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ARIEL

OCTOBER, 1971

New Curriculum in '72

By James Redka

The Faculty-student Curriculum Committee has been formulating a proposal to reorganize the medical school curriculum beginning next year. As most Jefferson students are aware, there have been several changes in the 'old curriculum' in the past few years. Moving toward block elective time concentrated in the fourth year; introducing a twelve-week clinically-oriented block in the second year; beginning an Approach to the Patient course in the first year; and rearranging teaching time in the first two years have all been steps in the movement toward a new curriculum at Jefferson.

The new curriculum (to be started next year if at all possible) begins with a course entitled 'Cell Biology' which will include much of Biochemistry, cellular anatomy and physiology, and medical genetics. 'Structure and Function' will follow - this will be taught in an integrated fashion by the departments of Anatomy and Physiology. A special section of time will be devoted to the 'Neurosciences' with the cooperation of the clinical departments of Neurology, Ophthalmology and Otolaryngology as well as Anatomy and Physiology. This section is to become a model of 'system's teaching' to be used more extensively in the future at Jefferson.

'Mechanisms of Disease' will follow with emphasis on pathophysiology of disease. The departments of Pharmacology, Microbiology and Pathology will then teach core materials in their areas. The present second year spring quarter will be expanded to encompass 'Introduction to Clinical Medicine and Therapeutics' where the student will review the basic science information learned before and learn to apply this information to clinical situations.

Throughout the period of time outlined above, one or two 1/2 days per week will be devoted to

sociological, psychological, and preventive medicine, aspects of medicine, and the approach to the patient. These aspects will hopefully be included in one course to minimize fragmentation in these areas.

As it appears now clinical clerkships will not be altered radically in the new curriculum although additions and deletions of clerkships may be made as details are defined. Free elective blocks will be curtailed and subspecialty rotations will be included in the second year with Introduction to Clinical Medicine. It is hoped that this curriculum will enable the Jefferson student to attain nearly the competence of a present graduate, as the 'core' will be completed by the end of the third year.

The fourth year at Jefferson will become an opportunity for the student to pursue studies at the intermediate level in one of a

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Med Students Will Participate In VD Counter attack

By Arnold J. Willis

One needs only to hear a news broadcast to realize that VD is rampant especially among the "liberated young of the new generation". What is not mentioned is that this epidemic is not restricted to this "class" only but rather it encompasses all groups - over 30, rich and poor alike.

What is the cause? As usual, every authority disagrees - the pill, the new morality or just plain ignorance. The last reason is the one which seems most plausible. After all, who hasn't yawned through hygiene or some other "sex-education" course and watched the teacher sweat through the discussion of VD? The naivete' of the staff and administration of most school districts results in the promulgation of half-truths and

whole falsehood about VD. The result of this lack of expertise and just plain silliness is the lack of knowledge which allow VD to reach epidemic proportions. Somewhere along the line competent teaching is necessary - just blushing through a session where the facts are skirted just because of Victorian (prudish) teachers doesn't constitute education.

Look at the facts - 661,000 people under 25 had gonorrhea or syphilis in 1971. Even more appalling is the 1 1/2 million of all ages who had VD. These are only the reported cases and authorities estimate only 1 of 8 cases are reported! One young person contracts it every 2 minutes making VD the #1 communicable disease. The only thing apparent is the need to stop arguing about why this is true and begin educating everyone as to how and why they contract it and what to do after they recognize its existence. The need is to stop the wife's tales and create an atmosphere of understanding so recognition and treatment is possible.

This will hopefully occur in Philadelphia (where incidentally 596.2 persons/100,000 contracted VD last year!), in April. The Greater Philadelphia Alliance for the Eradication of VD will try to see to this.

Counterattack is a program aimed at providing information about VD without the usual bashfulness and naivete' so that the students do not leave laughing and turned off. The childishness usually apparent in this type of program will hopefully not occur.

The basic thrust is towards the high school students who are most vulnerable. The education of this group could slow down the spread of the disease now and in the future. If they know the truth now it will prevent VD in the future.

A local drug company is offering information to medical

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Jefferson Hospital Faces Grave Financial Crisis

By David A. Jacoby

Jefferson is in a grave financial crisis. The state is grossly behind in paying Jefferson the money it owes it; the federal government is behind in paying the money that it owes; the city is not satisfactorily funding the university for the services which it must, by law, provide; Mr. Deneberg last spring cancelled the Blue Cross contract under which the hospital was being paid; and the threat of being unionized by 1199 has forced the university to start treating and paying its more lowly paid workers better.

Also, intern's and resident's salaries have been skyrocketing - to about \$1.76 an hour.

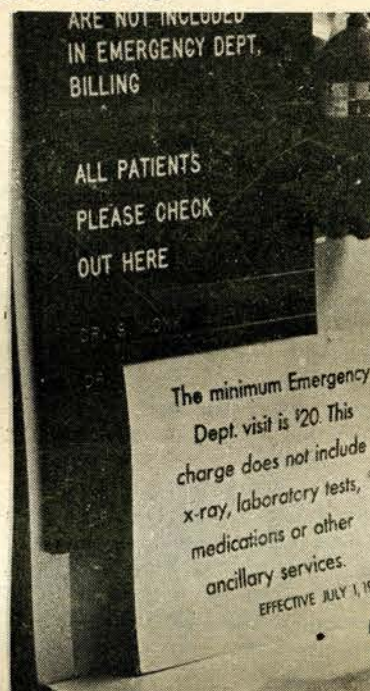
To meet this the university has reluctantly taken a number of steps. From July 1 to October 11 they did not accept new clinic patients unless they had either full insurance coverage, ten dollars cash-in-advance, or had been referred from the hospital or emergency room.

Those who had the presence of mind and the perseverance to try to get the receptionists to prorate their fees encountered a "Catch 22" situation. From July 1 to October 11 the clinic had officially stopped pro-rating the fees of new patients.

Since July 1 the emergency room fee has been \$20 cash-in-advance, (unless it is a life-threatening emergency), a fee which does not include any diagnostic tests, drugs, or x-rays, only permission to wait, and wait, and wait - until an intern or fourth year student finally gets around to seeing one.

The tragic part about the twenty dollar fee is that it is a meaningless gesture which will do little but bring on socialized medicine a little bit sooner. The Department of Public Assistance (DPA) will not pay the hospital twenty dollars for that visit (it pays four dollars); Blue Cross will not pay the hospital twenty dollars for that visit; the only person who will pay the hospital twenty dollars for that visit is the working man who is too proud and indoctrinated in Americana to go on welfare and too poor to afford adequate insurance coverage or a home in a swanky neighborhood like Chestnut Hill, where the emergency room fee is only ten dollars.

On the employee end of things Jefferson has cancelled pay raises for all employees save grades one through twelve and unilaterally cut the salaries of



....and if you don't have \$20.?

their interns by \$1500 per year, their signed contract notwithstanding. They also froze all hiring across the board - a brilliant move except for the fact that it cut many people out of jobs which would not have cost the university a cent as their salaries would have been paid for by groups such as the National Institutes of Mental Health.

Staffing of the laboratories was also drastically cut back over the course of the summer - another brilliant move save for the fact that after past nonsensical reimbursement policies on the part of Blue Cross (and inadequate elevator service), it is the slowness of getting samples to and information from the labs which seems to contribute most to inordinantly long

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IFC Announces Schedules for Football and Social Events

By Fred Vasta

On Wednesday September 29 the I.F.C. held its first meeting of the 1971-1972 academic year. Reported at this meeting were the results of this year's annual I.F.C. microscope sale which netted over \$520.00 as compared to last Year's \$320.00. Co-chairmen of the sale, Dave Hughes and Charles Ligett, stated that seventy-nine microscopes were sold emphasizing that more could have been sold had they been available. Any Junior still wishing to sell his microscope or any Freshman still interested in buying one can call Dave Hughes at WA5-1184 for further information.

Fraternity rush results this year for the Freshmen class were mediocre. The number of students pledging fraternities during rush week did not meet the expectations of most fraternity rush chairmen. The number of pledges for each of the fraternities is as follows: Alpha

Kappa Kappa 19, Nu Sigma Nu 21, Phi Alpha Sigma 24, Phi Chi 22, Phi Delta Epsilon 16, and Theta Kappa Psi 6. I.F.C. President Robert Good attributes this lessened participation in fraternities in part to the new housing priorities in effect for the Orlowitz resident hall. Also mentioned was the fact that most freshman students have already preconceived ideas and stereotypes of medical fraternities, quite often erroneously equating them to the typical "college fraternity".

The schedule for I.F.C.'s Intramural Football League is:

TEAMS:

1. Phi Alpha Sigma A
2. Phi Delta Epsilon
3. Alpha Kappa Kappa
4. Phi Alpha Sigma B
5. Nu Sigma Nu
6. Phi Chi
7. Independents (Gilbert Parks)
8. Independents (Norm Lindenmuth)

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National SAMA Conference Emphasizes Local Projects

By Gail Tenikat

Communication, ecology, and community health projects were among the topics discussed at the National Chapter Officers Conference of the Student American Medical Association held in Chicago on September 25-26. SAMA as a real student force in national health policy-making organizations was stressed in the initial assembly, with special attention being given to its representation on committees of the Association of American Medical Colleges, the American Medical Association, The American Society of Internal Medicine, the American Academy of Family Practice, and in many state medical societies.

National information booths manned by directors of each of the programs involved in the Health Manpower Task Force were available so that the representatives could obtain first-hand information about (as well as to have their chapters entered on mailing lists for) the Community Health Orientation

for Students, Community Health Projects and means of obtaining funding, Ecology Projects, Foreign Externships, Medical Education Change Group, Indian Student Health Program, Migrant Workers Community Health Project, and the Student Research Programs.

Problems faced by the individual eastern Pennsylvania, Baltimore, and Washington, D.C. chapters were aired at the Region III meeting. Prime among these complaints was that of inactivity of the chapter at a local level, a problem which affected generally only those schools having strong student governments. Possible solutions to this problem were suggested by representatives of schools at which both SAMA and the Student Council play active roles in performing needed service functions.

Tentative plans were made for the Regional Meeting, to be held at Howard University on

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Taking Action

A viable response to the financial crisis facing Jefferson is needed by the Jefferson family. The University is faced with late appropriations in inadequate amounts, bureaucratic delays in receiving reimbursement for services which it has already given, and its soaring internal costs.

Jefferson has demanded full cash-in-advance (July 1-October 11) or third party insurance coverage for new clinic patients and still demands cash-in-advance or third party coverage for non-ward admissions to the hospital. To compound things, unfortunate understandings along the chain of command occasionally occur, and for a brief time potential hospital admissions covered almost fully by DPA were being sent to PGH unless judged to be in dire distress. Fortunately this policy has since been remedied; for this we commend the administration. According to Dr. Sweeney, Director of the hospital, the three month curtailment of clinic services was temporary and designed to exert pressure on Harrisburg to force them to pay "the full costs for the care that is gen to their patients and, in addition, to pay Jefferson the money which it is owed for prior services rendered so that... Jefferson can continue to provide essential services."

We of Ariel feel that this objective is laudible, but call on students, staff, and friends of Jefferson to suggest alternative ways to meet it.

In regard to political pressures we recognize two kinds -- effective connections and strong, loud, well-reasoned pleas constantly communicated to our elected representatives.

To aid the administration in the first kind we can offer no help, only our best wishes. For the second kind, however, we do have suggestions which we wish to make.

First, for the people to act, they must have knowledge. For the University to be believed it must be trusted, and it must trust--both in the responsibility of its own actions and in the responsibility of the community.

For it to regard as "purely internal" matter not to be publicized the fact that it has been effectively closing clinic services to the one category of patient who needs them most--the medically indigent patient--implies that something is amiss if part of the stated object of such action is to create political support for adequate funding of health care.

Rizzo

During Mr. Rizzo's tenure as police commissioner many efforts have been made to attract more men into Philadelphia Police Department. It is significant to note that the theme of at least one of these campaigns was not, "Serve Philadelphia, join your police department," but rather, "Join Rizzo's Team." Billboards emblazoned with this message were put up throughout the city at the taxpayer's expense. Now one can see the posters of Democrats running for City Council bearing the same message, "Support Rizzo's Team."

Equally hard to understand, if the University is interested in delivering adequate health care, is its reluctance to publicize the fact that it is once again opening its clinic services to new DPA patients. We would urge them to do so at once.

We would recommend that immediately and frankly the University meet with members of the local community, patients, students and staff to implore them to write to their legislators urging adequate funding; and at the same time the University redouble its efforts to obtain help from government officials and to inform people of the situation through the press. Should this fail we would suggest calling off classes for a day and picketing both city hall and the state capital. Should all else fail we would suggest earnestly soliciting the support of the Welfare Rights Organization.

But to wait, as at least one dean has suggested, for National Health Insurance to solve our problems is sheer folly--for one thing it will be several years until it comes about in fully implemented form and for another thing it will not solve the same sorts of problems now faced with DPA: inadequate funding and bureaucratic delays.

Recent discussions of conversations with DPA officials in Harrisburg and Philadelphia, DPA bears Jefferson no malice. The delays in its payments to Jefferson are the result of two factors. First is a maze of paperwork which the Department of Public Welfare, as well as we, recognize the need to abolish (it should be noted that the Intercounty Insurance Company, not the DPA office, handles the reimbursements to Jefferson for DPA patients; the only thing which DPA handles is the individual reimbursements to doctors). The second factor is a failure of the legislature to appropriate money for the Title 19 part of the Medicaid Program, in part due to problems with the state income tax and in part due to the low priority which health still receives in Harrisburg.

It is this failure of the state legislature to appropriate sufficient funds on time which we as Jeffersonians must try to influence; the best way which we can do it is through taking our case to the people and our elected representatives.

As our continued existence as a viable institution demands community support, we would suggest that every effort be made to retain full services in the clinics (on a comprehensive basis if possible), emergency room, and wards, pursuing all means of obtaining additional funding before ever again doing something so against our own interests as shutting out the sick and needy.

the same message, "Support Rizzo's Team."

A man who can confuse the police force of the nation's fourth largest city with his own personal army has no business being mayor of that city. A man too myopic to realize that spending public moneys to advertise the police force as his team is a flagrant misuse of those moneys is a man too myopic to be Mayor of Philadelphia. Enough said.

Zzzz

Much attention has been centered recently on the plight of the sleep-deprived intern, whose many hours on duty each week drain him of his physical strength, mental agility, and emotional resources. Yet, if one but allows his dark-adapted eyes to stray to the back rows at X-ray or pathology conferences, he will observe at least several less-than-attentive medical students. This phenomenon is hardly rare and is not necessarily correlated with either the speaker's ability or his topic. Perhaps the sparse attendance by third-year students at Saturday morning lectures is more apt to be the result of general fatigue than general apathy.

Medical students on block rotations at Jefferson and most of the affiliated hospitals often are required to be on call every third night--a schedule which at worst gives them no sleep one night an opportunity to recuperate on the following night, and one evening to devote to reading about their patients' diseases before facing another night at the hospital. (At best, of course, during his night on call, no patients are admitted to the students' service and no IV's infiltrate; and the student can "revel" in both study and sleep.)

In order to finance their families as well as their educations (with ever-rising tuition and Blue Cross fees),

numerous med students must obtain evening employment. While a job may be readily practicable during the first two years of school, night duty schedules during the last two years may adversely affect its feasibility, plunging students further into debt and/or scholastic difficulties.

Is such a student, fatigued and anxious, apt to learn as well as he might otherwise if he were rested and relaxed? Will his relationships with his family and friends as well as with his patients also suffer? Will he be likely to find the time to expand his interests through recreational and extracurricular activities?

Why then, is the current night call system for interns and medical students so dear to the hearts of the majority of "older generation" physicians? Is it the concept of tradition, the fraternity "hell week" - type loyalty (?) to one's school or hospital, that appeals to these doctors? Or, are we merely Nader's "soft generation," the products of overindulgence and ease?

We must devise an on call schedule that really provides the most efficient use of medical expertise and the best learning experience that can be achieved. Most importantly, this schedule should assure the optimum in medical care to a maximum number of patients.

Always Time To Die

There are so many emotions and questions which intrude upon one's thoughts, that it is scarcely possible to write effectively about the tragedy at Attica Correctional Facility which resulted in the deaths of 42 people. Yet one must comment on the rationale for the forceful intervention to end the stalemated negotiations. It was done to preserve "law and order", a principle which we have become as obsessed with defending as with our militant policies to "preserve freedom" against communist totalitarianism. Defense of this principle at extreme costs is seemingly supported by a majority of people. But can we be so smug about the infallibility of the position, in light of the obvious inconsistency in its en-

forcement? Do we treat the corporate criminal as we do the street criminal? Is our foreign policy toward a non-communist dictatorship the same as toward a communist one? It may even be that some of our hallowed principles need a complete redefinition.

As people hopefully concerned with the preservation of human life, we can only urge those responsible for the maintenance of these principles to be aware of the variability in enforcement, and to weigh more carefully the value of human life when it must be taken in the name of a principle. As New York Representative Herman Badillo said in the aftermath of Attica "there's always time to die."

Bicycle Owners Unite!

-Gail Tenikat

Whether for reasons of health, ecology, economy, or just plain fun, Jeffersonians have taken up bicycling almost en masse. Many students use their bikes for transportation to affiliated hospitals, finding them faster and easier to maneuver in rush-hour traffic than an automobile. Others prefer to follow the more conventional East and West River Drive Bikeways, beautifully tree-lined and often densely populated with other bikers. The hardier biking enthusiasts may follow the Fairmount Park trails with the Wissahickon Creek coursing alongside, perhaps to picnic on its grassy banks or to dine leisurely on the terrace of the centuries-old Valley Green Inn beside the creek.

The major problem facing TJU bike-owners is finding a safe place to park their bicycles when on campus. Most other universities in the city provide bicycle racks where bicycles can be chained, and owners can feel relatively sure of their safety. Students who chain their bikes to the lamp posts in front of Orlowitz Hall are immediately ordered to move them somewhere else--but where?

Taking note of this need, the Administration had a metal I-beam installed along a fence near the back entrance of Orlowitz. Unfortunately, about eight feet of chain are required for a bicycle to be parked safely at the rack. Not only must this chain be extremely long but it also must be quite heavy, for the rack is not placed where it can be readily observed by guards or passers-by, especially when cars or trucks are parked in the adjacent unloading area. A chain meeting these requirements may easily cost more than ten dollars--and even then there is no guarantee that a seat or headlight may not be stolen!

Another bicycle rack is definitely needed, one which is easily visible, such as along the east or north sides of the Scott Library building. Perhaps funding could be obtained through the Commons to furnish such a rack.

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Movie Review.. Keatonemia

By Robert Breckenridge, Jr.

Few of Buster Keaton's films have ever been re-issued theatrically; many were believed lost and have not been seen for 40 years. Now, after its New York debut, the complete series of Keaton's 10 features and 21 shorts is showing at the TLA Cinema at 3rd and South. They represent the finest of Keaton's comedic art, and Keaton represents the finest talent ever seen in motion pictures.

Keaton was his own director, writer, stunt man and lead actor, all of which were performed with an uncanny expertise. Those not familiar with him will find a gratifying experience in watching this unique comedian. Others copied his gags and situations, but none ever successfully imitated his style or personality.

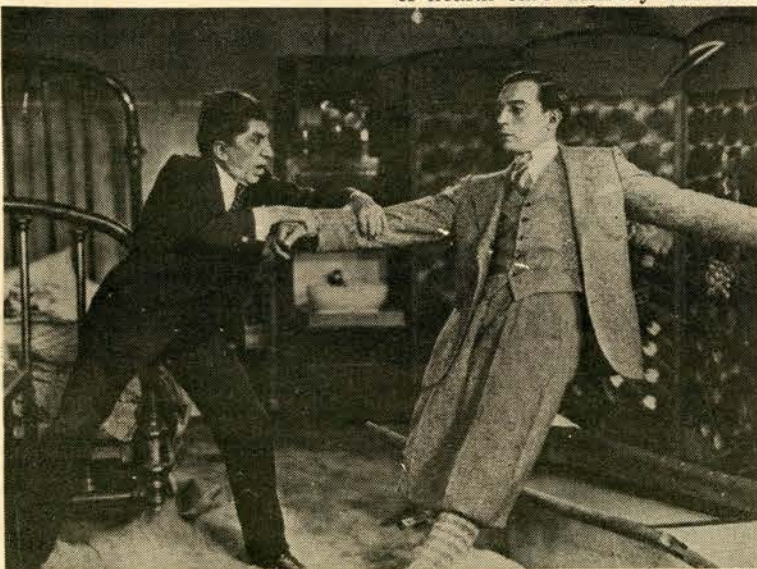
Keaton is often contrasted with Chaplin for they complement each other in every respect. Andrew Sannis wrote, "... the difference between poise and poetry, between the aristocrat and the tramp, between adaptability and dislocation, between the function of things and the meaning of things, between eccentricity and mysticism." Chaplin's comedy had an undercurrent of pathos which Keaton's never approached. Chaplin appealed first to emotion and second to intellect, Keaton the reverse. Unlike Chaplin, Keaton never thought of himself as an artist, but came to be considered as one.

Keaton is now more generally acknowledged as the superior director and inventor of visual form. I would go further and claim Keaton as pure cinema as opposed to Chaplin's essentially theatrical cinema. Keaton knew how to use the camera and the editing room effectively to create a multi-dimensional continuity of action in his films, Chaplin, however, would simply perform in view of his stationary camera.

Even if Keaton were not remembered as the best comedy director, writer and actor, he would remain one of the best stunt men of all times. He acquired this skill as a child where he performed with his parents' vaudeville act as "The Human Mop". Buster was not so much a performer but an indestructible prop. Harry Houdini, observing Keaton's father throwing the boy around the stage and then hurtling him

unharmingly down a flight of stairs, said "He's a real buster!" The name and the acrobat survived.

In his most clever picture *Sherlock Jr.* we see Keaton at his best as director and stunt man. In an interview he said, "You know the scene in *Sherlock Jr.* when I call a motorcycle cop, jump on his handlebars and we hit a bump in the street, and I lose the cop? Well, the cop that fell off was me. I took Earnie Orsatti, an assistant prop man, who was my size—put my clothes on him and I put on the cops clothes." In the same picture he rides on the motorcycle handlebars and escapes to the roof of a train standing at a siding. He clammers up a rope, but the rope operates the water tower. The volume of water hit him so hard that he



Keaton: the stoic deadpan

landed on his head on a railroad track. The stunts in this film are so amazing that the audience gasps in awe rather than doubling up with laughter—a lesson he learned for his later films.

As an actor, Keaton is best remembered as the master of the stoic deadpan. Keaton's face ranked almost with Lincoln's as an early American archetype; it was haunting, handsome, almost beautiful, yet it was ineluctably funny. He improved matters by topping it off with a horizontal hat, as flat and thin as a record. One can never forget Keaton in *The Boat*, standing erect at the prow as his little craft is being launched. The boat goes grandly down the skids and just as grandly straight down to the bottom. Keaton never budes. The last you see of him, the water

"Marcus Welby is a fascist quack," reads the caption under Sidney Schnoll's picture on the cover of September's *Philadelphia Magazine*. In that magazine Maury Levy told us much about our local medical radical, but Levy did not adequately explain the basic issues Schnoll and other radicals dispute. The following article attempts to give some further insights into those issues and the radical life style.

Sidney Schnoll, a neuropharmacology fellow at Jefferson, is one of a growing group of doctors and medical students at Jefferson, in Philadelphia, and throughout the nation who refuse to accept the current U.S. pattern of health care delivery and the

philosophy behind it.

"Medical care today is designed to suit the physician rather than the patient," Schnoll affirms. "The doctor makes all the rules and the patient must fit into his pattern." This kind of philosophy is apparent in traditional style clinics and private practices, Schnoll points out.

A patient receives a clinic appointment for Wednesday at 8:00, gives up a day of work to report at 8:00, watches the M.D.'s come in at 9:00, waits until other patients have been seen, is himself seen at 11:00. Why do all M.D.'s have to work 9:00 to 5:00? (couldn't they work at the convenience of the patient - one shift of doctors being available from 9:00 to 5:00. Another from 5:00 to 11:00.) Under such a system each clinic patient could have a personal appointment with minimal waiting at a time convenient for him.

In one private practice in Philadelphia, adequately equipped with five examining rooms, the doctor sees each patient for ten minutes (as timed by a clock and bell system) and no more. If the patient's problem cannot be dealt with in that amount of time, it isn't.

Schnoll believes that medical care is everyone's right. The present medical care delivery system, operating under the sacred dictum, "solo practice, fee for service," makes health care accessible only to the haves, not to the have-nots. How can medical care be made accessible to everyone? Schnoll thinks the only answer is to have medical services be free, administered by the government, paid for by taxes. Physicians would be salaried and medical students given grants to cover the cost of their education.

Doctors "don't have to kill themselves, they don't have to work 24 hours straight, they don't have to ignore their families and personal lives just to make a buck." M.D.'s have the highest divorce rate, Sid points out. "They make lousy husbands and they make lousy wives." By allowing themselves more leisure time, physicians can become more effective professionally as well as more human socially. The physician who has leisure time can use some of it to learn about new advances in his specialty and

he can then treat his patients in light of his new knowledge. A rested physician is sure to deliver better quality care than an exhausted one. "I really wonder what kind of care patients got when I was an intern attempting to treat after working 24 hours without a break."

Sidney Schnoll is a quiet radical. He doesn't broadcast his views about medical care, or try to force others to accept them. Instead Sid leads his personal and professional life, as much as possible, according to his own views. The example of a different life style is there. Physicians and students who see that life style must come to terms with what it says: styles other than the traditional are not only possible, they can be extremely effective.

One of Sid's most effective ventures was taking part in the establishment of the free clinic, Help. Two years ago Help was no more than a telephone referral service staffed by two M.D.'s, Sid and Hahneman psychiatry resident Ralph Fishkin. Each was on call every other night. Then, most of their patients were teenagers with drug problems. Now Help is a four room clinic staffed by about 30 M.D.'s, each of whom volunteers his services one or two nights per month. All sorts of people, adults as well as youth, come to Help with all sorts of ailments from venereal disease to hepatitis to diabetes.

Sid is academically as well as clinically oriented. He enjoys the university environment and work with students. The work Sid is paid for he does in his neuropharmacology lab in Jeff Hall. Here Sid's most recent research work has been analysis of Philadelphia Street drugs. He passes along the following dope on the dope. Halucinogenics, whether they pass as mescaline, LSD, STP, or psilocybin, are all LSD. The going THC is really phenylcyclopropylamine, an animal tranquilizer which gives a schizoid reaction for up to 72 hours. Most grass is "pure," untainted with other drugs.

Physicians like Sid have proven that a doctor doesn't have to lead his life according to traditional philosophy and etiquette. There are other options.

By Eugenia Miller

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ULYSSES VISITS

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Projects

-Frank Taylor

The Jefferson Christian Medical Society has recently been sponsoring a series of programs dealing with various means by which interested medical and nursing students might put their developing skills to practice. The first two of the series of six programs dealt with overseas opportunities. The Medical Group Mission project, a CMS-sponsored series of immunization and mobile health unit thrusts into the backwoods of Haiti, Honduras, and the Dominican Republic, was discussed first. At the following session, an agency known as the Medical Assistance Program was presented. The Medical Assistance Program provides pharmaceuticals for numerous overseas missions and also grants funds to students planning to pursue a portion of their medical education in underdeveloped areas.

Several local projects have also been discussed. The New Joy Baptist Church project is one of the local areas of endeavor. It is a church in center-city which has begun a breakfast program for young school children. As a part of this program, several local physicians ~~recommended~~ provided their services to provide medical assistance to those children who appear to be in need of such service. Medical students are needed to assist in giving physical exams.

Another project is that of the Central Gospel Hall clinic on Arch Street. This is devoted mainly to alcoholics, who appear to be indigenous to that sector of the city. Though it operates only twice per month, the clinic has had much response. Several Jefferson students have been assisting at this clinic for a number of years.

When something is labeled "sacred," it is roped off and seen as untouchable. People just don't enjoy having certain areas marked "do not trespass." Thus, the prejudice against "the sacred". Yet, only disaster results for any human being or society which does not label certain things "sacred". We are seeing this now in ecology. Streams and minerals and trees are finally being labeled sacred and important for survival. There is a new question of just what represents progress.

The purely functional is now seriously questioned because it frequently destroys those very things which are necessary for a long-term existence. Human beings and their rights are being labeled sacred. This is happening even though the acceptance of "the sacred" might tend to ruin some well-functioning systems, like the draft.

Sometimes a family will put aside a sum of money for the education of their children, and they will still feel that it should not touch the money that has been saved.

Therefore, for survival both of a society or of an individual's own

life, there must be certain areas which are roped off and labeled as sacred, even though the violation of these areas would seem to be more functional, or the roping off of them seems to hinder progress. There are many areas where religion and the modern world stand in contradiction. Religion marks off human life and says that it is sacred and inviolable. It marks off the marriage relationship and says that a third party should not enter. It says that a man's word is sacred and that a promise or a committal should be kept.

Another thought is this: Only the "sacred" is capable of introducing mystery and purpose into life. If there is nothing sacred, nothing untouched, no value is supreme above every other, then life ultimately has no purpose, even though there may be temporary goals. The sacred is not something that old-fashioned people have to cling to, or else their life would collapse; but rather, the sacred is a vital concept for modern man if he is not ultimately to say to himself, "Life is not worth it."

There is a famous line of Saint

Thomas More as he was about to be beheaded for his beliefs. He stated, "I remain always the king's good servant, but God's first. The whole thrust of Robert Bolt's "Man for All Seasons" was that Thomas More held certain things as sacred. He clung firmly to the concept that some things were inviolate and not to be touched.

The concept of "the sacred" is certainly not a popular one in our functional world, especially in the very progressive world of medical science. Some would claim that this concept has seen its day, and they look forward to the time when it is totally abolished. They see religions as fostering the concept of the sacred and see the future of man as dependent on cutting those religious ties which would still teach man that certain things are inviolate and sacred. -Perhaps you yourself hold this prejudice against "the sacred."

So, the medical university has to communicate to its students not only medical techniques but the very important ideas of the sacred. A man trained in any profession who holds nothing sacred is potentially more

dangerous to our society than he is helpful.

Psychologists talk about the "disclosure moment." It is the moment when what we hold as sacred is really brought forth. In those moments a doctor learns whether it is really money or health which he holds as sacred, whether it is the good of his patient or his own well-being he cherishes the most.

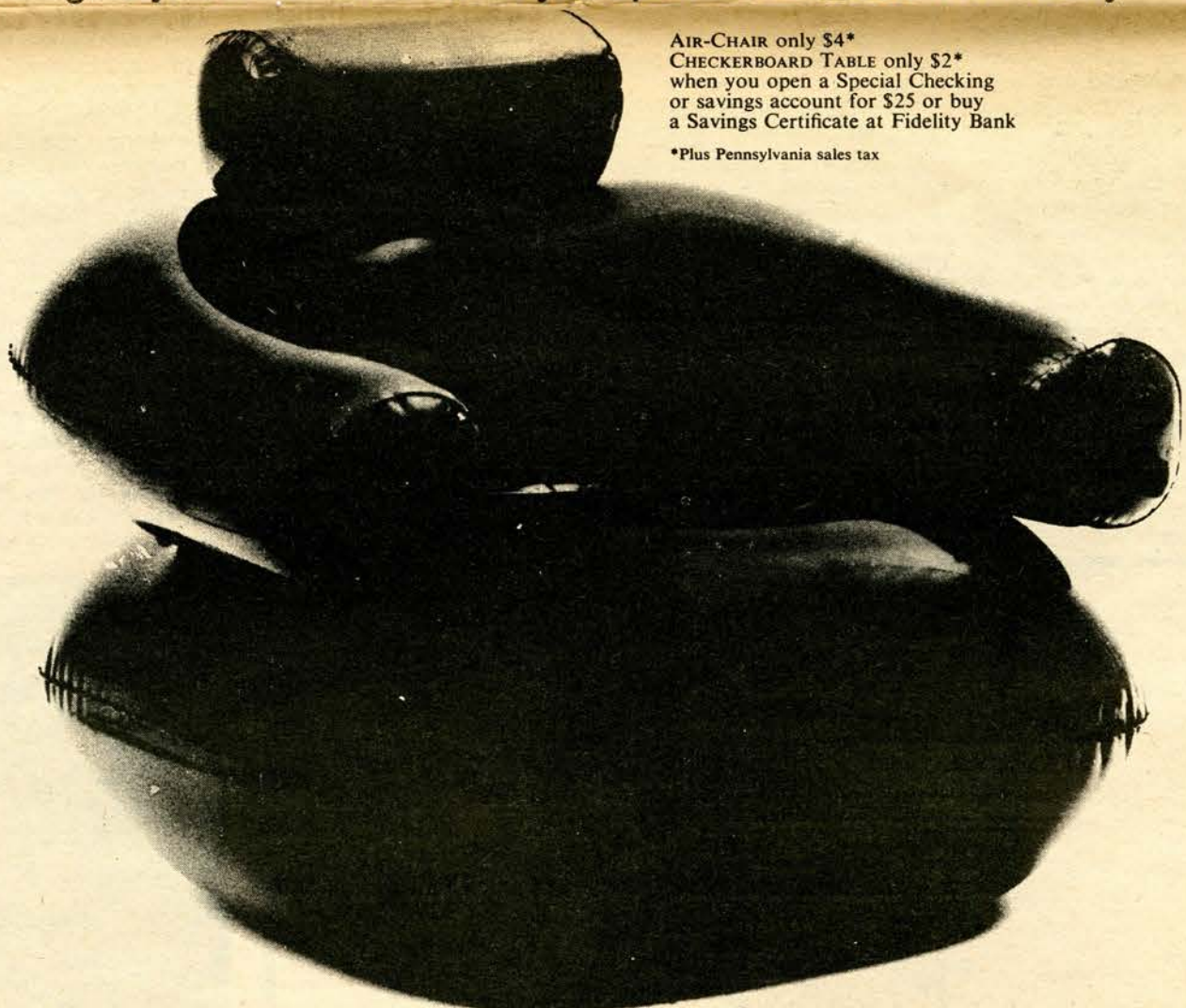
Finally, unwittingly, we become whatever it is that we hold as sacred. If we hold money as sacred then we are businessmen. If we hold the family as sacred then we are family men. If we hold human beings as sacred then we are truly friends of humanity.

Hopefully, we have moved beyond the point where mankind naively sees all "progress" as good. There pervades instead a growing sense of the interlockingness of all things. A realization is growing that every act and every discovery has ramifications—a reshaping or perhaps a destroying of the human system.

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Student Council Highlights

By Joseph S. Agnello

For all those students, new and old, who prefer to feed their Student Council Minutes to the trash can in the mailroom, here are the most important developments from the first meeting of the year.

Student Affairs Committee - The investigation which council began last year concerning Blue Cross has gained momentum. Dr. Rupp, chairman of the committee has formed a special subcommittee which is in the process of finding the answers to many of our questions about student benefits and possible solutions to currently unsolved problems. Although their work is not completed yet, much has already been clarified.

Housing Committee-- The Martin Residence Hall has now been opened to all female students in the university. Many problems still remain to be faced, but the barrier has at least been broken after several years of effort.

Curriculum Committee - Concern is rising over the possibility of an imminent decline in the quality of teaching and facilities made available to the students of the Medical College. Cutbacks in funds, closing of the wards, and shunting of large numbers of students to hospitals other than Jefferson would seem to be ominous signs of change, not in the educational interests of students. A full scale inquiry is under consideration by the Curriculum Committee as well as Student Affairs.

In addition, many other items such as University Hour Activities, possible changes in the use and restrictions regarding National Boards, and appointment of a student representative to the upcoming AAMC National Conference were discussed. For details of the meeting, interested students will find copies of the minutes in their mailboxes.

J.S.A.

While Walking Through the Park One Day

J.D. KANOFSKY

Not so long ago I was walking through one of the local arboretums. My mood was melancholy. I did not share the temperament of that balmy spring day. While strolling across a bridge that crossed a seemingly inauspicious creek I noticed an unusual spectacle.

A fire was fuming on a rock that was not three yards from the foot of the bridge. Knowing that stone normally makes poor fire-fodder, I rushed towards the boulder to discover the cause of the luminescent outburst. Then the incredible occurred. I experienced a pseudo-vision that would ultimately lead to what I hope is a genuine revelation.

As my legs propelled me to my smoldering destination, my head lunged backwards to face the sky. Not for nought did my eyes look upward. I was expecting something. Let me explain.

As a boy I was rigorously exposed to biblical biographies. Of all the ancient patriarchs Moses fascinated me most. Now a burning boulder is mighty reminiscent of a burning bush. And who knows, miracles like history may have a tendency to repeat themselves. In any case, I was anticipating some sign from the heavens. If only I had been forewarned, I would have put on my best bib and tucker. But I guess that's the trouble with miracles--they always pop up on you unexpectedly.

Much to my eternal disappointment no booming baritone bellowed belligerently down to me. I tried taking off my shoes and socks, but even that didn't help. Apparently, I was the victim of a hoax. When I finally gathered up enough courage to inspect the rock at close range, I discovered an oilish-like fluid stickily embracing the surface of the stone. Juxtaposing this rock was a flame of a considerably less ferocious nature than I had formerly thought. The flame was feeding off the greasy fluid. It seemed as if the mystery had been solved. Although I still have not figured out who ignited the blaze.

This incident may not make much sense. Indeed some people might not even call it noteworthy. However, as far as I am concerned, the event was very significant. I entered the arboretum depressed. When I left I felt elated and refreshed. What had happened to change my disposition? The only thing I could think of was that I had flirted with the miracle and the mystery.

In the "Brothers Karamazov" there is a chapter about a Grand Inquisitor who claims men need the miracle and the mystery. After reading that episode "I knew, not felt" how right he was. It took the burning boulder to really bring that truth home to me.

Apparently belief in the miracle and the mystery satisfies some human needs. Miracles and mysteries can provoke a sensation that we are not isolated entities detached from the rest of the universe. When the sensation is allowed free rein, we are overwhelmed by the presence of

a warm, all-embracing, intimate intelligence. This something or everything is continually conscious of and caring for our situation.

Religious hermits are constant consorts to this comforting consciousness. Perhaps, in their solitude, they are less lonely than many a man of the world.

Supposedly, our modern age conditions us to ridicule religious revelations. Prophets, visions and miracles have no place in the Pepsi generation. However, in actuality, mystical awareness is like the beard of a clean-shaven man: neither are normally apparent, but both are always on the verge of visibility.

Keatonemia

Cont. From P. 3

these films even more laughable is the lack of sound. With a sound film the audience must continually interrupt its laughter to hear the next line, but with a silent comedy one gag can build upon another and a large audience magnifies the laughter so that eventually what begins as one man's chuckle, snowballs into an entire audience roaring with belly laughter.

I would recommend seeing them all (10 for \$15). A more modest recommendation would be Sherlock Jr. for Keaton as director and stunt man and Seven Chances for Keaton the comic and perhaps The General if you only want to see one (which of course you won't)... These films will be shown every night until October 25 and at midnight is a showing of Tod Browning's Freaks (the incredible story of circus side-show attractions) and Luis Bunuel and Salvadore Dalí's Un Chien Andalou (The Andalusian Dog).

Pleasant dreams!

Meetings and Events

Ariel - every other Monday, 7:00 P.M.

Christian Medical Society - every Wednesday at noon.

Daniel Ellsberg, "The Truth about the Big Lie," Wednesday, Oct. 20th, 8 P.M., St. Joseph's College Field House (\$3.00 contribution requested)

Family Physicians Society - Nov. 3, 7:30 P.M., Music Lounge, Jeff Hall

First Aid Refresher Course (under auspices of Am Red Cross) Sunday, Oct. 24, 8 A.M. to 5 P.M., Solis-Cohen Auditorium, Jeff Hall

Jefferson Choir - every Wednesday evening, McClellan Hall.

SAMA Meeting - Wednesday, Oct. 20th, 7:00 P.M., at Jeff Hall.

Student Council - 3rd Wednesday of the month (usually) 5:15 P.M.

Student Curriculum Committee - Wednesdays at noon.



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Film Series - On selected week end dates, feature films are presented at 8:00 p.m. in the Solis-Cohen Auditorium. Admission is 25¢ and all Jefferson people are invited.

University Hour - Every Wednesday at 1:00 P.M. programs on varying subjects are presented in the Solis-Cohen Auditorium or the Social Lounge. This hour has been free of class scheduling and all students are urged to attend. Admission is free - food when served is free - and the programs interesting.

The Schedule for Oct. & Nov. is as follows:

- Oct. 20 JIM BOWLER, Critic at large on station WPEN, will discuss questions concerning "Politics and the arts".
- Oct. 27 FRANK DOLSON, Sports editor for the Philadelphia Inquirer. Requiem for baseball, what's ahead for football and basketball.
- Nov. 3 POST-ELECTION STUDENT -FACULTY COFFEE HOUR. Proposed topic for conversation: What I think of the election results.
- Nov. 10 WALTER JUDD, M.D., former congressman from Minnesota, who spent several years as a medical

missionary in China, will talk about the situation in China and Southeast Asia. In view of President Nixon's visit to China Doctor Judd should be able to enlighten us on some of the problems.

Social Events - One Friday every month the social committee hosts a TGIF party featuring beer, soft drinks, pretzels, and live entertainment. Admission is free to all Jefferson people and their dates and refreshments available at nominal cost. Future parties will be held from 6 to 10 P.M. in the cafeteria on November 19, and December 10.

On October 29, Friday, there will be a Halloween Costume Party in the cafeteria at 8:00 P.M. Included will be the usual funky party games, free refreshments and live music. Costumes are required.

The fall concert will be held on Saturday, November 13, at 8:00 P.M. in the cafeteria. Featured will be Raun MacKinnon and Don Crawford, both regular performers at the Main Point Lounge on Lancaster Avenue. Admission charge will be nominal.

Introducing Raun MacKinnon

Raun MacKinnon is one of the finest young singer-composers to appear on the folk-rock scene. Yet in reality she is not a folk singer. Raun clarifies this herself by saying, "I don't sing folk songs, but I sing songs which are written by someone who is living. Folk songs were written by authors whose names have been lost in antiquity. Popular music cannot be defined or categorized today."

Raun is one of the three pioneer performers of the Coffee House Circuit. In the North Carolina Circuit, she proved the concept that talent without a "name" could bring a new dimension to entertainment on the college campus.

Her first album on the Kapp label is entitled, "Raun Is Her

Name" and includes only original material. Among the college favorites are "Sister Marie" and "What's Happened to My Mind". She chooses other composers materials with impeccable taste: Steve Gillette's "Back On The Street Again" and a rocking, lusty version of Mahalia Jackson's gospel song, "He's Right On Time". Her songs express the moods and feelings of the common people who are caught up in the trouble of today.

Raun's performance is at home in the warm atmosphere of a coffee house. From the Ice House in Pasadena, to the Gate of Horn in Chicago, the Cellar Door in Washington, and the Gaslight and Bitter End Cafe in New York, Raun has taken her special brand of music all across America.

Crawford Yesterday and Today

DON CRAWFORD WAS:

Born in Berkeley, California in time for Hitler.

performing professionally when he was 14.

a jazz bass player for 5 years while he also studied acting and performed as a member of a little theatre company in San Francisco.

a folksinger by 1957, and for 6 years played nearly every major folk club in the U.S. and Canada.

disenchanted with show business in '63 and retired to return to college and study journalism because he wanted to tell people the truth.

almost fatally injured in a car accident in '64, and as soon as he could walk again, got on a plane for Canada where he lived in semi-retirement from singing (acting with a professional rep company, writing a TV series, being assistant editor of a Toronto magazine) until 1968.

DON CRAWFORD IS:

Singing again and just recorded his second album for Roulette



Don Crawford

records (the first was in '65 on Verve/Folkways, but we don't talk about that).

Writing songs because he's still into telling the truth.

Acting whenever it works out that way.

In the midst of tours which have taken him to more than 100 Colleges over the past 18 months, with clubs in New York, Toronto, Vancouver, Kansas City and Philadelphia thrown in just for fun.

Student Discovers Another Side to the Heroin Problem

(Experiences in a methadone maintenance center in Washington, D.C.)

By Tom Williams

I thought that we should leave because it was becoming too personal. When I asked her, Carol said that it was O.K. to stay.

She was talking with Gordon about overcoming his heroin habit. Carol, herself once an addict, was full of street talk and seemed to have the attention and respect of Gordon even though she was white and he black. How could she hit it off so well with him? A big reason was that she was someone who had actually kicked that hell life. Also at times she was rough with him verbally. "What you really goin' to do when you get on that street, you funky dope fr You know you goin' to go right back again."

"I don't know. I'm all confused. I don't know what I'm gon to do," said Gordon.

Gordon was about eighteen years old, medium height with bulging muscles. He really did look confused, bent over in the chair holding his head down and fumbling his hands. Yet he was sort of cheerful and bright-eyed, hardly in despair, just confused and wondering about his own manhood and ability to kick the habit he knew so many other people found impossible to do. He was thinking about what he should do—get a job, go to school, live at home, etc.

Carol kept rapping with him and he kept asking her about what it was like trying to get off the stuff. She told her own incredible story. How she had become an addict and spent time in prison. How she kicked her habit. She said it was probably the first real decision she ever made in her life. But it was only after several trials and much soul-searching.

One fellow I will never forget. He was outgoing, full of things to say and quite a contrast to some of the other addicts we saw who were expressionless and sad. Joe had become addicted after he came out of the hospital from a stomach operation. He used heroin, a pain killing narcotic, for the pain and the slight withdrawal symptoms he felt from the morphine given to him. Unlike most other addicts, however, he had a good job to go back to—he was an appliance salesman. He also had a wife and two children, one of whom sat on his lap while he was talking to the doctor and us. I most remember how free he was with us. He told us how he existed while addicted and answered our questions brightly and usually accompanied with an added story or bit of information. He did not appear to have any problems whatsoever dealing with people or coping in general. Yet he became addicted.

Hardly less forgettable, but certainly much different, was another man I interviewed personally. He was having some withdrawal symptoms since he had not received methadone for about three or four days. Also he was angry because he had been picked up by the police for dope possession. Someone had lost his file on Friday so that when he came for his methadone no one believed he was actually enrolled. He had bought the heroin over the weekend out of desperation and then was caught and arrested. So, it was my job to interview this black man to get

some basic information, the same information that was lost before.

I never saw anyone so jittery and so easy to anger. Every time I asked a question he would impatiently ask me to hurry up. Several times he got up to leave, however somehow I managed to persuade him to come back. One time he walked out of the door and was half a block down the street in his angry huff, full of suspicion that we were plotting against him and that he never would be given his methadone—all aggravated the nausea, uncomfortable stomach, sweating and headache that comes with too fast a withdrawal. I sympathized with him, and I wondered why we had to obtain the information if he was in so much distress.

The rather hip looking young doctor when interviewing a new patient would explain clearly what methadone was all about, ask him if he wanted to be maintained to detoxified and chatted or allowed us to rap with the newcomer (or with anyone else who came into the office). The doctor was not judgemental at all. In fact, he did not reprimand patients who had not come to pick up their methadone for four or five days and who said they had not shot any dope in the meantime. Obviously they took some heroin or they would have been doubled over. Said the doctor, "It won't make any difference if they know that I know they're not being straight with me. What will it do if I get angry at them? They'll still keep on shooting. So I don't bother them. If their urines are clean (urines are checked twice a week for traces of drugs), then they go on take-home (a tablet form of methadone now no longer produced which lasts two or three days so that a trip every day to the center is not necessary). I leave it essentially up to them to decrease their habit. If they don't, methadone is still much better than street heroin."

One night at the methadone maintenance center I talked with two black youths still high school age who were being detoxified with methadone—two weeks of decreasing doses of the drug until "clean." They both were confident, outwardly at least, that they would be able to live heroin-free even though they still expected to hang around with their same heroin using friends. "When they party, I jus won't shoot with 'em," said one. "My mother always told me you got to use your own head, and I've done it ever since," he added. I wanted to believe him—he had some credibility because he came to the program on his own when he saw heroin was going to ruin his life. However, all of the other people I have talked to, counselors and addicts included, and things I have read indicate it will be a miracle if he and his friend do not go back. Carol, the former addict who counseled the con-

fused Gordon, took the extreme "once-an-addict-always-an-addict" (or at least addiction prone) position. And veterans or other treatment programs say the idea that you can "dabble" or use heroin every once in a while without becoming addicted is complete myth. An infinitesimally small number of people can do it.

This reminds me of Shelton. We had met him in a large group rap session in the rehabilitation unit early in the summer. He was about forty. He had been an addict for many years, but was sure he would break it this time. In fact, he was the most vocal of the thirty or forty people in the rap session, claiming this and that about heroin and his own intentions. Everyone else in the room seemed to be grooving on him—they listened and responded to what he said. About six weeks later we met him in the rehab unit again, only this time he was glum and quiet. The story was that on a four day leave from the unit he had become addicted again. I could feel him slinking from everyone else. I talked to him some. Shelton was not self-assured like before that he would quit, and the sad thought that his life was indelibly tainted somehow with the plague of drug dependence haunted me.

Some of the addicts in methadone too seemed to be in an aura of despair. The memory of a man of about forty who looked over fifty clings to my mind. The total reason for his distant and lethargic look I do not know, except for what he told me about his "life." One of his legs collapsed when he was young for some unknown reason and after he was discharged from the hospital a "friend" gave him a little heroin because he was told it eased the pain still in his leg. Heroin did that and also eased him into a life of non-existence—pushing dope, living alone, spending a total of twelve years in prison and waking up every day not spend behind bars hungering for a fix.

In a strange way he reminded me of the angry and frustrated man I interviewed whose records had been lost. The difference was that one directed his anger inward instead of outward. Certainly the reasons for both kinds of anger, societal and historical reasons, would make anyone angry, perhaps enough to seek the oblivion of heroin.

But why do these oblivion producing narcotics exist? And why do they exist in a society that comes down so harshly on their victims?

Happy Halloween

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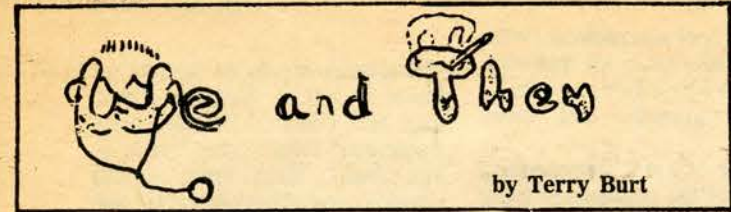
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At the Opening Exercises this year, Doctor Luscombe spoke about the concept of "The Educated Man." To many, this may have seemed a paradoxical theme with which to welcome the new class of 1975. I can imagine the thoughts of various people in the audience:

THE FIVE YEAR PROGRAM STUDENT: "What is he talking about? Everyone knows that the coming trend in medical education is the five year program. We need more doctors faster. I have wanted to be a doctor since I was ten years old. I am glad I didn't have to waste a lot of time in a four year Bachelor of Arts course, just for the sake of tradition. No patient is going to care whether I know Medicine."

THE B.S. STUDENT WHO MAJORED IN BIOLOGY: "What is he talking about? With all the biology courses the Jefferson catalog recommends to pre-medical students, I would have had to spend five years in college to take humanities too. Besides, all the liberal arts courses I did have to take are not of any use to me now. I wish I had had more biochemistry instead."

THE BASIC SCIENCE FACULTY: "What is he talking about? If he gives the freshmen the idea that they shouldn't spend every free moment studying 'the Core' they will do poorly on National Boards."

Doctor Luscombe did not minimize the importance of keeping up with one's studies in school and with medical advances after graduation, but he also re-emphasized the concurrent need of the present and future doctor to allow some time and energy for extra-medical thought and activity. Every year during Freshman Orientation, Dr. Brent speaks on a similar theme when he speaks about the doctor's tendency to excuse himself from ordinary social and family obligations. All of us listen, but I wonder how many of us remember what these men have said when we are in the actual rat race of medical education or medical practice. By virtue of our high priesthood, we try to excuse ourselves from ordinary human obligations one to another. Yes, we owe our patients

medical expertise, but we also owe them a person-to-person encounter. We are not veterinarians. Some degree of interpersonal relationship is presupposed, and this relationship can fail in two ways: either we fail to recognize the patient as a person or we fail to nourish our own personality and degenerate into some kind of diagnostic machine. I believe Dr. Luscombe was merely trying to remind us not to neglect the aspects of experience in which we learn and practice communication with other men, and with ourselves, the self within the M.D-shell.

Edward Dreyfus of U.C.L.A. has said that "Today undergraduates tend to view a job as only part of their total person. Their identity is not going to be contingent upon their employment." We doctors also must remember that an identity wholly limited and defined by a job description, however elevated the job, is a poor excuse for a human being. It is not the medical school's fault that it is only equipped to give us technical knowledge; that is its function. The fault is ours if we equate this body of technical knowledge with an "adequate" education and stop here.

True, we have not had time to take many liberal arts courses, but education is not just taking courses. Education is a process of learning about oneself and one's world. Schools may help or hinder this process. Ideally they should whet our appetite for learning just start us on the road. But always in a school, there should be some one like Doctor Luscombe who will stand up and say that "Core Curriculum" is not all one has to know. We must continue to educate ourselves in other areas, to plumb the depths of our own human in order that we may better understand ourselves and our patients.

By entering an accelerated medical program or by taking a highly specialized scientific curriculum as preparation for a medical career, we aren't rejecting the rest as useless, but rather we are assuming the obligation to educate ourselves. If we don't meet this obligation, the communications gap between

ARIEL
the M.D. and the housewife or accountant sitting across the desk from him will grow wider and wider. They will had more "education" than we. We will only be useful to them as diagnostic technicians, if we are not also "educated men." Who will be patronizing then?

To Touch Shelley

Kodwo Abaidoo

My wry hands did numb to beauty
As they reached into Death
And tightened!

So sovereign was my touch
Upon the tan-ink's fragile page!

Quickly my eyes moved quickly,
Sought for smell for dust for lace
For dry hair

I would have taken the page
Breathing in the crime!
For no evidence have I wrung
from dreams
Yet what triumph is there in
private credence?

Often, in some steep ancestral
book,
When I find myself entangled
with leopard-apples
And torched-mushrooms,
My cypressean skein outreaches
the recorded age
And I, as though tipping a pitcher
of milk
Pour secrecy upon the dying
page.

Pranks

In the streets
the trees wield magic
which we flaunts as child-wit
or, nude stems!

cleaned-bare
Flotsam to nibbling fish
Or, as plankton in the chain:
children -
sea-anemones -
street parks -
and plankton ...?

And tiring knickers!

In the noon
goatlings wield magic
as arachnid gossamers

drilled to plastered pavements
spreading stems
as squirrel tails

And at sea-shores
Agile as sea-forms!

Lincoln Collective Continues Radical Activities

by Tom Williams

The pediatrics ward staff meeting at Lincoln Hospital in the South Bronx coosisted of about fifteen people—from the head of nursing and all her staff to the interns, residents, and medical students. What was unusual about the meeting was the frankness and diffusion of walls of authority of the medical staff. One LPN vehemently complained about not having time to clean up the ward and still perform her regular nursing duties. The janitorial staff was sparse so that all the nurses had been asked to pitch in and keep the ward as it should be. The head nurse listened to the LPN's complaint and calmly explained that until the staff shortage was corrected, she would have to help out with the cleaning. Then one of the residents volunteered himself and the rest of the doctors there to join the tidying effort.

Next a touchy subject came up. A resident—the residents at Lincoln usually are the most radical on the staff—suggested that a request by a community group be considered. The request was to permit the various groups active in affairs at Lincoln to be part of the committee which hires and fires new staff doctors. The different groups include strictly community radical organizations such as the Spirit of Life and the Young Lords, all of which are members of the Lincoln collective. Not surprisingly, many of the nursing staff did not like the request. The head nurse said something like, "The doctors on the selection committee already do a good job. The outside groups are not needed." Most of the other nurses were not too keen on the outside people becoming too prominent in the hospital. They even said that they themselves wanted no say in what criteria were used to find new interns, residents and staff people. It was not a victory for those advoctation liberalization and collectivization of this particular decision making process, but at least the subject had been brought up. Later it would find more acceptance.

The Lincoln Collective, for those not aware, has existed for almost two years, and it is composed of doctors, nurses, hospital workers and other people associated with the hospital as well as various community groups already mentioned. The Lincoln Hospital administration sees the Collective as somewhat of a threat, but many of the people of the South Bronx, largely Puerto Rican and black, look to the Collective as the only hope of securing comprehensive and compassionate health care for their unsightly, impoverished community. Over the last year and especially last spring there has been much made of the disruptions caused when, among other events, community group took over part of the hospital. The Lincoln Collective was in the thick of things (see the February, '71 New Physician and the May, '71 Ariel). In fact, three Jefferson graduates, Ron Blum, Mary Lou Evitts, and Mike Steinberg, all residents at Lincoln, were important founders of the Collective and are deeply involved in everything that goes on there. It was through them that I visited Lincoln for a day late in the summer.

So what has happened at Lincoln since all of the action last spring? Nothing quite as dramatic. Actually, the ward meeting already described is typical of the quiet reorganizing, collectivizing if you will, that is

taking place at Lincoln. The emphasis is to build trust and understanding of what a democratically run hospital means to the hospital staff with regard to internal organization and to the community with regard to input into the decision making process of the hospital. The members of the Lincoln Collective, by no means the majority of the hospital personnel, in this vein have assiduously been improving their own organization. Among other things, they have broken up into committees assigned to different functions, the head of which report to the weekly all-collective meeting. Breaking the Collective up was intended to relieve the cumbersome 50 or 60 strong gatherings. Moreover, there are always at least a few who meet informally over breakfast every morning at the hospital. So there has been a great effort within the Collective to enhance communication and to slowly evolve a closeness with the community and the rest of the hospital staff. But none of these activities have interfered with the educational and professional growth of the medical staff; regular-seminars and conferences are important.

Perhaps the most dramatic happening at Lincoln since the news items of last spring is the so-called "building action" The New York City Health and Hospitals Corporation which runs all of the hospitals in New York City cut the Pediatrics Department budget by \$100,000 this year. The irate staff and community decided that this cut was detrimental to the health of the already inadequately cared for community. Therefore, the Pediatrics Department has not turned over the Medicaid forms to the Corporation, but instead has collected the returns itself (officially the department declared the forms "lost") The Medicaid forms will be kept until the Corporation decides the budget. Although the "billing action" seems like a rather radical thing to do, the decision to do it came from the collectivized staff, administration and community of the Lincoln Pediatrics Department. It was a rational response to an emergency.

You might ask what are the implications and significance of the "collectivization" of Lincoln—that is, the growth of a truly democratic hospital unit with input from associated people, particularly the poverty-stricken, cosumer public. Most obvious is that the rest of Lincoln has been influenced this way, notably Mental Health Clinic. But more importantly, Lincoln—is serving as the vanguard for such complete restructuring of the American hospital. Most assuredly it is being watched by many other hospitals with high expectation or apprehension, depending. The activists at Lincoln Hospital, despite the unsettledness and frustration inherent in trying to bring about change, are saying "We're determined to lead the way in the health care revolution."

WE HEARTILY WELCOME COMMENTS AND OPINION. PLEASE ADDRESS LETTERS TO THE EDITOR:
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NEXT Ariel MEETING
Monday, Nov. 1
7:00 P.M.
All are welcome!

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Hospital Crises

Cont. From P. 1

stays in this hospital.

Junior year medicine rotations at Jefferson have been severely curtailed. Seemingly there are not enough ward patients, and "private" patients are for some reason considered off-limits.

Surgery interns at Jefferson are bitter, for they find that not only have their salaries been unilaterally been cut back from \$9500 to \$8000 while tuition for dependents has gone up, but also their educational experience has been a big disappointment as they find the emergency room and clinics relatively empty while three blocks away at Pennsylvania Hospital it flourishes by default.

The big focus of federally funded programs over the past few years has been on community involvement. It is through this key catchword of "community" that federal funds for comprehensive health care (as well as for mental health and family practice residencies) flow.

It is through the reality of community acceptance that a giant of Jefferson's size can maintain the patient constituency needed to keep its physical plant and human services not just in constant use but in optimal use.

Yet via the actions which Jefferson has taken over the past few months, it has done much to destroy the good community acceptance built up by generations of Jefferson interns, residents, and staff men who have labored for nothing but the honor and privilege of serving a great hospital and meeting the needs of their constituency, the sick.

VD COUNTER ATTACK

Cont. From P. 1

students. After we are oriented the next move will be to go into area colleges and high schools to help educate these students and faculty. Orientation sessions will take place with the Medical students in charge. Hopefully the approach of the participants will result in mutual trust and the transfer of facts about VD. It is important for health students to participate for many reasons. Foremost is the lessening of the age difference and the end of preaching which often occurs in similar programs. Conservative and older teachers or lecturers too often moralize rather than treat the students as people who are capable of recognizing truth with the result that no information is transferred. Counterattack is geared to educating all involved.

The drive will be culminated by 50,000 interested high school students going door to door delivering pamphlets to the occupants of every household in the city. Hopefully they will be received and the information

COME!

Support The TJU student nurses when they play the PGH student nurses prior to the Phila. 76ers vs. the Phoenix Suns game.

6:30 p.m. Friday
Oct. 29 at the Spectrum.

(See The Bulletin Boards For Further Details.)

presented by them will be read and utilized. This is the most ambitious portion of the program and the one which presents many areas for participation and the greatest possibility of reward. The necessity of truth (facts) reaching the population is apparent.

The program has the approval of the Board of Education and the backing of the Board of Health. All that is necessary now is enough personnel to implement it. This is where you come in. Your help is needed for the program's success. There is finally a move on in Philadelphia to do something effectively about VD miss-information, the results depend on us as students training for the fields of medicine. We can do something now to prevent our intervention in a sadder manner in the future.

Curriculum

Cont. From P. 1

number of 'tracts' to be offered by each of the specialties represented on the Jefferson faculty. Tracts will be offered in the clinical and basic science areas. These tracts will include a review of the basic and clinical sciences as well as more ad-

vanced work in areas pertinent to the chosen specialty. Implementation of this program should allow for more realistic career choices than under the present conditions.

The basic format of this curriculum has been approved by the Faculty Curriculum Committee and the Executive Faculty. The details have not been worked out. The Student Curriculum Committee is presently holding open meetings on portions of the new curriculum - we are presently considering sociological and psychological aspects of medicine and the approach to the patient plus the issue of a pass-fail evaluation system. We would be delighted to receive suggestions from interested faculty, students or house staff, either at our meetings or by individual contact.

SAMA

Cont. From P. 1

December 4. It is open to all interested SAMA members. Small group conferences will be held on the doctor draft, migrant workers, drug abuse education, analysis of health care delivery systems, methods of increasing

medical school admissions (with special reference to all minority group representation), population growth, and local projects.

Chapter officers representing Jefferson at the conference were David Jacoby and Gail Tenikat. At the next chapter meeting, scheduled for Wednesday, Oct. 20th, 7:00 p.m., they will have detailed information on conference activities available.

IFC

Cont. From P. 1

GAME TIMES:

Game 1 - 1:15 P.M.
Game 2 - 2:30 P.M.

Game 1	Game 2
10/2	
1-2 3-4	5-6 7-8
10/9	
2-7 5-8	1-4 3-6
10/16	
1-6 3-8	2-5 4-7
10/23	
4-5 6-7	1-8 2-3
10/30	
1-5 3-7	2-6 4-8
11/6	
2-8 4-6	1-7 3-5
11/13	
1-3 5-7	2-4 6-8

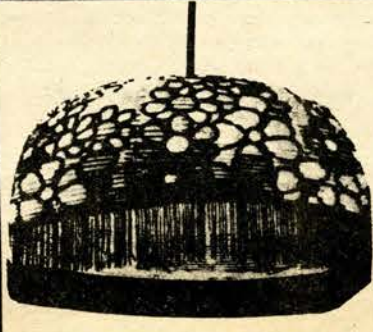
The games are to be played on fields #4 and #5, Edgeley Field, 33rd and Dauphin Streets, East Fairmount Park (same fields as last year). Each team should have its copy of the permit for the fields at each game.

Other topics of discussion at the meeting included the possibility of I.F.C. publishing a comprehensive rush booklet listing and describing all of the fraternities for next year's incoming freshmen, thereby eliminating the necessity of each fraternity publishing and mailing its own booklet to each freshman. The possibility of having I.F.C. installing coin-operated laundry equipment in each of the houses was also discussed.

I.F.C.'s social activities began Friday, October 8, with a party open only to fraternity members at Phi Alpha Sigma. The next I.F.C. party scheduled will be at Nu Sigma Nu on November 12. Other future activities include a dated, semi-formal party to be held at Jefferson Hall during the winter term on a date to be announced.

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