4-1970

# Ariel - Volume 2 Number 7

Delvyn C. Case, Jr.
*Thomas Jefferson University*

Richard Bonanno
*Thomas Jefferson University*

Alan Asi
*Thomas Jefferson University*

Steven Allen Ager
*Thomas Jefferson University*

Stephen P. Flynn
*Thomas Jefferson University*

***See next page for additional authors***

**Authors**
Delvyn C. Case, Jr.; Richard Bonanno; Alan Asi; Steven Allen Ager; Stephen P. Flynn; Mark Widome; James Redka; Lynne Porter; David Jacoby; and Tom Williams

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APRIL

VOL. 2 NO. 7 THOMAS JEFFERSON UNIVERSITY AND MEDICAL COLLEGE COPYRIGHT 1970 ARIEL APRIL 1, 1970


## Former Editors Foiled in Coup

By: Delvyn C. Case, Jr.

The two former editors of ARIEL tried unsuccessfully to disrupt and "take control of the paper once more". These junior students claimed that the democratic process had delivered the paper into the hands of "effete snobs". "How can we expect an honest presentation of the news at Jefferson, if the paper is controlled by liberal Eastern interests?" exclaimed Spiro Kette Farnhoff. This former editor also rejected that notion that excellence should be a requirement for the editorship: "We need good solid mediocre people in control. You can trust them."

Stromdick Caste, the other former editor, chided the new editors for their youth: "You can't trust these young people any more. Why, they don't want to learn at school anymore; they just want to throw bottles and bricks at the police. Even when we send them to Laos, I mean Vietnam, to fight for their country, they can't even win. How can you expect them to use their right to vote, if they can't tell right from wrong? Is free love American?"

The two editors first tried disrupting by a silent vigil. One minute later they began chanting "Jefferson, love it or leave it", "my school right or wrong," and "No power to the people." Then brandishing clubs that they said were donated by the police, they surged toward the new editors. However, they were subdued by four ARIEL staff members (which incidentally constituted the largest turnout to an ARIEL meeting in its short history.)

The two former editors were later questioned by reporters. Farnhoff claimed that "a period of normalcy must be brought back to Jefferson. The students have made extraordinary gains in the last year under the present administration, and should be treated with benign neglect for the next several years for the sake of balance. If the administration intends to give the students anything more, they (sic) should grant yearly tuition rises."

Mr. Caste added: "The students should not concentrate on ethereal concerns such as grades and lectures; but whether they are learning all the important material in the most effective manner."

According to Mr. Farnhoff, "they should take a poll such as the one they took (sic) on the Student Rights, Freedoms, and Responsibilities and the paper should reflect the views that the majority thinks (sic)."

Mr. Caste concluded: "I agree with that as long as the majority does not think too much."

JEFFERSON MEDICAL COLLEGE HOSPITAL
CURTIS CLINIC — REFER SLIP
("Clinical Findings" Should be Detached and Pasted in History.
Destroy Balance of this Form.)

**Name** *Micro Dept.* . . . . . **Age** *Infancy* **Date** *March 31, 1970*
**Address** *1020 Locust St.* . . . . . **Medical Record No** *Lost* . .
**Diagnosis** *308.5* Group delinquent reaction of childhood;* . . . . .
**Is Referred To** *Psychiatry Dept.* . . . . . **From** *Sophmore Class* . . .

Note: Abstract must be written Or Dictated By Doctor Referring

**Signed** *Sophmore Class* . . . **M.D.**

**Abstract of History (also state why sent):**

Pt. shows a long history of inappropriate hostility & suspicion towards students.
Pt's. domineering mother states that it has "always fought like a baby" with its sibling departments in the college.
Extreme lability of lecture quality with most exemplified by flights of ideas, word salads and most of all, chronic ennui.
Precipitating event was the minor rejection by two year students of several of the pt's. laboratory periods, to which pt. responded with bizzarely infantile procedures & questions on the final exam.
Do you think pt. can be treated on an out-patient basis or is confinement to Byberry indicated????

## A Ward of Honor

It is Ariel's intention each April 1st to present an annual award to some one or some group within the University. The idea and name for the award came to us in a flash of brilliance on the afternoon of March 3rd. We are proud to announce the recipient of the first Enterobiosis Vermicularis Award is the Department of Microbiology. For those freshmen not privileged enough to be participating in the microbiology program, we'd like to give you a brief account of why they received the award. Not only did the department edify us on all the ramifications of Enterobiosis Vermicularis, but their behavior and attitude epitomized those of the typical victim of E.V. Furthermore the Departments irritating effect on the students is reminiscent of the major clinical manifestation of the disease. (While the site of Micro's irritation is more cerebral, E.V. strikes at a different but equally sensitive portion of the anatomy). Although the Department had laid claim to the award throughout the year, they assured themseles of it on March 3rd in a magnificent display of academic elitism. We're sure that few sophomores could quibble with our choice. The certificate to be presented is reproduced above

## Students Matched to Patients

by Alan Asi

Starting this summer all medical students at Jefferson whose noses are deemed too long will be required to undergo plastic surgery to correct this excess before entering their clinical years. The decision to make rhinoplasty mandatory was based on two factors. First, it is a well known fact that people with larger noses harbor more resident flora in the latter organs, than do people with smaller noses. However, by far the most important factor is that there are just not enough small noses around to meet the demands of patients desiring students with such features, under Jefferson's recent policy of Patient-Student Matching.

In case you are not familiar with the matching program here is a brief review of how it came about: Early in the 1969-70 school year certain members of the Jefferson academic community, upset at the length of the hair among medical students, decided that the best way to get these people shorn of their maxilocks would be to ask each patient whether or not he was willing to submit to the history, physical, and daily blood-letting services of such hirsute medics. If the patient refused, the students could not touch the patient and would thus be deprived of an integral part of his education. This worked well, and in no tme the Thompson Annex was vaguely reminiscent of a Marine bootcamp, as upperclassmen by the dozens beat a path to Delilah's Tonsorial Parlor, each emerging in acute "dis-tress."

With the scalps of the Junior and Senior classes under their belts, the school authorities decided to go further; and so the Thomas Jefferson University Hospital Student-Patient Matching Program was instituted. Each patient, upon entering the hospital, is given a questionnaire concerning his likes and dislikes in the way of clinical clerks. To help the patients make the right choices, the administration has added helpful pointers, for example: "Caution, students with radical views may be hazardous to your health, as they may tend to make radical decisions concerning your treatment:" and "When it comes to palpating masses, trust students who wear glasses."

Thus, in no time at all the clinical years were replete with students who thought, acted, and dressed in a manner befitting the opinions of the school administration and the patients it had brainwashed. Unfortunately there were not enough Roman noses to meet the demands of the patients; thus the administration was forced to make rhinoplasty compulsory. The criteria of what constitutes a large nose will be determined by a committee consisting of representatives from the Departments of Otolaryngology, Plastic Surgery, and Anatomy. Undergraduate representation on the committee will consist of a delegate from the Jefferson Chapter of Students for a Bland Society (SBS).

Contrary to rumors abounding on campus there will not be a Jefferson charter flight to Sweden this summer, for female medical students wishing sex changes.

## Jefferson's World Premiere Raided For Obscenity

by Richard Bonanno

The Jefferson Hall Commons Film series was the sponsor of the World Premiere of "They Shoot Doctors, Don't They," on Friday the 13th of March. It appeared that the gala opening would finally put Jeff Hall on the map as the hot spot for the Philadelphia social set, but all the festivities were dampened by the forces of Police Commissioner Rank Frizzo P.P.D. (protector of the Public Decency) when the show was abruptly closed on charges of obscenity.

At exactly 9:33 P.M. the men in blue entered Jeff Hall through the Art Gallery to Solis-Cohen brandishing a court order (prepared by Judge Junius Hopman who had flown in from Chicago specifically for the purpose) calling for the seizure of the film. The auditorium went into an uproar, reminiscent of Dr. Berry's last lecture, until a tall, dapper figure in the 17th row stood and silenced the audience with a wave of his right hand. It was Police Commissioner Frizzo himself, dressed in a lime-green dinner jacket with his trusty nightstick neatly tucked into his orange paisley cummerbund. He had heretofore been inconspicuously seated among the elite of the theater world–yet he immediately took charge of the audience. He gave his famous "I'm doing this for your own good" speech, then strolled to the back of Solis-Cohen to personally remove the offending reels from the auditorium. The stunned theater-goers sat in awed silence for a minute, then slowly filed out behind Bosley Crowther who muttered something about going to "the Locust" for a drink.

What precipitated this astounding course of events was a movie that may shake the foundations of the film industry. (They Shoot Doctors . . won the Pornography Award at the Cannes Film Festival) The plot revolves around the fictional escapades of a 2nd year Jefferson student, Sturge Weber, who spent the summer before his junior year making stag movies for future Jefferson Frat parties. This seems innocuous enough until one realizes that his studio was the 11th floor of Orlowitz, where he used his telescopic lens to photograph the goings on of the young lovelies across the way at the nurses residence. Apparently the footage of the movie which Sturge photographed every afternoon at 4:30 was what provoked Judge Hopman. He called it "offensive," not only saying that it was completely lacking in artistic merit,but also that he felt that by portraying the Florence Nightingales of the future in a setting of such degeneracy, the profession might suffer irreparable damage--never to regain its previous stature.

Supporters of the movie, however, say that the offending scenes play only a minor part in this film, compared to the stirring intrigue that follows. They cite the brilliantly created turning point–the building of the Scott Library. It seems that Sturge Weber had fallen in love with one of the nymphets during his work, but while he was filming he felt no real need to meet her in person. Yet as he saw

Sturge Weber walks to his apartment for telescopic filming session.

the library rising ever higher, soon to block his view, he grew panicky. Fist he tried to move to an apartment on a higher floor, but his parents refused to pay the extra rent. In desperation he tried to set fire to the library, but again was foiled when a summer thunderstorm extinguished the inconsequential blaze. The library creeped higher daily and Sturge grew closer to psychotic disaster when he remembered the words of Dr. Cornelison in Psych 202, "you have to face reality and be able to adjust to it." At that point Sturge vowed to meet his true love in person and forget about making movies. The movie chronicles his harrowing but futile quest to gain entrance to the nurse's residence while dodging the bullets of the director of student nursing (the etiology of the film's name, obviously). The movie ends tragically on the day that he learns her name and room number–it is the same day that he must start his junior medicine block. The realization comes to him that he now must devote his body and soul to the medicine department, and there will be no more opportunity for childish fantasies. The revelation is too traumatic for Sturge and he is found dead in his room on the 11th floor with his blood pressure cuff pumped up tightly around his neck.

This writer cannot attempt to pass judgement on the pornographic vs. social nature of "They Shoot Doctors, Don't They"; yet the repercussions of is seizure are presently being felt. In a widely publicized speech to the people, Mayor James Fate (worse than death) condemned TJU for tarnishing its reputation by the showing of such a movie, and declared that the citizens of Philadelphia must be protected from having this type of indecency creep into their hospitals. In accord with this he said he would initiate action to have Jefferson's President Herbut replaced by a city official who could protect the hospital from such corruption. Rumors have leaked out that policeman Joseph Hailhearty, former Streets Commissioner, is still looking for a new job.

## April Fool

As the astute observer may have noticed this issue of Ariel contains an April Fool front page, while the rest of the issue is as usual. We felt a need to celebrate this grand old tradition, but since there was also some serious news to cover, we decided to combine the two. If anyone was offended by what was said on the April Fool page–well–we apologize, but that's the price you have to pay for freedom of the press.

## Jefferson CMHC Crises Raises Questions

It must be acknowledged by the casual as well as avid observer that the recent upheaval over State funds for Jefferson Community Mental Health (see article) is an incredibly complex issue. We cannot discover all the ramifications behind the political maneuvers at city and state levels, but behavior at Jefferson officials has raised some questions.

At the recent Jefferson Alumni Luncheon, Dean Kellow reaffirmed the University's irrevocable committment of service to the community. The community is clearly not getting all that Jefferson has to offer - as evidenced by the decline of numbers of patients visiting Curtis Clinic. Yet when it was learned that money was not immediately forthcoming from the city for JCMHC, the administrators seemed strangely inactive about fighting for money. Few people within the University were willing to step out on any line for the Center. They were very quick to say that they could not affaord to maintain the Center out of their own funds. There were administrative attempts to flatly end discussions of the issue even though there is no assurance that the center will remain open until June 30. It almost appears that Jefferson is embarrassed that it received the money from the City so quickly after the publicized uproar.

All these things make one wonder about Jefferson's committment to their Mental Health Center and to the community surrounding Jefferson. Is the Psychiatry Department, some of which is funded through the Community Mental Health Center grant and not from University Funds as are other departments, of lower priority than other more "basically" medical departments? Is Jefferson seriously committed to service in the community and does it really care what the community thinks of its services? Would Jefferson be willing to have a mental health board of community residents participate in deciding the distribution of mental health funds as the city suggests? As put by one mental health worker outside of Jefferson: "There seems plenty of evidence from a variety of people 'in the know' at the Center and at the University, that TJU is sorry it ever went slumming. Jefferson University and Hospital have never been noted for their community orientation and the Jefferson name is an anathema to many of the people of South Philadelphia."

## The Panther Clinic

by Richard Bonanno

We would like to express our support for the opening of the Black Panther Medical Clinic in North Philadelphia. We feel it is a small but significant step in starting to make the populace of this area aware of their medical needs. Yet it is not the medical spect which is of most importance. The Panther image engenders fear among people and we do not pretend that it can allay these fears by explaining or defending every action linked with the Panthers. We can only ask people to bear in mind that there have been few or no documented instances of Panther-supported acts against the civilian populace. They are organized against the power structure which oppresses them, not you and I, as individuals. But what then is their significance, and why do we support their efforts?

The rallying cry of the Panthers is "Power to the people," and with it they attempt to give the once demoralized people of the inner city some hope and some goals to strive for. Certainly their politics are radical, casm which many of us awkwardly show in moments of approaching intimacy.

Very truly yours,

Steven Allen Ager

but if one spends some time with "the people," one sees that a radical change is necessary before they will have any control over their own lives. The accomplishments of the Panthers deal with turning the anger of the people out toward the cause of their misery rather than having the anger vent on other black people. For example, nearly everywhere that the Panthers have gained a foothold, there has been a decrease in gang killings, while their denunciation of drug use could save many lives. This anger at established society obviously does not please government, yet "the people" are the Panther concern, not the mayor's office.

The medical clinic then is simply a means by which black people can become involved in aiding their brothers, gaining pride and hope in themselves, and developing the power to determine their own destinies. When you think of it out of present political context, "Power to the people" should be a slogan for all Americans. What is democracy all about anyway?

off. You are the meanest crziest bastard husband a girl ever had!! Shut it off!!! **SHUT IT OFF!!!!**"

"But, Sweetheart-"

**CLICK.**

## Sisters of Mercy

I have long admired Jefferson's sleek modern Student Nurses Residence Hall. It fits nicely with the other news buildings in the Jefferson complex. However, one day I looked up and saw a girl staring out of the window. She seemed to be the most lonely and imprisoned person in the world, and I wondered why.

After doing some research and discussing this matter with several medical and nursing students, I had a better idea of what was going on behind the beautiful and placid exterior. It seems as if the girls are being forced to exist within the stifling confines of an outdated disciplinary system. The school has not kept abreast of the changing times. They have not evolved as have the morals and values of our present society. Of course one must realize that to handle 200 girls you must have some method of regulation, but their's is ridiculous. Why can't they wear slacks? Why can't they wear a maxi coat? Why are their telephone calls listened to? Why do they have limited late passes on weekends? Why can't they work on the Ariel? Why are they encouraged not to join outside organizations?

I believe that the administrators of the school are afraid of losing their power. They are trying to make every nurse the typical "Cherry Ames" with no mind of her own. All she has to know is how to nurse bodies back to health. Nursing perse is not a 24 hour job. What are they supposed to do on their spare time if they can't interact with society? The nurses education must extend beyond the mindbending regimentation of a sterile antiseptic world.

"When you're not feeling holy, you're loneliness says that you've sinned."

–Sisters of Mercy by L. Cohen

## Letters To The Editor

### Jefferson Girls Help Heart Fund

Bill Santro, desk clerk at Orlewitz Residence Hall, asked eight technicians if they would volunteer to collect funds for the heart drive at the String Band Show of Shows held at the VCivic Center on Wednesday, March 4. These girls are part of the wonderful medical team we have here at Jefferson. Their names are: Denise La Mere, Nadia La Bella, Ellen Wapner, Bonnie Rosenbloom, Diane Forshaw, Maryann Madden, Linda Simmington, Bill DeSantoro and Lucy Jeres.

The girls did a wonderful job; both ways, They enjoyed most of the show, but they had to leave early so they could render their usual good services at the Hospital the next day. They also enjoyed good roasted chicken.

I personally wish to thank these girls with all my heart.

Sincerely,
Bill DeSantro
Chairman of Fund-raising for Nursing Scholarships, Through the Heart Association of Southeastern Pennsylvania

### Garbage to Garbage .....

To the Editors:

Reference is made to your issue of the "Ariel" as of March 1.

While spending the past week-end with my son, I found time to do some minor cleaning which seemed needed in his "bachelor" apartment.

One of these activities included washing out his kitchen garbage disposal receptacle, and having done so, I looked about for a lining for the pail.

My eye caught the copy of the Ariel which I had brought along as part of my weekend reading materials.

Words fail me in expressing my thoughts, but I placed the Ariel with the Stephen (sic) Allen Ager article on the top section inside the pail.

This assured that it would be covered by the first glob of garbage to go in. . . garbage to garbage, a fitting end for both.

Mildred W. Greensfelder R.N.

Dear Mrs. Greensfelder,

I regret as deeply as you do the impression given off by my short story; due to printer's errors, it was greatly truncated and slightly misquoted.

I hope that you will appreciate the complete story below.

Please view it in its entire context of deep tenderness hidden under the superficial display of roughness and sar-

**TRANSCRIPT**

by Steven Allen Ager

"And then, someday," (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 histology 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 her 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. . .just like when he's born. . .gurgles at your breast . . . . . .says his first words. . .graduates from school. . .we'll be able to play it back, just like tonight."

"Play it back??"

"Of course, Sweetheart, just like the ceremony. You don't think I'd let the most important moments of our lives go by without recording them??"

"You what?? Oh, no, turn it

### In Praise Of Good Teaching

To the editors:

Students frequently tend to be critical of professors and curriculum which do not meet the standards of relevance, significance, and coherence they seek. Criticism when justified and presented objectively is perhaps the greatest force for change, development, and evolution of new forms. Unfortunately most criticism tends to be negative. When events proceed well we tend to take them for granted. Only when they proceed contrary to our wishes do we discuss them. Several professors lecturing to the freshman class have been sharply attacked both by individuals and by committees. Much of their negative criticism is legitimate. We wish to make as equally well deserved, but positive criticism of two recent lecturers, Dr. Arthur Allen and Dr. Robert Mackowiak.

In addition to being outstanding as teachers, both Drs. Allen and Mackowiak are devoted to the task of educating medical students. It was apparent that each had spent much time and effort in preparation and organization of lecture material. Drs. Allen and Mackowiak both succeeded in presenting their material in such manner that we realized its relevance to basic aspects of medicine. Dr. Mackowiak's enthusiams and Dr. Allen's particularly clear organization were welcomed. We feel they have earned the respect and gratitude of the freshman class. Much thanks to you, Dr. Allen and Dr. Machowiak.

Kathleen McNicholas
Eugenia Miller

# Punitive Education at Jefferson Must Stop

by Stephen P. Flynn

An old problem has re-emerged recently at Jefferson to haunt some members of the sophomore class. It is neither a new problem, nor particular to these students, but has effects which are both chronic and relevant to all members of the Jefferson community. This condition is too important to be condoned any longer. I am referring to which I call the process of punitive education.

Punitive education refers to the use of grades, tests and accreditation as threats to insure that the student spend the proper amount of time studying a particular subject. The proper amount of time is determined arbitrarily by the various individual departments, usually without regard to each other and the cummulative demand they make on the student. All responsibility for evaluation of material and structuring of time is taken from the hands of the student. He must attend this lecture, this lab, read this material because he will be "held responsible" for it on exams. The student must put in his time or fail the exam. The threat of the failure is enough to insure the "cooperation" of the student.

If there is any legitmate use for tests and grades, (I am not convinced there is), they must serve to evaluate the transfer of knowledge in a particular subject area. I use the word transfer intentionally to indicate that this process involves both a transmitter (usually, a faculty member) and a receiver (usually, a student). Too much attention has been focussed on the receiver and many methods (threats) have been employed to insure proper reception. We must now turn our concern to the transmitters of information and create methods of evaluation along these lines. If a student fails an exam, it may very well indicate that the material was not adequately presented. Previously, the evaluation of faculty performance has been indirect, measured in terms of class attendance and student performance. But the faculty has often responded defensively and negatively to these indices. For example, poor class attendance presents as an obvious sign of student disinterest in a course. There are two ways an individual department can react to this situation. Attendance can be made mandatory or the course can be re-structured and presented in a more interesting manner. Unfortunately, the former and less creative solution has most often been the case. In core curriculum course, this negative response has resulted in the creation of student note-taking service. These services, however beneficial to the student, do not solve the original problem, but at least provide the student with an option on how to use his time most appropriately. The student does not have this option in the case of electives, which is especially disgraceful. In "electing" a particular course, the student must have some interest in the subject. Poor attendance in thise courses indicate that something is wrong with the course; the answer is not mandatory attendance. I find the terms "elective" and "mandatory attendance" inherently contradictory.

A few specific examples will illustrate which I call punitive education. In the final examination in Microbiology for the winter quarter, a large part of the test concerned a topic discussed at one correlation conference which was poorly attended (due both to the quality of the conferences and another exam that week). The questions asked were essay in nature and were stated in such a way that only those at the conference could understand the questions. Even if a student knew the answer he could not answer since the question was not elucidated. It was not a test of one's knowledge, but rather a vindictive way of taking attendance for the conference.

Another recent example of punitive education was the action taken by Dr. O.D. Kowlessar regarding a 2-credit elective, Prospects in Clinical Medicine, offered during this past winter quarter. Thirty-nine students, of which I am one, were refused credit for the course because they did not attend the last presentation in the course, during exam week. Dr. Kowlessar graciously provided the chance to receive credit if each student would send a letter of apology to the scheduled lecturer and if all the involved students would unaminously request the lecturer to re-schedule the lecture at a time convenient to him (I suppose, with the assumption that we would all attend the lecture). This is an interesting precedent to set. If it is valid, then each member of that class should receive a letter of apology from Dr. Kowlessar for a lecturer who did not show up for the second meeting in the course. Perhaps also, students should receive apologies for sitting through boring and disorganized lectures, when the time could have been better spent elsewhere. At any rate, a copy of Dr. Kowlessar's demands were sent to the students involved, the scheduled lecturer, and Dr. Aponte, for some unknown reason.

Dr. Aponte reacted defensively, thinking that he was being blamed for the absenteeism because the Pathology exam was scheduled for the following day. Dr. Aponte washed his hands of the matter by claiming that the registrar's office is responsible for the scheduling of exams. This may or may not be true (other departments have managed to change exam dates). But the Pathology department has used punitive tactics too often to escape blame altogether.

The Pathology department in many ways (e.g. hand-outs) has demanded student involvement way out of proportion to the credit value of the course, thereby cutting into time which should legitmately be spent on other courses. Any student who has taken the course can attest to this fact. One obvious example is the required term paper for the spring quarter. The sophomore student, with a full schedule, finds himself spending many hours in the library doing his path paper research, letting his studies in other courses slide. Can all this time be justified for a one-credit course? Dr. Aponte skirts this issue by making the paper a requrement for passing the entire second-year course in pathology, even though the catalogue specifically divides pathology into three courses. There are other less punitive ways to encourage learning and acquaint the student with the use of the library.

Pathology hand-outs are another example of punitive education. Since Dr. Aponte makes up the path exams, the student cannot ignore his personal hand-outs, which are often fragmentary and cover the more exotic points of pathology. As a result, he often has to skim through the more essential material presented in lecture by other instructors, who do not participate in making up exams. This is unfair to both the student and the other professors of the department. The hand-outs are beneficial, but should be considered as the accessory material which they are and should not form the basis for examination.

These few examples indicate the type of problem the Jefferson student must face under the system of punitive education. The overall effect is that the various departments assume excessive **defacto** control of the student's time. By making greater demands, backed by threats of tests and grades, they can structure the student's nights (as well as days) with hours of often irrelevant (to the individual) study. It is obvious that the student can not learn everything about ever discipline in medical school. By trying to teach too much, the departments often force the student to learn less of the basics, to get lost in fine

*(Continued on page 8)*



# *What Is The Purpose Of A Medical Education ?*

by James Redka

What should be happening in the future of medical education was the subject most often approached at the recent SAMA conference on medical education held in Chicago. Trends in attempting to answer this question centered around another question - what is the purpose of medical education? The only answer to this question is that it is the responsibility of medical education to educate personnel to deliver health care both in quantity and quality sufficient to satisfy the needs of the people. The goal of delivering this care is elusive in that needs of people change, as do practical means of attaining this goal. Consequently, the system of medical education must make only one thing constant - the ability to change the system in order to effectively train people to best meet this goal.

Presently, there are definite feelings from government officials, community leaders, and those practicing medicine in the communities that medicine must deliver the benefits of scientific research to those who have supported these investigations. In order to deliver these benefits, it is becoming increasingly obvious that it is necessary to train many future medical practitioners to be actively involved in the delivery of and assessment of community health care needs. This need has spawned the establishment of the speciality of family practice and the renewed interest in preventive medicine. This is all very fine, but how does this relate to Jefferson?

According to upperclassmen and the catalogue of Jefferson, there is only limited opportunity to become involved in community or family medicine as part of the official curriculum. There are a few Wednesday electives offering some exposure of this type, at least the type practiced by the departments of psychiatry and pediatrics. There are also opportunities in block electives such as that offered at Children and Youth or the Community Mental Health Center. There is not yet any exposure offered to group practices of community medicine or to solo practices of family physicians. These experiences may be offered in the future, but the need for such training has been responded to with traditional slowness by a system which has not made an active commitment to change in response to changing needs.

This is offered as an example of a need not responded to with the speed demanded by the public. Other problems relating to the needs of medical students have not been met. Problems of defining and instituting the real concept of "the core curriculum," of allowing the student more responsibility in planning his education, and of failure to utilize different teaching techniques are all to be solved. Many of the faculty also feel frustrated in their attempts to express their ideas of education. If there were as part of the system an adequate system of allowing change and diversity, perhaps there would not be such frustration here or in communities served by medicine

The solution? What has been discussed here are problems of medical schools throughout the nationa. There are good arguments to the effect that we do have a good system of medical education and why change an effective system. Unfortunately, this good system has failed to serve adequately the diverse needs of the people and medical personnel. Since the needs served by medicine are diverse and constantly changing, it is essential that diversity and ability to change be built into any system of medical education.

# *Curriculum & The Climate*

by Mark Widome

At the Second Annual National Student Conferent on Medical Education, held in Chicago this past winter, several truths became self-evident. First, medical education is approaching a new era of dramatic innovation and change. Second, Jeffersons does not figure significantly in this approaching era.

The ongoing change may be divided into two broad categories. First, there is the employment of curriculum innovations. These reflect the changing health needs of society and they employ up-to-date techniques of educational psychology.

In October of 1967, the Association of American Medical Colleges authorized a study of medical school curricula. Of the 103 U.S. and Canadian medical schools studied, 87 had instituted or were planning an overhal of their curriculum. Family care clinics existed or were in the planning stages at 50 of the schools. All but nine of the schools had some form of interdisciplinary teaching. Forty-two schools planned interdisciplinary clinical clerkships. Forty-seven of the schools have multi-disciplinary laboratories. The numbers go on and on. In addition, more and more schools are making use of electronic teaching machines as well as computers as an integral part of the educational process. The conclusion that a large percentage of U.S. and Canadian medical schools are boldly innovating is all to obvious.

**Agrarian Philosophy**

The second area of change in medical education is toward the improvement of what has come to be called medical school "climates." The climate is that intangible atmosphere of attitudes which pervades one's education. It involves interpersonal relationships with and between students and faculty, pressures, anxieties, a sense of goals, a sense of relevance, and more. This educational climate is now being emphasized by educators as an important determiner of the overall quality of that education.

Daniel Funkenstin, M.D., Director of Harvard's Program for Research in Medical Education, suggested at the Chicago convention that the time has come for medical schools to shift some of their attention away from the strictly academic aspects of a physician's education and to begin a deeper concentration into his overall personal development. He went on to say that, "currently faculty have an industrial philosphy of education. . .They feel that they can mold students on an assembly line into replications of themselves, who can be neatly packaged and marketed. Needed is an agrarian philosophy in which students are seen as growing plants, which are carefully nurtured, adequately fertilized, watered and given sunlight, protected from weeds, and allowed to grow into their own thing."

Kenneth Keniston at Yale reports that the existing climates vary greatly, "ranging from narrow vocationalism to something akin to the liberal arts outlook. . .at some schools faculty-student relations are modeled on warfare, while at others, students and faculty feel

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# Commons Lecture Series Opens

by Lynne Porter

Mr. Russell Burgess, parapsychologist and psychic, gave a fascinating lecture-demonstration on extrasensory perception (ESP) to a standing room crowd on Tuesday evening, March 17 in Solis-Cohen Auditorium.

The concept of a Lecture Series bringing noteworthy and relevant speakers from various fields in an attempt to widen the educational and entertainment possibilities for Jeffersonians was conceived by the Commons Social Committee under the aegis of Mr. David Grebos, Director of Commons Programming. If subsequent speakers are as fascinating and entertaining, the series should prove to be a definite asset to the Commons calendar of events.

A few of us were fortunate enough to have dinner with Mr. Burgess prior to his lecture. He is an outgoing, personable man who was very open to questions both from believers and skeptics alike. During dinner he gave us a small sample of his abilities. He looked at one of the girls at the dinner, pointed to her and said, "You didn't make your bed this morning, did you?" Needless to say, the girl was quite astounded. She replied that he was right. He said he knew she hadn't because he had perceived that she was basically a very neat, methodical person and that it really had bothered her. Next, he told another girl that she had had a fight with a boy that she had been dating. She replied that she hadn't at all because the boy she had been dating seriously had been away for some weeks in the service. He smiled and told her to think about it for a while. She did and then she realized that he had almost perceived correctly. At the last TGIF, she had commented to a friend that if her boyfriend had been there, they would have had a quarrel because they always did at every TGIF they had previously attended. Subsequently, Mr. Burgess came across as a very honest, straightforward person. He stated that he used no advanced information or trickery. However, he did say that he occasionally did pull a trick just to psych people up but he always revealed it afterward. He also revealed that he could not use his psychic powers continuously because it was too fatiguing mentally and physically. He stated that one of his lectures was almost equivalent to an eight hour day. Later, we were to find out the truth of his statement. Ths reporter sat in the front row and observed the obvious strain that Mr. Burgess was under during his performance.

The lecture-demonstration was fascinating. He began by having people write their names on small business cards along with any question about the future relating to any topic-political, social, economic or personal etc. He had himself blind-folded and then proceeded to crinkle up a card and rub it in his hands. He first stated the side of the room that the individual whose card he had was sitting in and then he gave his initials. He never missed once. Then he proceeded to answer the question. Since most of the questions were of a personal nature, he answered them in such a way as to transmit the information to the individual without embarrassing him. He never missed a question. Once he perceived the question that had been crossed out along with the second question that was asked. Right in the middle of the lecture, he turned to one of the girls in the front row and said that she was thinking about marriage. She replied that she was. He told her that she would not be married as soon as she thought but that she would marry not this year but in the near future and have "three lovely children" and a very happy married life. This seemed to please the girl very much! He also had sent Mr. Grebos a letter with three predictions in it a week prior to his arrival here. Mr. Grebos had sealed the letter so that no one could be accused of tampering with the contents. On one slip of paper he had written the number 1529. During the lecture, he went into the audience and asked three students to each write down three numbers. He then asked a fourth student to add the numbers. They totalled 1529! The second prediction concerned a newspaper headline. Tuesday's Evening Bulletin ran a headline declaring that two generals had been indicted for covering up the Mai Lai massacre. One of the slips sent to Jeff a week before almost matched the headline word for word! The third

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# Students Confer on Drug Scene At Kansas U. Medical Center

by David Jacoby

Doctors do not have a monopoly on help, yet they are among the most active in blocking the efforts of non-professional groups to give help. Doctors, psychiatrists especially, feel threatened by non-medical therapy whether these therapies be supplied by psychologists with Ph.D.'s, the community being treated, or by non-board-certified medical doctors. Such was one of the conclusions of the workshop on drug abuse conducted as part of the First National Student Conference on Community Health held at the University of Kansas Medical Center last month. The workshop, one of several at the conference, dealt primarily with treatment of the heroin addict and student projects in drug education and "acid rescue."

In regard to heroin, one of the first points made was that the Federal Narcotics Bureau is not after the small push/ user. Rather, its only target is the vast interstate and international network of suppliers, according to Mr. Thomas Johnson, a federal narcotics agent. The second point is that there are two schools of thought in regard to heroin addiction. The first school sees the addict as overly dependent on both drugs and peer group approval, afraid either to grow up or to face reality. The second school of thought is the medical model. This was pushed at the workshop by Dr. William McNally, head of Kansas City's methadone clinic. Its viewpoint stems from the observation that many people try heroin who do not become addicted to it. One reason may be that in these people it does not as rapidly produce a "metabolic disease"–the drug hunger which develops after one withdraws from heroin or another opiate. For those who develop this "metabolic disease" which keeps them effectively addicted to heroin, the medical profession's solution is the methadone clinic--a place to which the addict must come each morning for a $1.00 drink of methadone, a synthetic opiate. This will not solve any of the problems which initially led this person to become a heroin addict, but it will allow him to substitute for his expensive illegal heroin addiction a cheaper medically-administered addiction. The dosages given in Kansas City (30 to 70 mg/ day) will not block a heroin high, but they will satisfy drug hunger and allow the addict to lead a life free from crime. On the other hand, the New York dosages (80-120 mg/ day) will invariably block a heroin high, but are so large that the addict may only use half of his supply and sell the rest. Unlike the programs sponsored by groups such as Daytop Village in New York or Gaudenzia House in Philadelphia, one does not need to want to be cured or changed to be treated in a methadone

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# Crisis Continues In Community Mental Health

by Tom Williams

The much publicized uproar over the withdrawal of funds by the City, from Jefferson Community Mental Health Center was supposedly settled on Friday, March 13. At that time Dr. Ingraham, city Commissioner of Health, President Herbut and Dean Kellow of Jefferson, and other officials representing Jefferson and the city met in the face of the already extended deadline, Friday, March 13, which Jefferson's administration had set for the receipt of funds from the city to continue operation of the Mental Health Center. If the deadline was not met, Jefferson would send out letters of termination to 80% of the CMHC's staff, as Jefferson had sent out two weeks earlier to start the uproar. Dr. Ingraham promised $134,000 of the $1 million just appropriated by the state for all CMHC's in Philadelphia. This money was only for salary support. This left the Center at least $80,000 short of its necessary cost of operating up to June 30, 1970.

However, the Center was not fully assured that it would remain open until June 30. Ths is apparent from Dr. Ingraham's statement on Monday, March 16, 1970 at a meeting of the Philadelphia County Mental Health and Mental Retardation Advisory Board. He said Jefferson would continue operating the Center "until the issue is discussed and the outcome is clear". He was referring to the trip that he and people from Jefferson will make to Harrisburg sometime in the end of March to try to obtain reversal of a recent state ruling that prevents Jefferson from obtaining all the funds the CMHC needs.

The beginning of the whole crisis occurred when the City of Philadelphia informed Jefferson at the end of February that the alloted $563,000 (already reduced from a requested $800,000) for the center was to be reduced to $353,000 because the state's funds had reached bottom. Other Community Mental Health Centers in Philadelphia were, likewise, cut off. This meant that the Center would have to close down imediately since it had already spent $353,000 by March 1. Dr. Leiberman, Director of the Center, was told by Jefferson administration to send out letters of termination to 80% of the staff, which consists of secretaries, social workers, family therapists, psychologists and phychiatrists. Jefferson could not "dig into" its own already depleted funds for its Community Mental Health Center, which had only been in existence since April, 1968.

The staff of Jefferson's CMHC did not accept their letters of resignation passively. By Monday, March 2 and ad hoc committee to preserve the center had already been formed. It consisted of community people, patients and staff members. Two of the hardest working members were George Kauffman who works mainly for Horizon House (affiliated with Jefferson CMHC) and Malin Van Antwerp who is one of the consultation staff of Jefferson CMHC. These two men, as well as the rest of the group, felt that vigorous efforts to return the center to operation were warranted because about 1,500 patients were being denied desperately needed services. Also, other Community Mental Health Centers in the city did not have cause to make such strong efforts to save their own centers because none of them had as bare a budget as did Jefferson's CMHC. The ad hoc committee's first action was to meet with the administration and trustees of Jefferson. Jefferson agreed to extend the deadline for closing the center two weeks, hopefully enough time for the ad hoc



# Black Panther Party Brings Health to the People

by The Medical Cadre of the Black Panther Party

"Power to the People", "Free Bobby", "Free Huey", "Mark Clark Free Medical Clinic" - these are some of the signs that greet the visitor as he enters 1609 Susquehana Avenue. Downstairs, on the first floor tables, chairs, plates and plastic eating utensils are arranged waiting for the children, due the next morning, for the free breakfast program sponsored by the Black Panther Party. Up a flight of stairs, the waiting room and examining office awaits the patient. At first glance one expects the office to be shoddily kept up, but most are in for a big surprise. The rooms are brightly lit and clean; fresh paint covers the walls; lab supplies are neatly arranged in one cabinet, while free drugs are orderly stored in another.

The Black Panther Party opened the first truly free health clinic to the people of Philadelphia on February 3, 1970. The main tenet underlying the office is that the public is entitled to the best medical care the health profession can offer them. Following closely behing is the principle that "absolutely no money is to change hands within the confines of the building." The Mark Clark Free Medical Clinic serves the **people**. Anyone, black or white, rich or poor, amy enter and expect to receive the same quality care and respect in the office. So far the Panthers have enlisted the aid of the Philadelphia branch of the Medical Committee for Human Rights to staff the clinic with physicians, registered nurses and laboratory technicians. Equipment, drugs, and lab supplies were sought from the many hospitals, supply houses and private sources in the area in an effort to permit the BPP to operate the facilities with recourse to using DPA funds or monies from other government agencies. This is one of the important points for the Panthers - that the federal, state, city governments must have absolutely nothing to do with the clinic. Only in this way can the BPP feel certain that no bureaucracy will stick its meddlesome fingers into the care of their patients.

At the moment the MCFMC is operating on a small scale. It is only open five days week from 3 pm. to 9pm. with doctors in attendance from 5:30 till closing. The main problem facing the operation is that most of the physicians belong to the Philadelphia hospitals, and so they can only get up to the clinic in the evenings. Another is the fear, which the Panthers live with daily and accept, and which the other staff members are beginning to realize really exists, of a police raid. Nightly one can look out the windows and see Rizzo's boys, familiar to the ghetto streets, cruising back and forth along Susquenhana Avenue in their red and white cars.

Everyone working at the center is aware that less that one month ago the police raided the Black Panther Party Community Information Center at 47th and Walnut streets; an office set up solely for the education of the black community in that area. It housed nothing more deadly than a victrola, some records, a mimeograph machine and a few typewriters. Because of the fear of a bust, only a small amount of phenobarbital is kept in the building, under heavy lock and key, to be used only should a patient present with status epilepticus. No other narcotic drugs are allowed into the clinic. the BPP has stated that under no circumstances will the Mark Clark Free Medical Clinic close down, nor are they about to give the police the chance to do so.

Presently the clinic is being run as an acute care center and emergency room. Some screening programs have started to get underway, with technicians looking for lead paint poisoning, glucose-6-phosphate dehydrogenase deficiency, iron deficiency anemia, and sickle cell disease, all problems that are prevalent in the black community. But what does the near future hold? In the planning stages are a diagnostic center to treat patients on a more continuous basis, a well-baby clinic to be run concurrently one evening a week, and finally, almost at the operational level, are free health and emergency first aid courses to be taught by volunteer medical students. The Black Panther Party's Mark Clark Free Medical Clinic will truly serve the health needs of the people.

# Community Control Issue Highlights Conference

By Delvyn C. Case, Jr.

At the First National Conference on Community Health held in Kansas City March 13-15, one of the most widely discussed topics was that of community control. SAMA delegates from medical centers throughout the country had gathered at the University of Kansas Medical College to analyze wide-ranging student involvement in community health centers. Most of the discussion was centered in small workshops rather than in plenary sessions.

The Committee on Community Relations dealt formally with the problem of community involvement in the newly fashioned health centers. This committee began with the premise that health is a right and that the consumer should have control over health care delivery. The Committee urged that all student initiated health centers contain political mechanisms for the relatization of community control of the established clinic.

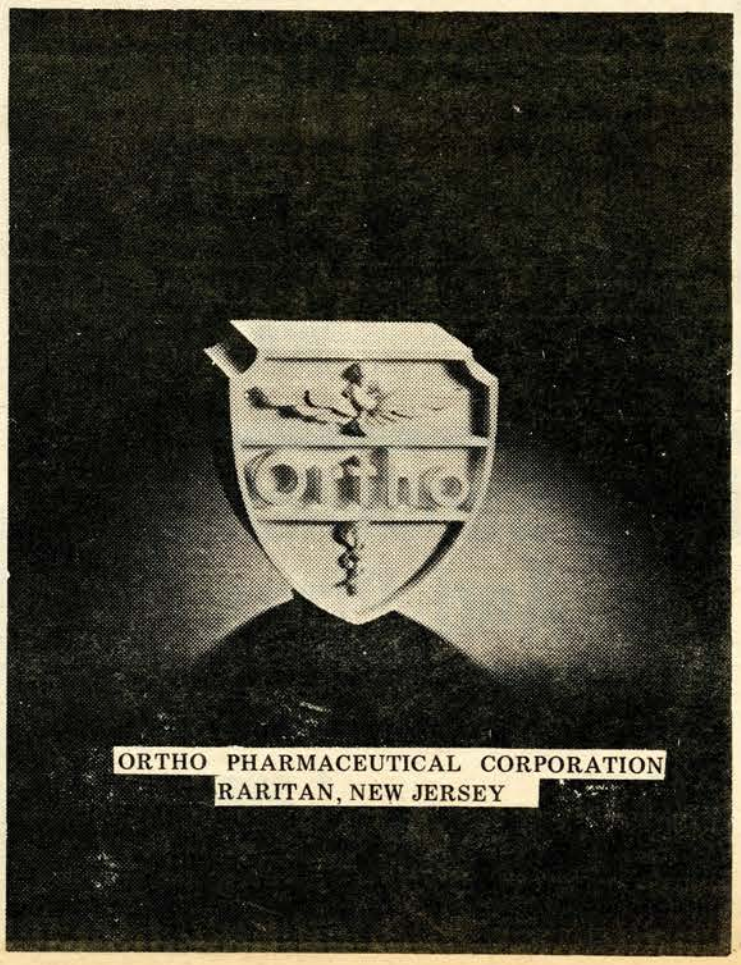
It was emphasized that realizing where a community is at politically is essential to mobilizing a community to get together. In some instances, one community may be willing (or demand) to assume full control of the center at the onset. In other cases, the assumption of power by the community must be nurtured by the students' work with the health aides in the center, the patients, and street people. The Committee also stressed that at the onset the needs of the particular community and its leaders should be sought by direct encounter in the community through contact in stores, schools, bars, and the street.

In addition to the delivery of health care, the community health centers should incorporate the training of community health aides and motivation of the young people toward education.

However, to achieve community-control of health delivery, this control must be extended to the hospital. This could be achieved by minority hiring practices and vertical mobility in the hospital structure. Furthermore the organization of the workers is vital. And finally the whole concept of hospital administration would need radicalization: the governing board of the hospital would consist of community people and house staff.

To facilitate the further development of the numerous student initiated health centers, the medical schools and medical centers must also become dedicated to community service. The funding question, however, raised many difficulties. Several of the Committee members were pessimistic as to involvement of the medical schools because they felt that community control would be threatened if the schools assumed financial responsibility. However private grants have not provided continuous support, resulting in yearly financial embarrassment.

Finally was the discussion of the role of the student. The Committee agreed that his role must be basically political: to aid the community in realizing and asserting power. If he did not provide the machinery for social change, the student would be continuing colonial power and counter-insurgency even with the best of intentions.



# Students Confer On Drugs

*(Continued from page 4)*

program.

After Dr. McNally's opening presentation discussion by student members of the workshop finally swung around to non-medical models of treating heroin addiction. Considerations discussed were effectiveness (on which both rated high) and adequacy as a long range solution to the problem. On this the Gaudenzia House approach was judged much more desirable, for it attacks and solves the problem of individual addiction and dependence through a restructuring of a person's self-image and life styles, giving him the strength to succeed in life without drugs of any sort in spite of his continuing drug hunger whch is real, but conquerable.

Ideally, the two approaches should complement each other–but unfortunately each sees the other as a threat. The Gaudenzia House members reject the methadone approach because they know that as run in New York (where the doses of methadone given by the doctors are so large that one cannot get a high even on intravenous heroin) there is getting to be a black market trade in methadone mimicking, on a smalled scale, that of heroin. Further, having found a way that they can rid themselves of addiction through constant concern and confrontation from other ex-addicts, they resent society coming in, only to replace one pusher with another–organized medicine.

Organized medicine, on the other hand, is unable to comprehend any attempt at solving community problems which does not involve medical planning and control over those to be treated. Therefore, addict self-help groups are considered a menace which are fought by public health officials and psychiatrists in every way possible, according to one workshop member from New York City.

The next topic of discussion was student-run drug education programs. Most of these programs attempted to be strictly informative with no value judgments made on pot or other drugs. Occasionally, strong anti-drug presentations were first given to PTA associations in order to secure permission to speak to school groups; the same standard talk was nonetheless given to the students. The main problem encountered was the loaded question, such as, "Do you still take drugs?" Group consensus was that unless one is living in San Francisco, California, or Ann Arbor, Michigan, it would be best to answer this negatively.

The most novel ideas were propounded by Bob Green from the Ecstatic Umbrella of Kansas City, Missouri. The group offers three services – acid rescue, a twenty-four hour telephone service for people having bad trips; a crash pad for runaways; and drug analysis. The first two services are rather straightforward– the telephone service serves a real community need and is manned by those who have had extensive personal experience with all forms of drugs. In extreme cases they arrange for the caller to be taken to the local mental hospital for treatment, but usually the continuous presence of someone who has tripped before and the use of a placebo convincingly administered and justified are all that is required. The crash pad is operated in cooperation with the local clergy (always a good source of funds and respectability), while the drug analysis center is operated in conjunction with Dr. Wallace of the University of Kansas. This relationship is essential. There are over six hundred different chemicals commonly found in street drugs, and invariably the user does not know which ones he has really taken. For example: of 68 supposed samples of LSD analysed by Dr. Wallace, only 23 were genuine–most of the rest were amphetamines–and of 4 samples of mescaline, only one was real. In short, most of the stuff sold on the street is junk, and as a physician one cannot prescribe treatment merely on the basis of what the patient thought he took. Often the side effects of a bad trip are not due to LSD, but to the impurities contained within it. In the process of its synthesis the LSD is skimmed off the top; unfortunately, immediately below its layer is a layer of strychnine, LSD's most common contaminant.

To the authorities, this drug analysis service thus provides the information necessary for the intelligent treatment of bad trips. However, this is not what Mr. Green sees as the prime value of his service. Rather, he sees it as an adjunct to the American Way, for it is also an impartial Consumer Reports dedicated to driving the "bad" drugs off the market. In addition to analysing the drugs, Mr. Green takes color photographs of the tablets. These photographs plus an evaluation of the tablet are then distributed through channels in order that the individual buyer has some inkling of the quality of that which he is buying. He claims that as a result the quality of drugs available on the Kansas City market has indeed improved. His only complication is that as the Ecstatic Umbrella is in Missouri and Dr. Wallace's laboratory is in Kansas, he must violate federal law each time he drives a sample across the state line. His solution – work with the Fed's, especially the higher up ones, from the start in order to get written assurances that one won't be prosecuted if arrested.

In short, there is much that medical students can do to mobilize people and services, but little that one as a student can do in terms of actual treatment. To learn more about the methadone approach in the Philadelphia area, contact Dr. Weiland at the P.G.H. Clinic by telephoning BA 2-5583. As for the Gaudenzia House approach, visit their facilities at 1834 W. Tioga Street in North Philadelphia-- open houses are held every Saturday night. Reservations can be made by telephoning BA 8-0644.

# Crisis Continues

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committe to obtain the needed funds from the state by way of the city. After this firstvictorythe ad hoc committee remained active. Its members wrote letters, called, and generally "bugged" city and state officials, alumni of Jefferson, and President Herbut. From a number of people they obtained assurances that money would be coming from the state soon, but no promise was in writing.

Lawrence Berley, a senior medical student at Jefferson, wrote a long petition to President Herbut. It outlined some of the activities of Jefferson CMHC, describing some of the mental health workers individually. The petition asked President Herbut to do all he could to obtain State funds for the Center. About 200 medical students signed the petition.

On Monday, March 9, Jefferson medical students headed by junior students Delvyn Case and Paul Fernhoff staged a demonstration in the north wing of City Hall. This was directed at Mayor Tate and City Health Commissioner Dr. Norman Ingraham to reallocate $210,000 to Jefferson CMHC. By that time it seemed fairly certain that money for all of the Community Mental Health Centers in Philadelphia was coming from the state to the city. Participating in the demonstration were 30-40 medical students, patients, CMHC staff workers and community people. There were about 80 people at the rally which featured a small fact sheet for passersby, a bull horn and many posters. And the end of the demonstration, two medical students and two patients went up to Mayor Tate's office to present their demands. Mayor Tate was not in Philadelphia at the time, but their message was conveyed to other city officials, that people were willing to go farther than just writing letters and making telephone calls to regain operating funds for Jefferson CMHC. There was much publicity about the demonstration. At least three of the major Philadelphia newspapers covered the demonstration and two of the local television stations showed filmed clips of the demonstrators.

On Friday, March 13 City Health Commisioner, Dr. Ingraham, and his Deputy Commissioner for Mental Health and Mental Retardation, Dr. Soffer, returned from Harrisburg and met with officials of the Jefferson administration and with Dr. Lieberman, Director of Jefferson CMHC. The deadline before new letters of termination went out that Jefferson had set for receiving money to continue the Center was March 13 at 5:00 P.M. There had been another demonstration that day in front of the Municipal Services Building pressing Ingraham to present $210,000 to Jefferson CMHC. Apparently the state had allocated to the city almost $1 million - money left over from Community Mental Health Centers throughout the state - so that Dr. Ingraham was in a position to tell Jefferson that $134,000 out of that money was being given to Jefferson CMHC for the staff salary support. The approximately $80,000 needed to complete the necessary $210,000 could not be given at that time primarily because of a state ruling that had just been made. The ruling did away with "institutional overhead" (purchasing, personnel, bookkeeping, maintenance, etc.) in the Community Mental Health Center grants. The most direct way the $80,000 can be supplied to Jefferson is to change the state ruling. Dr. Ingraham and Jefferson representatives will be going to Harrisburg sometime towards the end of March to try to change this ruling. Therefore, the crisis is not over yet for Jefferson's CMHC since it is still at least $80,000 short of making it to June 29, 1970, the end of the fiscal year.

It seems as if the efforts of the ad hoc committee and the medical students paid off, since the center did receive $134,000 for the time being. The arguing point of the committee and students was the plight of people that were being abruptly denied services. Jefferson CMHC's assigned area has 180,000 people in it. Approximately 200 new patients per month are included in the family counseling, rehabilitation work, job finding, and other services that the Center offers. In addition, there are other special programs that the Center is carrying out. There is one black youth worker, who, along with other activities, is gaining the confidence of youth in a South Philadelphia grade school. Also, several community organizers are trying, with medical students, to bring the people of Gray's Ferry (a small section of the city in Jefferson's catchment area) together for the purpose of forming a health board. This health board would plan and run a Health Center in the Gray's Ferry area. Other parts of CMHC's program include a number of psychiatric beds in Jefferson and PGH. Many of the patients that are cared for, both inpatient and outpatient were terribly upset in the face of the closing of Jefferson CMHC. Some of them would be forced to go back to a mental hospital, others would be left out in the cold, and still others might commit suicide when he thought that his only hope, a tie with a family counselor, was being withdrawn from him with the closing of Jefferson CMHC.

Perhaps the major thing that was being squelched by the closing of Jefferson CMHC was the thrust into the community itself. Traditionally psychological and psychiatric counseling and other types of rehabilitation were done in a comfortable office away from the location of the people with the problems. This makes many patients feel very uncomfortable and they find it very difficult to trust their counselor. It also makes them feel the stigma from their community for going somewhere out of the area to be helped, as if they were lunatics or something.

These things are abolished if the people are helped right where they are *living by people whom* they can easily trust. Jefferson CMHC was and is beginning to do this.

# Student Council Curriculum Evaluation Committee Reports

**Pass-Fail**

A questionnaire polling student opinion on evaluation systems, including four different types of pass-fail systems, has gone to press. Specific features of various systems proposed or in use at other institutions are described and students may indicate their preference. The results of this poll will be the basis of a forthcoming report from the Committee.

**Electives**

A report on "Guidelines for Elective Registration" has been completed and presented to the Faculty Curriculum Committee. The text of the report appears elsewhere in this issue of **ARIEL.** A proposal dealing with criteria for electives not presently in the catalogue that students might create is now under preparation.

**Report of representatives to the Faculty Curriculum Committee** (The Faculty Curriculum Committee meetings are held every Thursday at 2 P.M. in Jefferson Hall.)

**1. Change in Surgery Rotation.** The Committee discussed a motion establishing twelve weeks of surgery in the third year, two of anesthesiology and ten of general surgery. The current four weeks of general surgery and two weeks of anesthesiology in the fourth year would then be deleted, allowing seniors eighteen weeks of elective or vacation time. The six-week psychiatry block is transposed to the present third year elective block, reducing the third year elective time to six weeks. Proponents of this motion cited Dr. Templeton's request that the subject of surgery could not be adequately developed in the splintered six or four week periods now assigned. The student representative opposing the measure argued that the fourth year surgery block should be deleted and offered as an elective block, noting there was no precedent necessitating a full ten weeks of surgery. Also, an elective block of six weeks in the third year was too short to allow students to participate in educational programs offered outside of Jefferson and its affiliated hospitals.

The motion passed, and has been approved by the Executive Council. It will first affect the Class of 1972.

**2. Deletion of Wednesday lectures in the third year.** After much discussion and a poll of the clinical departments, the Committee voted unanimously to "eliminate Wednesday morning lectures in the junior year." Reasons given in support of the proposal were:

(a) Lectures interrupt the clinical work week and disrupt patient observation.

(b) One-third of the class is away from Jefferson and their return represents a logistic harship.

(c) More time will be allocated to the major departments for use in teaching.

(d) Lectures can be given during the blocks at the departments' discretion. Affiliated hospitals may be trusted to provide such didactic instruction.

(e) The students are overwhelmingly opposed to these lectures. Reasons given for retention of the lectures included:

(a) Calling students in from affiliated hospitals for every six week block and repeating the lecture six times per year would be repetitious to the faculty, demand excess and destroy enthusiasm by the boredom of repetition.

(b) Attempting to develop lecture series at every affiliated hospital is not possible due to lack of manpower.

(c) Our large classes, the present time demands, and excessive use of manpower preclude teaching in small groups.

(d) With the present manpower shortage in medicine and education, we should seek the most economical methods of teaching for the greatest gains.

(e) The main objectives of the third year are to develop proficiency in physical diagnosis, recognition of disease processes, development of concepts of diagnostic processes and the art of communication. Leaving patients on Wednesday does not interfere with this detrimentally, since the senior year and internship allow time for uninterrupted observation.

(f) The alternative of using visual and educational aids instead of lectures is as yet not practical.

The measure was approved by the Executive Council as well.

**3. Shift of Wednesday afternoon electives to Friday afternoon.** The Committee also voted to shift Wednesday afternoon electives for all students to Friday afternoons. A poll of the medical school departments supported this. Reasons in support of this change were:

(a) Avoiding mid-week disruption.

(b) Most patients are admitted early in the week and discharged late in the week. Continuity of patient supervision is enhanced.

(c) The need to travel to Jefferson for one half day of electives is avoided (assuming acceptance of #2).

(d) Some elective work students do on Friday might easily interest them to continue on Saturday morning without interruption.

Reasons given in opposition to the change included:

(a) Wednesday afternoon offers a change of pace in the middle of the week that is beneficial for student morale.

(b) No need to shift if lectures remain on Wednesdays.

(c) The change necessitates the student being at Jefferson Friday and Saturday morning, which would take juniors away from the patients as often as at present.

(d) The change will require administrative chaos in some departments as schedules, etc. are set up currently around Wednesday electives.

(e) There would be a conflict with the second year course in physical diagnosis that "requires a great effort at present for its teaching."

(f) It would provide a long and tempting weekend that students might take unfair advantage of at the expense of the curriculum.

(g) Friday afternoon is not a good time for electives since "we are a bit tired, spirits are lowest..."

(h) Administrative change to the clinic program for instructors and patients would be too great for this change.

The Committee passed this motion; the two student votes split over this issue. However, the Executive Council defeated the measure. The Professorial Faculty has next say in this issue, as in those passed by the Executive Council.

**4. Spanish Language Elective.** A proposal to establish a Wednesday afternoon elective in practical Spanish, submitted by two students, was rejected. The Committee, however, endorsed "the students' efforts in providing an extracurricular course in Spanish" for no credit, and recommended that space be provided for this if it is developed. The student proposal noted that five to twenty percent of the clinic population at Jefferson is Spanish-speaking. Also, the course offered by the School of Allied Health Sciences costs medical students $75/ term and is not practically oriented. The Committee denied the request on the grounds that Spanish language did not conform to the current definition of a medical course.

**5. General Practice Preceptorships.** Meetings were held with representatives of the American Academy of General Practice with an eye to establishment of general practice electives. The Committee also met with Dr. Krehl, Department of Preventive Medicine, who indicated his desire to establish a subdivision of Family Medicine in his department. He noted that the establishment of a residency program in Family Practice at Jefferson Hospital was impractical.

No decision has been made as to the status of the general practice preceptorship as a credit yielding elective.

**6. Freshman Year Lunch Schedule.** Dr. Ramsey requested a change in the first year lunch schedule from 1 P.M. to 2 P.M., thus allowing more time in histology and embryology laboratory. This met strong opposition by the students. It was recommended that the Anatomy department settle the problem internally, and Dr. Ramsay agreed.

**7. Calendar for 1970-1971.** The Committee approved the school calendar submitted by the Registrar for the year 1970-1971. The projected 1971-1975 calendar was tentatively approved, also. The initial items are noted below for general information: August 29, 1970 - Summer recess begins 12 Noon; Sept. 9-12 - Orientation for Freshmen; Sept. 9-11 - Registration for all Classes - Medical School; Sept. 11 - Registration for Graduate Students; Sept. 14 - 8:00 A.M. Summer Recess ends, Fall

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# Curriculum Comm. Proposes Elective Changes

## Changes To Include Shifting Of Priorities

The following proposals have been presented by the Student Curriculum Committee to the Faculty Curriculum Committee:
Guidelines for Elective Registration
Sub: Changes to Include Shifting of Priorities

1. Application Deadline

Applications for electives must be made by a fixed date before each block. Elective roster and registration material is to be distributed at least three weeks prior to that deadline. This allows adequate time for the student to choose an elective, obtain the preceptor's signature and return the forms to the Reistrar's Office.

2. Application Priority

On the deadline date, the Registrar's Office will assign students with priorities established in the following order:

a. Seniors.

b. Students previously closed out of the elective for which they are now applying.

c. All other students.

Should an elective oversubscribed, assignment will be made on a random basis within the appropriate above category. Should a course be undersubscribed, applications will continue to be accepted past the deadline date.

3. Oversubscription of Elective

When a course is oversubscribed, the Registrar's Office is to so notify the Department so that it can enlarge or duplicate the course to accommodate these students. These duplicate electives may well be offered at affiliated institutions.

4. Qualification for the Elective

The preceptor if he so chooses may interview applicants to determine their qualifications. Only ratings of qualified and unqualified would be delivered to the Registrar's Office. Approval of the application, however, does not imply a commitment to that student. A list of qualified students is not to be arbitrarily limited to the number of openings in the elective.

5. Elective Information

The Registrar's Office is to make available more comprehensive information describing the elective. This information is to include:

a. Title of course.
b. Teacher of course.
c. Goals of course.
d. Format of course.
   1. Seminar.
   2. Lecture.
   3. Clinical preceptorship.
   4. Other.
e. Student responsibilities.
   1. Examination.
   2.Paper
   3. Oral examination.
   4. Other.

Student Council Curriculum Evaluation Committee

**AN APOLOGY**

WE APOLOGIZE TO THOSE WHOSE SENSIBILITIES WERE OFFENDED BY THE ZODIAC POSTER AD PUT IN BY THE FLOWER POT LAST MONTH. THE AD WAS TO BE REPRINTED HERE THIS MONTH BUT ALL THE POSTERS WERE SOLD.

# Curriculum and Climate

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themselves partners in the larger enterprise of medicine." (Yale Jour. of Bio. and Med: June 1967.)

Just as it is hard to define the climate, it is equally difficult to evaluate changes in this area. It should be noted that climate is partially dependent upon curriculum as the latter, when modified, is apt to alter the former. It seems that many of the more tangible curricular changes before mentioned were partially aimed at promoting a more favorable climate.

**Jovian Inertia**

It is not by any means this reporter's belief that Jefferson has done nothing in the two broad areas of curriculum and climates. However, the impression is that the recent efforts have been haphazard, sparse, and with poorly outlined goals in mind. Jovian inertia has impeded the curriculum push in such areas of reform as a well defined core, increased elective time, elimination of numerical grades, and course credit in community health and urban medicine topics. The resultant educational climate is muggy at best. Students and faculty still basically distrust each other, as evidenced by the original need for a Student Bill of Rights and the subsequent suspicion on the part of students which it aroused.

There seems to be an overly cautious attitude toward the institution of change. Any attempt at innovation involves risks--especially that brand of bold innovation which characterizes this country's more progressive medical schools. And indeed there is no guarantee that change will bring improvement over the existing education, which one must admit is not all that bad for it does turn out many highly qualified physicians. Yet conceding that there is always room for improvement, consider a statement by the English historian of the last century, Henry Thomas Buckle, who advised, "Progress depends upon change, and it is only practicing uncustomary things that we can discover if they are fit to become customary."

With this thought in mind, Jefferson's timid approach to the challenging era of change, the most dramatic since the Flexner Report in 1910, would appear to represent a lost opportunity--the opportunity to become a progressive innovator in the field of medical education and to contibute significantly to its improvement both here and as a model for elsewhere.

# *Commons Lectures*

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prediction concerned the drawing of a playing card. A student drew the seven of hearts. Mr. Burgess predicted the jack of hearts. This was the only real mistake that he made during his demonstration. Later in the lecture, Mr. Burgess recited a student's socialsecurity number. The number was all zeros, eights and threes. Mr. Burgess couldn't believe that the same numbers kept coming to him and it became a joke after a while.

Mr. Burgess made his purpose and position concerning ESP very clear. He said he hoped to show exactly what ESP was and how it could be used. He also stressed the fact that as a psychic he is not omnipotent but quite human. He makes mistakes. He said that the average person is correct less than 20% of the time. He is correct between 70-72% of the time. The all-time record for perception with ESP is 75%. He said that skeptics refused to consider the possibility that many can perceive something beyond the normal level of cognition. He said they would even rationalize the materialization of Moses if it were possible for him to do it.

This reporter found Mr. Burgess to be a believable, reputable proponent of extrasensory perception. This man is no charlatan. Those spoken to prior to the lecture who were somewhat dubious about the phenomenon came away with a much more positive outlook. Because of Mr. Burgess, they realized the subject is not one to be taken lightly or to be dismissed as sheer absurdity.

This reporter wishes to congratulate those involved in the development of the series for a fine selection for its initial speaker. One can only hope that subsequent speakers will prove as worthwhile. If the same standards are maintained, there is no doubt of the future success of the program.

# Council Report On Curriculum

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Quarter begins.

**8. Defining "Core" Curriculum** - In an attempt to specifically define the material to be included in "core" the Committee is asking the Departments of the medical college, the Systems Subcommittees, and various Topic Subcommittees to present their concept of core relevant to their area. The information is requested in three areas:

a) Core curriculum - that body of knowledge of medicine which every non-specialist should comprehend and without which no one should receive the M.D. degree.

b) Intermediate curriculum - that body of knowledge in the various disciplines which those who wish to specialize in that or related disciplines should understand.

c) Advanced curriculum - those aspects of the various disiplines which would be required of graduate students and residents in these areas; specialty knowledge in depth.

A meeting is being held on April 2 at 4 P.M. in Solis-Cohen Aud. to explain the charge to the committees and departments involved. The specific data this study yields should enable the statement of precisely what constitutes our "core curriculum."

**9. Pre-eam Reading Period**

A suggestion by Dr. Schaedler, Department of Microbiology, to establish a "reading period" before the sophomore final exams was considered. The Committee recommended that the departments involved in these examinations meet to work out a solution to the problem. Time for such a period could come from no other aspect of the curriculum than that already allotted to these departments.

**10. Emergency Room Rotation**

The class of 1970 had one week assigned rotation in the Emergency Room while on junior surgery. This experience has been deleted from the curriculum this year. The surgery department does not feel it should accept exclusive responsibility to provide time for Emergency Room experience. The chairman of the Curriculum Committee has sent a memorandum to the departments concerned with Emergency Room teaching so that a more coordinated program can be developed.

**11. Sophomore Medicine**

The Committee has under consideration a suggestion to consolidate all the clinical subjects presently taught in the second year into one uniform block, and thus limiting the basic science courses to the other two blocks of the sophomore year. This Medicine Block might be taught in the Spring Quarter, although the prospect of using the Winter Quarter is being considered, thus assuring still earlier patient contact. The suggestion was presented by the Committee for the Introduction of Clinical Medicine, which supervises that course in the second year.

**12. Release of Information**

The question of what information about the discussions and activities which occur during the Faculty Curriculum Committee meetings "should become common knowledge to students and faculty" has been considered. It was initally decided to disclose such information when an official report is presented to the Executive Council pertainining to the issue in question. The notion of conflict of allegiance to constituency groups, i.e. students or faculty, versus responsibility to the Committee is pertinent to this discussion. It was decided to refer this consideration to the Executive Council.

Comments and suggestions are welcome. The Student Council Curriculum Committee receives mail at Jefferson Hall, Box 32.

# Punitive Education

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points without grasping the essentials. Ideally, a good presentation of basic processes of disease would give the student the proper tools to understand any particular disease state. Beyond this the student should be able to follow his own interests. Grades should be eliminated and tests should be strictly for self-evaluation. Passage of parts I &II of the National Boards should be enough to satisfy the school requirements for graduation. Further post-graduate training and the various licensing tests would insure that physicians are adequately prepared to practice medicine. There is no need for the continuous punitive, grade-oriented testing which we have now. Studies have shown that there is no correlation necessarily between medical school grades and later performance as a physician.

Finally, a great part of the blame for punitive education must be placed on the student himself. It is only because he accepts this system so readily that it can continue to exist. Grades and tests can be used as threats only if the student views them as such. Students themselves clamor for grades, convinced that this is the way to a better future, willing to sacrifice almost anything for credit. Medicine should be incentive enough to study; those who need tests for this purpose should probably have gone into another field. Sooner or later, the student must assume the responsibility for his own education, which does not end with the last exam in medical school. Nobody will be holding a grade-book over us when we enter private practice. The responsibility for human life should be enough of a grade-book for any student or physician. Anything more would be superfluous. We as students must recognize this fact and act accordingly. As human beings, we can no longer crawl for our education. We must stand up together and claim what we have earned in time, money and effort.



ALL STUDENTS:
Please Complete & Return
STUDENT EVALUATION QUESTIONNAIRES
As Soon As Possible
THANK YOU
Student Curriculum Committee