Jefferson.

Thomas Jefferson University
Jefferson Digital Commons

Ariel

Jefferson History and Publications

10-1970

Ariel - Volume 3 Number 2

Delvyn C. Case, Jr.

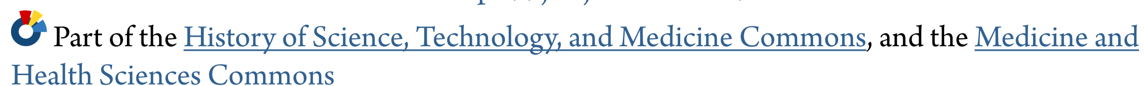
Eugenia Miller

Mark A. Pearlman

Paul Bialas

Art Tischler

See next page for additional authors


Let us know how access to this document benefits you

Follow this and additional works at: https://jdc.jefferson.edu/ariel

Part of the History of Science, Technology, and Medicine Commons, and the Medicine and Health Sciences Commons

Recommended Citation

Case, Jr., Delvyn C.; Miller, Eugenia; Pearlman, Mark A.; Bialas, Paul; Tischler, Art; and Burt, Terry, "Ariel - Volume 3 Number 2" (1970). *Ariel*. Paper 54.
https://jdc.jefferson.edu/ariel/54

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Ariel by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Authors
Delvyn C. Case, Jr.; Eugenia Miller; Mark A. Pearlman; Paul Bialas; Art Tischler; and Terry Burt

This newsletter is available at Jefferson Digital Commons: https://jdc.jefferson.edu/ariel/54

Ariel

OCTOBER

VOL. 3 NO. 2 Thomas Jefferson University And Medical College Copyright 1970 ARIEL OCTOBER, 1970

SMF Plans Draft Program

by Delvyn C. Case, Jr.

On Wednesday, October 28 at 12:30 P.M., the Student Medical Forum will sponsor a symposium on the draft and alternatives to the draft. Representatives from the local draft boards, the National Institutes of Health, the Public Health Service, the American Friends Service Committee and the Central Committee for Conscientious Objectors have been invited.

The recent announcement by Selective Service that there will be a physicians' draft next year has prompted much confusion among interns and students at the medical schools. Many students are unclear as to the opportunities at the National Institutes of Health and the Public Health Service; and "third hand" debate concerning the possibility of obtaining conscientious objector status as a medical student or physician continues.

This program was planned at the September 21 meeting of the Student Medical Forum. Other issues discussed included the unionization of hospital employees, the telephone campaign of the Health Professions Committee for Shapp/ Kline, abortion at Jefferson, the publication of Itis, and communication with medical students at other Philadelphia medical schools.

A symposium on the Lincoln Hospital dispute was tentatively planned for a yet undecided date. The Student Medical Forum will meet again on October 5 and 19.

Students dance to music from Reece at Jefferson Hall Commons Open House.

Shapp Proposes Rational Approach to Pennsylvania's Health Care Problems

by Eugenia Miller

"It is my firm belief that all who reside in this nation are entitled to quality health care regardless of socio-economic status. . .Health care is a major issue of our day, at every level of government and in the lives of our people and our communities. We must break through the present cycle of rising health care costs. This will probably means institutional change, and alteration of the organization and delivery of health care services. . .This is a problem of the highest state priority and, if I am your next Governor, I will make it so."

With these words, Milton Shapp, Democratic candidate for Governor, in an address to health professionals at Philadelphia's Bellevue-Stratford Hotel, August 31, summarized his plans and priorities for immediate action to improve health care for all Pennsylvania citizens.

Shapp entitled his address "A Rational Approach to the Health Problems of Pennsylvania." His proposals were geared to 1) meet doctor and other health care shortages, 2) decrease hospital and other medical costs, 3) develop adequate health insurance designed to lower constantly rising hospital costs, 4) revise state medical assistance programs and provide for their continued evaluation and revision.

To meet shortages of physicians where they are most severe, in the poor urban areas, Shapp intends to devise a scholarship program under which young physicians will agree to serve in such (poor urban) communities for three or four years in return for tuition, room and board while in medical school." In addition Shapp believes this approach would increase the number of minority group students entering the medical profession.

Shapp proposes to meet demands for paraprofessional and support personnel by expanding "training at the drop-out level, in our high schools and at least through the community college level."

To alleviate some of the present strain on hospital facilities, Shapp plans to call for a resolution by the Pennsylvania State Legislature to endorse a program of national health insurance. He further plans to work with health professionals and other concerned individuals to design "a mutually satisfactory can present to the Congress of the program that we can present to the Congress of the United States."

While such national health insurance programs are still in initial phases of planning, Shapp proposes work for immediate decrease in insurance costs by 1) encouraging competition from

Medical Students Invade Appalachian Mountains

by Paul Bialas

The Student American Medical Association (SAMA) has recently concluded the 1970 "Appalachian Project," a summer program which afforded students in various medical fields the opportunity to experience and study the problems of rural health care delivery.

This article will attempt to present an overview of the project, its history, administration and its goals. Hopefully, this will prepare the reader for later articles concerning specific health problems as they exist in Appalachia.

Nearly 150 students participated in this year's program, representing schools of medicine, nursing, pharmacy and dentistry from across the country. A closer analysis shows that about 100 medical students, 20 pharmacy students, 20 student nurses and 7 dental students were involved.

This was the second consecutive year for the project, and it was expanded as much as funds would permit to include students from the various medical and para-medical disciplines. Funded by the Appalachian Regional Commission, a branch of the federal government, the project was designed and administered solely by students. The nucleus for student activity was the SAMA and NSNA (National Student Nurses' Association).

Participants in the project were assigned on a one-to-one basis with practicing preceptors in their particular Appalachian area. This includes a geographical belt extending from northwestern New York southward through Pennsylvania, Maryland, West Virginia, Virginia, Kentucky, Tennessee, the Carolinas, Georgia, and part of Mississippi.

Using their preceptor as the key to other community resources, each student was expected to become involved with the community from a medico-socio-economic perspective. Daily logs were kept in order to capture the emotion of the day, and weekend meetings were held with students in other areas to share experiences of the past week. Since Appalachia encompasses small towns of 400, as well as cities of 30,000 population, (tenant farmers, coal miners, factory workers, even millionaires) it is easily seen that each student had a unique educational experience.

What were the goals of the Appalachian Project? Briefly, they were as follows:

1) To create among health science students a greater awareness of the health

(Continued on page 4)

Enter Class of 1974 Welcome to Anatomy

by Mark A. Pearlman

On the morning of September 9, 212 hardy souls congregated for the first time as the Class of 1974. Each was probably thinking, "Well, what have I gotten myself into this time?

In many ways their faces reflected the normal look of a group of draft-eligible man being bused to their preinduction physicals – pure terror.

Then orientation started, and speaker after speaker emphasized the extraordinarily low attrition rate, and how beneficent the professors really were.

Intermingled in this three-day pep talk, the fraternities did their best to impress the freshmen and induce them to join with free lunches, dinners, and parties every night.

Lulled into overconfidence, the once terrified freshman suddenly has the world by the tail as he plays with his bone box the entire weekend, thinking, "Well, maybe this won't be so bad after all. I can join as many extracurricular activities as I want."

Walking to his first anatomy lecture Monday morning, he notices that same sinister look in the eyes of some of his classmates that he had seen so often in his college days. It's that "Hooray for me and the hell with everyone else" look so symptomatic of premeditis. Maybe things really haven't changed much at all!

Then the rug is pulled from under him. The same Dr. Merklin, who only the Friday before in his discussion group said that no preparation was necessary, proceeds to give a lecture on the posterior cervical triangle that even the most conscientious members of the class (the ones who had done some reading) could only half understand.

Next, it's off to the fifth floor to the gross lab to meet your cadaver, a rather morbid experience for even the hardiest of the hardy 212. In a very short while you learn how your luck is running when you uncover your silent lab partner for the first time and expose either a big blob of fat or a nice lean body.

Two hours later you eat a lunch that somehow tastes and smells just like your fragrant cadaver and then trudge back to the lab for four more hours of toil.

What a wonderful introduction to medical school. Six hours of butchery on the first day as you manage to chop through nerves, veins, and arteries that you've never heard of before much, less recognize.

Finally, you drag your exhausted body back to your room and realize that you are already a day behind and have to work five or six hours that night just to catch up.

The rest of the first week proceeds in much the same manner as the poor freshman's mind slowly erodes to nothing in conjunction with his diction. Did you ever notice the funny looks you get when you start to say things like "shirdle girdle" and "brachial prexus"?

Finally the weekend arrives, and you have a chance for a brief R&R period. A very brief one, indeed, which is highlighted on Saturday night at a showing of **Blow Up** when you find yourself identifying the different muscles

(Continued on page 3)

Broderick Proposes Health Action

Raymond J. Broderick, Republican candidate for governor of Pennsylvania, has made several proposals for dealing with the states medical problems. Broderick's stand on the issue of health care, as summarized by the Philadelphia Republican Policy committee, is as follows:

"We cannot allow the relentless rise of medical costs to become a barrier between our people and the care they need. We must look into every facet of the present system of Medical Care to develop innovative and economical approaches. Education in medicine and paramedical professions, hospitals and health insurance all must be studied in light of the current situation. We should investigate the feasibility of a Master Plan for Medical Facilities in Pennsylvania to avoid the costly duplication of services and to cut the cost of hospital care. Blue Cross is changing their contract

(Continued on page 3)

Why Not Read A Little

In the past Ariel has continually advocated student interest in medical affairs outside of the classroom. Ariel attempts to inform people of some issues and events related to health and medicine, but to be truly informed ones reading must go far beyond our limited pages. One organization which provides in depth analysis of the health care scene, from what Spiro Agnew might call a radical-lib point of view, is Health Policy Advisory Center or Health-PAC. They print bulletins about 8 times per year at a student rate of $5 and regular rate of $7. If interested one may write to them at 17 Murray St., NY., N.Y. 10007. It is well worth subscribing.

The Medical Committee for Human Rights is a national organization interested in the activist and humanist philosophy in health. They have been an effective critic of the medical establishment for several years now, and sponsor a variety of educational and participational activities. To join write MCHR,

(Continued on page 3)

EDITORIAL BOARD

Editors	Richard J. Bonanno Robin A. Edwards		
Associate Editors	Steven Ager	Stephen Flynn	Tom Williams
Lay-out Editor	Eugenia Miller		
Contributing Editors	Paul Bialas Milton Packer	Robert Breckenridge Lynne Porter Mark Pearlman	Terry Burt Mike Leo
Editors Emeritus:	Delvyn C. Case, Jr. Paul M. Fernhoff		

Medicine and Medipolitics

From every sector of the population, demands are being made for changes in the delivery of health care. It is easy to say services must be expanded and improved and waste eliminated, but the problems are complex, the solutions even more so. As providers of health care, we must by now realize that health cannot be divorced from developments in the rest of society. Medicine and politics are inseparable. If we sincerely wish to ensure people's health, we must attend to developments in both these spheres. Now is a good time to start.

One of the candidates in the upcoming gubernatorial election is Milton Shapp. In health, as in other areas, he has shown both the will and the necessary insight to deal creatively with real issues. In a talk entitled "A Rational Approach to the Health Problems of Pennsylvania," he has stated frankly that health services in this state are a "non-system with non-funding," in which hospitals, medical schools, and research facilities continually face the threat of having to close. He has stated that health must be given high priority in state and federal spending to stem the crisis. He has made positive and challenging proposals to promote hospital efficiency, extend health insurance coverage, expand in-patient and out-patient facilities, and increase the number of paramedical personnel. (See article, page 1.)

The campaign of Shapp's opponent, in health as in other areas, has been devoid of programs. It rests primarily upon time-honored dirty politics. There have been distortions, half-truths, and outright lies. This, if nothing else, has caused some avowedly apolitical members of the medical community to endorse Milt Shapp.

Shapp deserves that endorsement, and we add our voice to it – for the health of Pennsylvania, for the health of our profession, and for the health of American politics.

Pass Fail Under The Rug

The questionnaire distributed last March by the Student-Faculty Evaluations Committee clearly indicated that most students prefer a pass-fail evaluation procedure at Jefferson. Based on this questionnaire, the Student-Faculty Committee, headed by Mark Widome '73, last May recommended to the Faculty Promotions Committee, which has responsibility for evaluations, an ingenious evaluation system (outlined in the September **Ariel**, page 7). The Promotions Committee chose to ignore this recommendation and formed a new subcommittee of students and faculty "to study the matter further." The man appointed the chairman of this subcommittee, Mr. Carter Zeleznek, educational psychologist at Jefferson, is not for his enthusiasm for pass-fail. In the wake of the shelving of the recommendation and the formation of a new committee, Mark Widome has declined to have anything more to do with the issue – he states that it has been swept under the rug. If the new committee ends up recommending something objectionable to the Faculty Promotions Committee, no doubt there will be another subcommittee formed, ad infinitum.

What are the possible implications of all of this dillydallying? Besides ignoring the facts about pass-fail systems as they exist elsewhere, perhaps the faculty committee (which, incidentally, is the only Faculty Committee with no students) feels that it should not bring about anything that students support. Or, maybe they chose to ignore the responsibility and maturity of students, most of whom are over 21, who are for the most part the top ten percent of all students who applied to Jefferson – hardly accusable of academic irresponsibility. Then again, maybe the Promotions Committee shelved the issue because there is not enough student uproar to threaten the status quo.

A pass-fail evaluation system has been discussed at Jefferson for the past several years, arising perhaps because all other Philadelphia medical schools now employ it in some form. Since this is not the place to go into all arguments, a few will suffice: (1) Studies have shown there is no correlation between grades and performance as a physician as judged by his peers; (2) Studies have shown students on some sort of pass-fail do not perform worse in examinations; (3) Admittedly, one must consider how hospitals are to select for internships, but written evaluations in the first two years as well as in the clinical years of medical school are adequate (Mr. Widome's committee recommendations deal with this problem); (4) And ranking of medical students as it presently is done has questionable validity – there is no significant between an 82 and and 84, yet this range may encompass 50 students.

To put it more succinctly, medical knowledge becomes bitter candy when force-fed, so why not allow students to be their own chefs in its abundant kitchen? Instead of choking students with a halter of competitive grades, why not release students as thoroughbreds in their own medical pasture with only the fences of sound instruction as guides?

We recommend first that the Promotions Committee itself oversee the distribution and compilation of last spring's questionnaire to freshman as soon as possible. Then, with this additional opinion, the Promotions Committee should act fairly and adjust the present system accordingly, proving that medical school can be democratic. Students will not ignore the hasty burying of pass-fail evaluation.

Guest Editorial:

The Union Train

by Art Tischler

"It's that union train a'coming. Get on board."
–Pete Seeger

Charleston, Baltimore, New York, and now Philadelphia. On October 21, the hospital workers of Philadelphia will cast their ballots for or against union representation. The union is Local 1199 of the Drug and Hospital Union. Dynamic and increasingly powerful, the very mention of 1199 is enough to drive wages up and strike terror in the hearts of hospital administrators.

The wage increases have been long overdue. Even the most conscienceless of the administrators must realize that. Before the union punched the hospital system in the gut, hospital workers were excluded from collective bargaining laws, minimum wage laws, and unemployment compensation. Many had neither Blue Cross nor sick pay. Most earned less than a hundred dollars per week – some as little as twenty-eight or thirty.

There is another matter of concern to the administrators other than money – this is power. For the workers, a share of power in the hospital's hierarchy means acquisition of humanity, of dignity. ("We have always treated you with the utmost respect," says a Philadelphia hospital administrator in his office, while a loudspeaker in the halls of his institution bleats for "Bessie, the tray girl.") It also means access to a better way of life. The hospital workers, mainlyblacks, Puerto Ricans, Chicanos, have for years been tantalized by the American Dream. From the basement and laundry room of the hospital, they could see it working on the floors above – for the doctors, the nurses, the patients. Always they were kept from it by the tethers of the deadend jobs.

For those on top of the hierarchy, dilution of their power portends an H.G. Wellsian nightmare. The workers, like Morlocks, are dark sinister creatures who run the machines. They are indispensable, but must not be allowed to ascend from their place in the bowels of the earth to disrupt the clean, harmonious world above. Surely, it was fears like these that caused a New York administrator, willing to accede to the union's fiscal demands, to almost force a stike by insisting that "demands" be changed to "requests."

True, increased wages have forced hospital costs to rise dramatically in the past five years. True too, its labor movement in America has tended to become a part of the Establishment – jaded, overbearing and self-serving. But the wage increases were inevitable, and 1199 (along with Cesar Chavez's farm workers union) is still idealistic. It is still fighting the labor battles of the '20's, of Eugene Debs and Joe Hill and Big Boy Harris. What doctors and administrators must realize is that the hospitals, too, can benefit from unionization. Costs have risen, but unionization can help them stabilize. The New York hospitals have found that the workers' new sense of pride and of investment in the system has raised job performance. Moreover, labor turnover, in the past as high as 50 percent per year and a major cost factor, has in some hospitals dropped as low as 6 percent.

The union train is coming. If a spirit of cooperation is established, it will benefit everyone. To create that spirit, we will have to clear the tracks.

Coming Events

ARIEL MEETING: Everyone welcome. October 14, 7 P.M., Rm. 139.

CHRISTIAN MEDICAL SOCIETY presents "Crisis in the Mideast." Speaker: Pat Kennedy, M.D., Jefferson grad with recent medical missionary experience in the Mideast. Oct. 30, 7 o'clock P.M., Rm. 139, Jeff Hall. Refreshments and recreation: 8-10 P.M.

JEFFERSON CHOIR - replaces defunct glee club. First rehearsal Wednesday, Oct. 14 from 7:30 - 8:30. All welcome! Winter program includes Vivaldi's "Gloria."

Quixote
Books
for CHILDREN
PARENTS-TO-BE
and Scholars
We also
have Snuglis
105 SO. 11TH

Shapp Plans

(Continued from page 1)

companies other than the two currently operative in Pennsylvania, and 2) investigating comprehensive plans such as the Kaiser-Permanente program in California.

To solve the problem of constantly rising health care costs, Shapp makes three major proposals. First, the state should develop a comprehensive program to link hospitals, outpatient facilities, and intermediate facilities such as nursing homes and channel state support, previously directed almost exclusively to hospitals, to such out-patient and intermediate facilities. The decrease in health care cost produced by effective use of non-hospital facilities is clearly evident. It costs an average of $70 per day to hospitalize a patient, $20 per day to care for him in a nursing home, and a much lower fee to provide outpatient care. Most professionals agree that many patients would be better served by such non-hospital facilities.

Second, the governor should establish a single agency to audit and review hospitalization costs as public agedcies currently do for gas, electricity, and water utilities. Such an agency headed by a physician and staffed by fully qualified professionals would have among its powers, ability to: "1) Investigate hospital care costs and recommend prospective rates. 2) Float bonds to meet the costs of building hospitals, nursing homes, health care training, outpatient and other care facilities. 3) Coordinate hospital planning and administration. 4) Facilitate hospitals' joint use of equipment, personnel and services, with rewards for economies."

Third, the state should investigate ways to reduce the cost of malpractice insurance for doctors and create a new system of malpractice claims.

So that problems of health care in Pennsylvania can be dealt with creatively and effectively in the long range as well as immediate future, Shapp plans to establish a "Governor's Commission of Health Care Services with community, consumer, health professional, health care student, health vocational, labor, business and legislative membership." The commission would be "adequately staffed and charged with making an annual report on the health care system in Pennsylvania, together with recommendations for financing and legislation."

FRANK
DATTILO
(St. James
Hotel
Barber Shop)
Southeast Corner of
13th &
Walnut Sts.
Men's hairstyling
Sculpture Cutting
Razor Cutting
PE 5-8400

Broderick Proposes

(Continued from page 1)

to include diagnostic services, which should cut the number of people who enter hospitals. The change is now in effect in Eastern Pa. – should be statewide. Must thoroughly examine a national system of contributory universal health insurance as a means to assure the right of all to adequate health care.

THE DRAMA GUILD
AT THE PLAYHOUSE, 17th & DELANCEY
SUBSCRIBE NOW FOR
FOUR GREAT PLAYS
from the best periods of great playwriting
Lorraine Hansberry's
★RAISIN IN THE SUN – opens Oct. 1 thru Oct. 24
Bernard Shaw's
★ARMS AND THE MAN– opens Dec. 3 thru Dec. 12
Moliere's
★THE AMOROUS FLEA- opens Feb. 18 thru Feb. 27
Ben Johnson's
★THE ALCHEMIST – opens Apr. 15 thru Apr. 24
Subscriptions for all four plays – $7, $9, $10, $12
Name dates. Enclose envelope. Send to PLAYHOUSE
PHONE ORDERS • LO 3-3137

CAMERAS.......
FULL LINE
DARK ROOM SUPPLIES
• PROJECTORS
• SCREENS
• ENLARGERS
"The Camera Store Where Service Is Part of the Deal"
KODAK • VIVITAR • BOGEN
MAMIYA • MIRANDA • NIKON
KLEIN & GOODMAN, INC.
132 SOUTH 11th STREET
WA 2-1216
REMEMBER, ANYTIME IS PICTURE TIME

58 SIDES TO THE STORY
58 Facets comprise the Story of a diamond's beauty
The perfectly cut diamond has 58 facets (surfaces) each reflecting and dissecting the light spectrum. The result can be breathtaking. It is the basis of a diamond's popularity; the source of its fascinating beauty. But there are also many facets to the story of a diamond, and one of the more important of these is the value side. What determines a diamond's worth would take a whole book to describe. But to put it in a few words it boils down to this - - - your jeweler's integrity counts more than anything else. Nothing means more.
TOWNE JEWELERS, INC.
1215 WALNUT ST. PHILADELPHIA, PA. 19107
WA 2-7666
Discounts on Nationally Advertised Brands
DIAMONDS * WATCHES * JEWELRY * RADIOS * STEREOS
SILVERWARE * LUGGAGE
* SMALL APPLIANCES AND GIFTS
Diners Club * Bank Americard * Uni-Card Charge Plan
Open Wednesday Evenings 'til 9:00 P.M.

We and They

by Terry Burt

Who are "we"? Who are "we" becoming? Who are "they"? How do "we" relate to "them"?

Every medical student has an identity crisis when he dons the white jacket. He is passing from the great outer world of "them" to the esoteric society of doctors–"we doctors." It is a formative period, but he is not entirely passive in the initiation. Ideally he examines what he is becoming and decides "Aye" or "Nay" to each phase modifying the process if necessary.

This is the reason for the unending discussion of Jefferson issues, curriculum revision, student conformity or non-conformity to certain stereotypes, admissions criteria, etc., as well as wider issues, for instance "our" changing role and responsibilities as physicians in the problem of delivery of health care to each and all of "them."

In my own case, this identity problem is complicated by another factor. I have already gotten quite accustomed to another identity. I am a nurse. That identity and the accompanying though habits do not drop away instantly upon entering these hallowed portals. May sense of "we" and "they" is all mixed up. I feel like a sheep in wolf's clothing.

Because of my own anomalous position, in addition to the general "topics just mentioned, I am also interested in discussing aspects of the Doctor-Nurse relationship. (Note that I diplomatically avoid the initial impulse to write "Doctor vs. Nurse relationship.") In my present schizophrenic condition, I could carry on this dialogue myself, but hopefully comment will also be forthcoming from **Ariel** readers. I can try to be referee and interpreter in this interim while I have a foot in both camps. I am We and They.

Attending Med School With Misgivings

Terry Burt, R.N.

Sure I want to be a doctor! That's my problem. Ever since I was eleven and read Paul DeKruif's **Microbe Hunters**, the irrational desire to practice medicine has complicated my life.

I tried to resist. I tried everything. I attended Medics Anonymous meetings where worn-out M.D.'s counseled against approaching the maelstrom. Mother put up signs around the house--"Medicine May Be Hazardous to Your Health." I took the Satiation Cure–nothing but three week confinements with a TV set loaded with old Kildare and Ben Casey reruns. I tried Cold Turkey–a year working in a bubble gum factory and taking literal arts courses at night. Finally friends advised a Less Toxic Substitute–nursing. All to no avail. Here I am, Jefferson. We will have to work this out together.

(Good grief! exclaims the Admissions Committee. With three thousand to choose from, we picked this one!)

But don't be alarmed, A.C. I won't drop out. I **will** become a doctor. It is my fate. My only fear is that in the process I might cease to be anything but a doctor.

If the first week of medical school is any indicator of the process as a whole, I think my fear is well-founded. A week ago, we were two hundred twelve human beings with varied interests, loves, and backgrounds. This week we are two hundred twelve decorticated Medical Students with one common thought, one common anxiety, one common passion–to survive anatomy.

"Shall we go swimming?" OH NO!

"Shall we go to a movie?" OH NO!

"Shall we join the glee club?" OH NO!

WE HAVE TO STUDY!

Is this not, on a small scale, the same phenomenon we see in many doctors? On a small scale, because after all, we have only been here a week.

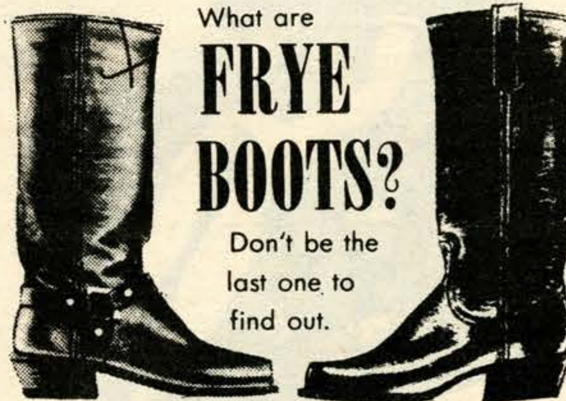
Yes, A.C., I do want to be a doctor, but I also want to stay a human being. Is this why women are said to make inferior doctors? Is the high value a woman places on nonscientific aspects of living a fault in a physician? Must I try to learn not to care about anything except the demands of the insatiable god Medicine? Is it possible to be a doctor **and** a woman? Each simultaneously and full time? Not just by alternate sublimation?

This is the question which has delayed my medical career. I have too many loves which I don't want to sacrifice to any Moloch-like career. I am here at last because I have decided the combination of woman and doctor is possible and even desirable. Humanity and involvement should enhance, not hinder, medical practice.

Am I right or wrong, older Jeffersonians? What is the Ideal Physician? Is not the art of communication, as well as the science of Anatomy, one of his tools? When does a two year isolation in this Scientific Cloister adequately prepare one to communicate with ordinary mortals in the third year? Is "Living" just an elective activity? Perhaps an hour a week of "Living" should be added to the core, since no one at present has time or interest for anything extra-core-icular in this best of all possible worlds.

Luna Sandwich Shop And Pizza
ACROSS FROM JEFF. HALL
255 S. 10th St.
* PIZZA * STEAKS
* HOAGIES * CHICKEN
Daily 11 A.M. - 12 P.M. Fri. & Sat. 11 A.M. - 2 A.M.

BOOT HILL
HIS AND HER BOOTIQUE



10% Discount with ID
1105 WALNUT ST. • WA 2-2838
ALSO COMPLETE LINE OF HIGH-STYLE BOOTS FOR GIRLS.

If you are a Vietnam veteran and you are presently opposed to the war contact.
Jon Bjornson, M.D.
829-7643
829-7647
CH 7-6518

Enter 1974

(Continued from page 1)

on Vanessa Redgrave's back.

Before you realize it, Sunday P.M. is upon you, and it is time to start preparing for another exciting week with only one thought in mind, "After this week, there's only 14 more of anatomy."

Read

(Continued from page 1)

800 Addison St., Philadelphia. In addition they sponsor 2 publications, Health Rights News, a monthly newspaper you receive with your membership, and a new journal called **the body politic.** The subscription cost for the latter is $4 and may be obtained by writing to **the body politic** MCHR, 1360 Howard St., San Francisco, California.

For further information on any of the above topics contact Rich Bonanno Box 64, Jefferson Hall.

Students Invade

(Continued from page 1)

problems, general medical needs, and the gaps in health care which exist in rural areas;

2) To enable the student to identify with the role of a rural health practitioner, so that the student might visualize himself in rural America after graduation;

3) To broaden the understanding among practicing Appalachian physicians of the interests, needs, and goals of today's students;

4) To encourage participating students to return to their schools and actively seek curricula change, in the direction of providing a larger output of personnel, appropriately trained and exposed to the health needs of rural America.

Clearly, these goals are educational in thrust. The participants were not expected to invade an impoverished, problem-plagued area and act as saviors of the time. However, if the student was able to effect a smooth transition into the community within the first few weeks, he was encouraged to identify a problem and attempt a solution by initiating a project of his own. Besides being of some benefit to the local populace, these would permit closer involvement with the community's problems and people.

Examples of projects undertaken range from the formation of pre-school immunization clinics, to health recruitment programs in the high schools, to descriptive surveys of the health care situation in specific counties.

It is emphasized that the Appalachian Project was not designed to teach clinical medicine. Rather, it was intended to help fill the void that currently exists in medical education, in preparing physicians to handle those problems of health care to which he is not exposed in medical school. To accomplish this, volunteer private practitioners were utilized as preceptors. After becoming acquainted with his host, the student then explored the community on his own. This was done by making home visits with public health nurses, Vista workers, and the welfare department, meeting other physicians in the area and spending time with them in their practices, attaching himself to ongoing community projects, such as the local OEO agencies, and by beginning his own project.

The Bicycle Shop
1129 PINE ST
• Sales
• Parts
• Rentals
• Accessories
PEDAL DON'T POLLUTE
WA 3-8799

Mary Dougherty's Card & Gift Shop
Hummel Figures - Greeting Cards
Distinctive Gifts
Religious Articles
opposite Jefferson Hospital
134 S. 11th St. WA 2-6438

PRESCRIPTIONS FILLED
SPECIAL DISCOUNT TO JEFF. PERSONNEL
PAUL OPTICAL CO
Custom Opticians
135 SOUTH TENTH STREET
PHILADELPHIA, PA. 19107
(opposite Jefferson Hospital)
MA 7-6332

• Bell Helmets
• Grill Guards
• Roll Bars
• Bumper Guards
• Nomex and Durette
• Ski-Racks
• Mark Donohue Steering Wheels
• Driving Gloves
• Tonneau Covers
etc.
• Goggles
• Racing Mirrors
• Seat Belts
• Car Covers
• Jewelry – Sports Car
• Luggage Tie Downs
• Racing Jackets
• Conv. Tops
• Heuer Watches
• Glenn's Tune Up Guides
etc.
• Luggage Racks
• Steering Wheel Gloves
• Mag. Wheels
• Driving Lamps
• Koni Shocks
• Key Fobs
• Badges
• Sway Bars
• Abarth Exhausts
• Side Curtains
etc.
203 S. 9th St. CENTER CITY OPEN TIL 9 P'M' WA 2- 0588 WA 2- 8543

See what inflation does with five bucks.

Air-Chair only $4*
when you open a checking or savings account for $25 or buy a Savings Certificate at Fidelity Bank.

Air-Ottoman only $1*
when you open a checking or savings account for $25 or buy a Savings Certificate at Fidelity Bank.

This ad answers two true-to-life questions: "How do you personalize the standard universal freshman room?" and, "Where's a nice, comfortable bank?"

To get your choice of air-chair or ottoman in "wet look" black or white, just open a checking or savings account with $25 or more or buy a Savings Certificate at Fidelity Bank. Or, take advantage of our combination offer. Open both a savings and checking account, walk away with both for only $5. Bring your student I.D. card and take a deep breath.

* incl. Pa. sales tax

THE FIDELITY BANK
JEFFERSON OFFICE
1101 Walnut Street
Member Federal Deposit Insurance Corporation