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Paul Bialas
Thomas Jefferson University

David Jacoby
Thomas Jefferson University

Richard Bonanno
Thomas Jefferson University


Peter Meissner
Thomas Jefferson University

Paul M. Fernhoff
Thomas Jefferson University

See next page for additional authors

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Authors

Paul Bialas; David Jacoby; Richard Bonanno; Peter Meissner; Paul M. Fernhoff; Robert L. Breckenridge, Jr.;
and Terry Burt

SAMA Offers

Summer Projects

by Paul Bialas

The Student American Medical Association is now taking applications for the 1971 Student Health Projects. These include the Appalachia Migrant Health and Indian Reservation projects. Stipends are \$100 per week plus travel expenses to and from the student's summer location, which may be anywhere in the U.S.

Positions are open to medical, nursing, dental, and pharmacy students throughout America. The student need not be a member of SAMA to participate, and all interested students are urged to apply. Most of the programs run for nine week periods beginning in late June, though a shorter preceptorship may be obtained.

Students interested in one of these summer preceptorships are asked to obtain an application and further information from Paul Bialas, student mail-box #50, or phone MA 7-2677. One may also write directly to:

The National Student Health Project
SAMA Division of Community Health
2635 Flossmoor Road
Flossmoor, Ill. 60422
Deadline for applications
April 1, 1971.

Is the Lincoln Hospital Rebellion Important Experiment or Disaster

by Richard Bonanno

Lincoln Hospital, a small dilapidated institution in the South Bronx, New York City, has recently received a great deal of attention in the press. The events which have made Lincoln newsworthy include Young Lords' takeovers, community demands, a "Pediatrics Collective," and resignations of department heads and doctors. In addition, some people at Jefferson may have particular interest in the situation, since four recent Jefferson graduates, Bill Chodoff '69, Ken Terkelson '69, Ron Blum '70, and Mike Steinberg '70, are members of the house staff at Lincoln, and have been active in the effort to revolutionize the hospital. The press, including *The New York Times*, have generally condemned the community groups' attempts to control the hospital, and castigated some members of the house staff for planting the seeds of rebellion at Lincoln. I would like to present a somewhat different point of view, with consideration to the position of the socially committed doctor in a situation where health and medical conditions are pitifully poor.

I am admittedly not an unbiased observer of the events which have taken place, since I know all of the above named Jefferson graduates and admire



\$50,000 Medical Center stands locked and vacant

Story in Hillsville Tells Plight of the Small Town Doctor

by Paul Bialas

Ed. note: The following depicts the conditions that exist in a typical small town in Appalachia. Hillsville is a real town with real problems. All of the following is true; only the names have been changed to protect the guilty (and the author).

Nestled in the mountains of Southwest Virginia lies the small community of Hillsville. It boasts a population of two thousand, a few churches, one or two factories, and a modern fifty-thousand dollar medical center that stands locked and vacant.

Like many Appalachian towns, the history of Hillsville reflects economic depression

preceded by booming extraction industries seeking cheap natural resources. In Hillsville, the resource was timber, which was logged from the towering mountains that surround the community and lend to it the beauty of a town intersected by the Appalachian trail. When the timber was gone, so the the wealth and youth. Seldom will one see a person in his twenties walk down the street. Most leave for more encouraging prospects after high school graduation.

Many in Hillsville gain their only income from some public welfare or pension fund. The mayor estimated that fifty percent of the townspeople fall into this category, while the last practicing physician believed as many as forty percent of his patients fell under the minimum poverty level as set by the O.E.O. Jake Scott, an old-timer who had previously been employed as caretaker for the medical building, had a different opinion for the prospective physician: "There's a whole lot of money around here. There's a lot of people drawing social security. You come here and stay awhile. You'll find out there's a whole lot of money around here."

For the past two years, the
(Continued on page 7)

Educator Works Against Drug Abuse

by Peter Meissner

The goal of health education is prevention of illness. Health education is required in all public schools, and covers everything from oral hygiene to sex. Recently, drugs have become part of the curriculum, perhaps due to the current epidemic of drug abuse. I work for Jefferson Community Mental Health Center, in South Philadelphia, as drug educator. My job includes working in the schools, in a variety of capacities, with teachers, students, counselors, and parents.

I have two reasons for writing this article; firstly, to inform the medical students of the new thrust of the center into preventive drug abuse education, and secondly, to suggest if anyone has ideas, expertise, desire, or interest in working in this area, we get together and

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Panel Discusses New Trends In Community Health Care

by David Jacoby

In a panel discussion sponsored by the Student Medical Forum, four men intimately connected with leading these new trends met at Jefferson to discuss them with interested students. Participants were Dr. George Gardiner, Medical Director of the Southeast Philadelphia Neighborhood Health Center (SEP-NHC); Dr. Willard Krehl, Chairman of the Department of Community Health and Preventive Medicine here at Jefferson; Mr. James Vairo, a resident of South Philadelphia and a member of the community board of SEP-NHC; and Dr. Bernard Zamostein, a practicing physician who is actively working for the establishment of quality community health centers, leading the push for family practice receptorships and residencies here at Jefferson, and a past president of the Pennsylvania Academy of General Practice.

Opening the meeting, Dr. Gardiner tried to clarify the concept of health services as those tied up with the totality of human experience; they go beyond the physical to encompass economics, emotions, etc. "A past problem with the medical establishment has been its emphasis on the diagnosis and treatment of disease to the exclusion of other factors bearing on health."

Adhering to his broad definition of health, Dr. Gardiner pointed out the need for a team approach to provide it and the fact that in this team the physician must take the position of lesser prominence as all work with the local family to help them find better solutions to their problems.

"Our challenge is to appreciate the broad scope of problems and to appreciate what others can bring to this setting to solve them."

Dr. Krehl, speaking on the role of the medical school, added the observation, "We have focused too much on therapeutics and management; we must change the environment that yields inadequate housing with concomitant leading poisoning and lack of heat and other facilities."

"We must plan with, not for, the community, for up on the pedestal we won't be accepted. . . We have to provide seeding for community outreach programs having dynamic leadership. . . and direction without dictating."

The necessity for top quality comprehensive health services delivered with dignity and respect was the basis of Mr. Vairo's remarks. He feels that such a goal "will never happen until community people have a direct voice in decision-making." At SEP-NHC this is exactly what's happening, with 17 of the 22 board members community residents; happily, there's a good relationship between Penn-
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Congressman Green Comments on PGH

(Reprint from "News from U.S. Congressman William J. Green")

Congressman William J. Green (D-5th District) today warned that the \$35,000,000 to \$38,000,000 bond issue suggested by Mayor Tate to finance the construction of a new P.G.H. would cover only a third of the estimated cost of the new hospital.

While welcoming the decision to construct a new facility, Green was concerned with the method proposed to finance it. "The hospital will cost \$105,000,000. Where is the city planning to obtain the additional \$67,000,000 to \$69,000,000? Do we have a firm commitment from the state and/or the federal government to make up the deficit?"

"If not," Green asked, "what will happen when the initial money runs out? Will we be faced with another series of financial crises such as those which plague the stadium?"

"The Mayor's announcement," Green said, "raised more questions than it answered. Why was it made in such isolation? It took public health officials, P.G.H. personnel and those most concerned with community health almost completely by surprise. The proposal, I suspect, was more a reaction to criticism than the enactment of a considered solution. It failed to define the role the new hospital should play
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Guest Editorial..

Communication and the Climate

by Mark Widome

Last year I wrote an article for this newspaper entitled "Curriculum and the Climate." The article addressed itself to the concept of medical school "climates" - a term being used by several authors to describe the presence or lack of that state of cooperation and uninhibited communication between faculty and students that turns the learning of medicine from a one-way, teacher to student flow of information into more of a two-way interaction where student and teacher, together as a team, are working toward a common goal. Although the distinction may seem trivial to some, many consider this subtle difference as the difference between an intellectually satisfying educational experience and one that seldom rises beyond that boredom we experienced in high school. My thesis is that article was that the curriculum structure at Jefferson inhibits the development of a favorable academic climate. I still believe that certain features of our curriculum, namely, emphasis on lecture courses in the basic sciences and the anxieties created by the grading system, impose obstacles to the improvement of the climate. However, I would now like to present a different approach to the problem.

I believe that the student and teacher must now attempt to join together into more of a team effort, and that this must be attempted whether or not changes occur in the curriculum. This must be done in order to rejuvenate the morale of the student body and to improve the academic atmosphere of the school. It would relieve much of the dissatisfaction that some students and faculty feel, and it would improve the quality of education overall.

The student-faculty team must be composed of members who share common goals and who have a certain degree of understanding of one another. It follows that the lines of communications between faculty and students must be enhanced as a preliminary step. Where differences of opinion exist, they must be brought out into the open and discussed honestly rather than whispered where they breed divisiveness and ill feelings. After all, differences of opinion - scientific, social, political, etc. - are healthy in an academic community. They are the fertilizer for continued growth. It is only when these differences are coupled with a breakdown in communication and understanding that they become destructive.

Much of my daily experience worries me. I see little evidence of the team. I see too little meaningful exchange between faculty and students. In some ways, these two groups are drifting further apart. By way of example, I hear students in the cafeteria say that things are really bad here and that it is unfortunate because the faculty will never change this or that. These same students are often unwilling to communicate their feelings to the faculty or administration. Likewise, I hear teachers say that without grades students would not study. Could they hold this belief only because they have not listened carefully enough to the other side of the argument put forth by some.

At committee meetings I have attended, I have heard faculty members use such phrases as "how do the students feel?" and "perhaps if the students..." And at other meetings I hear students say such things as "what if the faculty..." and "do you think we could ask the faculty..." It is a symptom of the way we think about each other. Are "the students" those faceless masses who come banging on the doors of authority with their collective, unreasoned "demands?" Are "the faculty" that fraternity of big brothers who make those irrevocable decisions secretly and mysteriously? We must try to understand each other as individuals. It is too easy to blame your woes on what you perceive as a faceless group of people. It is easy to ignore another's viewpoint if you are not too familiar with it; it is easy to avoid his ideas if you don't have to discuss them. It is easy to criticize what you don't understand.

The improved communications and eventual development of the student-faculty team will not magically materialize with a new curriculum. Though it may be helpful and indeed highly desirable, a new curriculum would be no panacea. The improved climate can evolve only out of what we do as individuals: how we act to improve communication and understanding between members of this academic community.

Some may choose to express themselves through the newspaper in hopes that the views expressed will be read by people who do not agree, or better yet, by people who do not yet understand them. (Even if you do not like this paper editorial policy, you cannot ignore its potential as a vehicle for meaningful exchange.) Some students may choose to make an appointment to meet with faculty members with whom they disagree and try to iron out some of the differences. Some faculty members may wish to take the initiative and discuss with students' issues of contention but common interest. Perhaps some campus organization would wish to formalize the dialogue and plan regular student-faculty conferences devoted to various topics. Such a development during the free University Hour would be highly welcomed. But the solution lies most directly in individuals who would be willing to participate. Perhaps if enough people accept the fact that the solution does not lie within the administrative offices or within a committee or the trustees or within decrees handed down from any of these places but rather within ourselves, and perhaps when enough people act on this assumption by personally accepting the responsibility of expressing, listening and understanding, education at Jefferson will reach its fullest potential.

Family Practice Preceptorships

Informed sources recently indicate that family practice preceptorships for elective credit will not be available to Jefferson students in the summer of 1971. Though not yet official, it appears that sophomore students interested in such a preceptorship during their last free summer may be left waiting while the curriculum committee and faculty iron out the details of this new concept during the next year or two. Current and incoming freshmen, however, may be able to take advantage of fifteen or twenty preceptorships being lined up by practicing family physicians when the academicians and private practitioners have finally reached a solution sometime in the future.

Don't hold your breath until June, sophomores. It may be wise to begin looking elsewhere for summer activity if you had been originally counting upon an elective family block at Jefferson.

Though certainly slow in meeting the problem, Jefferson's curriculum committee and faculty have made a few moves in the positive direction toward family practice. Ariel urges these people to continue to strive to institute family practice as a block elective in the medical school curriculum during the next few vital months, lest the subject be buried for years to come. It would be encouraging to see Jefferson take the initiative this time and pull the cart rather than jump on the bandwagon later when there is little choice and a much greater demand for action.

-Paul Bialas

PGH Reincarnation

ARIEL would like to commend Philadelphia's Mayor Tate for his proposal to build an entirely new Philadelphia General Hospital within the next four years. Clearly, a new hospital, as the Mayor's Committee on Municipal Hospital Services has said, is necessary if better and more efficient care is to be provided to the people of Philadelphia. Yet, as Congressman William Green pointed out in his press release of January 18 (see page 1), the proposal "raised more questions than it answered." Two of the gnawing questions which Mr. Green brought up were: where the money would come from and how this proposal for a new hospital fits into a total health plan for the city, the latter being a primary point in the "Mayor's Committee" report. Further explanation on these issues must be forthcoming before Philadelphians can be expected to support the new hospital financially.

Another significant question is "Who will rule PGH?" Many people believe that a new facility would be little better than the presently obsolete one if the governance of the hospital continues to be mired in city politics. Mr. Green has suggested several major administrative renovations, all worthy of consideration. What we feel to be a prerequisite of any new governing body is that primary control of the hospital be in the hands of those who work there and more significantly those who use the hospital. Community-worker control is a "hot issue" everywhere. Yet Philadelphia has a golden opportunity to begin planning and ironing out the inevitable difficulties involved now before the hospital is built. Outcry will undoubtedly come from many segments of the Philadelphia community if city politicians attempt to plan and run a new PGH as they did the old. Initiative must be taken now to solicit participation from a broad spectrum of citizens for the planning of PGH and its role in the total health picture for Philadelphia.

Register to Vote

We would like to urge everyone to register to vote in the May 18 city elections. Even if you are a student, you will probably be able to register here. Consider the fact that you will be living here for several years, and that this year's mayoralty election appears to be one where the voters will have an opportunity to choose among men with significantly different philosophies.

You may register at City Hall Annex, Juniper and Filbert Streets, before March 13. Remember that you must register in one of the political parties if you want to vote in the primaries for mayor. Without being partisan, the Democratic primary looks like the place "where the action is."

Letters to the Editor

Dear Editors of Ariel:

We write with reference to the proposed "Pass-Fail" system of grading at Jefferson, in which ARIEL and other members of the student body have indicated interest. The Committee on Students Promotion created a

subcommittee expressly for this purpose in view of the magnitude and importance of the topic and to expedite future deliberations. Though fully aware of the fact that a flawless method does not exist, this subcommittee first set itself upon the task of delineating

Letters.....

the criteria to gauge properly the efficacy of ways whereby to evaluate the adequacy of academic performances. This, naturally, took a considerable amount of preliminary investigation, but we are hopeful that a norm of comprehensive criteria will soon be delineated. The latter will be submitted to the student body and to the Jefferson Faculty for their consensus, from which we hope will emerge a satisfactory solution to this issue. But the problem, being complex and fundamental, cannot be resolved by hasty or premature deliberations.

Be assured that this subcommittee has approached this problem closely guided by time-tested and well-recognized techniques endorsed by educational psychologists. Thus, it has utilized a systematic experimental method in order to identify precisely the nature and scope of its objectives from the very outset, and recently introduced techniques of educational experimentation which doubtless will be used more frequently and with wider applications. The latter will be concerned not only with academic evaluation but also with the methods of instructions and the basic curriculum at Jefferson. We trust that all of you will be constructive participants in this crucial enterprise, and that you agree that the approach to such a change must be orderly and systematic in order to avert chaos.

Sincerely yours,

The Committee on Student

Promotion

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Carter Zeleznik, M.A.

To the Editor:

In a recent issue of the ARIEL, you printed a letter from a Jefferson graduate serving in Vietnam. The letter was not well received by many men in high circles of Jefferson's faculty and administration because it contained a single four letter obscenity.

I do not wish to be overly critical of these men. I respect their offices and their integrity. Many of them are probably very opposed to the war in Vietnam, and I would not attempt to suggest that one must be obscene in order to display one's opposition.

However, I do feel that this kind of criticism reflects a very real difference of values between our generations. The letter conveyed the horror which a young man observed daily in Vietnam: that living, breathing human beings, not lifeless cadavers or anesthetized dogs, but our neighbors' and brothers' lives were being shattered. It is this grim reality which should have drawn severe criticism and disgust, not directed toward the writer or the ARIEL, who invaded our ivory tower, but toward our government which has allowed this tragedy to continue. I think that the majority of students at Jefferson are generally in agreement that values must be put in perspective, that obscenity should not be lauded, but that the greatest obscenity is a needless and wanton destruction of human life which our government,

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Letters... (Continued from page 2)

despite its history of high ideals and the basic goodness of its people, has perpetrated in Southeast Asia while neglecting the urgent domestic needs of our Republic.

Ced McClinton
Class of 1974

To the Editor:

As a former member of Student Council and a contributor to ARIEL, it concerns me greatly that there seems to be continuing misunderstanding between Council and the newspaper, most recently illustrated in regard to the Master Planning Committee. Because I also know something about Master Planning at Jefferson, having written an article on this subject in the December ARIEL, I feel obliged to comment further.

The current quarrel between the two student groups seems to stem from ARIEL'S editorial allegation that student representatives to the Master Planning Committee were selected without due process, and particularly, without the involvement of Student Council as a whole. There is no question that the students were not selected by vote of the entire Council: the conflict developed, however, not on the merits of the issue but because the ARIEL editorial tended to be antagonistic and personal rather than calm and objective.

In response to the editorial, members of Council reacted subjectively rather than responding to the substance of the issue. The President said that he resented the "name-calling, back-biting, and vitriolic language" which he perceived the newspaper used in reporting on issues. On human grounds, this replay was quite understandable. Unfortunately, it resulted in avoiding coming to terms with the very real and pressing problem behind the surface conflict.

It would seem, then, that through this apparently insignificant incident, both newspaper and Council lost a chance to work together as spokesmen for students on an issue of great importance to all of us. As noted in last month's article, Master Planning was begun because a sophisticated management study had revealed that 65 key people at Jefferson

thought that the University had very poor communications at all levels. The study suggested that a broadly representative and accountable Planning Committee could help to establish a sense of renewal at Jefferson. Translated to the present, this means: do students wish to respond to the very issue of Master Planning in a way which confirms the original grim diagnosis? Or, should student representatives be sought and selected by whole Student Council, and impressed with the idea that Master Planning is not just another committee, but an opportunity to be of significant service to us all?

There is no question that the Jefferson student body, including all the various schools, is capable of creative leadership. In my view, ARIEL has demonstrated this leadership over the past three years by trying to come to terms with major issues in health, both within and without the University. If its editorial policy at times has appeared somewhat petulant, this may be due to perceived inertia of this University in responding to contemporary health needs, to the difficulty of stimulating faculty and administration to contribute to the newspaper as a desperately needed vehicle of intercommunication, and to the apparent indifference of many students to the world beyond the classroom.

Similarly, the Student Council has shown the capacity for a high level of contribution. It has reorganized itself in order to become truly representative of all students, and deals effectively with matters of student concern. It is to be hoped that Council will also consider involvement in some of the broad problems in health care: admission of more minority and female students to medical school (this job has hardly begun), better health care for residents of South Philadelphia, family practice opportunities for Jefferson students, and a reorganization of the Curtis Clinic, are examples of these.

Archibald MacLeish has written that the role of the responsible college is to commit itself "to a view of liberal education as a vehicle for the realization of the self in society." In his view, both self and society are important in balance. Perhaps it can be said that the

Student Council has thus far succeeded with self, in protecting and strengthening the rights of students. Ariel, relatively speaking, has been concerned with society, attuning and sensitizing us to matters beyond our immediate purposes. Now is the time for Student Council and the staff of ARIEL to begin to work together to seek a balance, to provide a vision and give greater meaning to the years we spend at Jefferson.

Sincerely,
Brent W. Spears
Class of 1971

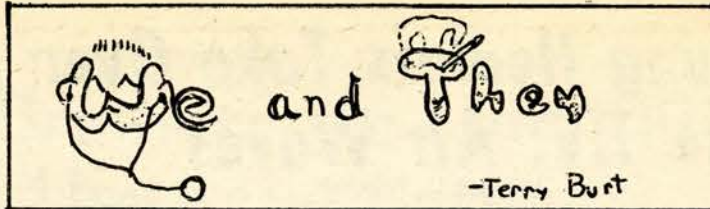
To The Booknook Editor:

From one 'amateur reader without expertise' to another, I would like to take the liberty of commenting both on your book column and your views on the dilemma between general medicine and specialization (Ariel, Vol. #3, pp. 5, 8 & 3, 6, 1970).

First, your comments on Das Glasper enspiel reveal a rather candid statement of your introduction to this book and a nice description of its context, etc. It is Hesse's most lengthy work and probably deserves more than one reading, although I don't know anyone who has mustered the courage. Since you have tasted of Heese and appear to like him, I'd like to suggest some of his other works, particularly Gertrude, Rosahalde and most of all, Narcissus and Goldmundr. The latter is, in my opinion, Hesse at his best, and you appear to share my amateur feeling that this is pretty good.

In your other column, (We and They) I think part of your problem may be that many of us on medical school faculties tend to use a bit of the 'hard sell' for our own areas, leaving too little room for a frank admission of the other side of the coin. I think that the G.P. as we knew him, like the one-room schoolhouse of Dr. Code, is disappearing. Medical care of a patient still, however, is the ultimate responsibility of one doctor. Since he cannot know it all, his job, and ours, as medical educators, in or out of medical school, is to help him to become as good an extension of the accumulated body of medical knowledge as he can be. Since he can't be perfect, he will always have to yell for help from his consultants at times, as all of us do. Providing the best in con-

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Happy New Year belatedly! Well, at least we are in time for Chinese New Year. Many of ARIEL'S staff members had a hard time sustaining holiday spirits in early January, but now we assume we are all promoted from the fifth to the fourth floor and can take some time to count our blessings and make Chinese New Year's Resolutions.

BLESSING NUMBER ONE: Anatomy is over! And by gum! I never would have believed it, but it all (or at least 70% of it) did get into my head!

RESOLUTION NUMBER ONE: This time I will keep up!

BLESSING NUMBER TWO: At least Student Council reads and reacts to ARIEL.

RESOLUTION NUMBER TWO: I promise not to be vitriolic anymore. (I wonder if "by gum" is too strong an expletive?)

BLESSING NUMBER THREE: Jefferson is getting relevant to my interests and desires. The new Preventive Medicine course has proved to be very interesting thus far. Dr. Paul C. Brucker presented to the freshmen the Lawrence Weed system of medical record-keeping one week before The New England Journal featured a long laudatory editorial on the subject. Man! is the Class of 1974 up to date! A pity the lecture was given three hours after anatomy finals. Most of the class missed a worthwhile presentation. Perhaps Dr. Brucker would return someday if enough people wanted to hear more about how the system is working for him. Maybe even upperclassmen would be interested.

RESOLUTION NUMBER THREE: I will try not to cut class, not even on Friday.

BLESSING NUMBER FOUR: Guyton's Physiology is just the right size to make up for the leg that broke off the armchair. White and Handler's Biochemistry will probably be useful when pressing autumn leaves and significant flowers. It is a fraction of an inch too thin to fit the armchair; besides the color is wrong.

RESOLUTION NUMBER FOUR: Look for a 2-1/2 inch green-covered book for under the sofa. The library wants Dorland's Dictionary back. Maybe they would take Bloom and Fawcett instead.

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Young Healers Take Over the T.V. Air Waves

by Paul M. Fernhoff

The past year has seen the rebirth of television's love affair with the medical profession. Ben Casey and Dr. Kildare have retired to a part time geriatric practice on a Miami station, and a new breed of young healers have taken over the air waves, confronting medical and social difficulties never before thought possible. One new series has begun on a local station, received by selected sets.

The show, "Omo Hyoid-Student Doctor" follows the course of a physician in training through his four grueling years. Its appeal combines the medical drama and the rebellion of youth. Unlike the network shows, with opening scenes of interns skipping into the hospital, or stretchers being raced madly down halls (never seen in the real hospital); "O.H.-S.D." begins each show with a group of young doctors leaving the coffee shop to wait for the elevator, scheduled to arrive on the half hour. They are then turned away since the food carts have monopolized the space.

Only three regulars appear each week. Omo (Tommy Redding), Dr. Spook (Walter

Brennan), his advisor, whom Omo has not met in three years, and Duke (John Wayne) Omo's hound from the physiology lab, kept as a pet after Omo had removed his gall bladder and left kidney. The plots have been varied with many guest stars. I think it's best to give a few examples.

The first episodes dealt with Omo's preclinical training. An outstanding program showed his initial psychological shock dissecting his cadaver (Aldo Rey); and his triumphant adaptation by displacing his anxiety into grossing out his female lab partner (Sandra Dee of Bayonne N.J.). A particularly touching moment was Omo's near perfect dissection of the XI cranial nerve, to the amazement of his classmates and the everlasting admiration of his instructor (Don Knotts).

Omo's introduction into the hospital takes us into the Surgical clinic, where after reading the record of a patient's 96 visits, Omo finds her diagnosis, only to discover the patient had left 1/2 hour previously for the medical clinic. An element of mystery pervades one show with the arrival of a strange giant bus,



A scene from the show "Omo's trip to the conference on drug abuse

planted in the school's colors. Speculation abounds as to whether the monster vehicle will be used as a floating casino to raise money for the school. To much disappointment, it is to serve as student transport, but is hijacked to Cairo, Ill. on its maiden voyage. Omar Sharif as the hijacker is outstanding.

Another show finds student radicals taking over the dean's office in protest over new cafeteria rules. The students by mistake lock themselves in the laundry closet. Omo tactfully serves as negotiator. Guest Jane Fonda puts in a great performance as leader of the rebellious group. A recent show centered about a new dress code for the student nurses. Sanity prevailed when Omo, in a moving

It is surprising that the series has not yet received greater national attention. A reliable source recently informed me the show may be the summer replacement for the "Dating Game."

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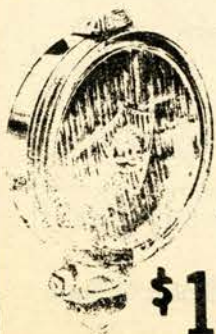
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Abortion Council Publishes Poll

(News release from Council on Abortion Research and Education, Inc.)

New York City (Jan. 9, 1971) The Council on Abortion Research & Education is conducting an in-depth, nationwide survey on public awareness and attitude towards legal abortion, it was announced by Richard Roman, executive director of the non-profit organization.

The poll was developed by the Council as part of its research and education program and to further its efforts to provide information and assistance regarding legal abortion. According to Mr. Roman, the poll is believed to be the first of its kind to be undertaken since the liberalization in July, 1970 of New York State's abortion law.

Since then an estimated 60,000 legal abortions have been performed in New York and the controversy here and across the country over legal abortion has grown even stronger. Those opposed are seeking to repeal what they consider the liberalized section of the law or, at the very least, to sharply limit

the number of weeks of pregnancy during which a legal abortion may be performed. Those in favor are striving to further liberalize the law or to at least remove what they consider roadblocks imposed by local authorities such as certain requirements that make it a practical impossibility to have a legal abortion performed at a physician's office.

The in-depth poll, first of a series planned by the Council, was sent to some 1,700 daily newspapers and 900 college publications across the country.

Mr. Roman noted that the results of the poll will be published and made available upon request. He pointed out that the identity of those who participate in the poll will be kept in complete confidence, but the incomplete polls would be invalidated. Completed polls should be mailed to the Council on Abortion Research & Education at 342 Madison Avenue, New York, N.Y. 10017.

(Continued on page 8)

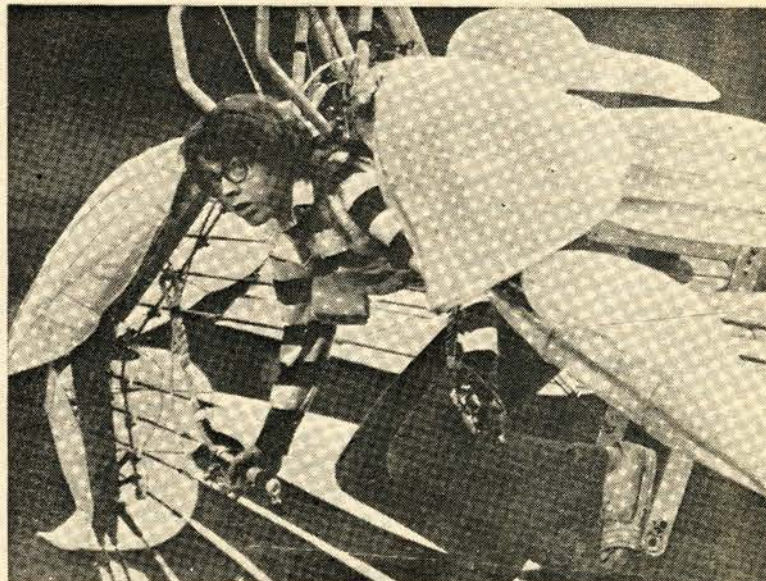
Movie Review.. by Robert L. Breckenridge, Jr.

Birdman, Brewster Mc Cloud Flies On Wings Above the Earth

In the last few years technological man has found that his mercurial appetite for comfortable living conditions has led not only to Eight Speed Waring Blended Frozen Daiquiris and Tupperware Tea Parties but to besmirched beaches and DDT in Mama's milk. Robert Altman, director of the enormously successful M*A*S*H, uses this problem to form the basis of his latest screen comedy, **Brewster McCloud**.

As the opening shot pans toward that monument to mechanized man, the Houston Astrodome, the narrator voices the universal wish, "How I yearn to throw myself above the earth and fly the abyss." The movie continues to be an irreverent and parodistic attack on both the materialists and naturalists of our society.

The film centers around the character of Brewster (Bud Cort) who spends his time building artificial wings in the hopes of freeing himself from the mechanized world. Altman borrowed this image from the ancient Greek legend of Daedalus and his son Icarus who were imprisoned by King Minos in the Labyrinth from which no one could ever find an exit. Daedalus and Icarus devised two pairs of wings and flew to freedom, but Icarus ignored his father's advice and flew too close to the sun. The wax wings were melted by the sun's heat, and he fell into the sea and drowned. James Joyce also used this image in the character of Stephen Dedalus, a young



Bud Cort escapes the Labyrinth

artist wishing to free himself from the world.

Altman continually makes use of movie quotes and references to other art forms. The film is full of allusions to various species of birds and whenever a character first appears, the narrator describes a bird resembling the character. Before every strangulation murder in Houston the victim is bombarded with bird doo-doo from a raven strangely reminiscent of Hitchcock's *The Birds*. To solve the strangulation mystery, Houston calls in Frank Schaft (Michael Murphy) from San Francisco, a super-detective who races around Houston in a souped-up Camaro after the fashion of *Bullitt*.

Sally Kellerman, following

her popular performance as Major "Hot Lips" Houlihan in M*A*S*H, plays Brewster's guardian angel, wandering around naked beneath her raincoat. Spurning her advice to avoid worldly pleasures, McCloud falls in love with a wiry young race car freak who eventually leads to Brewster's downfall in the Astrodome.

There are numerous ambiguities in the film and a few comic gags that simply don't work, but again as in M*A*S*H the excellent editing and overlay sound track strengthens these weaknesses. The successes and failures of this film are the results of the new era of movie making characterized by the decline of the studio system and the gain of artistic control by the director. Thus Brewster McCloud may be a harbinger of films to come.

Best of 1970

In the hopes that the Hollywood Academy may consult the ARIEL before nominating the best pictures of 1970, I have decided to list the ten best movies that opened in Philadelphia last year. Although some films such as *Ice* and *The Wild Child* were released in 1970, they did not open in Philadelphia last year and so will not appear on this list. I have listed the country in which each film was produced, its director, and its principal stars (if I could remember them). Alphabetically they are as follows:

- Le Femme Infidele (France) Chabrol - Audran, Duchaussoy, Ronet, Bouquet.
- Hi Mom! (USA) DePalma - DeNiro, Salt.
- Loving (USA) Kershner - Segal, Saint.
- M*A*S*H (USA) Altman - Gould, Sutherland, Kellerman.
- Mississippi Mermaid (France) Truffaut - Deneuve, Belmondo.
- My Night at Maud's (France) Rohmer - Trintignant.
- The Passion (of Anna) (Sweden) Bergman - Sydow, Ullman, Josephson, Andersson.
- They Shoot Horses, Don't They? (USA) Pollack - Fonda, Young, York.
- Tristana (Spain) Bunuel - Deneuve, Rey, Nero.
- Z (France) Gavras - Montand, Papas, Trintignant.

Congressman

(Continued from page 1)

in an overall health care program. It made no commitment to the creation of the preventive and ambulatory care services called for in the Municipal Hospital Services Report. And it did not come to

grips with how the new hospital should be operated."

"I believe that some way must be found to insulate P.G.H. from the kind of pressures which have demoralized its staff and curtailed their medical efficiency."

"We must have some guarantee that the new facility will not continue to be subjected to erratic job freezes and ar-

bitrary layoffs."

"There are at least three ways we might attempt to cure P.G.H.'s managerial ills," Green continued.

"We could follow the recommendations of the Mayor's Municipal Hospital Services Report and place the new building directly under the control of the Commissioner of Health."

"We could experiment and turn the responsibility of the hospital over to a single medical school."

"Or, we could follow the example set by the City of Chicago and create an independent hospital authority."

"In any event, it is now important for the Mayor to call together the interested parties - members of the medical profession, concerned citizens, and health administrators and begin planning how to run the hospital as well as how to build it."

Coming in 1971

Alex in Wonderland - Paul Mazursky's confessions of a film director in the style of Fellini's 8-1/2. Stars Donald Sutherland and Federico Fellini.

Bed and Board - Truffaut's sequel to *The Four Hundred Blows* and *Stolen Kisses* dealing with his autobiographical character, Antoine Doinel, starring Jean-Pierre Leaud and Claude Jade.

The Confession - This is the latest political film of Costa-Gavras (Z) taking place in Prague during the purge trials of 1952.

Gimmie Shelter - Documentary of the Rolling Stones concert at Altamont where on-stage murder occurred at the hands of the Hell's Angels. This film may prove to have some of the most moving and powerful moments of the rock culture ever recorded.

The Little Big Man - Arthur Penn's film of Custer's last stand capturing America's split between the insiders and the fringes of society. Stars Dustin Hoffman, Faye Dunaway, and introducing Chief Dan George.

I Never Sang for My Father - Gilbert Cates' film dealing with the problem of the young's responsibility for the aged.

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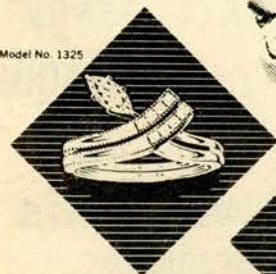
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Lincoln Hospital

(Continued from page 1)

from the community have been heard for the past few years, Lincoln is different from other ghetto hospitals because of the social commitment of its house staff. Prior to 1969 most of the house staff were from foreign countries—it was not a preferred place to train. In the fall of 1969 some house staff from Einstein-affiliated hospitals met with Dr. Arnold Einhorn, Head of Pediatrics at Lincoln, to propose an internship-residency program in "Community Pediatrics." Reportedly Dr. Einhorn, who had devoted the last 10 years to improving Lincoln's Pediatrics, was pleased with the idea of having a new and dedicated group of doctors and approved a program for 18 interns and 18 residents in Pediatrics. Dr. Einhorn and the staff began work and successfully recruited the 36 participants in the program to begin in July 1970.

As the program began, some of the doctors and other health workers interested in developing Lincoln's role and relations in the community formed the "Lincoln Collective" or "Pediatrics Collective." They aimed to spearhead the drive to fulfill Lincoln's responsibility to the people of the South Bronx. This "new Lincoln," however, was apparently a little more than Dr. Einhorn and the rest of the staff had bargained for. The appearance, life style, and politics of the "Collective" simply was not deemed "appropriate" for physicians. Programs were planned working with the Young Lords, Black Panthers, and street gangs. Dr. Einhorn was particularly perturbed by associations with the Black Panthers, apparently because he believed them to be anti-white and anti-semitic. The Collective, although respecting Dr. Einhorn's skill as a physician, were not going to be denied their involvement with the social or political issues of the community because it did not fit Dr. Einhorn's conception of their role. Two political priorities were laid down by the Collective 1) "a commitment to the view that physicians should be fully responsible to the people they serve, and that the community's view on hospital procedures should be solicited, 2) an effort to break down traditional hierarchy that stratified and separated senior and junior medical personnel, nurses and other hospital workers, should be made."

In mid-summer the "fireworks" began which put Lincoln in the news. The three community groups made the following demands on the hospital: 1) no cutbacks in services or jobs 2) funds from N.Y.C. for a new hospital 3) door to door preventive health services 4) 24 hour grievance table 5) \$140/ week minimum wage for all workers 6) a day-care center for the children of patients, workers, and visitors 7) a community-worker board to operate Lincoln Hospital. The Collective supported these demands and began to work to have them implemented. On Bastille Day, July 14, some Young Lords sat in for 12 hours at the old nurse's residence to emphasize the demands. Following this the Collective (now numbering about 45 members) put increasing pressure of Dr. Einhorn to support changes and work with community groups, but relations became strained to the point where there was little communications. On July 19, a patient died after an abortion. A resident in psychiatry charged that there had been negligence on

the part of some Lincoln staff and this charge precipitated a huge outcry against the Department of Obstetrics and Gynecology, with demands for removal of the department chairman.

Residents and staff, many of them from foreign countries, began quitting, and services, which had never been interrupted by the community groups or the Collective, became more difficult to provide because of lack of manpower. It would be impossible to describe or know all of the political machinations which took place at the hospital, medical school, and city government levels during the next few months, but the Collective was blamed for much of the trouble. The most recent and controversial event, however, has been the relieving of Dr. Einhorn of his duties—his reinstatement after charges of anti-semitism and racism—and then his almost complete withdrawal from the hospital after the face-saving reinstatement. His departure was quite clearly due to the pressure brought about by the inability of he and the Collective to co-exist at the same hospital. Whether his absence is for better or worse depends on one's point of view. According to recent reports, the controversy has subsided somewhat within the Pediatrics Department with the appointment of Dr. Helen Rodriguez as Dr. Einhorn's replacement. She is in quite close accord with the plans of the Collective, and work to implement new programs is the major order of business.

What can we make of all this? If the course of events is generally agreed upon, why is criticism so heavy? Why have the community groups and the Collective been so bitterly condemned when they never interfered with hospital services? Why wasn't there criticism for those physicians opposed to the Collective when they left the hospital? The answer may well lie in how the medical profession

ARIEL

is viewed, both from outside and from within. One is educated to believe that the physician who is competent in his clinical field is somehow immune to criticism by anyone who is not his superior, and therefore, the critics are irresponsible. Dr. Einhorn undoubtedly had a reputation as a dedicated and knowledgeable pediatrician, but does this exclude the possibility that his administration of the Department of Pediatrics might not be in the best interests of the people of the South Bronx?

There are other questions. Considering the level of the community's health needs, is it so surprising that they should make some demands upon the hospital and the city? Is it so surprising that a group of socially committed physicians should put their responsibility to the community first, rather than maintaining a department which is obviously inadequate? Why do all these not so surprising things make people so furious?

The Collective believes that the "old way" simply is not good enough to meet the needs of the South Bronx, and that a few big, medical toes may have to be stepped on before a new approach is initiated. In their words, "In order to be part of the solution rather than part of the problem, we must affirm that we are in training to serve the community, and that we are committed to dealing with the problems of the urban ghetto community in a long-run way. We must aim, not merely for the eradication of disease, but for a state of total physical and social well-being. This makes necessary the development of a comprehensiveness and continuity of care, the dissemination of knowledge from the hospital to the community, and the initiation of concurrent efforts to combat social as well as physical disease." Many people are carefully watching the successes and failures at Lincoln for insight on what might occur throughout the country.

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Hillsville

(Continued from page 1)

town has been without a physician. The situation becomes more critical when one considers that a total of nearly 8,000 people from the surrounding mountains once depended upon the doctor in Hillsville. Many of these people do not own automobiles. For some, the trip to the nearest doctor is greater than twenty-five miles over winding mountain roads, though a county volunteer rescue squad now compensates for the lack of transportation and ambulance service.

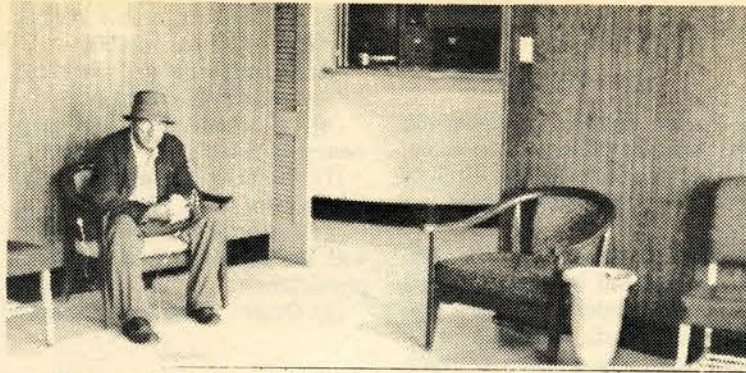
Six years ago, interested community citizens realized that their one local G.P. was not fulfilling their needs, so they formed a committee to recruit a physician and build a fully equipped medical center to use as a lure. It took a herculean effort to succeed, but succeed they did without any outside funds. Labor was all volunteer, money and land was contributed by local citizens, and equipment was donated or purchased from neighboring towns. The final result: a clinic for two physicians, completely equipped with x-ray, lab, and four examining rooms, emergency treatment room, doctor's office, waiting room, even dictaphones and two EKG machines.

Fresh from his internship, Dr. Alex White soon arrived in Hillsville to occupy the new building. The other physician had since left the area, causing the townsfolk to look upon Dr. White as the sole fruit of their efforts, convinced that they had pursued the proper course of action and that better medical care would soon be forthcoming in Hillsville. To insure their sincerity, the people set rent on the clinic at a mere \$50 per month, and they gave the physician and his family a low-rent home nearby.

Thus appeared a monumental task for this young inexperienced doctor not yet accustomed to the tribulations of solo practice. For the next four years, Dr. White tried to tackle the situation alone, but he failed, and the local people are a bit disillusioned by the entire affair.

A multitude of factors contributed to force this physician from where he was needed the most. To a great extent, they reflect the plight of general practitioners throughout rural America. According to Dr. White, it all boiled down to one hard fact - he was overworked. Since he was not the type of person to refuse a house call or an after-hours appointment, Dr. White found himself literally working twenty-four hours a day, seven days a week. He depicted the situation as follows:

"You never have one solitary minute, ever, not ever. I would go literally for weeks and months and never complete a meal, not one single meal! This happened some five or six times, that someone was knocking on the front door and the back door at the same time I was on the phone talking to a patient. This is after hours! I found it impossible to get away from, impossible to control. The townspeople would never understand



Former Caretaker sits jobless in empty waiting room

that." With regard to income, Dr. White confessed that he had earned \$12,000 during his first year of practice, increasing to \$18,000 by his fourth year in Hillsville. Nevertheless, he found it threatening to have his five children looking toward college on their father's income, and he was finally attracted to a more lucrative position in a nearby hospital.

Collection of fees proved to be a unique problem in Hillsville. While the obvious reason was poverty, the less obvious reason was the local pharmacist. Since there was only one pharmacist in town, a veritable monopoly on the drug industry was in existence. Dr. Dollarz was the pharmacist who was more than happy to sell you a prescription, provided you had the cash money for his exorbitant mark-up. After a year or two in town, Dr. White soon found his poorer patients complaining that their medicine cost too much, and that they would have to defer payment of medical bills until a later date. Otherwise, they couldn't afford their medicine.

Giving this little thought at first, the doctor believed a solution was apparent when the druggist called one day to explain that tremendous savings for some patients could be had if Dr. White would only begin prescribing generic brand tetracyclines, which were fresh on the market at less than a penny a capsule to the pharmacist.

Dr. White complied, only to find that within the next several months patients began to complain again. Upon investigation, the physician found that Dr. Dollarz was charging brand name prices for prescription drugs or he was simply dispensing what he felt best, rather than what was written. The result was a cost of five or six dollars to the patient, for thirty cents worth of drugs.

Once tuned into the little profiteering scheme of Dr. Dollarz, Dr. White further investigated to find evidence of dispensing without prescription, continued refilling of expired prescriptions, and the dispensing of only half a prescription when the patient had only half the money. As a result, Dr. White is certain that many under-treated cases of strep throat have resulted in pneumonic fever, a disease still common in the area.

An attribute peculiar to the people of Appalachia is their pride and resistance to accepting charity. Hillsville was little different, with the exception of those few who never could seem to pay their bills. Dr. White had this to say, when asked if the collection of fees was a problem: "The thing that was

frustrating to me, was that decisions were forced upon me that I didn't like to make. For example, you would have two families living side by side. One of them was a man with four children. He worked at a service station making forty dollars a week. His kids were always sick. I made house calls, I saw them in the office, and never did he owe me any money. Frankly, I don't see how he did it on forty dollars a week, but somehow he did.

Side by side lived another family with more income. The husband was a disabled veteran, and that check alone was worth \$128 a month. He worked; he had odd jobs. He drank excessively, but so did the other man. The disabled veteran never paid me, never.

So I'm forced to decide: either I've got to make one of them pay, who is not able, or not charge either one of them. What do I do here? I was frustrating to me."

One of the pressing problems facing the rural physician is that of education for his children. Dr. White felt this to be a definite problem, saying: "I think that education definitely is a drawback for a town as small as Hillsville. Consider my children, for example. When they brought home an 'A' from school, I was never quite sure whether they got that 'A' through merit or simply because they were the doctor's kids. It made that much difference."

Another concern of many rural practitioners is that of intellectual stagnation. This is created by a sparsity of local people on a comparable educational level with the physician with whom he may make lasting friendships. According to Dr. White: "That was a tremendous problem, a terrific sense of isolation, both in a professional field, and the lack of personal friends; the lack of anyone who could understand that I could get satisfaction from doing a job aside from the money involved."

Many of the above problems lend themselves to a group practice situation. Indeed, Dr. White felt that this is the only way in which a truly dedicated physician could remain in such a community.

The Hillsville problem is one example of a general practitioner and a town that could not make it together. As a result, the people still lack adequate health care, though, perhaps, they are a little wiser. Nevertheless, Dr. White insists that he will eventually

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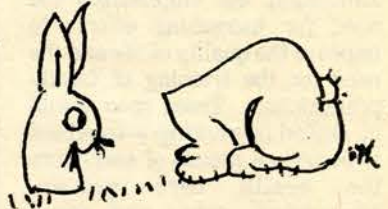
by Terry Burt

I would like to recommend a book which IS worth your 95¢ investment and one hour of your time. No, I am not talking about *Love Story*, which is literary No Cal. Instead, take your dollar to Quixote Books and ask for a time-tested love story, as easy to read and also a potential tear-jerker, but with a classical charm and simplicity which will make you unsatisfied with the paperback and send you back for the hardcover edition. Then you will probably proceed to pass your paperback on to a friend.

I am talking about Antoine de Saint Exupery's *Le Petit Prince* or *The Little Prince*. It is available at Quixote Books in paperback and hardback in both English and French. I suppose I must admit now that it is technically a non-adult book. But you can pretend you are buying it for a nephew if you don't have any children. They are sold in plain brown bags, so you won't be embarrassed walking hom with it. Of course, for this reason you won't be free to talk about it with great effect at cocktail parties. If this is important to you, maybe you should buy *Love Story*. It serves you right.

A really great story is one that you want to read over and over, and each time it is new to you. *The Little Prince* meets this test. If your children or nephews want you to read it to them over and over, you won't mind. Who are

the characters? A prince, a flower, a fox, a frustrated artist-turned-pilot lost in the desert. The key question which is answered is "What is the most important thing in life?" Good children's books don't skirt the main issues.



Another so-called children's book which is too good to be wasted just on children is James Thurber's *The White Deer*. Like *The Little Prince*, this classic is now out in paperback, published by Harcourt, Brace & World, Inc. in the Harbrace Paperbound Library series. After saying Thurber, do I have to say anything else to convince you that it is priceless? Should I quote the beginning: "If you should walk and wind and wander far enough on one of those afternoons in April when smoke goes down instead of up, and nearby things sound far away and far things near, you are more than likely to come at last to the enchanted forest..."

Yes, it is the traditional love story of handsome young prince for beautiful princess, but no story Thurber tells is untouched by his own special outlook. For example, King Clode remarks while telling about the courtship of his own wife, "There was the infernal custom of the country whereby a rescued princess exercises the privilege of claiming one of her rescuers as her husband." Pure Thurber. Or at the happy ending when Clode exclaims, "Lyres and fiddles! Meats and wines! What wine, on second thought, is fit for this occasion? Melt down a million rubies! But stay! On third thought, wine in bottles! The magic's turned my heart but not my stomach."

Added bonus in this book, as also in Saint Exupery's book, are the illustrations by the author. As I said before, both books are good for children, but even better for adults. But if you stop into Quixote, one warning. Stay away from Pooh Corner.



The little Prince

return to general practice. In his words: "In no other area of practice do you ever have the feeling of being a 'complete physician.' In general practice in a small area you have the opportunity to become well acquainted not only with the whole family you are treating, but literally with a whole set of genetic relationships dating back centuries. I really do miss that continuing relationship with the patients."

Until Dr. White returns, no physician is likely to come to Hillsville. Perhaps some fresh intern would like to try his hand at general practice in the beautiful mountains of Virginia. The people there would be happy to have him, even for only a year or so. After all, what have they to lose?

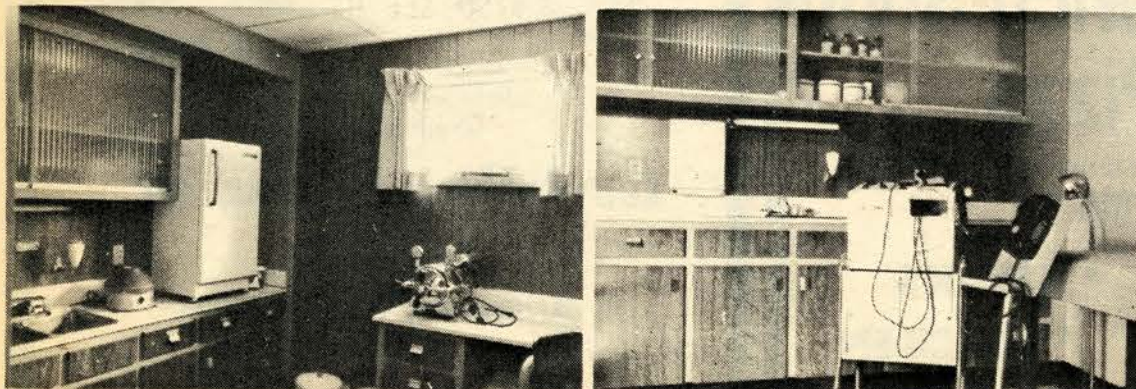
Letters

(Continued from page 1)

sultants, specialized care centers, continuing education, etc. which should raise the standard of medical care in all areas may very well be better accomplished by regional programs. I hope this doesn't mean care by a committee - it need not and it should not.

Sincerely,
Laird G. Jackson, M.D., Dir.

Ed. Note: Many thanks Dr. Jackson for your interesting comments. We wish others would also take the time to let us know what they think about our scribblings!



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Community Health

(Continued from page 1)

sylvania Hospital, the center, and its community board.

"Health centers in the community, offering one class of service to all, poor and rich alike, in a setting of privacy and cleanliness. . . with attitudes of care, concern, and courtesy" was the goal outlined by Dr. Zamostein. He emphasized the need for increasing efforts to improve the quality of life and the need for the training of family practitioners. These men would be skilled in working with others to provide a means of entry into the health care system, evaluation, care, and when necessary, referral, while still retaining responsibility for the patient and the continuity of his care.

"Health assistants should be recruited from the community to provide understanding and input. . . the funding of doctors must be such that there is no change in their remuneration depending on the patient's wealth."

Following this, a number of questions were raised from the floor. One dealt with clinics versus private practice. The panel members agreed that solo practice is on the way out, while group practice is on the way in. Hopefully, clinics, with their long waits and poor, impersonalized care, are also on the way out. Except for health district 5, all the city health clinics offer categorical, not comprehensive, care.

At the present time, most neighborhood health centers run at a higher price per visit than does the private physician. Dr. Zamostein spoke of one in San Francisco where the average cost was \$137 per patient visit. Dr. Gardiner admitted that the cost of their center is very high, but pointed out that good quality care is very expensive and that in the United States today \$300 is spent per person per year, a figure which illustrates the necessity that we spend our money more efficiently.

Mr. Vairo pointed out a well run neighborhood health center has many advantages. At the Southeast Philadelphia Neighborhood Health Center one sees the same physician on each visit, and free pharmaceuticals are available. Social workers are available, too, as are family health workers - trained community residents similar to physician assistants who will give followup if an appointment is

missed.

Regarding the topic of socialized medicine, Dr. Gardiner noted, "One should not misrepresent socialized medicine; the British have done a particularly bad job. . . Our direction is more and more federal involvement in health care; the population wants it, and it is politically expedient. . . It can be good if structured and with consumer control."

However, based on Jefferson's experiences with its Community Mental Health Center, Dr. Krehl is suspicious of too much dependence on the federal government. "Government planning is as uncommunity as professional decisions. . . The rug is pulled out from you all too often. . . OEO guidelines are substantially unrealistic, not open-ended; they are very restricted and oriented toward one segment only."

Dr. Gardiner's rebuttal: he is not satisfied with the Feds - "But it was not until OEO came along and said, 'Thou shalt have community control' that we started it."

As for the doctor shortage, Dr. Zamostein tossed out the idea that it is an illusion. The problem is the shortage of primary care physicians. "In every country that has nationalized all doctors, they have done so because there were insufficient primary care physicians in that country." Hence, our own efforts to "get sufficient primary care physicians that government won't nationalize care, but will rather just pay for it."

It is possible to provide good primary care, providing one is willing to delegate responsibility. In Thailand, midwives and sanitarians handle 50 percent of the patient load, sending the rest to trained nurses. These, in turn, treat nine-tenths of the patients, sending the tenth on to a doctor stationed at a midwifery center. From here, the most difficult patients go on to a medical center. The result is good, low cost care, with the sick getting the human contact that they so badly need.

Will the American Medical Association lead the changes discussed at the meeting? Dr. Krehl, an optimist, feels that by and large they will. Dr. Gardiner feels not. "Their proposals are woefully inadequate and still fee for service."

As for Dr. Zamostein's viewpoint, "An unequivocal no - but the grim reaper takes care of lots of things."

ABORTION

Abortion Poll

(Continued from page 5)

Please answer the following questions by filling in the information requested and/or circling the most appropriate choice.

1. Assuming that legal abortions are performed by duly licensed physicians under the highest medical standards, should a pregnant woman be allowed to obtain a legal abortion?

(a) if she is single and does not wish to marry the man and does not want to place the baby for adoption or with foster parents? Yes _____ No _____ Undecided _____

(b) if she is married and childless and she and her husband do Yes _____ No _____ Undecided _____

(c) if she is married and has 2 or more children and she and her husband do not wish an additional child? Yes _____ No _____ Undecided _____

(d) if she is married and the family cannot afford a child or an additional child? Yes _____ No _____ Undecided _____

(e) if her physical and/or mental health is dangerously jeopardized by pregnancy and/or childbirth? Yes _____ No _____ Undecided _____

(f) if there is a strong medical indication that the child will be born with a severe congenital defect? Yes _____ No _____ Undecided _____

2. New York State law provides that an abortion is justifiable when committed upon a female with her consent by a duly licensed physician acting (a) under a reasonable belief that such is necessary to preserve her life, or, (b) within 24 weeks from the commencement of her pregnancy. Do you think that the 24-week period should be

(a) lengthened (specify the number of weeks) _____

(b) shortened (specify the number of weeks) _____

(c) remain unchanged _____

3. Which of the following choices best describes the status of legal abortion in your State?

(a) therapeutic abortions only (only to save the mother's life).

(b) above and if the mother's physical or mental health is dangerously jeopardized by pregnancy.

(c) (a) above and if the mother's physical or mental health is dangerously jeopardized by pregnancy.

(d) (a) above and if there is a strong medical indication that the

child will be born with a serious physical or mental defect.

(d) (a) above and if the pregnancy resulted from rape.

(e) (a) above and if the pregnancy resulted from incest.

(f) (a) above and upon demand (as in New York State).

(g) (a) above and upon demand with the approval of two or more physicians.

(h) Other: Please specify _____

4. Of the choices listed in Question 3 above, which one would you prefer to have adopted for your State?

(a) _____ (b) _____ (c) _____ (d) _____

(e) _____ (f) _____ (g) _____ (h) _____

5. Which of the following best describes the need for information regarding legal abortion in your community?

(a) great need _____ (b) moderate need _____ (c) little need _____

(d) no need _____

Through which of the following should information regarding legal abortion be made available? (a) Local physicians & medical societies _____ (b) Religious groups _____ (c) Social welfare agencies _____ (d) High schools & colleges _____ (e) Private, profit-making abortion referral

agencies _____ (f) Non-profit abortion information & educational organizations _____

(g) Monthly newsletter consisting of current information about the status and availability of legal abortions across the country _____

Please complete the following information (please print legibly).

Name (optional): _____

If you do not wish to give an address, please indicate your

City: _____

State: _____

Age: _____ Sex: _____

Male _____ Female _____

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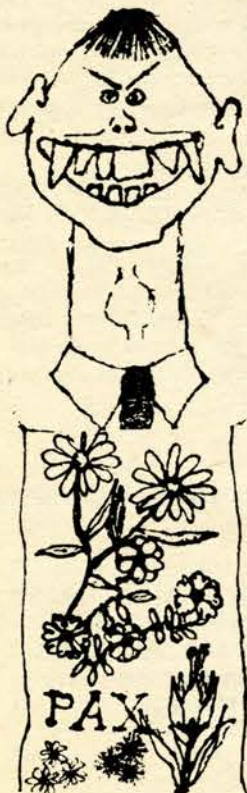
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