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New Curriculum in '72

By James Redka

The Faculty-student Curriculum Committee has been formulating a proposal to re-organize the Medical College curriculum beginning next year. As the time for a final decision draws near, there have been several changes in the old curriculum in the past few years. This year's curriculum, toward elective time concentrated in the fourth year; introducing a twelve-week clinically-oriented block in the second year; beginning an approach to the Patient course in the first year; and reversing teaching time in the first two years have all been steps in the movement toward a new curriculum at Jefferson.

The new curriculum will be started next year if at present students leave a basic course entitled 'Cell Biology' which will include much of Biochemistry, cellular anatomy and physiology, and medical genetics. Structure and Function will follow - this will be taught in an integrated fashion by the departments of Anatomy and Physiology. A special section of time will be devoted to the Neurosciences with the cooperation of the departments of Neurology, Ophthalmology and Otorhinolaryngology as well as the Department of Pharmacology. This section is to become a model of 'system's teaching' to be expanded in the future at Jefferson.

'Virology of Disease' will follow on emphasis on virology, pathology of tumor, pharmacology of chemotherapy, Microbiology and Pathology will be devoted to the fourth year. The present second year course in Microbiology will not be abandoned to encompass 'Introduction to Clinical Medicine and the basics of Biostatistics'. The new course will review the basic scientific principles and learn before and learn to apply this information to clinical situations.

The educational period of time outlined above, one or two 1/2 days per week will be devoted to sociological, psychological, and preventive medicine, aspects of medicine, and the approach to the patient. These aspects will be emphasized by including the one course to minimize fragmentation in these areas. As it appears now clinical clerkships will not be altered radically in the new curriculum although additions and deletions of clerkships may be made as details are defined. Free elective blocks will be curtailed and sub-specialty rotations will be included in the second year with Introduction to Clinical Medicine. It is hoped that this curriculum will enable the Jefferson student to obtain the broad attributes of a graduate student, as the core, will be completed by the end of the third year.

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

Jefferson Hospital Faces Grave Financial Crisis

By David A. Jacoby

Jefferson is in a grave financial crisis. The state is grudgingly but in paying Jefferson under the "Medicare" contract which was in force the year before and the threat of $180,000 spent and the fee of the University to start treating patients it is currently paying its currently paid by medical students.$

At this point the money for states will become available and the hospital, the almost $250 a month in advance, has been taken over by the Hospital for students. Since July 1 the emergency room fee has been $250 cash advance, the state and federal government, it is a life-threatening emergency, a fee which does not cover any diagnostic tests, drugs, or x-rays, only payment or treatment, and waiting - until an intern or fourth year student finally gets around to seeing one.

One does not need to listen to the word of the New York Times or The Wall Street Journal to know that the hospital is a menace to the public. But the problem is much more complex than this. The hospital is becoming increasingly dependent on federal funds for its operating budget.

Med Students Will Participate In VD Counter Attack

By Arnold J. Will

One needs only to hear a broadcast to realize that VD has been declared an "alarming yon of the new generation". What is not mentioned in the FBI's report is the fact that VD is the one disease that restricts to this "class" only but rather encompasses all groups - over 30, rich and poor alike. What is the cause of this? As usual, everyone automatically discounts the pill, the new morality or just plain ignorance. The latest is the one which seems most plausible. After all, who hasn't been infected through hygiene or some other "sex-education" course from your seat teacher at school through the discussion of VD? The nurses and the staff and administration of most school districts in the promulgation of half-truths and falsehoods about VD. The result of this lack of expert and competent teaching which allows VD to reach epidemic proportions. Somewhere in the education line-competent teaching is necessary-just blushing through a session where the facts are sketched, just like Romeo and Juliet (proven) just to keep teachers from getting fired.

Looking at the facts - 661,000 people under 25 had gonorrhea or VD all year and that is $2 per person. The American Medical Association has recommended that VD be treated and paid for by the city is not satisfactorily fun-

IFC Announces Schedules for Football and Social Events

By Fred Vasta

On Wednesday September 29 the I.F.C. held its first meeting of the year for 1971-1972 academic year. Reported at this meeting were the results of this year's annual rush. The Phi Alpha Sigma sale which netted over $200.00 compared to last year's $185.00. The Chairmen of the sale, Dave Hughes and Charles Ligett, mentioned was the fact that most men under 25 had gonorrhea or VD among these complaints was the "stay in the dorms and make love" or some other "sex-education" course in the seat teacher at school through the discussion of VD. The nurses and the staff and administration of most school districts in the promulgation of half-truths and falsehoods about VD. The result of this lack of expert and competent teaching which allows VD to reach epidemic proportions. Somewhere in the education line-competent teaching is necessary-just blushing through a session where the facts are sketched, just like Romeo and Juliet (proven) just to keep teachers from getting fired.

New Schedules for the upcoming football season at Colgate have been announced. The new schedule includes the Virginians, Radford, and Army among others. The Phi Alpha Sigma sale which netted over $200.00 compared to last year's $185.00. The Chairmen of the sale, Dave Hughes and Charles Ligett, mentioned was the fact that most men under 25 had gonorrhea or VD among these complaints was the "stay in the dorms and make love" or some other "sex-education" course in the seat teacher at school through the discussion of VD. The nurses and the staff and administration of most school districts in the promulgation of half-truths and falsehoods about VD. The result of this lack of expert and competent teaching which allows VD to reach epidemic proportions. Somewhere in the education line-competent teaching is necessary-just blushing through a session where the facts are sketched, just like Romeo and Juliet (proven) just to keep teachers from getting fired.

National SAMA Conference Emphasizes Local Projects

By Gail Tenikat

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

National Information booths manned by representatives of the programs involved in the Health Manpower Task Force were available at the conference. The representatives could obtain first-hand information about the programs as well as to have their chapters entered on mailing lists for the Community Health Orientation Program.

Jefferson Reportedly Has Paid Its Money

By James Redka

As it appears now clinical medical students will review the basic sciences prior to entering on the part of Blue Cross (and inadequate elevator service), it is the slowdown of the spread of the disease now and in the future. If they knew the truth now it will prevent VD in the future.

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A viable response to the financial crisis facing Jefferson is needed by the Jefferson family. The administration has shown its reluctance to appropriate funds in adequate amounts, bureaucratic delays have resulted in prevention for which it has already given, and its seeming desire to keep costs.

Jefferson has demanded full cash-in-advance by October 1st or third party insurance coverage for new clinic patients and also demands cash-in-advance or third party coverage for more of its services. To compound things, unfortunate consequences of the chain of command increasingly occur, and for the potential hospital administration covered almost fully by DPA were being sent to PHL unless judged to be in dire distress. Fortunately this policy has since been remedied; for this has been recommended. The administration in regard to political pressures we recognize two kinds – effective connections and strong, well-reasoned plans. We cannot communicate to our elected representatives this pressure on the administration in the first kind we can offer no help. We are told our political power, for the second kind, however, we do have suggestions which we wish to make.

First, for the people to act, they must have knowledge. Previous generations of student have been told the University to believe it is must be trusted, and it must trust both in the responsibility of its own actions and in the responsibility of its students.

For it to regard as ‘purely internal’ matter must be publicized that the fact this has been effectively closing clinic services. In regard to political powers, we recognize two kinds – effective connections and strong, well-reasoned plans, therefore, we must communicate to our elected representatives this pressure on the administration in the first kind we can offer no help. We are told our political power, for the second kind, however, we do have suggestions which we wish to make.

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Few of Buster Keaton's films have ever been re-issued theatrically; many were believed lost and have not been seen for 40 years. Now, after its New York debut, the complete series of Keaton's 16 features and 11 shorts is showing at the TLA Cinema at 3rd and South. They represent the finest of Keaton's comic art. Here is a talented comic performer who can do as much with the head, hands and body as anyone in the business, and in a style as neat and perfect as the scribe who first told the tale of the Chinese mandarin who was so annoyed by his wife's noise ofipping the tea that he had her put out a sign: "She is a deafener."

Sometimes Keaton's aim seems to be to make an audience feel just how much a performer but an inexpressive machine. He stage and then hurtling him observed Keaton's father, a destructive prop. Harry Houdini, lost Keaton's years. Now, after its New York debut, the complete series of Keaton's 16 features and 11 shorts is showing at the TLA Cinema at 3rd and South. They represent the finest of Keaton's comic art. Here is a talented comic performer who can do as much with the head, hands and body as anyone in the business, and in a style as neat and perfect as the scribe who first told the tale of the Chinese mandarin who was so annoyed by his wife's noise ofipping the tea that he had her put out a sign: "She is a deafener."

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Religion and Medicine: Concept of "the Sacred"

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

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

Sometimes a family will put aside a sum of money for the education of their children, and they will still feel that it should not touch the money that has been saved. Therefore, for survival both of a society or of an individual's own life, there must be certain areas which are roped off and labeled as sacred, even though the violation of these areas would seem to be more functional, or the roping off of them seems to hinder progress. There are many areas where religion and the modern world stand in contradiction. Religion marks off human life and says that it is sacred and inviolable. It marks off the marriage relationship and says that a third party should not enter. It says that a man's word is sacred and that a promise or a commitment should be kept.

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

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

The concept of "the sacred" is certainly not a popular one in our functional world, especially in the very progressive world of medical science. Some would claim that this concept has somehow drifted away, and they look forward to the time when it is totally abolished. They see religions as fostering the concept of the sacred and see the future of man as independent on cutting those religious ties which would still teach man that certain things are inviolate and sacred. Perhaps you yourself hold this prejudice against "the sacred." So, the medical university has to communicate to its students not only medical techniques but the very important ideas of the sacred. A man trained in any profession who holds nothing sacred is potentially more dangerous to our society than he is helpful. Psychologists talk about the "disclosure moment." It is the moment when what we hold as sacred is really brought forth. In those moments a doctor learns whether it is really money or health which he holds as sacred, whether it is the good of his patient or his own well-being he cherishes the most.

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

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

Very Reverend Vincent M. Walsh Chaplain to the Catholic Students

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**Ariel**

October, 1972

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**CMS Sponsors Projects**

*Frank Taylor*

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

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

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

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**Bank at the Trefoil... It's a good sign.**

*The Fidelity Bank*

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When you know it's for keeps

Happily, all your special moments together will be symbolized forever by your engagement and wedding rings. If the name, Keepsake, is in the ring and on the tag, you are assured of fine quality and lasting satisfaction. The engagement diamond is perfect of superb color, and precise cut. Your Keepsake Jewelers has a selection of many lovely styles. He's in the yellow pages under "Jewelers."
On selected week food when served is free

By Tom Williams

I thought that we should leave because we had been managed personally. When I asked her, Carol said that it was O.K. to leave.

She was talking with Gordon about overcoming his heroin habit. Carol, herself once an addict, was full of street talk and comfortable stomach, sweating sweat, which was probably due to her addiction.

The full concert will be held on Saturday, November 13, at 8:00 P.M. in the cafeteria. Featured will be Raun McKinnon and Don Crawford. Last regular performers at the Main Point Lounge on Lancaster Avenue.

Student Discovers Another Side to the Heroin Problem

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

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Lincoln Collective Continues Radio Activities

by Tom Williams

The pediatric ward staff meeting at Lincoln Hospital in the South Bronx was attended by about fifteen people—head of nursing and all staff, plus interns, residents, and medical students. What was unusual about the meeting was the frankness and diffusion of walls of authority. Many of the medical staff. One LNP vehemently complained about not having time to clean up. A resident said she perform her regular nursing duties. The junior medical staff was sparse so that all the nurses had been asked to pitch in and keep the ward going. The head nurse listened to the LNP’s complaint and admitted that until the staff shortage was corrected, she would have to hold out with the cleaning. Then all of the residents volunteered time and the rest of the people to do the tidying. Next a tough subject came up. A resident—the students at Lincoln usually are the most radical—said that a proposal by a request for a community group be approved. The request was to permit the various groups active in affairs at Lincoln to be part of the committee which hires and fires new staff doctors. The different groups include strike committees, community radical organizations such as the Spirit of Life and the Young Lords, all of which are members of the Lincoln collective. Not surprisingly, many of the pediatric staff did not like the request. The head nurse said something like, “The doctors on the selection committee already did a job.” The side groups are not needed.”

Most of the other members were too keen on the outside physicians becoming too prominent in the hospital. They believed that if themselves wanted no say in what is his to keep the new interns, residents and staff people. It was not a victory for those who sought liberalization and collectivization of this particular decision-making process, but at least the subject had been brought up. Later it would find more acceptance than the Lincoln Collective, for those not aware, has existed for almost two years, and it is composed of doctors, nurses, hospital workers and other people associated with the hospital as well as various community groups already mentioned. The Lincoln Hospital administration sees the Collective as somewhat of a threat, but many of the people of the South Bronx, largely Puerto Rican and black, look to the Collective as the only hope for preserving comprehensive and compassionate health care for their unsusgly impoverished community. Over the last and especially last spring liberalism has been much maligned and some disruptions caused when, among other events, community group took over part of the hospital. The Lincoln Collective was in the thick of the “Black Power” (e.g., “New Physicians and the May, ‘71 Ariel”), in fact, three Jefferson graduates, Roberta, Mary L. Evitts, and Mike Steinberg, all residents at Lincoln Hospitals were important founders of the Collective and are deeply involved in everything that goes on. There was through that I visited Lincoln for a day late in the summer.

So what has happened at Lincoln since all of the action last spring? Nothing quite as dramatic. Actually, the meeting already described is typical of the quiet reorganization of Lincoln if it is taking place at Lincoln. The emphasis is to build trust and understanding between Lincoln’s medical staff and patients. To do this, a democratically run hospital team has been formed with regard to internal organization and to the community with the hospital. The hospital’s decision making process of the hospital, the collective, the Lincoln Collective, by no means the only one. In addition, the person, in this vein have adamantly been improving their health care. Among other things, they have broken up into small groups, for example, in different functions, the head of which report to the weekly all-collective meeting. Breaking the Collective up was intended to relieve the cumbersome mass in strong gatherings. Moreover, there are always at least a few who meet informally every morning at the hospital. So there is little of the old conflict within the Collective to enhance communication and to slowly evolve a closer relationship with the community and the rest of the hospital staff.

Perhaps the most dramatic event in the news items of last spring is the so-called “building action.” The Lincoln Hospital and Hospitals Corporation which runs them New York City’s largest hospitals, the NYC’s collective officialthe department has declared the forms “insane.” The Lincoln Collective, is still in the thick of things, but the new action” seems like a rather radical thing to do, the decision to postpone the collective’s meeting staff, administration and community is a devastating blow to the Pediatrics Department. It was a rational response to an emergency. You might wonder what are the implications and significance of the “collectivization” of Lincoln—is the growth of a truly democratic hospital unit within the American health system, particularly the poverty-stricken, inner-city population. Most obvious is that the rest of Lincoln has been influenced this way, notably Lincoln’s collective. But more importantly, Lincoln is serving at the vanguard for so complete restructuring of the American hospital. Must be offered to every hospital and by many other hospitals with high expectation, of course, depending. The activists at Lincoln Hospitals’ moves are rather frustrating and inhuman in trying to bring about change, and they are “We’re determined to lead the way in the health care revolution.”

WE HEARTILY WELCOME all community groups. PLEASE ADDRESS LETTERS TO THE EDITOR:

BOX 27

S. JERSON

BOX 27

NEXT Ariel MEETING
Monday, Nov. 1

All are welcome. Greetings!
Hospital Crises  
Cont. From P. 1

... stays in this hospital. Junior year medicine rotations at Jefferson have been severely curtailed. Seemingly reaching the population is $9500--"counterattack is geared to delivering pamphlets to the city. Hopefully they will be through the reality of community acceptance that a giant of Jefferson's size can destroy the good community honor of great hospital and meeting the needs of their constituency, the sick.

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

V.D. Counterattack

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

The drive will be culminated by 25,000 interested high school students going door to door delivering pamphlets to the occupants of every household in the city. Hopefully they will be received and the information presented by them will be read and utilized. This is the most ambitious portion of the program and the one which presents many ways for participation and the greatest possibility of reward. The necessity of truth (facts) reaching the population is apparent.

Ariel

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

Curriculum

Cont. From P. 1

number of 'tracts' to be offered by each of the specialties represented on the Jefferson faculty. Tracts will be offered in the clinical and basic science areas. These tracts will include a review of the basic and clinical sciences as well as more advanced work in areas pertinent to the chosen specialty. Implementation of this program should allow for more realistic career choices among the under the present conditions.

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

SAMA  Cont. From P. 1

December 4. It is open to all interested SAMA members. Small group conferences will be held on the doctor draft, migrant workers, drug abuse education, analysis of health care delivery systems, methods of increasing medical school admissions (with special reference to all minority group representation), population growth, and local projects.

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

I.F.C. Cont. From P. 1

GAME TIMES:

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


GAME WEEKENDS:

October, 1971

The games are to be played on fields 94 and 45, Edgley Field, Sted and Dauphin Streets, East Fairmount Park (same fields as last year). Each team should have its copy of the permit for the fields at each game.

Other topics of discussion at the meeting included the possibility of I.F.C. publishing a comprehensive rush booklet listing and describing all of the fraternity names for next year's incoming freshmen, thereby eliminating the necessity of each fraternity publishing and mailing its own booklet to each freshman.

The possibility of having I.F.C. installing coin-operated laundry equipment in each of the houses was also discussed.

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