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A Ward of Honor

by Alan Ad

Starting this fall, all medical students at Jefferson whose names are deemed too long will be required to undergo plastic surgery to correct this excess burdening them with clinical years. The decision to make rhinoplasty mandatory in the wards of Enteroës is a well known fact that people with hirsute medical persons are resident flora in the latter organs, than do people with hirsute medical persons are resident flora in the latter organs. To help the patients make the right decision concerning your student, Sturge Weber, who spent the summer before his junior year making stag movies for fantasies. The revelation is too traumatic for Sturge and he is found dead in his room on the 11th floor with his blood pressure cuff pumped up tightly around his neck.

This writer cannot attempt to pass judgement on the personalities vs. social nature of "They Shoot Doctors, Don't They?" because the repercussions of露出 are presently being felt. In a widely publicized speech to the people, Mayor James Fawkes, the former President of the Jefferson Student Nurses' Association, revealed that Jefferson must be deprived of an 'infantile state' to protect the honor of the Jefferson Hall Student Nurses Association.

Supporters of the movie, however, say that the offensive scenes play only a minor part in this film, compared to the more innocent scenes that follow. They cite the brilliantly created setting of the building of the Jefferson Student Nurses Association. It seems that Jefferson Weber had fallen in love with one of his student nurses during his work, while he was shooting "They Shoot Doctors, Don't They?". He revealed that he needed to meet her in person. Yet as he saw

Sturge Weber walking his apartment for telescope filming session...

The library, rising ever higher, soon to block his view, he grew manic. Fawkes tried to move to an apartment on a higher floor, but the department refused to pay the extra rent. In desperation, he decided to file another appeal, which was again failed when a summer thunderstorm extinguished the lives of the buildings. Fawkes, who had been living in the library, crept higher daily and Sturge grew closer to psychiatric disaster when he remembered the words of Dr. Comedian in Psych 2311, "you have to face reality and be able to adjust to it." At that point Sturge vowed to meet his true love in person and forget about making movies. The movie chronicles his harrowing, but futile quest to gain entrance to the nurse's residence while dodging the bullets of the director of student nursing (the duality of the film, obviously). The movie ends tragically on the day that he learns her name and number—or it is the same day that he learns her name and number from Phineas, the only one who could protect the hospital from such degeneracy, the profession might suffer irreparable damage—never to regain its previous status.

Students Matched to Patients

by Alan Ad

It is April's intention each April to present an annual award to one or more persons of the University. The idea and practice of this award was born in a flash of brilliance on the last of March. We are a part of the first Enteroës Annual Award in the Department of Microbiology. For those students who are interested in participating in the microbiology program, we'll be giving you a questionnaire to answer. The certificate will be presented in reproduced above

The Jefferson Hall Commons Film series was the major sponsor of the World Premiere of "They Shoot Nurses, Don't They?". The film opened on Friday the 15th of March. It appeared that the gala opening would finally put Jeff Talis on the map as the hot spot for the Philadelphia social set. All the festivities were damped by the forces of Police Commissioner Vito P. Fino (protector of the Public Decency) when the show was abruptly closed on charges of obscenity. At exactly 8:30 P.M. the men in blue entered Jefferson Hall through the Art Gallery to Solicit Cohen branding a court order (prepared by Judge Janus). This was in fact, in Chicago specifically for the purpose) calling for the seizure of the film. The auditorium went into an uproar, reminiscent of Dr. Harry's last lecture, as a dapper figure in the 17th row stood and silenced the audience with a wave of his right hand. It was Police Commissioner Fino himself, dressed in a linen dinner jacket with his trusty can of orange painkiller cummerbund. He had herefore been inconspicuously seen among the elite of the theater world—he yet immediately took charge of the audience. He gave his famous "I'm doing this for your own good" speech, then stroked the back of Solis-Cohen to personally remove the offending reels from the library. Cohen's name is obviously). The revelation is too traumatic for Sturge and he is found dead in his room on the 11th floor with his blood pressure cuff pumped up tightly around his neck.

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April Fool
As the initiate may observe, we who are the custodians of this organ have noticed an April Fool front page, while the rest of the edition is as usual. We felt a need to celebrate this grand old tradition, but since there was also an important article to cover, we decided to combine the two. The pranks that are offended by what was said on the April Fool page are not our apology, but that's the price you have to pay for freedom of the press.

Jefferson CMHC Crises Raises Questions
It must be acknowledged by the community, and observed by all that the recent upheaval over State funds for Jefferson Community Mental Health Care (see article) is an incredibly complex issue. We cannot avoid the ramifications behind the political maneuverings at city and state levels, but behavior at Jefferson officials has raised some questions.

At the recent Jefferson Alumni Luncheon, Dean Kellow reaffirmed the University’s irrevocable commitment of service to the community. The community is clearly not getting all that Jefferson has to offer - as evidenced by the large numbers of patients visiting community mental health care centers. It seems that the administrators have not learned that money was not immediately forthcoming from the city for JCMHC, the administrators seemed strangely inactive about fighting for money. Few people within the University were willing to step out on any line for the Center. They were very quick to say that they could not afford to main-

Dear Editors:
Reference is made to your issue of the “April Fool” of March 1. While spending the past week-end with my son, I found time to do some minor cleaning which seemed needed in his bachelor apartment. One of the activities included washing out his kitchen garbage disposal receptacle, and having done so, I looked about for a listing on the pedal.
I could not find the copy of the April Fool which I had brought along in part of my weekend reading material.
Words fail me in expressing my thought, but I placed the bachelor with the April Fool (sic) Allen articles on the top section inside the pajama.
This seemed to be the one good piece of garbage to go in, garbage to garbage, a fitting end for both.
Mildred W. Greenfield
Dear Mrs. Greenfield,
It is possible as deeply as you do the impression given off by your short stories (diverted from their original errors, it was greatly truncated and slighted misquot.
I hope you will appreciate the complete story below.

Let's start with the big torrent of deep tenderness hidden under the superficial display of roughness and ir-
magis? As put by one mental health worker outside of Jeffer-
son: “There seems plenty of both, the wonderful team we have in the know at the Center and at the University, that is sorry it ever went unlimonated. Jefferson University and Hospital have never been noted for their community orientation and Jefferson’s name is a household to many of the people of South Philadelphia.

The Panther Clinic by Richard Bonanno
We would like to express our support for the opening of the Black Panther Medical Clinic in North Philadelphia. We feel it is a small but significant first step in starting to make the populace of this area aware of their medical needs. We have learned that Jefferson is very embarrased that it received the money from the City so quickly after the publication of news.
All things make one wonder about Jefferson’s committment to their Mental Health Center and to the community surrounding Jefferson. In the Psychiatry Department, scene of which is funded through University Community Mental Health Center grant and not from organized efforts against the political ramifications behind the political maneuverings at city and state levels, but behavior at Jefferson officials has raised some questions.

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In Praise Of Good Teaching
Students frequently tend to be critical of professors and curriculum which do not meet the standards of relevance, significance, and coherence they seek. Criticism when justified and presented objectively is perhaps the greatest force for change, development, and evolution of new forms of structure. Un-fortunately most criticism tends to be negative. When events proceed well we tend to take them for granted. Only when they proceed contrary to our wishes do we discuss them. Several professors lecturing to the fresh-
man class were involved in a fight, which is a assault attack both by individuals and by institutions. Most of their students were impressed. We wish to make an equally well deserved, but positive criticism of two of the professors, Dr. Arthur Allen and Dr. Robert Mackowiak.

In addition to being out-
standing as teachers, both Dr. Allen and Mackowiak go beyond the task of educating medical students. It was apparent that each had spent much time and effort in preparation and organizational material. Dr. Allen and Mackowiak both surpassed in their students knowledge in such material in such a way that students realized itself aspects of medicine. Dr. Mackowiak’s enthusiasm and Dr. Allen’s ability to get his students to give of their time were both well received.

We wish to express our appreciation and gratitude of the freshman class.

Mary Dougherty’s Card & Gift Shop
Hummel Figures - Greeting Cards
Distinctive Gifts - Religious Articles

opposite Jefferson Hospital
134 S. 11th St.
WA 2-6438
Punitive Education at Jefferson Must Stop

by Stephen P. Flynn

An old problem has re-emerged recently at Jefferson to haunt some members of the Jefferson faculty. No new problem, nor particular to those in the Pathology department, but the one which is not the least interesting, is the faculty performance has been poor because student disinterest in a course. Adequately presented, the faculty performance has been rather than the more popular one. But the faculty has been convinced there is, the student does not have this option, because the Pathology exam was scheduled at a time when the student was not a test of one's knowledge, as do practical means of solving the original problem, nor particular to this course. Sophomore class.

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What should be happening in the future of medical education was the subject of an address Dr. Aponte approached at the recent SAMA convention in Chicago. Trends in teaching and learning strategies are likely to change drastically in the near future, and the problem of medical education to educate personnel to deliver health care both in time and between students and faculty.

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Mr. Russell Burgess, parapsychologist and psychic, gave a fascinating lecture in demonstration on extrasensory perception (ESP) to a standing room audience in the Lecture Series Open March 17 in Solla-Cohen Auditorium.

The concept of a Lecture Series brings noteworthy and related speakers to the educational and entertainment fields in an attempt to widen the educational and entertainment possibilities for Jeffersonians was conceived by the Commons Social Committee. The result is Mr. Burgess. At the time, all ten sub-speakers are as fascinating and entertaining, the series should prove to be a definite asset to the Commons calendar of events.

A few of us were fortunate enough to have dinner with Mr. Burgess prior to his lecture. He is an outgoing, personable man who was very open to questions from believers and skeptics alike. During dinner he gave us a small sample of his abilities. He looked at one of the girls at the dinner, pointed to her and said, "You didn't make your bed this morning, did you?" Needless to say, the girl was quite surprised. He said that she was right. He said he knew she hadn't because he had perceived that she was basically a very neat, methodical person and that it really had bothered her. Next, he told another girl that she had had a fight with a boy that she had been dating. She replied that she hadn't at all because she had perceived that she had almost perceived correctly. At the last TGIF, she had commented to a friend that if her boyfriend had been there, they would have had a quarrel because they always did at every TGIF. He had previously attended. Subsequently, Mr. Burgess came across as a very honest, straightforward person. He stated that he used no advanced tools in his practice. However, he did say that he occasionally did pull a trick just to psyche people up but he always revealed it afterward. He also revealed that he could sometimes detect people's psyches continuously because it was too fatiguing mentally and physically. He stated that one of his lectures was almost identical to it in the eight hour day. Later, we were to find out the truth of his statement. The repetition really amazed us and observed the obvious strain that Mr. Burgess was under during his performance.

The lecture-demonstration was fascinating. He began by having people write their names on small business cards along with any question about the future relating to any topic—political, social, economic or personal etc. He had himself blinded and then proceeded to crank up a card and rub it in his hands. He first stated the side of the room that the individual whose card he had was sitting in and then he gave his initials. He never missed once. Then he proceeded to answer the question. Since most of the questions were of a personal nature, he answered them in such a way as to transmit the information to the individual without embarrassing him. He never missed a question. Once he perceived the question that had been crank ed out along with the second question that was asked. Right in the middle of the lecture, he turned to one of his students in the front row and said that she was thinking about marriage. She replied that she was. He told her that she would not be married as soon as she thought but that she would marry not this year, but in the near future and have "three lovely children" and a very happy married life. This seemed to please the girl very much! He also had sent Mr. Grebos a letter with three predictions in it a week prior to his arrival here. Mr. Grebos had read the letter so that no one could be accused of tampering with the contents. On one slip of paper he had written the number 1329. During the lecture, he went into the audience and asked three students to each write down three numbers. He then asked a fourth student to add the numbers. They totaled 1329! The second prediction concerned a newspaper headline. Tuesday's Evening Bulletin ran a headline declaring that two generals had been indicted for covering up the Mai Lai massacre. One of the slips sent to Jeff a week before almost matched the headline word for word: The third

(Continued on page 8)

...network of suppliers, according to Mr. Thomas Johnson, a federal narcotics agent. The second point is that there are two schools of thought in regard to heroin addiction. The first school sees the addict as overly dependent on both drugs and peer group approval, afraid either to grow up or to face reality. The second school of thought is the medical model. This was pushed at the workshop by Dr. William McNally, head of Kansas City's methadone clinic. Its viewpoint stems from the observation that many people try heroin who do not become addicted to it. One reason may be that in these people it does not as rapidly produce a "metabolic disease"—the drug hunger which develops after one withdraws from heroin or another opiate. For those who develop this "metabolic disease" which keeps them effectively addicted to heroin, the medical profession's solution is the methadone clinic—a place to which the addict must come each morning for a $1.00 drink of methadone, a synthetic opiate. This will not solve any of the problems which initially led this person to become a heroin addict, but it will allow him to substitute for his expensive illegal heroin addiction a cheaper medically administered addiction. The dosages given in Kansas City (30 to 70 mg/day) will not block a heroin high, but they will satisfy drug hunger and allow the addict to lead a life free from crime. On the other hand, the New York dosages (40-120 mg/day) will invariably block a heroin high, but are so large that the addict may only use half of his supply and sell the rest. Unlike the programs sponsored by groups such as Daytop Village in New York or Gaudetina House in Philadelphia, one does not need to want to be cured or changed to be treated in a methadone clinic. (Continued on page 6)
Crisis Continues In Community Mental Health

by Tom Williams

The much publicized uproar over the withholding of funds by the City, from Jefferson Community Mental Health Center was as subtly settled on Friday, March 13. At that time Dr. Ingraham, Commissioner of Health, President Jefferson and other officials representing Jefferson and the City met in the face of the already extended deadline, Friday, March 13, which Jefferson's Commission had set for the receipt of funds from the city to continue operation of the Mental Health Center. If the deadline was not met, Jefferson would send out letters of termination to the CMHC's staff, as Jefferson had sent out two weeks earlier to start the uproar. Dr. Ingraham promised $130,000 of the $1 million just appropriated by the state for all CMHC's in Philadelphia. This money was only for salary support. This left the Center at least $80,000 short of its necessary cost of operating up to June 30, 1970.

However, Center was not fully assured that it would remain open until June 30. This is apparent from Dr. Ingraham's announcement on Monday, March 16, 1970, that the Community Mental Health Advisory Board had denied Jefferson's request for an extended deadline, Friday, for the possible termination of 80% of the staff, in order to continue operation of the Mental Health Center, which had only been in existence since April, 1969.

The staff of Jefferson's CMHC did not accept their letters of resignation passively. Monday, March 2 and ad hoc committee to preserve the center had already been formed. It consisted of community people, patients and staff members. Two of the hardest working members of this group were Mrs. Kaufman who works mainly for Horizon House (affiliated with Jefferson CMHC) and Malin Van Antwerp, who is one of the consultation stuff of the Center, as well as the rest of the group, felt that vigorous efforts to return the center to operation were warranted because about 1,500 patients were being denied desperately needed services. Also, other Community Mental Health Centers in the city did not have a chance to make such strong efforts to save their own care because none of them had as bare a budget as Jefferson's CMHC.

The beginning of the whole crisis occurred when the City of Philadelphia informed Jefferson at the end of February that they had received a request (from a requested $800,000) for the center was to be reduced to $33,000 because the state's funds had reached bottom. Other Community Mental Health Centers in Philadelphia were likewise, cut off. This meant that Jefferson would have to close down immediately since it had already spent $383,000 by March 10. Leiberman, Director of the Center, was told by Jefferson administration to send out letters of termination to 80% of the staff, which consists of secretaries, orderlies, nurse, family therapists, psychologists and psychiatrists. Jefferson could not "dig into" its own already depleted funds for its Community Mental Health Center, which had only been in existence since April, 1969.

At the First National Conference on Community Health held in Kansas City March 15-18, one of the most widely discussed topics was that of community control. SAMA delegates from medical centers throughout the country had gathered at the University of Kansas Medical Center to analyze widespread student involvement in community mental health centers. Most of the reports were told in small workshops rather than in plenary sessions.

The Committee on Community Relations dealt formally with the problem of community involvement in the newly fashioned mental health centers. This committee began with the premise that health is a right and control over health care delivery. The Committee urged that all student initiated health centers, medical schools and medical centers must also become dedicated to community service. The funding question, however, raised many difficulties. Several of the Committee members were pessimistic as to involvement of the medical schools because they felt that community control would be threatened if the schools assumed financial responsibility (or demand) to assume full control of the center at the onset. In other cases, the assumption of power by the community must be nurtured. As in work with the health aides in the center, and street personnel, the Committee also stressed that at the onset the needs of the community and its leaders should be sought by direct encounter in the community through contact in stores, schools, bars, and the street.

In addition to the delivery of health care, the community health centers should incorporate the training of community health aides and motivation of the young people toward education. However, to achieve community-control of health delivery, this control must be extended to the hospital. This could be achieved by minority hiring practices and vertical mobility in the hospital. Furthermore the organization of the workers is vital. The whole concept of hospital administration would need radicalization: the governing board of the hospital would constist of community people and house staff.

To facilitate the further development of the numerous student initiated health centers, the medical schools and medical centers must also become dedicated to community service.

Information Center at 47th and Downstairs, the victrola, some records, a new screening machine, and a few typewriters. Because of the fear that the BPP will stick its nose into the affairs of their patients, the other staff members are beginning to realize really exist, of a police raid, the people of the ghetto streets, cruising back and forth along Susquehanna Avenue in their red sports cars. Everyone working at the center expects to get home on April 1, the one month ago the police raided the Black Panther Party Community Information Center. Four BPP -P -P members were arrested in the confines of the building. The police are in contact with the BPP to do something, and the BPP seems to have no power.

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Students Confer On Drugs

(Continued from page 4)
program.

After Dr. McNally's opening presentation, a group of student members of the workshop finally swung around to the problem. On this the Gaudenzia House approach was just one of the many solutions which it attacks and solves the problem of heroin addiction. The workshop dealt with dependence on a restructuring of a person's self-image and the need for a return to a strength to succeed in life without drugs. Not involved with continuing drug hunger which is, real, but conquerable.

Several approaches should complement each other, each providing a basis of the other. As a threat. The Gaudenzia House members reject the method that heroin is black market, which is sometimes an opium, to a small scale, of heroin. Further, having found a way to help themselves, and a front on from other addicts, they resist society coming in, it replaces, and a person who helps another, organized another organization.

Other than the drug itself, is unable to comprehend the effect of any one at solving problems of those who are not involved medical planning and community organizing. Therefore, addict, self-help groups are formed which are formed, and young people - the prevention of drug addiction that can be supplied to the closing of Jefferson

The next topic of discussion was student-run drug education programs. The drug education programs attempted to be shown that there were differences in judgments made on or other drugs. Occasionally, strong anti-drug programs were given to ETA associations in order to be able to speak to school groups; the same standard was the same. One young man told the students what to do in terms of actual treatment. To learn more about the methadone process by the formation of the, as a service; a 24-hour telephone service was there was no group to do the same, and to be a real contact with people; it is still unclear what drug you still take drugs? Group concern was that unless one is clear on this matter, they may fall into the abyss of drugs. The student worker does not know which one he has really taken. The example of the medication of 120 cases and 23 cases is known that for a period of one month were ambulatory-genic and 48 samples of samples, only one case was reported as a side effect of this kind of drug. The side effects of a good drug are not the ward, but to the health department with the patient. In the process of its synthesis the M.D.O.'s are thrown off the top, unfortunately, immediately below its layer is a layer of syringes, LSD's most common contaminant.

As to the atmosphere, his drug analysis service thus provides the information necessary for the intelligent treatment of drug problems. However, this is not what Mr. Green sees as the prime role of his service. Rather, he sees it as an adjunct to the American Way, an American Way of getting people off the market. In addition to analyzing the drugs, Mr. Green looks color and depth of a small piece of consumer goods. These photographs plus an evaluation of the color of the tablets. The information is contributed through channels that the individual buyer has some understanding of what is being sold. He claims that as a result the threat of drugs available in the Kansas City market has indeed improved. His only conclusion is that as the Ecstasy Umbrella is opened, the audit is needed and Dr. Wallace's laboratory is in Kansas, it must be followed. If low each time he drives a needle on the state line. His solution - work with the state and federal agencies. He also feels that the message was conveyed to other city officials, that medical students paid off, since the center did receive $30,000 for the health of the committee and the students. The effects of the drug are being abruptly denied services. Jefferson CMHC's assigned area has probably 300 patients per month, some of whom are being refused services. The ruling that had just been made. It was forced to go back to a community Mental Health Centers throughout the state - that Dr. Ingraham was in a position to say that $30,000 out of that money was being given to Jefferson CMHC for the staff salary support. The approximately 300,000 needed to complete the necessary $18,000 could not be given at all this, primarily because of a state ruling that had just been made. The ruling did away with "institutional overhead" (purchasing, personnel, bookkeeping, maintenance, etc.) in the activities of Jefferson.

The deadline was March 13 at 5:00 P.M. in Philadelphia. A large demonstration that day in front of the Jefferson Medical College Building pressing Ingraham to present $210,000 to Jefferson CMHC. Apparently the state had allocated the city almost $1 million in revenue from the Maryland, but Jefferson was not in receipt.

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A questionnaire polling student opinion on evaluation systems and their desirability indicated that a variety of systems proposed or in use at other institutions are desirable and students may indicate their preference. The results of this poll will be the basis of a forthcoming report from the Committee.

Electives

A report on “Guidelines for Elective Registration” has been completed and presented to the Faculty Curriculum Committee. The text of the report appears as follows:

Faculty Curriculum Committee

The measure was approved by the Executive Council as well.

3. Spanish Language Elective

A proposal dealing with criteria for electives not presently in the curriculum.

Reasons given in support of the measure were:

(a) UPTO

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

(c) The need to travel to distant hospitals for research and teaching.

(d) The change will provide a good time for electives since “we are all tired, spirals are lowest.

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

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

4. Language Elective

A proposal to establish a Wednesday afternoon elective in practical Spanish, submitted by two students, was supported by the Curriculum Committee, however, endorsed the recommendation of the “students to make the Spanish elective. The student proposals noted that five to twenty percent of the clinic population at Jefferson is Spanish-speaking, and recommended that space be provided for this if it is developed. The student proposals were similar to those passed by the Executive Council.

The measure was tentatively approved, also.

The registrar and recommended that space be provided for this if it is developed.

4. General Practice Preceptorships

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

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

5. Freshman Year Lunch Schedule

Dr. Ramsey requested a change in the first year lunch schedule from 1 P.M. to 2 P.M., thus allowing more time in histology and embryo laboratory. This met strong opposition by the students.

6. 3. Shift Schedule

Calling for the establishment of a residency program in Family Practice at Jefferson Hospital was impractical.

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

7. Calendar for 1970-1971

The Committee approved the school calendar submitted by the Registrar for the year 1970-1971. The projected 1971-1972 calendar was tentatively approved, also. The initial items are noted below for general information:

- Standard Course: August 29, 1970 - Summer recess begins August 12; Sept. 9-13 - Orientation for Freshmen.
- Sept. 9-13 - Registration for all Classes - Medical School; Sept. 11 - Registration for all Others - Students; Sept. 14 - 8:00 A.M. Summer recess ends, Fall
Curriculum and Climate

(Continued from page 3)


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

Jovin Tartter

It is not by any means this reporter’s belief that Jefferson has done anything in the broad areas of curriculum and climate. However, the impression is that the recent efforts have been haphazard, sparse, and with poorly outlined goals in mind. Jovin Tartter has implored the university to study the areas of reform as a well defined core, increased elective time, clinical oriented work, and more credit course in community health. These are a few of the urban topics. The resultant educational climate is erratic at best. Jovin Tartter has said that this climate is still basically distrustful itself. As a result, the core need for a Student Bill of Rights and the subsequent suspicion on the part of students which it aroused. There seems to be an overly cautious attitude in regard to the institution of change. Any attempt at innovation involves risks. Despite the thrill of wild innovation which characterizes the country’s more progressive medical schools. And indeed there is no guarantee that change will bring improvement over the existing education, which has not all the time that bad it for does turn out many harmful effects itself. Yet conceding that there is always room for improvement, consider a few points of the historian of the last century, Dr. Thomas Jefferson, who advised, “Program depends upon change, and it is only practicing that body of knowledge in the the Faculty Curriculum change, and it is only practicing that body of knowledge in the the Faculty Curriculum opportunity to become a professional innovator in the field of medical education and to climate as rapidly and significantly improve both here and as a model for elsewhere.

Commons Lectures

(Continued from page 4)

prediction concerned the drawing of a picture of the heart, the seven of hearts. Mr. Burgess predicted that heart. This was the only real mistake that he made during his demonstration. Later in the lecture, Mr. Burgess reminded a student’s social security number. The number was all zeros, eights, and eights. Mr. Burgess couldn’t believe that the same pair of eights kept coming to him and it became a joke after a while.

Mr. Burgess made his purpose and position concerning ESP very clear. He said he hoped to show exactly what ESP was and how it could be used. He also stressed the fact that as a skeptic he is not omnipotent but quite fallible. If he makes mistakes. He said that the average person is correct less than 50% of the time. He is correct between 67.20% of the time. The all-time record for perception with ESP is 75%. He said that skeptics refused to consider the possibility that many can perceive something beyond the normal level of cognition. He said they would even rationalize the materialization of Mimas if they were possible for him to do it.

This reporter found Mr. Burgess to be a believable, reputable proponent of extrasensory perception. This man is no charlatan. Those spoken to prior to the lecture who were somewhat dubious about the phenomenon came away with a much more positive outlook. Because of Mr. Burgess, they realized the subject is not one to be taken lightly or to be dismissed as sheer absurdity. This reporter wishes to congratulate those involved in the development of the series for fine selection for its initial speaker. One can only hope that he will still prove as worthwhile. If the same standards are maintained, there is no doubt of the future success of the program.

Council Report

(Continued from page 7)

Quarter begins

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

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

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

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

A January meeting is held on April 2 in Sills-Cohen Aud. to explain the process to the committees and departments involved. The specific data this study yields should enable the statement of precisely what constitutes our “core curriculum.”

3. Pre-Exam Curriculum - A suggestion by Dr. Schaefer, Department of Microbiology, to establish a “reading period” before the sophomore final exam was considered. The Committee recommended that the departments involved in these examinations meet to work out a solution to the problem. Time for such a period could come from one of the other aspect of the curriculum. This election is said to be rarely allotted to these departments.

10. Emergency Room Rotation

The class of 1979 has had one week assigned rotation in the Emergency Room on junior surgery. This experience has been delayed from the curriculum this year. The surgery department does not feel it should accept exclusive responsibility to provide time for Emergency surgery. The specific data this University of the Committee Curriculum has been released to the departments concerned with Emergency room teaching so that a more coordinated program can be developed.

11. Department of Medicine

The Committee has under consideration a suggestion to hold a review of the clinical subjects presently taught in the second year of one uniform block, and thus limiting the basic science courses to the other two blocks of the three year. This Medicine block might be taught at any time during the year although the prospect of using them being taught as a whole is considered, as assuring still earlier patient contact. The suggestion was presented by the Committee for the Introduction of Clinical and Problem-oriented teaching which supervises that course in the second year.

Department of Information

The question of what information is possessed by administration and activities which occur during the Faculty Curriculum Committee should become common knowledge to students and faculty has been considered. It was initially decided to discipline such information when and as it was presented to the Executive Council per informed Committee request. The notion of conflict of allegiance to eminently necessarily between medical school grades and later performance as a physician.

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

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