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Brent Spears
Thomas Jefferson University

Mary Beuchler
Thomas Jefferson University

Richard Bonanno
Thomas Jefferson University

Anton Kemps
Thomas Jefferson University

Michael Leo
Thomas Jefferson University

See next page for additional authors

Authors
Brent Spears; Mary Beuchler; Richard Bonanno; Anton Kemps; Michael Leo; Robin Edwards; Robert Breckenridge, Jr.; and Alice M. Johnson

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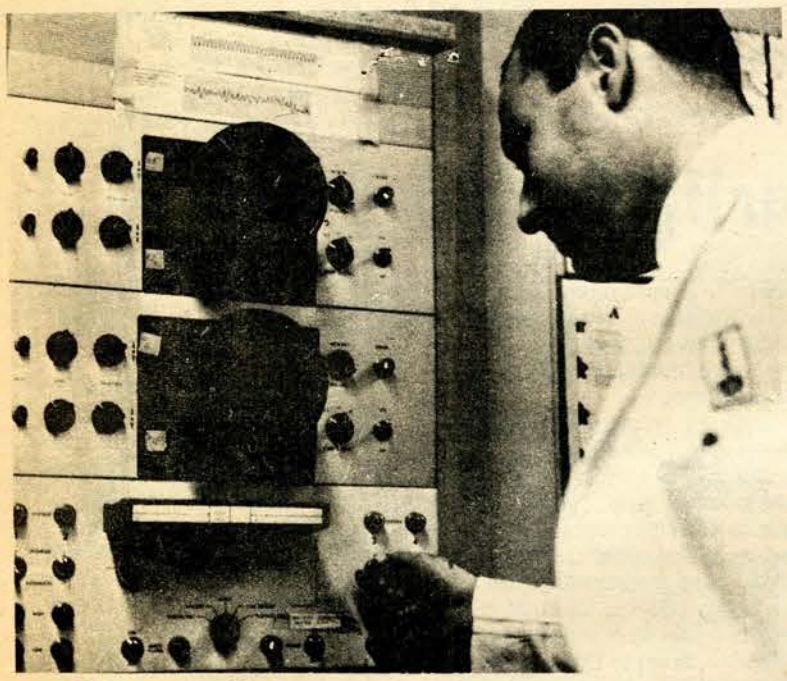

Cardiac care unit to open next year

By Mary Beuchler

All the rumors are true. Sometime in January or February, 1971, Jefferson will open its cardiac care unit under the direction of Dr. Leslie Wiener, Associate Professor of Medicine. The unit, which will be located on the fourth floor of the Thompson Annex, will contain twelve beds, seven medical and five surgical. It is designed to provide the highest standard of cardiac care presently available.

In an interview with **ARIEL**, Dr. Wiener explained why cardiac care is considered so important and discussed what Jefferson's approach will be. Since the advent of coronary care units ten years ago, the mortality rate of hospitalized patients with myocardial infarctions has declined 40 percent. Coronary artery disease accounts for approximately one-third of all deaths in the United States, so the number of lives saved is quite significant. Much of this success is due to the prompt recognition and treatment of the complications of myocardial infarction. In a cardiac unit, patients are constantly monitored, and trained personnel and equipment are available to treat emergencies. This obviously cannot be done on regular medical floors.

JEFFERSON'S APPROACH

Dr. Wiener explained that there are two types of heart failure, electrical failure (arrhythmias, heart block) and power failure (shock and congestive failure). The mortality due to electrical failure has been significantly reduced with the development of coronary care units. Patients are monitored and arrythmias and tachycardias are treated aggressively and prophylactically by pharmacologic measures. In addition, electrical cardiac Pacemakers have decreased deaths due to heart block and tachycardia.

Unfortunately, power failure had not been treated with such success. Patients in shock have a 85 to 90 percent mortality rate, and congestive heart failure carries with a 40 to 50 percent mortality rate.

According to Dr. Wiener, the Jefferson unit will take a somewhat unique approach and will direct itself to better treatment of power failure in addition to prompt treatment of electrical failure. In selected patients it will be possible to monitor such things as intracardiac blood pressure, cardiac output, and myocardial metabolism via a catheter placed in the heart. It may even be possible to discover and treat power failure early in its course.

The unit will also make feasible a more aggressive surgical approach to acute heart disease by recognizing a potentially irreversible trend which can be remedied by aorto-coronary jump graphs or mitral valve replacement. Perhaps mechanical assistance will be

(Continued on page 8)

Planning committee to release report

By Brent Spears

The Master Planning Committee for Thomas Jefferson University is expected to make public its preliminary but comprehensive report shortly after the beginning of next year. The report will include sections devoted to Medical Education, the Graduate School, Allied Health, Community Health Care, the Clinical Teaching Facility, institutional relations with the community, and a proposal to double the student body. It will be disseminated broadly to the University community and beyond, in order to stimulate discussion and to maximize participation in the continuing Planning process.

Ariel's reporters interviewed Frederic L. Ballard, Esq., Vice-Chairman of the Board of Trustees, and Chairman of the Master Planning Committee, in Mr. Ballard's office on November 15. Ballard stressed the complexity of the problems with which the University must deal in the 1970's. Among these the implications of Jefferson's new University status, changing patterns of health care organization and delivery, the increasing and shifting importance of the allied health professions, new roles for faculty, students, and administration, and modifications in the nature, number, and types of Jefferson's academic and community affiliations. Ballard added that he hoped the preliminary report would contain a feeling of the scope of all the above dimensions and their interplay, so as to stimulate mature and reasoned discussion and continued planning.

Queried as to the beginnings of master planning at Jefferson, Ballard indicated that the committee grew out of a conference at Paley House in November, 1969. The conference itself was the substantial result of a report delivered to Jefferson in the fall of 1969 by a New York management consulting firm. Frantzreb and Pray was commissioned by Jefferson to evaluate Jefferson's capability of raising money from the private sector to construct a new Clinical Teaching Facility (See Ariel, October 1970). The consultants conducted 65 interviews with leading faculty, administration, and alumni Members of the Jefferson community, on the basis of which it was concluded that Jefferson needed to make substantial internal changes before seeking to raise large amounts of money for the above purpose. Central to the report was the opinion of these interviewed that Jefferson needed to improve its communications at all levels. In order to do this, Frantzreb and Pray suggested the establishment of a Master Planning Task Force. The report stated that such a Task Force should be Trustee sponsored and led, and that it should be broadly representative:

> "With wide Trustee participation, as well as substantial involvement of members of the Administration, *all levels of* faculty and Medical Staff, Students, and Alumni."

It was also noted that:

> "At all institutions where such Task Forces have been established, a sense of renewal has resulted,

(Continued on page 8)

SPHA Pronounces Future Purposes

South Philadelphia Health Action is seen as a facilitating organization and coordinating vehicle for the planning and development of comprehensive health services for the residents of South Philadelphia. It will not be a major provider of services, but rather will insure the provision of relevant, equitable, and quality services through its institutional members.

As a consortium of providers and consumers of health services, South Philadelphia Health Action will serve as the framework for significant community participation in the development and delivery of health services. Meaningful participation on the part of the consumer is seen as one of the major ingredients to be introduced in the planning and management of a community's health care. Such participation will allow for the development of new dimensions and definitions of community health care, and will serve to forge new systems for the delivery of these services. New alliances will be encouraged with other social service organizations in order to provide needed multi-service programs.

South Philadelphia Health Action will have as its major focus the more efficient utilization, and possible reallocation, of health resources and facilities. Where gaps in services exist, new programs and facilities will be encouraged. SPHA will work to insure a full spectrum of health services, from prevention and health education to rehabilitative care. Although care of the sick will demand initial attention, the overriding concern will be for the maintenance of the well. With this in mind, primary care, both because of its potential impact on the maintenance of health, and because of its present unavailability to many segments of the community, will receive the highest priority.

Primary health care, to be effective, demands the full backup of the acute, intensive and chronic care units of the health care system. By focusing attention on primary care as an entry point to the larger health care system, programs will be developed that complement the other segments of the system and reduce the strains imposed on them. Primary care offers great

(Continued on page

Medical students and the draft

By Anton Kemps

In an effort to elucidate the situation concerning the draft a medical student faces upon graduation, the Student Medical Forum of TJU organized a symposium on the draft, held on Wed., Oct. 28th.

Inasmuch as the Armed Forces have done more than their share of recruiting for their various programs, it was decided that the other side of the picture should be presented. The symposium was thus divided into three topics to be discussed: 1) presentation of the law and its stipulations; 2) aspects of conscientious objection, and 3) Public Health Service.

Concerning the law – The presentation was given by Anton Kemps, sophomore medical student. The areas of discussion concentrated on exactly what the law states concerning qualifications, deferments, and induction of medical personnel. Various loopholes were presented (by Arlo Tatum) including rejection of the II-S status for one year, and taking your chances in the general lottery. Information concerning this aspect can be acquired by contacting any local draft board or the Draft Information Service (located at 153 N. 16th St. in Phila. – phone number, LO 3-4431). It is unlikely that the local boards will inform you of the loopholes.

On the question of conscientious objection – we were fortunate to have both Arlo Tatum, secretary of the Central Committee on Conscientious Objection (and noted author of many books on the subject) and David McFadden of the American Friends Service Committee, to give the presentation. Rather than belabor the point here, if you feel that you can achieve a CO status (either I-O or I-A-O), you should contact the American Friends Service Committee (160 N. 15th

(Continued on page 8)

PGH .... a case of benign neglect

By Richard Bonanno

It was ironic, almost ridiculous, that "Philadelphia General Hospital: Its Role in the Medical Care Delivery System" should be discussed amid the marble staircases and portrait covered walls of the Philadelphia College of Physicians, on the evening of November 18. The discussants were Dr. James Dixon, former Philadelphia Health Commissioner (now President of Antioch College) and one of the authors of a recent Mayor's Task Force report of health, Dr. Edward Cooper, head of the medical staff at PGH, Dr. William Kissick, Chairman of the Department of Community Medicine at the University of Penna., and Dr. Robert Gilbert, Associate Dean at Jefferson who was replacing Dr. Francis Sweeney, Director of Jefferson Hospital. One might have expected that this array of "experts" could elucidate some of the difficulties plaguing PGH, but while words flowed freely, a clear picture of what was going on at PGH was never described.

I had been forwarned by one of the District Health Commissioners, that since the Mayor was not present, nothing new would be said, since politics was the controlling factor in the PGH situation. The point was subsequently borne out. Dr. Dixon briefly outlined some of the

(Continued on page 8)

Decision Making

Once again we have witnessed the manner in which decisions are made at Jefferson; the example this time can be found in the minutes of the November 17, Student Council Meeting. In the November issue of Ariel we conjectured how students were selected to the Master Planning Committee of the University, a committee of paramount importance to the future of Jefferson, but about which little information has been disseminated (see article). Since we had been informed by the Chairman of the Planning Committee that the selection of students was in Student Council hands, we directed our questions to this body. It seems that the Council President had no knowledge that a selection was to be made or even that a Committee existed. As was explained in the minutes, the decision to select 2 sophomore students was left in the hands of Dean Robert Gilbert, who consulted one student, Paul Smey, President of the sophomore class. In typical "behind closed doors" fashion liberty was taken to select students to sit on the Master Planning Committee and the Committee for the Clinical Teaching Facility. Incredibly it appears that Council has become so accustomed to this sort of "arrogance of power", that no one even questioned this lack of respect for Council or the rest of the student body.

Mr. Smey stated the "much consideration" was given to the selections, and it may well be that the students selected are perfectly competent. Yet the issue is still as it has been in the past; small cliques of people circumvent democratic process and act autocratically on policy which effects all of us. The story is the same for the Student Constitution, the Dress Code, the curriculum reform, the selection of graduation speakers, and the list could go on.

We believe that the student body deserves an explanation for this particular usurpation of power, and we would hope that in the future, students in elected positions, would not take liberties with decisions that must, at very least, be subject to Student Council approval. In the future, the Council President should be informed of future decisions so that he can take leadership to assure that they are made in a democratic manner.

Spur for New Curriculum

It is known that the malady "committee inertia," better known as diffuseness of responsibility or lack of purpose, prevents long needed changes. How is it overcome? Does it take an epiphany at a committee meeting, or is it more realistically a call from someone outside of the committee for an all out campaign? Since the Faculty Curriculum Committee at Jefferson has, it seems, fallen victim to "committee inertia," what should be done?

Dr. Duane, present head of the Faculty Curriculum Committee, feels that his committee has accomplished much over the past year, even though a complete Curriculum Committee membership turnover occurred in September 1969. In the past year the Committee, among other things, has made one half of the senior year elective, compressed sophomore pathology to one quarter along with shifting microbiology and pharmacology to the winter quarter, and introduced some new courses, Community Medicine being one. Also, a new preclinical block which will draw together the major medical disciplines will be taught this spring to sophomores.

However, these changes in the medical curriculum are mere patchwork compared to what could and should be accomplished. It is well known that many medical schools throughout the country have made vast changes in their approach to teaching medicine. Some introduce clinical experience in the first year and increase greatly the proportion of information taught directly along with clinical experience. Others are successfully teaching by body system, that is, all medical aspects of each organ system are taught at once–the "Systems Approach." In addition, many schools have tried to introduce ways that students could better learn to solve problems and assume more responsibility for learning. In fact, some members of the Faculty Curriculum Committee have said that the "Systems Approach" is a likely candidate at Jefferson, but "in a few years" (added to almost two years already). Why "a few years" for a change that other schools have accomplished quickly? Why "a few years" to alter a core-curriculum that is not very different from the Flexner curriculum which has been with us for decades?

In this case the "committee inertia" exists because there is no priority, no directive. The Faculty Curriculum Committee meets every two or three weeks for a total of two hours and lately has been concentrating on matters peripheral to the sweeping curriculum transformation that most of the committee members themselves seem to agree is needed. Dr. Duane himself does not have enough interest to write an article about his committee, its philosophy, accomplishments, and plans, in this paper when asked to do so. Maybe the best way for a movement to start would be for someone with influence to realize the importance of a curriculum overhaul. After all, is not the primary goal of a medical college to educate physicians using the best possible methods?

Therefore, we call for the man in the best position to start wheels rolling, Dean Kellow, to ask that the Faculty Curriculum Committee by whatever means possible plan and institute an integrated, progressive curriculum by some specified, early date. Anything less is to avoid the primary purpose of the medical college.

SPHA and Community Control

The formation of South Philadelphia Health Action (SPHA), whose policy statement is reproduced on Page 1, is probably a surprise to many people, yet it is the product of a realization by many health care consumers that they should have some responsibility for how their health services are delivered. This is a frightening thought to those accustomed to traditional modes of medicine.

Many fears have been exacerbated by some sensationalistic reporting of what has happened when people not trained in medicine have been given some control over a health care facility. There really is no reason why doctors should have primary control of the system since they are not trained specifically in administration, economics, or social service. Yet doctors, backed up by one of the most powerful trade unions in the country, the AMA, have traditionally had controlling responsibility in all decisions which affected them. It is well accepted that in the past many of these decisions were made primarily for the well-being of the medical profession, often to the detriment of the public. But it appears now that the public is beginning to turn the tables, with the medical profession increasingly coming under attack from many segments of the community. The consequent defensiveness of doctors has often resulted in an adamant stand against non-physician groups which have obtained some power in what once was the doctor's domain. The argument often goes "How does the man on the street know what pills to prescribe or how to remove a gall bladder." The fact is, that there has been very little attempt by the community, militant or otherwise, to dictate to the doctor how to perform his strictly medical tasks. There has been significant pressure brought to bear on how services are delivered, paid for, and who is allowed to become a doctor or nurse. We believe that these are legitimate areas for consumers to participate in the decision-making process, and where they should be given the information to study problems from their point of view.

Whether the medical profession approves or not, consumer participation is here to stay. It is no longer a question of "will they participate" but of "how will they participate?" The major failings of many neighborhood health centers founded in the last few years has been that the people in control of the programs have not known how to involve the community they were serving, and this has led to paranoia about giving too much control or doing things in a new way.

All this is a prelude to the way SPHA would like to deal with the problem of community participation. If SPHA is truly community oriented and representative, we endorse their concept of providing health care by using a non-institutional agency as coordinator of services. This perspective seems sensible because the medical institutions will have responsibility in the area of their competence, providing the health services, while the community organizations will be defining the ground rules for how these services should be delivered to meet their needs. Naturally, this is over-simplifying a very difficult coalition which will require work and soul-searching before it is hammered out. Yet the theory of a coalition to coordinate services gives promise of being an effective means of bridging the gap of mistrust which presently separates community from the medical institutions.

Credibility Gap

Communication with the university administration is assuming an increasingly dreamlike quality like something out of Franz Kafka's **Castle.** It is difficult to get any definite answers about past promises, announcements, and commitments. Instead, rumors circulate and the Jefferson community goes around vaguely uneasy and dissatisfied, when a few simple explanations would probably suffice to clear the air.

Certain complaints of the freshman class will serve to illustrate this point. First, the freshmen were told in August that advisors would be available for students who desired this kind of help. The first quarter is over. Still no advisors and no explanation why not. Second, the freshmen were promised, like previous classes, a night of clinical experience on the obstetrics service. Without explanation, the program has not been set up for the Class of 1974. Are we to believe the rumors that the reason why 212 students have been denied this experience is the old issue of hair length and white jackets? Even if this is so, then why isn't the complaint made openly? Government by rumor and innuendo solves no problems and creates new ones.

The list grows even longer if one seeks explanations for the delay in refunding the $50 reservation fee, which the catalog says will be repaid at September registration. At six percent interest, $50 multiplied by 212 is not petty cash. Another unresolved financial problem is Jefferson's delay in paying the group Blue Cross bill. Blue Cross has told students who have had previous contracts to continue paying to maintain their old contracts until Jefferson deigns to submit the list of people who think they have been on Blue Cross' books since September. Paying double insurance is difficult on a tight budget. Of course, one has the option of letting the old contract be cancelled, and hoping one doesn't get sick before Jefferson straightens matters out.

We do not make impossible demands. We merely inquire about things which have already been promised us. Or at least we expect explanations if promises cannot be kept.

Commoner speaks on ecology

By Michael Leo

On November 19 Barry Commoner delivered a noteworthy message in an atmosphere somewhat reminiscent of a high requiem mass–and rightly so. His theme, "Biology and the Human Condition" is not a unique one to any of us of "The New Morality."

Introduced by Dr. R. W. Schaedler as the "Paul Revere of Ecology," Commoner proceeded with a smooth and illustrative address, opening with a basic explanation of ecological systems and the essential interdependence of all species on delicately balanced life cycles. He stressed the fact that man is not a solitary creature, and, hence, is also inextricably woven into this structure, and that an unbalancing stress by him cannot be indefinitely tolerated if the system is to be perpetuated.

His theme centered on answering the basic question of **why** the obvious environmental crisis exists, so that intelligent solutions can be instituted. Even with such answers, it is the irrational, intangible factors such as personal attitude, public opinion, the belief that "every problem that technology creates will have a solution," and the almighty PROFIT motive that pose the greatest barriers to recognition and solution of the problems.

Examining the facts he notes: since World War II the level of air, land, and water pollution has increased ten-fold in the United States. How can this huge increase be accounted for? He examines three possible contributing factors:

(1) Population increase
(2) Affluence
(3) Technological change (new products)

He refutes the first as the major cause by noting that the U.S. population increase since World War II although large (49%) is less than one-fold, and therefore not enough in itself to account for a ten-fold increase in pollution levels.

He disposes of the increase in affluence level as the major cause by using per capita consumption of certain products as his index. His graphic data demonstrated no signficant increase in per capita consumption since 1945.

The third point, the advent of post World War II technological changes, is his main target as the chief causative agent. This he claims is the major source of the observed ten-fold increase in pollution level- the prime source of unbalancing forces on ecological cycles.

(Continued on page 4)

Announcements

* * *

The Student Curriculum Committee

MEETS EVERY WEDNESDAY
FROM 12:00 to 1:30
ALL STUDENTS WELCOME
BRING YOUR LUNCH

* * *

Freshman Class Play

WEDNESDAY, DECEMBER 16th
McCLELLAN HALL 1:00 P.M.

* * *

Any Jeff student with some darkroom experience interested in joining a group for the purpose of equipping an available darkroom in Jeff. Hall, please contact:

MICK LEO
BOX 511 JEFF. HALL

by leaving name, box no. and phone no.

Doctor Shortage–Nurse Shortage

A situation analogous to the shortage of primary physicians in today's health delivery system is the shortage of general duty staff nurses. One might even ask whether the general duty staff nurse, as she is traditionally conceived, is not also a disappearing breed, like the traditional solo general practitioner.

"Nonsense!" might be your first reaction. "There are thousands of staff nurses and the nursing schools are turning out more and more every year." Just as there are thousands of general practitioners, and the medical schools are turning out more and more doctors every year. But are the new nurses and doctors filling the old roles? Generally speaking, they are not, at least not in sufficient numbers to meet the need. Why is this?

One of the primary reasons, I believe, is the type of education today's doctor and nurse receives. They emerge fresh from school with extremely high expectations about the kind of care they will be able to offer their patients. Comprehensive care attentive to the patient's total needs as a person, as well as up to date sophisticated therapy for their chief medical complaint. Read the nursing care plans of any senior nursing student if you doubt this. And I am sure that medical students go through the same type of exercise in case studies and care plans.

Then comes the plunge into reality, the first year of general staff duty in the typical understaffed hospital. Frustration is directly proportional to ideals. The more one knows about what one **could** do for the patient, the more one feels one **should** do for the patient, the more one is frustrated by a job situation in which one is the only nurse for twenty or thirty patients, or even worse on night shift. But, you will say there is a team of auxiliary personnel. In the textbooks there is a team. In my experience, the team consists of the R.N. and one nurse's aide, or if you are really lucky, a practical nurse. Even on good days when both the nurse and the aide are on and neither gets pulled to another department, there is still too much for two people to do. The young nurse's old care plans seem fantastic.

Tell me I am exaggerating, all you medical students who hang around the wards from nine to three, Monday through Friday. Tell me you see plenty of nurses and aides. I don't know too much about those times. The young nurse is low man on the totem pole. Even though she is most in need, from her own point of view, of working with an older experienced nurse during her first months, she is the one most likely to be used for the bulk of the shift work and weekends when she works on her own. **Two** nurses in the same place? Ridiculous!

How long does the nurse last under such conditions? Judging from my own experience and the experience of my friends, I see that before the first year is up, many of the new nurses have left full-time nursing to raise a family, or have returned to school for one reason or another, or have retreated to doctor's offices or private duty. Surely all legitimate occupations. All needed. All needed as much as doctor specialists. But who will fill the gap in the general staff?

Right now the gap is filled by the continuous turnover of new nurses, out to get experience to clinch what they have learned before they leave nursing temporarily or permanently for better things. When there is no R.N., practical nurses and aides are left in charge, though a nurse from another department is called to give medicines to patients she knows nothing about. Not a good situation, but what else can be done? The more nurses are needed, the fewer nurses stay.

Is it not the same with doctors? The more general practitioners are needed, the more impossible the job becomes, and the fewer doctors take up the burden.

How can the vicious circle be broken? Trying to turn out more and more doctors and nurses for the traditional roles is no solution if they will soon switch to other aspects of their profession. What is needed is a restructuring of the roles to realistic dimensions and realistic educational programs which prepare the student for the kind of nursing or medical practice prevalent today. The discrepancy between expectations and job situation must be attacked from both ends. More job satisfaction, not higher salaries, is the necessary element which will keep more nurses and doctors in the general primary areas where they are needed most.

Four Months Now

or Song of the Incredulous Freshman (with apologies to Joni Mitchell's "Both Sides Now")

Nodes of lymph and Ranvier
  And atrio-ventricular
And S-A nodes, nodes everywhere
  I've looked for nodes each day.

But I've not found a single pair
  Not facial nor auricular.
But Dr. Shea, she says they're there,
  Perhaps in fat they lay.

I've looked for nodes for four months now
  Both up and down, and still somehow
It's nodes' illusion I recall
  I really don't know nodes at all.

Tracts ascending, tracts going down,
  Tracts superficial, tracts profound,
Tracts of vision, tracts of sound,
  I've looked for tracts each day.

Truex says they're pink and blue
  They reach nuclei when they're through
And nuclei are also blue
  Although they're really gray

I've looked for tracts for two months now,
  In brain and cord and still somehow
It's tracts' illusion I recall
  I really don't know tracts at all.

And then, there's epithelia.
  There's flat and cubes and columns tall,
And watch out for transitional
  Down in the corner spot.

Of one thing at least we can be sure
  There is one fact direct and pure
Connective tissue is dense or loose
  Except when it is not.

I've looked at cells for four months now
  By microscope, and still somehow
It's cells' illusion I recall
  I really don't know cells at all.

And now December's almost gone
  January will follow on.
And one day, weary, wan, and worn
  I'll write up my exam.

I'll write of node and tract and cell
  Their proper names I'll even spell
And of their function I will tell. . .
  (I sure know how to cram.)

But when the test is done and gone
  I'll look around at everyone
And wonder if they do recall
  Real nodes, or illusion after all.

— — Terry Burt

Genesis of A Choir

By Robin Edwards

In the beginning of October, 1970, medical students, nurses, employees, and technicians emerged from the Jefferson community and joined together to sing. Under the dynamic direction of Mr. Robert Sataloff, this group has evolved into the Thomas Jefferson University Choir.

The establishment of the Choir has been only one of Mr. Sataloff's many activities. At present, he is a special student in Physiology at Jefferson while finishing his B.A. in Music Theory and Composition at Haverford College. He will start medical school next fall. Mr. Sataloff is looking forward to a career in medicine, probably otolaryngology while maintaining music as an active avocation.

Mr. Sataloff's musical accomplishments are not purely academic. He has been known in Philadelphia as a professional singer since 1967 when he won the Tri-County Auditions. He has appeared as guest soloist all over the East Coast with such major choirs as the Boston Pro Musica. He also performed last year in York Premiere of Donald Swann's opera, **Perelandra.**

As conductor of the Choir, Mr. Sataloff has been well prepared. He received his conducting training under Professor John Farris at Harvard. He has also been coached by Dr. William Reese of Haverford College.

When asked about his plans for the T.J.U. Choir, Mr. Sataloff said that he envisioned it as "a permanent fine music organization." He said that "the Choir has progressed from non-existence to the point at which it is ready to present a very reasonable performance -- and all this in about eight rehearsals. On the foundations we have established, we should be able to build an instrument capable of producing articulate, beautiful, and meaningful music."

The first performance of the Choir will be on Wednesday, December 16 at 8:15 P.M. and will be followed by a Wassail Party in the Jefferson Hall Cafeteria. The program will include two motets by J.S. Bach and several traditional Christmas carols as well as the major work of the evening: Vivaldi's **Gloria.** The **Gloria** is a very beautiful, mine movement Baroque masterpiece for choir and soloists.

Robert Sataloff conducting sopranos in the Jefferson Choir.

The soloists, selected from the Choir, include: Susan Uhrman, Mary Himmelwright, Hester Sonder, Don Meyers, Florence Levitt, Beverly Borlandoe as well as Cheryl Marco and Ellen Keiser, piano accompanists; Paul Melvin, cello, and Lee Cropper and Joseph Car, trumpets.

The program will close with the Hallelujah Chorus from Handel's **Messiah**.with which the audience is cordially invited to sing along.

Regarding the promise of the newly formed Choir, Mr. Sataloff concluded that "to be successful, a choir must be fun for its members and fun for its audience in addition to expressing creative insight into the music it performs. The former we have. The latter – well, come in the 16th and we'll find out."

COMMONS FILM SERIES

December 1970 & January 1971

Dec. 18 & 19: "CAMELOT." Made in 1967. With Vanessa Redgrave, Hemmings. Directed by Joshua Logan. Music by Lerner & Loewe. The movie captures all the fairy-tale aura of the Camelot legend. Joshua Logan, the director, has kept all the lovely songs from the Broadway version: "If Ever I Should Leave You," "How to Handle a Woman," "Camelot," "In the Merry Merry Month of May." The film beautifully conveys the emotions of the principle characters.

Jan. 15 & 16: "AUNTIE MAME." With Rosalind Russell, Peggy Cass. Directed by Morton DaCosta. From the novel by Patrick Dennis. The **New York Times** called it an "unrestrainedly wild spoof." Rosalind Russell is excellent as the rather earthy screwball, Auntie Mame.

Jan. 22 & 23: "BUTCH CASSIDY & THE SUNDANCE KID." With Paul Newman, Robert Redford, Katherine Ross. Music by Burt Bacharach. An entertaining spoof of the Old West, and one of the best pictures of 1969. The acting of Paul Newman as Butch Cassidy, and Robert Redford as the Sundance Kid is nothing short of perfection.

Jan. 29 & 30: "WHO'S AFRAID OF VIRGINIA WOOLF?" Made in 1966. With Elizabeth Taylor, Richard Burton, Sandy Dennis, George Segal. Directed by Mike Nichols. From the play by Edward Albee. "One of the most scathingly honest American films ever made. .". .**N.Y. Times.** The movie deals with a turbulent evening in the lives of two couples involved in the academic life of a small college town. Brutally and brilliantly enacted by stars Taylor, Burton and company, the movie has tremendous audience impact!

Movie Review By Robert Breckenridge, Jr.

Spanish amputee ices lover

The advent of the "New Wave" film directors at the 1959 Cannes Film Festival overshadowed the recognition of perhaps the greatest film director alive today. While Truffaut's **The Four Hundred Blows** took the grand prize for direction, Luis Bunuel's **Nazarin** won the critics' prize. Unlike the New Wave directors, Bunuel was not a novice film-maker nor a writer-director. Even what seemed to be his most private films such as **Robinson Crusoe** and **El** were really adaptations of novels. His greatest success came from taking material given to him and turning it in such a way that the product is unmistakably Bunuel's world.

Luis Bunuel began making films in 1926 but did not complete one of his own until 1929 when he collaborated with Salvador Dali on **Un Chien Andalou** (Andalusian Dog). After this film he broke away from the surrealist artists and wrote scornfully of "that crowd of imbeciles who found 'beautiful' or 'poetic' what is, fundamentally, only a despairing, passionate call to murder." From this point Bunuel began his "mise en scene" period: he would take a story from a producer and instill his own creative thoughts into the picture. He also made films in a number of countries (Spain, France, Mexico, U.S.A.) because of financial problems and trouble with the government (an anti-cleric just isn't too popular in Franco's Spain). Perhaps his greatest film of this period was **El.** In this movie he tells the story of a staunch Catholic in Mexico who sees a beautiful girl in church one day and immediately wants to possess her. He eventually marries the girl but is constantly bothered by the possibility of her seeing other men. He is finally "committed" to a monastery after trying to murder her. Little by little this film turns into a scathing indictment of Catholicism for turning aside natural passions or perverting them in the cause of conventional morality.

Following the success of **Nazarin,** the story of a "Graham Greene-type" priest, Bunuel began his writer-director period finally gaining artistic control and writing scripts from his own ideas. In his next film, **Viridiana,** Bunuel returned to his favorite subject with his most violent attack on Catholicism. A wealthy Spaniard hangs himself after his passions nearly lead him to the point of raping his niece, a nun named Viridiana. She leaves the convent and takes over management of his estate thinking she can turn it into a haven for the poor. At first she is successful but soon, after she leaves, the beggars take over the estate and nearly kill her on her return. In one famous sequence (Robert Altman copied it in **M*A*S*H**) the beggars freeze at the banquet table in the same position as the figures in Da Vinci's "Last Supper." A beggar lifts her dress to take their pictures with a "box camera." At the end of the movie she has rejected the church and the poor and is seen playing poker with her lover.

Since **Viridiana,** Bunuel has continued making films in which he deals with innocence and evil, attacks Catholicism, and juxtaposes images of reality with surrealistic dream images. His latest movie, **Tristana,** continues along these lines but there seems to be one major change. Bunuel has eased his attack on Catholicism to the point where it is only a minor theme. The only admirable traits of Don Lope, the old man who tries to possess Tristana, are his love for the poor and his hatred for Catholicism. Otherwise he is rather an evil old man who holds that the only two exceptions to his belief that earthly sexual proscriptions were tagged on to the divine ones for political reasons are "the wife of a friend and the flower that blooms in innocence." The flower that he speaks of is Tristana who is portrayed in the beginning as a virginal Catholic girl who obeys the authoritarian rule of Don Lope. By the end of the film the roles are reversed: she is no longer either innocent or virginal, and he becomes a weak figure who chats with the local priests over tea. Curiously, in her developing hatred for Don Lope Tristana has a persistent dream of Don Lope's head as a clapper in a church bell; this might be the result of his association with Dali.

Bunuel's casting is excellent. Fernando Rey plays a perfect Don Lope whose meticulous grooming and detailed gestures express a full personality. Catherine Deneuve is one of the few actresses who combines beauty with acting ability and can give a very convincing portrayal of Tristana's complex character. The masterful editing and beautiful color photography make this a technically perfect movie.

This masterpiece, now playing at The World, should be seen by everyone since Bunuel says it is his last movie. But he said the same of his last two movies, **Belle de Jour** and **The Milky Way,** and hopefully he will be able to say it again.

Fernando Rey and Catherine DeNeuve Star in Bunuel's TRISTANA

Commoner

(Continued from page 1)

The widespread use of non-degradable synthetics has superceded the use of degradables. In light of the fact that man has not even been able to efficiently dispose of degradable organic wastes, the problem of disposing of non-degradables becomes overwhelming. Commoner drew specific examples and statistics on product use patterns since World War II. We have substituted numerous iron products (degradable) with aluminum, which is virtually nondegradable, and which requires ten times more electrical energy to produce, hence more land and air pollution. The use of synthetic fertilizers and pesticides speaks for itself; the nemesis from this practice will be felt for many years. Another example is the advent of synthetic fibers and accompanying decrease in the use of degradable cotton fabrics. As with aluminum, the manufacture of synthetic fibers requires a huge expenditure of resources (oil) and energy (electricity) compared to low energy production of the natural degradable (cotton).

The obvious question arises: why do we accept such environmental risks? Apparently the public feels that the benefits outweigh the risks. That is to say, "quick-chill" beer cans and "plastic" permapress shirts are worth the insult our environmental junkyard absorbs. Out of what appears to me to be an insurrmountable environmental crisis, Commoner optimistically foresees a "New Morality" emerging with the idea that no matter what we do we must preserve our environment so that future generations will have a future. I only ask–how?

Fear to Believe

I feel a need
to tell you the truth;
I feel a fear
that you will not believe;
I feel a truth
that you need feel;
I feel a belief,
that you will not fear.

— — Michael Leo

Merry Christmas !!!

Why not write an article for
ARIEL during your vacation?

Booknook

M* A* S* H*
By Richard Hooker
(Reviewed by Alice M. Johnson)

For all of you who roared when "Trapper" John McIntyre, the new chest cutter, was introduced in the movie--and for those who didn't find out how he got his nickname because they couldn't catch the mumbled dialogue--there really is a book behind this plot to demoralize the Regular Army. Although one former Navy corpsman informs me that military life is anything but MASH-style, the book acquires its validity as it goes along. And if it isn't all true--well--a corporal with protruding ears who can pick up far-ranging messages is a mite unusual, but his powers produce amazing revelations!

Underclassmen can rationalize reading MASH by thinking of the wealth of clinical background to be obtained--why, there's even an epidural hematona! Those already cutting up in surgery or laboring in OB (yes, there are nurses in this thing) should consider the ego gratification of knowing what's going on. Even doctors should let themselves laugh once in a while, and MASH is superbly funny.

Don't let the presence of things like the Finest Kind of Pediatric Hospital and Whorehouse deceive you, however, These three irreverent surgeons may practice putting on the major's office rug, but they also roust out the irate nursing staff at 3:00 a.m. to repair an esophageal fistula in one of the pediatric hospital's charges. One of their most protracted debates is to decide which alma mater back home most deserves their Korean houseboy. **MASH** does tell us what insane things men will do to keep from thinking about the war going on around them-but it also transmits unobtrusively the marvelous things they do for each other without hindrance of formality and hypocrisy. For all of us interested in making life a little more bearable, this one is rated "finest kind."

The Way of Chuang Tzu
by Thomas Merton
New Directions, 1969

Hunting for a new approach? A Taoist philosopher of the fourth century B.C. presents an outlook on life that superficially may appear antithetical to the outlook of the modern medical student or scientist. Perhaps even incomprehensible. But even if this book does nothing more than to stir one up to a defense of one's own principles, that alone is enough to make it worth reading.

Some statements may appear revolutionary and subversive to "our way of life," but not at all in the way of Chairman Mao. All that is Chinese is not Red. Any philosopher is subversive to complacency. Any stimulation to thought may be uncomfortable. First principles are least burdensome when they are unexamined.

The way Merton presents Chuang Tzu is very effective. He lets the philosopher do the talking, and restricts his own interpretation and analysis of the way Chuang Tzu to a very short introduction. The bulk of this small book is an assemblage of texts from the philosopher presented in the style of short poems and short anecdotes. Very easy to pick up and read in short doses and at random.

If given half a chance, Tao could be an antidote to toxic levels of Western competitiveness and externalization.

(T.A.B.)

* * *

Zen Buddhism and Psychoanalysis
By D.T. Suzuki, Erich Fromm, and Richard DeMartino
Harper Colophon Books, 1970 (paperback edition, 180pp)

This book is adapted from lectures that were given at a workshop on the topic in 1957. It amounts to a fascinating, readable account of the encounter of Freud and the East. The book is written at a level that is still comprehensible to the dabbler in psychology, e.g. the freshman medical student, but also the discussions should be most stimulating to those who bring to the book a deeper background.

Maybe it will make a good Christmas gift for the person who has everything. And since it is paperback, you can afford to buy yourself one too. Or are you afraid to have your Freudian concepts of the Self and the Unconscious challenged by another outlook?

(T.A.B.)

Fund Provides Alternative to Charity

The following article is reprinted from a pamphlet issued by The People's Fund.

The People's Fund is a new organization that thinks the public should have a chance to put into action the money it has so long donated for needy causes, action that will confront the fallings of American institutions. For too long, the public's gifts have been used in half-way measures to relieve social ills, but not to strike at their causes. The People's Fund is an alternative to charity, one that will help action-oriented groups pressing our social, political and economic institutions to provide basic rights for all citizens.

We all agree that in our affluent, highly-technical society all people should be guaranteed decent housing, education, jobs, medical services and police protection. Crime needs to be attacked at its roots, not reinforced by our courts and prisons. People on welfare should receive an income that allows them dignity. We don't need to be taught to "adjust" to those poor social conditions, we need help in eliminating them.

The People's Fund believes the burden of taxation to support public services shouldn't fall on the working and lower-middle income groups, while the wealthy escape through tax loopholes. Why should the majority pay the penalities of unemployment, inflation and shoddy public services to support the unreasonably-high profits and "good" neighborhoods of the rich?

We are constantly told that paychecks are bigger than ever. But the poor are still poor, and the rich are richer. In our economic system 44 percent of the national income goes to the top fifth of the population, while only 5 percent of the wealth filters to the bottom fifth. We need sound income and employment policies to correct this inequity. We need innovative groups - now - to help reshape the institutions that control all our futures.

The People's Fund appeals to everyone concerned about our community - employers and employees, both blue and white-collar workers, inner-city residents and suburbanites - all who wish to donate time and/ or money to rebuild society. All contributors have the opportunity to become members and participate in major policy decisions. With the People's Fund, unlike charity organizations, you can help your money accomplish tangible results.

Tax-exempt charity organizations are geared to treat the symptoms not the causes of our social problems. Ironically, their board members are often the same people who control the wealth and power and the institutions that most desperately need changing. It is certainly not in their interest, then, to attack the underlying causes of social ills in America. Year after year, voluntary agencies designate funds for services they deign necessary, rarely asking the community what it really needs. What often results are irrelevant or overlapping services that don't solve problems. Indeed, if many of these agencies really did their jobs, they would put themselves out of business.

The tax-exempt status used by voluntary agencies conveniently prevents them from engaging in political activity. This minimizes their effectiveness, since they can't endorse political candidates or fight for legislation, presently two chief avenues for change. They obviously can't educate the public on social issues, because it might endanger their tax-exempt status.

Yet, charitable organizations pretend they spearhead the fight against social ills. The truth is, however, only 3 percent of the social services in the United States are funded by voluntary contributions. The overwhelming portion of our educational, health and social services is paid for directly by clients through fees, or by the government with tax money. It would be more to the point, then, for voluntary agencies to demand improved public services.

Since we can expect no significant help, therefore, from private agencies, we must develop new ways of exposing the roots of the problems that wrack our communities. The People's Fund helps fill this need.

The Fund will provide money to local organizations that are either pressuring institutions directly, or are providing services to the community. Many such self-help groups are at work now in the Philadelphia area, answering community needs ignored by voluntary agencies or the government.

SPHA

(Continued from page 1)

flexibility in terms of methods, location and staffing requirements. Because of this flexibility, South Philadelphia Health Action will be anxious to see the development of a variety of primary care delivery models. Special attention will be given to models based on pre-paid group practice concepts, hospital-based out-patient family care and outreach programs, and neighborhood primary care stations built around the private practicing physician. A major concern in any model will be that it is comprehensive, family-centered, and affords personal dignity. The consumer should enjoy considerable freedom of choice in selecting the model that best meets his needs.

Manpower and the need for special programs will likewise be major concerns of South Philadelphia Health Action. New health professions, including physician extendors, nurse specialists, and family home health workers, will be developed, and special programs dealing with transportation and day care will be instituted either through existing organizations or through the encouragement of new organizations.

An important function of South Philadelphia Health Action will be to coordinate services among the separate providers, and to insure adequate inter-provider communications. This will serve to lessen duplication of effort, and provide for the free flow of information and persons through a community-wide health network. Serious consideration will be given to the development of a community-wide medical record and information system, increased hospital staff participation by local practicing physicians, and institution affiliations and joint program sponsorship.

Another important consideration in any effort to coordinate health activities in South Philadelphia will be the development of financial systems. These should be able to funnel monies from a variety of third party sources, and to channel these funds towards the accomplishment of common community health goals more effectively and efficiently than the present patchwork of categorical payments. This will reduce the burden now being placed on the individual providers to sort out and correctly process this financial information. In effect, South Philadelphia Health Action will receive and disperse funds for the provision of health services, and account for such expenditures to the funding sources.

To these ends, South Philadelphia Health Action might correctly be called a Health Maintenance Organization.

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Cardiac Care

(Continued from page 1)

given to failing hearts by methods such as balloon catheter insertion in the aorta which, when synchronized to inflate during diastole, can reduce cardiac work while increasing coronary perfusion pressure.

Probably the most important part of a coronary care unit is a hospital staff trained in the treatment of cardiac emergencies. Nurses, doctors, and medical students will have the opportunity to take a six-week course in cardiac care. The course which will be given continuously throughout the year, will consist of much more than a few dry lectures. A Resusci-Ann doll will be available to practice resusciation techniques, including defibrillation. Participants in the course will take an active part as they treat their patient for arrhythmias appearing on simulated EKG tracings. A subsequent tracing will tell them of the success of treatment. An animal laboratory will also be available for those interested in more selective areas of pathophysiology. The cardiac unit itself will be staffed at all times by a cardiac fellow and nurses in a ratio of 1 to 1.5 per patient. An intern, a resident, and medical students will also be present. The patients are positioned in such, as to provide maximum visibility from the nurses' station.

The most modern equipment available will be used. Each patient will have a monitor at his bedside and one at the nurses' desk. The monitors which won't frighten the patients by beeping with each heartbeat, will have an alarm system set to go off should an arrythmia develop. There will be a memory bank which will supply a record of the event which triggered the alarm 10-20 seconds before it went off. The unit is equipped in such a way as to allow pacemakers to be inserted at the bedside, and there will be four defibrillators throughout the unit.

Within the unit there will be a laboratory for emergency procedures such as blood gases and hematocrits. There is a separate laboratory in the unit for procedures which can't be performed at the bedside, such as coronary angiography.

Since it is essential that patients be transported quickly and safety from the Emergency Room to the coronary care unit, Jefferson's unit will have a cart with a defibrillator and a monitor for transportation of patients to the unit. A nurse will go down to accept each patient.

Future plans include the possibility of an intermediate care unit where patients may be monitored while they are ambulatory. Dr. Wiener would also like to see some sort of city-wide plan for providing mobile coronary care units in order to reach the patient even sooner.

In short, the cardiac care unit, as presently planned, certainly sounds good, but Dr. Wiener recognizes the inherent difficulties in developing and maintaining such a unit. "Well," he says, "I'm glad it sounds good; I certainly hope it works as well."

Planning

(Continued from page 1)

indicating that the process is at least as salutary as the problem solving itself."

The Paley House conference included a large group of senior faculty, administration, and trustees, and saw the presentation of three papers: Teaching in the Medical School, by Dr. Duane; the Implications of University Status, by Dr. Brent; and Teaching in the Graduate School, by Dr. Schaedler. Lengthy discussion led to the formation of a small committee from among the conference participants.

The Committee itself, composed of three Trustees, several persons from the administration, four department heads, and one alumni representative and one student held its first meeting on January 27, 1970. The first task was to elucidate the current status of Jefferson. A number of papers were presented during a five-month period, at the conclusion of which it was decided to undertake to draft a preliminary report.

At this writing, the Master Planning Committee awaits the collection and collation of the several sections of the Report. Ballard, the chairman, is confident that the Preliminary Report will be well worth its year-long gestational period. Ballard emphasized to Ariel's reporters that the Master Planning Committee's first deliberations have been purposely quiet and conducted in a small group. But the short-term goal is the production of a thorough and well-written Preliminary Report, as a means of stimulating "complete participation" from our entire Thomas Jefferson University.

PGH

(from page 1)

major points of the "Mayor's Report." 1) There is need for special emphasis on ambulatory care since this would do most to alleviate health problems of the largest number of people. 2) PGH should remain a teaching institution, but might be more efficiently run if only one medical school had responsibility for its staffing. 3) The operation of PGH should be free from city politics, i.e. the board of directors should be an autonomous body.

Dr. Cooper reiterated all of the above points and added that the PGH facilities were hopelessly outmoded. Dr. Cooper's words were tinged with a hopelessness born of many years of trying to operate PGH on an inadequate budget. He stated that he could not hire the people he needed to improve the situation because of the city job freeze.

Dr. Kissick "came on" as the glib, urbane authority, spouting generalities about the state of medical care. Dr. Gilbert's followed the generalities with those of his own, but he lacked the wit and stage presence of Dr. Kissick. All the participants seemed to convey either hopelessness or disinterest for the immediacies of the PGH situation, and were content to dump the problems and the blame for inaction in the lap of Mayor Tate.

The audience, however, was not so indifferent. Many of them were staff at PGH or consumers of its services, and they had to live with the inadequacies daily. When Mrs. Mattie Humphrey, a long time activist for the health rights of Philadelphians, emphatically stated that PGH should be run for the benefit of the people who use the hospital rather than for professional institutions or politicians, she was curtly cut off by the moderator. Dr. Doris Willig, Head of Child Psychiatry at PGH said that she couldn't listen to the platitudes and visions at a time when the staff was ready to quit, there were no sheets on the beds, and rats were running in the halls. Her point was ignroed by the panel.

It is probably true that the panel members themselves should bare little blame for the conditions at PGH. Yet they indicated no ability to provide impetus for some sort of action which might alleviate the present crisis. It appears that many powerful people in the city are willing to allow PGH to die a slow death, with the hope that the voluntary hospitals will compensate for the loss. On the other hand, groups representing the users of PGH demand that it remain open, because no matter how bad conditions are, the poor have an affinity for the one hospital which will never turn them away.

Everyone is presently pointing an accusing finger at Mayor Tate for his inaction on the demands for change coming from all directions. It seems that the Mayor's policy of "benign neglect" is not only causing suffering for the inadequately served patients of PGH, but also encouraging a confrontation between PGH consumers and the administration.

Draft

(Continued from page 1)

St., or 1500 Race St. - phone number, LO 3-9372 for both addresses). They will be more than happy to instruct you on how to apply and what to expect. One thing - the earlier you apply, the better your chances of board acceptance of your status. Copies of Arlo Tatum's books are available at the Draft Information Service and some local bookstores.

Concerning Public Health Service - the presentation was given by Dr. Robert Ross who is presently stationed in Philadelphia working in Community Health Services (401 N. Broad St., 597-9203). Although PHS is often difficult to get into, Dr. Ross recommended that you write early for information and keep badgering them for it. He suggested that you include in your requests the particular area of PH you are interested in. The address to write to is: Personnel Office, Parklawn Bldg., 5600 Fisher Lane, Rockville, Md.

The symposium was very informative and did clear up many questions and misbeliefs. All the speakers were amazed at, and pleased with the turnout. It is hoped that the students will now take the initiative to become more informed on this topic which so greatly affects their lives.