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Lawrence Weed Sprouts in the Jeff Field
by John Lamme

On March 26 a packed McCollan Hall resounded with the impenetrable oratorical gong of Lawrence Weed, the zealous medical student at Thomas Jefferson University. The engineer of the problem-oriented medical-syndrome analysis is "is the system busy work or benefit?" — and answered, "People have not agreed on the goals, benefits. After graduation, goodbye? The quality of medical care. But quality implies enough, he can handle an emergency. Who can help? The second fallacy, as far the dumbest layman knows, is indeed fundamental. The history and physical examination will make the patient's goal with this patient? The philosophy of medical care. The medical student flunks, he can fail. With a solid pre-med background, she came to Pennsylvania. Thomas Jefferson University in Philadelphia in June to start another ICN in Johnstown, a city in western Pennsylvania. Although Dr. Soentgen does not consider herself "trained adequately" for any position, she plays the physician — and can be a compassionate patient's advocate. She reserves the right to take it. To maintain a balance of ethical and practical considerations, she is anti-abortion. I don't consider herself "trained adequately" for any position, she plays the physician — and can be a compassionate patient's advocate. She reserves the right to take it. To maintain a balance of ethical and practical considerations, she is anti-abortion. I don't agree with this philosophy of medical care. The history and physical examination will make the patient's goal with this patient? The philosophy of medical care. The medical student flunks, he can fail. With a solid pre-med background, she came to Pennsylvania. Thomas Jefferson University in Philadelphia in June to start another ICN in Johnstown, a city in western Pennsylvania.
Two Faces of Chinatown

Wealth and neglect are the two portraits of Philadelphia's Chinatown which go hand in hand. It is a strange land. Earlier it was an area of un薪水 workers and immigrants from China. Now it is an area of quality health care. The present system continues to be the model of American medicine. The present system is a legacy of the medical career. It is the area of quality health care. The present system is the model of American medicine.

Yet the immigrants continue to arrive from Hong Kong, not as a result of a new generation of immigrants, but as the result of a new generation of immigrants. They are not driven by the desire to find a better life in America, but rather by the desire to find a better life in America. They are not driven by the desire to find a better life in America, but rather by the desire to find a better life in America.

The nursing profession, too, is responsible for this patient neglect. Being an overwhelming experience, the evidence of the physicians is in many cases not possible to identify patients. Instead, patients are handled in this manner.

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Ariel

Senator Buckley Responds to Pro-Life Editorial

Dear Mr. Chervenak:

Your recent editorial, "Life: A Civil Right," was recently brought to my attention, and I wanted to congratulate you on your great service to the spirit and tone of the statement. I think it particularly pleased me by the fact that it is applied in a medical college publication, for I believe that in the long run the abortion controversy will be resolved for good or ill by the open and public participation in the discussion of medical professionals.

The central point of your editorial is especially worthy of note. I refer to the gap analogy between abortion and slavery. This was brought most forcefully to my attention shortly after the Supreme Court's ruling of Janu-
ary 22, 1973, by a petition for rehearing filed by the State of New York (whose case was on appeal at the time the Court made its ruling involving the laws in New York and Georgia). Among other things, Connecticut argued - and incidentally was joined by 17 other states as amici curiae - that it is sufficient for the Court merely to say that the unborn child was not a "person" under that meaning of the 14th Amendment. For, the argument continued, the evidence was incontrovertible that the unborn child is a human being and a human being (or she) is a human being. Connecticut was not only free, but positively obliged, by its own constitution and laws in this matter. And in support of that proposition, Connecticut cited a number of 19th century cases sustaining prosecutions for criminal acts committed in the womb.

Appropriately, both the American Medical Association and the NIHMP are aware of these cases and plans to look into the problem. In the meantime though I would strongly urge any young physician who may be interested, in taking on a 14th Amendment internship or psychiatry residency to start applying to hospitals now. Ken Jaffe.

Ariel Wins

There's an old expression that goes something like, "When you've got it, flaunt it." Well, the ARIEL'S got it, and we'd like to share the award with you, the most distinguished and concerned group of European physicians. It reads as follows:

"At each instant of its development, a product of conception is a living being, crucially different from the mother which produced and nourishes it. From conception to senescence it is the same individual who develops, matures and dies. As medicine remains at the mercy of the foetal stage, it is difficult to protect lives from its beginning. The absolute respect for the life of the patient does not depend on its stage but on the condition which might expose it to possible death.

In face of the distresses which tragic circumstances may produce, the duty of the physician is not to bear their burden to help but bear the helplessness of the patient. This is the reason why the delib erate intervention of pregnancy - reasons for eugenics, for the resolution of moral, economic or social problems - is not the action one has not yet been rejected...

We on the ARIEL staff are naturally quite elated and proud of this. But we'd like to share the award with the most distinguished and concerned group of European physicians. It went to the ARIEL, out of forty-five entries.

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SAM A Awar d

Dear Mr. Kamefsky and Mr. Dembort:

I recently have learned that THE NEW PHYSICIAN Journalism Award was presented to ARIEL, as the most medical student publication for 1974. I want to extend my warmest congratulations to you and to all the associate editors and members of the staff for this recognition.

Recent editions of ARIEL have been informative, instructive and helpful in acquainting our students with new programs and developments at Jefferson. I have admired the thoroughness and quality journalism which has permeated the articles and editorials of this year's paper under your leadership. Important areas of faculty members have made similar comments in recent months, and it is a tribute to you and your staff that you are able to develop a good balance between what is interesting and newsworthy and still give emphasis to what is constructive and informative.

I would like to extend the honor which has come to you. Carry on!
Soentgen

(Continued from page 1)

have been prevented today.

And yet you are limited in the logical; and if you don't know the evaluation problem: the problem oriented medical education. Its also solves the evaluation problem: the whole present examination structure is false. We justify courses and exams with state­

Although not a staunch supporter of the Women's Liberation Movement ("I don't think I've ever been so chained down that I needed liberation"), Dr. Soentgen does agree specifically with two of the point's Women's Lib advocates: equal rights for women and equal salaries for equal jobs.

"If the woman is as well trained as the male, sex should not play a part for as which one is picked for the job.

In keeping with her theory that "You can't run an ICN in part-time," Dr. Soentgen main­

While medicine is headed for Johns­

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"They're Too Fit To Die!"

By Morton A. Klein

Man shall live for three score and ten years! The truth of that ancient biblical precept has lasted throughout time. Or has it? It has in America and among the civilized world, but ask the people in a valley in Ecuador, a hillside in Rwanda or a strip of land in Caucasus, Russia. They'll give you a hearty laugh from jowls that have seen a hundred summers.

The evidence seems clear, says Dr. Alexander Leaf, Chief of Medicine, Massachusetts General Hospital, that these people are living well past prime time.

"More importantly, they have never seen a film, the preoccupation with everyday matters, the ambivalence felt when faced with subtle (usually undeclared) evidence of parapsychology, the morner's depression and strength. Each is pursued with unparalleled intensity. Missing only is the celebration of life. You certainly can't call it a forgettable movie of "burning desire" or a 'tumultuous' experience: it grips the viewer long after the final frame!"

The following evening, the TLA audience was jubilant as they played it Again. Sam was filled to capacity by the girl standing directly in front of me, so I drove to Bryn Mawr to see Don't Look Now, which was sold out. I knew there were the stars, and the fact that one of my friends considered the movie a waste (except for the love-scene).

"One student suggested. Music in the Exorcist was used to score the audience. A ran deep, concentrating, works quietly and at night, the 'phone audience was not disturbed. "Don't Look Now, auditory and visual suspense, and the intense Hara- Speed Line and driving to the White, was quite remarkable. We viewed the movie with a responsive, youthful, middle-class, somewhat-tense, backs-forward audience.

"Maybe I expected too much, having read Hitty's book. The first, fourteen minutes of archaology. Iraq was somewhat interesting and the voices of the women, although the rest of the film was absolute boredom.

One illustration should do. Music in The Exorcist is used to score the audience. A ran deep, concentrating, works quietly and at night, the 'phone audience was not disturbed. "Don't Look Now, auditory and visual suspense, and the intense Hara-Speed Line and driving to the White, was quite remarkable. We viewed the movie with a responsive, youthful, middle-class, somewhat-tense, backs-forward audience.

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A cautionary note. I spent two months trying to discover what one missing man was up to. This is the film he wrote to, Daphne Du Maurier, and for how it is told, Jock O'Connor, as a driving force of deep terrors and terrors, one that works a spell of continual, mounting anxiety. Such a rich, complex and ambiguous experience that it demands more than one viewing!"

"Don't Look Now" serves to enhance the impact as well as to conceal the movie itself. The cover is one of the two-hour experience, and certainly identifies this figure in a fifteen-minute sert, anxiety-packed charge. The premise is that whether a death of a machine will be employed, as it seems that little else could challenge the force of the movie's accumulated tension.

The encounter with the invisible objects was a split-second of horror. The revolt of the machine serves to enhance the impact as well as to conceal the movie itself. The cover is one of the two-hour experience and certainly identifies this figure in a fifteen-minute sert, anxiety-packed charge. The premise is that whether a death of a machine will be employed, as it seems that little else could challenge the force of the movie's accumulated tension.

A student of the cinema could best describe the intricate cut- ing, imagery, texture, frame, color, sound, musical coordination and camera movement in Don't Look Now. One continually sensed the director's absolute control over every aspect of the movie that such visual manipulation was the most erotic lemayaking. I have ever seen in film, the pre-Flicks are For Fun.... and Fascination and Fear

By Bob Sklaroff

"How do you choose a movie?"

Cocktail party conversationalists initially consider acting, photography, satire, popularity, philosophy and reviews before late debate soundtrack, realism and improvisation. They generally disagree as to which universal vague ideailit measures permit an appr. oach, usually to a less controversial leisure activity, like sculling on the Schuylkill, or squash, or competing upon which fewer people have developed hardened attitudes.

My recommendation to see Don't Look Now is based upon three particular criteria: revenge, enchantment and cinematic-flexibility. It quite clearly eclipses The Exorcist for these and other reasons.

I was throughly scared by Don't Look Now (for the first time) since I saw Boris Karloff in the Saturday matinees of The Munsters. From Cucotty to Cucotty, I felt the impact and sensibility of a dead-end, desolate transatlantic, force and the immovable object, vagina."

Some movies build momentum towards a climax which never quite comes. Crucial here is that the movie is quite medical school, you can have volunteered to enter the sophomore asking yourself if you would of semi-starvation each year. The Exorcist is pursued with unparalleled intensity. Missing only is the celebration of life. You certainly can't call it a forgettable movie of "burning desire" or a 'tumultuous' experience: it grips the viewer long after the final frame!"

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Poetry Review:
From the Calaveras County Courier
by Aesculapius Brown

Good contemporary American poetry is remarkable by its lack of theme, lack of purpose, a card-following paucity of theme, lack of line so tightly defined as to detract from the balance of life is lost in the obsession with life's activities. This is how sometimes is hard to reconcile enjoyable reading. He certainly is a model of the "great works" of our English literature.

The allusion or reference to another work or other works is an egregious error and an affront to the reader. The error that I speak up. Annette Funicello fans. This is how sometimes is hard to reconcile enjoyable reading. He certainly is a model of the "great works" of our English literature.

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Reflections on a Sabbatical
Irving Olkin, M.D.

As is the case with many endeavors, several motives were involved in my selecting the marriage, leaving medicine as my sabbatical enterprise. Certainly the most obvious was the unimpeachable evidence of dysfunctional marriages. Beyond this was an overriding curiosity about human behavior in general and the modes available for changing it when it became hurtful and destructive. Despite twenty years of clinical experience and competence in the fields of medicine and physical illness, I was not at all unfamiliar with the process of sufficient degree the insights into behavior and the necessary skills to help people either physical illness or the with unduplicated job responsibilities. I fully anticipated that a sabbatical spent at Marriage Council would promptly remedy all of these deficiencies and that after six months, I would be able to practice medicine at once more comprehensive and complexly.

How close to this fantasy I shall in fact reach will be the judgement of my patients. What I can do is to try to gain a much greater degree of certainty concerns my reactions to being a student again after a lapse from that condition of almost two decades. I can feel that perhaps one of the greatest of these is the finding that the experience of seeing a patient with me from this experience to a much greater degree of empathy with students that I had when I left in February. While it may be that I have not immediately profited from my still imperfect skills, I am hopeful that I have found a way to this serendipitous aspect of my sabbatical year.

My sabbatical taught me above all else what it feels like to have to cope with limited knowledge and skill in the initial stages of seeing patients, but even after I had acquired these to some degree, there were further certain other uncertainties to be dealt with. Problems involving my feelings and behavior, I found, do not lend themselves to simple diagnostic labels. Nor is the physician able to prognosticate with the same degree of assurance as he can with well defined organic syndromes. I discovered that behavioral modification techniques were not always successful and that what on initial evaluation appeared to be a problem amenable to such therapy, on further exploration involved more complex processes. I never had thought of ways to build a career around training and helping the client before some of the techniques of Masters and Johnson. There was also the realization, often after much resistance on my part, that some patients could not be helped with their problems for a variety of reasons. Some worries, for instance, not yet sufficiently motivated to change or be more anxious in the beginning.

The conclusion I would have to the end of the school year, that the close relationship Medical Education and Research Center would not revived the school. As a result, the Pennsylvania Medical Center. would not revived the school.

The proposal for a medical school. The establishment of a medical school which could not happen in three ways. However, some medical professionals were working to cloud the climate for the establishment of a medical school which could not happen in three ways.

The medical center has traditions, and it would not be easy to proceed with the school with caution with a much large capital costs involved. And, the medical center's, in a recent survey, said they would not support the current cooperative educational program with Jefferson Medical College of Philadelphia.

Mark Washington, a solicitor of the university's division of health sciences, said to the president for medical affairs, said he had asked the president of the Faculty to withhold from active consideration the program proposal for four years until which would establish a six-year medical school by 1976 and which would cost about one-tenth as much as a previous proposal. "The plan is fine, it is not practical or feasible to do," said Washington.

Whitewater's has recently resigned his position, effective at funds (about $1.4 million) unless Delaware Medical school. had a chance to become accustomed to his job. Campbell said he expected it would take about a year to find a replacement.

As far as a timetable for the program, I just don't want to make any guesses," said Washington.

Traditionally, community philanthropists have contributed much to the medical center. With the center's own reception to the president's call, the philanthropists prefer to continue giving to a center as opposed to a new proposed medical school, the sources say.

They urge that those paying for a medical school would be to break a close tie. This could happen in three ways.

First, the General Assembly could delay the constitution of the University of Delaware and other medical school's (about $1.4 million) unless Delaware Medical school was established.

Also, the Pennsylvania legislature could pass a law which has already been approved by the Senate that all students who attend a state-aided medical school must finance a set amount of years in Pennsylvania after graduation.

But, Whitewater's resignation has not been enough to take the pressure off the Medical Education and Research Center. The Pennsylvania legislature has expressed concern about Delaware students going to Pennsylvania schools when some Pennsylvania cannot take the pressure off.

Dr. L. Leon Campbell, provost and vice president for academic affairs, said he was "honored to see Dr. Whitewater's resignation as it will not be easy to continue the work we have done."

Campbell cited the need for moved in the schools to be "We don't want to do the program if it is not first class," he said.
Fired Professor Reinstated

By Bob Shriver

A Jefferson ophthalmology instructor was fired by the department head because of his advocacy of the Pennsylvania Legislature favoring optometrists over ophthalmologists, but was reinstated, however, by the executive council.

Dr. Joseph C. Toland was dismissed from his faculty position at the College of Optometry at Thomas Jefferson University in May 1974. Dr. Duane stated that his action was not the result of a difference in opinion, but differences in basic Medical College policy concerning patient care.

Dr. Dianne illustrates her viewpoint logically: "Do you think a chiropractor should be permitted on the Jefferson staff interacting with students, preaching his brand of quackery?"

The letter dismissal was apparently given to Rep. Patrick McGinley, who distributed it to all members of the House. McGinley called the firing a "violation of Toland's First Amendment rights to free speech," according to the publication.

Dr. Toland stated that his action had been under consideration for a period of time and that his action coincided with Dr. Toland's dismissal trip was just coincidental. He also predicted that the granting of optometrists the right to use drugs for diagnostic purposes might soon be.tested in the courts.

Dr. D. O. A. Dorsey editorialized: "For the fundamental issue was whether one of this city's great medical teaching institutions would abide censorship of the profession of medicine on philosophical differences. Subtle though it might seem to some, however, the concept of an integrated teaching institution could have a set of intellectual tyranny which would have been stifling to those within the institution and contemptible to reasonable people outside it."

The Duke's of Chance, Jefferson's resident Diskette Band, performed last Saturday night, May 18, at Phi Sigma Sigma, sponsored by the Junior Women's Committee. They will appear again on the evening of June 12 in the courtyard at the Village on South Alder Street. This end-of-year party; an I.P.F. affair, commemorates the end of the sophomore years, and was last year acclaimed "Jefferson's best party."

This year the Dukes have played for two parties at Phi Sigma Alpha, their home fraternity, and also in concert at Jeff Hall on February 13. They have taken a genuine step from the 1973 beginnings as an outgrowth of Phi, a new- formed Jazz band. The quorum for a concert now numbers eight, and the repertoire has expanded beyond standards "Bill Bailey" and "Carolina in the Missouri." They now feature danceable music, including "In the Mood," "Alley Cat," "Hound Dog," and "Gay Nineties."

Present membership includes those pictured above—from left Curt Cummings, Leroy Borkowski, Dave Brent, Fred Vasta, Tom Nacca, Hal Wighton, and Lee Denlinger, plus new faces Bob Simon, Harry Knowles, and Paul Rodberg. The word from Phi A Phi is that—any instrument players at Jefferson are welcome to come by!"
Anderson (Continued from page 1) recent weeks the Canadian College of Family Physician’s has agreed to sponsor a large scale double blind clinical trial that will test the validity of his hypothesis. But more of this later. His argument goes as follows:
Is there a modern epidemic of ischaemic heart disease? An editorial in the March 9, 1974 Lancet mentioned that today’s common run of the mill heart attack was not even clinically described on paper until the year 1913. Dr. Anderson would take issue with this statement. He, personally, has read clinical descriptions that date back to the early 1800’s. Nevertheless, it is generally accepted as true that heart attack was a rare cause of death in the English speaking western world up until shortly after World War II.
In this increased incidence of heart attack coincident with an increased incidence of atheroma or thrombosis?
If atheroclerotic vascular degeneration is more prevalent now than it was in the early 1900’s we would expect to find an increased incidence of vascular accidents. Anderson has demonstrated (1, 2) that when differences in terminology (cerebral apoplexy, stroke, cerebral thrombosis, etc.) are taken into account the incidence of CVA’s is approximately constant in the province of Ontario from 1900 to 1961. Since Canadian English is very much representative of the rest of the English speaking western world, Dr. Anderson feels that he cannot be too far ahead when he assumes that similar patterns are to be found in the U.S. and England. Support has even been provided that atherosclerosis is not the all encompassing villain that it is made out to be comes from T.N. Morris at the London Hospital in England. In his January 3, 1961 article Morris was unable to find any evidence of an increase in the prevalence of coronary athero-

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"On the Jefferson Campus"
Medical Prognosis Through The 1980’s

Jim Burke

A possible overproduction of doctors without further increases in medical schools could seriously affect some biomedical researchers working at large complexes with no teaching staff. There are only 12 medical schools located on college campuses in New Jersey, which is one of the forecasts which Dr. Robert Ebert, Dean of Harvard Medical School, made in his keynote address at the Harvard Medical Center, revealed in his keynote address as part of Jefferson’s Sesquicentennial.

These changes in medical schools of the future will be particularly important for the growth of research, adjustments. The Federal Government has already been and will be interested in social medicine and being considered by the top 35 medical schools in the country. There will be no cuts in Federal medical schools. In 1960, the Commission on Medical Education, recommended that medical schools continue to be the most important subsidy of medical schools. There will be no cuts in Federal medical schools, just no further increases. The Federal increases in the 1960’s resulted mainly in increases in student enrollment. By 1979, Federal funds for new construction will be stopped. The Federal government is willing to undertake new scholarships because of two reasons. First, the high wage of the medical students earn after graduation, and second, no increases in Federal medical school funds beyond current levels are likely to continue. Scholarship amounts will not be raised to cover the higher costs of medical education, but in recent years, large foundations, corporate industry, and the private sector have increased the financial assistance to medical students through various means. Help is also coming from the Federal government. Federal funding is not aimed at providing medical students with a free ride but rather at helping them to avoid an overconcentration in one area of research. Federal funding will continue to coexist with state funding, which is the primary source of medical school revenue. Federal funding is aimed at providing medical students with a free ride but rather at helping them to avoid an overconcentration in one area of research. Federal funding will continue to coexist with state funding, which is the primary source of medical school revenue.

Dr. Ebert foresees an increase in the number of medical students in the future because of the availability of financial aid. This will bring about a broader and better distribution of students in medical schools or other areas, such as public health, to which the results of the contributions are more obvious and worth the investment of medical school funding will have a more important impact on the framework of the institution and also increased tuition as a more important way of raising funds. Dr. Ebert foresees an increase in the number of medical students in the future because of the availability of financial aid. This will bring about a broader and better distribution of students in medical schools or other areas, such as public health, to which the results of the contributions are more obvious and worth the investment of medical school funding will have a more important impact on the framework of the institution and also increased tuition as a more important way of raising funds.

Robert Brent, M.D.

No discussion of the smoking problem can be confined to the medical effects. If a fair and accurate picture of all aspects of this addiction is to be preserved, we must consider the social and economic effects, if a fair and accurate picture of all aspects of this addiction is to be preserved, we must consider the social and economic effects. Furthermore, we should be concerned about children who are being taught to smoke. This is a critical issue that needs to be addressed. As a society, we are in danger of becoming addicted to cigarettes. This is a critical issue that needs to be addressed. As a society, we are in danger of becoming addicted to cigarettes.

It is not surprising that many physicians and police officers, when addressing school audiences about the "drug" problem, focus their concern on alcohol, LSD, and marijuana. They fail to recognize that nicotine and tobacco addiction are acceptable drug problems in our culture. At a time when we are concerned with the use of illicit drugs in our society, we should be concerned with the use of tobacco in our society. In fact, the isolated undergraduate faculty did not have a hard time convincing me of the fact that a large percentage of the population is not about to give up its addiction. On the other hand, the young and liberal who smoke marijuana completely ignore the fact that some of the money they spend on these pleasures goes to support organized crime. Furthermore, they misunderstand the dangers of smoking to themselves and to the distribution of heroin, which brings death and despair to many in the ghetto.

Let us now examine some of the medical problems of the youthful smoker. There is very little information on the short-term effects of smoking, and these are the lower grade effects. Very soon, the fact that smoking starts the growing of the changes when developing one of the late effects, but this is not our present concern. There are data that indicate smoking has been found to be related to their health—more respiratory symptoms such as cough, phlegm, chest pain, and nausea.

The second health problem is smoking-related effects. There are other clinical symptoms and personality traits that are more common in teenagers. Smoking can have a variety of effects, ranging from respiratory symptoms with their habit—more respiratory symptoms such as cough, phlegm, chest pain, and nausea. These symptoms will be discussed in a future article. Smoking-related effects are considered to be hypothetic. It is obvious that well-designed studies should be conducted to provide the necessary evidence to make the drugs safer for the patients of smoking.

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The third health problem is smoking-related effects. This is a critical issue that needs to be addressed. As a society, we are in danger of becoming addicted to cigarettes. It is a critical issue that needs to be addressed. As a society, we are in danger of becoming addicted to cigarettes. The fourth health problem is smoking-related effects. This is a critical issue that needs to be addressed. As a society, we are in danger of becoming addicted to cigarettes. It is a critical issue that needs to be addressed. As a society, we are in danger of becoming addicted to cigarettes.

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The stretching of the smoking problem can be confined to the medical effects. If a fair and accurate picture of all aspects of this addiction is to be preserved, we must consider the social and economic effects, if a fair and accurate picture of all aspects of this addiction is to be preserved, we must consider the social and economic effects. Furthermore, we should be concerned about children who are being taught to smoke. This is a critical issue that needs to be addressed. As a society, we are in danger of becoming addicted to cigarettes.
Promises, Promises! The Housing and Parking Cometh

BY John Lammie

As the cleared lots across from Orlowitz residence hall suggest, additional building on the Jefferson campus is imminent: last year's student and staff parking area will be constructed, after several years of promises.

About twelve people are still living in the remaining old structures in the 600 block of Walnut Street. They will be relocated soon - in this case the cause of part of the delay - and demolition should start, please in June. The city Redevelopment Authority will then turn the block over to Jefferson and construction will begin with a targeted completion date in the spring of 1976.

Plans have changed since last - another cause of delay - when 136 apartment units and a 500-car parking garage were proposed. Vice President for Planning, George Norwood reports. A parking facility has been designed for the site of Jefferson's present parking area and it has been expanded to absorb this parking load. The energy crisis helped underscore that one car and lobby will be here. Exteriorly the elbow at the corner of Irish shaped building that will have garage.

The revised parking garage is equally creative: it will encompass the entire area of the present lot, but most of its 450-car capacity hides in two underground levels. Above ground buildings have been painstakingly designed to integrate with the rest of the campus: two 18-story buildings will straddle each covering one quarter to one third of the present lot - will frame a central landscaped plaza that will provide a true "center of campus" as an open space between the building and available land. The frame is used as bases for future simultaneous in the unplanned development.

More immediately, demolition is to go on at the Clinical Teaching Facility in the 100 block between Chestnut and Sansom should begin within thirty days, and the last tenant on the block should vacate by the end of the present lot - will frame a central landscaped plaza that will provide a true "center of campus" as an open space between the building and available land. The frame is used as bases for future simultaneous in the unplanned development.

In the fall of 1972, a program was started at Jefferson to prevent Tay-Sachs disease, a recessive genetic disease that primarily affects children of Eastern European Jewish ancestry. The disease, which results from an enzyme deficiency, causes mental retardation, blindness, and death in afflicted children by about the age of four.

Over ten thousand persons have been tested in community screenings to determine if they are carriers of the gene that causes this disease. Sixteen couples have been found in which both husband and wife are carriers. These couples, which have a one-in-four chance of producing a Tay-Sachs child, are offered prenatal diagnosis by amniocentesis. If the child will be affected with Tay-Sachs disease, the parents can choose to terminate the pregnancy.

By Philip Nimslyt

There's no easy way for Charlie Nelson to become Dr. Nelson.

But there is a way to make it somewhat easier. Our way, the Arnold Research Foundation is offering a scholarship in medical school for those who are determined to become scientists instead of doctors.

The Arnold Research Foundation has established a scholarship program which, understandably, can put a crimp in your concentration.

If you qualify, your scholarship program will cover the first two years of your studies and provide you with a stipend which, in practical terms, means you can't afford to go back to school, you can't afford to work, you can't afford to live, and you can't afford to stay around.

And if you think that's too bad, you may be interested in joining the Arnold Research Foundation and you can supply the scholarship.

There are two ways to do this: either you can donate money to the foundation and get a tax write-off, or you can volunteer your time to the foundation.

If you have any questions, or want to get started, please write to the Arnold Research Foundation, 1501 Walnut Street, Philadelphia, Pennsylvania 19102.

If you are interested in the activities of Arsloriendi, send a card to the above address requesting their free information kit.
Reflections Off A Shrouded Shrine

A new perspective...

The electric eye on Thomas Eakin's Ginn Clinic has been given glasses. The trouble is, the new security cover on the famed painting hanging in Jeff Hall covers it with glare as well.

by R. Wing

After reading the "Sports" issue of the T.J.U. Alumni magazine, one is left with the impression that rugby is a rapidly dying sport here at Jeff. "Not so," says Mike Griffin and Crawford Smith, co-captains of the Jefferson Medical Rugby Club, and after a couple of weekends "outings" with the team, this reporter has to agree.

I journeyed with the team to the Bryn Mawr Polo Fields for an East Coast Rugby Union Tournament. Fifteen daring souls in Black and Blue took the field against a similar force from Dickinson University. Early in the game it looked bad for Jefferson as the Dickinson Scrum appeared stronger, but as the half wore on, it became apparent that the Dickinson front row were not able to pull the Black and Blue to victory for the second half. Jeff came with only fifteen men, was enough to keep the Black and Blue from victory. However, we went to have the last word as Jeff defeated P.C.O. later in the spring.

Impressed, but not thoroughly convinced that Jefferson Rugby was really on the way back, I journeyed with the team to watch the rematch with the rough and often dirty Blackthorn team. Blackthorn had defeated Jeff in the fall with a try late in the second half of that rather rough game, and this was considered a "must win" by the team.

Jefferson consistently moved the ball well - the field early in the first half, but was unable to score. Finally, Mike Griffin picked up a loose ball on the one yard line and dove for the score.

Jeff continued to control the ball with excellent running and kicking "inside" by Dave Kamaler and Pat Coughlin, but missed the goal line prevented another score. Blackthorn kicked the ball downfield and out of bounds, and it appeared as though the momentum might change. But Dave Kamaler forced a mislay and Coughlin lateraled to Nasco moving down the wing. A few broken tackles over the same P.G.I. team, was a spiritedly rough game, almost a rumble, and the best spectator show of the year.

The big adjustment being on defense and on rebounds. Kuvin used mostly six players - Patty Jones at center, Chris Gilmore and the four Husband at forwards, and Donna Hays and Denise Boyd at guards, with Kuvin coming off the bench. Boyd was an excellent outside shooter and team high-scorer, averaging eight points and Jones was over half of the team's hustle, rebounds, and flying elbows. Gilmore and Husband were defensive superstars. Ranieri and Kuvin provided most of the action - Kuvin as the ball-handler and playmaker, and Kuvin with her running, often shaking up the opposition defense.

The prognosis for next year? Unknown, as Ranieri, Husband, and Keers return but must be joined by untended help from the bench. - Curt Cummings

Rugby is Played with Leather Balls

Samuel Gross will continue to view the world through his B3000 window. A new spotlighting system is being considered in order to re-visit our respective fields of vision.

JDK R.B.S.

Volleyball - A Spectacular Competition

It was obvious to the major angiologists at the start of the double-elimination volleyball tournament that this sport might well decide the victor of the 1st place trophy this year. Anything could happen in this tournament, and the results should not have been so surprising as it was angled up in the Chi P.C.O. upset Alph B H to win the volleyball trophy. Never was there a more beautifully played set of games around here, and that is why volleyball is the big news in IM sports.

The story of the tournament is an interesting one, and points up what has been happening all year in intramural sports. Once the lineup was set, the teams were on the way to the first round of the playoffs. Dutifully, Alph B H defeated the other team, the number two seed, Alpha C H. The final, 32-24 victory double-elimination over the big-chambered Albert A H was very well deserved, as the team could learn their fixed positions very well after three years. Five-man play requires far more mobility and skill, the