

CONTACT #2

February 1969

publication of the mcgill student health organization

contact

CONTACT is the publication of the McGill Student Health Organization (SHO), a multidisciplinary group of students from the health and social sciences, with a common interest in evolving an effective approach to community problems.

CONTACT is designed to

- keep others concerned with these issues informed of our current activities and the philosophy behind them.
- serve as a forum for the interchange of ideas on a wide variety of contemporary problems including those of education, ethics, and politics.
- provide a medium for the publication of humorous, literary and artistic works of our readers.

All contributions are welcome – on any topic – in French or English. Comments in letters to the Editor will be accepted.

Although we are not intending a subscription charge for this publication, we suggest a donation of \$3.00 per year from each of our readers able to contribute this sum. (For organizations requiring over 10 copies, \$1.50 per subscription would cover our printing and mailing costs.) Donations of any size will of course be ecstatically received. Cheques should be made payable to "The McGill Student Health Organization".

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David Crosby.

As it was my miraculous fortune to have a true father and a true mother, and a home which the truth of their love made joyous, so — in reaching outward from this love and this joy — I was marvellously lucky to touch and seize a rising and striving world; a reckless world, filled with the curiosity of life herself; a vivid and violent world welcoming every challenge; a world worth hating and adoring and fighting and forgiving; in brief, a world which was a world. This inwardly immortal world of my adolescence recoils to its very roots whenever, nowadays, I see people who've been endowed with legs crawling on their chins after quote security unquote. "Security?" I marvel to myself "what is that? Something negative, undead, suspicious and suspecting; an avarice and an avoidance; a self-surrendering meanness of withdrawal; a numerable complacency and an innumerable cowardice. Who would be 'secure'? Every and any slave. No free spirit ever dreamed of 'security' — or, if he did, he laughed; and lived to shame his dream. No whole sinless sinful sleeping waking breathing human creature ever was (or could be) bought by, and sold for, 'security.' How monstrous and how feeble seems some unworld which would rather have its too-than eat its cake! "

e.e. cummings
from non lecture three

What a coward every man is! and how surely he will find it out if he will just let other people alone and sit down and examine himself. The human race is a race of cowards, and I am not only marching in that procession but carrying a banner.

Mark Twain

The sands in your way beg for your song and your movement, dancing water. Will you carry the burden of their lameness?

Asks the Possible of the Impossible, "Where is your dwelling place? "

"In the dreams of the impotent", comes the answer.

If you shut your door to all errors, truth will be shut out.

Every child comes with the message that God is not yet discouraged of man.

Rabindranath Tagore

old age sticks
up Keep
Off
signs)&

youth yanks them
down(old
age
cries No

Tres)&(pas)
youth laughs
(sing
old age

scolds Forbid
den Stop
Must
n't Don't

&)youth goes
right on
gr
owing old

e.e.cummings

b&b in medical school?

We have in Montreal two systems of medical education, segregated on the basis of language, with little or no communication between them. Almost the only exception is personal collaboration between individual researchers at a post-graduate level.

As undergraduates, however, we hear and see nothing of our French-speaking counterparts. This isolation has led many of us to assume tacitly that the only medicine worth knowing about is what is taught and practised in our English-speaking hospitals. Such smug opinions were shaken when Canada's first heart transplants were performed at l'Institut de Cardiologie. It seems absurd that we, as students, do not even know about, let alone derive any benefit from some of the highly advanced research and clinical institutions of our French-speaking colleagues.

If medical students and doctors, with their strong common motivations, cannot get together, one cannot help but be pessimistic about the future of "les deux cultures" in Quebec. One excuse, I suppose, might be that we are too busy pursuing our studies or our practices to make any special efforts to co-operate. But more likely we lack the interest and motivation to learn both languages.

Surely one of the most important requirements for practice in Quebec is fluency in both French and English. (I suspect that McGill medical graduates have much greater shortcomings in this respect than those of l'Université de Montréal.) One of the best ways to motivate and attain bilingualism would be by closer co-operation between the two schools, perhaps in the form of teaching and student exchanges.

The unilingual doctor is at a considerable disadvantage in Quebec. He must restrict his practice to patients fluent in his language or accept the handicaps of inaccurate medical histories and limited rapport with his patients. On our hospital wards, where a significant number of patients speak only French, such language problems hamper effectiveness and foster misunderstanding and distrust.

As students also, we often feel hopelessly inadequate when attempting to obtain a history from a French-speaking patient. It could be argued, even for those of us who do not intend to practise in Quebec, that a knowledge of French is essential in order to take full advantage of our clinical years.

Similar arguments apply to the French Canadian student or doctor. Although he can more easily restrict his practice to French-speaking patients he cannot ignore the fact that he is part of a larger medical community on this continent — predominantly English-speaking — and that he must be in close contact with this community in order to become and remain an informed, effective practitioner.

What do medical students at McGill feel about this issue? A survey conducted by Gerald Goresky, polling 116 out of 135 students in first year, produced the following results:

1. Self-rated French-speaking ability was	
Fluently	10%
Moderately well	20%
Can communicate	50%
Not at all	20%

2. 88% of those not fluent felt that a French course is a necessary part of medical education in this province and would take it if it were offered in 2nd year.

3. 95% of the students felt that the French course should be made available to us free of charge by the faculty.

4. 40% felt that it should stress medical vocabulary; 60% that emphasis should be put on basic communication.

The result is unequivocal! The first year class possibly more enlightened than the senior years, wants a French course and wants it free of charge.

The specifics of how such a French course should be set up presents more difficult problems.

1. Students entering medical school appear to have a highly variable level of fluency. Given this situation, several levels of French teaching would have to be made available during the first year, ranging from a didactic basic grammar course to advanced conversation courses. Alternatively, the basic course could be eliminated by making French one of the course requirements for entry into McGill.

To provide motivation, as well as greater breadth in our training, student exchanges to French-speaking teaching hospitals could be made available as part of the physical diagnosis course in 2nd year. Electives at French-speaking hospitals and institutes might become more popular as a result of such exposure.

2. Should French be made a regular course in our curriculum with exams, etc? If not, perhaps a system similar to that at the Montreal Children's Hospital could be instituted. Participants enrol on a voluntary basis and pay a \$15.00 deposit which is refunded if they attend a minimum of 2/3 of the sessions.

3. Should the French course receive "prime time" in the curriculum? Relegating it to 8 a.m. or 5 p.m. would certainly dampen enthusiasm to some degree.

4. Whatever the long-range plans are, should some form of French instruction be made available to all years as soon as possible?

Let's hope the McGill medical students do not let this issue ride. It seems likely that the faculty would be in sympathy with these ideas. A sufficient number of opinions by individual students submitted to the medical teaching office would certainly add weight to our wishes and give the administration a clear mandate on which to base a decision.

George Siber MDCM III
Editor

PROJECT IN COMMUNITY MEDICINE

Progress and Plans for 1969

As one might anticipate, plans are forging ahead for our Project in Community Medicine for 1969. Recent developments (since the publication of Contact No. 1) include:

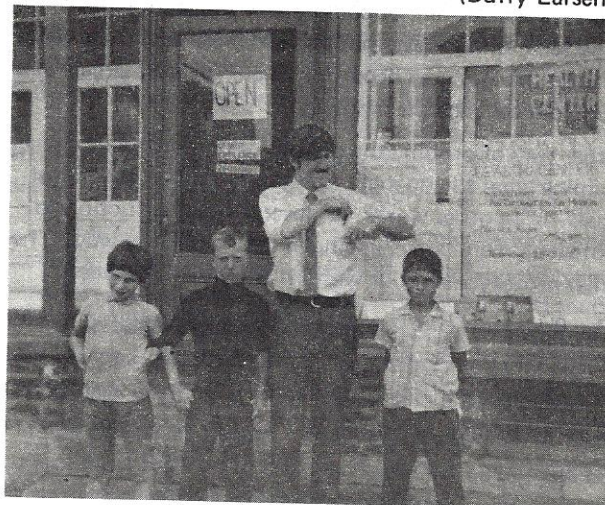
1. The development of a record form and corresponding computer program so that we will be able to subject the epidemiological and demographic data that we are collecting to computer analysis. We will be aided in this effort by the Department of Epidemiology and Public Health at McGill and by a Masters candidate from that department who will write a thesis on this research.
2. The legal incorporation of the citizens committee with which we have been involved. Its first activity was to rent a storefront which is being used to house a children's library (of 3,000 books which was lent to the SHO and passed along to the citizen's group), and a study-recreation hall which is running in conjunction with an expanded tutoring and head-start program. The storefront also serves as an office, a meeting hall, and in the near future, a law student-run legal aid service for the citizen's group.
3. The institution of a tutoring and head-start program using McGill students of education, psychology, and sociology as the tutors, educators and psychologists from the Learning Clinic of the Montreal Children's Hospital and Mental Hygiene Institute of Montreal as supervisors, and kindergarten and grade one students in the local elementary schools as the recipients. The teachers and families of each child also are being involved in the program by having the psychologists and tutors discuss the child's learning deficit and its treatment. (See Johnny and the Tutoring Program, pg.23).
4. The incorporation of our health center into the elective system of the medical curriculum of McGill. Medical teaching and service to the community has been expanded to include pediatrics, public health, and in the near future, we anticipate the establishment of a pre-natal and birth control clinic by the Department of Obstetrics and Gynecology of the Royal Victoria Hospital. Volunteer physicians from McGill's teaching hospitals have been teaching students dermatology, internal medicine, gynecology, psychiatry and ophthalmology. In addition, nursing students from the different McGill teaching hospitals have been and will continue to spend both free time and outpatient rotation time in the health center. Several courses in the university have included experience in this project. Examples are a design and construction course in the School of Architecture and courses in sociology and psychology in the Faculty of Arts and Science.
5. The planning of a second, sister community health center to open in the spring of 1969 about ten blocks from the present one. We feel that this is both appropriate and necessary in view of the number of patients the first clinic is able to handle (about 25 per day), the optimum size for such a decentralized community unit and the approximate four blocks radius catchment area that is being served by the first clinic.
6. The formation of a clinic board of directors made up primarily of members of the community, the directing medical students, and our pediatrician as medical adviser, to make all administrative decisions for the clinic. It is in this way we hope

to keep the health center responsive to the needs of the community and to encourage the center to remain solidly neighbourhood based.

7. We are attempting to formulate a training program for nurse-practitioners with the help of our pediatrician and full-time public health nurse in order to provide primary medical care in such an area by expanding the rôle of the nurse.
8. In terms of self-criticism, there has been a consensus (shared by nursing students, medical students, and several physicians), that although we operate best on a non-structured basis, the evening clinic is too disorganized. There are usually too many staff and students there, rôles are not well-defined and the teaching can be improved. The answers to these problems constitutes a major obstacle that we will face in the coming year. Some ideas that we are working on to solve them are:
 - a) hiring a permanent bilingual receptionist from the community who will provide evening to evening continuity.
 - b) decreasing the number of medical and nursing students staffing the evening clinic.
 - c) working out activities such as health teach-ins, home health care courses, and high school careers conferences to involve the first and second year medical students and nursing students.
 - d) hiring several specialists for the evening clinics. This would ensure more continuity of care for the community, enabling people to identify a personal physician. It would also increase the efficiency of the evening clinic and probably provide for a more consistent teaching experience.

This spring, the original "founding fathers" except Charles Larsen, the new director, will withdraw from the running of the project and leave its future to the present first and second year classes. Since the above plans equal the grandiosity and scope of those of last year, we have no fear for their success. It seems that we function best under the weight of preposterous objectives and plans.

(Buffy Larsen)



| Chas . . . and friends

Daniel Frank, MDCM III
Student Director, 1968-69

Charles Larsen, MDCM II
Student Director, 1969-70

the college of the future ¹

R.T. Affleck²

In attempting to assess the impact of our period of very rapid change on education in general, and college education in particular, the first question that has to be faced is: "what are the main contours of the change that is taking place?" — or to use the appropriate current phrase "what's happening?"

In a brief paper such as this, it is, of course, only possible to probe this question in the most general way; and more in a negative sense than in a positive. In the present situation it is easier to sense the social patterns and life styles that are coming to an end, than to articulate clearly the new patterns that are emerging in their place.

A clear example of this phenomenon can be seen in the continuous confrontation now taking place throughout the western world between student activists and "the establishment". The young people involved in these conflicts are generally very clear about what they are against; but practically never make specific statements about their positive "point of view". Instead, the future is sensed as a mosaic of many options, whose patterns and life-styles the students, amongst others, are in the process of discovering.

In attempting to evaluate what's happening to our society, more or less in this manner, a number of strong tendencies can be identified. These can be summarized as follows:

- (a) The end of industrial society and the emergence of a post-industrial society.
- (b) The end of the scarcity society and the emergence of a society of abundance.
- (c) The decline of the "protestant ethic" or "work ethic" as a generally accepted code of behaviour.
- (d) The rapid conversion of our economy from the simple production-consumption cycle to a complex service oriented economy.

The above statements are, of course, only different ways of saying the same thing — attempting to express in various ways the immense changes now occurring in our society, largely as a feedback from advanced technology.

Another way of probing the quality of current social change is to examine what's happening to our concepts of the "ideal individual" or, in other words, to observe how our notions of the "prototype man" are changing in a fundamental way. The three great prototypes of our western tradition have been:

- (1) The Bourgeois (the response of shrewdness and industry to the fact of scarcity);
- (2) The Soldier (the response of force and "male aggressiveness" to the fact of scarcity);

- (3) The "honest working man" (the mechanization of man to achieve productive ends).

I believe that we are now witnessing the effective supplanting of these three prototypes as part of the overwhelming influence of automation, cybernation and abundance. The emerging new prototypes, I would suggest, are:

- (1) The Scholar (the life long practitioner of the learning and discovery game);
- (2) The Artist (formerly the "outsider", now clearly that fortunate man who both "knows what's happening" and "does his own thing");
- (3) The Saint (the coming of age of man both in terms of consciousness and the service ethic).

Considering the extent and immediacy of the changes summarized above, it is no wonder that our educational establishment finds itself disastrously out of step with the needs and aspirations of the young people it is supposedly designed to serve. This crisis of inappropriateness is by no means limited to the college area. The malaise clearly spans the entire range of educational institutions and activities. The college level, however, does provide excellent material for a case study of this situation; particularly in Ontario and Quebec, where, at the present time, the public treasury is committed to an enormous expenditure of funds.

I propose to examine the current phenomenon of college education within a number of sub-sets that seem particularly pertinent to the social changes we are experiencing. These sub-sets will then be evaluated in terms of their interrelations, with the aim of discovering common patterns that provide some clues to the college of the future.

The Linear Model: Education as it is still generally conceived provides an interesting example of a linear, sequential model, oriented largely to production (the production of labeled, interchangeable human beings for the needs of an industrial society). The analogy with the industrial production line is a striking one. It is little wonder that the environment of the typical school or college bears a strong resemblance to a factory or mild penal institution.

The notion of a rigid linear progression through nursery school, kindergarten, elementary school, secondary school, college and university (strongly goal-oriented, often at the expense of process), seems to me to be singularly inappropriate to the contingencies of a post-industrial society — a leisure-learning society, or a service economy.

It is now almost 50 years since our image of physical or spiritual reality has abandoned this type of mechanistic model, largely through the insights of individual artists, poets and scientists. The model, however, lives on to this day, particularly within human institutions. The emerging new model will clearly be of a general field type, wherein learning is seen as a lifetime activity, rather than a fixed segment of the life span. It would,

1. Prepared for delivery at the Conference on Education in the 20th Century held at Waterloo University in Sept. 1968.

2. Mr. Affleck is a practising Montreal architect who also serves frequently as a visiting professor at various universities in Canada, the U.S. and the U.K.

amongst other things, abolish the artificial dependency of the "student", that the current situation extends practically into middle age. It would borrow from the **systems** model currently in use by our advanced technology (in my opinion a basically humanist model not a purely technical one). It would be a **discovery model** rather than a **production model**.

The Institutional Mode: One of the most striking examples of the current expansion of consciousness with respect to environments, is the understanding, now becoming fairly general, that institutions actually function as a highly sophisticated mode of control of a large number of individuals by a few. The identification and exposure of this **power role** of institutions seems to me to be an important part of what's happening — particularly with respect to the daily confrontation between students and the educational establishment. The phenomenon is, of course, not confined to education alone. The contrast between human needs and aspirations, on one side, and institutional "straight jackets" on the other, is equally apparent in such diverse fields as religion, health, law, and national identity. The rigid bureaucratic procedures that have so far been an inevitable corollary of large institutions are clearly being brought into question today. The discovery of new structures and forms of human relationship that are pertinent to post-industrial man is an immense learning task facing educators and society at large.

In our current state of disarray one can only hope to find a few clues to the questions posed by the notion of what might be termed **post-institutional education**. One direction would appear to be the emergence of the self-motivated, self-paced learner, choosing freely from multiple options offered by society at large. This would also involve breakdown of the rigid differentiation between the categories of **work** and **learning**, and of **teacher** and **learner**. In effect, every citizen would become both **learner** and **teacher** at different times and in varying situations throughout his life experience. The current cultural myth of **permanency**, interrupted by brief periods of change labelled "revolution" would be replaced by the acceptance of **change** as the norm and **permanency** as the exception. In this situation the concern of educationalists would become the provision of and coordination of services, and cease to be the control of individuals in relation to bureaucratically established goals.

The Curriculum Hang-up: When seen as a matter of content, the question of curriculum looks like a race that no one can win. Disciplines, courses, specialties have long ago expanded

beyond the capacity of any college to absorb them in terms of time or human energy. Clearly the current exponential growth of knowledge calls for a reappraisal of traditional notions of curriculum — the development of new techniques of interface between individual learners and our immense human memory.

One approach might be to re-examine the concept of the **academic discipline** itself, as well as its corollary, the notion of **inter-disciplinary** activity. The notion of the separate **discipline** has historically been a useful device for coping with complexity by exclusion. Today we face the immense task of dealing with complexity by **inclusion**; — a task now made possible through electronic extensions. With an **inclusive** or **total information** approach, the problem of structuring the knowledge search tends to move away from **content differentiation** (as in the "discipline") in the direction of **task differentiation** (as in "Research and Development"). The question remains, however, as to whether any culture can, in today's terms, identify a truly basic body of knowledge to which every citizen must be exposed. This is a difficult question that would doubtless benefit from continuing research and discussion. Whether a clear answer to this question can be found or not, I feel that the trend will be in the direction of a "post-disciplinary approach", and involve the blurring of our concepts of what constitutes the **sciences**, as differentiated from the **humanities**.

Another way of probing the curriculum conundrum is to postulate curriculum in terms of activity — an operational model, rather than a passive model. Briefly, this concept might envisage three main sub-sets:

- (a) Information transfer;
- (b) Role experience;
- (c) Specific task training.

The activity of information transfer would consist almost entirely of a man-machine interface, (that is through the use of teaching machines, computer-aided education etc.). These operations could occur anywhere, and any time, and be organized to include self-testing and feedback mechanisms.

The activity of role-playing and role-testing would be largely a man-man interface; would require expert coordination and timing (such as is used at present for games or conferences) and would involve the learner in complex participation with the community, in either real or simulated situations. This activity model would of necessity involve experience in the dialectics of group creativity, and individual insight.

The activity of training for specific tasks would involve a combination of man-machine and man-man interfaces and would involve the learner directly with advanced technology. The **crash course** technique already well developed in some learning areas would provide one prototype for this type of need.

The Sense of Place: The institutionalized school or college has traditionally expressed itself through a **building** or a group of buildings forming a **campus**. This **spatial orientation** has generally been accepted without question by college administrators as the only acceptable mode for the

The Spontaneity Club

or

Organization Kills

My way is the only Way!

or

I ate the map.

functioning and control of an educational institution, despite the fact that many other community services have long since adopted a more flexible response to the space/time ratio.

The real estate problems of a college, very much like the curriculum problems, seem insurmountable if looked at in this traditional manner. It seems to me that little progress can be made in this area until college administrators move away from their inherited place orientation and begin to see the college as part of a largely invisible service network. This approach leads to an understanding of the community as a learning environment — in effect the “invisible university”, or as McLuhan has aptly termed it, “the school without walls”. Examples of this type of educational concept already exist — the World University in Puerto Rico, the Thomas More Institute of Montreal and Toronto, and the “No Place” school of Vancouver all demonstrate different aspects of this approach.

Apart from its direct educational implications, this attitude might provide some interesting answers to the difficult problems of college financing. From within our traditional fragmentary framework, most public services seem to present insurmountable financial problems (education, health, housing, transportation, etc.). I would suggest that the concept of a total, overlapping, multi-function, service network may be one promising and practical way around the current roadblocks. Part of this approach would, of course, have to be the application of simple distribution devices such as the guaranteed minimum wage.

Patterns of the Future: The above observations by no means constitute an exhaustive treatment of the interface between our changing society and the college of the future. They do, however, when examined as overlapping subsets, reveal a fairly consistent pattern. I would summarize the main components of this pattern as follows:

1. The college of the future will move away from current centralized bureaucratic structures in the direction of de-centralization, diffusion and indeterminacy. The unit of de-centralization will ultimately be the individual (learner or teacher) and not an “administrative unit”. The function of administrators as control will tend to disappear altogether and be replaced by the functions of coordination and service.
2. The rigid linear model (in time) and single point model (in space) will be replaced by a space-time model of the mosaic or general field type. This appears to be an inevitable corollary of the substitution of centralized bureaucratic control by individual autonomy and free association.
3. The one-way teacher-learner model will be replaced by a two-way interface. Apart from being frequently reversed (with respect to the learning function) the precise category of teacher will tend to disappear altogether and be replaced by an enormous variety of service roles such as human relations, human resources, community organizer, etc.
4. The notion of curriculum as an additive structure of more and more unwieldy proportions will be replaced by more advanced methods of information retrieval, related to society's computerized memory. It seems to me that the case

EVERYBODY'S BEEN BURNED

Everybody's been burned before,
Everybody knows the pain
Anyone in this place
Can tell you to your face
Why you shouldn't try to love someone.

Everybody knows it never works,
Everybody knows, and me
I know that door
That shuts just before
You get the dream you see.

I know all well how to turn, how to run,
How to hide behind the bitter wall of blue.
But you die inside
If you choose to hide
So I guess instead, I'll love you.

David Crosby
for The Byrds

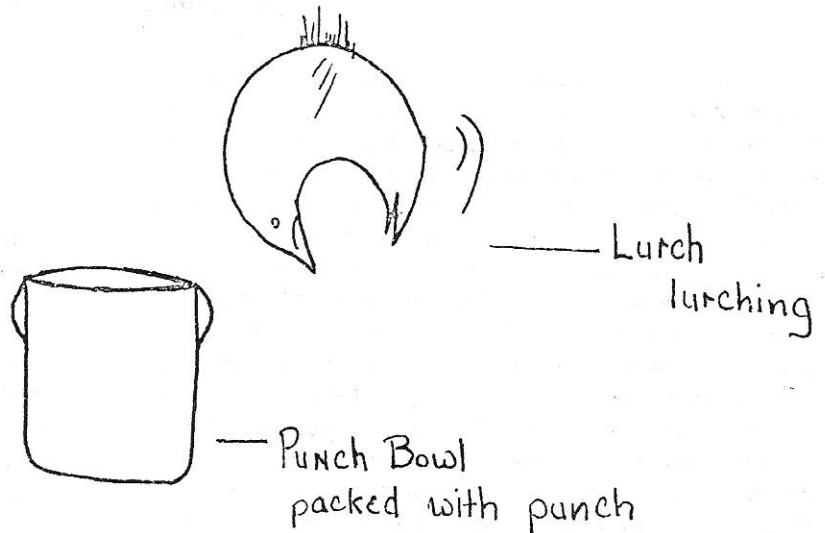
study or project method remains an excellent technique for structuring both role experience and information retrieval. In effect, we could predict that there will be as many curricula as there are individual students.

5. The notion of the college as a community will tend to be replaced by the notion of the community as a college. Learning would be seen as an environmental activity — part of the continuous urban phenomena of exchange and interaction. The strict categories of education and entertainment; work and leisure; adolescent and adult will become progressively blurred. College level education will become part of a comprehensive (and largely invisible) service network rather than continuing in its present form of a fixed number of years spent in a specific place.

The Punch Bowl and the Lurch

All through the Hills the Lurch did search,
 Looking for the perfect perch
 To make a workin' Lurch's furtunes,
 And raise some little Lurchin' urchins.
 It lurched into a bowl of punch,
 'Twas soon this Lurch was out to lunch.
 I heard it gurgle, burble, burch;
 I looked again — the Lurch submerched.

Ann Rajan
 Montreal



Nothing to do but work,
 Nothing to eat but food,
 Nothing to wear but clothes,
 To keep one from going nude.

Nothing to breathe but air,
 Quick as a flash 'tis gone;
 Nowhere to fall but off,
 Nowhere to stand but on.

Nothing to sing but songs,
 Ah well, alas! alack!
 Nowhere to go but out,
 Nowhere to come but back.

Nothing to strike but a gait;
 Everything moves that goes.
 Nothing at all but common sense
 Can ever withstand these woes.

Benjamin Franklin King Jr.
 from "The Sum of Life"

Ancient Music

Winter is icummen in,
 Lhude sing Goddamm,
 Raineth drop and staineth slop,
 And how the wind doth ramm!

Sing: Goddamm.

Skiddeth bus and sloppeth us,
 An ague hath my ham.
 Freezeth river, turneth liver,

Damn you, sing: Goddamm.

Goddamm, Goddamm, 'tis why I am, Goddamm,
 So 'gainst the winter's balm.

Sing goddamm, damm, sing Goddamm,
 Sing, goddamm, sing goddamm, DAMM.

Ezra Pound

from Vancouver

R. Tonkin, M.D., F.R.C.P.(C)
Clinical Instructor,
Department of Paediatrics,
University of British Columbia

Contact has been made! If the McGill Student Health Organization's first aim "Is to contact you" in setting forth on its first issue of "Contact", it has been highly successful. You further go on to say "We feel our activities are worth communicating to all of those who are concerned about health care in our community". In considering community medicine it is becoming increasingly important that all concerned clearly define their meaning of the word 'community'. In your first issue you indicate that to you and your voluntary student health project, community has certain geographic, socioeconomic, and medical care characteristics. At the University of British Columbia we are approaching the problem of community medicine from a slightly different basis, namely a university based program in community medicine. Our concept of community is not confined to the urban poor, the Indian, the city, or even the metropolis. We have accepted as a definition a much more "open ended" concept of community in the hopes that principles applied in our community pediatric program may eventually be translated into regional provincial, or even national terms.

We would define community pediatrics as involving:

CONCERN	— for all children in a community
KNOWLEDGE	— of the social and political structure of that community
EVALUATION	— of the quality and quantity of medical services and of the medical needs of a community
DEVELOPMENT	— of the manpower equipped to meet the needs of the community.

The objective of the U.B.C. program in community pediatrics is to bridge the gap between the above four principles as outlined by Haggerty and the more traditional, "disease oriented" aspects of modern medical education. The overall goal is a physician, better equipped to function effectively in the community of his choice.

In our concern for all children in the community we must recognize that the medical student has traditionally "learned" on the indigent patient. With prepaid medical plans and now medicare this group has not only become less in numbers but also less representative of the total child population.

In an attempt to demonstrate the needs of the total child population it is hoped that the student will have access to the more than 90% of that population that never enters the doors of a teaching hospital. This will be achieved through the student's supervised attendance at centres of "well child care" such as schools and child health centres. In addition it is hoped that we will be able to introduce students into the office practices and daily routines of family practitioners and/or community pediatricians. Finally, through the use of a selected sample of "problem" patients or families from the community, it is hoped to provide the student with an opportunity to explore the variety of community resources available.

Each student spends two and a half weeks during his final year, and while on his pediatric rotation, in the community pediatric program. Because student and faculty expectations are not always in complete harmony our students were asked, prior to the institution of the program, to express their own objectives. In the order of priority as expressed by the students they were:

1. Experience in handling common pediatric problems.
2. Contact with patients.
3. Orientation to community resources and personnel.
4. Opportunity to follow up on patients of interest.
5. Chance to observe what really happens in the community.

In order to meet these objectives and those of our overall teaching program it was felt that we needed access to the following features.

1. A broader sample of the childhood population
2. The more common problems of childhood
 - well child disease
 - developmental disorders
 - school problems
 - preventive pediatrics
3. The various community resources
 - public health teams, especially the public health nurse
 - social worker
 - school officials, especially teachers
 - special resources
4. The non-University based physicians
 - family physician
 - practising pediatrician
 - public health officers.

In order to meet these needs we have mobilized the following resources.

1. The practising pediatrician
 - A. Pediatricians have volunteered to take a fourth year student into their offices on an observer basis. Two pediatricians take students for the entire working day while the remainder have a student in their afternoon office.
 - B. Students are encouraged to "follow up" on patients seen by them in the community by either phoning the private doctor or by visiting the doctor's office when the patient is due to visit.
2. The City Health Department is collaborating with the University by allowing students to utilize facilities of one of its health units. Facilities being utilized include
 - A. 2 schools — in which University staff supervise the conduct by the students of a routine school medical office. This includes the routine school well child examination, the consultations for problem children within the school, the introduction to the facilities available within the school

system, and the observation of normal children in their class rooms.

B. The Child Health Centre — this is a major resource for exposure to well child care in Vancouver. In this setting we attempt to explore immunization practices, infant feeding, child rearing practices, and the role of the physician in well child care. The clinics utilized are run solely by public health nurses and a University supervisor attends solely to act as a guide and interpreter for the students.

C. Public Health Nurse — in the school, Child Health Centres, and Immunization Clinics, the student is able to observe the various roles of a public health nurse and to discuss with her his concepts of these roles.

D. The Health Unit — within the Health Unit the Medical Director orients the students to the program of public health facilities within the Province and more particularly within the city of Vancouver. In addition, the students have an opportunity to observe an adult immunization clinic in progress. This clinic is used as an opportunity to discuss many of the problems of immunization.

E. The Dental Service — this facility, housed within the Health Unit, is utilized in order to explore the many aspects of dental care, the role of the Health Department in dental care for children, and the problem of fluoridation. These discussions are led by a dentist.

3. Health Centre for Children Outpatient Department — each student spends two and a half weeks in our morning medical clinic. In this clinic the light patient load enables in depth patient contact and an opportunity to exercise responsibility for patient care. Two pediatricians act as supervisors for each clinic morning.
4. Ecology Rounds — Using selected "problem patients" students integrate all the functions necessary for effective management of such problems. These include:
 - (1) A complete medical work up
 - (2) A home visit
 - (3) Consultations with pediatric or other medical specialists as indicated
 - (4) Consultations with allied health personnel
 - (5) Review of family contacts with other community resources.
5. Other resources — as suitable patients present themselves to the students they are encouraged to follow up on the problem by visiting appropriate community resources, e.g., School for the Deaf, C.N.I.B., Children's Aid, Psychiatry.
 - a voluntary student project "Cool Aid" works with Vancouver's Hippie colony.
 - students in other professions, e.g., nursing, social work, dietetics are encouraged to take part wherever possible and to attend Ecology rounds.

Summary

By maintaining close contact with a single health unit, and developing our contacts with other community resources, we are attempting to provide the students with a more realistic model of the community health care system. An attempt is being made to provide the students with sufficient opportunity and encouragement to initiate their own educational experiences within this framework, e.g., home visits with the public health nurse. Our concern in community pediatrics then is not for the urban poor but for the total child health care system. Our goal in community pediatrics is the development of a better teaching model which will produce a more effective community oriented physician.

a long, land-locked journey over
 a thousand islands passed wading in the river
 the locks crossed one by one . . .
 Caughnawaga
 boats
 (like loons
 in the morning fog)
 cry here:
 pinched in the narrow seaway's banks
 they labour
 till the continent delivers them
 wailing
 to the open sea

Elizabeth Robinson MDCM I

Poverty, Culture, and Social Action - A Viewpoint

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In stating a point of view rather than giving a scholarly review, one's concepts are more likely to be personal than academic so I will begin by outlining some of them. By poverty population I refer not to those people who because of age, illness, accident, or immigrant status are undeniably poor, but rather to that segment of the population that lives in the network of frustration and hopelessness which has been described as the "poverty cycle". In the words of those who coined the term, "poverty exists for a number of reasons and elimination of any one of these reasons will not in itself eliminate poverty. Inadequate education, low or non-existent income, limited job opportunities, dilapidated and over-crowded housing, poor physical and mental health, an inclination towards delinquency and crime — these and many other characteristics of poverty both cause and are caused by each other, interacting in a manner which renders it virtually impossible for the disadvantaged child, adult or family to break out of the 'cycle of poverty'."

By culture I refer primarily to a state of mind or an orientation to life which exists beyond survival and beyond diversion. It involves an evaluation of some things as good or beautiful in themselves and is only found in the wake of leisure and the reflection that leisure affords. For this reason culture has always been the domain of the affluent. Not all persons with leisure participate directly in the various aspects of cultural life; many do so only through identification with cultural leaders, and many more simply engage in diversions. A very important aspect of culture is contained in the expression "a meaning in life". By this, I refer to a subjective sense of authenticity and proper relationship with one's perceived environment. I see it as an emergent phenomenon, not a primary one, coming as a result of purposive activity within a framework of personal ethics and historic opportunity. It follows rather than precedes action.

A set of factors influencing one's viewpoint of the situation of any minority group involves one's perception of the major trends in society, or in other words, one's reading of the times. As I see it, we are currently in the beginning of a vast social change which I suggest can be characterized as a movement from a society of productivity to a society of rationality. This involves no necessary change in our basic ethical orientation of equality and brotherhood. It does mean, however, that people will find meaning in their lives not as a result of how much or how well they produce, but rather in terms of how rationally they behave. One aspect of this has been called the emergence of post-industrial society.¹

At the root of this social revolution are two major phenomena: the automation of productivity and the knowledge explosion. High levels of productivity are now being taken for

Ed. note

1. The author was asked to elaborate on his use of the word rationality to characterize the direction of social change. For him, rationality implies an open, far-sighted and logical assessment of all relevant data as a basis for making ethical decisions.

granted. The information explosion and the awesome efficiency of the communications media have combined to produce a far more knowledgeable and sophisticated population than could have been imagined a few years ago. The so-called generation gap is one result of this sophistication. Two other results should be mentioned. The first is that knowledge of unequal standards of living between groups are more evident to all than ever before. No longer are the wealthy and the poor concealed from each other. The tensions and frustrations thus generated have convinced many people that enlightened self-interest forbids the exclusion of any social group from the main stream of society. The other result is an increasing distrust of systems of authority that are based on ascribed as opposed to earned status and on institutional membership and position. This is surely not because youth today are more rebellious than they were yesterday but rather that the weaknesses, the inefficiencies, and the rigidity of our institutions become apparent earlier and more dramatically than ever before. The message has never been clearer, "adapt and become more reasonable or be passed by".

I believe that significant numbers of people in many walks of life are responding to these new circumstances by evolving procedures, systems of authority, and operational values that are centred around rationality. In politics we have just participated in the election of a leader who promised almost nothing other than a rational approach to problems. In medicine we have a growing realization that, unless the disparity between the standards of medical technology and medical care delivery are abolished, the matter will be taken out of our hands. In the professions centering around psychiatry that deal specifically with human relations, we have the development of systems of therapy that concentrate on the solution of problems by communication and negotiation within the family group rather than by tradition or authoritarian edict. Perhaps most startling of all, we have a rapidly growing feeling in the business community, the hub of the society of productivity, that business must become involved in social and educational issues if it is to survive. Statements like the following by Henry Ford II are more and more being accepted as valid: "There is no longer anything to reconcile — if there ever was — between the social conscience and the profit motive. It seems clear to me that improving the quality of society — investing in better employees and better customers for tomorrow — is nothing more than another step in the evolutionary process of taking a more farsighted view of return on investment."

War begets Poverty, Poverty Peace,
Then people will traffic and riches increase.
Riches produceth Pride, Pride is War's ground.
War begets Poverty, so we go round.

—1696 Francis D. Pastorius,
The Beehive

If we assume at least a measure of truth in all this, what does it imply for those living in poverty and for those who would help them? The fact that they already live outside the benefits of the society of productivity and its culture has led many people to believe that they possess a distinct culture of their own — the so-called culture of poverty. I can see no real evidence for this. Diversions they do have, though perhaps all too few, but what cultural awareness they have is very largely one of envy and vicarious identification with those who possess more than themselves. I cannot feel that the inventiveness and even the charm that we see these people use in the service of survival is indicative of culture. If, for example, a child does not know in advance, who, if anyone, will get him supper some evening it would be surprising indeed if he did not use some imagination and spontaneity to secure this end. To mistake this sort of spontaneity for a cultural achievement would amount to naive romanticizing, however tempting such an interpretation might be for someone actively engaged in repudiating smug middle-class materialism. It would be similarly misleading to regard the mutual aid activities of poor people as an expression of a positive cultural value or neighbourliness unknown among the affluent. As these people enter into the main stream of society their problem is not that of preserving past cultural values (that is the problem of the accidental and immigrant poor) but is the same basically as confronts the rest of us — namely, to discern which of the currents in society offer a path to genuine meaning in life and which are dead ends and lead only to stagnation.

It has been said that the perpetual dilemma of the social activist, and indeed of the poor themselves, is whether to strive primarily for opportunity or for power. While these goals are not mutually exclusive and indeed are often complementary, it remains true that there is a good deal of difference between seeking power to obtain access to opportunities that have already been clearly defined, on the one hand, and refusing to define the opportunities sought until some kind of power has been obtained, on the other. Perhaps the best illustration of this difference is the civil rights movement in the U.S. which seems to have moved from opportunity-oriented to power-oriented goals. I believe that only the search for opportunity can lead to genuine social development because only it can lead to specific goal-oriented activity. Power, unless it is rigorously disciplined tends to become diffuse, intoxicating and ultimately disappointing. Perhaps it is inevitable that those who have been suppressed for long become enchanted with power in the first flush of development but this is not to say that any social achievement will directly result from its exercise. The subsequent malaise of ex-colonies where people believed that independence would cure all their problems is only one example of how misleading this can be.

The work of those who are trying to help the poor resolves itself into this — how to help them define for themselves those opportunities to which they want access and how to help them to subordinate consistently the search for power to the search for those opportunities. The answer to the first half, I believe, rests in the repeated teaching and demonstration that it is those opportunities which can be rationally formulated and pursued to specific ends which are likely to be most productive. The

answer to the second half lies, I believe, in the extent to which those who are helping the poor are **themselves** taking advantage of meaningful career and life opportunities. As long as these people are themselves abandoning the search for opportunities in the broad stream of society, so long will the work be inefficient, however idealistic and well-meaning may be the motivation. They simply lack the background to help the poor define and seek opportunity. Because of this they do not serve as good models for identification, which is vitally necessary for steady and non-impulsive growth. The day seems to be coming when this kind of work provides access to a significant career in itself and we can only rejoice in this. In the meantime exposure, even if transient, to people who are actively engaged in seeking career and life opportunities themselves, is probably more efficient. I believe we are now seeing among university students in the professional schools (medicine, law, business, etc.) a genuinely better social conscience than was found in previous generations and that these young people do excellent work with poor populations. Their sophistication has in many ways taken away the impractical aspects of their idealism, and it is often true that they can "tell it like it is" while at the same time their technical training is truly relevant to their own future life. Without such groups and the useful models for identification that they offer, the chances that the poor become directly power-oriented increase.

Perhaps it is unfortunate that the responsibilities and perils of leadership thus fall on youth rather than on middle age, but at the present time there is often no way around it.

IL NE FAUT PAS

Il ne faut pas laisser les intellectuels jouer avec les
allumettes
Parce que Messieurs quand on le laisse seul
Le monde mental Messsieurs
N'est pas du tout brillant
Et sitôt qu'il est seul
Travaille arbitrairement
S'érigeant pour soi-même
Et soi-disant généreusement en l'honneur des travail-
leurs du bâtiment
Un auto-monument
Répétons-le Messsieurs
Quand on le laisse seul
Le monde mental
Ment
Monumentalement

Jacques Prévert
"Paroles"

... What I'd do, I figured, I'd go down to the Holland Tunnel and bum a ride, and then I'd bum another one, and another one, and another one, and in a few days I'd be somewhere out West where it was very pretty and sunny and where nobody'd know me and I'd get a job. I figured I could get a job at a filling station somewhere, putting gas and oil in people's cars. I didn't care what kind of a job it was, though. Just so people didn't know me and I didn't know anybody. I thought what I'd do was, I'd pretend I was one of those deaf-mutes. That way I wouldn't have to have any goddam stupid useless conversations with anybody. If anybody wanted to tell me something, they'd have to write it on a piece of paper and shove it over to me. They'd get bored as hell doing that after a while, and then I'd be through with having conversations for the rest of my life. Everybody'd think I was just a poor deaf-mute bastard and they'd leave me alone. They'd let me put gas and oil in their stupid cars, and they'd pay me a salary and all for it, and I'd build me a little cabin somewhere with the dough I made and live there for the rest of my life. I'd build it right near the woods, but not right in them, because I'd want it to be sunny as hell all the time. I'd cook all my own food, and later on, if I wanted to get married or something, I'd meet this beautiful girl that was also a deaf-mute and we'd get married. She'd come and live in my cabin with me, and if she wanted to say anything to me, she'd have to write it on a goddam piece of paper, like everybody else. If we had any children, we'd hide them somewhere. We could buy them a lot of books and teach them how to read and write by ourselves.

J.D. Salinger

THE WILD FLOWER MAN

Do you know the old man who
Sells flowers by the South Gate?
He lives on flowers like a bee.
In the morning he sells mallows,
In the evening he has poppies.
His shanty roof lets in the
Blue sky. His rice bin is
Always empty. When he has
Made enough money from his
Flowers, he heads for a teahouse.
When his money is gone, he
Gathers some more flowers.
All the spring weather, while the
Flowers are in bloom, he is
In bloom, too. Every day he
Is drunk all day long. What does
He care if new laws are posted
At the Emperor's palace?
What does it matter to him
If the government is built
On sand? If you try to talk
To him, he won't answer but
Only give you a drunken
Smile from under his tousled hair.

Lu Yu

1125-1209 A.D.

who knows if the moon's
 a balloon, coming out of a keen city
 in the sky-filled with pretty people?
 (and if you and i should

get into it, if they
 should take me and take you into their balloon,
 why then
 we'd go up higher with all the pretty people

than houses and steeples and clouds:
 go sailing
 away and away sailing into a keen
 city which nobody's ever visited, where

always
 it's

Spring) and everyone's
 in love and flowers pick themselves

e.e. cummings

what do you think of medicare?

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If there is one innovation that might be expected to improve the lot of the underprivileged in our society, it would be a medicare scheme on the lines recommended by the Hall Commission in 1965. The reluctance on the part of some provincial governments to enter into such schemes seems to be primarily the question of cost whilst another important consideration is opposition to medicare expressed by sections of medical profession; opposition which manifested itself in an extreme form in Saskatchewan.

The majority of those embarking upon a career in medicine today probably do so in the awareness that they are likely, eventually, to practise medicine under some form of medical care scheme.

How, then, do they view the introduction of schemes which will so profoundly affect their careers — schemes in whose organisation they will apparently not be consulted and in which many of the positions held by the established profession seem to be disregarded?

Let us look at the replies of a group of first year medical students who were given the opportunity in an examination paper to set down what they considered to be the advantages and disadvantages of government sponsored comprehensive medical care services.

With the general reservation that there is always a tendency for students to answer questions in a way calculated to please the examiners, and although the enquiry took place in the shadow of the radiologists' strike, the frankness of the replies prompted a systematic analysis of these otherwise rarely heard opinions.

THE STUDENTS:

Of the 133 first year medical students who replied, 122 or 92% were born between 1944 and 1947. Canadian citizens were in the majority at 64% and the next largest group came from the United States (21%). The remaining 15% were made up of 5 citizens of other American countries, 8 Asian citizens, 4 Europeans and 3 Africans. There were 19 women students (14%).

METHOD:

Responses were initially listed under 72 headings, which were readily reduced to 61 without ambiguity. Repetitious replies gained only one entry for each new idea. The stated advantages and disadvantages were finally grouped under five main headings. These headings are somewhat empirical, and obviously other interpretations are possible. When there was any degree of doubt, allocation to a category was made on the context of the whole reply.

The figures, it should be noted, cannot be added, since each student presented a number of different arguments, both for and against.

The extent to which opinions were influenced by course content, or by study of the Hall Report is debatable. There is remarkably little evidence of either!

RESULTS AND DISCUSSION:

The most frequent observation, made by 89% of students, was that medical care would become available to all, irrespective of financial status or social class.

Variations on this theme included the doctor's freedom to

prescribe treatment without considering the cost to the patient, and the lifting of the financial burden accompanying chronic diseases.

Against this, there was frequent mention of loss of free enterprise, control by non-medical administrators, and fear of bureaucracy. Some replies dwelt at length on this subject, with unreserved references to various provincial governments and to the United Kingdom health scheme!

Loss of prestige and long working hours were the adverse effects most commonly predicted for doctors, (in addition to the question of free enterprise as a principle). Only one student specifically mentioned a probable reduction in personal income.

Those raising matters of principle as objections to medicare outnumbered those objecting on the grounds of a possible decline in standards of patient care. Many anticipated improvements in health services in one or more ways. The commonest generalisations were on increased efficiency and improved facilities. Twenty considered central organisation to be an advantage. and 17 foresaw a better distribution of services, particularly in relation to urban-rural disparity.

Overservicing of patients, excessive demands by patients and a decline in the quality of medicine were the disadvantages most frequently predicted for the health services.

Only 9 students thought of medicare as a financially economical proposition (as distinct from an efficient service), and only two of the 9 observed that a healthy population was an economic investment for a country.

At a time when the main drawback of medical care schemes is turning out to be the question of cost, it is surprising that so few chose to discuss this particular point.

A disturbing feature throughout the replies was the apparent assumption that the profession would have no say in the running of any medicare scheme. Only one reply almost guiltily suggested that doctors should "infiltrate" the administration in order to influence the course of events.

CONCLUSION:

The views examined here are from the first year intake of just one of Canada's medical schools, which now number around 15, and the opinions may not necessarily coincide with those in other places. However, throughout the replies there was a distinct sense of uncertainty about the future rôle of the physician in medicare.

One way to offset such uncertainty is to get physicians to appreciate the need to concern themselves more actively in the planning of provincial medicare schemes, (for they are coming whether one likes it or not!). And what better initiation to the organisation of medical care and service to the community than by student involvement in Community Health Centres?

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Views of 133 First Year Medical Students on Medicare

MONTREAL AT NIGHT

Purpled shadows sit;
motionless corpses in the night's memory
of day
Stunned by the passing of time.

Bottled bodies
Spin and roll and crash
into the gutter
and wallow in the dirt
kicked from the heels
of passing pedestrians
collected in Snowdon and Outremont
n.d.g. and Ville St. Michel — even
Westmount
and all are deposited just beneath his nose
as his eyes open
into the mouth of a sneering sewer.

Great vitreous structures
twinkle here and there
like once plenty slot machines
in small candy stores.
The daylight Gods
in the night stand like deserted
castles on the moors
as they shrivel and hide
in the veil of night.

Out of the screaming neon
Jumps "Wine, Women and Song".
Nightly dancing, diners cards,
credit accepted! — comes the cry
from a whining saxophone
while the cat slides off her stool
and slithers to a waiting lair.

Danny Lowe MDCM III

STATED DISADVANTAGES

STATED ADVANTAGES

	No. of students		No. of students
<u>General Principles:</u>		<u>General Principles:</u>	
Loss of free enterprise	43	Universality (No financial or social barriers)	119
Non-medical government control	42		
Bureaucracy	29		
Doctor-administrator conflict	13		
Political health decisions	10		
Public against it	9		
Loss of individuality	2	<u>Health Services:</u>	
Psychologically bad	2	More efficient, better services	47
Anticapitalist	2	Better facilities & equipment	34
		Central organisation	20
		Better distribution of health care	17
		More coordination	8
		Comprehensive	3
		Better preventive medicine	3
<u>Health Services:</u>		<u>The Cost:</u>	
Overservicing	28	Economical	9
Over-use of services	23	More money for research	2
Lower quality of medicine	18	More money for hospitals	1
Lack of flexibility	8		
Shortage of medical personnel & facilities	6		
Loss of personnel	5		
Overcrowded hospitals	3		
		<u>The Doctor:</u>	
		Guaranteed payment for service	7
		More teamwork	6
		Efficient use of doctor's time	6
		Eliminates competition	4
		Eliminates quacks	4
		Better hours	4
		Better doctors	3
		Better for young doctors	2
		Work diversified	1
		Govt. financed medical studies	1
<u>The Cost:</u>			
Strain on economy	18		
Increased taxation	12		
<u>The Doctor:</u>			
Loss of prestige	33		
Long working hours	20		
Doctor a civil servant	7		
Doctors against it	6		
Lower class of doctor	1		
Fewer indigent patients for students	1		
<u>The Patient:</u>		<u>The Patient:</u>	
Worse patient care	39	Improved health	24
Worse doctor-patient relationship	30	Transferable	5
Malingering encouraged	5	Low cost	4
Poor are not helped	4	Patients really sick	2
Fewer people hospitalized	4	May choose own doctor	1
Long waiting	3	Greater trust of doctors	1
Loss of patients' freedom	2	Restricts exploitation by doctors	1
No therapeutic effect or payment	2	Public wants it	1

*the scandal of our public schools**

Leon Eisenberg M.D.

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Chief of Psychiatry, Massachusetts General Hospital

With the explosive demographic changes in the post-war period — the migration of the poor into center city areas, the flight of the affluent into suburbs and the decline in the urban tax base — the public school crisis has provided a new imperative for a long-standing issue.

Whether one examines I.Q. scores, achievement test results, years of schooling or almost any traditional index of academic success, one finds marked differences that co-vary with the social class of the child. Given the millions of children who are performing at marginal levels on the standard measures of academic achievement, it becomes an urgent matter to identify the source of this human wastage. Remember, we deal here not only with the immediate distress of the victimized child but with a predictable course of continuing failure as that child grows into an unemployable adult in a society ever more demanding of technical competence, at least as competence is measured by certificates and diplomas.

In a necessarily brief scan of recent research relevant to the public school scandal, I propose to touch upon the following issues: test bias, pre- and para-natal factors, post-natal nutrition, family style, the school and, finally, the effects of racism.

Logically, the first question to be raised is whether the test score differences are "real" differences or merely artifacts of measurement. The answer depends upon what we suppose that the tests measure. If it is "innate ability", as the naive psychometrist may assert, then intelligence test score differences are simply irrelevant, since they register the interaction between biological potential and experience, with no way of distinguishing the one from the other. The pragmatist may assert nonetheless: what matters is the functional result, whether it reflect environment, heredity, or both. Are the functional differences real? Again, the answer will be different for different measures. Pose the question this way: are there real deficits in ability to solve standard arithmetic problems or to read standard English paragraphs? The answer is an unequivocal: "yes". And this answer is a significant one; for, whatever other skills an adult may have, if he cannot use and read standard English, he will be seriously handicapped in negotiating the middle-class terrain where the material rewards of society are to be obtained. But there remains another question of major importance: is the child impaired in his ability to reason or do the language and the symbols in which the problem has been coded account for his performance failure?

It is by now abundantly clear that there are major differences in syntax as well as in vocabulary between middle and lower class languages and between white and Negro dialects. I would caution you against the wide-spread assumption that what is different is defective. Lower caste language may be dysfunctional in a middle class world but it may convey every subtle nuance of meaning within the indigenous culture. However, the Negro child

attending first grade may be facing the task of learning a new language as well as of learning to read, at one and the same time. If this analysis is correct, it may account in part for his performance breakdown; Mexican Indian children learn to read more readily if they are taught with primers transcribed in their own dialect rather than in the Spanish they are just beginning to master.

Moreover, a former colleague of mine, Professor Sonia Osler, has demonstrated that lower class children are able to profit from training in learning to solve a concept problem quite as well as middle class children with a mean I.Q. some fifteen points higher. Indeed, she calls our attention to how much less often there is any report of deficit when tasks involving new learning are given to such children in contrast to tests reflecting cumulative accomplishment. In our own studies on children in Project Headstart, we have demonstrated statistically significant gains in such measures of "I.Q." as the Peabody Picture Vocabulary Test and the Goodenough-Harris after no more than a ten-week enrichment experience. I do not mean to maintain — and indeed I do not believe — that there are not significant impairments in the academic function of some of these children by the time of school-leaving age. But I would emphasize that (a) the differences are exaggerated by the linguistic code factor and (b) the ability to learn is preserved to an extent far greater than conventional test scores are able to register. Both of these propositions have important implications for compensatory education programs.

The second series of studies salient to this review concerns the pre- and para-natal factors that influence brain development. Professors Pasamanick and Knoblock, in a masterful series of investigations, have identified a "continuum of reproductive casualty" that extends at one end from spontaneous abortion and still birth through mental deficiency and epilepsy to learning disabilities and behaviour disorders at the other. The underlying brain injuries are related to complications of pregnancy and parturition (toxemia, bleeding, infection, prematurity), complications which occur at significantly higher risk among the poor, the Black, the unmarried, the underaged and the overaged mother. These complications appear to result from an interaction between inadequate diet, poor prenatal care, poor housing and gross stress, each of which is associated with pregnancy outcome. There is evidence to suggest that the lower class child born with sub-clinical brain injury is at double disadvantage; that is, the social environment proves to be the strongest single predictive factor in the follow-up of premature infants; it is as though the combination of brain damage and poor social environment makes it impossible for the youngster to compensate for either. In a recent ten-year follow-up of a pregnancy cohort in Kauai, the authors concluded: "The overwhelming number of children with problems at age ten had relatively little or no perinatal stress, but they had grown up in

*Excerpted, with permission, from an address entitled "Development of Child Psychiatry" delivered by the author at the International Symposium to Commemorate the 25th Anniversary of the Founding of the Department of Psychiatry of McGill University, October 1968.

(author's references omitted)

homes low in socio-economic status, educational stimulation, and emotional support."

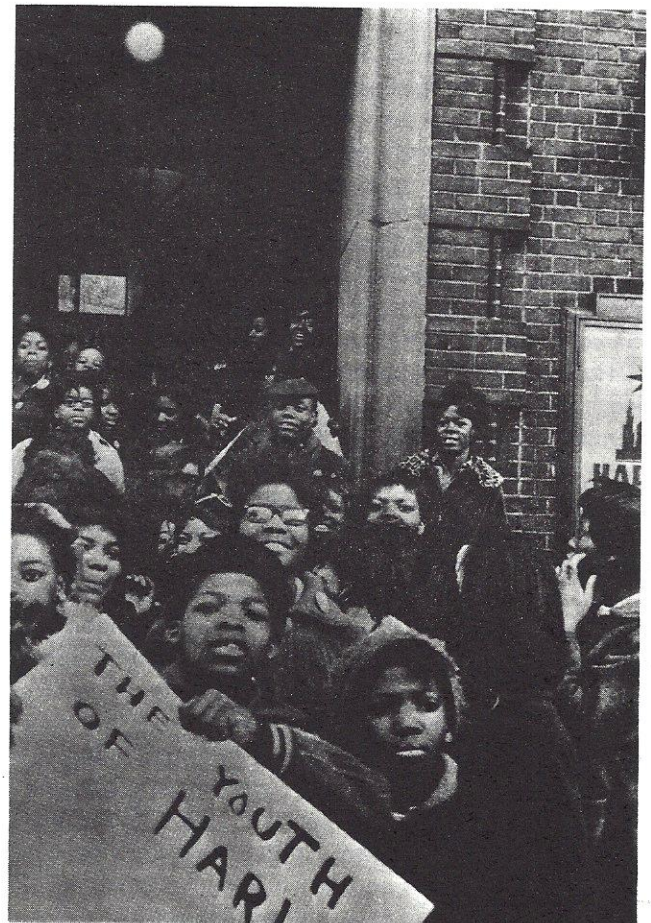
The third related area of research centers on nutritional factors, both before and after birth. Although earlier studies of maternal diet during pregnancy had been inconclusive because birth-weight was used as the outcome measure, recent studies have indicated that low protein diet during pregnancy can lead to permanent stunting of subsequent adult stature even in animals not noticeably different at birth. A diet deficient in protein during the nursing period can induce permanent stunting in whole body and organ growth even when a free diet is made available to the young after weaning. Although the brain is proportionately less impaired than is total body weight, it does show significant growth retardation and the affected animals display poor performance in a problem-solving situation. To turn to human data, the developmental quotient of children with kwashiorkor is markedly retarded and may not recover even after dietary repletion. In a study of children whose stature was taken as an index of earlier nutritional impairment, the authors found significant developmental delay in intersensory integration. More recently, Winick, employing DNA (deoxyribonucleic acid) content as a measure of cell number, has shown that there is a marked restriction in brain cell growth in malnourished young animals. Careful DNA measurements on human infants adequately nourished but dead of poisoning or infection has indicated that brain cell number continued to multiply until five to six months of age. When these control values were compared with those from five children who died of severe malnutrition in the first year of life, there was a marked reduction in the number of brain cells in these infants, two of whom demonstrated a cell number less than 40% of normal! Thus, it would appear that severe protein deficiency may wreak its havoc on intellectual development by interfering with cell multiplication during these crucial early months of development. The question that remains to be answered is whether this is a threshold phenomenon, appearing only when protein malnutrition exceeds some set value or whether it is graded and may appear in moderately malnourished children. Professor Monckeburg of Chile has recently reported an association between developmental level, physical growth retardation and level of protein intake as measured by careful dietary histories.

Here we confront a problem of world-wide significance, applying not only to the savage starvation that obtains in the underdeveloped countries, but as well to the less severely malnourished youngsters who populate Appalachia, the Black ghettos of our cities, the Black belt of the South, the Indian and Eskimo reservations of North America, and the Mexican American and Puerto Rican enclaves scattered through the United States. All of the facts may not be in, but those we do have demand a massive commitment by the wealthy nations of the world to ensure that no child starves. To await the final refinements in nutritional research is to condemn another generation of children to intellectual crippling — in Biafra, in Guatemala, in India, in pockets of poverty in our cities. Even as we study, we must act. We who, as students of development, are aware of the grim toll of malnutrition, must take the lead in persuading our governments of the urgency of prompt intervention.

AN EXCUSE FOR NOT RETURNING THE VISIT OF A FRIEND

Do not be offended because
I am slow to go out. You know
Me too well for that. On my lap
I hold my little girl. At my
Knees stands my handsome little son.
One has just begun to talk.
The other chatters without
Stopping. They hang on my clothes
And follow my every step.
I can't get any farther
Than the door. I am afraid
I will never make it to your house.

Mei Yao Ch'en
1002-1060 A.D.



The fourth area of study moves us from the biosocial to the psychosocial sphere. The urban slum child grows up in a home bereft of books and often of newspapers, restricted in geographic experience to the few blocks surrounding his dwelling, denied the stimulating cultural vistas of museums and concerts, and limited to learning a non-standard language. His parents, like him, are likely to have been earlier victims of limited educational exposure and to have cognitive styles which differ significantly from those modal for the larger society. Professor Hess, now of Stanford University, has conducted a number of significant studies employing the technique of direct laboratory observation of mothers and their four year old children during sessions in which the mother was asked to teach each of three simple previously mastered tasks to her child. Her strategies of control, her teaching styles, her language, and her affective behaviour were carefully observed during this interaction. As expected, the middle class children performed at higher levels on a variety of measures than did the lower class children, all of them Negro in these studies. There were clear associations between maternal control strategies, teaching styles, language and affective behaviour and the child's test performance. It should come to us as no revelation that the mother is the child's first teacher, but to say this is not to have identified the particular aspects of the mother/child relationship which are significant in the learning process and thereby to have indicated the critical points at which guided intervention can improve her skills. The work of Professor Hess has moved us a significant step in this direction.

Thus far, we have presented evidence that the child arrives at school already different in his mode of function from the middle class child for whom teaching styles have been designed: What of the effect of the school itself? School administrators are wont to displace the responsibility for his subsequent failure on to the "defects" of the child, whether they assert those defects to be congenital or acquired. Although it is somewhat more fashionable today to lay the blame on the home, the vehemence with which the defect theory is asserted implies the inherent nature and the incorrigibility of the defect. That the schools have not succeeded in helping the child who arrives at its doors different from the middle class norm is clear enough from the school achievement studies and drop-out rates described earlier. However, not only do they not succeed in reducing the achievement gap, but the test data demonstrate an ever-widening disparity. Can it be that the overcrowded, understaffed, under-supplied and discipline-oriented schools found in the urban slum may in fact have actively contributed to the child's failure? I cannot here review an extensive literature which suggests that this may indeed be the case, but will only call attention to several representative studies. In the Headstart research referred to earlier, Dr. Keith Connors was able to demonstrate that the amount of improvement in a class of children could be correlated with measures of the teachers cognitive, disciplinary and affective styles. Unhappily, the characteristics associated with better performance were those incompatible with the rigid authoritarian attitude suggested by a survey of urban school teachers carried out at the same time. Anecdotal reports and clinical experience suggest that many school teachers expect little and are not surprised when they get little from black children. And yet the importance of expectation has been demonstrated to be a major influence on performance. In a California study, Professor

Rosenthal and his associates administered a pre-test to first grade children, a random number of whom were identified to their school teachers as being likely to show great improvement during the school year. Not only did the teachers (in rating these children at the end of the year) describe them in more positive terms, but the children themselves performed significantly better on achievement tests at the end of the year. And yet, chance alone had dictated the selection of these "bloomers". The investigators did not, as ethical considerations would dictate, single out other children as dull or likely to fall behind. But the data from this study together with a wealth of supporting material from other studies on social expectation make it clear that a depression of their scores would have been recorded if such a companion study had been attempted. I suggest to you that this "study" has been going on for the last fifty years in public education because of our failure to imbue teachers with a concept of cognitive development that emphasizes its dependence upon the positive reinforcement of appropriate experience in the context of a warm and supporting human relationship. I suggest to you that it is not the children who fail but the schools that have failed and that it is we who have failed, because of our lack of involvement in the critical area of teacher education.

The final - and in many ways the most important - factor in this saga of human waste is racism: the attitudes and beliefs that deny full humanity to those who differ from us in color or culture. It is little comfort for Americans to recognize that this is a phenomenon found in Britain as well as the United States, in Nigeria as well as in South Africa, in India as well as in Poland, in Israel as well as in Egypt. The biosocial and psychosocial factors thus far discussed are intertwined with racism; true, they occur even in its absence; witness the deprivation experienced by the poor regardless of ethnic background. But the intolerable burdens are multiplied by the housing ghettos, the employment barriers the lower pay scales and the barrage of psychological insult directed against those who are visibly different.

Given the greater biological hazards and the cultural differences that militate against attaining economic success, the further assault of a dominant culture that systematically degrades the characteristics that establish one's identity makes the task of growing up whole a particularly difficult one for the black child. If one is to attain a sense of potency: a conviction of one's manliness or womanliness, one must have a belief in the effectiveness of his own efforts as a determinant of personal attainment. But how can a conviction of personal competence be attained when skin color if one is black, automation if one is unskilled, illness if one is denied medical care, false imprisonment if one cannot obtain legal assistance, all issues beyond personal control, destroy the job, the savings, the dreams of the hardest working and the most diligent?

There is one antidote that may serve as a soul-saving measure, while the major struggle for human dignity is being fought. And that antidote, not without its own toxicity, is pride in race. We have begun to observe the growing strength in the United States of a movement that asserts that black is beautiful and that African culture is better than Western. United by common beliefs, black communities have begun to assert the rights of local control in policing, business interests, schooling, and urban planning. I count all of this a distinct psychological gain for the black and

for the white community; whether it will succeed **politically** is still an open question.

When we turn to the public school crisis, we find the movement for local autonomy confronted by the vested interests in job and tenure of the educational establishment, from the most underpaid teacher to the prestigious school-board member. Mechanisms to enable local control and job security both to survive remain to be invented, but a significant shift in power is inevitable. In essence, the black community confronts us with these incontrovertible facts: integration has not moved forward in meaningful fashion in the twelve years since the Supreme Court decision; black children are not learning effectively in the schools run for them by the white establishment; the longer they wait for "goodwill" and "gradualism", the more their children will fall by the academic wayside. Could black run schools do worse? I do not believe so. Successes have been attained by "street academies" established by militant volunteers. There is,

as I see it, good reason to support black power. It accepts the segregated housing patterns and school distributions as unavoidable phenomena of the near future. At least some of the spokesmen for black control anticipate a time when reunion and reintegration will be possible once the blacks have obtained political power as attested by the history of each of the immigrant groups to these shores. Will this prove to be true? It is the more likely to be true the greater the commitment of professionals to its success. It will provide us with an unique opportunity to study the interaction between self-concept and personal development if we make ourselves available to the new schools as contributors to their growth and investigators of the progress of their pupils. For they, no less than we, will want to learn where they succeed and where they fail and what will accelerate their development. Mind you, this will require that we be willing to learn even as we teach, that we abandon the arrogance of our own pretensions as standard bearers, that we become active participants and not merely "neutral" observers.

peter

on his career:

"I don't know what I'll be. Maybe nothing. I see the men sitting around, hiding from the welfare lady. They fool her. Maybe I'll fool her, too. I don't know what you can do. The teacher the other day said that if just one of us turned out o.k. she'd congratulate herself and call herself lucky".

on what kind of school he would like:

"Are you kidding? No school would be my first choice. They should leave us alone, and let us help out at home, and maybe let some of our own people teach us. The other day the teacher admitted she was no good. She said maybe a Negro should come in and give us the discipline, because she was scared. She said all she wanted from us was that we keep quiet and stop wearing her nerves down, and she'd be grateful, because she would retire soon. She said we were becoming too much for her, and she didn't understand why. But when one kid wanted to say something, tell her why, she told us to keep still, and write something. You know what? She whipped out a book and told us to copy a whole page from it, so we'd learn it. A stupid waste of time. I didn't even try; and she didn't care. She just wanted an excuse not to talk with us. They're all alike."

on two "good teachers":

"They're trying hard, but me and my friends, I don't think we're cut out for school. To tell the truth, that's what I think. My mother says we should try, anyway, but it doesn't seem to help, trying. The teacher can't understand a lot of us, but he does all these new things, and you can see he's excited. Some kids are really with him, and I am, too. But I can't take all his stuff very serious. He's a nice man, and he says he wants to come and visit every one of our homes: but my mother says no, she wouldn't know what to do with him, when he came here. We'd just stand and have nothing to talk about. So she said tell him not to come; and I don't think he will, anyway, I think he's getting to know".

on police:

"The cops come by here all the time. They drive up and down the street. They want to make sure everything is o.k. to look at. They don't bother you, so long as you don't get in their way".

from "Like it is in the alley"
Robert Coles

THE ANATOMY OF A HIPPIE

R.G. MacKenzie, M.D.

Youth in rebellion; youth at large; sit-ins; teach-ins; love-ins; hippies; yippies — alienated youth crying out against the Establishment. Society cringes, laughs, suppresses, arrests, or ignores a group with whom identification is difficult. It has been said that these are the signs of a sick society — we should listen. Ears are cleaned, imaginations are stretched, listeners are shocked, but often only drivel is heard. What is youth trying to say — understanding is often minimal — are parents to blame? A communication gap no doubt exists — the professional individual is called upon to explain, appease, and administer to the mental, social and physical ills.

Then the cry of drug abuse — pot, hashish, LSD, STP, speed, crystal — hearts beat faster. Tearful parents appear in city precincts or hospital emergency rooms to round up their drugged progeny. Questions abound, answers are few — what can be done to help sons and daughters go 'straight' — or more important, are they all that 'bent'?

The adolescent has come of age, not only physically, but socially — his aspirations are the country's destiny. The idealism of his formative years, his need for identification and feeling of self-worth are often smothered by a seemingly cold, efficiency-oriented society. Rebellion by self-expression often gives birth to 'dropping out' and /or 'turning on'. Social and parental values are rejected and the ultimate instant euphoria of psychotropic agents dulls the reality (and harshness) of everyday living. Freedom at last, responsibility to no one but self, and a continual barrage of orgasmic experience characterize the 'turned on' generation.

We are left agape wondering when and how to step in, or whether to step in at all. Intellectualization, tactics of fear, authoritarian admonitions offer little to bridge the gap. Often the initial alienation has been caused by these very processes, usually innocently, and in the name of tradition. Now they only fortify the rebellion of the informed adolescent — and he smiles and thinks of the poor 'squares' and their nine-to-five Establishment with sympathy. "If they would only 'turn on' and do their 'thing' without the inhibitions of everyday living — what a beautiful world this would be." Back to sincerity, to love, to emotionalism, to mutual respect and to casual self-expression.

Reality again raises its ugly head; food, clothes, a warm corner in which to sleep, medical care, and someone to care for the unwanted child. Home is often non-existent, or the 'hassle' of parental condemnation is not worth the physical comforts gained. Police are unsympathetic, often outwardly harrasing towards these 'social scars'. Social welfare (the benevolent Establishment smile) is limited. Get a job. But who wants the 'turned on' generation — long hair and beard do not fit into the decor — "besides he never bathes." Alienation is compounded by cynicism; the generation gap widens. Society's organized concern is self-defeating; above the cries of the orphaned parents, the community, denying failure, rattles, "Lazy bums, all they want is to be provided for — without responsibility — why don't they cut their hair and get a job?"

Amid these cries, another hippie is born.

Revolution I

You say you want a revolution
Well you know
we all want to change the world
You tell me that it's evolution
Well you know
We all want to change the world
But when you talk about destruction
Don't you know that you can count me out
Don't you know it's gonna be alright
Alright Alright

You say you got a real solution
Well you know
we'd all love to see the plan
You ask me for a contribution
Well you know
We're doing what we can
But when you want money for people with minds
that hate
All I can tell you is brother you have to wait
Don't you know it's gonna be alright
Alright Alright

You say you'll change the constitution
Well you know
we all want to change your head
You tell me it's the institution
Well you know
You better free your mind instead
But if you go carrying pictures of Chairman Mao
You ain't going to make it with anyone anyhow
Don't you know it's gonna be alright
Alright Alright

Lennon/McCartney

JOHNNY AND THE TUTORING PROGRAM

Abe Rosenfeld
Director of Tutoring Program

Danny Frank
George Siber
Stan Spevack

Johnny grows up in a family where education is important, where it is assumed that high school follows grade school, and college follows that. There is no question that he will go as far as possible, and maybe farther. There are magazines and books around the house, Parents have time to take Johnny downtown, to answer questions, to encourage his progress. Even before he starts school, he knows the letters of the alphabet, can write his own name, count and maybe even add a few numbers. The first day of school is a big event. His parents are very concerned about what kind of teacher he gets. When he has trouble with homework, there is someone to ask. Studying is made easy, alone at a quiet desk in a quiet room. 'Shh, Johnny is doing his homework!' Education has priority. If something goes wrong it is a source of major concern for the family. Teachers and parents get together, and Johnny gets extra help if necessary. Everybody worries. I mean, you need at least 70% to get into McGill . . . and without an education you don't get anywhere. . .

The educational system in middle-class areas is relatively effective because these assumptions are fulfilled. It fails in the Pointe and other such areas because they are not.

There Johnny may share a bedroom with four brothers. The boys double up in the two beds and they share a big chest of drawers. There is no desk. Johnny misses four weeks of school, home with whooping cough, impetigo or to help his unemployed father fix up the house. With seven other kids around, Johnny's mother doesn't have much time to answer questions or take him downtown. Least of all does she have the time or interest to read.

Both his teachers and parents doubt that he will finish high school. Very few kids do. And it's kind of hard when you have to ride the buses six miles during rush hour to get there.

And Johnny's parents aren't very surprised if something goes wrong. They can remember going to the same school themselves when they were young. It was a place warmer than home, where everything was fine if you didn't get into trouble, They quickly learned not to stand out.

And so the cycle continues today in Johnny's family, school representing a necessary evil to be made the best of (in terms of having fun, staying warm, and getting free clothes) until dropping out time comes with Grade 8.

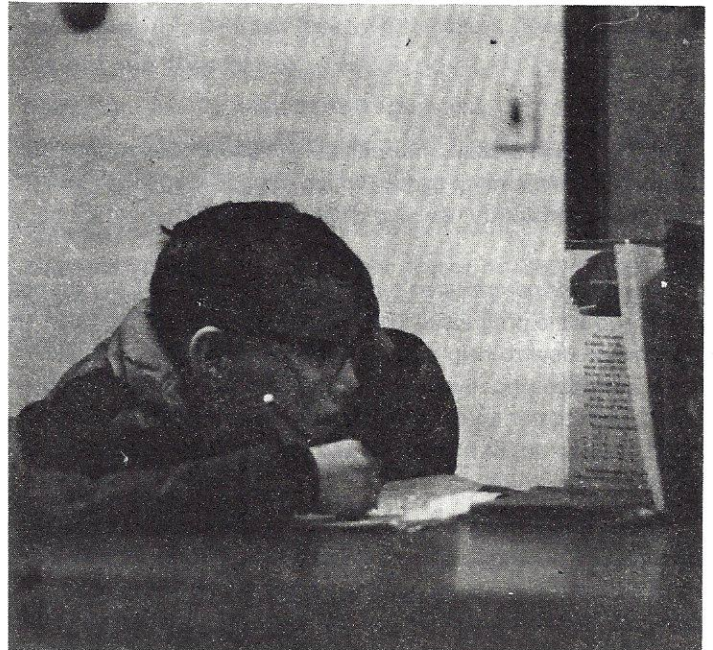
The Tutoring Program of the Project in Community Medicine represents a small attempt to offer Johnny an alternate route out of the cycle. The main objective is to help him and other five- and six-year-olds over the gap between the preparation their home has given them and that which is expected of them in the middle-class oriented elementary school. We have approached this problem by setting up a remedial teaching program and a recreation-study room.

During the remedial teaching, Johnny and his undergraduate tutor from McGill will work on his vocabulary; concept of quantity, time, and space; gross and fine motor skills; and visual and auditory perception. Johnny's tutor gets to know him first. He attempts to be as informal as possible so that most of the learning Johnny does is coincidental to his having fun playing Simon Says, drawing pictures, or reading about whales. If he has any complicated learning problems his tutor gets help from the Program's resource people at the Mental Health Institute or the Learning Clinic of the Montreal Children's Hospital.

The remedial teaching is currently being done in the school, and we are hoping, eventually, to move it into the homes. Here the parents would have a direct opportunity to become familiar with Johnny's difficulties and how these can be corrected.

The recreation-study room is located in the citizen's committee storefront children's library. Johnny can drop in there after school to do his homework, get help with learning difficulties, or participate in the educationally-oriented recreation activities.

Everything sounds rosy for the Johnnys of our neighbourhood. But it isn't. First, he really doesn't feel entirely comfortable with his tutor who comes from a different neighbourhood and doesn't really understand him. He, like his parents, is basically conservative and probably prefers the security and protection offered by



The three tamtotoe's

Once a pone three tamtotoe's.
 Papa tamtotoe, Mama tamtotoe, and
 baby tamtotoe. One day they went
 out for a walk. Baby tamtotoe couldn't
 keep up. So Papa tamtotoe said keep
 up, or I will punish you. "Baby tamtotoe
 said, "I can't. So Papa tamtotoe went
 and stepped on baby tamtotoe, and said,
 that will make you kachup.

Sharon Campbell
 Age 12

an authoritarian system. More than his middle-class counterpart, Johnny prefers familiar games, which provide immediate satisfaction, to constantly new and challenging activities with long-term goals.

Second, his parents aren't very used to the idea of the strange tutor, and little progress has been made so far in getting them to understand how to help him succeed in school. Johnny may never consider school very important if his parents don't, and won't learn better unless they can help him by giving him a quiet place to do his homework and encouraging his interest in reading and learning.

Third, the tutoring program, although housed and supported by the Citizen's Committee, is being run by the Community Health Center and not by Johnny's parents who have more potential influence with the school board than a group of students.

Last, there are only fifteen Johnnys currently being tutored.

in school, and the recreation-study room can hold only about twice that number for its program of arts and crafts, reading and homework corner, singing, etc. The program is only able to help the kids front one or two streets. It is obvious that these are stop-gap measures. Even if we are able to double or triple our efforts, who will help all the other kids in the neighbourhood break out of their cycles? Judging from past and present performance, it won't be the school board which knows that Johnny exists but doesn't seem to care. So far, it has offered no Head-Start or Get-Set projects that are common in American urban ghettos. But even this is not enough. What is required is a radically different approach to education in these areas — not an attempt to patch up the present inadequate system which continues to throw middle-class oriented textbooks, I.Q. tests, and teachers at Johnny. Sadly, these all involve words and concepts that are absorbed in encyclopaedias, museums, planetariums, and all kinds of other things that Johnny never heard of.

SNOW

I like to go
 Out in the snow
 It looks like smoke
 Oh, what a joke
 I will blow it away
 And I will play all day
 It is very snowy
 But I am not lonely

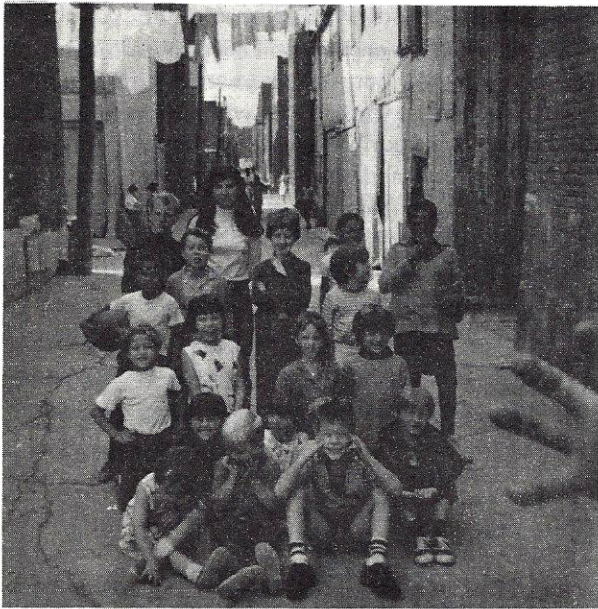
Robbie Fullerton
 Age 8
 St. Lambert, Que.

Je m'assis en face d'un couple. Entre l'homme et la femme, l'enfant, tant bien que mal, avait fait son creux, et il dormait. Mais il se retourna dans le sommeil, et son visage m'apparut sous la veilleuse. Ah! quel adorable visage! Il était né de ce couple-là une sorte de fruit doré. Il était né de ces lourdes hardes cette réussite de charme et de grâce. Je me penchai sur ce front lisse, sur cette douce moue des lèvres, et je me dis: voici un visage de musicien, voici Mozart enfant, voici une belle promesse de la vie. Les petits princes des légendes n'étaient point différents de lui: protégé, entouré, cultivé, que ne saurait-il devenir! Quand il naît par mutation dans les jardins une rose nouvelle, voilà tous les jardiniers qui s'émeuvent. On isole la rose, on cultive la rose, en la favorise. Mais il n'est point de jardinier pour les hommes. Mozart enfant sera marqué comme les autres par la machine à emboutir. Mozart fera ses plus hautes joies de musique pourrie, dans la puanteur des cafés-concerts. Mozart est condamné.

Et je regagnai mon wagon. Je me disais; ces gens ne souffrent guère de leur sort. Et ce n'est point la charité ici qui me tourmente. Il ne s'agit point de s'attendrir sur une plaie éternellement ouverte. Ceux qui la portent ne la sentent pas. C'est quelque chose comme l'espèce humaine et non l'individu qui est blessé ici, qui est lésé. Je ne crois guère à la pitié. Ce qui me tourmente, c'est le point de vue du jardinier. Ce qui me tourmente, ce n'est point cette misère, dans laquelle, après tout, on s'installe aussi bien que dans la paresse. Ce qui me tourmente, les soupes populaires ne le guérissent point. Ce qui me tourmente, ce ne sont ni ces creux, ni ces bosses, ni cette laideur. C'est un peu, dans chacun de ces hommes, Mozart assassiné.

*

Seul l'Esprit, s'il souffle sur la glaise, peut créer l'Homme.



Alleyway summer 1968

THIS IS A POEM

This is a poem about god looks after things:
 He looks after lions, mooses and reindeer and tigers,
 Anything that dies,
 and mans and little girls when they get to be old,
 and mothers he can look after,
 and god can look after many old things.
 That's why I do this.

Hilary-Anne Farley
 Age 5
 from "Miracles"

A. de Saint Exupéry
 de "Terre des Hommes"

from pointe st. charles

anonymous contributor

The trains, the canals, the river prominent features of my part of the city no wonder so many of us grew up to be drifters. Wow anywhere ya look something was travelling. Boats trains cars big river and you'd think't yerself — wheres it all going to? And naturally you'd try to find out.

The CP tracks was a real boundary line. Anywhere above the tracks was uptown mysterious and different. Below it was just wasteland. The usual. Miles and miles of old houses, dirty streets and tough kids until ya hit the river.

And the river to the Point Verdun kids is nature in the raw. Daniel Boone Davy Crockett Sitting Bull Radisson all rolled up in that old St. Lawrence. Nowhere else could you pretend to be an Indian or a pioneer so easily. And if we managed to hustle up a couple of bucks, which we usually did easily (I swear West end kids must spend an average of ten to fifteen bucks a week if they're good hustlers. Mt. Royal kids are poverty stricken compared to us) we rent a rowboat at Lablonde's wharf in Verdun. Man that was great. We'd row over to Nun Island, park the boat, and explore the wilderness feeling like Columbus. We'd catch dozens of snakes and let them loose in Eaton's. They had quite a snake scare in Eaton's one week back in the fifties. Me and two other guys let loose two dozen snakes on the ground floor one crowded day. This partly in revenge because so many of us had got busted there for shoplifting.

Bicycles. Stealing bikes a favorite pastime. We'd go up in guerilla through Westmount, through the big parks. Packs of five to ten bike hungry bandits. Pushing everybody around, throwing rocks at the ducks (I frowned upon this, I won't even eat ducks. I'm a loyal, life long fan of Donald Duck) banging seesaws molesting any female that looked worth it. Dodging the fuzz. A large percentage of whom came from our area and knew the tricks. Exciting thrill packed excursions into enemy territory. Returning with the loot. A real groove riding down the Cote Des Neiges hill on a brand new bike. Jackie Hutchison ruptured himself smashing into a parked car on the Avenue and was hospitalized. Man we were scared watching him crash he looked like a piece of hamburger but we couldn't stop to help him because the hill was too steep. I telephoned his mother when I got home. I remember sitting at the supper table badly frightened having visions of cops pouring through the front door yelling — Alright who killed Jackie Hutchison and robbed the bikes! Yeah Forty years in Shawbridge making wooden salt and pepper shakers . . .

Polish Jim, Pt. St. Charles greatest roller skate champion. Ranaway from home one time and the cops found him rolling over the American Border. Canada was too small for a roller champ like him. It was a real groove visiting Jim's house 'cause his old man worked for a soft drink company. We'd sit in his kitchen down on Grand Trunk street drinking gallons of Coca Cola and scoffing down huge chunks of Polish sausage. Hey Jim let's go to your house — Naw naw, we go there all the time —

Ah c'mon Jim yer mother don't mind. Yes, he had a million friends on those hot summer nights and Jim's mother was a real warm Polish woman with a heart as big as a soft drink machine,

Me I was a track'n field star. I wish to hell there had been some Olympic talent scouts around the day I outran the entire Coté gang from Atwater to Fulford Jumping, diving, dodging not one finger laid on me. Yeah, Canada's Gold Medal winner burning up St. James Street like an antelope. My old man used to have to coax me into a very small closet to beat me 'cause if I was given more than two feet of space I was gone real gone. Sixty odd pounds of greased lightning spinning out that back door man. Drop a dime within twenty feet of me and it never hit the ground ZAP.

And Ernie Campbell the Irish Indian who lived for years as a fantasy redskin. Lots of his enemies still have old scalping scars. Man he used to prowl those alleyways stalking down unwary palefaces. Generally he was satisfied with just knocking you down and cutting off your hair with a pair of scissors but if you resisted strong you'd end up with a lot of lumps from his homemade tomahawk — mama — well what happen now — Ernie Campbell scalped me agin — well goddam I'm gonna haf to talk to his mother you ain't got any hair left at all. Strangely enough Ernie didn't grow up to be a barber (or even an indian) at this moment he's out somewheres in Manitoba parachuting around in the Canadian Air Force.

Yeah all of them good friends of mine all of them is bold as love.

For Elizabeth

the december harvest was bitter
 that hungry year
 you werè with child
 I lost my gentleness in saving yours
 and understood my father's silence
 the doors that never open
 the scissors that cut nothing
 and travelled alone through night
 corridors of the mind that no one returns from
 to bring you peace

THE WORLD IS A BEAUTIFUL PLACE

The world is a beautiful place
 if you don't mind happiness to be born into
 not always being so very much fun
 if you don't mind a touch of hell
 just when everything is fine now and then
 they don't sing because even in heaven
 all the time

The world is a beautiful place
 if you don't mind some people dying to be born into
 or maybe only starving all the time
 which isn't half so bad some of the time
 if it isn't you

Oh the world is a beautiful place
 if you don't much mind to be born into
 in the higher places a few dead minds
 now and then or a bomb or two
 or such other improprieties in your upturned faces
 as our Name Brand society
 is prey to with its men of distinction
 and its men of extinction
 and its priests

and other patrolmen
 and congressional investigations and its various segregations
 and other constipations
 that our fool flesh is heir to

Yes the world is the best place of all
 making the fun scene for a lot of such things as
 and making the sad scene and making the love scene
 and singing low songs and having inspirations
 and walking around looking at everything
 and smelling flowers
 and goosing statues and even thinking
 making babies and wearing pants and kissing people and
 dancing and waving hats and
 on picnics and going swimming in rivers
 in the middle of summer
 and just generally 'living it up'

Yes
 but then right in the middle of it comes the smiling
 mortician

Lawrence Ferlinghetti

acknowledgments

to the following doctors who have come down during evening
 clinics since our last issue

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Dr. D.G. Bates	Dr. M. Hoffman
Dr. M. Becklake	Dr. M. Hunter
Dr. M. Belmonte	Dr. J. Irwin
Dr. L. Birmingham	Dr. J. Johnson
Dr. P. Blundell	Dr. R. Kinch
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Dr. J. Brow	Dr. J.O'Neill
Dr. J. Burgess	Dr. T. Primrose
Dr. P. Chesney	Dr. C. Randall
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Dr. J.B. Dundas	Dr. J. Seeley
Dr. J. Elder	Dr. M. Shackleton
Dr. S. Feldman	Dr. E. Tucker
Dr. W. Gavsie	Dr. I. Watson

to Welch Allyn Co.
 Imperial Optical Co. Ltd.
 for medical supplies.

to the following who are helping with the organization and
 everyday running of the tutorial project

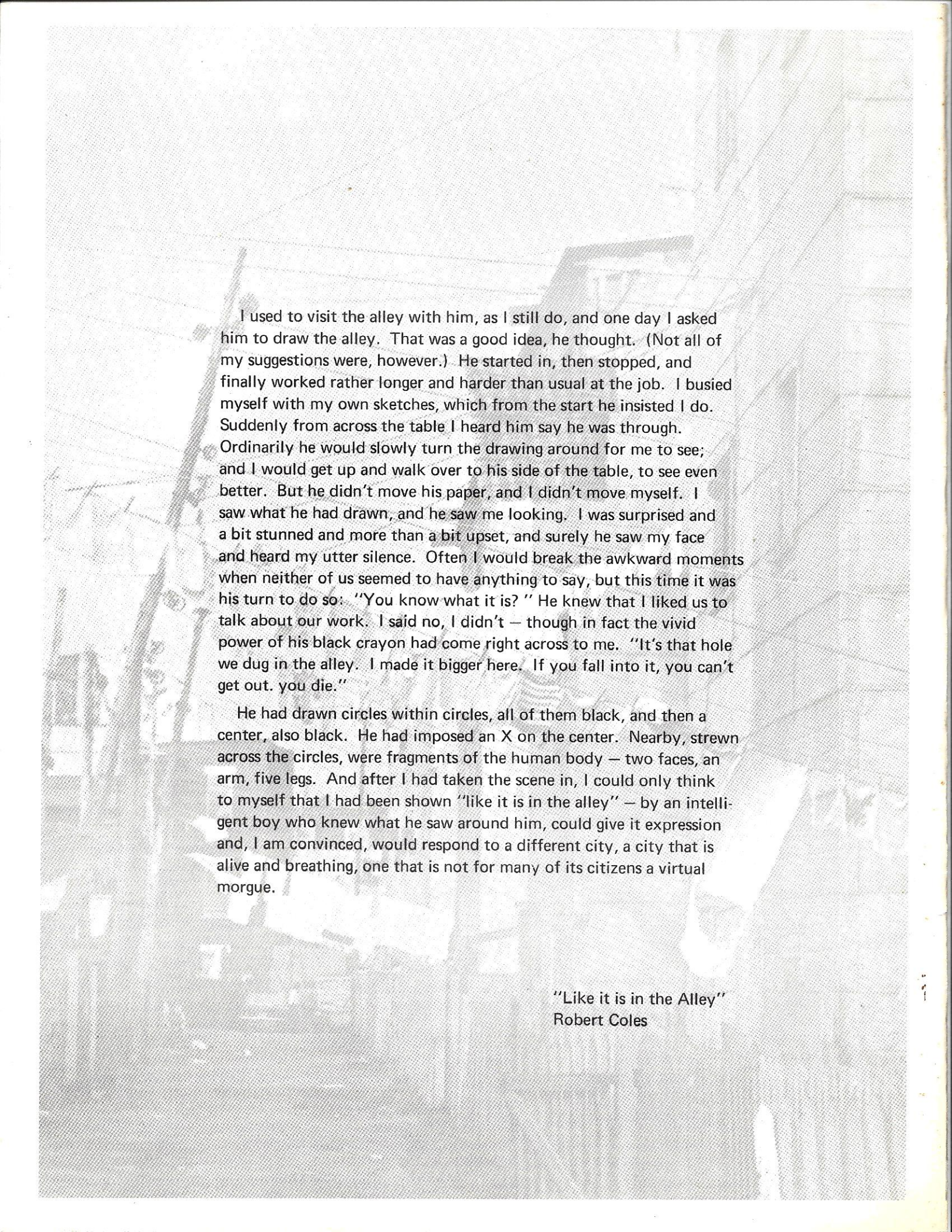
the people in the community and CAPS
 Dr. A. Schlieper of the Mental Hygiene Institute
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 whose name we inadvertently omitted in our first issue.

to Hallie Frank
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I used to visit the alley with him, as I still do, and one day I asked him to draw the alley. That was a good idea, he thought. (Not all of my suggestions were, however.) He started in, then stopped, and finally worked rather longer and harder than usual at the job. I busied myself with my own sketches, which from the start he insisted I do. Suddenly from across the table I heard him say he was through. Ordinarily he would slowly turn the drawing around for me to see; and I would get up and walk over to his side of the table, to see even better. But he didn't move his paper, and I didn't move myself. I saw what he had drawn, and he saw me looking. I was surprised and a bit stunned and more than a bit upset, and surely he saw my face and heard my utter silence. Often I would break the awkward moments when neither of us seemed to have anything to say, but this time it was his turn to do so: "You know what it is?" He knew that I liked us to talk about our work. I said no, I didn't — though in fact the vivid power of his black crayon had come right across to me. "It's that hole we dug in the alley. I made it bigger here. If you fall into it, you can't get out. you die."

He had drawn circles within circles, all of them black, and then a center, also black. He had imposed an X on the center. Nearby, strewn across the circles, were fragments of the human body — two faces, an arm, five legs. And after I had taken the scene in, I could only think to myself that I had been shown "like it is in the alley" — by an intelligent boy who knew what he saw around him, could give it expression and, I am convinced, would respond to a different city, a city that is alive and breathing, one that is not for many of its citizens a virtual morgue.

"Like it is in the Alley"
Robert Coles