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Richard Bonanno; Delvyn C. Case, Jr.; Ron Hoffman; Cherry Light; Donald A. Bergman; and James Nicon

C.O. Found Unobjectionable

By Richard Bonanno

On February 18th, before a mammoth crowd of 17 students and a professor in the Solis-Cohen Auditorium, Mr. Arlo Tatum, head of the Central Committee for Conscientious Objectors, discussed "What is a conscientious objector" (CO). The program was sponsored by the Student Medical Forum in its continuing effort to interest medical students in issues other than those directly involving their medical education. Clearly, since nearly 100% of all doctors presently must serve the United States armed forces in a medical capacity, one might have expected more than the token audience (almost half of which was female) that was present.

Although an announcement of the program delivered to medical classes was greeted with assorted hisses and boos that morning, one could hardly object to Mr. Tate as an individual. He is a soft-spoken middle-aged gentleman who conceded that he had come to prominence primarily because of the anti-war and anti-draft sentiments of today's youth. He became a CO during World War II and was one of the "crackpots" of his day, yet he related that today COs are increasingly being accepted as sincere individuals, possibly because the public has a political "hippies" upon which to vent their anger.

Tatum defined a conscientious objector as one whose prior religious training would not allow him to participate in any activities of war. The definition of religion has been broadened in recent years, and Mr. Tatum told of several admitted atheists who were granted CO status for

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The Changing Medical Curriculum - U. of Penn.

Editors' Note: This is the first of a series of articles on the changing medical curriculum.

The University of Pennsylvania School of Medicine has introduced a new curriculum to all four of its classes this fall. Under the new plan course requirements are held to a minimum. Required work in the basic sciences has been so drastically reduced that a student who so wishes may finish all of his pre-clinical courses in his first year.

In the clinical sciences the only course requirements are eight weeks each in medicine and surgery, and four weeks each in pediatrics, obstetrics-gynecology, and psychiatry. This schedule leaves more than the two school years, plus summers, for elective courses, research, and—for those who wish—courses outside of the medical school.

In a recent interview, Dr. Gordon French, Associate Dean



Bars do not a prison make.

.... Speaking of Nurses

By Ron Hoffman

The first school of nursing was established in this country almost one hundred years ago, in 1873. Since that time, enormous changes have taken place, but more are to come. Jefferson has stepped into the fore in this effort by incorporating the school of nursing into the school of Allied Health Sciences, as part of the newly conceived Thomas Jefferson University. The concept is a basic one: to make available to the nurse a liberal education which can be integrated with her medical background. Nurses are no longer to be "just nurses" with little to no training in the arts, history and social sciences. Rather, they will be afforded the option of embarking upon an undergraduate program and choosing as a major, nursing. The end product is clear: a more well-rounded, better educated individual. The plans are impressive, the visions almost boundless, but where do we stand now? Is the Jefferson School of Nursing ready to be integrated into such a progressive system? While the school is certain-

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ly acceptable academically, it fails severely in many aspects of the social preparation of its students, its attitude toward individual responsibilities, and its responsiveness to community needs. This article will be the first in a series and will begin to examine some of the problems which face the nursing school and its students.

Jefferson is located in a city whose population at last count was 2,3 million people, over twenty-six percent of whom are Black. The Nursing School last year graduated two Negro nurses and is left, this year, with no Black students. One high administrator in the Nursing School has stated that there were no qualified applicants. However, this same administrator would not state that there was a conscious effort being made to recruit minority members. The girls at Jefferson have a difficult task before them. They must, in three short years, learn to cope with people; not just with those who surround them daily but with people who are ill, tense, abusive, unhappy and pessimistic. They must learn to deal with the extremes of human emotion, behavior, and values. Being educated in a socially homogenous setting could present the nurse with the worst possible atmosphere in which to begin. A diverse student body brings to the educational forum not just new ideas and different values, but different approaches to old problems.

The school's philosophy is, in fact, to graduate nurses who are well educated in all spheres of learning. The nurse's handbook states that "Education is a continuous process of growth and development of individuals so that they may fulfill to the highest degree their potential for intellectual, economic, and social advancement within our contemporary society."

But the girls at Jefferson certainly are challenged intellectually, socially they are stagnated. Nurses must learn at an early age to bear responsibility. However, if they are not allowed to bear their own burdens, how will they ever learn to cope with those of others? Learning to be a responsible individual cannot be

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Moving Toward A University

By Delvyn C. Case, Jr.

As the world prepares for a new decade, Jefferson Medical College had taken bold steps to insure development and achievement beyond the seventies. It is not merely an expansion into new and smartly realistic physical facilities but into associations with other institutions, into new programs at the college itself, and into a new concept for Jefferson—the university.

In 1964 a task force of the Executive Faculty of the medical school recognized the need for an academic program in allied medical fields. Out of this report grew the School of Health Sciences, which will offer curricula leading to certificate, associate degree, baccalaureate degree, and graduate degree programs. Since that time planning and development of the curricula, faculty, and facilities have been carried out. At the present time, college level courses are being offered at the new school. Starting September 1969 college students at the third year level will be admitted to complete pro-

Students Initiate "Don" Program

In plodding through four years of classes and assorted drudgery the average medical student forgets why he began to study medicine. Now, however, a group of Jefferson students are learning about themselves by helping others. These students have become "Dons."

The Don program is part of a Philadelphia School System project to motivate a group of high school students with excellent potential who would otherwise fall by the wayside because they do not believe themselves capable. The 25 Jefferson students involved in this program have each been assigned a teenager and meet with him informally at various times. There is no set format for these meetings; rather, the two go about becoming acquainted with the life each other leads.

In a recent interview, Cora Christian, the energetic sophomore med student, who arranged Jefferson's part in this program, revealed how varied the informal meetings have been. Activities have ranged from the strictly medical (doing EKGs, plating each other's throats in the Microbiology labs) to the non-medical (swims in the Commons pool).

Both Dons and students seem to agree that the program has been worthwhile; yet at the present time not enough Jefferson students have volunteered to take care of the long list of teenagers who have signed up. Greater participation is warranted while broadening the horizons of others the Dons are also discovering a lot about themselves.

grams leading to a Bachelor of Science degree in medically related fields. And in September 1971 a four-year college system will begin incorporating with it the humanities and life sciences—providing the core of courses for the full development of students planning medically oriented fields. At the same time several career programs will be expanded and/or created in the areas of nursing, medical technology, X-ray technology, physical therapy, and occupational therapy. In the nursing school, for example, the present system will be expanded into the degree curricula listed before.

On February 27, 1968 Jefferson entered into an affiliation with the Franklin Institute. This action will broaden the scientific background of future students at Jefferson in the fields of physics, chemistry, and mathematics. Although at the graduate level at the present time, these physical sciences will become an integral part of the undergraduate program at Jefferson. Present students can now share the Franklin Institute's Science Teaching Museum and Fels Planetarium, the Research Laboratories in Philadelphia, the Bartol Research Foundation, and the distinguished science library at the Institute.

The affiliation with the Philadelphia College of Pharmacy and Science (April 1968) offers other new sources of education for students at Jefferson. An early result of this action made possible courses in English, Psychology, Sociology, and History in the initial semester of the School of Allied Health Sciences (Fall 1968).

New programs, new affiliations, new facilities, new ideas. These characterize the future of Jefferson. The full development of these plans is the university concept -- the Thomas Jefferson University. This concept, indeed, should excite those who look into the future of Jefferson. It will bring new talent, new ideas, and a diversity of spirit that is possible in a university setting.

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Editorials

Letters to the Editor

Ariel encourages comments on the articles appearing in this paper or on any other subject of typical interest. Diverse opinions are welcomed. Typed manuscripts should be sent to this column c/o Ariel, Box 27, Jefferson Hall Commons, 1020 Locust St., Phila., Pa. 19107.

Unsigned editorials represent the opinion of the majority of the editorial board. Ant member of the editorial board dissenting from the majority opinion has the right to have his opinion appear in a signed column on this page.

Up Tight

A new generation of students in medicine, nursing, and other health-related fields, developing in a society which is beginning to recognize its agonizing problems and complexities, has discovered a new and critically important dimension to medical practice. The new social activism — the awareness of the problems of the city and indeed of the nation in war and peace — has found special prominence in the students' priorities.

What was once a "hobby" now demands particular attention; the world outside of medicine has become too insistent to ignore.

Into the medical and health associated schools has come the new student equipped with an awareness developed from the issues of the war in Vietnam, the cities, and racial discrimination. Genuine student involvement is the result of these issues.

One issue that has indeed promoted great interest among health and science students has been the problem of black admissions to medical and nursing schools. In a city with a population of almost one-third Afro-Americans, many students have become aware of the crucial nature of the issue. The Kerner Commission Report reminded us of the consequences of neglect. Insensitivity has produced the long-hot-summer expression of those victimized by social injustice.

The efforts of Cora Christian's DON program and the Committee on Black Admissions (CBA) of the Student Health Organization (SHO) do provide an approach to solving the problems central to America's future.

One other example of medical students' activism has been the response to a particularly local issue — the UCSC (University City Science Center). This center was conceived to serve as an institution for scientific research

Doctors vs. Nurses

Ariel's concern for the Jefferson School of Nursing is in keeping with our belief that the physician and graduate nurse must work together as a team, even during their years of training. As members of a future professional team we must learn to appreciate the stresses to which we will each be subjected; we must learn to integrate our efforts so that the patient can reap the maximum benefits.

The lack of communication which exists between the nurse and the physician leads, at best, to strain among medical personnel and, at worst, may actually be detrimental to the well being

and to provide outstanding facilities for the university community of Philadelphia. The plans suggested that the research would be primarily concerned with the health and medical sciences because of the large number of medical institutions in the city and the reservoir of talent therefore available.

However, a degree of insensitivity to the community led to the eviction of over 1000 West Philadelphia residents and the demise of two schools in that area. Insensitivity again to the ideals of science (and medicine) produced neglect concerning the issues of biological and chemical warfare research.

In the past year, dissatisfaction among students and the community has prompted considerable inquiry into the provisions of the UCSC charter. The latest expression of this dissent has been the sit-in at College Hall of the University of Pennsylvania (which holds 47% of the stock in UCSC). This demonstration initiated by Penn SDS included undergraduate students, graduate students, and medical students. This peaceful and constructive protest has placed great pressure upon those involved in UCSC to evaluate more critically the provisions of the charter and the character of the development of UCSC.

The participation of medical students in the sit-in suggests a re-discovery of the health profession's commitment of the larger community.

Such issues are part of the vocabulary of Philadelphia life. They represent crucial problems that involve survival of the community. No longer can the student in the health-sciences be content with less than full participation in these issues. He has realized what a VISTA poster has so aptly said: "If you're not part of the solution, you are part of the problem."

of the patient. A team poorly integrated, confused in its approach and uncoordinated in its efforts will not be able to afford the patient the treatment to which he is entitled.

Communication between the doctor and the nurse must be initiated before the educational process separates them irreparably. Early contact will place the student nurse and medical student in a situation in which they can learn together and become sympathetic to each other's problems. It is with this goal in mind that Ariel has begun a series of articles dealing with the school of nursing.

Letters to the Editor

Civil Disobedience, the medical profession and the abortion laws.

Dear Sir:

Recently the California Board of Medical Examiners, acting in accordance with California law which does not recognize the legality of abortions to prevent the birth of defective children, suspended the licenses of a group of doctors for performing such operations. The Board, even if everyone of its members is morally opposed to therapeutic abortion, has by its action prostituted itself to the very thinking that to the Medical Establishment is anathema — "Big Brotherism". Its members, though they felt duty bound to comply with the law, could have at least voiced opposition to it. Instead they chose without protest to deny to their suspended colleagues and to the women of their state the right to act on ethical convictions which were as strongly based as their own. The rest of the medical profession and indeed the rest of American society are by their reluctance to speak out vehemently no less culpable than the California Board for the persistence of archaic abortion laws. The existence of these laws can be considered as nothing less than a national disgrace, only part of which is due to the misery they cause directly when obeyed and the women driven to suicide or to death of mutilation at the hands of illegal abortionists. Of equal importance are their tendency to deprive women of equal status in our society, their de facto dis-

crimination against the poor, and the moral problems they create by forcing many ethical people to resort to chicanery or to outright illegality in order to obtain abortions (an extensive reference list pro and con is provided in the audience booklet for the Smith Kline and French "Conversation in Medical Ethics: On the Subject of Abortion."), and by allowing others to avoid any moral dialogue on the subject. Our nation has been a failure in that we have not come to realize that some laws do not strengthen morality; they substitute for it and inevitably weaken it.

Before the medical profession is condemned too strongly for its failure to dissent through normal channels, however, it must be asked if any amount of such dissent could be truly effective in reforming abortion laws within a reasonable length of time. Much of the evidence is to the contrary. In almost every state legislature in which abortion law reform has been attempted lobbying by special interest groups has resulted in the bills being watered down to near uselessness. On the other hand, it is quite obvious that if laws against abortion were not quietly "bent" as they now are in most places (and bent they must be; of the over one million abortions in the U. S. per year, 70% are performed by physicians—G. E. Guttmacher, Case for Legalized Abortion Now, Berkeley, California, 1967.) and instead were openly violated on a large scale the laws would soon disappear from the books and the question of whether or not to abort would be left to the conscience of

each patient and each doctor, where it belongs.

Is wholesale disobedience to existing laws by the medical profession then the solution? The answer to that question must presently be answered "no". One reason is a purely pragmatic one; before any extreme measure is undertaken it should have some reasonable hope of success. Most physicians, even those who currently perform illegal or quasi-legal abortions, would be unwilling to jeopardize their privileged positions in society by openly disobeying a law. Another more important reason is an ethical one. One group of people breaking one law must inevitably set a precedent for other groups to break others. For a group which, rightly or wrongly, wields such tremendous prestige as does the medical profession to engage in overt disobedience to criminal law could in view of present moral crises in America, produce consequences more serious in the long run than those of the present abortion statutes.

There is, however, a middle ground. The Profession might try to eliminate the hypocrisy pervading its ranks. Those hospitals and physicians who do manage to perform abortions under existing laws should publicize not conceal them. Concerned physicians should work hand in hand with such groups as the Abortion Rights Association to find and make public new ways to circumvent the prevailing laws and to pressure the public and its lawmakers for legislative change. Finally, the threat of overt disobedience, if not the action itself, should remain present. Such a threat if made discreetly to legislative bodies need not have all the serious repercussions of open illegality, but could serve to prod those politicians who bargain for votes with the welfare of society as a whole.

Sincerely yours,
Arthur S. Tischler

Thank-you

Ariel commends the Jefferson administration for its manifest interest in student well-being. The presence of our recreational facilities in Jefferson Hall is unique among medical colleges. Events such as Wednesday morning coffee hours and Friday afternoon parties — supported by the administration — provide the setting for a closer student-faculty

rapport.

The administration has extended its interest to include such student-run activities as our newspaper. As Ariel commences publication its present editors are appreciative and thankful for the encouragement which they have received from faculty members and from the administration.

Students and Educational Reform

For years medical and nursing institutions have been fortresses of academic conservatism and scholarly introspection. However, with the rapid development of the Student Health Organizations, and the recent changes in policies of the Student American Medical Association, as evidenced by the new social awareness of THE NEW PHYSICIAN, the health science schools are being confronted with a different breed of student. Partially the result of the acceptance of a wider socio-economic group of applicants, and an increasing social conscience of all health science students, the school must be prepared to meet new demands. The main thrust of concern at present, has been in curriculum reform and study of health care delivery systems. At Jefferson interest has centered on the former.

While at our medical school a "core curriculum" has been heralded, there is some doubt among students of its existence. Many departments have taken

major enlightened steps in curriculum revision, others reluctantly have made minor alterations. The Medical School's Student Council Curriculum Evaluating Committee's report will soon be released and recommendations advanced. Hopefully similar measures will be taken at the nursing school.

One cannot overemphasize the value of discussion among students, faculty and administration. On evaluating committees, student opinion must be known; adequate representation is essential. Through open forums with department personnel and all students willing to participate, more informed and meaningful dialogue can take place. Moreover, the criticisms and opinions of recent graduates must be actively sought.

A process of continual re-evaluation and reform must be safeguarded in any institution. The product of a static education in an ever changing discipline is dismal failure. Our profession cannot fail; too much is at stake.

One Suspended Moment

Steven Allen Ager

He followed her to the crescent edge of the sea,
And watched her fall dark as night
Against the brilliance of a silver-gold sun
Bouncing off the water through the air between her limbs.
A half turn of the head: an unspoken challenge . . .
And he followed,
Chasing her out through the water past the sea-shell reef,
Narrowing the gap until he caught her foot,
And, both laughing, drew her to him;
One suspended moment, existing only in each other's eyes,
And the lights went on and everybody slipping mimeo sheets into notebooks, grabbing coats, stuffing little colored pencils into pockets, and running to lockers to get microscopes for lab.

Summer Externships - Greater Baltimore Medical Center

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gery, Ophthalmology, Otolaryngology and Pediatrics. Association with the Johns Hopkins Hospital and faculty is on a departmental basis. Baltimore offers a unique opportunity for your future in medicine. Program of study begins July 1 and continues

for eight weeks. For further information write: Director of Medical Education, Greater Baltimore Medical Center, 6701 N. Charles Street, Baltimore, Maryland 21204.

THE BARNES FOUNDATION

by Cherry Light

A short distance from the city, in Merion, is a veritable Fort Knox of paintings formally known as the Barnes Foundation. The more than one thousand paintings on display comprise one of the world's most impressive private collections. The Foundation is noted for an especially brilliant cache of the works of Cezanne, Renoir, Matisse, Soutine and Rousseau as well as fine examples of Manet, Degas, Seurat, Picasso, Modigliani, Pascin, Rouault, Miro, Van Gogh and others.

The collection is a visual chapter in technical and philosophical emergence of what can be termed "modern" art. In the exhibited works of Cezanne, for example, the development of his style as it progressed during his career is apparent. Cezanne's concept of form and construction as objectives in their own right was the first formal statement of what was to become a basic tenet of contemporary art.

Doctor Barnes was the inventor of Argyrol, a patent medicine which subsequently earned him millions. He died in a car accident in 1951, and during his legendary life, was the center of a constant flow of rumor and controversy. In the staid circles of Philadelphia society, the some times flamable Dr. Barnes provided a volital and eccentric source of interest. His penchant for feuding embroiled him with such formidable adversaries as the University of Pennsylvania and its President Harold Stassen, Bertrand Russel and the author James Michener.

Dr. Barnes collected art in the same seemingly impulsive and always exciting manner. The key to his collecting seems to have been a personal belief in the

merit of the artist, and complete freedom from the aesthetic conventions of his day. His impatience with the art establishment led him to pursue impressionist works when they were popularly held to be depraved and morally degenerate.

In some cases, he was the first to acquire the works of a subsequently famous artist, such as Chaim Soutine. The popular anecdote regarding Barnes' sizable purchase tells how Barnes and the sculptor Lipschitz became interested in an unusual painting in a gallery window they passed. A poet who had befriended Soutine ran the gallery, and showed Barnes about a hundred of the artist's paintings which the doctor promptly purchased. Soutine, suddenly rescued from obscurity and poverty, celebrated the turn of events by taking a 600 mile ride in a taxi. Barnes' purchase set an example followed by other collectors, and Soutine never again lacked for recognition or buyers.

The Foundation collection is arranged and displayed so that the visitor is left to his own esthetic devices - there are no catalogues or guided tours. The paintings are organized with an eye toward several basic factors. The preliminary influences on a particular artist's style are stressed by the juxtaposition of art objects and paintings - an African tribal mask is hung beside a Modigliani or a Persian miniature next to a Pendergast. Striking variance in style is emphasized by the proximity of paintings treating the same subject, each distinct from the other by the approach and spirit of the artist. Bathers, for instance, are rendered by Cezanne, Seurat and

Renoir.

In addition to the splendor of the collection and the obvious genius of the collector, the excitement of Barnes is the excitement of experiment, success and freedom. A dazzling affirmation that the traditions crumbled under the assault of the artists on display here, and that they in turn liberated the generation of artists working today.

The museum is open to the public on Friday and Saturday from 9:30 a.m. to 4:30 p.m. and on Sunday from 1 p.m. to 4:30 p.m. One hundred visitors with reservations and one hundred without will be admitted on Friday and Saturday and fifty of each on Sunday. For reservations phone MO 7-0290 - admission is \$1.00 and no children under 15 will be admitted. If you are taking public transportation, travel route 44 to Edgehill Road, walk two blocks north and turn left on Latch's Lane to the iron gates at the entrance.

C.O. FOUND UNOBJECTIONABLE

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purely humanitarian beliefs.

Tatum asserted that it has become easier to obtain CO status, and the percentage has more than doubled in the past few years. Two members of his staff work almost fulltime counseling men already in the military, and the government has now given him permission to advise men in military prison.

Mr. Tatum concluded by answering some specific questions on the Slective Service commitments of doctors and medical students. His talk was casual but informative, and it is doubtful whether even the most hawkish medical student could really have found him offensive.

The Changing Medical Curriculum

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(Continued from page 1)

cine today, the graduate physician needs continuing education. Because of the ascendancy of the specialist and the subspecialist, today's medical student needs training in greater depth. Accordingly, says Dr. French, the aim of the new program is not to prepare fully-trained doctors, but to prepare students for further education.

Medical students themselves have changed as much as medicine has, Dr. French observes. Today's students come to medical school with a wider variety of backgrounds and interests than ever before. The flexibility of the new curriculum will allow the school to accommodate individuals with widely different requirements. For example, freshmen with college training in biochemistry or physiology may be excused from basic medical school courses in that area and may devote the time they gain to any subject at all. Students are free to explore one interest deeply or many more superficially. As another alternative, they can engage in research.

Clearly, the new curriculum's sponsors believe that the necessary information in the preclinical sciences can be conveyed in half the time formerly allotted. Following general guidelines, each department has decided for itself the best way to reorganize and reduce its course material. Most of the departments have simply eliminated vast amounts of material from their basic syllabus and have offered the omitted information in electives.

For example, the gross anatomy course will omit sections of the arm, the leg, and the back, but students may study these areas later in an elective course. The pathology department's basic course will stress basic changes in disease and will leave the traditional consideration of organ system pathology to an elective course. The basic microbiology course will cover bacteria and viral biology and immune phenomena, but will leave the study of infectious diseases to an elective

given jointly with the pathology department. The biochemistry department has omitted all labs from its required course, and plans only to consider enzyme biochemistry. The study of intermediary metabolism is offered as part of an elective course.

As these examples reveal, most of the departments have retained material of general scientific importance at the expense of material of clinical importance. Apparently, the future scientist rather than the clinician will derive the greatest benefit from Penn's new program. The future clinician, worried about passing National Boards, or simply wishing a strong background in general medicine to back up his specialty knowledge, can take many of the preclinical electives. Freshmen students have, in fact, been rather conservative in their choice of courses. The great majority have chosen the program suggested in the Penn catalogue, which involves taking all of the required preclinical courses in the first year. A few have postponed one or two basic courses or have postponed the entire second semester's work to do clinical work or research. Sophomores, who were not started on the new curriculum, have mostly chosen courses equivalent to the traditional sophomore curriculum, instead of plunging into clinical work.

French states that it is too early to judge the merits of the new curriculum. However, he reports that the faculty has been very cooperative and even enthusiastic about the program. Students also seem to be responding well, he indicates.

Dr. French states that it is too early to judge the merits of the new curriculum. However, he can report that the faculty has been cooperative and even enthusiastic about the program. Students are adjusting to the lightened academic load, although they are adapting their schedules to meet the requirements of such external factors as the National Boards.

Movie Review:

"SECRET CEREMONY"

by Donald A. Bergman

"Two mice were in a vat of cream. One drowned; the other ran in circles until he made butter and then crawled out." With these lines Elizabeth Taylor concludes Secret Ceremony and leaves the viewer wishing that Joseph Losey might have paid closer attention to this thought when he set about directing the film. For the movie contains all the elements of a fine film, but Losey, like the first mouse, fails to gel these elements into a picture of solid substance.

Elizabeth Taylor, acting as the whore with maternal longings, turns in her first credible performance since her appearance in Suddenly Last Summer. Mia Farrow, the young girl who cannot accept her mother's death and adopts Miss Taylor in her place, gives a performance that rivals Rosemary. The only weak spot is Robert Mitchum who, as Mia Farrow's incestuous stepfather, reminds the viewer more of a member of the Sunday Breakfast crowd than the bon vivant he is supposed to be.

Director Losey's touches are

apparent throughout the picture. His use of muted color to create a mood is reminiscent of Bunnell's technique in Belle de Jour and Hitchcock's in Marnie. The glimpses of England's upper crust provided by Losey's expert use of camera supply a touch of nostalgia that complements his selections of color. And, as in many pictures of this sort, Secret Ceremony has a grand old mansion whose large rooms, antique toys, and dusty music boxes lend an air of longing and despair.

One of Losey's final scenes--one in which Miss Taylor and Miss Farrow confront each other and calmly discuss suicide -- provides a morbid final irony to the story: Farrow already has consumed a fatal overdose of barbituates.

With ingredients such as these, it would seem hard for Losey to fail. But, he does. He fails because he dwells on form and style at the expense of content and progression. In short, Secret Ceremony excites the eye but slights the brain.

STUDENT NURSES

Spaghetti Dinner

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CONGRATULATIONS

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Moving Towards The University

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And yet this concept is not really new at Jefferson for the college actually has had a university charter and the ability to grant degrees since 1838. Rather, new visions are developing the original ideas of the founding fathers of the medical school in a manner to re-discover the college's commitment to a society struggling with the demands of the present and of the future.

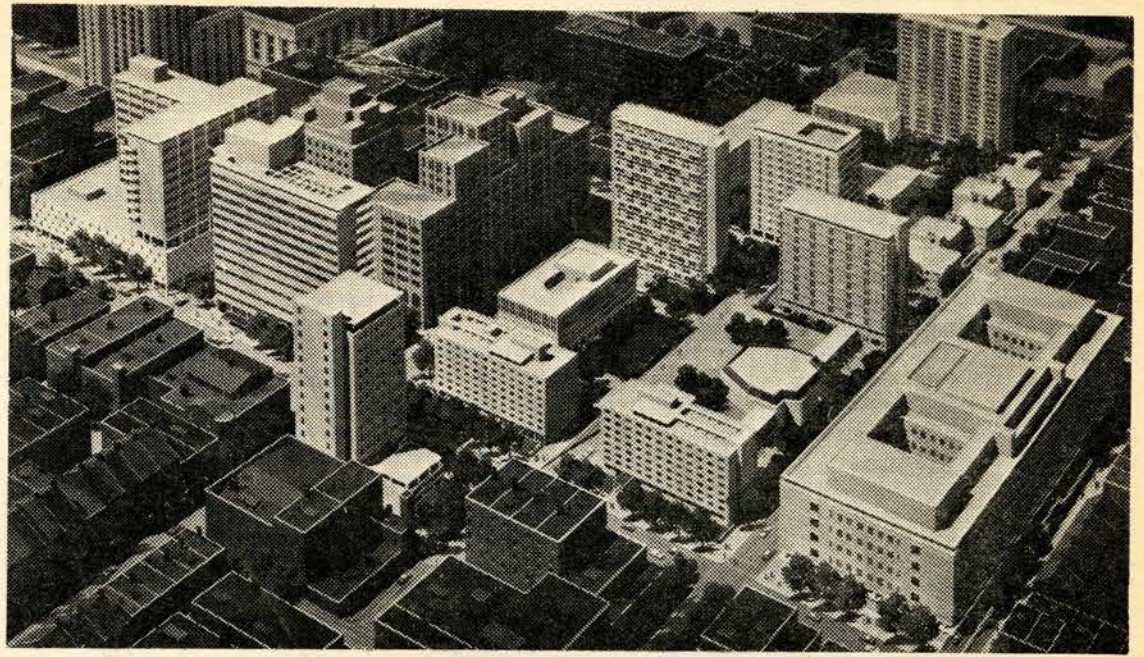
Out of the spirit of this development has come the reality of student participation and student awareness. The foundation of Ariel is, according to its charter, to foster the accomplishment of this reality. Already a plethora of lecture programs and student society meetings demand a means of disseminating this information to those interested. As new and old educational theories affect the students, these students must be able to react critically to these programs. And a means of communicating the concern for student participation in the areas of administrative policy and admissions must be created.

Membership to the staff is

open to all students: medical, graduate, nursing, health sciences, interns, and residents. The Editorial Board, although at present consisting only of medical students, will be expanded to include representatives of all the schools at the college. Editorial policy and management are the responsibility of this board. Financial and editorial independence has been achieved; and profits from the advertising sponsors will be used to establish a scholarship fund.

The success of this student newspaper depends not only upon its staff but also upon the interactions of all students, faculty, and administration. We expect that the Letters-to-the-Editors section will be an important aspect of this paper; for many others have indicated articulate interest in establishing means of communication with the administration.

As the college moves toward a university, we expect that this paper will ultimately be operated by undergraduates as in most universities. But the complexity of the school and the interactions between the students and admin-



Thomas Jefferson University

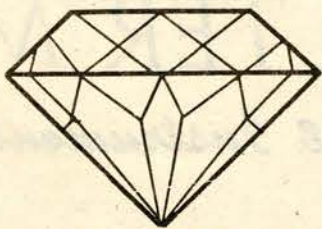
istration, even at this date, demand a beginning. At this time an underground newspaper would not serve the realities we have outlined; therefore, we have

sought and received the support of the Student Council, the Executive Faculty of the medical college, and the Dean of the School of Allied Health Sciences.

No one group can claim that it represents all of the student body; but this newspaper is open to the ideas of all responsible spokesmen. So we begin...

CALENDAR OF EVENTS MARCH

SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
2 ART EXHIBIT RO-JER LAPEL UNTIL MAR. 21.	3	4	5	6	7 INTER CITY MED SCHOOL BASKETBALL TOURN. FILMS: 'OH DEM WATER-MELONS' & 'THE TIT-CUTFOLLIES'	8
9	10	11 CHRISTIAN MED. SOC. "SHARING ONE'S FAITH AS A MEDICAL MISSIONARY".	12 PART III NATIONAL BOARDS.	13 SOPH CLASS FATHER'S DAY. STUDENT NURSES' SPAG-HETTI DINNER 4-8 pm JH COMMONS.	14 FILMS: * 'THE PHARMACIST' & 'SPELL - BOUND'.	15
16	17 JEFFERSON HALL DEDICATION.	18	19	20	21 FILMS: * 'THE GOLDEN FISH' & 'RE-QUEIM FOR A HEAVY-WEIGHT'.	22 BLACK & BLUE BALL
ART EXHIBIT BY PATIENTS OF JEFFERSON DAY CARE CENTER UNTIL MAR. 28						
23 BLACK SUNDAY.	24	25	26 Senior Class Portrait Presentation 1:00 p.m. Christian Med Society 'Orthopedic Surg. in the Camerons'.	27	28 FILMS: * 'SCORPIO RING' & 'CASABLANCA'	29
30 CONCERT: NEW ART PERCUSSION PLAYERS 3 P.M. JEFF HALL	31	APRIL		3	4 NO CLASSES	5
ART EXHIBIT: EDITH NEFF TO APR. 18			*JEFFERSON HALL FILM SERIES 8 P.M. SOLIS-COHEN AUD.			



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Speaking Of Nurses

(Continued from page 1)

separated from the process of growing up, and one does not mature too well when she is denied the freedom to establish and the personal responsibility to maintain a code of conduct. When a girl leaves home at the age of seventeen or eighteen she must step into pace with society and learn to integrate her parental training with the realities of life. Jefferson Nursing creates an atmosphere which often denies a girl the right to make her own decisions, think independently and seek the truth.

The nurse-to-be gets the first inkling of what she faces before her formal training has even begun. Upon arriving at the residence hall she is given her 1968 School of Nursing Handbook. She does not mind being told that she cannot wear slacks in the lounge at her own discretion (rule III, p. 13); she passively accepts no stereo and no T.V. in her room (p. 18). She chuckles to herself when advised that she is to hang no damp laundry in her bedroom (rule IV, p.15) and she skims over the rule stating that only "a towel and a wash-clothe are to be hung in the towel racks." Disbelief begins to mount as she reads that she

is allowed only "one medium-sized stuffed animal" in her room.

Reading further, she discovers that cigarette smoking is permitted but students are reminded, "oral hygiene after smoking prevents offending"; "students will hold doors and proceed after elders"; "courtesy and strict adherence to the golden rule is the only basis for successful group life..." there are a restricted number of late nights per month; "no calls... after 10:00 P.M."; "Students may not drink such beverages (alcoholic beverages) on school property, or at social functions they attend as students, nor may they enter school or hospital property when they are under the influence..." If the nurse is ill and in the hospital she may have no visitors other than her parents, and she may not make outgoing phone calls; in or out of uniform she may not visit anyone who is sick in the hospital without the permission of the Director of the School or her representative; she may not babysit to make extra money. Finally, with her eyes almost full of tears she reads the shocker of them all: "Draperies must be

completely closed when lights are on in the room; drapes should be open one (1) yard when open in the daylight." Disaster of all disasters, she has no yardstick!

And what is the result of all this? Possibly, if the prospective nurse is extremely mature, if she is a girl who has enjoyed her freedoms and accepted them well, she will laugh, turn around and go elsewhere. In that case, Jefferson Nursing School has lost the type of individual that it needs the most. And what of the girl that decides to stay? She is confronted by frustration upon frustration. The recent student nurse questionnaire indicates that she will not speak up for fear of repercussions and that she has a student council which is notoriously slow to act.

Will she mature? Recently the nurses were forbidden to go to Rittenhouse Square because of the bad influence of the hippies. The Rittenhouse ban was enforced by the nursing administration on the grounds that last year the school "lost a girl to the hippies..." Borscht! But a nurse must learn to deal with hippies just as she must learn to deal with the rich and the poor, the

black and the white, those of us who are good and those of us who are not so good.

Changes at the nursing school have been slow in evolving. Recently many of the rules mentioned above were rumored to have been deleted from or revised for next year's handbook. Others supposedly are in the process of being examined. These changes are steps in the right direction. But, they are just a beginning.

We look to the student nurses to put forward a greater effort in behalf of the changes they so badly need and want; and, we hope they will feel secure in the knowledge that their actions are supported by many of the Jefferson community.

In the next issue we will have a closer look at the academic system, the admissions system and the attitudes of the nurses as expressed in a recent Ariel questionnaire.

Editors' note:

The editorial board welcomes, from students and faculty, letters-to-the-editors in support of or in opposition to this column.

ARIEL

POLL

I am generally in favor of liberalizing current restrictive abortion laws.

I am not in favor of liberalizing current restrictive abortion laws.

MED. STUD.	NURS. STUD.
<input type="checkbox"/>	<input type="checkbox"/>
GRAD	FACULTY
<input type="checkbox"/>	<input type="checkbox"/>

YEAR OF GRADUATION

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THE ATHLETIC SUPPORTER

"The Boss Jocks"

BY JAMES NICON

Somehow it was rather pleasing to reflect upon the Rugby Club's Fall performance. It was the ninth consecutive winning season and, from looking at the defensive record, possibly one of our best. Only two games were lost, and there were four shut-outs. Yet, what proportion of the Jefferson community knows this? Does anyone at Jefferson know there is a Rugby Football Club? Does anyone care?

To enlighten a seemingly disinterested student body, the Jefferson Medical College Rugby Football Club does exist and it does not play in Argentina! The "Ruggers" or "jocks," as they may frequently call each other, play in Fairmount park every Saturday afternoon at 2:00 p.m. for ten weeks during the Fall and Spring seasons. Sanctioned by the hospital administration, (faculty advisor, Gerald Marks, M.D.), a member of the Eastern Rugby Union, the R.F.C. is Jefferson's only contribution to intercollegiate competition. For further enlightenment, and I hope this does not overwhelm too many students' Betz cells, the "ruggers" were once the national intercollegiate champions.

By now, you may have discerned that the author feels strongly about the club. Actually, I am quite amazed that such a team could exist without one member of the student body ever attending one game as a spectator. This really isn't that surprising considering that not one organization ever encourages the sport. Fraternities get paranoid when a touch football player considers playing the game. Physicians scoff at players for risking their careers against a possible debilitating injury. Yes, it's a rough sport, but have any of you ever played that game called "basketball" during interfraternity competition (let alone "touch" football)? What is truly amazing is the apathetic atmosphere concerning Rugby; could this be a reflection

Frat Football Championship

For the second straight year, AKK did not win the Fraternity Football Championship. In fact, AKK was not even in the competition. Phi Chi was! So was Nu Sigma Nu, but Stu Scherr's Phi Chi eleven out rough-touched Tod Orvald's "Jaggers."

About midway in the first half, quarterback Stu Scherr slipped delicately around left end and trotted twenty yards for Phi Chi's first score. Davy Jones, (he doesn't sing although his face is hairy), spiked QB Orvald for a safety giving Phi Chi 2 more.

Orvald, showing excellent ability at QB, threw a beautiful T.D. pass but it was recalled, the infraction being that Tod was over the line of scrimmage when he threw the ball. Stu Scherr soon showed his arm's worth as center Mike Steinberg caught a perfect 6-yard pass on a cross pattern with the left end. Noticing he was in the end zone, he decided to take the 6 points and bequeathed Phi Chi another touchdown. Some rugged defensive play followed, and Phi Chi finished as "kings of the hill" with a 14 "zip" win.

Congratulations to the new Fraternity League Football Champions!

of the apathy that seems to chronically infect most medical students?

The Ruggers' anti-apathy capsule, general CNS stimulant, and overall enticement for spectators this year will be a tournament. It will be the first annual all medical school Rugby fracas ever to occur, and the Jeff Ruggers will be the hosts this year. The student body and faculty are cordially invited to attend the game and the party on April 26, 1969. Further elucidation of this olympian event will be found in a forthcoming issue.

Also, in forthcoming issues, I will attempt to explain the rather simple scope and rules of Rugby. Included will be schedule of the games and post game beer parties. These parties have become a traditional aftermath to a gentlemanly game once described as "mas chaos on a football field." This description was made when there were sixty players per team. Less disorganized today with 15 "Jocks" per side, it still seems rather chaotic.

"Commons Pathology"

A definite asset to the education of ortopedic residents at Jefferson is a highly competitive basketball league. "Converse ankle", a recently described traumatic osteoarthropathy (Acta Insignifica, Jan. 1969), has been increasing in incidence here. Dr. D. Palms, a specialist in not uncommon

athletic disorders, thinks there may be a familial relationship since the disorder was seen frequently among brothers in the Phichi family. Not too infrequently though, it has been observed in the brothers of other families.

The Phichi's have an exceptionally fine basketball team



GROSS: OUT

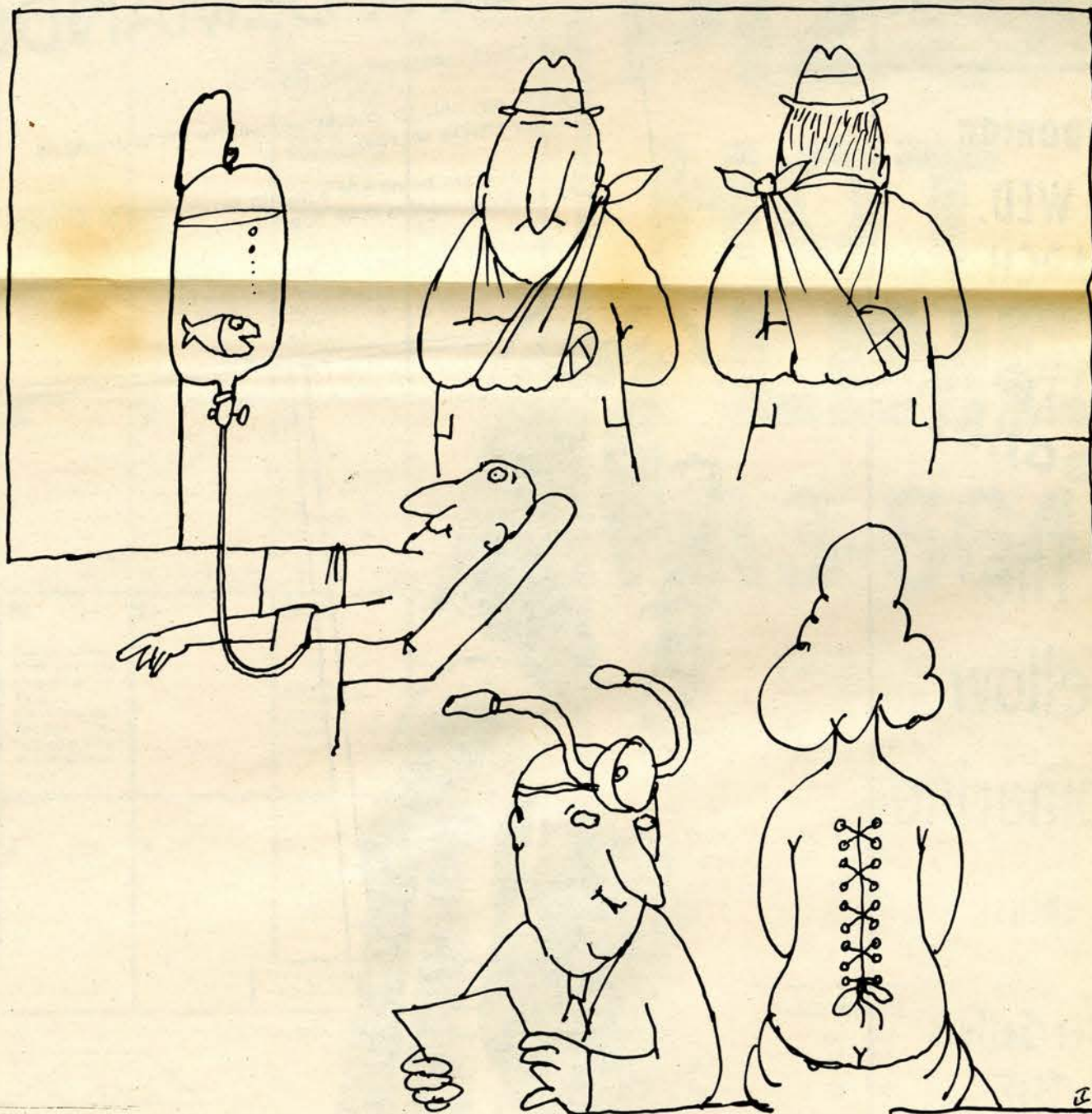
this year and it's a shame that "converse ankle" is almost endemic there. The "A" team is undefeated and with two games remaining, should experience little difficulty in netting the fraternity league championship. Special mention should be made of Ned Russel's and Davy Jones' monopoly of the backboards. Nu Sigma Nu and AKK are tied for second place with one loss apiece. Some very consistent play by Todd Orvald, John Noshier, et al, may retain Nu Sig's somewhat precarious position against AKK's Jay Whitbeck, John Reichel, and company.

At the expense of being redundant, it has been an exceptional athletic year for Phi Chi. If they can slug their way into a softball championship, Phi Chi would well deserve Jefferson's first "triple crown." Let's just hope they do not acquire an epidemic of "Pitcher's elbow." As for me, I would sooner play Rugby because the only danger lies in driving home after the traditional post game beer parties.

RUGBY SCHEDULE:

- MARCH 8 - WHITEMARSH R.F.C.
- MARCH 15 - HAHNEMANN
- MARCH 22 - PHILA. R.F.C.
- MARCH 29 - TEMPLE
- APRIL 3 or 5 - U. OF PENN.

... More To Come



We concur with Oscar Wilde that "Laughter is not at all a bad beginning for a friendship".

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