greater or lesser extent.

Because the Commons Committees were functioning independently of one another, and had no one to act as a co-ordinator, the activities they schedule occasionally conflicted. For example, recently a TGIF party was going on at the same time a movie was being shown, each detracting from the attendance of the other. In the future, Mr. Grebos hopes to avoid this type of error by coordinating the different types of events into an all-inclusive activities calendar. This would make it possible to insure that there was always something scheduled, but never a duplication.

Mr. Grebos would also like to work in cooperation with the Fraternities and the Dean's Of-

fice, so as to further give continuity to the activities program. It might even be possible for the Commons Committee to provide assistance in the publicizing of events, in return for some financial assistance.

Coming up on the Spring agenda are some very interesting events. Aris Sophocles, chairman of the Cultural Committee, set up the film series last fall. With the apparent demand for less classics and more entertaining flicks, he and Mr. Grebos have revised the schedule to include:

March 13 - "The Lavender Hill Mob," starring Alec Guinness; and a sneak preview of some underground shorts (some rather controversial).

March 21 - "La Strada," directed by Fellini, and starring Anthony Quinn.

On the nights when there are TGIF parties, the films will be shown at 9:00 o'clock instead of 8:00 o'clock.

Art shows have been scheduled, with the help of Jim Noon, for the Spring and Summer.

TGIF parties will be held from 5-9 Friday evening on March 13, April 10, and May 15, in the Jefferson Hall Cafeteria.

The Ramsey Lewis Trio is going to appear in concert on Thursday evening, April 23, in the Commons Cafeteria.

Student-faculty coffee hours will continue to be held on Wednesday afternoons at 1:00 P.M., once each month. The next coffee hour will be on March 18 in the usual location, the Jefferson Hall Social Lounge. All students, faculty, and members of the administration of the Thomas Jefferson University are invited to attend.

New in the schedule of activities this Spring will be a lecture series. Mr. Grebos gave questionnaires to students of the University, and student opinion was overwhelmingly in favor of the lecture series. The lectures will include topics such as Extra Sensory Perception, the use and abuse of psychedelic drugs, and birth control. Local political figures will also be invited to speak. The lectures may be combined with the present coffee hour program, or may be given in the evenings with a coffee and conversation hour afterwards.

Considering the fact that many of these activities have been met with poor attendance, Mr. Grebos said he wondered if we were not assuming a need for amusements which did not exist. However, he still feels there is a need, and that perhaps the poor attendance was due to bad scheduling, lack of publicity, and lack of coordination of events within the University. Once these difficulties are overcome, if the attendance does not improve, Mr. Grebos will re-evaluate the ac-

activities program.

If you are interested in participating in the planning of any of the activities mentioned, the Social Committee holds open meetings every Wednesday at 4:00 P.M., in room M35 of Jefferson Hall. You are welcome to come and contribute your ideas even if you don't wish to join the committee.

The Recreation Committee, chaired by Jim Dooley, is a separate entity and schedules all sports events. They have just concluded a ping pong tournament and a billiards tournament is now in progress. If you are interested in participating on this committee see Jack Lumsden in the Recreation Office in the basement of Jefferson Hall.

Ping Pong Play

The first annual Jefferson Hall Commons Men's Singles Table Tennis Tournament was won by Rich H. Niemeyer, second year medical student. He defeated Bernie A. Grument, second year medical student with scores of, 15-21, 21-9, 21-14, 25-23 for the best of five games. A total of 18 male players vied for the winner and runner-up trophies.

Niemeyer defeated Hall, Fried, Burger to gain the final

Nu Sigma Nu Wins Basketball Championship

By James R. Dooley

In the final tilt of the season, Nu Sigma Nu's "A" team-winner of the "A" league-paired off against the champs of the "B" league, Nu Sig's "B" team. It seemed ironical that members of the same fraternity should have been battling each other but battle they did with the "A" team walloping the "B", 53-22.

The victory was sweet for coach Bill Wixted and his crew for it was a long season spot-

ted with some ups and downs. It began with an opening win over Phi Chi's strong "A" team, 41-29. Whiteneck and Tibone threw in 10 points apiece for the winners while Ned Russell netted 14 points for Phi Chi.

Nu Sig's "A" then found itself playing .500 ball after its next encounter against a fast moving Phi Alpha. The game was close all the way but Phi Alpha took it, 45-41. Although Wixted and Tibone combined to dump in 30 points, a well played defense and Hoover's 19 points were too much.

Things looked glum for Nu Sig as they saw Phi Alpha roll over the Independents, 49-36, with Hoover, Good, and Blaum all hitting double figures.

Another "dark horse" was AKK's scrappy hoopsters. They surprised Phi Chi early in the season with a 38-34 win and closed out last year's champs from making it two years in a row. AKK was stopped quickly by consecutive losses to Phi Alpha, 46-43, and to Nu Sig "A", 56-43. In the Phi Alpha game, Hoover cleaned up with 14 points. In the Nu Sig game, Rosen threw in 18 from outside while Whiteneck hit for 17 on jumpers and drives. AKK's Jarrell scored 17.

The big break came when Phi Alpha met AKK again. The lead tottered back and forth as both teams traded buckets. At the final whistle, AKK had just retaken the lead, 40-38, Phi Alpha's Hoover again hit double figures but even scoring by AKK made them this year's spoilers.

Nu Sig "A", who had made short work of the Independents again, 61-41, as Rosen starred with 22, went on to defeat both AKK and Phi Alpha for the league title.

If the "A" league was a squeaker through most of the season, the "B" league's scramble for the title was even closer.

The first game played proved to be the downfall for Theta Kappa Psi as it lost a close one to Phi Chi's "B" team, 36-33. Tom Mullins hit 15 for the winners while the Hagen-Rensimer duo poured in 27 for the losers.

Phi Chi "B" again found the victory lane against Phi Delta Epsilon, 33-27, as Mullins was top scorer with 13. The same night, Theta Kappa Psi clobbered Nu Sigma Nu's "B" team, 41-23. Rensimer hit for 13 while partner Hagen netted 10.

Nu Sig "B" then regrouped and rattled off seven straight victories, its first victim being Phi Delta Epsilon.

Meanwhile Theta Kappa Psi went about its winning way beating Phi Delta Epsilon, Phi Chi "C", and Phi Chi "B". The Phi Chi "B" game was well played with Phi Chi holding a three point halftime lead. However, Hagen found the range the second half and, together with Rensimer, piled up 29 points. (Continued on page 6)

Movie Review.. They Shoot Horses, Don't They

By Shep Dickman

They Shoot Horses, Don't They? is a powerful commentary on American life in the early thirties. The movie, essentially one long, excruciating dance marathon, portrays a race of men who chose to escape from the reality of the Depression through a maniacal and sadistic game. It is rather hilarious at the outset—as a motley aggregation of people file into the dance hall and are crudely inspected by health examiners amid catcalls and comic interplays. However, it quickly becomes clear that the whole setup lends itself only to black comedy, with tragic overtones. The contestants are reduced to the status of cattle, as they are herded in and viciously compete with one another for survival, for the \$1500 that goes to the last couple to collapse or succumb to symbolic slaughter.

Another dimension is adroitly added to the film by the

audience in the dance hall, a cruel audience cheering on their favorite contestants, relishing the suffering of mankind which the marathon classically represents. Indeed, it was an age characterized by a lost people groping for values, groping for meaning in a life seemingly devoid of any. They consequently adopted a dehumanizing system which revolved around the dollar.

Yet the real impact of the movie comes from the fact that we, the restless theater audience, somehow feel that we are just as much responsible for this loathsome display--though today the stakes may have risen to \$15,000.

Although the dialogue is weak in parts, the acting (especially Jane Fonda) and photography are superb. If you're prepared to squirm in your seat and suffer with the pain-racked dancers, then don't miss this one.

Ode To Saint Gonzalo Composed Upon A Boring Lecture

by Carl Silberman

note Herald the day that is here!
Another day to give a cheer.
'Nother day to live and gab
During the lecture and the lab.

But hark Out of the class there comes a "damn!"
Under the doorway there sits a man
Throwing us goodies from our good lord,
Sheet upon sheet to keep us bored.

IT'S THAT TIME AGAIN!

HOUSE OF THE PERPETUAL SALE

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From Vietnam.. A GI Views the War

BY: Sp. 6 Donald L. Eccleston

I am 26 years old, a college graduate with three semesters of graduate school, and an enlisted man in the Army. I cannot claim to speak for the American GI, but my views are shared by a number of men who are here, or have been here; there are many others who if judged by their social backgrounds would be candidates for the "silent majority," and yet who will not return home to support Nixon and Spiro, but rather, will lend their support to a non-violent social revolution. The "radicalization" that takes place over here has touched a wide spectrum of individuals; the college graduate, the infantryman from small-town Indiana, the 19 year old former grocery clerk, and even a high school dropout or two.

I will attempt to give you some of my views on the war, the course it is taking, and a few impressions of what the war means to the individual GI.

How does the war look from up close? You may have heard a Vietnam veteran say, "If you had been over there and had seen what I saw, you'd believe in the war too." I haven't seen anything that would make me make such a statement. In fact, that statement is usually made by the grunt who never saw anything except mud, rice paddies, jungle and his buddies being shot. What he is trying to say is that he has to believe in the war because he is being shot at and is tempting death every day. He can't explain the death of his buddies unless he imparts some value to the war. It is highly doubtful that he or any other GI has seen anything that would make one believe that we are improving the quality of life in Vietnam, or that we are holding the moral position. Taking the war in purely military terms, we are within sight of victory. The problem is that this victory is another five years away with US troop levels remaining at half a million men. Charlie is on the run. He has been hit hard. He spends more time hunting food than fighting. Charlie may be fighting a reluctant American soldier, but that American soldier is smart, well equipped and has proven himself adaptable to the conditions of guerrilla warfare. The American soldier has to be good to have done the job he has, considering he himself, more often than not, is opposed to what he is doing. We doves are slow to admit it, but TET '68 was a military defeat for the VC. Since TET Charlie has been undermanned, he is getting ambushed; B-52s rain hell onto his head daily; at night he is searched out by listening devices, body sniffers, infrared devices and powerful strobe lights. Helicopters roar out of the dark to fix Charlie with a searchlight while an accompanying gunship flays him to pieces, spitting bullets at the rate of 4000 per minute. It is doubtful that Charlie can ever launch a major attack against an American unit or American installation. But all of this is beside the point; . . . this is a Vietnamese civil war . . . Americans cannot win it.

There is little doubt that the character of the war itself is political. Victory will be decided after American withdrawal, and it will be determined by political factors rather than military ones. The Saigon government has been relying on American arms and has continually failed to initiate measures to win the support of the people. One of the government's main weaknesses is corruption. The Black Market is undoubtedly the largest and most successful industry in Vietnam.

It is common gossip that the important figures in the Black Market are also the important men behind, and in, the Saigon government and ARVN. Those who do not profit directly are turning their backs while their friends make the money. The Black Market is so extensive that you sometimes wonder if the whole economy is based on it. There seems to be little economic activity in Saigon other than the Market, sex, and the day laborers who work on the American bases. We have often heard that corruption is a way of life in Vietnam. It is, but there is a difference between something being a "way of life" and something being a "desired way of life." The Vietnamese people do not accept corruption, and as long as the government remains in its present stage of advanced corruption, the people will fail

to support it.

Indifference is the best word to describe the attitude of the average Vietnamese. The majority appear to be neither pro-VC nor pro-Saigon; they just want an end to war and the chance to be left alone. It is extremely difficult to get a Vietnamese to discuss the war. In my experience I have found it impossible to pry even the most superficial of remarks about the war from a Vietnamese. A recent newspaper interview with a Vietnamese secretary working for the US Army illustrates this indifference. The girl stated that she did not want the VC to take over, but she wasn't worried if they did because her job with the Americans was minor and she felt she would not be persecuted for it . . . Not a communist . . . But surely not a person willing to go down the line for the Government. Few are,

Vietnamese-American relationships appear to take one shape . . . business. The Vietnamese sell sex and grass, polish shoes, do laundry and deal with GIs for PX items for resale on the Black Market. You get the dis-

(Continued on page 7)

Who Reads AMA News

To enlighten those unfortunate few who are not subscribers to the AMA NEWS and to conclude a dialogue initiated by Horace Greeley Jr., MD in the Nov. 3 issue, but most of all to share a good laugh with the readers of ARIEL, I present "An angry protest from the 'New Right'" (in part) by Dr. Greeley, followed by a reprint of my comments in the same paper (Dec. 1), followed by a piece de resistance - a letter I received this morning from an irate fan of Mr. Agnew.

" . . . You ask that American physicians cooperate with the National Medical Assn. (a Negro organization) in securing more "rights" for the "underprivileged of the ghettos." Such "rights" have largely come at the expense of the hard-working white people of this nation, who are being exploited by slimy politicians buying the votes of degenerate savages with our money.

" . . . In general, your heart seems to bleed for the "underprivileged" while ignoring the

exploitation of those of us who pay your salary.

I may also add that the picture of your new editors shows the typical faces and hair of the liberal creep.

The facts of the matter are: (1) most physicians have neither the time nor the inclination to indulge in politics- medical or otherwise. (2) The salaried group running our medical schools are largely unable to make a living at private practice and so despise those who can do so; furthermore they are dependent upon the hand-outs from the liberal tyranny in control for so-called "research." Most of this is worthless and only supports these incompetents. Like their brothers in the National Council of Churches, they gravitate to pro-Communist causes.

" . . . We of the New Right are working for the day when justice will be meted out to all traitors and semi-traitors. Many of these will pay with their lives for lead-

(Continued on page 7)



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Students Get Early Exposure To Clinical Medicine

The Illinois chapters of SAMA in cooperation with the Illinois State Medical Society, the Illinois Academy of General Practice, and the Illinois Hospital Association sponsored a revolutionary new program for first- and second-year medical students. Seventy students were assigned to 25 hospitals around the state and were thus given their first real exposure to clinical medicine. The program was designed to fill the gaps left open in the first two years by allowing the student to gain firsthand experience with hospitals, physicians, and patients. Although the program varied from hospital to hospital and even from student

to student within a given hospital, the students rotated through all areas of a hospital. The ten-week program devoted time to emergency room, intensive care, x-ray, surgery, anesthesiology, obstetrics, urology, and even dietary, pharmacy, central supply, and credit office. Students at many hospitals were assigned to private practitioners and made rounds with them, as well as spending time in their offices. They were thus able to see how medicine is practiced both in the community hospital and out in the physician's office.

The evaluations received thus far indicate that a community

(Continued on page 8)

Mr. Dalla, Open Your Eyes

by Lynne Porter

On Monday, February 23, 1970 this reporter spoke with Mr. Franklin C. Dalla, Director of Auxiliary Services for Jefferson Medical College. Coming to Jeff six years ago from the University of Illinois where he spent ten years as Commons and Housing Director for the Medical, Dental, Pharmacy and Graduate Nursing schools, he would appear well-qualified for his position here as overseer of Orlowitz Residence, Hall and the Commons.

Two years ago, Mr. Dalla worked to form a Commons Board composed predominantly of students, some faculty and administration. The Presidency was to be held by a student and the chair was to be held by a faculty member. The purpose of the Board was supposedly to develop the potential of the Commons. Unfortunately, this Board has not had the student support that Mr. Dalla would have liked. However, Mr. Dalla does not blame student apathy for the lack of interest but rather the lack of time that is available for medical students for extracurricular activities. Thus, this is another example of the non-existent committees that are purported to be an integral and vital part of the communication between faculty, administration

and students.

When asked if he felt that there was some important changes to be made in his organization or any problem that he felt was particularly pressing that needed his immediate attention, he replied no. He felt that things were running satisfactorily. However, he added that there was always room for betterment. This reporter wholeheartedly agrees with the latter statement.

On the topic of Orlowitz Mr. Dalla revealed some interesting information. He stated that there was minimal negative feedback over the rent increase. This reporter's own knowledge of student reaction to the increase is quite the contrary. Very few medical students are thrilled with the thought of paying for the privilege of living with people who have no legitimate right living in Orlowitz. He did say however, that all non-students were only permitted a two-year residency there. However, this does not alter the fact that an extra financial burden has been passed to the student. Contrary to general opinion, physical evidence and this reporter's encounters with fellow residents on elevators, in halls and the laundry room, Mr. Dalla stated that there were relatively few individuals

who were non-students living there. He said that all leases were made out to Jeff people, and that there could be no more than five or six unaffiliated people living there.

Among the problems which Mr. Dalla does not find pressing is the widespread feeling that the so-called waiting list does not really warrant being taken seriously. When people are given apartments ahead of those who are third or fourth on the list, something is peculiar. This apparent ineptitude was perpetuated from the previous year. Last year when Orlowitz opened, students and their families arrived with moving vans etc., having been assured that they could move in that day. Upon their arrival, Mr. Dalla informed them that they would, quite sorrowfully, not be able to move in at that particular time. Where does a student go with a wife and a packed moving van in center city Phillie when he's informed that he simply can't move in? This reporter's own experience this past September only lends credence to what appears to be gross inefficiency on someone's part. This reporter hassled with Mr. Dalla's office for a week over when her apartment would be available for occupancy. The day before freshman registration, Tuesday September 2nd, Mr. Dalla's office sent word that the apartment would not be available until the following Monday. This meant five nights with no place to go. Mr. Dalla suggested that a local hotel be used for the interim. At \$15-20 per night, this was a bit much. After quite a bit of hassling, Mr. Dalla miraculously found a vacant apartment that would be available till Monday. Luckily, friends in another class were kind enough to offer me a place in their apartment.

Mr. Dalla was then asked what, if any, new social activities were planned. He discussed the proposed Lecture Series, the purpose of which is to bring noteworthy people to speak on relevant topics that are of a non-medical nature. He felt that they should be relevant but not "radical." He felt that radicalism was not the proper image for an institution like Jeff to be associated with. He felt that there would definitely be repercussions higher up in the administration. Stokely Carmichael and Dick Gregory were considered too radical by Mr. Dalla. If these two men are not relevant to the turmoil we face today, who is?

Since the aforementioned incidents do not seem to represent pressing problems to Mr. Dalla, perhaps he should open his eyes and his mind to the pressing problems of others.

Thus, Mr. Franklin C. Dalla speaks creating a discrepancy between what he says and what is there for all to see.

Looking Glass

(Continued from page 2)

old enough to practice medicine. Also, his dress is outlandish. His tie is much too thin and his imitation diamond stickpin was well off-centered." DR. ORBIT (Ophthalmology): "Can any of you believe those black-horned rimmed glasses. His tidiness is so unprofessional. Seems as if he'd never want to even touch a patient." DR. GYRUS: "I think we all agree on his appearance. What about your opinions on what he said?" (A group silence) DR. FOLLICLE: "To tell the truth, I was so upset by his appearance, I couldn't concentrate on his conversation." DR. GYRUS: "I am opposed to his acceptance. This type probably has other radical ideas to go along with his dress. Also, need I remind you how sensitive the Trustees are?" (General agreement as the meeting breaks up)

Makeup anyone?

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spent stripping thorns
from a rose

Found him seeking perfection. The virgin
steel suffered so, how it cried
blood dew drippings:

A spattered chaste floor.
But what about
the girl? Where does

The life snipped from her soul
withdraw with satisfaction
when he must discover

The frontiers of men
are behind them? O sure
The Elks will survive without

Him, the war will march on
stoccado, orchestrated,
in dying color, he shall

Never even query of
the road not taken. The doctor
will wonder for both of them.

Christopher E. Heller
February, 1970
University of Scranton

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Resident's Of Grey's Ferry Organize Health Center

By Tom Williams

On Thursday February 26 at the home of Mrs. Anna Terry, a community leader, there was a meeting of people interested in organizing a health center in the Gray's Ferry section of Phila. The people represented various groups in the Gray's Ferry area, Jefferson Medical College (students), St. Agnes Hospital (which already has established an eye clinic in the area), Horizon House, Jefferson Community Mental Health, and the Redevelopment Authority met to discuss the proposed health center. At the meeting before this one a resolution was drawn up to form a health center whose possible activities would include medical services, mental health services, recreation activities, training of health workers from the community, and essentially any other programs that would benefit the community.

However, the bright point of the evening was the attendance of King's Village representatives. This marked the first time that anyone from that section of the community was at the series of meetings. The series of meetings was initiated by Horizon House about a month ago.

The people also talked about their next meeting. It was de-

Student Council

(Continued from page 1)

A National Conference on Political Justice, sponsored by the International Affairs Association of the University of Pennsylvania, will be held at the Penn Center Inn on March 19-21. The topic will be the political use of the judicial system, concentrating on the areas of war dissent, military justice, and Blacks and long-hairs ("Hippies") in the judicial system. Speakers will include Charles Garry, chief counsel for the Black Panthers, and William Kunstler, the chief defense attorney for the Chicago Conspiracy 7. Registration forms can be obtained from Student Council or send your name, address, and college directly to the International Affairs Association, 3601 Locust Walk. A ten dollar (\$10) registration fee must accompany the form.

The next meeting of the Student Council will be held on March 18 at 5 p.m. in Jeff Hall. All students are invited and encouraged to attend these open meetings.

Nu-Sigma Wins

(Continued from page 3)

Mullins was game high scorer with 19.

Nu Sig "B" was keeping pace with Theta Kapp by trouncing Phi Chi "C", 52-36. Fiorelli hit for 18 while Kavroudis pumped in 16 for Nu Sig. Kemps had 18 for the losers but fouled out with three minutes left.

Another victory over their "cousins"-Phi Chi "C", 53-29, put Nu Sig "B" in a dead tie for first place with Theta Kappa Psi. Both had won five and lost one. They clashed on Feb. 17th and the yells and screams of Nu Sig's coach Dooley can still be heard in the gym. Fast breaks and stolen passes were the name of the game enabling Grumet and Kavroudis to score 13 together. Fiorelli hit for 9 hard earned points. Hagen's outside 15 had closed the gap but time ran out for Theta Kapp as they were coming back strong. Final score: 39-36.

Nu Sig then went on to defeat Phi Chi "B" 45-24 to clinch the league on the final day of play. Wolfgang was outstanding with 13 points for the victors as Fiorelli and Mavroudis both hit double figures also.

Dr. Gelvan

(Continued from page 1)

that those problems will be solved.

The student who demands to work in the clinics immediately upon arrival at medical school, Dr. Gellhorn, pointed out, is guilty of the same type of oversight as is the rebel who condemns the physician and other men of science. Advances in medicine are not made in the clinics, but in the basic sciences and in their application to the clinic. If a doctor is not to be obsolete in five or ten years, if he is to question and test facts rather than accept dogma, he must have a significant understanding of the basic sciences in depth.

Dr. Gellhorn had few words of praise for the classical curriculum of two years of basic science followed by two years of clinical studies. He praised highly the University of Pennsylvania approach which "conjoins" the clinical and basic sciences. "It is extraordinary," Dr. Gellhorn declared, "how quickly a student can assimilate knowledge when he sees the same problem in class and in the hospital."

Dr. Gellhorn found quite legitimate the rebel's charge that health care is a privilege instead of a right. He cited a few figures affirming the charge. Between 1950 and 1970, there has been a 14-15% decrease of physicians in the large cities, whereas the population in the large cities has rapidly grown. The physician-population ratio in the suburbs is 1.3/1000 while in the city it is 0.6/1000. There is no simple solution to the problem of better distribution of health care. According to Dr. Gellhorn, the answer lies in experimentation with many new ideas and alteration of the system in light of those experiments which prove successful.

Experimentation is essential to establishment of adequate medical curriculum as it is to establishment of adequate distribution of health care. Dr. Gellhorn termed "wonderful" the recent changes in curriculum in medical schools throughout the country. The dean clarified his statement by saying that wonderful applied to the process in which faculty and students become engaged in working to improve the educational system, not necessarily to the substantive changes themselves.

Dr. Gellhorn believes that one change in the medical educational system should be to orient the medical school so that the type of physician in greatest need, the primary physician especially

decided that a community wide meeting will be held in two weeks on March 12. All people from the Gray's Ferry community will be invited (by circulars and by newspaper ads) instead of only the leaders of community groups. At that gathering a health board consisting only of people from the community will be elected to start planning exactly what form the health center will take and how it will be funded.

LETTERS

(Continued from page 2)

with the physical set-up and occasionally featured a delivery in progress.

The official policy is that ALL husbands, private or ward status, may enter the delivery room provided that they have participated in the prenatal courses. The final decision is left to the physician (housestaff or attending) and usually rests with the type of anesthesia given. Should the patient be awake for the procedure (with the exception of Caesarian sections done under epidural block) the husband is allowed to participate. However, should be patient be under general anesthesia (out cold), there is no support that the husband can give, hence he does not participate. In addition, all husbands must sign a release absolving the hospital of responsibility if he should injure himself during the delivery (one chap fainted, struck his head on a bucket, and required several sutures). However, not all husbands are willing to sign the release.

Unfortunately, there is a relative discrepancy concerning ward patients. Significantly fewer ward status husbands attend the prenatal courses and therefore can do very little to support their wives. The support entails coaching the breathing exercises (which is definitely more complicated than it sounds) and occasionally taking pulse readings and timing the contractions. Without some minimal training this can be a very difficult task and one may do more to hinder a painful situation than to help. In this respect it may be more humane to tell the patient's husband to wait outside for his bundle of joy.

James J. Nocon '71

qualified in medicine and pediatrics can be supplied in greatest numbers.

In dealing with problems of medical curriculum as in dealing with problems of healthcare, Dr. Gellhorn proposed that the physician adopt the approach of the late Senator Robert Kennedy who said: "Some people see things as they are and ask why. I see things as they might be and ask why not."

Four Blocks Down

(Continued from page 1)

to Lankenau Hosp., the country-club of the main line. Pelvic exams on private patients were a no-no but ward patients were open season. After three weeks, only one out of the four students had performed a pelvic exam. Nevertheless the teaching was excellent. The staff was gracious and reviewed our work intelligently. We performed many admitting history-and-physicals on both private and ward patients and were not subjected to the brown sheet (spelled correctly) game as at Jefferson, N.B.: the nurses actually showed regard for the students and called us "Doctors."

Then three weeks at PGH: "it's a great place to learn in but I wouldn't want to be a patient there." Quickly we learned that many on the staff tried desperately to be humane. However,

abuse was not uncommon; "People pay \$200 for this kind of anesthetic. You're paying nothing, so I don't want to hear anymore out of you." At Lankenau the obstetrician would call the happy father immediately after the delivery --no such attempt was ever made on any patient at PGH.

The patients were ours in the clinic. Privacy and delicacy were not priorities there. While you would be performing a pelvic exam on a patient, it was not uncommon to have other medical students or residents look "in" casually, comment, and then disappear once more behind the curtain. Several "doctors" would parade in to examine an "interesting" (there's that word again) pelvic or abdominal problem while the patient would remain stripped waist down with stirrups legs spread wide apart. Everytime the patient would come to the clinic, she would be seen by a different "doctor" who would have to leaf through her entire chart, develop some instant rapport, and ready her for a pelvic and rectal exam.

Peds followed quickly. Again at PGH and again a great learning experience. I saw one patient at 3 P.M. who had been waiting since 9 A.M. on the wooden benches--traditional penance for the poor. She then waited again until my preceptor could review my findings. By 4:45 she was done; and all the baby needed was a

(Continued on page 8)

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Vietnam

(Continued from page 4)

tinct impression in Saigon that you haven't contributed anything positive to the life of the Vietnamese people and that they have no real love or admiration for you.

Clearly, our position is immoral. What we have done is to prolong a war that should have ended four years ago. We have kept a corrupt and inefficient government in power despite its lack of support from its own people. Worse yet, our presence has forced countless Vietnamese to take our side. The pure economics of the American presence in Vietnam has made it necessary that many people become associated with the government cause without really supporting its corrupt position. We can only hope that these people do not suffer by this association when we leave. We have upset the balance in Vietnam and our withdrawal cannot help but leave a vacuum. But we cannot stay; we cannot lose another American life, we cannot justify the burning of villages, we cannot justify the perpetuation of a corrupt government.

What has the war meant to the American GI? I can speak in strict terms for myself and a few close friends; loosely, I can speak for all of us.

Concerning Peace Demonstration: Generally we support them, but we are dismayed by the violence in them. Violence is what the war is about, and substitution of one kind of violence for another is unacceptable. There have been demonstrations for peace over here; one platoon in the Americal Division wore black armbands on Moratorium Day; on Thanksgiving Day there was a fast that reached a large number of people despite the repressive measures taken by the military. It is reasonable to assume that the number of peace sympathizers constitute a majority of the men here. The peace symbol worn around the neck and the peace sign flashed by hand are universal among American GI's in Vietnam.

A legitimate question is: If the GI is opposed to the war, why

is he in the Army? There are many reasons. First the draft is not that easy to avoid, despite what some people may have you think. Secondly, many of the men here believe that they can best serve their purposes by obeying the law and then working against it when they are released from the Army. Looming above all of this is the fact that the war wasn't a moral issue to the particular individual when he was drafted. He was aware of the Canada option and the prospect of jail, but these were decisions that take great moral conviction. There are few people in the United States with the moral conviction to take such a course. In the end, the individual stepped forward, hesitatingly and totally unaware of what was happening to him. Now, two years later, he knows what has happened to him.

For many of us, the Army, and particularly Vietnam, has been a spiritual experience. We have acquired a moral consciousness. It is doubtful if we will again be faced with a situation such as the draft and not be aware of the moral implications. Were many of us to be presented with the draft today, we would resist and a number of us would choose jail or Canada. We have spent agonizing months questioning the war, society's values and life itself. It is a unique experience to be idle for two years. To find little diversion other than to read and think. We have learned the value of freedom and justice. It is easy to learn their value after two years in a totalitarian organization. The GI sits here day after day, he knows he has talent and skill in some area, but yet he is in Vietnam bringing destruction and further misery to the people of this nation. The school teacher wonders why he is not teaching in the ghettos of our cities, or why he is not teaching in the slums of Saigon. The American farm boy is aware that he would be more worthy helping the Vietnamese farmer with his crops than by spraying defoliants on his fields. The Black GI looks at his brothers in the US and wonders what he is doing in Vietnam, maintaining a corrupt government while at home his people

are starving and homeless. Vietnam has given the GI time to think, observe and formulate opinions. The American GI is the guy who heard a man say "Ask not what your country can do for you." And now that GI asks... "Did he mean this?"

The GI will return home with respectability in the eyes of the establishment. He will have his medals and his discharge, but he will also have the memory that the establishment had sent him to fight this immoral and wasteful war. It is hoped that the GI will not forget what he has seen and heard. The establishment and the Silent Majority may well be warned that we have not spent a year of our life in hell to come back to an even greater hell.

We have experienced and seen injustice, inhumanity, suffering and oppression -- we will not tolerate these in our America.

AMA News

(Continued from page 4)

ing the degeneracy now evident in drug addiction and pornography, etc. The actions of men like you are making more sure the dawn of that day for all of us."

"I refer to the 'angry protest' by Dr. Greeley of the New Right. Thank you for a unique and memorable view of our beautiful for spacious skies. Surely a man with your insight should consider assisting Spiro to right out wrongs. (Could it be that History intends Horace Greeley to be our next household word?) As one of the 'liberal creeps' castigated in this profound monologue, I sleep with the fear of retribution..."

"We like Spiro so keep your insults to yourself. You spoke well, when you called yourself a liberal creep as you apparently hit the nail on the nose. You crackpot idealists will find out in 15-20 years that things won't change as quickly as you want it. It takes time. Some of you will be chasing the almighty dollar like the rest. You are not aware of sacrifices made by our soldiers and doctors of World Wars I and II. If you creeps were alive then

Sho Activists Confer In Boston

By Tom Williams

The weekend of February 13 (Friday) in Boston saw the influx of radical medical students from the northeastern portion of the country. They gathered for the regional meeting of the Student Health Organization (SHO). They met in Christ's Church, adjacent to Harvard Square, in Cambridge. In this stilted setting one might expect the subject of discussions to be centered around such subjects as the intricacies of delivering health care to patients of a multi-complex medical center. However, the meeting was concerned with larger things. The conference was entitled "Medical Systems-Servants or Oppressors of the People?" The only medical system covered was the Cuban health care system, but this was all right because everyone felt enough studying had already been done, especially of our health system. Action geared to correct our own system is needed.

SHO has a short history. It was founded about four or five years ago by several medical

perhaps you would have called those wars immoral just because young people of today are too yellow to serve.

Spiro Agnew in regard to news media was only trying to get them to be honest. For example if a man is accused of murder he is all over the front page, and if he is found innocent he is written up on the back pages. The same sensationalism has been brought forth in many ways in TV or are you too busy to notice it!

Another thing you have not noticed perhaps is the thousands of children brought into this world by fornication, and no one knows who the father is or cares. Have you ever thought if these persons behaved how much less welfare the taxpayers would have to put up with. Apparently your course does not include OB. Have you not noticed all the free deliveries?

The type of dissent the young cowardly youth of today will bring on communism and it is already here in subversive form, or have you been to blind to notice it, but who knows perhaps you prefer to practice under a communistic form of government. Communists have succeeded in dividing the country and have taken advantage of youths stupidity and idealist to set white against black, black against white, youth against their elders. Slavery was helped by blacks themselves who sold other blacks.

If you are so good, why don't you keep all the drug traffic out of this country? The Premier of Russia once said he would bury us, and he is doing it with crackpots like Dr. Spock, and SDS, and others.

Mrs.R.N. Haverton, Penn." (To protect the nurse, I have intentionally withheld her name.) In closing - a thought; just what type of person reads the AMA NEWS?!!!!

students, but because of loose organization it has fallen far short of cohesiveness since its founding. The organization in each major city gathers around issues or projects. In Philadelphia the focal point has been that of obtaining and staffing OEO (Office of Economic Opportunity) funded health projects. These were run the summer before last and a number of Jefferson students participated. Other than this, the Philadelphia chapter has been especially loosely bound. Boston's SHO is probably the citadel of SHO in the East (SHO is a national organization).

A look at the schedule of the conference along with a brief description of each event should give some idea of what went on there:

Friday Feb. 13: The Cuban Health Care System.

This was an extended slide presentation given by about four students all of whom had spent some time in Cuba recently. Besides the details of the very successful health care system, the main thing that came out was the tremendous priority that Cuba places upon comprehensive health care in the face of an otherwise austere life style.

Saturday Feb. 14: The Drug Industry.

All of the approximately 200 medical students, student nurses and other health workers eared in on a presentation of the unethical practices that the American drug companies perpetrate, both here and abroad. A research paper was submitted by a student from Tuft on the subject. The unethical practices range all the way from the manipulation of medical practice (almost \$5,000 worth of advertizing and free drug handouts per physician in the U.S. was spent by drug companies last year) and exploitation of the ghetto to colonial dominance of the drug markets and economics of foreign countries.

In addition, later Saturday afternoon were a number of workshops. The topics dealt with by these were Open Admissions, Hiring Practices and Job Hierarchy in the Medical Center, Women and Health, Community Clinics -- What Type of Alternative? Hospital Worker Organizing, and The Army -- Resistance or Subversion? Each of these groups met again Saturday night. They all presented reports of the contents and decisions made on the next day, Sunday, in the plenary session.

Some mention should be made of the Women and Health workshop on Saturday. This was a manifestation of the Women's Liberation movement that is sweeping movement circles across the country today. There was some friction, from the women, and rightfully so, because some of the details of the program were discriminatory to them. However, everyone gained when these things, which were not too obvious to the men, were pointed out.



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Krel

(Continued from page 1)

medical center; this really means that in such a clinic there should be a blending of the consumer's wants and needs and what the medical team can properly provide."

Dr. Krehl, quoted above, is the new head of preventive medicine at Jefferson as of February 1, 1970. He formerly was director of the clinical research center at the University of Iowa and the director of the Regional Medical Program for the state of Iowa, which has provided a base of experience in developing community health programs. Before this Dr. Krehl was at Milwaukee County Hospital in Marquette, Wisconsin. He graduated from Yale University College of Medicine.

Dr. Krehl finds at Jefferson that preventive medicine is presented in core courses plus some electives. The core courses include Biostatistics, Epidemiology, Principles for Preventive Medicine, and Preventive Medicine in Practice. The elective courses in preventive medicine, relatively few in number, are generally not well filled by students. At the present time, however, Dr. Krehl finds no courses devoted to community medicine and few direct opportunities for students to deal with community health problems in a supervised program.

Preventive medicine can easily be linked with community medicine. After all, many of the medical problems of the poor communities are those that could be prevented or minimized with proper resources, manpower and education. Community clinics, because they would be located in areas where the poor underprivileged, and oppressed are most concentrated, have the best opportunity of providing preventive medical care to the people. Although the large medical centers are located in the city also, they often do not have intimate contact with the people at the community clinic level. The greatest evidence of this fact is that people for the most part simply do not go to the large impersonal centers when they have anything other than a severe acute illness. Jefferson's Curtis Clinic in particular has had its numbers of patients decline remarkably over the last several years.

The problems that community and preventive medicine need to solve in this country, or in this city for that matter, are staggering. The success of that undertaking requires a broad range of disciplines, only one of which is

clinical medicine. Preventive medicine could well utilize the disciplines of public health, epidemiology, statistics, sociology, psychology, economics, political science, operations research, computer technology in information retrieval and management techniques. Local community controlled clinics, which Dr. Krehl and many others feel would go a long way towards giving comprehensive medical care to all the people (as well as help prevent health problems), involve touchy things like helping splintered groups of people to come together in any one area to form a health center, helping the people once they have gotten together to adjust their clinic to their particular needs and situation, and working out the relationships of the clinics to the already existing hospitals and medical facilities. The University of Pennsylvania Medical College's Department of Community Medicine under the direction of Dr. Kissick already utilizes many of the other departments of the University like the sociology department or the Wharton College of business and economics in its approach to educating physicians and other workers who can deal with the problems of community and preventive medicine in an appropriately sophisticated manner.

Dr. Krehl, if he is to be true to the necessary tasks of preventive and community medicine, must advocate change in the Thomas Jefferson University. He is facing an uphill struggle to switch the priorities of the medical college in medical education. Unlike other department heads who have small struggles over the content of the courses that already are offered, Dr. Krehl first of all has to develop courses from scratch. Then on a broader scale, it would not be out of order for him to advocate that Thomas Jefferson become almost a University of Pennsylvania in order to include all of the disciplines necessary for the production of physicians and other health oriented people able to cope with enormously complex problems of preventive and community medicine.

What is Dr. Krehl's immediate challenge? He has to convince the administration and faculty that such changes are necessary; then they all have to work together to evolve a meaningful program. After this, or perhaps before this, Dr. Krehl has to inspire students at Jefferson. He says that in order to do this he must "build on the already existing attitudes" of medical students and nurses. Then, especially for community medicine, students have to learn how to "communicate with people dif-

ferent from themselves." More important, students have to be struck with the realization that going into preventive or community medicine is not a "cop-out" from sophisticated medicine. Who will be more sophisticated than the people who begin to solve the headspinning, heretofore unsolved problems involved in developing comprehensive medical care for all the people? There is a call, as Dr. Krehl would surely agree, for unlimited creativity in these two fields of preventive and community medicine.

Students Get Exposure

(Continued from page 5)

hospital can be effective as a teaching institutions, that practicing physicians can be effective teachers, and that students can learn something about practical medicine before embarking on their clinical years.

Sho

(Continued from page 7)

Sunday Feb. 15: Resolution of Strategy for Spring Offensive.

Short of publicizing the exact plans to come out of this session, all that can be said is that there was not only talk at the SHO conference. Concrete resolutions for the "spring offensive" were composed, the final planning left up to each local SHO group.

Thus, the health activists were active at Boston that weekend. A great part of the whole affair was just meeting people from all over the East and exchanging ideas and information about local happenings. One found that the range of politics went from just short of liberal to radical leftist. However, there was a definite community feeling there, or nothing could have been accomplished. Although some thought that the meeting did not end up with enough planned action, it must be agreed that SHO is alive and well.

ARIEL

4 Blocks Down

(Continued from page 6)

check-up. The library is becoming difficult to use; several of the journal subscriptions at PGH have been cancelled because the hospital has been unable to pay the bills.

Now Section C is getting ready for Medicine. Back at Jefferson, there will be medical student appointments at 9 A.M. and wooden benches for the patients, brown sheets for the students. Each student will also receive an honorary membership in the Blood-Drawing Club of Jefferson Medical College. Of course page-long differentials will provide a healthy exercise for all.

Dropped into the world of medicine, there has been confusion and conflict. Are we to serve or to learn; and how much of each? Throughout the year we have witnessed moments of the sublime and the obscene.

Make A Transcript

By Steven Allen Ager

"And then, some day," (biting his ear) "you'll have to tell him that, one night, Daddy planted a seed in Mommy's belly."

"Bullshit! I'll let him read through my old history notes and" (pausing for a kiss to her shoulder) "find out the same way I did. Anyway, what if he's a girl?"

"If she's a girl, well . . . Love, will you still be embarrassed, even if you'll" (lightly tracing his spine with his index finger) "be a doctor by then?"

"I never get embarrassed, even when I kiss you . . . here!" "Ummmm . . . we'll always remember tonight, Darling . . . won't we?"

". . . oh, of course we will

(Cont'd Next Issue)

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