

11-1969

## Ariel - Volume 2 Number 3

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


Eugenia Miller  
*Thomas Jefferson University*

Jack Guralnik  
*Thomas Jefferson University*

Steve P. Flynn  
*Thomas Jefferson University*

Rod Dorand  
*Thomas Jefferson University*

Follow this and additional works at: <https://jdc.jefferson.edu/ariel>

 Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)  
*See next page for additional authors*

[Let us know how access to this document benefits you](#)

### Recommended Citation

Case, Jr., Delvyn C.; Miller, Eugenia; Guralnik, Jack; Flynn, Steve P.; Dorand, Rod; Blecker, Michael J.; Fernhoff, Deborah; Bergman, Donald; Ager, Steve; Edwards, Lin Set; Graitzer, Phil; Williams, Tom; Edwards, Robin; Doyle, Harry A.; Clafin, William; Forsyte, Jolian; and Zeligman, Harvey, "Ariel - Volume 2 Number 3" (1969). *Ariel*. Paper 61.  
<https://jdc.jefferson.edu/ariel/61>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Ariel by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

---

## Authors

Delvyn C. Case, Jr.; Eugenia Miller; Jack Guralnik; Steve P. Flynn; Rod Dorand; Michael J. Blecker; Deborah Fernhoff; Donald Bergman; Steve Ager; Lin Set Edwards; Phil Graitzer; Tom Williams; Robin Edwards; Harry A. Doyle; William Claflin; Jolian Forsyte; and Harvey Zeligman





## JEFFERSON STUDENTS JOIN MORATORIUM

BY DELVYN C. CASE, JR.

Speaking at the 11 A.M. University-wide Moratorium program, the Rev. Victor Carpenter, pastor of the First Unitarian Church (Philadelphia), urged the continuation of concerned public pressure to replace token troop withdrawals with maximum effort to end the war in Vietnam. Encouraged by the large turn-out of medical students, nursing students, graduate students, and faculty, Carpenter argued that no popular government in Vietnam can exist until the non-

Communist nationalists who received the majority in the last nation-wide election are released from prison or returned from exile. "We are upholding a police state government which is not representative of the majority", Carpenter stressed.

The growing concern over the political morass in Vietnam is encouraging, according to Carpenter: "This country has never had a way of responding except every four years". He hoped that the Nixon Administration would

be made to see that the peoples' sentiments should reflect upon national policy. That Mr. Nixon pronounced he would not be influenced by the October 15 Moratorium troubled the liberal minister. "This country was born in the streets--we are a country of street fighters", Carpenter remarked.

Preceding Carpenter's comments, the audience viewed the film "The Survivors" and listened to a taped speech by the Rev. William Sloane Coffin, Jr. of Yale. The film, produced by the "Committee of Responsibility to save War-Burned and War-Injured Vietnamese Children, documented the human cost of the war which amounts to 200,000 civilian casualties per year. The graphic illustration of the deplorable hospital and operating conditions underscored the plight of the citizens in Vietnam.

Coffin's speech to SANE (May 1969) was directed toward the need for a "radical vision of brotherhood" to face the many problems which have been brought out into the open. "Who is courageous enough to face them?" Coffin asked his audience. The minister suggested that respect has often been unwittingly used to perpetuate evils. He cited the healthy disrespect shown now by students as an example of the possibilities for social action.

The morning program was organized by James Gerson, Aris Sophocles, and William Judson of the medical college. Many students showed support for the Moratorium earlier by boycotting classes or attending classes or attending classes wearing black armbands, symbol of the Moratorium.

(Continued on page 10)



Rev. Victor Carpenter-On the Moratorium

## Scott Library

### Designed For Future

BY EUGENIA MILLER

The Scott Library-Administration Building is rapidly rising behind the scaffolding and assemblage of construction equipment in the center of Jefferson campus. July 1970 is the date set for completion of construction. Since work is proceeding two months ahead of schedule the six story structure may be finished before Jefferson students leave the campus for the summer.

Although the building has been under construction for nearly a year--ground was broken in early December 1968--plans for the building have been developing for quite a long time.

The combination library and administration building was first conceived in 1963. Robert T. Lentz, our present librarian, drew up plans in 1964 for expanding a 55,000 volume library with limited reading space into a 125,000 volume library with reading space for 5,000. Jefferson contracted Harbenson, Hough, Livingston, and Larsen (better known as H<sub>2</sub>L<sub>2</sub>) to design the building. Money supplied for construction comes from four major sources: the Jefferson building fund, the Scott library funds, funds from the Medical Library Assistance Act, and the National Institute of Health funds for Medical Education.

Scott library will occupy one half of the first, the second, third, and fourth stories of the new building. Flexibility, a prime consideration of the designers, is demonstrated throughout the library. A limited amount of floor space will be walled off. Change in organization of equipment and persons to meet changing circumstances can therefore easily be made.

Scott library will not be

geared to the quiet studier alone. Students who learn more by studying together can discuss their work in one of the 15 small study rooms. Those who would

(Continued on page 10)

## Goldschmidt Leads Expansion

BY JACK GURALNIK

most fields of medicine and while working in this department, Dr. Goldschmidt got a good insight into the problems of the health related fields. It is also of interest that he was primarily responsible for building the physical rehabilitation floor, one of the most impressive of any of Jefferson's clinical facilities.

Dr. Goldschmidt feels that the



Dr. John W. Goldschmidt

strictly technical and practical training which students in the allied health fields receive may prove to be a severe limitation to them. These students should receive a broader educational background both for its own sake and also to allow them the option to continue their education at any time if they desire. Each of the allied health fields must obtain its leaders and educators from within and it is difficult to see where they are going to come

from if no people in these fields receive advanced education. Dr. Goldschmidt sees Jefferson as the place where these people can begin their education.

To begin to implement the

(Continued on page 3)

## Sophs Intiate Note Service

BY STEVE P. FLYNN

On the twentieth of October, the sophomore class worked some impressive magic, exceeding all previous feats. It brought order out of chaos, it brought a note service into existence. This was no ordinary, well-planned event, but a truly spontaneous act of creation, very heavy in its own myth. As both a believer and a victim, I wish to explore and promulgate that myth.

The myth begins quite rightly with the legend of the class body, which came to me in a vision of utter sincerity. It seems that at certain, specific times, when all individual minds are focused intently on one point and the frequencies are in phase (e.g., during lecture), the members of the class transcend their particular natures and become part of the corporate body, a huge, powerful and demanding beast. All become part of a single consciousness, a natural unity high. It is a frightening and fascinating transformation, each one go-

ing beyond himself into mythic dimensions of power and totality. (One can almost see the lecturer quake as he senses the birth of this merciless critic who forever stirs restless and ready to strike.) The energy is immense, the result of creation not summation; throughout the lecture, the energy level fluctuates. At some times it is very strong, especially when the class body is upset; I fear the day when the beast is pushed too far and goes totally berserk. Even the moans, the groans, the laughter come from a corporate mouth. No individual can make those noises, straight from the deepest pit of imagination, weird and guttural.

The process is so spontaneous and unconscious that no one can escape it. Not always comfortable, we cannot live separate from our class body at those special moments; there is too much emotional and psychic energy at one level, in one direction.

(Continued on page 3)



# ARIEL

**EDITORS**

Delvyn C. Case, Jr.  
Paul M. Fernhoff

**NEWS EDITORS** Richard Bonanno  
Daniel B. Gould  
Robin A. Edwards  
**LAY-OUT EDITOR** Carol Dolinskas  
**SPORTS EDITOR** James J. Nocon

**CONTRIBUTING EDITORS**  
Michael J. Blecker  
Lin Sey Edwards  
Jack Guralnik  
W. Cherry Light

**FEATURES EDITOR** Steven A. Ager  
Donald A. Bergman  
Stephen P. Flynn  
**BUSINESS MANAGER** Nick Grego

*Letters*

*to the Editor*

Ariel encourages comments on the articles appearing in this paper or on other subject of typical interest. Diverse opinions are welcomed. Only typed letters will be accepted. Manuscripts should be sent to this column c/o Ariel, Box 27, Jefferson Hall Commons, 1020 Locust St., Phila., Pa. 19107. Names will be withheld on request and kept in strict confidence.

## Admissions

**To the Editor;**

In May 1969 Jim Gerson, with a very well thought-out, relevant platform, ran for Student Council president against Tom Connelly who had no platform, and lost. In May 1969 Jim Gerson, who did not state any of his ideas about admissions to the Student Council, was elected to sit on Faculty Admissions Committee.

Involvement with the issue, not the personality, should be the concern of any group that claims leadership. But here at Jefferson for the past two years I have seen only a concern with personalities.

Ernie Wynne, Jim Gerson, and I were the three nominees sent by the Student Admissions Committee to the self appointed Student Council Nominating Committee for selection and placement on the Faculty Admissions Committee. Jim Gerson was passed without discussion although his ideas about admissions were unknown to the nominating committee.

When the three names were presented one of the members of the nominating committee immediately stated "I do not want Cora there. She will disrupt things and I do not like what she stands for." What I stood for was distributed to the Student Admissions Committee and in fact is presently being used as a guideline by the S.A.C. My statement is this: "During the last two years I have been concerned with the admissions policies of the Philadelphia Medical Schools. Initially I was interested mainly in the problems of

*(Continued on page 11)*

## EDITORIALS

### A Call for New Goals

Moratorium Day meant many things to many people. The organizers here at Jefferson hoped to focus attention on how health conditions in the U.S. and in Viet Nam were being devastated by the war. The movie shown here of the civilian casualties in the war zone was a depiction of a tragic war, but one of the most relevant comments made at the session came from a taped speech by Yale's activist chaplain, William Sloane Coffin. He described our society as one directed towards "means" rather than "ends" or "goals". He said that we were so wrapped up in the mechanisms and technology of what we were doing that we failed to question whether we were applying our energies toward the right ends. The comment deserves amplification both in the context of the national and medical situation.

We spent \$24 billion on a space program to send men to the moon. To make sure everyone knew every detail of the trip, we made a massive communications extravaganza out of it, spending several billions more. Everyone thought it was fantastic, and it was a wondrous technological feat. Yet what is the end accomplished for us here down on earth. Spiro Agnew says the money for the space program and its success did more for the spirit of the people in the ghetto than putting the money directly into improvement of the cities. Scientists and philosophers speak vaguely of man's quest to conquer the unknown. Fine. But can we really allow ourselves to go to the moon when the comparatively simple technological problems like controlling air pollution or constructing decent housing are being handled so poorly. We will, however, continue to press on in the space race because we are a society striving for spectacular means of getting places and doing things rather than working towards ends related to simple (but so dull) human needs.

What attracts major attention in medicine? The heart transplant draws raves for astounding scientific achievement. Yet one could pay a good public health nurse \$10,000/year and she would save more lives in a year counseling disadvantaged mothers on pre or post-natal care than Dr. Denton Cooley could save with \$10,000,000 in transplant research. Yet heart transplant research will go on in high gear because it stirs the doctor's imagination to develop new marvels of scientific technology. Even at optimum success in future years, only a few thousand people may have their lives extended past middle age with heart transplants. Right now 30 million people exist with little or no health care and babies die needlessly in our country which ranks 17th in the world in infant mortality. This is all not meant to speak against heart transplants or moon trips. It is, rather, a simple call for a priority towards goals which most directly lead to improvements in a human condition which so desperately needs improving. Particularly in the area of health, where manpower, money, and commitment are in such short supply, we cannot afford to be extravagant with our resources. Whether one's specialty is pure research or general practice, the physician's primary concern should not be for the knowledge he gains from an exotic or exciting patient or the new scientific achievement which is technologically astounding. His first concern and responsibility should be how he can use his skills to improve the health of his patients and our society in general. The emphasis in the medical schools should be to provide doctors who answer the most pressing health needs, not the most spectacular or most personally rewarding medical areas. These priorities for physicians might seem obvious, but if one honestly looks at the medical profession, one sees that these ends are all too frequently replaced by personal goals of the physician. He wraps himself in euphemisms--"a good practice", "professionalism", "scientific progress", "reputation in his field", "financial stability"-- which help to insulate him from concern for his one basic goal--the best possible service to other human beings.

### Washington Revisited

Since the October 1967 March on Washington, much has happened. Norman Mailer has won a Pulitzer Prize for his intensely personal account of that anti-war protest. The bombing of North Vietnam has been stopped and Johnson has stepped down. But now eleven months after Nixon has been elected, one thing has stayed the same -- the war.

Although the President has pledged not to be affected by the Moratorium, recent comments from within the administration -- though conflicting -- suggest that this is not the case. Hugh Scott's proposal for a unilateral withdrawal (N.Y. Times 10/22/69) was quickly rebuffed by Melvin Laird (N.Y. Times 10/23/69). Spiro Agnew in a remark that reflected his now familiar ineptitude, charged that "effete snobs" had incited the Moratorium (N.Y. Times 10/20/69). This comment caused such embarrassment to the administration that William Rogers countered with a very conciliatory statement only two days later (N.Y. Times 10/22/69).

And in Vietnam while William Rogers claims that the tactics have changed from "maximum pressure" to "protective reaction," Melvin Laird and the U.S. officers deny that any such change has occurred (N.Y. Times 10/23/69). Then there is the "Vietnamization of the war." Complicating the picture for Mr. Nixon is his continual

drop in popularity -- now down to 57% (Gallup poll of 10/16/69).

For a change in policy to occur, massive public action must continue. This month the focus of the peace movement will center on the March on Washington, which has been planned for November 15. The goal of the March is a massive demonstration seeking immediate and unconditional troop withdrawals and a standing unilateral cease-fire.

ARIEL supports the November 15 March on Washington and its objectives. We urge concerned students and faculty to join the cause for peace on that day in Washington. The course of this war can be changed.

### Student Rights, Freedoms & Responsibilities

At a time of interest in curriculum reform at the University, one other issue that must be raised again is the idea of a pass-fail grading system in the Medical College. Such an evaluation system is already in effect at many medical schools throughout the country; and in Philadelphia, Jefferson is the only medical school without a pass-fail system of grading. It is not unreasonable to expect that debate on this issue should begin in the faculty and student government.

Some will say that a pass-fail system would encourage students not to study. Others legitimize exams in smallish courses and electives saying that "We must give you a grade." The first argument should be discussed; the second shows myopic thinking.

Students reach medical school because they have demonstrated excellence in scholarship and an eagerness to learn. When the distinctly new curriculum began at the University of Pennsylvania Medical School, many students in the first week took liberties with the "free" scheduling -- very understandable, indeed. However, rather quickly, these same students realized that they had a greater responsibility within the curriculum -- the initiation and planning of their own educational process.

A pass-fail system encourages an independence of mind and determination of attitude that should characterize every outstanding physician. No longer would the student need to worry about a few trivial items that would contribute to his grade but not to his progress in medical education.

A pass-fail system fosters maturity of action on the part of students, who have been demonstrating for more freedoms and responsibilities. The new grading system would be a step toward realizing these "demands."

### For A Pass-Fail System

The final draft of the proposed student constitution for Thomas Jefferson University by the joint Student-Faculty Constitution Committee is a major success. Compared with the first document that was proposed, it is a stunning achievement. And in itself, the draft is remarkably polished.

Not only have many of the ambiguities been clarified, but a large number of the recommendations that an ad hoc student constitution committee proposed last May are represented. The title has been adjusted; the student proposed judiciary system has been incorporated; and the terms of discipline have been elucidated.

Furthermore, the tone of this draft is different. It shows that students had a role in preparing both its structure and rhetoric rather than reflecting the punitive, in loco parentis attitude that seemed to pervade the original. It reflects the involvement of the joint committee whereas the first copy was "handed down" by the administration alone. Clearly change was accomplished.

ARIEL compliments the product of the Student-Faculty Constitution Committee. The draft deserves serious consideration by all students, and we believe it merits acceptance by the students at the University.

## This Space Is Reserved

For Members of the TJU Community

SPEAK OUT  
SEND US YOUR IDEAS

Ariel,  
Box #27

JEFF HALL  
COMMONS

## OPEN MEETING OF STUDENT CURRICULUM EVALUATION COMMITTEE

ON WEDNESDAY, NOVEMBER 5

@ 7 PM

JEFFERSON HALL.



## Dr. Herbert to Lead Program

On November 7 the Jefferson Medical College Faculty Wives Association is sponsoring "An Evening with Beethoven" in McClellan Hall. Dr. Herbut, President of the University, has written the script and will narrate the program.

Music will be provided by the Little Orchestra Society of Philadelphia. The excellence of this orchestra is well-known in the city; and many outstanding musicians have performed with it. The Little Orchestra gave concerts last summer in Rittenhouse Square and Pennypack Park. They also gave a concert at the Electric Factory last season.

The concert begins at 8:30 P.M. and admission is free.

## Open-House Party

The Commons Committee of Thomas Jefferson University is planning its second annual open-house party. On Friday, November 14, the doors of the Commons will be opened to all the students, faculty, staff, and personnel of the Jefferson community. Though last year's party was a great success, this year's blast will definitely surpass it.

Free beer will be provided all night and dinner will be available at a modest cost. A jazz band will be playing between 5 P.M. and 7 P.M., at which time a "red garter" band will continue until 9 P.M. Then the fun begins (at least for many of us). Two Rock bands will pulsate until 1 A.M. Of course there will be a light show.

The recreation facilities will also be open and exhibitions have been scheduled. Baby-sitters will be provided so no one has an excuse not to come.

## Sophs Initiate Note Service

(Continued from page 1)

tion. Fortunately, this beast can live only out of unity; once the class if broken down, the body disappears and we can go our individual ways, with no ties, with no power.

Most people in their less rational, more sane moments can sense this phenomenon. There are times when this myth is so overwhelming, even the less imaginative can get into it. Such a time was the pathology lecture on Oct. 20th. It was one of the most trying days for the class body. Not only was the material complicated, but the sound equipment was even more recalcitrant than usual. As the lecture proceeded, the corporate body became more and more upset; there was much grumbling and restlessness. The being writhed with frustration and anger. Different parts of the body began to flake off like dead skin. It was a horrible day, much anxiety and concern.

It was at this point, this hour of torment, that the magic began to work. The body's need for notes (its source of energy) grew ever larger and hunger vibrations began to emanate from somewhere in that room. Something was happening, the body was too powerful. Finally, the lecture was over and the individuals began to emerge from the fog, exhausted and confused. No one knew what had happened, but the next day a free copy of class notes for that very same lecture were distributed to each and every member of the class. The body had wished those notes into existence, out of corporate

need. It was a great day for class magic.

So much for the creation myth. There are those among us who seek a more explicit explanation of this event, the proverbial factual account. The beginnings root in the latter stages of freshman year. There were some vague mention of the possibility of a note-taking service. I was none too enthusiastic about the service at that time. It just seemed obscene to give further support to an educational method which turned the students into a stenographer. Lectures were no more than dictating sessions, through which the instructor's notes were transferred to the student's notebook -- a job for a secretary and a mimeograph machine.

Somehow I managed to become associated with the note service, a position which I later found uncomfortable. I found myself investigating methods of devising a system which I did not fully support. I went to the departments of pathology and microbiology to elicit opinions on such a system; the reactions were mixed and indefinite. I also explored the alternative methods of printing and distributing notes. I tried to decide the best method for taking the notes, without notable success. I could not get enough people to decide on one method to make it feasible. It was getting too close to the end of the year and finals to generate much interest in a program for the following fall, which seemed light years away. So the whole issue was left undecided over the summer.

Once the fall semester started, I again found it difficult to generate any enthusiasm for the idea of a note service. The time was not yet right. I wanted to wait to see if such a system was really needed. Time passed and I became involved in outside pursuits and less interested in school affairs. A few people were inquiring about the service and I found myself wishing that I had never become involved at all. Yet at the same time, I found it more difficult to attend lecture as a stenographer. I kept thinking that I could always get the information elsewhere, so I started cutting class altogether. When tests came, I studied a few topics which I considered important and managed to pass. This satisfied me as I had no desire of winning any prizes.

Even this minimal effort became more trying as the amount of material accumulated and I attended fewer lectures. Also more people were asking when I intended to start the note service, and a strange feeling of guilt began to creep into the back of my head. Somehow I was dodging my responsibility. I had created expectations and I should do my best to fulfill them, regardless of my personal beliefs. Finally, I could no longer avoid the issue and decided to initiate the service on a trial, fly-by-night basis. I arranged for someone to transcribe the notes for the path lecture on Oct. 20. When my scribe failed to appear on time, I decided to do the first lecture myself. Not known as one of the world's best notetakers, I fell behind in the first five minutes and walked out, hoping to cop notes from one of the better scribes. I failed to realize at that time that the lecture I had chosen turned out to be one of the longest and most difficult to record. It was only at ten o'clock that night when I picked up the notes from Babs (who takes some of the most comprehensive notes going) that I realized I was in for trouble. But by this time it was too late. I had created an existential challenge, from which I could not back down. It became more than a question of notes, it became a fantastic gamble which I had to win. As I hunched over my typewriter into the early hours of the following morning, I had no other thought than to get

these notes out; I was obsessed with that one idea. My friends thought I had finally made the break with reality, but I was perhaps more alive and more lucid than I had been in quite some time.

The next morning, with only a few hours sleep but flying on my own adrenalin, I made a confusing announcement that the note-taking service had been started. Nobody including myself realized what I had said. I mimeographed the notes and left them to be distributed, not knowing what would happen. When I returned later that day, I found that the reaction was favorable and thus the service was born.

I am very grateful for the class support for the service. One hundred-fifty have subscribed and the list is growing. Without this large number of subscribers, the system would have been economically unfeasible. I would also like to thank the twenty or so people actively involved in the service, note-taking, typing, mimeographing and distributing. Thanks also to Mr. Dalla's office, especially Sue, who has given much help and advice.

The note service, although still new and still unformed, is running smoothly. Lecture notes are being distributed on Mondays and Thursdays to subscribers. Note-takers are working on a trial rotation basis; anyone interested may try it without obligation. Those still interested and capable will be put on a permanent rotation. Hopefully things will be ironed out during the remainder of this quarter, so we can continue for the rest of the year. We will need the continued support, comments, and criticisms of the class.

In closing, I would like to add that I have changed my opinion on the value of a note service. I realize that lecture is a necessary evil, for which we are paying heavily. There is too much material for the novice to wade through, and it is expected that the instructor is more versed in the field and can sift the information for us. This, I believe, is his responsibility. Granted the necessity of lecture, I feel it is

our responsibility to make it as worthwhile an experience as possible. By freeing the student from the stenographer, I feel the note-taking service is beneficial. I still believe that this system is a stop-gap measure which will eventually eliminate its need; that is, I hope ultimately the individual departments will distribute comprehensive lecture notes in advance to the class. This will force the lecturer to prepare a well organized lecture and will allow him to skip minor points and review the more difficult areas. It will also allow the student to be better informed on the subject and better prepared to ask questions.

Personally, once the service is well-established and self-perpetuating, I hope to ease out of the picture. The challenge of establishing something new is over. Now the work becomes more tedious and routine. I spent much time in organizing the sys-


tem, more time than if I had just gone to the lectures. But if the service has made life a little easier and set some people free, the time was well spent. However, I am an anarchist at heart and institutions make me uncomfortable, even those I create. Unless I get out, I will be devoured by my own structure. Anyone interested in a job?

## Goldschmidt Leads Expansion




(Continued from page 1) new programs in the College of Allied Health Sciences, a firm base of undergraduate courses must be established. This has been started with the liberal arts courses now being offered. About 145 Jefferson and Lankenau nursing students are taking psychology and sociology as a part of their freshman curriculum. Approximately 85 others are taking a variety of other courses

(Continued on page 7)

## 58 SIDES TO THE STORY

58 Facets  comprise the Story of a diamond's beauty

The perfectly cut diamond has 58 facets (surfaces) each reflecting and dissecting the light spectrum. The result can be breathtaking. It is the basis of a diamond's popularity; the source of its fascinating beauty. But there are also many facets to the story of a diamond, and one of the more important of these is the value side. What determines a diamond's worth would take a whole book to describe. But to put it in a few words it boils down to this--your jeweler's integrity counts more than anything else. Nothing means more.

### TOWNE JEWELERS, INC.

1215 WALNUT ST. PHILADELPHIA, PA. 19107  
WA 2-7666

Discounts on Nationally Advertised Brands

DIAMONDS \* WATCHES \* JEWELRY \* RADIOS \* STEREOS  
SILVERWARE \* LUGGAGE  
\* SMALL APPLIANCES AND GIFTS

DINERS CLUB \* BANK AMERICARD OPEN WEDNESDAY EVENING  
UNI-CARD CHARGE PLAN \*TIL 9:00 P.M.

WORLD'S LARGEST RECORD & AUDIO DEALER

# SAM GOODY, INC.

1125 CHESTNUT STREET - LO 7-5210

We honor Unicard & BankAmericard on purchases of \$5.00 & over

STORE HOURS: Tue., Thu., Fri., Sat.: 9:30-6:00  
Monday: 9:30-9:00; Wednesday: 11:00-9:00

## NOW! EXTRA SPECIAL SALE

All Stereo LPs in these listed categories in our huge inventory

# ALL JAZZ

# ALL POPS

SCHWANN CATALOG PRICE \$4.98 EACH

NOW!  
with  
this Ad

# 304

Each

This offer  
good thru  
Nov. 8, 1969  
with this Ad

THIS SALE FOR OUR PHILADELPHIA STORE ONLY!



## Book Review

## The Andromeda Strain

BY ROD DORAND

In July, 1969 the world witnessed the culmination of over twelve years of American industrial, & scientific achievement, hope, failure and death when the spacecraft *Colombia* floated quietly out of the clouds and splashed down in the Pacific waters. The world waited two weeks to greet its newest and most unique heroes while they were in quarantine. This was NASA's answer to the threat of contamination from other planets—prevention. Michael Crichton's *The Andromeda Strain* deals with the same threat, but at the stage of spread and death. In the language of the technologist, he narrates the story of five days spent by four scientists trying to isolate, characterize, and combat an organism brought back from near space, ironically, by a returning satellite especially designed for the purpose.

The operational plans which had been set up to combat the potential threat were truly impressive. The setting is appropriate as well: "Project Wildfire" as the secret project is termed in the top secret files, is built beneath the sands of the Nevada desert. In a sterile compound with strict security measures is found the latest equipment designed for swift and efficient microbe cultivation and isolation. The only flaw in the scheme is that the project's success or failure depends on the decisions and actions of men. Their oversights and mistakes made under the pressures of the moment are an important part of this novel, and the reader is

forced to evaluate and come to grips with this facet of *Andromeda Strain* before he can in good conscience return this book to the shelf.

As one reads the account of the five days inside "Project Wildfire" the similarity to past and current news releases is impressed on his mind. It is true that the story of *Andromeda Strain* could be taking place in the quarantine center at Houston or even beneath the Nevada desert. (Continued on page 5)

## Banks - Survival &amp; Revival

BY DEBORAH FERNHOFF

We view with interest the return of an ancient remedy—banks (bahn-kes), also referred to as "cupping" in the literature. The application of banks is basically simple although some manual dexterity is required. When the inside of a special glass is coated with alcohol, the sudden insertion and rapid removal of a lighted match will create a vacuum, enabling the glass rim to adhere plunger-like to the surface of the diseased area. The pathological agents then rise to fill the vacuum, leaving the patient. After the removal of the banks, usually 13 cups, the effects of the treatment are visible for roughly 2 weeks as red circular dermatitic depressions.

In the same manner as the Indian *rauwolfia* has reappeared in modern medicine as re-

In 1974, as part of the 150th anniversary of the founding of Jefferson, the university administration announced the institution of one of the boldest and most innovative new approaches to medical education: The Thomas Jefferson University Correspondence School of Medical Science and Healing. After a small phasing out period the correspondence school will replace the almost defunct Jefferson Medical College.

serpine, banks, an Eastern and Southern European folk cure, has become a respected medical practice. Unlike, for example, the cognitively dissonant philosophy underlying the injections of live microbes as cures for polio, tetanus, and measles, the scientific principle underlying banks is clear as the very glass and as free as the air from scientific jargon and theory. Because its medical value is so easily accepted by the layman, no special indoctrination program is necessary for its acceptance by the public. It has been reported that immense crowds have met the neighborhood banks - mobiles and one community enthusiastically arranged a ticker tape entry for the banks-bus.

Banks are becoming the new universal remedy. Currently unpublished and unresearched evidence shows banks to be successful at the .05 level of significance. Banks are free from addictive effects and no idiosyncratic allergic reactions have been reported. Because of the recent evidence citing cyclamates as carcinogenic agents, it has been suggested that banks

(Continued on page 11)

## Unheroic Coupling

BY STEVE AGER

The city wakes

as reddened  
flakes of sunrise  
rain, legerdemain, off  
towered glass to  
lower class

disease  
and rats  
and alley cats.

Chauffeurs drive cars, and  
move to

Mars  
the wealthy few who  
hate the view which  
faces out  
upon the South, where  
kids too young  
still  
die in dung.

This morning sight  
in cherried light of  
glass  
and steel  
makes much more real thoughts  
in the mire  
that

something else  
shall be on fire.

## TJU to Announce Novel Approach to Med. Ed.

BY MICHAEL J. BLECKER

Let us review the events that led to the decision to switch to a learn by mail form of education. Ever since the late 1960s the cost of medical education has been rising. The students, in order to pay their ever increasing tuition, had all taken full time jobs. Thus one day in 1970 during a lecture on the coronary ramifications of hangnail Dr. Maurice Von Cleef gazed up from his lecture notes to find that only the scribe for the student note taking service was present. The professor woke up the scribe and the two of them formulated a proposal to substitute mimeographed notes for lectures. The plan was submitted to a student curriculum committee which, with its usual haste, came up with a solution early in 1973. The original idea was to have students receive notes at home for their first two years while they earned enough money to pay four years' tuition. The students would then come to Jeff for clinical instruction in the last two years.

Unfortunately, the latter program never got off the ground because late in 1973 our beloved

President Richard (run of the) Millhouse Nixon announced that, in order to fight inflation, he was increasing unemployment 43% and cutting off all forms of federal aid including assistance to patients and hospitals. Thus, soon after Nixon's now famous "Let them eat aspirin" speech, Jefferson Hospital was forced to close for lack of patients and money. TJU's Correspondence School of Medicine and Healing was born.

To fulfill their clinical requirements students are asked to submit four complete histories and physicals which they may do on friends, neighbors, or pets. Although it is not a strict rule, the school asks that at least one of the four subjects have some sort of illness.

There is some question whether matriculating members of a medical correspondence school are exempt under the 1973 Draft Act. Nevertheless, at a slight extra cost arrangements can be made to send the Notes to students serving in the ever smoldering but somewhat redundant war in Southeast Asia.

## Movie Review

## Putney Swope

BY DONALD BERGMAN

Satire sometimes becomes what it satirizes. Putney Swope almost succumbs to this malady. In attempting to ridicule Madison Avenue, Putney Swope itself becomes ridiculous. In fact, the movie is saved by just one thing—its brazen humor. For Putney Swope distinguishes itself by being cleverly crass.

The movie certainly is not clever because of its subtlety. It has none. Rather it is clever because it juxtaposes ideas and settings which are totally unrelated and indeed opposed to each other. The entire plot revolves around such a contradiction. The president of a Madison Avenue advertising firm dies and leaves a vacancy in the hierarchy. The members of the board, prevented by bylaw from voting for themselves, instead each vote for Putney Swope, the "Board Negro," assuming that he will get no other votes. Naturally, he gets all but two votes and

becomes the new president. He immediately fires almost everyone and populates the advertising agency with black caricatures of every bent and persuasion. The result of this takeover is a series of commercials each with a unique twist. For example, one commercial shows a typical family in Watts, California, eating breakfast cereal. An offstage voice asks "Did you know that our cereal has 23% more pectin, 16% more Vitamin B12," etc. The father of the family stares into the camera and says in a dialect thick enough to wallow in, "No s--."

The humor is exclusively exaggerated ethnic and scatological; yet, it is hilarious in spots. Needless to say, this form of humor loses its appeal after a relatively short time, but Director Downy ends the film just before the audience becomes inundated with this ano-genital levity and manages to leave them laughing.

## Movie Review

## Alice's Restaurant

BY LIN SEY EDWARDS

About a year or so ago a record was made called "Alice's Restaurant." It recounted one man's minstrel-type ballad of his encounter with the army bureaucracy and the "establishment." The song's lyricist writer and performer was Arlo Guthrie, son of folk singer, Woody Guthrie. In just a short time the twenty minute saga became a favorite of draft resisters, hippies, and with-it young.

The same young man has turned "Alice's Restaurant" into a movie; a story of hippie life and love. Beneath their self-styled garb, it shows that hippies are basically like other people with the universal human emotions and needs of love, anger, and jealousy.

As far as plot goes, there isn't really much. It seems to

be a loosely constructed autobiographical vignette, with much noise, but little character development of what one might consider "major characters," i.e., his mother, father, best friend, his girl and so on. The film's most brilliant moments in fact, come directly from the original recording, that is, the comical and satirical portrayal of the army investigation of his criminal record of "littering" to determine if he is moral enough to torture, kill and napalm men, women and children in Vietnam.

Amusing and thought provoking - not the greatest, but an impressive first production of an obvious young talent. It grooves with the mood of the young and we can probably expect to see other films following its lead.

## On the Care and Feeding of the

## Faculty: A Responsibility for Students

BY GEORGE L. ENGLE, M.D.

Doctor Engle of the Department of Psychiatry, University of Rochester School of Medicine, addressed the fourth-year class on the occasion of the dedication of their yearbook to him. Excerpts of his comments, which appear in their entirety in NEJM, Vol 281, No. 7, p. 351, follows:

"By the time you have reached the status of medical students you should appreciate that it is the active process of learning, not the passive experience of being taught, that counts. If you can accept the reality that a goodly proportion of your teachers are going to be mediocre—and there is little you can do about it -- you may usefully expend your efforts to see how you can better educate yourself—and each other. Indeed, the development of such intellectual self-reliance is a very essential aspect of becoming an effective physician. And sometimes discovering that by yourself you can solve or clarify an issue that your teacher could not may be a most salutary educational experience. Think of the satisfaction that you did better than the professor!

"How do I define the "really good teacher?" Very simple: he is the teacher from whose teaching exercises the student comes away not only with the feeling of having learned something but also with a sense of having learned how to learn more by himself; he feels exhilaration, enthusiasm, and challenge; he does not feel threatened by such a teacher -- he wants to be like him.

"Good teaching should be noted, and good teachers rewarded by students, just as good students are acknowledged by teachers. But that should not be in

the form of either a popularity contest or a formal rating of teachers by students, both of which can become instruments of destructive political pressure. Rather, I am suggesting that every student who has felt personally rewarded by a particular teacher make that fact known, and perhaps even elaborate on its personal implications for him. Some mechanism should be developed whereby the teacher himself, the department chairman, and the dean, as well as other students, can come to know of the effectiveness of this man's teaching or of that teaching exercise. In this way would be identified -- and rewarded -- in particular new and young teachers whose talents may easily be overlooked simply because they have contact with only a few students and hence would have little impact on the class as a whole. Similarly would be discovered the teachers who meet the special needs of individual students. One should try to identify and bring together students and teachers who mesh. The main thrust of this proposal is to emphasize the importance of identifying and making use of every faculty talent, a social resource too valuable to be squandered or overlooked. You will note that I make no recommendations about identifying poor teachers. It is unnecessary -- that information spreads like wildfire, even when it is not justified.

"There are those who suggest that we can streamline the curriculum by identifying the core of each discipline and teaching just the core material in foreshortened courses. I contend that this is illusory and misguided. The

(Continued on page 5)



On The Care & Feeding of the Faculty

(Continued from page 4)

dictionary defines core as "the most essential part of anything." What comes into my mind when I think of core is the core of an apple, which leads me to quote the Chinese philosopher: "Confucious say, today's core is tomorrow's garbage." To me a far more important objective is to establish what it takes -- and for how long -- for the student to learn the languages essential to medicine, the language of biology, of biochemistry, of anatomy, of physiology, of pathology, of psychology. We need teachers who are fluent in these languages, and we need to develop better educational technics that will render students effectively polylingual.

After you have successfully mastered the basic languages, you will discover more and more relevant application than ever would be the case if you were constantly to require the demonstration of clinical relevancy for preclinical teaching.

"Although I favor exploring ways and means to bring clinical data into relation with preclinical material, and particularly having clinical scientists play a more active part in teaching the preclinical disciplines, this should be primarily in

the service of learning the language. Beyond that, to put students in clinical settings too early is seduction, pure and simple, creating the illusion of being a doctor, a short-order doc, so to speak.

The concept of role also highlights the difference between the preclinical and the clinical years. You learn the preclinical languages as preparations to becoming clinicians, not to become biochemists or anatomists. This may make the experience more frustrating, it is true, but that is unavoidable. Yet you cannot successfully fill a clinical role until you have this accomplishment behind you. But to believe that you can make the task easier or more pleasant by simultaneously playing doctor is false. You cannot easily live multiple new roles at once. You cannot effectively be a miniphysician or a paraphysician before you have learned the alphabet of the languages you need to be a clinician. It is for this reason that I am profoundly skeptical of programs that put students in major clinical roles in the first or second years, before they are soundly prepared at either the preclinical or the clinical level. Most students in such situations are acutely aware of how unqualified they are to fulfill the clinical role, and this insecurity itself strongly militates against learn-

ing, for it interferes in a major way with the relation with patients. The student knows he is not a doctor and the patient knows it as well. Patients simply do not behave or communicate as patients when they know the person they are dealing with is not a physician. Hence, the student in such artificial settings not only does not recognize clinical data but also may not even be provided it."

It's Your Community

(Continued from page 6)

es of the community, from health professionals to barbers. Every effort must be made to reach out to people in their environment, for this is where prevention must begin.

With a multi-disciplinary approach to the problems of mental illness, as seen at Jefferson's Community Mental Health Center and as fostered by Mr. Van-Antwerp, mental health may be made available to all. Although the complexities implicit in such an attempt are staggering, so were the intricacies of landing a man on the moon. This will never evolve spontaneously, however, and can only follow a broad-based effort of broad-minded people. Get involved, it's your community!

Can Jezebel the Plumber Cure Cancer?

BY MICHAEL BLECKER

There are those who would have us believe that we are seeing the dawning of the Age of Aquarius. Perhaps this is so. But if this is so, the Aquarian Era has emerged precisely when man finds himself at the height of what we might call "The Golden Age of Jezebel the Plumber." You know Jezebel; she's the squirrel-cheeked feminist in coveralls who under the guise of fixing some little boy's plumbing is in reality perverting his mind with news of yet another dramatic amelioration of Common Clearser?

Each morning millions of housewives awake and turn on their televisions with dread, wondering whether the New Powerful Improved Common (with bubbles that change color so you know its working) has become obsolete now that Fantastic New Puce Super-Duper Improved Common with Aqua Regia 3 has appeared on the scene.

We cannot really blame Jezebel. Her pedophilia and sociopathic personality probably had their roots in the experience of going through puberty as Jane

Withers at movie theaters from coast to coast. (If only she had been born 15 years later she could have gone through puberty as "My Little Margie" and everything would have been fine.) Besides, Jezebel is merely the harbinger of the era that bears her name. Thousands of manufacturers and their Madison Avenue bureaus of propaganda are constantly announcing the latest purges of their old products to make way for dubious improvements based on revolutionary breakthroughs in the field of consumer technology.

For example, take the laundry detergents. A year ago the average woman was content if her detergent merely had less suds or more blue crystals than her neighbors' detergent. Today, however, she must have enzymes. She has been brainwashed to such an extent that she feels the only way she can get clothes clean is by throwing Arthur Godfrey into her washing machine.

The Age of Jezebel the Plumber leaves one astounded at the marvels that can be wrought by modern research. If only these great men of science would take over for their seemingly more inept colleagues in the biomedical fields what wonders we might see. One can almost picture the ultimate advertisement now:

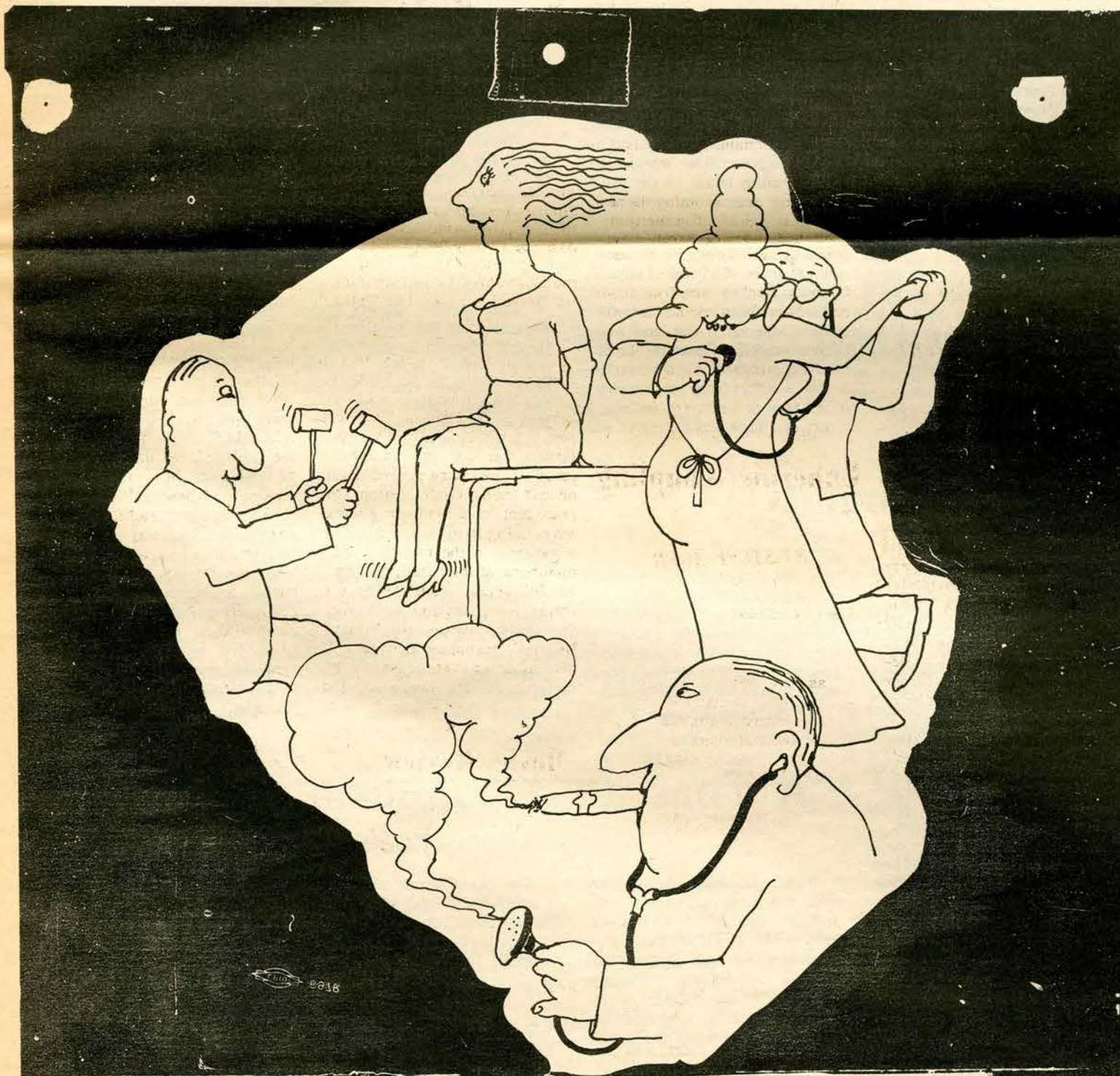
It is winter. An elderly couple stroll through the snow in Shady Acres Cemetery. They are coughing their guts up. They sit down beside a tombstone. With a passionate dyspnea, he looks at her she looks at him. They each light up a new improved 150 mm Rhode Island Slim with the super activated charcoal enzyme and DNA filter. Suddenly it is springtime, and the filter has removed the ravishes of 45 years of smoking from their lungs. Not only that, but it has cured them of bronchogenic carcinoma (and he had multi focal metastases). All this without detracting from the taste!

Impossible? Perhaps, but 10 years ago no one would have dreamed of the wonders of freeze-dried coffee, super stainless blades, tiny time pills, pounds that weren't pounds, or New Super Improved Jefferson Medical College with TJU. In fact, "they said it couldn't be done."

The Andromeda Strain

(Continued from page 4)

ert, but another thought . . . Travel due east to the mountains and grazing lands of Colorado from where this summer came news releases of thousands of deaths from unknown causes. The deaths reported were those of sheep, not people, but the warning was there. As the investigations went on, there were daily reports of installations all over the United States that were engaged in the stockpiling of deadly toxins and pathogens waiting to be released as a retaliatory measure against our enemies - or into our own waters if a mistake were made. Obviously a mistake had been made in Colorado at the Army's CBW testing center. It had killed only sheep - the agent was a deadly nerve gas. The bottles of toxins and microbes are still waiting on the shelves for their accident to happen. Is outer space such a threat after all, when man has Colorado? As the men of "Project Wildfire" discovered, the success of failure depends on human beings, most of them intelligent, highly skilled men.



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

Geigy makers of Butazolodin® phenylbutazone Tandearil® oxyphenbutazone

Anturane® sulfapyrazone Pertofrane® desipramine hydrochloride Tofranil® imipramine hydrochloride Preludin® phenmetrazine hydrochloride

Tegretol® carbamazepine Hygroton® chlorthalidone Dulcolax® bisacodyl Persantine® dipyridamole

\* UNDER LICENSE FROM BOEHRINGER INGELHEIM G.M.B.H. MI-6737

ALL PRODUCTS JOB NO. JS-MI-9701 (L) 1 Page B&W and 40 Column Inches - MI-6737 (Sept College Papers)



## Beyond the Jefferson Community Medical Committee for Human Rights

BY PHIL GRAITZER

The health care system in the United States, long failing, now may well be collapsing. This disintegration is due, in no small part to racial discrimination, economic discrimination, and archaic, poorly delivered and inadequate health programs. The Medical Committee for Human Rights feels that "Organized Medicine" has never felt responsible and accountable to the American people for its actions and continues to deny them any significant voice in determining the nature of services offered to them.

Born in the ferment of the racially torn South, the Medical Committee for Human Rights is a national organization of physicians, dentists, nurses, health workers, and students in the health fields who are committed to changing and challenging the system of health care - and of society. MCHR has over 10,000 members in twenty chapters from Boston to Berkeley, Detroit to Birmingham. The activities in each of these chapters vary as their geographical distribution. At Berkeley, MCHR members are establishing clinics for the farm workers, providing medical aid to movement people, and producing films depicting MCHR in action. In Chicago, MCHR is working with the Black Panthers setting up a pediatric diagnostic clinic. In Washington, MCHR representatives regularly testify at government hearings on health care.

The Philadelphia Chapter of MCHR is one of the largest and perhaps one of the most active chapters. The three chairmen are a nurse, a chemist, and a physician. Membership includes a high ranking city health official, several Penn professors, and students from all five Phila-

delphia medical schools.

The large part of MCHR's activities take place in special interest groups and task forces. Briefly, the active committees are the following:

1. Medical Presence: Volunteer teams of health workers have been organized and trained to provide on-the-street medical care at sites of possible strife. MCHR teams have been at Fort Dix, the October 15 Moratorium, and the Chicago convention. We are currently preparing for the November 15 Mobilization in Washington.

2. Peace: Coordinates MCHR activities with the Peace Movement.

3. Programs: The committee plans and executes several public meetings. Topics for this year include "Chemical and Biological Warfare," "Health Care in Russia and Cuba," and "Health Abuse in Prisons."

4. Medical Draft Counseling: MCHR provides information and performs unbiased physical and psychiatric examinations on prospective draftees. Also forming is a Medical Resistance Union aimed at acting on the contradictions between medical ethics and military service.

5. Biomedical Careers: This group has helped to provide 80 high school ghetto youth with an opportunity to work with a life scientist. The object is to encourage them to enter the health sciences.

6. Health Manifesto: This committee is charged with preparing a working paper for reform of health care in Philadelphia - the first step toward adequate health care for all.

7. Drugs: This new committee seeks to interject MCHR as an educated voice in the huddle con-

(Continued on page 11)

## Thursday Night at Gray's Ferry

BY TOM WILLIAMS

Whether the cause for a section of a city to be classified as a "pocket of poverty" is cited as its environment or as the result of the people themselves, the fact is that the symptoms are similar all over the United States. These symptoms are, among others, a lack of recreational facilities, pressures of racial and social discrimination, unavailability of jobs, closely packed housing, poor educational, medical, police, and sanitation service. But how can the symptoms and minds and habits of a poor community be changed for the better?

Gilbert Parks and I both freshman medical students at Jefferson, on Thursday night Oct. 23, drove to such a poverty area, the Gray's Ferry section of South Philadelphia consisting of about 15,000 people about half of whom are black, in order to experience a meeting of people representing various community improvement organizations of the area. We were both looking for ways that we could influence the poverty pocket for positive change, knowing full well that it is very difficult to help people to change so that they can live happily with their basic needs satisfied and so that they can freely pursue their own special brand of happiness. At the meeting we met Mr. Victor DiMeo, the Family Rehabilitation Coordinator of Jefferson's Community Mental Health Center located on the corner of 12th and Walnut. Mr. DiMeo works under Dr. Framo chief of the family therapy unit at the center. Vic DiMeo had been going into the area for the last two or three weeks and talking to families with problems right in their homes. The local community leaders introduced him to these families, so he did have a good method of first contact. To describe Mr. DiMeo and his activities would require several pages, but it may suffice to say that he has the uncanny ability of win-

ning the confidence of a family. He has the finesse to interact with a family through his questions and suggestions so that he is a catalyst for bringing problems out into the open and for beginning to solve them. This style of counseling is probably most effective because he more easily wins the confidence of people in their own environment and because he reaches people who would not normally go the long distance to the Community Mental Health Center for much needed psychiatric or counseling service. Therefore, he can prevent even more drastic family situations that would warrant going to the center.

Gil and I entered the bare room where about ten people had already arrived. After we had met and talked to several of the people there for a few minutes, the meeting opened. The factions soon became apparent. Mrs. Lucy Bennet, the black, dedicated community leader who had set up the meet-

ing it turned out, explained why everyone was there and started outlining some of the problems of the area. Soon there were objections and accusations from people representing community organizations who were competing in some obscure way with Mrs. Bennet's concerned group to the effect that the view of the community that she expressed did not represent the facts specifically enough. Reams of paper would be needed on which to relate the ensuing petty arguments and bickering. But the meeting was redeemed by the reconciliatory efforts of Vic DiMeo and of a young lawyer newly graduated from Yale who was there to offer free legal services to the people of Gray's Ferry. Also helping smooth the situation were the people there from Horizon House, a psychiatric rehabilitation center, who were working on the staff of Jefferson's Community Mental Health Center and its reach out program. The people

(Continued on page 7)

## Health Care Crisis in US

BY ROBIN EDWARDS

On October 4, ten members of the Jefferson Chapter of SAMA attended a conference on the "Health Care Crisis in the United States," at the Johns Hopkins University Medical School in Baltimore, Maryland.

The conference was sponsored by the Johns Hopkins chapter of SAMA, and included three prominent speakers. First, the health care crisis in the United States, was presented and analyzed by George A. Silver, M.D., Executive Associate, Health Program, Urban Coalition. Dr. Silver is also former Deputy Under Secretary of the Department of Health, Education and Welfare. (HEW) Next, Joseph English, M.D., Director Health Services and Mental Health Administration, HEW, spoke on the role of government in health. Last, William L. Kissick, M.D., Chairman of the Department of Community Health, University of Pennsylvania Medical School, discussed the university as an agent of change.

Dr. Silver stressed the economic aspects of the health care crisis, such as, the cut in federal aid to hospitals under the Medicare and Medicaid programs, and the five million dollar cut in the Student Health Professions Loan Program. He stat-

ed that it was essential that we convince the government that health care should be a top priority item on the federal budget.

Then Dr. Silver attempted to increase our awareness of the need for a one-quality health care system providing the elderly and indigent with low-cost health care. He suggested pre-paid group practice as a possible solution, but stated that in the poor communities in which it had been tried, it had been as unpopular with the patient as with the physician. He blamed the failure of pre-paid group practice on the lack of community participation in the planning of the program.

Dr. English, in his discussion of the role of government in health care, described the ways in which the federal government subsidizes health care, such as Medicaid and Medicare, and the defects in these systems. One of the failings he described was the increased case load of patients with minor complaints which prevented the doctor from spending much time with the critically ill patient. He must therefore refer these patients to the overcrowded hospitals. Another defect cited was the fertile field these systems provide

(Continued on page 7)

## It's Your Community

BY HARRY A. DOYLE

Although both law and psychology have interests in the prediction and control of human behavior, the work of psychology in law or vice versa has been surprisingly negligible. Perhaps aware of this fruitless dichotomy, the Department of Psychiatry introduced to the Jefferson community a new approach to the dilemma which has existed between the behavioral sciences and the law in the person of Mr. Malin VanAntwerp. Representing a unique synthesis, Mr. VanAntwerp is both lawyer and behavioral scientist, having received a degree in law from the University of Michigan in 1955 and a masters in social science from Bryn Mawr in 1969.

Upon arrival at Jefferson this past July, Mr. VanAntwerp immediately set about bridging the chasm between law and the behavioral sciences. As consultant to court, law enforcement agencies, and attorneys, Mr. VanAntwerp's spheres of activity include such areas as in-service training for police officers in the detection and management of emotional disorders, the development of correctional and probationary agencies on a community level, and, in general, the establishment of a functional relationship between the Community Mental Health Center and the Philadelphia legal system.

Speaking at the weekly Psychiatry conference of October 22, Mr. VanAntwerp discussed the major theme which has pervaded

his work in the behavioral sciences and which continues to dominate his efforts in that area -- prevention. Prevention of mental illness is still an academic issue. Psychiatry today is chiefly concerned with the so-called secondary and tertiary methods of prevention. The secondary form consists of early recognition and treatment, whereas tertiary implies the limitation of an advanced process and rehabilitation. However, as Mr. VanAntwerp points out, no disease entity has ever been prevented solely by treating those afflicted. This is apparent in the area of mental disease, where such patterns of helplessness are so widespread and recurrent despite progressive attempts at therapy. What is required is a dedication of the mental health profession to primary prevention, a most obscure notion, since so little effort has been advanced in this direction.

In the past, mental health officials have become hung-up on the concept of mental illness and on the feasibility of prevention. Rather than be trapped in semantics, Mr. VanAntwerp has abandoned all definitions of mental illness and speaks only in terms of mental health. He believes that free choice of a way of life for all men, without interference either from external reality or internal psychic factors, is a basic social right which can no longer be denied. The approach to such a goal will require a relation

with the individual at three different levels: private man, family man, and community man. Working towards the rebirth of the public protector or caretaker concept, Mr. VanAntwerp plans to tap all the manpower resources

(Continued on page 5)

## A Toast to Alcoholism Prevention

BY WILLIAM CLAFLIN

The basic pattern of delivery of services, as spelled out in the Federal Regulation for Community Mental Health Centers, provided that at least 5 basic services must be offered:

1. Short-term inpatient services
2. Out-patient services
3. Partial hospitalization (day-night care),
4. 24-hour emergency service.
5. Consultation and educational services to professionals and to the community served.

Almost every study indicates that poor people are over-represented among the mentally disabled. The City of Philadelphia noted that priority should be given to support of proposed or existing programs that made a significant portion of their services available to this non-advantaged group. To date, traditionally provided mental health services

have been unable to deal effectively with problems presented by the poor population. This may largely stem from the lack of appropriate techniques and motivation on the part of the professionals. The Philadelphia plan regarded as essential that "patterns of service delivery be responsive to other than middle class life styles and value systems."

It became clear during 1967 and 1968 that serious problems were arising, involving the ability to deliver appropriate services to the poor community, particularly the Black community of the inner-city. It was felt by some of the more articulate residents that few of the professionals took into account the significant difference in life styles which were being encountered.

As revised and expanded programs were presented to the City and applications were made for

(Continued on page 8)



**Goldschmidt Leads Expansion**

*(Continued from page 3)*

being offered. This is all leading to the eventual establishment of baccalaureate nursing, radiologic technology, and medical technology programs in which the students would receive their entire four years of education at Jefferson.

The baccalaureate nursing program, it is hoped, will eventually accommodate 100 students. As opposed to the present three-year nursing program, which will continue to exist as long as there is a need for it, students in a four-year program receive less practical training. Dr. Goldschmidt believes that even though these nurses may not be immediately as efficient, they will be able to eliminate their deficiencies quickly and will ultimately be the instructors in nursing schools.

Dr. Goldschmidt, however, does not look for the end of two year training programs, but he does feel that they should be modified. Students presently receive about half a year in classroom instruction and spend the next 1-1/2 years in practical training. Dr. Goldschmidt would like to see the classroom work enlarged upon considerably, but by giving courses which would be worth college credit if the students wish to continue their education. Students such as these could also benefit from Dr. Goldschmidt's proposed "compensated work affiliation" after they finish their programs and begin to work. In such a program they could study on their own and then receive credit by passing examinations.

Concerning medical education in general, Dr. Goldschmidt states that although specialization has done a great service it has also been harmful in some ways. He finds it regrettable

*(Continued on page 12)*

**Thursday Night at Gray's Ferry**

*(Continued from page 6)*

at last decided to circulate a poll throughout the community concerning the submission of a request to Jefferson's Community Mental Health Center to establish a health center in an empty building in Gray's Ferry and to place a mobile health care unit in the area while the center was being set up. This was a start towards satisfying one of the many crying needs of the community: to do away with the factionism and to work together to submit concrete proposals to the Community Mental Health Center and to other city organizations for what is needed in Gray's Ferry. But very little was really accomplished and it seemed that there were overwhelming problems that had yet to be overcome even if the community organizations could work in harmony.

Gil and I left the building that night after talking with people following the meeting for about a half hour. My car had been inundated by pigeons, apparent from the black and white blotches all over it. Driving Gil home to his wife and baby boy was the bright point of the evening, for it was the time for us to interpret the meeting and to decide if we were willing to get involved with the people of Gray's Ferry.

"Gil, wouldn't it be great if we could help out Gray's Ferry?" I asked. "It would be even greater if other people at Jefferson could get involved in the area either on a volunteer basis or, for upper classmen students, for elective credit if it could be worked out with the curriculum people. The very thing that Vic DiMeo is doing with families could be done of medical students with the backing of some instruction by people in the Community Mental Health Center.

*(Continued on page 10)*

**Health Care Crisis in U.S.**

*(Continued from page 6)*

for opportunists physicians, the so-called "Medicaid vultures."

The Conference culminated in a discussion of the university as an agent of change, presented by Dr. William Kissick. Dr. Kissick cited the Kaiser Center in Southern California as an excellent example of the combination of one-quality health care and the traditional doctor-patient relationship. He also discussed changes in medical curriculum which he felt were essential for the training of doctors who could provide improved health care, such as a course in the legal rights of the medical patient.

Although each speaker aroused in the audience a drive to alleviate the inequities in our health care system, one left the conference with a feeling of intense frustration. For while each speaker had carefully elucidated a theoretical panacea, no one had suggested ways in which we, as medical students, could do our part in helping to initiate the necessary changes.

*(Continued on page 20)*

**Support the Nov.15 March on Washington**

Compliments of  
**ORGANON INC.**  
 West Orange, New Jersey 07052  
 manufacturers of  
**LIQUAEMIN® SODIUM**  
 (Sodium Heparin Injection U.S.P.)  
 and other fine specialty products




**Fidelity lets you join the jet set for half fare**

We want your money in a Fidelity Special Checking Account. And we're prepared to bribe you to sign up.

**A free American Youth Plan ID Card** entitles you to one-half air fare on a stand-by basis on American, United, Western, TWA, Northeast, Northwest, and Continental Airlines. And you get one-third off on a reserved seat basis on Air West, Eastern, Braniff, Delta, and National Airlines. The card gets low student rates at some of the best hotels as well. (Note: The airlines restrict the Youth Plan Card to students under 22.)

Or, if you prefer, you may choose a high intensity study lamp especially designed for deep personal thinking.

**To get the bribe** just open a Fidelity Special Checking Account for as little as \$25 at one of our 60 offices. Fill out the coupon and bring along your student ID card or proof of college matriculation. You'll soon find out the account is a pretty good deal. Checks cost only 10¢ each. You pay only for checks you use. No 50 cents a month service charge during the summer if you don't use the account. Minimum balance? Only a dollar.

**So come on in with your coupon, proof, and \$25 now.**

*Application for Fidelity Special Checking Account*

Here is \$\_\_\_\_\_ to open a new Fidelity Special Checking Account in the name of:

Miss \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Mr. \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

American Youth Plan ID Card  High Intensity Lamp

*Only good for students under 22.*

90



**THE FIDELITY BANK**

JEFFERSON OFFICE  
 1101 Walnut Street  
 Member Federal Deposit Insurance Corporation



# Drugs and the American Mentality

BY JOLIAN FORSYTE

The author must reiterate one point from the preceding article, that his facts and experiences were centered in a community hospital servicing a large seashore resort area. Although the patient population was from major metropolitan areas, they may not truly reflect national norms. However, it is assumed that his conclusions can generally be applied to almost all infrastructures (wow!) within American society.

The much maligned term, "the now generation", is one such infrastructure. It appropriately defines a group of people whose life style is "style." Maybe its a return to "carpe diem," since these people live for the experience of each day while completely disregarding past experiences and future consequences. In a word, they are ahistoric. The estrangement from a predictable future, a future fraught with impending mass destruction, a complicated technology that seems increasingly uncontrollable, and marred by overpopulation and pollution, stifles one's capacity for hope in that future. He relies, then, on adapting to the style of the present for the past no longer offers any guidelines for rational behavior.

What then is the style of the present? First of all, it is somewhat McLuhanistic in that the content or depth of one's behavior is not as important as the manner or form of one's behavior.

How many times have you heard the comment, "I don't want to be stimulated, and I want to be entertained!" It's all form, baby, no content, no depth, no meaning and no commitment. Such terms describe contemporary media such as television, radio, TIME, PLAYBOY, etc., and isn't contemporary media the expression of man?

The style of the present is also revolutionary action or reaction to frustrations: the frustrations of everpresent violence, an insane war, the restlessness of youth, the shift of sexual mores, and the senseless killing of Billy and Captain America. Since a progressive outlook stresses the overpowering of frustration, and as the past and

its residual loyalties disappear, and the fear of retaliation from the "Establishment" dissipates, one approaches revolutionary action! One then seeks the style, the happening, the experience of the present. He tries to perceive his environment and prolong his perceptions - his manner is to insulate his frustrations. The insulator? Drugs! This is not to say all of us must use drugs, nor is this the only reason we use drugs. For many, however, whose style of behavior becomes very shallow they need to lift themselves with a crutch. For some it's religion, for others it's sensitivity groups, still others seek the lift with alcohol, heroin, LSD or bananas.

P.M. is a patient who may well illustrate my point. He is

a very charming 22 year old undergraduate student who "dropped out" to find a "more relevant way of life." His parents were overbearing and over-protective. He claimed never to have an "adequate sexual experience," (that is, he was impotent). He said that he felt truly conservative in his outlook on society and he felt that he had to "break out." P.M. left school, took up residence with two girls (one 17, the other 21), who befriended him after they found him obviously intoxicated on the beach. The girls were "flower children" as P.M. put it, and they convinced him to try methamphetamine. Speed, they reasoned, would give him the necessary "lift" to turn on to their happenings. Incidentally,

(Continued on page 11)

# Psych 595

BY DELVYN C. CASE, JR.

Choosing electives may involve a decision between seeking supplemental didactic information or gaining additional clinical experience. Psych 595, which can be arranged for 2 or 3 credits, offers the latter but in the radically new concept of community medicine. A recent article in NEJM (10/16/69) discussed some of the possibilities of future medicine and its necessary involvement in the community. The author also spoke of the progressive leadership of the community mental health programs now in operation throughout the U.S. One of these is at Jefferson. In these programs the physician must work with other professional and non-professional experts in order to reach, understand, and supply the health

needs of the urban community.

What are the opportunities for students? The course is very flexible. Jefferson is involved with many exciting programs throughout the city--all of which need student help on Wednesdays (and in the block elective). A broad variety is available; the Rittenhouse Square Project working with troubled young people, a project organized by Carol Rudman whose work was featured in a Philadelphia Inquirer article; the Horizon House services; the Family Rehabilitation Program; and Community Organization.

Emphasis in medical education will be changing to consider the sociological and economic (Continued on page 11)

# The Don's Program

BY HARVEY ZELIGMAN

The idea behind the Don's program is to help high school students to formulate plans for their educational or vocational futures. It is our goal to help

## Ralph Nader to Speak at Jefferson

Ralph Nader, nationally-known trouble-shooter for the consumer, will be the featured speaker at the day-long meeting of the Philadelphia-Montgomery Tuberculosis and Health Association to be held at Jefferson on November 6. Mr. Nader gained his reputation by exposing the lack of safety inherent in the automobiles produced by the major American manufacturers. He has in the last few years moved to the issues of mine safety, consumer protection, medical care, and the government information agencies.

The luncheon-meeting is planned for the Jefferson Hall Commons cafeteria from one to 3 P.M. Scheduled at that meeting is Mr. Nader's speech. All those interested in hearing Mr. Nader speak are cordially invited to attend as spectators.

these students to assess their interests and abilities and to think about what they will do with their futures.

The Jefferson students working in the program can offer several things to these young people. Firstly, some of the students are interested in Medicine and allied fields. We can contribute information to this group to give them greater insight, perhaps better than some of us had. Secondly, many are interested in college. We've all gone thru this and can tell them what it's like, what is expected of them, and a little about their chances of obtaining admission. The program also has information about scholarships and loans available to them and they are encouraged to apply for these. Many students have no constructive thoughts on the subject of their future. These students are not in the minority in the high schools with whom we work. Their lack of direction is not only a waste of potential talent to the community and to themselves, but also a cause of many problems.

We realize the great problems that exist in counseling disadvantaged youth. The ratio of student to counselor is very high. The student may see his counselor only once for a 20 minute interview. Many don't have parents who can validly advise their children because they themselves are uninformed of opportunities which are open to bright young people.

All of us have thought thru the problem of choosing a vocation in the not to distant past. We can offer these students the (Continued on page 11)

## A Toast to Alcoholism Prevention (Continued from page 6)

funding, the tempo of criticism increased. During day-long public hearings concerning the plans to be funded during 1969 and 1970, almost all the public testimony offered was highly critical and noted the total absence of community involvement in the planning process and in the on-going delivery of services.

The program design stimulated more adverse comment when plans were revealed for the first significant provision of Mental Health services to the largely white, low-income, working-class community of Kensington (in Philadelphia). The plans provided for zero community involvement and no programs addressing any problems of an addictive nature. It must be kept in mind that the community to be served has traditionally been a hard drinking one and it is a widely held belief among most professionals that it may have the largest incidence of alcohol addiction in the Metropolitan Philadelphia area. Late in 1968 the Norris Professional Association consisting of various settlement houses, hospitals, government agencies, etc. and functioning largely in the Kensington area, became intimately involved with the program designed and the whole problem of delivery of services to low-income, white, working class communities.

Among the first items noted by the Association's health committee were that the geographical catchment areas transcended many traditional neighborhood boundaries. Although the bulk of the population to be served was ethnic and white, there were small areas involving a sizeable percentage of Black and Spanish-speaking people. Also, the professionals working in this area were aware of the wide-spread

community bias against outside influence and interventions, and against government programs particularly.

It must be noted here that an in-depth survey of the least advantaged section of this community, completed in the summer of 1968, showed a surprisingly high degree of respondents indicating an urgent community need for Mental Health Services, especially for alcoholism. Workers in the community settlement houses, and also workers assigned to the Department of Public Assistance local offices, noted how often their duties almost matched those which might be associated with a program of Mental Health that would involve para-professionals, familiar with the neighborhood attitudes and slang, and who could address distressed persons in terms that they could understand.

Questions were raised about the visibility of any significant community involvement, and defensive statements were made publically by health care officials indicating that enabling legislation did not offer vehicles for community board representation, or the structure of effective community advisory panels. Social workers in this low-income area were aware of the rejection by segments of the black community of Mental Health care programs previously offered and they saw an equally real possibility that the white ethnic community could also reject programs of mental rehabilitation and prevention unless they were offered on terms which were acceptable to the community. To call together a cadre of community people after the plan had been submitted to the government seemed to be ill-advised, particularly so if this panel was not a part of the structure recognized by the County and State Health Departments. The services available through the local chapter of the National Council on Alcoholism were not utilized; no attempts were made to coordinate efforts with those leaders in business and industry who are pursuing plans of action in their role as employers concerned with alcohol addiction; and there was no consultation with the Institute for Alcoholism and Narcotic Addiction operated in Philadelphia by the State of Pennsylvania.

The idea of community involvement in the planning process is not a new one and would seem to add very little in terms of financial overhead. Every community, no matter how disadvantaged, has sources of strength within it and much valuable information to be obtained no where else. It is discouraging to watch the continuing repeated process of professionals designing plans for professionals for delivery of services to populations in great need while totally disregarding the need to be served.

## \*\*\* CAMERAS \*\*\*

Projectors,  
Screens,  
Enlargers,

\* Full Line Darkroom Supplies  
and Everything Needed  
In Photography \*

"THE CAMERA STORE \*  
WHERE

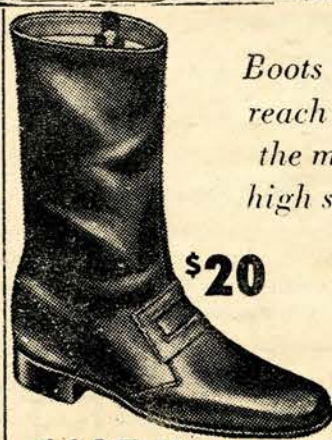
\* SERVICE IS PART OF THE DEAL"

# Klein & Goodman, Inc.

132 South 11th Street

Phone: Wa 2-1216

## BOOT HILL



Boots and shoes to  
reach soul of even  
the most radical  
high style dressers

\$20

Also Complete  
Line of  
Girls' Boots &  
Mod Shoes

DAILY & SAT.  
9 to 6  
WED. & FRI.  
9 to 8

1105 Walnut St. FREE PARKING  
Directly Across St.

OTHER LOCATION:  
JARMAN, 1831 E. Passyunk Ave. (13th & Passyunk Ave.)

HO 7-5081

WA 2-2838

10% DISCOUNT WITH AD



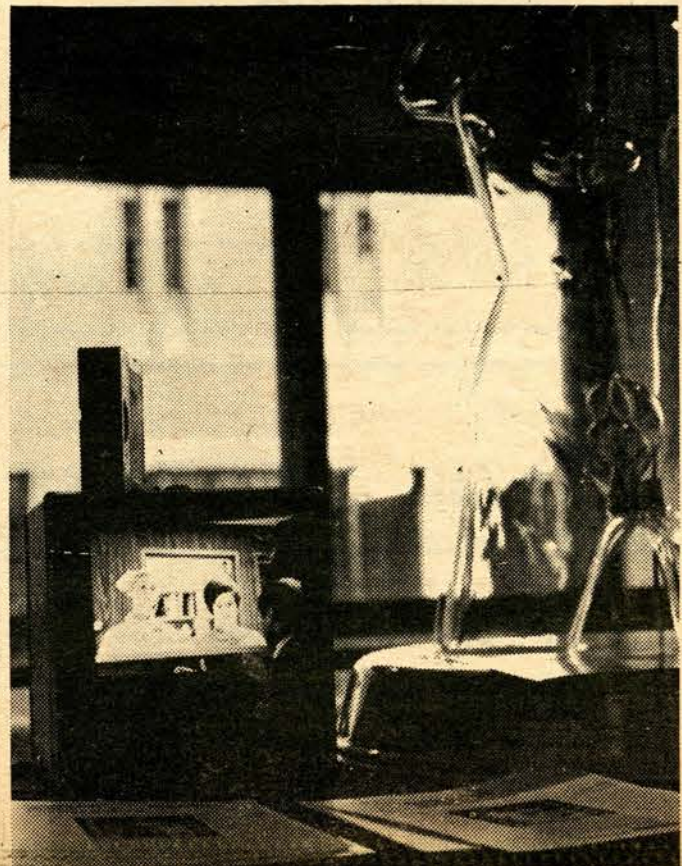
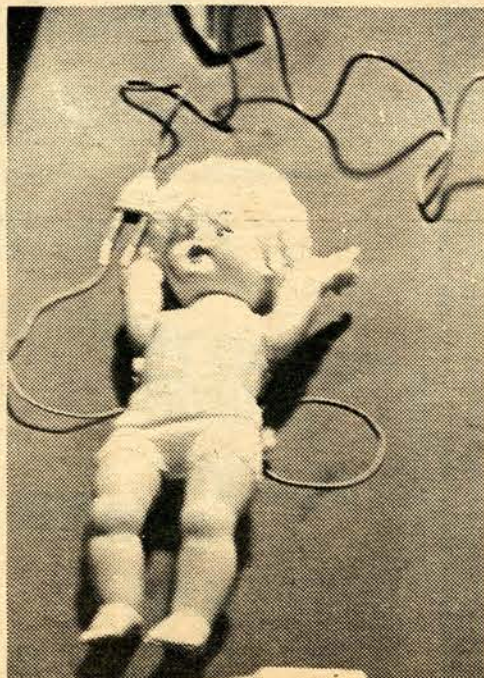


# THOMAS JEFFERSON UNIVERSITY MANUFACTURERS EXHIBIT Highlights

THANKS TO OUR EXHIBITORS AND VISITORS

ABBOTT LABORATORIES  
 AMERICAN ELECTRONICS LABROATORIES  
 AMERICAN OPTICAL CO.  
 AMERICAN SAFETY RAZOR CO.  
 AMERSHAM-SEARLE CORP.  
 ATLANTIC INSTRUMENT CO.  
 C.R. BARD, INC.  
 W.A. BAUM COMPANY, INC.  
 BAUSCH & LOMB, INC.  
 BAXTER TRAVENOL LABORATORIES  
 BECTON, DICKINSON AND COMPANY  
 BEL-ART PRODUCTS  
 BIO-CLINIC CO.  
 BIO-QUEST  
 THE JOHN BUNN CORPORATION  
 BURROUGHS CORP.  
 CERTIFIED SYSTEMS  
 CLAY ADAMS  
 CODMAN SHURTLEFF  
 CONTROL DATA CORP.  
 CORBIN FARNSWORTH  
 DAVOL, INC.  
 DICTAPHONE CORP.  
 J.H. EMERSON CO.  
 ETHICON, INC.  
 FAIRFIELD ELECTRONICS, INC.  
 FISHER SCIENTIFIC CO.  
 HEWLETT PARKARD, CO.

OSCAR H. HIRT, INC.  
 HOFFMAN SURGICAL EQUIPMENT CO.  
 HONEYWELL, INC.  
 INTERNATIONAL BUSINESS MACHINES CORP.  
 JOHNSON & JOHNSON CO.  
 THE KENDALL COMPANY  
 MATHESON SCIENTIFIC, INC.  
 MINNISOTA MINING & MANUFACTURING  
 U. MUELLER  
 PARKE-DAVIS CO.  
 PHARMASEAL  
 GEORGE P. PILLING & SON  
 PURITAN BENNETT CORP.  
 RITTENHOUSE BOOK STORE INC.  
 ROLLS EQUIPMENT, INC.  
 SEAMLESS RUBBER CO.  
 SHERWOOD MEDICAL INDUSTRIES, INC.  
 J. SKLAR MANUFACTURING CO.  
 SMITH CORONA MARCHANT, INC.  
 SMITH, KLINE & FRENCH LABORATORIES  
 SOUND SYSTEMS  
 STATHAM INSTRUMENTS INC.  
 STORTZ INSTRUMENT CO.  
 STOUFFERS  
 VOLUNTEER SERVICES  
 WELCH ALLYN, INC.  
 WILLIAMS, BROWN & EARLE, INC.  
 ZIMMER RODEWALT ASSOCIATES





Jefferson Students Join Moratorium

(Continued from page 1)

torium. On October 9 Dean William F. Kellow had announced that classes on Moratorium Day would be optional so that interested students could participate in the activities of that day.

A large number of Jefferson students and faculty later joined the rally at JFK plaza sponsored by the Resistance. Here 15,000 persons heard Noam Chomsky, Professor of Linguistics at MIT, deliver a detailed history of American Involvement in Vietnam. As with the earlier speaker, Chomsky urged that mass action continue if national policy is to be changed.

In the evening 80 medical and nursing students and physicians from TJU joined approximately 600 other health professionals from the other health science centers in Philadelphia in a Moratorium Vigil. Groups of these professionals were stationed throughout Center City attired in hospital dress. They distributed prepared leaflets which correlated the cost of the war and its effect upon medical care: cuts in medicare and medicaid; research reductions; the closing of Job Corps Centers and Model Cities

(Continued on page 12)

Scott Library

(Continued from page 1)

rather listen than read can turn on with tapes in one of the sound proof carols. The sound proof typing carols will prove very useful to the student who finds he must type an article for Ariel, a paper, or a business letter. Scott library has something to offer the isomniac and the late night studier. The reading area on the ground floor which houses the most used journals and books will remain open round the clock.

Aesthetics as well as flexibility and diverse functionality

entered into the design of Scott library. Stilts will lift the outer walls of the second through sixth stories, thereby giving the building an exotic and modernistic flare. A grand staircase rising from the first floor reading area will add interest and character to the building as well as an alternate entrance to the second floor stacks.

The library's expansion of area will be accompanied by expansion of function. The staff will be increased by fifty percent. The rate of increase in the collection will accelerate. At present the library houses 65,000 volumes to which 3,000 volumes are added yearly.

Any student who enters Jefferson's present library is well aware of its need for a new location. Space both for reading and for shelving books and periodicals is inadequate. Students are probably less aware of the administration's need for a new location. Administration offices are presently located in nine different places throughout the institution. Cresap, McCormick and Pagent, who in 1963 evaluated the Jefferson administration, made one of their foremost recommendations the centralization of administration facilities. Administrative offices will occupy 1/2 of the first, the fifth and the sixth floors of the new structure. Jefferson Hospital, also in need for expanded space, will be able to move into that currently occupied by administration offices when they are transferred.

Students who normally are not particularly enthusiastic about library buildings may find this one more exciting than anticipated. Mr. Lentz in commenting on his involvement with the building remarked, "Two years ago I wouldn't have wanted to be involved in a building, but I've found this one very fascinating."

Thursday Night at Gray's Ferry

(Continued from page 7)

Students could be introduced one by one to families with problems by another person like Vic DiMeo who already has the trust of the family. This would be an especially useful role for freshman or sophomore medical students who don't yet know enough to treat medically oriented problems."

"Yea, Tom, but you have to realize that the problems in that area are beyond cure by that one approach alone, and it's doubtful that inexperienced medical students would be able to help out families very much anyway."

"I asked Mrs. Bennet, the community worker, if she thought our working with families could do anything worthwhile. She seemed very positive that we could work wonders. But you're right, Gil. The problems there are those of unwed mothers and illegitimate children, interracial conflict between youth gangs and between adults, drug addiction and alcoholism, high school dropouts, unemployment and high dependency on the welfare check, and the despairing and hopeless mood of the community which has been promised help by so many outside organizations but which has received next to no help besides the degrading welfare payrolls. I don't really understand how Vic DiMeo feels that there is an undercurrent strength and purpose in these people that only has to be ferreted out, unless he really is as experienced as he looks in discerning the tone of a community."

"Wait, Tom," replied Gil, "you're supposed to be optimistic, at least at this stage before we even get involved!" I laughed. "And you know," followed Gil, "it's so obvious that anyone at all could be used to do volunteer work down here - doctors, upperclassmen, medical students, nurses, social workers - we don't have to think in terms of freshmen only."

"I know. I also know that the idea of going down into a true poverty area and relating

to people for the most part totally different, uneducated, and generally repulsive as far as most of our prejudices go is not very popular. But aren't doctors and medical personnel supposed to be more fully aware of the marvelousness and complexity of all humans? Aren't they the people of all people who should recognize the infinite worth of every person and the obligation of all fortunate people to look after those not so fortunate?"

"Your trouble," said Gil, "is that you are even more idealistic than I am, but strangely mixed in with your idealism is your hopelessness at the sight of what you think are overwhelming problems."

"Yea, you've got me pegged. But the question is will we do something or not? I've decided I'd like to work with a family if I could."

I'm thinking about it too, especially next term when us freshmen will have more time," retorted Gil.

As we reached Gil's street, and turned down it, there was a feeling of excitement with us. We shook hands, his black, mine white, as a simple farewell and probably as a symbol of our resolve at least to do something in the community of Gray's Ferry if we couldn't persuade others to do so. I nosed on home in my car through the cold night. My brightly colored car and my idealism about how the problems of the poor could be solved if we only tried had become grimed since I had entered the city, which was an alien and shocking environment to me, in September to attend Jefferson. But that night my car had acquired grime of a different nature from a flock of pigeons while I was truly confronted with the dilemmas of the poor in the room of the community council meeting at Gray's Ferry. I think that my idealistic hopes were soiled likewise while I was in the community meeting room. But I continued driving home peering determined through the blotches on my windshield.

Prestige-Building



This man is at the TOP of his profession

He's a member of Provident Mutual's Top 50 Club. This means he belongs to an exclusive group that annually sells more life insurance than nine-tenths of the companies licensed in this country. What does that mean to you? Just this. When you talk to him about insurance, that's counsel from the best.

George H. Lubeck, C.L.U. Suite 1919, 3 Penn Center Plaza, Phila., Pa.

LO 8-0535

PROVIDENT MUTUAL LIFE INSURANCE COMPANY OF PHILADELPHIA Leaders in insurance since 1865 ... when we quit getting better, we stop being good.

PRESCRIPTIONS FILLED SPECIAL DISCOUNT TO JEFF. PERSONNEL PAUL OPTICAL CO Custom Opticians 135 SOUTH TENTH STREET PHILADELPHIA, PA. 19107 (opposite Jefferson Hospital) MA 7-6332

Jack's CAMERAS WE TAKE TRADE-INS AUTHORIZED GUARANTEE STATION FOR POLAROID-KODAK-BELL & HOWELL-KEYSTONE-ANSKO-ARGUS CENTER CITY 271 So. 11th St. OUR NEW LOCATION WA 5-1324 NEXT TO JEFF. HALL MAYFAIR DE 3-6000

Mary Dougherty's Card & Gift Shop Hummel Figures - Greeting Cards Distinctive Gifts Religious Articles opposite Jefferson Hospital 134 S. 11th St. WA 2-6438

ALL STORES OPEN TILL 5:30 PM -WED. TILL 9:00 SPECIAL COLOR 8 X 10 ENLARGEMENT REGULARLY \$3.75 VALUE NOW ONLY 1.29 LIMITED TIME COUPON FLASH CUBES 99¢ SPECIAL COUPON PROCESSING & PRINTING 50¢ Additional Discount LIMIT ONE COUPON FAMILY

WA 3-7157 DANZIG & BOWERS OFFICE SUPPLIES PRINTING ENGRAVING SPECIAL DISCOUNT WITH STUDENT IDENTIFICATION 1225 Sansom Street Philadelphia, Pa. 19107



**Drugs & The American Mentality**

*(Continued from page 8)*

P.M. stated that prior to his use of Speed, he had never used any other drug except alcohol. After two episodes of "snorting" or sniffing Speed, he resorted to using the girl's "works," (IV infusion apparatus). P.M. claimed he was no longer uptight about sex, because he lived and loved freely. He no longer thought about such problems as Viet Nam, civil rights or air pollution - he was really "into it." He and his friends turned on frequently to acid (LSD) and mescaline. They ate what they could steal, but fortunately, had a permanent place to live. The good life - free from all frustration - ended when P.M. lost his taste for food and cigarettes and showed up at the emergency room jaundiced with hepatitis.

I thought his history had been fabricated from PLAYBOY, until I met the two girls who visited him frequently. By the way, I wondered why neither girl contracted hepatitis until I discovered that P.M. dropped Speed with a buddy who became a patient two days later.

Being an intelligent young man, P.M. came to the conclusion that for the last year he had been fooling himself, and asked if he could get some help. I referred him to a group of psychologists and psychiatrists who were interested in such problems, and he signed himself out of the hospital to this group. About three weeks later, I was savoring the essence of a fine sour mash in a local emporium when I met P.M. and a new found girl friend. His appearance bore a startling resemblance to John Lennon's and the odor of his cigarettes was unmistakable.

**Psyche 595**

*(Continued from page 8)*

aspects of medical care. "Faculty and permanent staff members will have to find in community health programs the same kinds of professional rewards and advancement that are now to be found in the medical-school laboratory, the hospital research ward or the private practitioner's office." (NEJM 10/16/69). To meet the challenge of the medical crisis in the urban ghetto, new ideas and new action must be considered.

**Banks-Survival & Revival**

*(Continued from page 4)*

be used as a dietetic aid. The application of the banks would "break up" lipid deposits which would then exit in a gaseous state upon the removal of the banks. Tab and Diet Pepsi are investigating the bottling of a banks agent.

Although no special instruction is necessary for the application of banks, it has been suggested by medical experts that medical school seniors be allowed to take an elective in banks in order to acquire the proper psychological perspectives and "grandmotherly" behavior patterns necessary for the successful practice in the field of banks.

Long buried and counted among the pseudo-sciences of phrenology, alchemy, and laying of the hands, banks has at last come into its own as a field of modern medicine. With the help of substantial federal backing, banks clinics and research centers are springing up all over the nation. We are pleased to confirm reports that an honorary chair of banks has been initiated at Jefferson with funds donated by Steuben Glass and Anchor Hocking. These two firms have also announced plans to distribute complementary banks kits to sophomore medical students.

**Admissions**

*(Continued from page 2)*

lack Admissions. However I have come to realize that admitting more Blacks does not necessarily solve the BASIC problem. Today the nation is crying for physicians to work in Community medicine in the rural areas and in the Ghetto. To identify students interested in these areas. I would strongly support: (1) placing heavier emphasis on the relevant extracurricular activities of the applicants. (2) asking the student to give a summary of his interests in these areas and how best he would handle such problems. Academic performance tells us how hard a person is willing to work and should not be underemphasized. These other criteria would indicate the direction in which the applicant is headed."

When it came to deciding about Ernie Wynne, the nom-

**ARIEL**

inating committee was not aware of his ideas. That did not concern them. Instead, they complained that they did not know him well enough personally. Some of his classmates then mentioned that they thought he was a "nice guy" and Michael Steinberg, who relayed the story to me, strongly supported Ernie. Someone stated "Let Ernie try it for a while on the F.A.C. and if we do not like what he is doing we shall remove him." To date the Council had not officially recognized Ernie as the student representative on the F.A.C.

I feel a need to make known to the Jefferson Community the problems one faces with Council leaders of this sort -- people who claim openmindedness, people who pay lip service to the need for more Blacks in medicine. These people vote against their fellow students because they do not like them.

Effective leadership includes the ability to direct with honesty and sincere interest in the good of those represented. I wonder if Jefferson will ever have true leadership. It is up to us, all the students -- not just a few, to make sure we do not allow interested aspiring students to be "stepped on" because of race or personality by the edict of those in power. We must make student leaders demonstrate their commitment to issues.

Cora L.E. Christian M'71  
October 20, 1969

**Medical Committee**

**for Human Rights**

*(Continued from page 6)*

cerning drugs, uses and supposed abuses.

MCHR is not a static organization. It is trying to re-evaluate its position in the health community. Ad hoc committees are constantly forming to meet special interests and needs. For instance, on November 5, there is a general city-wide meeting - open to the public - to discuss "The Moratorium, Mobilization, and Health." The membership of MCHR feels that the Vietnam war effort has had so great an effect on America's trained resources that health care is be-

ing affected. This meeting will discuss these relationships, plans for the Mobilization and buses to Washington. The meeting is at 8 P.M., November 5, in Lecture Room at Hahnemann Medical College, 235 N. 15th St. Included in the meeting will be the latest Committee on Responsibility film describing the psychological effects of the Vietnam war on its children.

MCHR is dedicated to change in the present system of health. To really begin to treat the health of a Nation, we must use the WHO definition that health

is the physical, social, and mental well being of an individual - and act on this definition. We hope you will join us in our efforts.

For further information about the Nov. 5 meeting call KI-6-0176.

**The Don's Program**

*(Continued from page 8)*

benefits of our experience.

We are planning a swimming party in November where the high school students can come and meet with Jefferson students in an informal setting. If you are interested, please attend.

*ARIEL*  
**OPEN MEETING**

**WED. NOV. 19**

**RM. 139 6:45 P.M.**

**JEFF HALL COMMONS**

**ALL UNIV. STUDENTS WELCOME**

**If you don't think \$300 can buy a beautiful diamond ring, we have a pleasant surprise.**



If you've been disappointed at what you can select for \$300 in a diamond engagement ring, come in and see us. We think you'll be more than a little impressed at the size and beauty of the diamonds you can buy from us for a lot less money than you would pay elsewhere. We sell only quality diamonds and we assure you complete satisfaction in your purchase whether your budget is \$300 or \$3000. Let us turn a pleasant surprise into a happy and memorable experience.

**SYDNEY ROSEN**

707 Sansom St. WA 2-3500

Monday-Wednesday - Friday 9 a.m. to 9 p.m., Tues.-Thurs. & Sat. 9 to 5:30

**TED'S SOCIETY HILL RESTAURANT**

**Air Conditioned - Quick Service  
262 S. 10th Street Philadelphia, Pa.**

**DID YOU EVER HEAR ABOUT TED'S  
IF YOU HAVEN'T HURRY DOWN.**

**WE SERVE YOU THE BEST FOOD IN TOWN,  
AT THE LOWEST PRICES!**

**FOR 60 YEARS, WE'VE BEEN**

**SERVING THE JEFFERSON MEDICAL CENTER**

**YOU CAN BY STUDENT MEAL TICKETS  
ON 50¢ DISCOUNT FOR A \$5.00 TICKET**



**Goldschmidt Leads Expansion**

*(Continued from page 7)*

that primary contact physicians are disappearing but feels that it may be possible to establish radically new programs to train people specifically for such roles.

In talking to Dr. Goldschmidt, one gets the feeling that he is a man who is not just doing a job, but is constantly reappraising what he is doing while always looking for new ideas. Under his guidance, the College of Allied Health Sciences should become live and progressive.

**Jefferson Students Join Moratorium**

*(Continued from page 10)*

Programs; and decreased loans for health science students.

All the medical colleges in Philadelphia and several hospitals participated in the vigil which was organized by Ronald Hess (Penn. med.) and Peter Eisenberg (Hahnemann med.). These students wanted to provide a medical witness for the day's activities. In less than two hours, the 70,000 prepared leaflets had been distributed. For many of the students this was the first demonstration in which they had participated. Responses to the

health science students varied greatly. There were twenty minute conversations with little old ladies while the young molded executives hurried by. Other shippers had rather interesting suggestions for the use of the leaflet--for instance, its use as toilet paper. Among the more hostile comments, some urged the students to perform provocative and bizarre sexual acts upon themselves. One Jeff student had both jacket pockets ripped off.

At the end of the Vigil, a number of students held a candle-light march which terminated at the Philadelphia County Medical

Society where the monthly meeting was in session. At the support of the October 15 Moratorium but it did not pass.

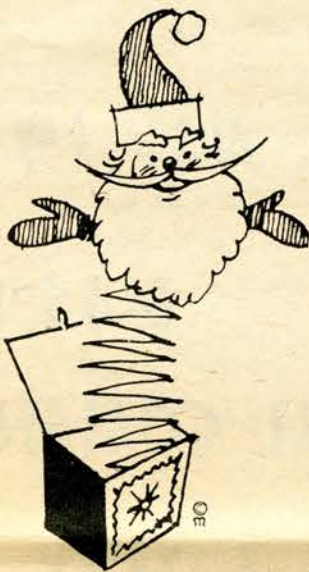
**Don's Program Raffle Winners**

Larry Bernstein Orlowitz 1804  
E. Bonner 313 Spruce St.  
Frank Redo 919 Clinton St.

Please Pick Up Prizes

from Cora Christian WA 3-3892

get the  
Jump on  
CHRISTMAS



"LET US SOLVE YOUR CHRISTMAS GIFT PROBLEMS"

**TOWNE JEWELERS INC.**

1215 Walnut Street Street

(LOCATED ONLY 2 BLOCKS FROM JEFFERSON HOSPITAL)

"Distributors Of  
Nationally Advertised Brands"

DIAMONDS - WATCHES - JEWELRY  
LUGGAGE - RADIOS - CLOCKS - STEREOS  
SMALL APPLIANCES - CAMERAS - SHAVERS

VISIT OUR SHOWROOM AND PICK UP OUR NEW 1970 WHOLESALE GIFT CATALOG

**NOVEMBER HOURS:**

MON., WED., FRI. 9:30-9:00  
TUES., THUR., SAT. 9:30-5:30

USE OUR  
CHRISTMAS  
LAY-AWAY  
PLAN

DINERS CLUB - BANK AMERICARD  
UNI-CARD  
CHARGE PLAN ACCEPTED

**THE-PIZZA-BOX**

248 S. 11th ST.  
ACROSS FROM JEFF HALL

The-Best  
Steak-In-Town

**WA.3-6646**

FREE-  
CENTER-CITY-  
DELIVERY

Pizzas		Steaks		Hoagies		Grinders	
	regular large		half whole	Regular	.60 1.10		half whole
Cheese	1.50 2.00	Cheese	.80 1.50	Cheese	.60 1.10	Regular	.70 1.30
Pepperoni	1.85 2.50			Tuna	.60 1.10	Cheese	.70 1.30
Anchovie	1.85 2.50		half whole	Ham	.70 1.30	Tuna	.70 1.30
Mushroom	1.85 2.50	Pizza	.80 1.50	Steak	.80 1.50	Special	.75 1.40
Sausage	1.85 2.50	Green Pepper	.80 1.50	Special	.80 1.50		
Onion	1.75 2.25	Mushroom	.85 1.60	TEA	MILK	SODA	COFFEE
Green Pepper	1.85 2.50	Regular	.70 1.30				
Extra Cheese	1.85 2.50						
Pizza Box Special	2.75 3.25						



P.S. Stop In And Try Our  
Pin-Ball Machines For A Free - Pie