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CONFUSION REGARDING CURRICULUM

The proposed curriculum changes for the 3rd and 4th years of medical school were discussed in two forums on January 4th and 10th. Freshman attendance at these sessions was surprisingly good, reflecting the concern for our future education at TJU.

The key words from these forums were exposure and flexibility. Exposure to more specialties in medicine during the junior year of medical school was felt necessary to make more intelligent decisions concerning residency selection. The elimination of the track system and the option to tailor one's own schedule during the 3rd and 4th years of medical school was also popular. However, seniors questioned the ability of a sophomore to realistically schedule for the last two years of medical school. Dr. Gonelli's proposal would eliminate the distinction between the 3rd and 4th years and create a long "year" the general opinion from these forums was that exposure and flexibility were good; some changes are needed, but where the changes would come is up to us.

Despite this initial burst of activity, nothing else has been forthcoming since then. As a result, freshmen feel uninformed about the future of their education. There has been a lack of communication between those who are formulating and evaluating curriculum changes and those who will be affected by the changes. Freshmen are ignorant of what proposals are being considered: are Dr. Gonelli's proposals being considered? Are there other proposals? Is anyone not being informed about the future of their medical school?

The opinion of freshmen is that these changes will be dictated to us, if any do occur. This feeling is accentuated by the fact that any formal mechanism for soliciting the opinions of the freshmen on curriculum proposals. The Student Council Curriculum Committee had given out course evaluations for the first teaching blocks during the time when curriculum changes were being presented and discussed. But the evaluation didn't include any way for the freshmen to give their opinion on curriculum changes, even though those evaluations were sent home three weeks after the first presentation.

If curriculum changes really require student input, some mechanism must be established to collect the feelings of students and keep the students informed of current proposals and their status. More cooperation between students and faculty on issues such as this might reduce any antagonism between the two groups.

AMSA REVITALIZED
by Chris Tomaszewski

The American Medical Student Association Chapter at Jefferson has a new set of officers, a fresh batch of active recruits, and several activities planned for the next two months. Our first presentation this year should contribute to students' open-mindedness about a subject that is difficult to discuss with patients: open-mindedness about a subject that is difficult to discuss with patients: open-mindedness about a subject that is difficult to discuss with patients.

AMSAs also starting a program to address some of the needs of first and second-year students for patient contact. The Patient Services Department at Jefferson is willing to provide a limited number of students the opportunity to interview patients on aspects of their hospitalization. This experience should provide a chance to be with patients and to become more familiar with the organization of Jefferson Hospital. Guidelines are being developed presently, and details and applications should be available in early spring.

In addition to our programs, AMSA is acting as a liaison for a variety of summer programs for medical students. There are positions available in areas ranging from occupational and community health to working on an Indian Reservation. Many have deadlines in March, so if you are interested check the AMSA bulletin board (JAH Mailroom) or leave a message (JAH Box 117).

On March 2-4, two delegates from Jefferson will join 1,000 other medical students in Cleveland, Ohio for the Annual AMSA Convention. This year's theme, "The Physician of the Education of the Physician: Is It Relevant to Our Needs Today?"?, will address such issues as curriculum changes, corporate medicine, and the GMENAC prediction of a physician surplus. With an exposure to a variety of workshops on medical education and leadership training, our delegates should return with new project ideas for the coming years.

AMSA PARENTS DAY
by Gregory D. Mackey

On Friday, March 25, the Jefferson Medical College Alumni Association in conjunction with the Dean's Office concludes its tradition of sponsoring Parent's Day for sophomore medical students, their parents, and spouses. Parent's Day is designed to be a forum for parents and spouses to tour Jefferson facilities, meet with Jefferson faculty and administrators, attend formal presentations, and above all, regain confidence that those tuition dollars are being well spent.

The Day's activities, which are centered in Alumni Hall, begin with a brief introduction to Jefferson followed by a morning of presentations by clinical and basic science faculty. These presentations are designed to be of interest to both those with and those without a medical background. During the lunch program, parents and student will be treated to remarks by President Lewis A. Blumen, Dr. Wolfgang Vogel, and other prominent alumni and college members. To conclude the luncheon activities, Joseph B. Sengel, the sophomore class speaker, will present an address to the sophomore medical school. The afternoon program will include an address by Dr. Wagner on the history of Jefferson Medical College and its alumni. Formal activities will conclude about 3:30.

Parent's Day has been a highly successful and pleasant occasion in previous years with over eighty percent of parents attending. This year's program should be as outstanding.

THE NOTE SERVICE:
Problems in 1983
by David Chernoff

Anyone who has already been through the basic science years here at Jefferson, or those who are currently in their first or second year of medical school here, are well aware of the dominant role of the note service during these first two years. Most depend very heavily on the note service to provide them with what they need to know to pass the exams. One's study schedule often revolves around which notes have been printed up to that date. Certainly before an exam, everyone's concern is how quickly the last set of notes can be printed and distributed. Clearly the note service plays a central role in the educational process here at Jefferson.

The student note service is, as the title implies, a service which is completely organized, funded, and operated by the students. The services it provides are of great benefit to the students. Since the notes are typewritten and since the scriber has presumably had time to organize the content of the lecture, the notes are generally much easier to read than handwritten notes. For the student who is unable to (or chooses not to) attend certain lectures, it is a great relief to him to know that the content of the lecture will not be lost to him. Another benefit the note service provides is that it allows the students to listen to the lecturer and try to comprehend what is being said rather than furiously trying to scribble down every sentence which leaves the lecturer's mouth. Since the lectures are recorded on tape, the note service becomes an invaluable blessing when the lecturer is too difficult to understand or speaks too rapidly to absorb (much less write) everything which is said. In fact, the idea of going through the basic science years without the note service would be, to most students, inconceivable.

So what could possibly be wrong with a service which provides so many benefits to the students? Some faculty members feel it allows students to treat medicine as a correspondence course and that class attendance suffers because of it. There is also the feeling that the scriber is the only person who gets to "think" about the lecture material as he processes it into written form, whereas everyone else merely "memorizes" the end-product.

Finally, it encourages the learning of facts, rather than learning by didactic problem-solving approach. These criticisms are probably a reflection of certain facts on page 11.
NOTE SERVICE

(...continued from page 1)

weaknesses inherent in our system of medical education, and most faculty members would probably agree that it is unfair to blame the note service for these problems. In fact, the faculty's primary concern is that the information which the students get is the best and most accurate available. They are well aware that different students learn most effectively by different methods, and that it is up to each student to take advantage of the mechanisms which suit him or her best.

Aside then from philosophical arguments regarding the value of a note service, other issues have arisen, primarily with regards to the content of the notes and the degree of faculty's support. Some professors have been disturbed by what they feel is a failure of the students to recognize that they correct the notes as an act of courtesy rather than as an obligation to the students. Furthermore, the lectures resent being asked to proofread and correct an illegible array of pages filled with glaring errors and gross misspellings. To try to correct the errors and fill in the omissions, a job which the students should have done themselves to begin with, would require as much time as it did to prepare the original lecture.

Fortunately, such instances are not that common, but apparently they have occurred often enough to cause some faculty members to take umbrage.

Some professors have expressed concern about instances when they are not given the opportunity to correct the lecture notes, because this results in the distribution of inaccurate information to the students. Obviously, there is no consensus of opinion among the faculty regarding their degree of involvement in the note service.

A major complaint voiced by the faculty has been the inclusion, by note service editors, of irrelevant or derogatory comments to the notes. This issue has come to a climax this year with several instances where these inappropriate comments have appeared within the text of the notes, rather than just at the end which had been customary in the past. Such practices are not only very distracting to the students reading the notes, but they also make a mockery of the professor's lecture. What most people are not aware of is that these notes are not just confined to use by people affiliated with Jefferson, but are actually read by people at other medical schools. Many people feel that such indiscriminate comments, even those which appear at the end of the lecture notes, are intolerable and reflect poorly on Jefferson.

One of the reasons that it has been difficult to control the appearance of off-color remarks is that there is no mechanism to review or edit the notes prior to their printing. The goal is to print and distribute the notes as quickly as possible. Also, since the note service is totally student-run, there really isn't anyone who has the time to act as an editor for every lecture scribbled. Therefore, the responsibility must fall on each and every student who scribbles a lecture to use his or her best discretion when adding comments or jokes to the lecture notes. Failure to uphold this responsibility only serves to antagonize those who find such comments offensive.

It is the opinion of this writer (and one that I imagine is shared by most, if not all, students) that the note service performs a useful and vital function at this medical school, especially with the fast oriented approach of medical education today. However, to deny that there are problems within the system would be naive. Hopefully, with a little more courtesy on the part of the students, and a little more cooperation by all parties concerned, the note service will not only remain as a strong and vital force in helping the medical students get through the first two years, but that the note service can actually be improved so that everyone benefits.

Past Script: The sophomore class, in an effort to rectify some of the problems noted above, has voluntarily instituted strict guidelines regarding how the lectures are to be scribbled. Students are now forbidden from including irrelevant comments within the body of lecture material. Any scribbler who chooses to place extraneous remarks at the end of a lecture may do so, though the professor's name is not to appear on that page of notes. These guidelines should encourage scribblers to think carefully before making additions to the lecture notes.

SENIORS NURSES

THE NAVY NURSE CORPS is hosting a 3-day orientation visit to Naval Air Station Pensacola, Fl., March 10-13. (Transportation is paid by the navy.) Interested Senior nurses should call Mary Ellen Quinn before March 1st.

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MORE WOMEN IN MEDICAL SCHOOL

REPRINTED FROM AMW

Women made up slightly more than first-year medical school classes in 1981-82, representing a threefold increase since 1969, when their numbers in the medical ranks began to rise.

They comprise approximately 31% of the entering class, according to figures recently released in the journal of the American Medical Association.

The number of women applicants increased by approximately 9.7% during 1980-81, the report noted. More than 45% of those who applied to medical school were admitted.

Of the 66,485 medical students enrolled, 18,555, or 27.9%, were women. They also made up 25% of the 15,965 graduates.

Total medical school enrollment showed a 1.5% increase over the 1980-81 academic year while first-year enrollments increased less than 1%. There were 36,727 persons applying to medical schools for the 1981-82 academic year. While that figure represents an increase in the number who applied during the previous year, it also shows a 13.8% decrease from the peak year of 1974-75, according to the findings. Of the 56,727 people who applied, 17,286 were accepted.

A profile of the total enrollment for 1981-82 showed that there were a medical school minority population of 9,303 students, or 14.2%. The total enrollment also includes 84,014 students from Canada and 15,314 from other countries. There were 53,748 full-time faculty members teaching in U.S. medical schools for the academic year. The number was up from 50,591, the report noted. Currently, there are 127, accredited U.S. medical schools.

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The legal definition of death

Reprinted from WHQ

Recognition that a person is dead is not a medical issue, but a legal one. Despite this, there exist virtually no legal definitions of birth and death. Penal codes do not contain clear-cut definitions of the beginning and end of life, nor do they lay down criteria which could be used as a guide for this purpose.

Textbooks on criminal law are unanimous that death is a process rather than a single event. However, when it comes to deciding when death is to be determined and, in conjunction with this, resolving the problem of the legal repercussions of death, opinions differ or remain extremely vague. For instance, the criminal law course at the Institute of Government and Law of the USSR Academy of Sciences states: “Human death is to be determined not as the interruption of cardiac activity, but as the irreversible cessation of cardiac activity and the nervous electrical activity of the brain.” This definition contains two criteria. Lenin- grad University, on the other hand, stresses the most widely-held view, that the moment at which life ceases coincides “...with complete cessation of brain function.”

The present authors incline to the view that a single criterion is sufficient: the cessation of brain function.

All these definitions to some extent reflect medical advances which have allowed death to be diagnosed at an earlier stage and with more precision. But determination of the moment at which death occurs creates considerable difficulties.

If a person is in a situation where consciousness has completely and irreversibly ceased, and current medicine possesses no means of restoring it, then, however long artificial respiration is maintained and the heart continues to function, the subject is already a cadaver and not a personality. In such a case, the problem takes on a new dimension. Are the methods of diagnosing death absolutely reliable? Would it not be a fatal error to switch off the heart-lung machine? This is the rub of the problem.

The legal determination of death must be based on current medical knowledge, and on the physician’s access to the most recent discoveries in diagnosing death. In turn, the determination of the moment of death must be incorporated in the rules for the forensic examination of cadavers.

To arrive at a final definition of the concept of death will require both physicians and lawyers to work together. In our opinion, a preliminary version might look like this: “The death of an individual shall be considered to be the complete and irreversible cessation of cerebral cortex function resulting from the death of the brain cells, and shall be determined by a series of methods, devised in accordance with the latest medical science, which clearly and unequivocally prove that death has occurred.”

In 1968, some months after the first heart transplant, a committee was set up at Harvard University charged with drawing up new criteria for the determination of death. Its report defined death as brain death, and laid down a series of criteria as proof that death has occurred. After further examination by various national and international expert committees, the following criteria for brain death were adopted: 1. The complete and permanent absence of consciousness; 2. Permanent absence of spontaneous respiration; 3. The absence of any reaction to external stimuli and effects of any kind; 4. Activity of all muscles; 5. The cessation of body temperature regulation; 6. The maintenance of vascular tonicity only through the administration of vasoconstrictors; and 7. Complete and permanent absence of spontaneous or induced cerebral electrical activity.

M. Kovalov and I. Vermeier

Adapted from an article in Sociologiya Nauk (No 7, 1982), Organ of the Office of the Public Prosecution of the Soviet Union, Moscow.

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The presence of AIDS

Four children under 2 who are suspected victims of acquired immune deficiency syndrome (AIDS) may have developed the illness before they were born, the Centers for Disease Control (CDC) said. Three of the children have died of opportunistic infections, which tend to affect individuals with compromised immune systems.

There are more than 800 cases of AIDS, and often fatal breakdown of the body's immune system that allows the onset of rare cancers and infections, have been reported to the CDC. The syndrome occurs most frequently in four high-risk groups: intravenous drug abusers, homosexual men, hemophiliacs, and Haitian immigrants.

The four afflicted children were born to high-risk parents, the CDC said in its Morbidity and Mortality Weekly Reports. The child who is still living is the offspring of a drug-abusing mother who died of an opportunistic infection. Two of the three dead children were born to mothers who were Haitian immigrants, and the third was born to a prostitute and drug abuser with a history similar to AIDS victims, the CDC said.

In its report, the agency said: "If the infants... had AIDS, exposure to the putative "AIDS agent" must have occurred very early." A spokesman for the agency said it was possible the children developed the immune deficiency before birth.

"Our primary hypothesis is that we're dealing with a transmissible agent," said Tom Spire, one of the agency's AIDS investigators. "From all we've learned... it is very similar, if it is an agent, to (that in) hepatitis B; it can be passed very easily, intravenously, or through blood products.

"We know that hepatitis B is passed in situations that require close contact, a situation that is taboo in many cultures, during birth, before and after, it close contact."

Spira said that although a child's immune system is somewhat less developed than that of an adult, the investigators did not know whether children were any more susceptible to AIDS than adults. The agency is careful about labeling children AIDS victims, because no conclusive test is available for diagnosing the disease.

The CDC is studying 12 more children who died with opportunistic infections and unusual immunodeficiencies, including a half-sister of the child born to the prostitute. It also is studying 12 more children with unusual immunodeficiencies but without opportunistic infections.

In adults, 827 cases of AIDS have been reported in the United States, including 312 deaths.

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The ARIEL encourages any comments or letters.
Imagine learning cardiovascular physiology by means of a computer assisted educational program which presents the material and provides graphic simulations of the CV system. Programs such as this may be found in medical schools, and students may find the computer to be a useful tool in gaining pre-clinical knowledge.

The computer has already made its appearance in Jefferson's educational program. The Department of Microbiology is utilizing the computer in its "Clinical Unknown" laboratory exercise. Each Micro student has been assigned one computer simulated patient, and the student's job is to identify the etiology of his or her "patient's" illness and then institute appropriate therapy. This computer based project fosters creative thinking among medical students, and students have responded enthusiastically to this exercise.

What other measures are being taken to institute computers into Jefferson's medical education? Many individuals within the faculty and administration are analyzing the role which the computer may play in the future of medical education. In particular, Carter Zeleznik, Ph.D., Associate Director of the Office of Medical Education, has suggested the publication of a journal of medical computing. According to Dr. Zeleznik, "The journal will be devoted to the presentation of articles concerned with hardware and software materials related to medical education and the medical field in general. It is expected that this journal will hasten the arrival of the computer oriented medical school curriculum".

What are the implications of a computer assisted medical school curriculum? Perhaps the basic sciences departments, or even students in training, could develop computer programs which would help students to learn the material at their own pace. Students might then assume more responsibility for achieving the educational objectives.

One might even foresee some eventual collaboration of medical educators across different medical schools through the use of the computer. Their goal would be to produce multiple competitive modes of learning and many different computer programs to achieve any particular defined educational objective. I wonder, for example, if it might not be possible to develop a course in biochemistry which has been formulated through the work of all six medical schools in the City of Philadelphia. Perhaps these six biochemistry faculties or their students could get together and devise a single, computerized biochemistry course which would draw upon the strengths of all the city's biochemists resulting in an educational program which is stronger than any other single biochemistry department working independently. Or, it might be desirable for several different computer programs to be developed and for students to be allowed to choose from among them in their learning the subject matter.

A computerized system of medical education could turn out to be cheaper than our present methods of educating students. In a computer assisted curriculum, lecturers might be freed from having to deliver similar lectures year after year. Faculty members could utilize their increased available time to do more research, develop more laboratory and computer experiences, and discuss subject material with students on a more individualized basis than is now feasible. Laboratory exercise, such as those which currently exist in basic science courses, would remain an important component of the medical school experience.

The incorporation of computers into formal educational training is, of course, still in the experimental and speculative stages. However, institutions such as Drexel University, Rochester Institute of Technology, Clarkson College, and Carnegie-Mellon University have already formulated policies for including computers into their respective curricula. Perhaps these colleges and universities can serve as a model for how Jefferson can best utilize the computer in its educational programs.

Dr. Harry Smith of the Dept. of Microbiology has offered to make his Apple computer system available to any students who want to pursue their interests in computer.
Interview with Dean Lowenstein

During the evaluation of candidates for the dean's office I had the opportunity to meet with Dr. Lowenstein. Although only a brief encounter, she impressed me with her subtle, yet commanding manner and her realistic appreciation of the challenges that a new dean would face at Jefferson Medical College. Thus when asked to interview our new Dean, I was thrilled to the privilege of presenting Dr. Leah Lowenstein to you.

MG: Why did you enter medicine? How did you find it as a woman?

Dr. L: I had a commitment to medicine from childhood. At that time, women who made rational decisions, later than that to enter medicine usually had many dissuaders, often the goal was supposed to not be to become a medical student, but to marry one. The high school counselors said, "Be a nurse." The college counselors said, "Why bother, you're going to get married."

JEFFERSON MANIFESTO

SOPHOMORE REFLECTIONS

by Stephen Greenspan

I hate complaining about things if nothing is being done about it. But sometimes situations are so bad, giving up on all complaints and just accepting things for what they are is cynicism, apathy, and paranoia which is difficult to break out of. Yet, sometimes a simple and lucid analysis of a situation can steer one out of it. I trust that no one will take offense at my comments. They are not meant as personal attacks on students or faculty. Basically, I feel that Jeffersonians are a good bunch of people. We are just not in the best of situations.

Nevertheless, this analysis comes from a rather disgruntled sophomore student. Two years of medical school have whittled away any conception that our curriculum is designed to help students learn. There is a lack of respect which medical students receive from the faculty is rivaled only by the disrespect which lecturers are paid. No one seems to have any educational objectives in mind. This is why many resemble elementary school kids where kids worry about keeping busy for reasons that are way beyond their conception. There is no respect why medical school should regard to such a level. Students really to know why they are here and are dedicated to their courses. We all want to become doctors and to get out and help people. Basic scientists are equally dedicated to their own cause of training students for their roles. So what is going wrong?

The New England Journal of Medicine published a very interesting article in the January 6 issue. Dr. Ludwig W. Eichna was the author of the article. After a 35 year career in academic medicine Dr. Eichna returned to role at a full-time student in medical school. He wrote an on-lecture which suggested principles for reforming medical school curricula. This article is relevant to Jefferson students for several reasons. Most concretely, curricular changes are being evaluated to make sure that each of the students could realize their full potential and career aspirations. My activities in the Dean's Office in Boston soon included faculty development and research, governmental relationships to medical schools. In fact, my path was not very different from that which lead most physicians to the Dean's Office.

MG: How is it that you have found your way to the Dean's Office?

Dr. L: I have had an enjoyable career of research, teaching and clinical practice, in both renal disease and genrology. I first became interested in the administration of medical schools by being involved in faculty-student advising activities. There were challenges in making sure that each of the students could realize their full potential and career aspirations. My activities in the Dean's Office in Boston soon included faculty development and research, and

3 EASY STEPS TO LANDING A SUMMER JOB - 1983

Several million students, teachers/professors and seasonal workers will flood the summer job market May through June; some will land a job without much effort; others will work desperately but always come up empty. While there is no scientific approach to landing a summer job, there are basics that can give the job seeker a competitive advantage.

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The guide is easy to follow and understand and it provides a comprehensive view of the summer employment process. There are sections on preparing the resume, writing the cover letter, and interviewing and testing. There is very valuable information every job seeker should know before looking for a summer job.

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AN IMMINENT HONOR CODE
by Dan Gresh

Medicine has traditionally been regarded as one of the noblest of professions, the ideals of which had already been stated by the ancient Greeks. Each of us is drawn to it by a desire to relieve individual suffering and make significant contributions to society. Why then is there such resistance to the adoption of an honor code, the purpose of which is a proclamation of personal integrity? The answer is simple.

The honor code, as now stated in the Student Handbook, requires each student not only to be responsible for his own actions, but also to report any transgressions by his classmates. Presumably, a trial ensues, with the accused either being acquitted (but possibly with a tarnished reputation) or convicted and probably expelled. Few are willing to expose their classmates to such a devastating occurrence; given such feelings, the adoption of this code would constitute a mockery of the original intentions.

Many believe the presence of an honor code would lead to additional distrust between students. The result would be a virtual police state, with everyone afraid of being falsely accused. Furthermore, proclaiming of exams is probably the responsibility of the faculty. Finally, there is the cogent argument that morality cannot be imposed. Ethical decision making stems from internal convictions, not external rules.

If the purpose of an honor code is, as assumed above, simply to prevent cheating and apprehend those who transgress, then I agree it is both unworkable and undesirable. However, there are other problems. Jeffersohn which are more prevalent and more significant to the majority of students. These have to do with attitudes which, though subtle, are pervasive.

There is poor communication and deep mistrust between students and faculty. Statements like, "They really tried to screw us on that exam," are common. People view the rigors of the education as an arbitrary and egotistical imposition. This hostility was manifested in a series of outrageously rude and obnoxious outbursts during this year's sophomore M&Sc course. Similarly, many of the faculty have a low opinion of medical students. One professor remarked to me, "Students don't give a damn about learning. All they care about is their grades, their degrees, and getting drunk on Wednesday nights."

However, while these students stick in our minds, they really are not typical. Most students go to class because they want to learn, and most professors are eager to share their knowledge.

There is competition and distrust between students. Many are against an honor code because, while they themselves are honest, "There are too many in the class who would try to take advantage." There is even fear that maliciously false accusations could be made. In a similar spirit, there have been a number of hurtful and insulting comments printed in the 1985 note service. The majority of students agree these were inappropriate and without humor, yet the entire class is held responsible for them.

At the root of all these problems lies a general lack of mutual trust and respect, and it is this that our honor system properly seeks to ameliorate. While a 24 year old has certainly already developed a personality, his thoughts and actions are influenced by his environment. The question is, how do we create an atmosphere in which integrity is considered fundamental, and which fosters a willingness to confront and discuss issues more openly?

Through a sincere and active affirmation of principles, we can effect this change. A common ground of understanding brings people together, and this is the purpose of an institutional philosophy. Like it or not, Jeffersohn leaves its mark on us; fortunately we can influence the character of the school. Integrity without self-righteousness (cont'd on page 119)

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The Curriculum Committee is composed of representatives from the faculty, the Dean's Office, and the student body. Its charge is to monitor the curriculum of the Medical College and, when appropriate, recommend change. Any change must be approved by the Executive Council of the Medical College and its Professoral Faculty.

It is difficult to serve on such a committee, for there are always many vested interests which could detract from formulation the best possible curriculum for the College. Committee members are asked to be trustees, not just representatives of varied interests. Change, for the sake of change, or "to fix something that is not broken" has to be avoided. On the other hand, when change is indicated and will improve the curriculum, it has to be considered carefully. Proposed changes are reviewed with meticulous scrutiny. This is the way it should be, for any change, regardless of size, has both advantages and disadvantages.

In the past six months, the Curriculum Committee has discussed changing the curriculum in the clinical years. This proposed change is scheduled for July, 1984. The reasons for discussing such a change include both national and local implications and considerations.

Educators from the various medical schools, through self-study, have recently recommended that the medical school graduate should be a generalist and that specialty training should be postponed until graduate training or the residency years. Furthermore, they have recommended that the curriculum provide sufficient structure that this occur. For example, many educators feel that it is important that a future radiologist be aware of the clinical significance of a pneumonia, or that a cardiologist be able to detect and appreciate the potential seriousness of a severe depression after a myocardial infarction. A broad exposure to appropriate disciplines in the undergraduate medical school education has been encouraged. The fact that this frequently is not the case has led to a new surge of enthusiasm for the flexible internship in graduate training.

At Jefferson, the Curriculum Committee has always agreed with the concept that a medical school education should represent a general experience, consisting of both a broad exposure to the basic science disciplines in order to develop a scientific foundation, and to encourage critical thinking, plus an involved experience in the various clinical disciplines. In order to accomplish this, many things must be taken into account. These include faculty and physical resources, both on Jefferson and its affiliates, the rather large number of students per class, and the changes in emphasis on certain medical knowledge. Furthermore, societal changes and their role on health care delivery and research must be anticipated.

For these reasons, the Curriculum Committee continues to make significant changes in the Medical School's curriculum. In the past year, immunology was taught for the first time as an interdisciplinary, interdepartmental course. The preliminary evaluation of this change has been most favorable. In the next school year, starting in September, 1983, microbiology and pathology will be taught simultaneously during the first block, as will the introduction to clinical medicine and pharmacology during the second block.

Starting in July, 1984, the Curriculum Committee wishes to recommend some relatively minor changes. The current third and fourth clinical years will be considered a clinical continuum, 100 weeks long with 16 weeks of vacation. This is a duplication of the current calendar requirements and vacation time. The students will be given greater flexibility, for they will be able to choose to start their clinical years earlier, rather than in September. This, however, is not mandatory. Some of the mandatory content changes that are being considered include adding a four-week experience in Rehabilitation Medicine and Radiation Therapy, a six-week experience in Ophthalmology, ENT and Neurology; a six-week experience in ambulatory care, (Family Medicine, Internal Medicine, or Pediatrics); and a four-week "junior internship" in either General Medicine or General Surgery. The other existing clinical requirements will remain basically the same. Twelve weeks of elective experience will be available to the students in order to allow them additional exposure to clinical or basic science. For those interested, this will allow an additional opportunity to do some research. For those students with military service obligations, the overall schedule will allow them to take service sponsored derkships in order to be visible and, in

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You are cordially invited to The Jefferson Commons Gallery to view "PORTRAITS" in Dedication of Afro-American History by GILDA M. LUCKEY Jefferson Alumni Hall 1020 Locust Street Philadelphia, Pennsylvania Exhibit dates: February 14 through March 4 Weekdays, 10 a.m. to 10 p.m. Reception, Friday, February 18 7 to 9 p.m.

**PHILADELPHIA MUSEUM OF ART NEWS**

Jan Steen: Comedy and Admiration: The Philadelphia Museum of Art will exhibit ten paintings by the great Dutch painter Jan Steen (1625/26 - 1679), comprising the richest collection outside Holland. The exhibition offers a review of the full range of the artist's production, from his earliest works to his mature masterpieces. In addition to outstanding examples of its genre scenes, Philadelphia owns some of his early paintings, dominated by landscape and domestic interiors. Moses Striking the Rock. The exhibition, organized by Peter C. Sutton, Associate Curator of European Painting, will be installed in the Johnson Special Exhibition Gallery, first floor, and will run through, April 1983.

Minor White: Photographs: An exhibition of approximately 100 photographs by the world-renowned American photographer Minor White. The Museum's collection will be on view in the Print Gallery, Ground Floor, beginning February 5. This exhibition, which features a most representative body of highest quality work, will honor Minor White, a major figure in photography of the 20th century. The distinguished art historian Meyer Shapiro wrote, "Minor White's photographs are works of an extraordinary craftsmanship applied to an image that calls for just that precision, scale, and finish...the qualities of his best prints are inseparable from the beauty and mastery of his objects; print and scene alike are discoveries by an inspired and loving perception." "Minor White: Photographs" is supported by a grant from the National Endowment for the Arts. The exhibition will run until April 3, 1983.

**SEA-PURB**

ALL MAJOR CREDIT CARDS HENRI " " NEW Spirits SME FOOD RESTAURANT 851 Locust Street, Philadelphia (215) 567-6450 LUNCH + DINNER + AFTER THE THEATER
pressed and attempts to do less in the area of transfer of knowledge while paying attention to:
1. problem solving and methods for gaining and using knowledge
2. integration and synthesis of diverse areas of specialization and interest
3. interdisciplinary approaches to complex multi-systems problems
4. the effects of personality of both the patient and the physician on the processes of care and cure.

In order to accomplish this we must develop a curriculum philosophy at Jefferson and remind ourselves frequently of these principles as we make changes in the curriculum design. We must recognize the time allocations are a minor part of the curriculum and we must honestly face the fact that some people are poor teachers and therefore should not teach. The faculty must have respect for each other's area of expertise and build on that respect by incorporating elements in the curriculum, not through power and politics, but because there is a recognition of the need for such information and skill. Finally, the students must develop trust and tolerance for the faculty and respect for their knowledge about what is important to include in the curriculum. This is highly idealistic. The reality is, as I mentioned at the beginning of this article, that politics and personality will continue to distort the process. It is inevitable. Let's hope that we can minimize the effect of these two mischievous devils and perhaps raise above them and design a curriculum that will provide the greatest good for the greatest number.

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DEAN LOWENSTEIN

deans become totally divorced from practicing physicians and researchers, they lose their practical concepts of how their medical school functions.

MG: Do you think Jefferson has already missed the boat in attaining an increased role in medical research?

Dr. L: There is a national fear that the medical schools will soon divide into those of the top thirty doing research, teaching an patient care, while the other schools focus on teaching and patient care.

I think that with our academic developments, TJUH can achieve a research presence within the top 30 schools.

MG: What of Jefferson's low profile on the national scene?

Dr. L: Jefferson Medical College does maintain a quiet profile and is overly modest.

However, many of the national leaders of American medicine are on our faculty; for instance, chairman elect of the Board of Regents of the American College of Physicians, Dr. Frank Sweeney; the president of American Academy of Physical Medical and Rehabilitation, Dr. John Ditusano, the past president of the American Assn. of Orthopedic Surgeons, Dr. John Gartland; and the past president of the American Association for the Study of Liver Diseases, Dr. Willis Maddrey. There is a long list of others, Dr. Bluemle is on the Board of Directors of the Association of Academic Health Centers that helps guide health care in this country. Jefferson should be proud of its national prominence.

MG: An attempt had been made to establish a honor code by a group of students in our class but failed. What has happened to this issue currently?

Dr. L: We have a committee of students and faculty working on that right now. The major problem with any honor code is that people do not want to report their classmates who may have cheated.

Theoretically, there should not be a need for an honor code in medical school. We are training students to become physicians of integrity, honesty and reliability, but I don't see any practical need for such a code can be implemented quickly here.

MG: How do you see health care fitting into the American political and economic system?

Dr. L: We now spend 10 percent of our gross national product on health care; many people complain about that high amount, but it is one of the most worthwhile expenses our country pays for.

However, I think that we are reaching critical problems in health care costs. Before the 1970's there was a two class system. The poor received poor health care or received it when it was too late. In the 1970's, health care became a right instead of privilege. Many people felt that the ability to pay for health care should not be a factor in the care rendered, and the government partly responded to this feeling.

Now with new economic restrictions, we are beginning to slide back to that two class system where health care will become a privilege, not a right. Mortals that help students have in evaluating professors during the first two years?

Dr. L: As you know, the students do evaluate the teachers. Student evaluations should be welcome and listened to. Changes should result from these critiques, especially if the same issues are raised for two or three years running.

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IT MAY BE FOR YOU.
LOCAL THESPISAN STARS IN GREASE
by Brad Carter

Andrea McArdle, Broadway star and native Philadelphian, is starring in the City Line Dinner Theatre's current production of Grease. Andrea reached stardom in the original role of "Annie", and has been seen in numerous theatrical performances, television spots and movies, personal appearances and talk shows.

In addition to these claims to fame, Andrea is also the daughter of Phyllis McArdle, Thomas Jefferson University. Phyllis has been at Jefferson for two years as a secretary in the Department of Urology. More than just a mother, Mrs. McArdle is also a traveling companion, housekeeper, personal secretary, confidant and friend to Andrea. As she greatly enjoys traveling to see Andrea's openings in numerous American cities, Phyllis has a hard time leaving her daughter to return to duties at Jefferson.

For the McArdle family, show business is family business. In addition to mother Phyllis, father Paul McArdle, an accountant with Amtrak, handles Andrea's books. The son, who prefers sports to show business, is a great admirer of the daughter's talent.

Originally cast as an orphan in Annie, Andrea soon ascended to the title role at the show's opening at the Goodspeed Opera House in Connecticut. The show went from there to Washington, D.C. and on to Broadway, where Andrea was become the youngest performer ever to be so honored. Also on her list of achievements from her performance in Annie, were the Golden Apple Award, Theatre World Award, Outer Critics Award, and in 1978, the Entertainer of the Year Award, the "Rising Young Star Award" by CBS-TV. Post-Broadway, Andrea starred in Annie at the Abbey Victoria Theatre in London, and also starred in such well-known favorites as Babes in Arms, Three Penny Opera, and Annie Get Your Gun. Significantly, Andrea began her show business career at a Taboo Dinner Theatre in a production of The King and I in October, 1970. City Line's Executive Director is the same Richard Tubis, City Line, soon to be renamed Mickey Rooney's City Line Dinner Theatre, is starring Andrea in a move up from traditional dinner theatre productions to Broadway quality productions and stars. A large step, City Line will now offer fantastic productions for a very reasonable price.

The current production of Grease, which opened February 15, is scheduled to run for a five week engagement, and is complete with a large cast and a live orchestra. Set in the 1950's, the musical features nostalgic rock-n-roll and dialogue of the culture of "jitterbuggin". Grease is produced by John Kinson and directed by Scott Ellis. Ticket prices range from $15.95 for matinee performances on Wednesday and Saturday, $17.95 for the Tuesday through Friday, and Sunday evening performances, and $19.95 for Saturday evening. All tickets include a superb full-course meal.

Andrea is back in town, starring in Grease... Don't miss it.
...change occurs, it
breads trust and respect and discourages
suspicion and criticism. Those of you who
went to colleges with successful honor
codes know this is possible in an academic
institution. Such an achievement is
equally desirable for an academic school;
since trust is the primary element of a
therapeutic doctor-patient relationship.
The vast majority of Jefferson students
are aware of these ideals, yet they remain
quiet and invisible. It is the hope and intent
of the Honor Code Committee to develop
an honor system general enough for all to
affirm, yet specific enough to be
something substantial.

If we can cultivate this antithetical
change, then the arguments against an
honor system become superfluous. Though
details have yet to be worked out, we
envision some sort of student-run honor
council, the primary purpose of which
would not be the trying of cheaters, but
rather the confidential confrontation of
those who exercise poor judgment in
university-related affairs. The members
will probably be elected, based on their
reputations as mature and responsible
members of the class. Thus the stigma of
fraudulent accusations would reflect more
on the accusers than on the accused.

While the administering of exams is
certainly a faculty responsibility, a student
ethic which more visibly reflects on
misbehavior becomes a model for internal
convictions. In other words, peer
identification enhances personal integrity.
Finally, a more serious and sincere
commitment to these values should earn
us increased respect from faculty,
admission, and each other. The result
would be improved communication and
more meaningful relationships for us all.
When thinking about the honor code,
do not take a position pro or con. Rather,
consider the problems we seek to alleviate
and try to make a contribution. It is easy to
be cynical and complacent. An effort,
however, is worth the expense. Jefferson
has always stood for excellence in clinical
medicine. Now is the time for it to
symbolize these other, non-quantifiable
yet equally important aspects of
professionalism.

(Cont'd from page 71)

The proposed changes represent
many hours of deliberation on the part of all
concerned. The Committee has
encouraged faculty and student input.
Likewise, they have attempted to inform
their constituency of the proposed changes
and the reasons for them. As Chairman of
the Committee, I am grateful for all this
input and the fact that so many members
of the Committee have worked diligently
to improve the curriculum, rather than to
protect selfish interest. Changing any
curriculum is a slow, tedious process, and
that's the way it should be. Once any
change occurs, it requires constant
monitoring to facilitate proper
implementation and to determine whether
or not the changes accomplish the original
goals and anticipated benefits. The
Committee does feel that it is headed in
the right direction, and eventually the
proposed changes will lead to a better
curriculum. Because of excellent
communication, the Committee expects
that the Executive Council of the College
and the Professorial Faculty of the College
will welcome and approve these changes.
I also feel certain that the student body will
recognize the positive influence that these
changes will have in preparing them for
graduate training.

HONOR CODE: (Cont'd from page 68)

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I think he's more like a guinea pig."
THE PUNISHMENT OF DEATH
it may deter a few; does it deter the many?

(Reprinted from Playboy)

Who can quarrel with the intent of the death penalty? Its purpose is to validate the preciousness of human life by imposing the ultimate punishment on those who commit the ultimate crime. Too bad it doesn’t work that way.

Consider who qualifies for the death penalty.

Not the enraged individual who in unpremeditated fury kills a spouse or a harm done—advogatory—the single most common kind of murder.

Not the person who kills by accident or negligence. Not the rare person who is so mentally deranged that he cannot be held legally or criminally accountable for his actions.

That leaves the professional and the otherwise premeditated transferer (both are statistically rare species) and the felony murderer who kills during the commission of another crime, such as robbery, burglary or home invasion.

In truth, the last is the only class of killer from whom innocent society stands systematic protection and for whom society demands execution. But most felony murderers do not intend to kill and do so out of panic, rage or accident.

In the absence of prior intent to commit a capital crime, they are not deterred by prior considerations of capital punishment.

Which leaves a subclass of felony murderer whose society has every right to hate and fear: the sadistic psychopath, who doesn’t just kill in the course of robbing but may commit robbery as an excuse to kill, territorn or cause. This is the fellow who holds up the mom-and-pop grocery store for $50 and then pumps bullets into the owner pleading for his life or who takes the wallet from an unassuming victim and then sticks a knife in him.

Only the most principled humanitarians would spare these killers’ lives—and maybe a few criminals who find the threat of death still a deterrent to murderous behavior but an inducement to it.

Psychologists who specialize in violent antisocial behavior have long recognized that the most dangerous and hostile, aggressive and sadistic criminals tend to be mentally abused but legally sane individuals who are embarked on a campaign of self-destruction. Most of those criminals would laugh at that idea, and it certainly doesn’t seem that way to their innocent victims. But where the highly troubled person from the so-called upper classes tends to turn his hostility inward, sink into an abyss of depression and end his own life with a bottle or a bullet, his less introspective and socialized counterpart takes his frustration and aggression out on others until he is caught or killed.

For this person, brutality has the immediate payoff of compensating for an insurmountable sense of impotence; the ultimate reward is to be transformed by society into a celebrity murderer, attended regally by a vengeful, judicial system, and then to be solemnly and ceremonially executed by the state.

To “ride the lightning.”

The percentage of murderers who kill in order to be killed is unknowable, but it seems likely they outnumber those who rationally weigh the prospect of execution and are deterred.

And add to that another unhappy fact of criminal behavior: The rational fellow whose planned or unplanned act could cost him his life may well elect to leave no living witnesses.

And add to that a cultural effect of capital punishment that students of violent behavior are the most worrisome of all. By performing executions in the name of justice, the state validates the idea that killing is an appropriate response to sufficiently wicked or menderable behavior. Which happens to be the exact frame of mind that pervades in the most common of murder situations— the bedroom or barroom rage. Whether cloaked in legal pagentry or performed in the moment of white fury, the message is the same: The son of a bitch had it coming!

Not even the Supreme Court has suggested that the death penalty deters murder. In 1976, it took, instead, the curiously honest position that execution primarily serves a rehabilitative function, that it fulfills an emotional need of criminals outraged and frustrated at the prevalence of crime and violence. That it certainly does. Contrary to the lofty position of the true humanitarians, the less philosophical citizen may in fact derive comfort and genuine satisfaction from bloody vengeance. But a wiser court and a wiser society will spare theless individuals who are embarked on a campaign of self-destruction.

JEEFFERSON MANIFESTO

(Icon’t from page 5)

likes talking to himself! Furthermore, no one can understand the stresses and tensions of medical school without going through them. Dr. Echans tried medical school a second time and did not like it.

To professors, on the other hand, it can very easily appear as if students are on immature and lazy bunch. Graduate School helps promote enthusiasm, dedication and self direction to ones field. Medical school, on the other hand, it can very easily appear as if students are on immature and lazy bunch. Graduate School helps promote enthusiasm, dedication and self direction to ones field. Medical school tries to transmit as much knowledge as quickly as possible so that students will become functional in a hospital. This high pressured process lowers medical students to childish and barbaric behavior. Hissing in class, lack of concern for lab partners and slandering professors behind their backs help relieve some tension. All of these are really struggles on the part of students to regain some self respect. Beleeting others is the equivalent of raising oneself, or at least it feels like it.

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SCUBA DIVERS

By Ed Harvillo

The 1983 dive schedule of the Philadelphia Depth Chargers is now available. This year the scuba club will sponsor twenty-six ocean diving trips aboard six different charter boats. Charters will operate from May thru October and make available the finest shipwreck diving available off the New Jersey Coast. The Depth Chargers are one of the oldest and most experienced diving clubs on the East Coast. The club was formed in 1955 as a non-profit organization to promote safety and fellowship among divers. It has excelled in both respects. Club members are currently offered a wide variety of activities, among them are shipwreck exploration, underwater photography, spearfishing, lobstering, fresh water diving, and social activities. Membership is open to all certified scuba divers. For individuals who are not certified and wish to become divers, the Depth Chargers offer internationally recognized scuba instruction at the Thomas Jefferson swimming pool three times a year. The next class begins March 15. The Jefferson commons can obtain instruction for $100 payable to the Depth Chargers. Individuals who are not affiliated with the Jefferson commons may attend one of their meetings. They are welcome to attend one of those meetings. They are held each Thursday at 7:30 p.m. in the Mazzarino Auditorium, Jefferson Alumni Hall. Or you can call Ed Harvillo (215) 735-7200. Ed is a Jefferson nursing student and a diving enthusiast.

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